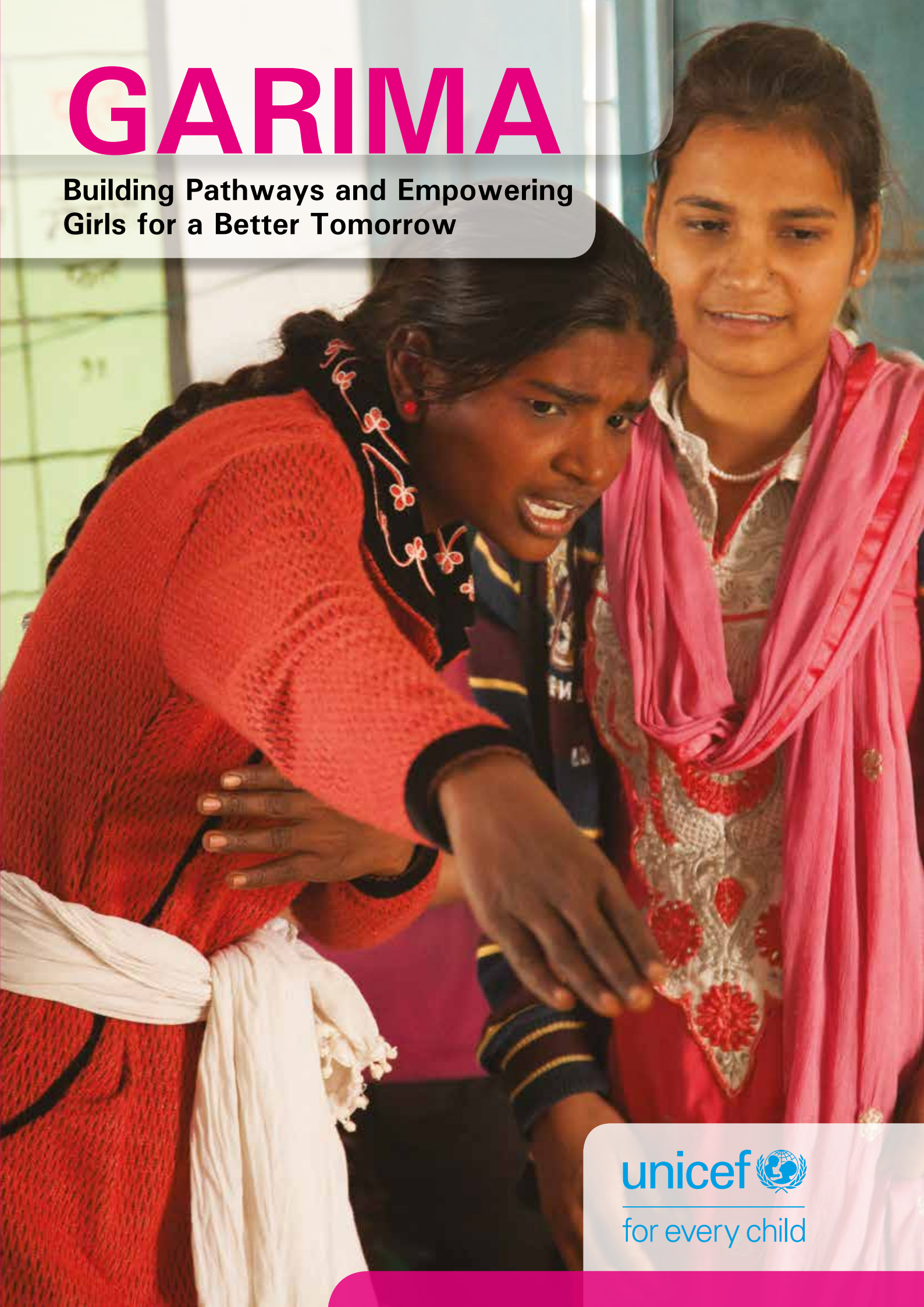


GARIMA

**Building Pathways and Empowering
Girls for a Better Tomorrow**



unicef 
for every child

GARIMA

**Building Pathways and Empowering
Girls for a Better Tomorrow**



Message

TOWARDS A BRIGHTER FUTURE FOR ADOLESCENT GIRLS IN UTTAR PRADESH

The adolescent population in Uttar Pradesh stands at 44 million, which is 23 percent of the state's population. The sex ratio is skewed in favour of boys (908 girls to 1,000 boys). This significant population of adolescent girls in the state deserves urgent attention to address lower nutritional status, high rate of school drop-outs among adolescent girls and a high percentage of early marriage. Almost 16 percent of girls in Uttar Pradesh begin child bearing between the ages of 15 and 19.

The state is mindful of the focused attention that is required to empower the adolescent girls and has been making systematic investments to enhance their position. Our vision is guided by the National Adolescent Health Strategy and we are intent on effectively implementing the Rashtriya Kishor Swasthya Karyakram (RKSK), the core of adolescent programming within National Health Mission.

Within RKSK, Uttar Pradesh has been a pioneer in developing a roadmap for strengthening of menstrual hygiene management (MHM), an issue identified as crucial for adolescent girls. For effective implementation of the programme, the Uttar Pradesh government has taken proactive steps to converge various departments, which are working with adolescents, to harness their collective strength for a focused response to adolescent health and development needs.

In this regard implementation of project GARIMA in three districts of the state – Mirzapur, Jaunpur and Sonbhadra – has shown very encouraging results. Awareness about menstrual hygiene and improvement in MHM practices has been seen, not only among the adolescent girls, but also among their mothers.

Project GARIMA has showcased certain best practices, such as the communication strategy and the Peer Educator Model, which the government is keen on replicating. We have already initiated recruitment of four Peer Educators, on a voluntary basis, per ASHA on a population of 1,000 people. GARIMA learnings are being applied in the roll out of the RKSK, being implemented in 25 districts of the state, and nearly 600 Peer Educators trained by GARIMA have also been taken on as RKSK Peer Educators in the districts of Sonbhadra and Mirzapur.

The *Paheli ki Saheli* communication package has been taken to scale in 1,285 health facilities and 276 Adolescent Friendly Health Clinics across the 75 districts of the state.

These are some very encouraging steps and augur well for the adolescent health programming in the state. Building on the learnings of GARIMA and putting to use the social capital created by the project is of paramount importance to ensure that the gains of the project are sustained. We will make sure that this progress is continuous and spreads to the other districts in Uttar Pradesh.



Foreword

PROJECT GARIMA LEAVES BEHIND A LEGACY FOR EMPOWERMENT OF ADOLESCENT GIRLS

Adolescence is an extremely sensitive stage of human life where an individual transitions from childhood to adulthood. The biological, psychological and social changes experienced by adolescents leave them with numerous questions and multiple confusions about their rapid growth and development, and the swift transition that they experience. Such a state requires constant support, understanding and a conducive environment where adolescents feel understood and supported by their elders and by the society as a whole. Our social milieu builds the pressure of adolescence even more on girls, especially when they reach menarche.

The Government of Uttar Pradesh recognises the centrality of the National Adolescent Health Strategy and mainstreaming menstrual hygiene management (MHM), through convergence among the several departments of the state government.

GARIMA project is demonstrative of the Government of Uttar Pradesh's commitment to the health and well-being of adolescent girls. Led by UNICEF, with support from the IKEA Foundation, GARIMA has disseminated information on menstruation and MHM, an area critical to all the adolescent girls who are on the crossroads of adulthood. In a way GARIMA has been a first project of its kind with menstruation and MHM as a central focus. It has opened the minds of adolescent girls and created leaders among them with a zeal to move forward and play a more proactive role in their own, as well as society's development.

The results have been extremely encouraging. GARIMA project has created a pool of about 50,000 enthusiastic adolescent girls in district Mirzapur itself. We are keen that they are suitably employed and in this regard, we have already assigned some of them as 'Power Angels' under 1090 Women's Anti-harassment Helpline programme. As part of mSehat programme the GARIMA communication material is uploaded on the programme portal and also on the tablets provided to frontline workers, which helps them in counselling adolescents on MHM. Alongside, platforms such as *Meena Manch* and *School Kaya Kalp* are being utilised to introduce MHM to adolescent girls.

There is a plethora of opportunities to build synergies among various departments and programmes such as Department of Health and Family Welfare, Department of Women and Child Development, Department of Panchayati Raj, Department of Education, Integrated Child Development Services and National Rural Livelihoods Mission, among others, to strengthen coordinated efforts towards development of adolescent girls and building their capacities as independent individuals and leaders of tomorrow. We plan to constitute a Divisional Level Health Forum and bring together all health-related programmes under that umbrella. MHM will be an integral priority for this forum.

GARIMA has taken the first step and created a blueprint. It has left behind a legacy, which can strengthen not just the capacities of the adolescent girls but also the frontline workers, and enhance community participation in creating an enabling environment for the adolescent girls to excel in.

PREFACE

GARIMA – A CELEBRATION OF ADOLESCENT GIRLS AND THEIR UNDYING SPIRIT

As we all work together towards achieving the Sustainable Development Goals, thereby establishing a world that is more just and prosperous, it is important to understand that none of it can be achieved without addressing gender inequality. The empowerment of women and girls is imperative to enable them to make informed choices on issues that affect their lives, and by extension, the life of the community.

The state of Uttar Pradesh in India is a landscape where gender inequality sets in before the child is even born, starting as a preference for male children and continuing through life in a series of prejudices, social evils and oppressive practices that deny women the knowledge and the autonomy they need to live to their full potential.

One such issue is menstrual hygiene management (MHM). Myths, cultural prejudices and taboos prevent an adequate understanding of what is essentially a routine physiological process. This in turn leaves adolescent girls unprepared to deal with the onset of menstruation, and unaware of practices to ensure their health and hygiene. The disadvantages of this lack of awareness plague them throughout the life cycle.

UNICEF, with the support of the IKEA Foundation, tackled this challenge by introducing GARIMA – a Social and Behaviour Change Communication (SBCC) strategy focused scheme in three districts of Uttar Pradesh – Mirzapur, Jaunpur and Sonbhadra. GARIMA is a synonym for dignity, and considers MHM as integral to adolescent and reproductive rights. The strategy adopted a life skills approach to strengthen the ability of adolescent girls to think positively, express themselves, negotiate and take their own decisions.

Apart from MHM, the GARIMA initiative also conversed with adolescents about regressive social norms around gender, sexuality and menstruation including sexual violence, child marriage and nutrition. Through its dedicated, dynamic corps of peer educators, not only has GARIMA led a movement for improved MHM, it has also voiced opposition to sexual violence, child marriage, open defecation and other issues. Through these efforts, GARIMA's peer educators have shown that when given the power to shape their own destiny, adolescent girls can bring great changes to the lives of their communities.

UNICEF has been closely associated with this inspiring initiative supported by IKEA foundation in Mirzapur, Jaunpur and Sonbhadra. The project was implemented in close collaboration with Departments of Medical Health and Family Welfare, Women and Child Development, Education and Panchayati Raj and the civil society organisations, each coming together to ensure that adolescent girls have confidence to live to their full potential.

Contents

	Message	3
	Foreword	5
	Preface	7
	List of Acronyms	10
	CHAPTER 1: WHY PROJECT GARIMA?	11
	Menstruation and Its Impact on Adolescents	11
	CHAPTER 2: THE RESEARCH AND STRATEGIC FRAMEWORK	13
	Building the Foundation for Project GARIMA	13
	Zeroing in on a Communication Strategy	16
	Key Stakeholders, Strategies and Intervention	16
	Communication Aids	17
	Chapter 3: PEER EDUCATORS – THE FRONTRUNNERS OF CHANGE	19
	Background	19
	Processes Adopted	20
	Building the Cadre	20
	Capacity Building of Peer Educators	22
	Peer Educators Take the Mantle for Change	23
	Ensuring Ownership of <i>Gram Pradhans</i> and Frontline Workers	23
	Mentoring and Supportive Supervision	26
	Challenges Overcome	27
	Addressing Personal Inhibitions	27
	Finding a Suitable Place to Conduct Meetings	27
	Allaying the Fears of Parents	27
	Continuing in the Face of Aspersions	27
	Results Achieved: Improved Knowledge, Increased Confidence and a Changed Personality	28
	Improved MHM Practices	28
	Makeover in Personalities	28
	Enhanced Awareness of Hygiene	28
	A Perceptible Change in Adolescents	29

Increased Confidence and Openness	29
Improvement in School Attendance	29
Peer Educators and Adolescents as Agents of Change	29



Chapter 4:	
INFLUENCING THE PARENTS TO BECOME ALLIES IN CHANGE	31
Background	31
Processes Adopted	32
Forming Mothers' Groups and Male Groups	32
Methods of Communication and Themes for Discussion	33
Strengthening the Bond between Adolescent Girls and Parents	34
Challenges Faced and Overcome	35
Results: Parents become Partners in Change	35
Trickle Effect	36



Chapter 5:	
FRONTLINE WORKERS BECOME A TRUSTED FRIEND FOR ADOLESCENT GIRLS	39
Background	39
Processes Adopted	40
Tools Used	40
Positive Results	41
A Change in Attitude and Skill Sets	41
More Support for Adolescent Girls	42



Chapter 6:	
A NICHE OF THEIR OWN – GARIMA RESOURCE CENTRES	45
The Need for GARIMA Resource Centres	45
Present Status	45
Sustaining GARIMA Resource Centres	48



Chapter 7:	
SUSTAINABILITY AND WAY FORWARD	49
Challenges to be Addressed	51
UNICEF Support Towards GARIMA's Sustainability	51
Areas for Review	52
Key Lessons Learned and Recommendations for Way Forward	53

List of Acronyms

AGG	Adolescent Girls' Group
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	<i>Anganwadi Worker</i>
FLWs	Frontline Worker
GRC	GARIMA Resource Centre
Gol	Government of India
GoUP	Government of Uttar Pradesh
GTWT	Girls Today Women Tomorrow
ICDS	Integrated Child Development Services
IPC	Interpersonal Communication
KAP	Knowledge, Attitude and Practice
KGBV	<i>Kasturba Gandhi Balika Vidyalaya</i>
MHM	Menstrual Hygiene Management
MWCD	Ministry of Women and Child Development
MoHFW	Ministry of Health and Family Welfare
NGO	Non-government Organisation
NHM	National Health Mission
PKS	<i>Paheli ki Saheli</i>
RKSK	<i>Rashtriya Kishor Swasthya Karyakram</i>
SBCC	Social and Behaviour Change Communication
SSA	<i>Sarva Shiksha Abhiyan</i>
UPS	Upper Primary School



Menstruation and Its Impact on Adolescents

Menarche or the onset of menstruation marks the journey from adolescence to womanhood in a girl's life. Unfortunately, this important landmark is veiled, misunderstood and misinformed due to lack of knowledge and understanding. Menstruation is a social taboo, with discussions around the subject either prohibited or taken up in hushed tones, among girls and women alike. Age-old traditions and customs have prevailed for so long that the myths surrounding menstruation seem more like facts to those to follow them and, resultantly, propagate them. Adolescents face the severe consequences of this vicious cycle of misinformation, where age-old myths and misconceptions are passed to them by their elders and peers. The impact is far reaching affecting not just their health but subsequently narrowing down the opportunities they can explore for their own growth and progress as independent individuals, with a mind and a voice of their own.

Globally, there is consensus that lack of information or support, due to socio-cultural determinants, affects adolescent girls' ability to follow basic menstrual health and hygiene management. Poor menstrual hygiene practices lead to several diseases and reproductive tract infections, and limited access to products for sanitary hygiene makes menstruation a distressing experience for adolescent girls.

Menstrual Hygiene Management (MHM) is defined as the "use of clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period; using soap and water for washing the body as required; and having access to facilities to dispose of used menstrual management materials."¹

¹ Sommer M, Sahin M. Overcoming the taboo: Advancing the global agenda for menstrual hygiene management for schoolgirls. *Am J Public Health*. 2013;103(9):1556–9.

There have been initiatives launched by the Ministry of Women and Child Development (MWCD), Government of India (GoI) such as *Kishori Shakti Yojana* (Adolescent Girls Empowerment Scheme or KSY) and SABLA programme to improve nutrition and health of adolescent girls in India.

The Ministry of Health and Family Welfare (MoHFW), under its flagship programme, National Health Mission (NHM), has a scheme for adolescent girls and boys named National Adolescent Health Programme or *Rashtriya Kishor Swasthya Karyakram* (RKSK). A component of this programme is promotion of menstrual hygiene to promote better health and hygiene among adolescent girls (aged 10-19 years) in rural areas by ensuring adequate knowledge, increased access to and use of high-quality sanitary napkins, and ensuring safe disposal of sanitary napkins in an environment-friendly manner.

Despite these interventions, MHM has not yet received adequate attention on the ground. Stigmatisation and other socio-cultural restrictions on adolescent girls during menstruation, reinforcing gender inequity and exclusion, are common place.

Various studies and surveys in Uttar Pradesh have shown that adolescent girls know too little about menstruation and MHM. UNICEF is committed to making MHM a normal experience for millions of girls in India, so that they can practice MHM with dignity.

UNICEF in partnership with IKEA Foundation piloted the Girls Today Women Tomorrow (GTWT) project in three districts of Uttar Pradesh – Mirzapur, Jaunpur and Sonbhadra – based on Communication for Development (C4D) approach, aimed at demonstrating the use of Social and Behaviour Change Communication (SBCC) strategies to enhance knowledge, build confidence and improve menstrual hygiene practices as well as

Since Hindi names are better understood by communities and stakeholders, the project has been renamed

GARIMA – an acronym for Girls' Adolescent and Reproductive Rights: Information for Management and Action. GARIMA means dignity and sums up the whole ethos of the project.

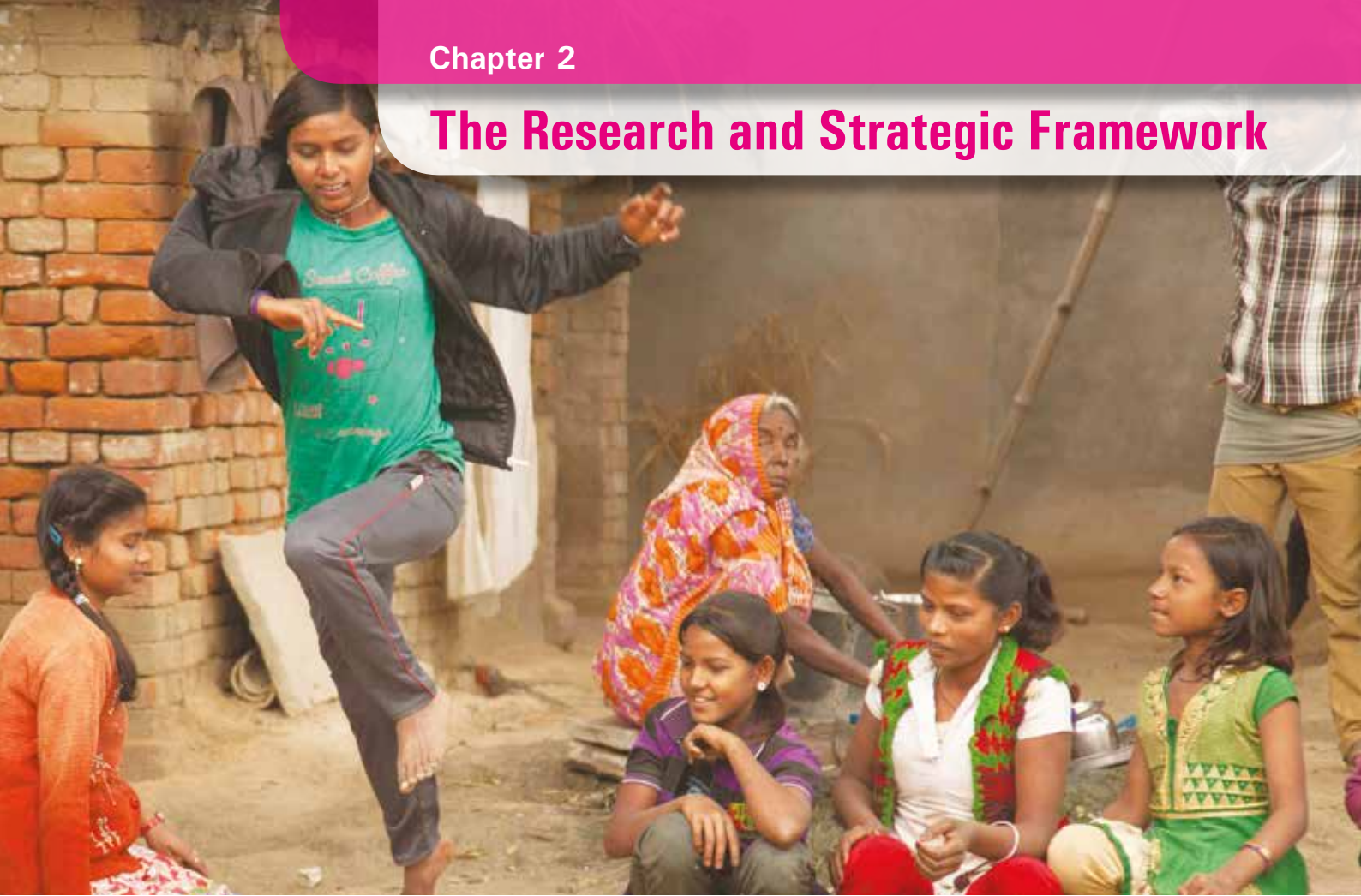
empower adolescent girls and women to manage their menstruation hygienically. Through the project capacities of adolescents were developed for better MHM and an enabling environment was created to reduce the stigma and secrecy around menstruation.

The project was implemented with rural adolescent girls in these three districts. It was launched in May 2013, by the Government of Uttar Pradesh (GoUP), NHM. Project implementation commenced in September 2013 with phased roll out, beginning in Mirzapur district. In 2014, field implementation expanded to Jaunpur and Sonbhadra and ended in all three districts on December 31, 2016.

Project GARIMA covered 1,974 villages, across 16 blocks and was aimed at reaching out to 200,000 adolescent girls and 65,000 women as well as enhancing knowledge and interpersonal communication (IPC) skills among 5,000 frontline workers (FLWs)².

² Frontline workers include teachers/staff of the government-run residential girls schools (KGBVs), ASHA workers from the Department of Health and *Anganwadi* workers.

The Research and Strategic Framework

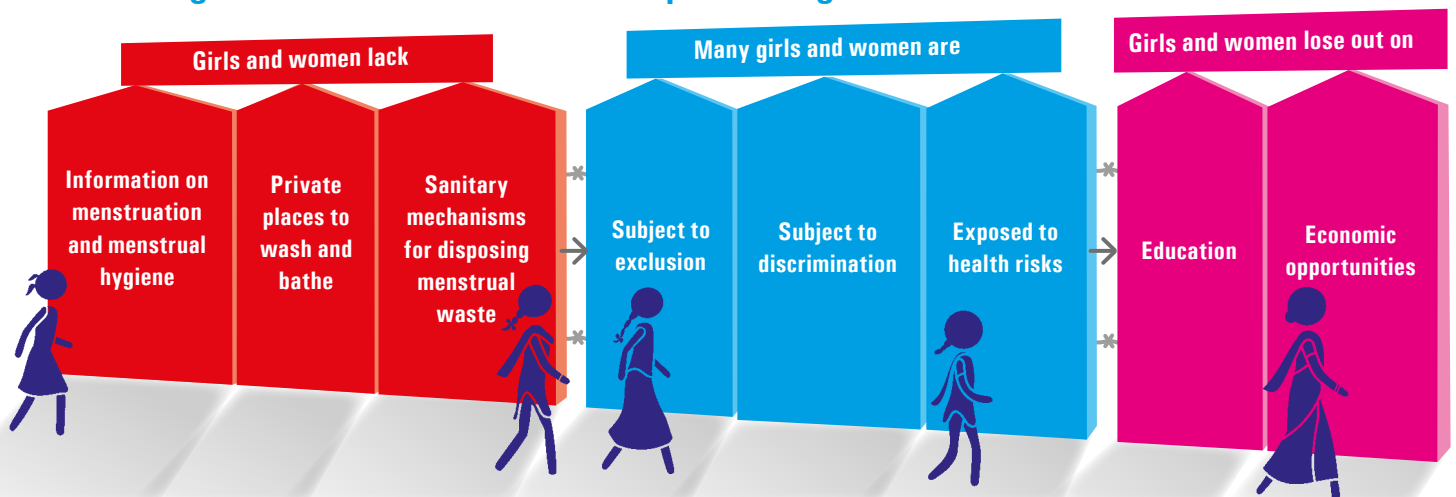


Building the Foundation for Project GARIMA

Before initiating the project activities, a formative study was undertaken in the three project districts – Mirzapur, Jaunpur and Sonebhadra – in April-June 2012 to better understand the nuances of menarche in an adolescent girl’s life. It was followed by a

baseline study (conducted in September 2012) in the project districts. The studies threw light on the dismal reality of menstrual hygiene and socio-cultural restrictions imposed on adolescent girls (Figure 1). The findings of these studies formed the evidence base for GARIMA communication strategy and interventions to improve MHM (Box 1).

Figure 1: Menstruation and its impact on a girl’s life



Box 1

Menstruation is perceived as a subject of extreme embarrassment. Hence, communication on the subject is discouraged and restricted.

There are deep-rooted beliefs and social norms surrounding menstruation, and the menstruating woman is considered 'impure' and 'dirty'.

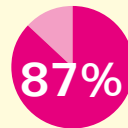
POST MENARCHE GIRLS



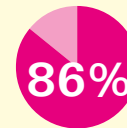
discussion on the process of menstruation.



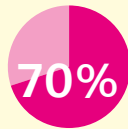
unaware of the importance of washing menstrual cloth.



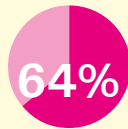
used old cloth as menstrual absorbent.



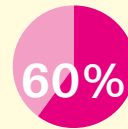
completely **unprepared.**



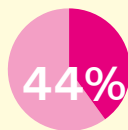
had **low self-confidence.**



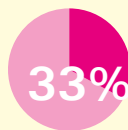
felt **scared.**



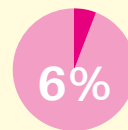
missed school on account of menstruation.



felt **embarrassed** and humiliated over restrictions.

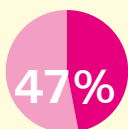


'never' washed cloth before use first time.

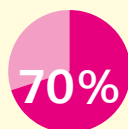


had **never heard of** sanitary napkins.

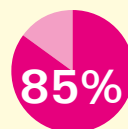
PARENTS AND FRONTLINE WORKERS



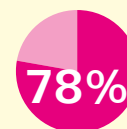
mothers **did not agree** with girls knowing about menstruation before onset.



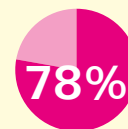
fathers were **positively** inclined towards preparing girls for menarche.



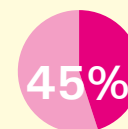
FLWs (ASHAs and AWWs) felt that "menstruation is release of **bad blood.**"



teachers felt that "menstruation is release of **bad blood.**"

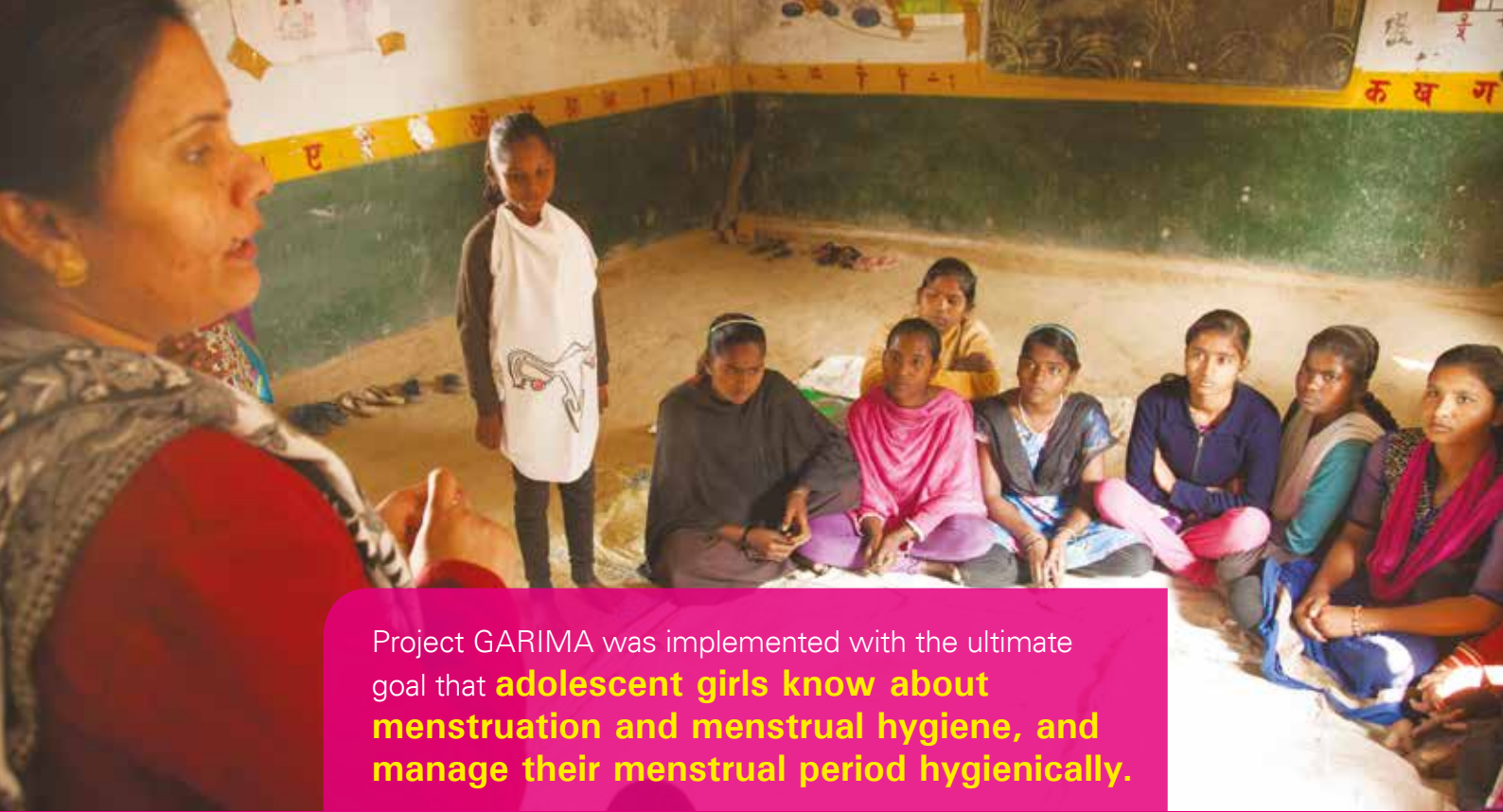


78% FLWs thought that "menstruation is release of **body heat.**"



45% teachers thought that "menstruation is release of **body heat.**"

Girls' **level of comfort** is lowest with FLWs on menstruation-related issues.



Project GARIMA was implemented with the ultimate goal that **adolescent girls know about menstruation and menstrual hygiene, and manage their menstrual period hygienically.**

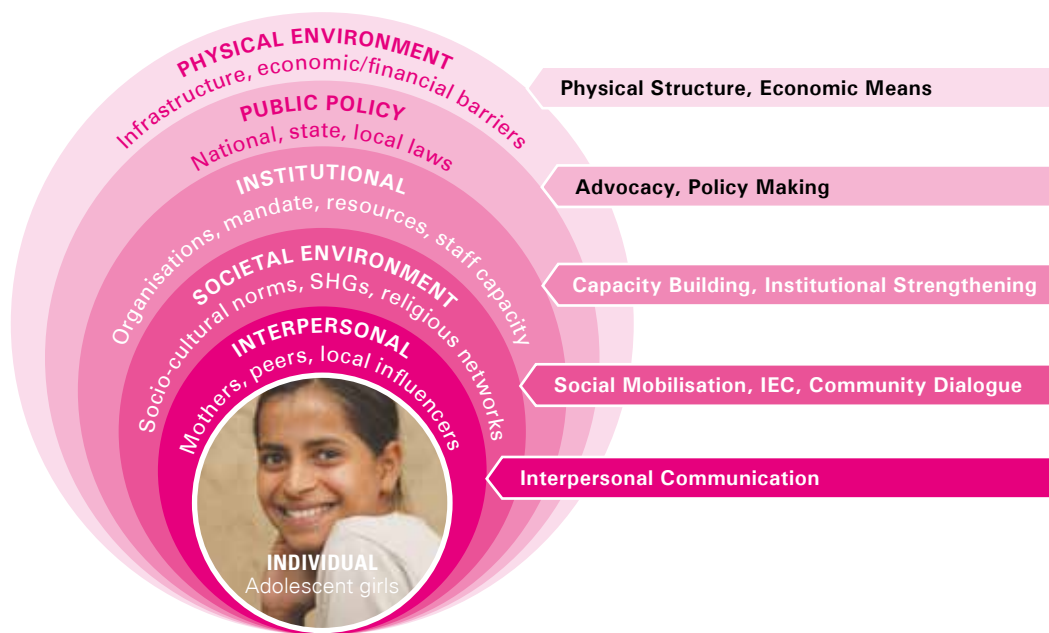
Objectives of Project GARIMA

FLWs
– Accredited
Social Health Activists
(ASHAs), *Anganwadi Workers*
(AWWs), Upper Primary School
(UPS) teachers/wardens of *Kasturba
Gandhi Balika Vidyalayas* (KGBVs)
– and peer educators (identified as
influential sources) are equipped with
the knowledge and skills to conduct
IPC and community mobilisation
to promote understanding of
menstruation and MHM.

Increased proportion
of adolescent girls:
are able to understand
menstruation, and the benefits of
maintaining menstrual hygiene;
are comfortable about discussing menarche-
related issues with peer educators and FLWs;
can talk freely, without embarrassment,
about menarche; and
know about the availability of sanitary
options (e.g. napkins) and begin
using them during the
menstrual cycles,
if available.

The project focused on provision of comprehensive, accessible information about menstruation; enhancing self-confidence so that girls can demand private spaces like separate, safe, and hygienic toilets; availability of affordable and safe menstrual products; and privacy to dispose menstrual waste.

Figure 2: The Socio-Ecological model



Zeroing in on a Communication Strategy

Two communication strategies were employed for GARIMA – the Socio-Ecological model and the Stages of Change model. The Stages of Change model focuses on change at the individual level. To support this change at the individual level, the Socio-Ecological model creates an overall enabling environment and validates the focus beyond the individual – at the interpersonal, societal, institutional and policy levels – necessary for change at the individual level to be sustainable (Figure 2).

The SBCC strategy was developed in partnership with key government stakeholders including NHM, Integrated Child Development Services (ICDS) and *Sarva Siksha Abhiyan* (SSA).

Key Stakeholders, Strategies and Interventions

The communication strategy included engagement with stakeholders at individual, interpersonal and social levels with the goal of breaking the silence and initiating conversations among girls; enhancing knowledge about the physiology of menstruation and its management; influencing

dialogue to address attitudes, perceptions and social norms; and building capacity for menstrual management.

Adolescent girls, their peers, mothers and older women in the family formed the core stakeholder group (primary participants), whereas teachers, FLWs, fathers, and other men were central to the enabling environment (secondary participants).

GARIMA project used a combination of approaches with the key highlights being: building linkages with key flagship services

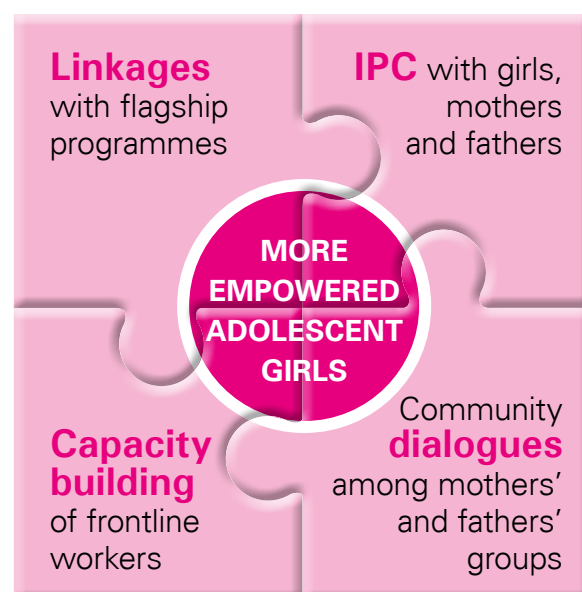
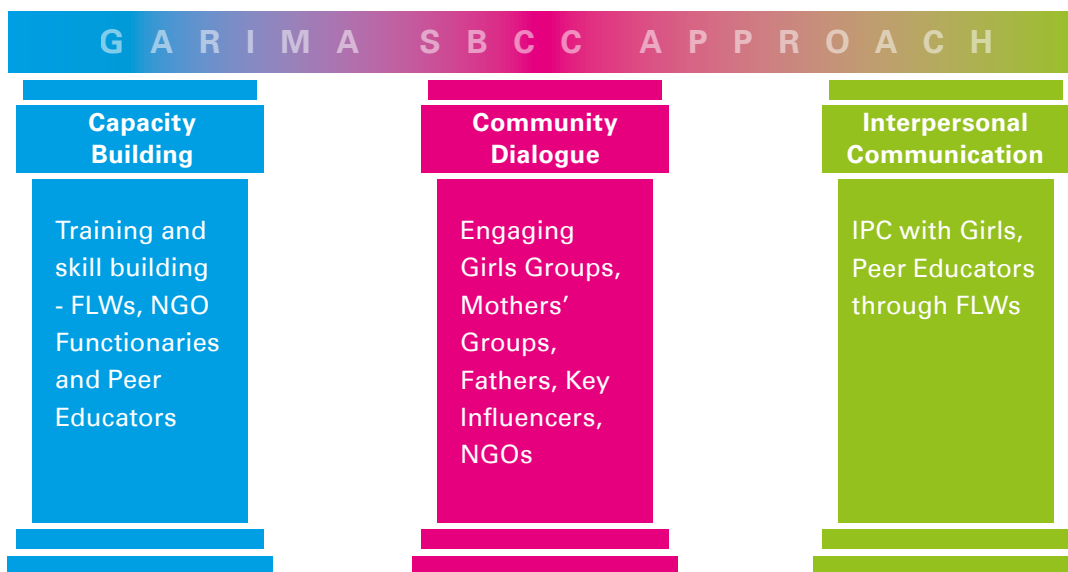


Figure 3: Three pillars of GARIMA SBCC approach



and programmes; using IPC with adolescent girls, mothers and fathers, and community dialogues among mothers' and fathers' groups to challenge existing social and gender norms, and amplify positive role models; and building capacities of FLWs to open up the discussion on menstruation and MHM.

By creating this opening, the strategy envisaged carrying forward the discussion on a range of issues around gender relations and adolescent empowerment. Broadening the scope GARIMA planned discussions on nutrition, personal hygiene, toilet construction, child marriage, regular attendance in schools and continued education as part of the strategy, since it emerged as a felt need among girls.

The SBCC strategy has at its core the goal of initiating dialogue, sustaining conversations and influencing change. The achievement of this goal is built upon three main pillars – capacity building, community dialogue and IPC. The key audiences of these pillars are illustrated in Figure 3.

Communication Aids

In line with the findings of the formative study that discussion on menstruation is considered taboo and girls, women and FLWs have

Figure 4: Paheli ki Saheli package



negligible and incorrect information about MHM, the communication strategy presented menstruation as a '*paheli*' or a riddle to most adolescent girls and women. The multi-media communication package developed for GARIMA used the approach of solving riddles related to MHM, and was appropriately named '*Paheli ki Saheli*' (PKS) – friend of riddles. This communication package aims to break the intergenerational cycle of misinformation by demystifying menstruation and catalysing discussion on the subject. Figure 4 shows the various components of this package.



Peer Educators – The Frontrunners of Change



Selection of Peer Educators

- School or college-going adolescent, confident, responsible, possessing leadership skills and amiable
- Belonging to a family willing to send her outside the village for trainings
- Selected through a democratic, consultative process in the group

Capacity Building

- MHM and IPC
- Life skills education
- Orientation on PKS material
- Mentoring and supportive supervision

Main duties of Peer Educators

- Organising Adolescent Girls' Group meetings
- Home visits to reach adolescents and their parents
- Building interface with Gram Pradhans and FLWs

Results

- Improved MHM practices among peer educators and adolescents
- Enhanced awareness of hygiene
- Increased confidence
- Improvement in school attendance
- Ability to become agents of change

Background

GARIMA's key change makers in the community – Peer Educators – were adolescent girls, chosen from the community by their peers to take on the role of informing and educating adolescents, and facilitating change in their knowledge, attitude and practice (KAP).

Appointing peer educators as change agents was a key strategic move informed by the

baseline studies in all three districts. The studies had shown that adolescent girls had the highest level of comfort discussing menstruation with peer educators³ as compared to their mothers, teachers or FLWs, probably because they were defined to the

³ Since there were no trained peer educators present at the time of the baseline studies, the respondents were asked to visualise if there was someone of their age group who they could talk to about menstruation and they assigned ratings of comfort accordingly, rating the peer educators the highest.



During the project tenure **204,652 adolescent girls** were reached through a combination of group meetings and home contacts.

girls as someone from the community who would be their age.

Processes Adopted

Building the Cadre

Adolescent groups were formed in each district as project implementation commenced. The field facilitators⁴ (Box 2) identified households with adolescent girls in every village through village-level surveys⁵ and made an Adolescent Girls' Group (AGG) constituting 20-25 adolescent girls in the villages. The remaining adolescent girls who were not a part of the groups were reached through home visits by peer educators and field facilitators. School or college-going adolescents, possessing leadership skills, a sense of responsibility and having a good rapport with all group members were identified as peer educators, collectively

chosen by the group through a democratic and consultative process.⁶

Whenever a peer educator left⁷ another active girl from AGG was appointed as the peer educator.

⁴ Field facilitators were key members of the implementing NGO teams and provided supportive supervision to the peer educators, and organised Mothers' Group and Male Group meetings, alongside creating an interface with the community gatekeepers and the FLWs.

⁵ In a village of approximately 1,000 population the estimated population of adolescent girls is 10-11 percent, making it around 100 adolescent girls in the village. Of these around 25 percent became members of the Adolescent Girls' Group and the rest were reached through home visits by field facilitators, peer educators or other acting members of the groups.

⁶ In most cases adolescents were chosen as peer educators, but some were in their twenties by the time the project closed.

⁷ Most of the peer educators left either because they got married or because they moved out of their village because of higher education or their family shifted from the village

Field Facilitators – Link Workers for Implementation

Field Facilitators were the foot soldiers of the non-government organisations who initiated the implementation of GARIMA project at the field level. Once selected for the job, these field facilitators underwent a rigorous training organised by the partner NGOs who had appointed them. The trainings were undertaken by the NGO trainers, UNICEF project GARIMA staff and other trainers with expertise in MHM and related subjects.

Over a course of four to six trainings of two to three days each the field facilitators were oriented on project GARIMA, its background and objectives, and their roles and responsibilities as field facilitators, including detailed and specific pointers on how to perform various tasks including a survey of the villages and holding meetings with the various stakeholders. Alongside, the field facilitators were oriented on adolescence, and physiological and psychological changes undergone by adolescents, the definition of communication and various methods of communication to bring behaviour change,

including the GATHER (Greet, Ask, Tell, Help, Explain, Return) approach. The process of menstruation and information on reproductive organs were a key focus of these trainings, with revisions across all the trainings. Mock sessions helped build the skills of the field facilitators in organising adolescent girls' and mothers' group meetings.

Another key component of the trainings was the curriculum on life skills education. To make their sessions with adolescent girls more fun-filled and to retain the interest of the adolescent girls in these meetings, several games such as *Seedi Daud*, *Bal Geet* and *Bhalu ki Gufa* were taught to the facilitators in these training sessions.

Various tools used in the training included films, illustrations, flipbooks and charts, posters, FAQ cards and an apron illustrating the reproductive organs. The trainings were intensive and comprehensive, and fully prepared the field facilitators to fulfil their responsibilities on the field with complete confidence.

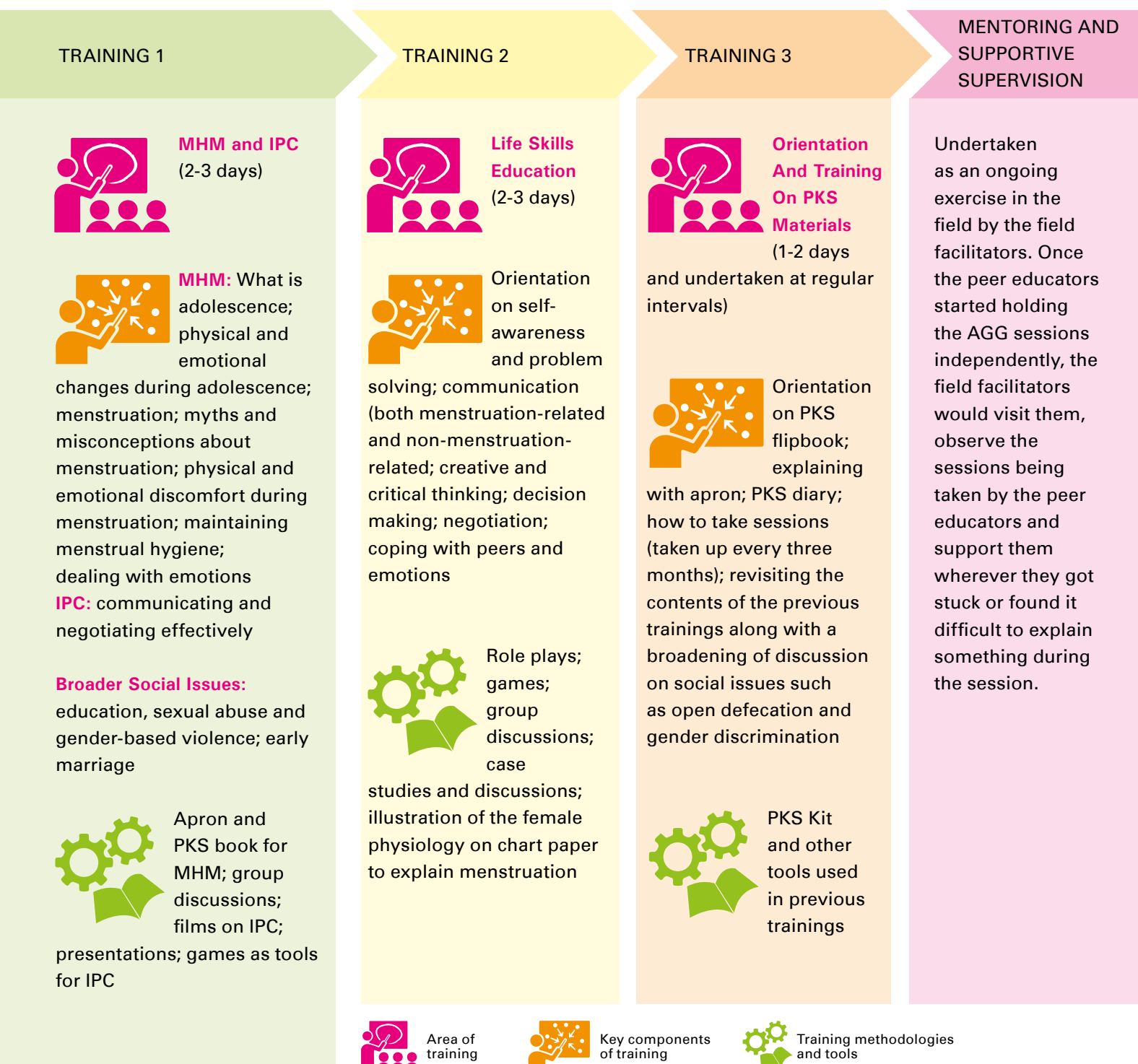


Capacity Building of Peer Educators

The peer educators underwent a maximum of seven training sessions (in Mirzapur) and a minimum of five training sessions (in Sonebhadra and Jaunpur). The training and orientation was undertaken every two to three months. These trainings were non-residential

in nature, spanning over six hours a day, and were conducted by field facilitators along with NGO and UNICEF staff. Figure 5 illustrates a detailed training plan for the peer educators in all three districts, with the contents and tools for each training. Broader social issues such as building toilets and sanitation, encouraging

Figure 5: Detailed training, mentoring and supportive supervision plan for peer educators





“The training programmes were very informative, they completely changed my personality and helped break my silence around MHM. For me these training sessions were a means of transforming my personality.”

Preeti Sharma,
Peer Educator, village Ramchanderpur,
block Majhawan, district Mirzapur

higher education of girls, and stopping marriage of underage girls were introduced to the peer educators in the trainings.

The peer educators rated the trainings highly and unanimously agreed that the trainings helped them break their silence around MHM. Post these training programmes, the girls reported feeling confident to play their role as peer educators. Although, in initial phases of the project they were nervous and hesitant about talking on MHM, these training programmes helped them shed their inhibitions and dispelled their myths and misconceptions on menstruation.

Peer Educators Take the Mantle for Change

The peer educators became the interface between the adolescent girls in the village and the service providers and project staff. Various responsibilities undertaken by the peer educators are detailed below.

Organising Adolescent Girls’ Group Meetings

Peer educators would make arrangements for a suitable venue⁸, decide on a time convenient for the group members to attend the meeting and mobilise the girls to come for the AGG meetings. At the meetings the peer educators would transact the content learnt during the training programmes, according to prescribed schedule explained to them in the training sessions, and also by the field facilitator before every monthly AGG meeting.

PKS package was used during these AGG meetings. Stories were read out from the flip book, Q&A sessions were held, and girls were asked to solve some riddles pertaining

to menstruation, MHM and managing menstruation-related challenges. Pre- and post-session surveys helped gauge the knowledge of adolescent girls on these issues before and after every session. In some of the meetings films like Sayani Sudha and Hero No 1 were shown to the adolescent girls – a medium the girls enjoyed immensely.

Home Visits to Reach Adolescents and their Parents

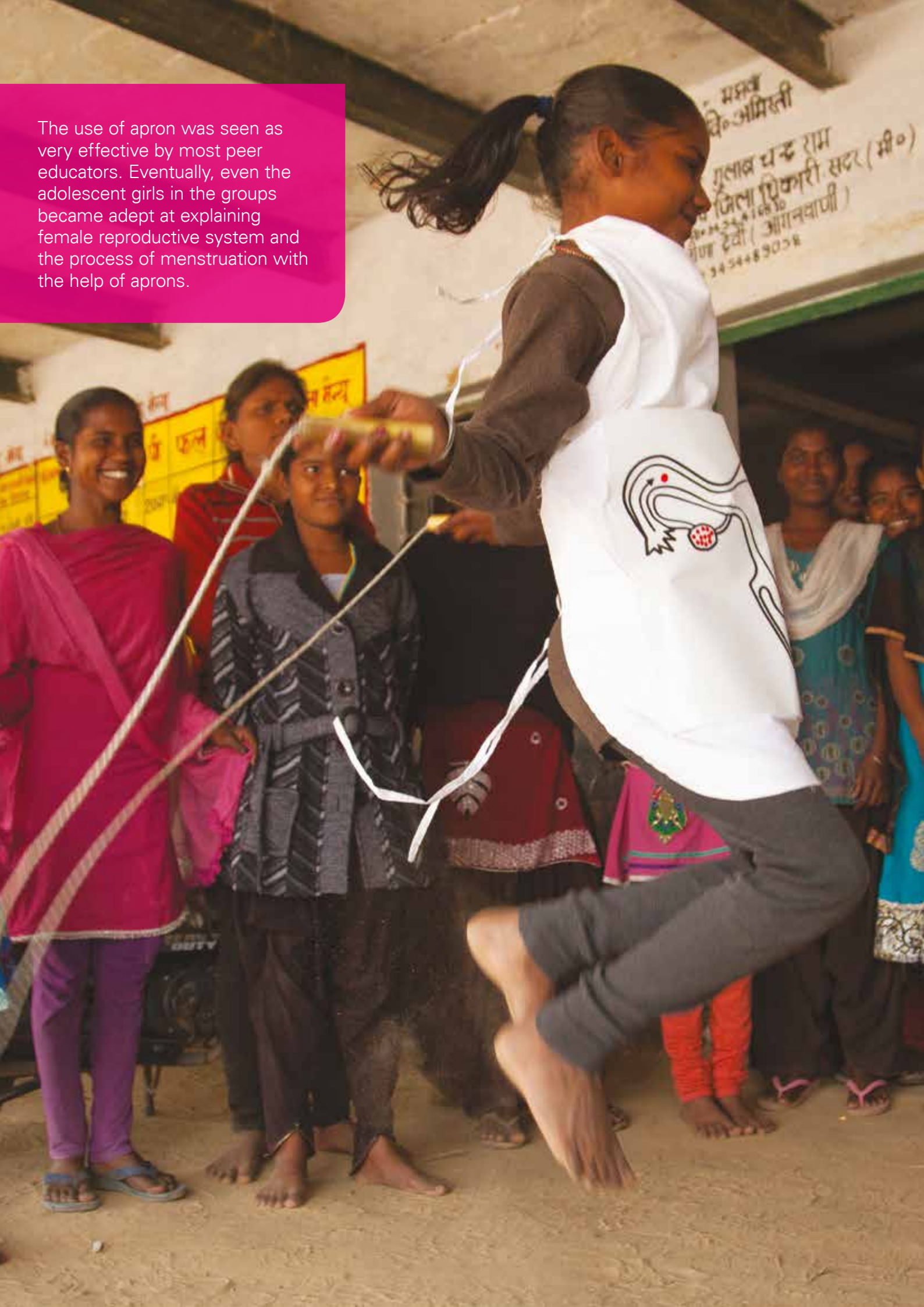
Adolescent girls who could not become a part of the AGGs were reached through home visits by the field facilitators and peer educators. During these home visits peer educators tried to impress upon the parents the need for MHM education for their adolescent girls. Many a time these home visits led to the parents allowing their daughters to become a part of the AGG. Peer educators also made home visits to the homes of those adolescent girls who were not regular for the meetings or dropped out after attending a couple of meetings, to motivate them to start coming for the meetings again. Even though this entire process of home visits and convincing girls took an enormous amount of time and effort, it contributed to the success of the project.

Ensuring Ownership of Gram Pradhans and Frontline Workers

AGG meetings also introduced the concept of toilets and sanitation, and the ill-effects of open defecation to the adolescent girls. This helped girls understand the benefits of enclosed toilets for MHM and changing the

⁸ Many a time girls would hold meetings at their homes, or at the home of an adolescent group member. Premises of schools and *anganwadi* centres were also used to hold these meetings.

The use of apron was seen as very effective by most peer educators. Eventually, even the adolescent girls in the groups became adept at explaining female reproductive system and the process of menstruation with the help of aprons.



Taking the Message Forward in KGBVs

A cadre of peer educators was built in the KGBVs from amongst the girls studying in the school. Once a peer educator passed out from the school, another girl would be chosen

to take over as a peer educator. Each school had two to three peer educators, who were capacitated along with their teachers by the field facilitators.

Young and enthusiastic Nargis (12 yrs) and Sarita (14 yrs), both students of Class 7 in KGBV, block Robertsganj in Sonebhadra district are adept at explaining key concepts of menstrual health and MHM to their fellow school mates. Diminutive but spunky, Nargis says with a sense of ease that initially some girls were not attentive but it took them both just 30 minutes to convince these girls and get their attention.

“Mostly, the sessions are taken together by the peer educators, but even if we have to take the sessions alone, we feel confident now” avers Sarita.

Nargis and Sarita say that they, as well as other girls in the school, do carry the message home and talk to their mothers, sisters and other female members in the family about these newly-learned practices of MHM.



absorbent cloths and pads, as frequently as required. Issues related to health and nutrition brought the focus on healthy diet, dietary intake during menstrual cycles, consumption of Iron and Folic Acid (IFA), the need for immunisation and provision of nutritious meals at the *Anganwadi* Centres. Social issues such as the importance of education and equal opportunities for girls, the ill-effects of child

marriage, sexual harassment and steps that should be taken by girls to counter it were also discussed in the meetings. *Gram Pradhans* and FLWs were invited to be part of the meetings. The peer educators and adolescent girls also met them separately to share their concerns and raise issues with the *Gram Pradhan* as well as the FLWs.

Mentoring and Supportive Supervision

On the ground the peer educators were mentored by the field facilitators who were a part of many meetings conducted by them. Wherever the field facilitators attended the meetings, they would add information missed out by the peer educator or pitch in

where the peer educator found it difficult to explain some concepts. The presence of field facilitators was encouraging and reassuring, for peer educators, however, with trainings and orientation, most of them became adept at conducting meetings on their own.



“I had a sense of achievement but was equally scared since I did not have confidence that I could take any sessions alone with girls. But the field facilitator helped a lot by assisting me with few of the sessions.”

Vibha Pandey,
Peer Educator, village Panchpediya,
block Robertsganj, district Sonebhadra



It needs to be added that the peer educators found the training sessions more effective and interesting than field-level mentoring. As per their experience, the training sessions provided them scope for cross-learning as peer educators from different villages came together at one place and they could all share their experiences and problems, and learn from each other's experiences.

Challenges Overcome

The peer educators dealt with personal as well as social blocks. Presented below are the key challenges that the peer educators faced and overcame.

Addressing Personal Inhibitions

Though the main responsibility of the peer educators was to remove hesitation among adolescent girls in talking about menstruation and related subjects, they themselves struggled with embarrassment and shyness initially. It took them some time and effort to start using terms such as 'maahvari (menstruation)', 'shukranu (sperms)' or naming the sexual and reproductive organs without inhibitions.

Finding a Suitable Place to Conduct Meetings

One of the roadblocks was finding a suitable place to conduct AGG meetings, which ensured privacy and was free from any external interference. Boys would stand, observe the meetings and jeer, which made the peer educators and the girls uncomfortable. The field facilitators helped the peer educators address this problem, and politely asked the boys to join in and be a part of the meetings. Once the onus was placed in the boys they withdrew and stopped disrupting the meetings.

Allaying the Fears of Parents

Another challenge faced by the peer educators was convincing the parents, especially fathers, to send their daughters to AGG meetings. Questions were asked, doubts were expressed and the peer educators were told point blank that they were just wasting the time of other girls in the village. The peer

educators had to keep working patiently with the mothers of adolescent girls and explain to them the purpose of the meetings and, if need be, talk to the fathers too about the need to organise regular meetings on MHM and other health issues for adolescent girls in the village.



“Now we are confident, we talk to everyone nicely and listen to other people’s problems, and try to address them. After watching all this, my father says I talk like a District Magistrate now! ”

Sapna Maurya,
Peer Educator, village
Ramapur, block
Majhawan, district
Mirzapur

Continuing in the Face of Aspersions

Menstruation and MHM are so shrouded under the veil of secrecy that the peer educators were labelled 'shameless' in the beginning and abused by the village women for taking up these issues with the adolescent girls. Despite their morale taking a dip, the peer educators did not allow such stray incidents to deter them from the task they had at hand, and continued to convince women in the community and mothers to send young girls and their daughters for the meetings. The training programmes and the constant handholding that was provided to them by the field facilitators helped the peer educators break the social conditioning which had limited them initially.



“When we started organising the meetings, the girls’ fathers would question the purpose of these meetings and what good they would do for the girls. I convinced them and was able to get their consent for their daughters!”

Preeti Sharma, Peer Educator,
village Ramchanderpur, block Majhawan, district Mirzapur

Results Achieved: Improved Knowledge, Increased Confidence and a Changed Personality

Improved MHM Practices

Knowledge and attitudes of peer educators around MHM changed considerably with all the efforts towards their capacity building, and their application on the field. The girls came to know that improper disposal of absorbents could result in spread of infections and pollute water. They further learnt the process of disposing of sanitary pads/menstrual absorbents by burning them in incinerators, or a clay pot or burying them.

MYTHS DISPELLED

“Menstruating woman is impure.”

“Menstrual blood is ‘dirty’.”

“Burning of absorbents can make a girl sterile.”

Makeover in Personalities

Peer educators have become more confident and smarter, their hesitation has diminished and their communication skills have improved substantially, with a greater ability to express themselves and also empathise with others and listen to them patiently. All these qualities helped them make more friends and other girls in the village see them as a guide and a confidante.

When Anjali Dubey was selected as a peer educator in Badgaon village of block Robertsganj in Sonebhadra district, she was



only 12 years of age. Though a butt of jokes among the village girls initially, who ridiculed her for taking on the mantle of a peer educator at such a young age, her rebuttal sealed the discussion around the topic.

She responded strongly by telling all the older adolescents, “I accept I am young, but despite that I know so much about MHM. At your age, you all should know more than me, but you don’t!”

When it comes to MHM she has stamped her authority among the adolescents in her village, both younger and older than her.

Enhanced Awareness of Hygiene

On a personal level, the peer educators and adolescent girls in the community have become more aware of personal hygiene, cleanliness and appearance, taking particular care to wear clean clothes, comb and tie their hair neatly, and wear footwear while stepping out.

Changes in knowledge and practice of MHM amongst peer educators between the two rounds of concurrent monitoring of GARIMA

Indicator	Round 1 (Sept 2015)	Round 2 (July 2016)
Menstrual Management		
New cotton cloth	30	33.3
Old cotton cloth	56.7	63.3
Sanitary napkin/pad	70	86.7
Correct Storage		
Store the absorbent in a safe & clean place	73.3	63.3
Correct Disposal		
Disposing by burning or putting it in the dustbin	76.7	76.7

A Perceptible Change in Adolescents

Increased Confidence and Openness

The peer educators have alongside enhanced the KAP of parents and the community as a whole, to break the silence around MHM. With the project interventions girls have started talking to their mothers about menstruation and related problems, and are actually taking the conversation beyond menstruation to discuss continuance of their education or delaying their marriage.



"I have interacted with a lot of girls in the GARIMA villages and seen a perceptible change in their confidence levels. They now think of their lives ahead and have the confidence to speak with their parents about their future."

Amit Kumar Singh,
Chief Development Officer,
district Mirzapur

Improvement in School Attendance

Earlier girls would miss school during menstruation, but after the AGG meetings they came to know of sanitary pads being distributed in the schools and were motivated to attend school regularly and demand sanitary pads from their teachers. This had a twin benefit of improving girls' attendance, and boosting uptake and use of sanitary pads.

Peer Educators and Adolescents as Agents of Change

The discussion around toilets and sanitation spurred the girls and, in many cases, their parents to look at a toilet as an instrument of giving girls and women their privacy and dignity. Adolescent girls, supported by peer educators, started approaching either the *Gram Pradhans*, the Block Development Officers or their parents to demand toilets. Where permanent toilets could not be made

Adolescent Girls in Kherahi Use Collective Voice to get Incinerators and Toilets

The adolescent girls from the AGG in village Kherahi (district Sonebhadra) got an opportunity to discuss their woes when the District Magistrate visited their village. They stressed on the need for incinerators, as well as, toilets in the village. The District Magistrate asked them to prepare a list of girls who were filing petitions for toilets, and also reassured them that he would pass an order for construction of toilets in their village. Once the order was passed 50 households got toilets constructed in their houses. More are in the process of completion.

temporary rooms were made with bamboo and gunny bags, to give the girls and women in the family privacy to take a bath and change their menstrual absorbent during their periods.

After the project, adolescent girls began attending *Gram Sabha* meetings and articulating their concerns in front of the *Gram Pradhan*.

Leading by Example

Girls in Kotabi village (block Majhawan, district Mirzapur) used to dispose menstrual absorbents in the open. Peer educator, Suhasini Rao, took note of this matter and took the initiative to collect these dirty absorbents and dispose them of in one place, to ensure cleanliness in the village. This motivated other adolescent girls to join in and slowly the girls and women in the village stopped disposing of their absorbents in the open. Suhasini further established a small fund in school to procure sanitary pads. Her principal was very impressed with her initiative and provided money to support and sustain the fund.

Development of 'Adolescent Health Plans' by Village Health Sanitation and Nutrition Committees in GARIMA districts

To ensure that adolescents are high up on the development agenda of the *panchayats* and to sustain the results achieved by GARIMA so far, Village Health Sanitation and Nutrition Committees and adolescents in 711 *Gram Panchayats* (78 percent of GARIMA intervention *Gram Panchayats*), developed Adolescent Health and Empowerment Plans during the

Sanitation Fortnight (1st-15th October 2016). The plans included crucial issues such as improved sanitation facilities at the village level; construction and use of toilets and bathrooms, and their regular maintenance; ensuring quality education and decreasing drop-out rate and absenteeism especially for girls; and prohibition of child marriage and child labour.



Changes in knowledge and practice of MHM amongst adolescent girls between the two rounds of concurrent monitoring

Indicator	Round 1 (Sept 2015)	Round 2 (July 2016)
Girls reporting storing the absorbents in a safe and clean place		69.6%
Girls reporting disposing the menstrual absorbent by burning or putting in dustbin		63.8%
%age of girls who associate negative feelings with menstruation	58.6%	54.4%
%age of girls who speak to AWW about menstruation	32.2%	46.7%
%age of girls who speak with ASHA about menstruation	44%	64.2%

The peer educators along with adolescent girls were able to demand better delivery of services such as regular distribution of *poshaahar* (nutritious meals), immunisation and distribution of medicines by FLWs, construction of toilets and incinerators in the village.

Earlier girls were not able to talk to their parents comfortably but GARIMA enabled

them to forge a stronger bond with their fathers. All these changes provided girls the agency to demand their rights to education, and clean and hygienic environment.

An effort towards sustaining these gains will consolidate them and lead to a trickle effect of accelerating development in these communities.

Influencing the Parents to Become Allies in Change



Why work with parents?

- Mothers are key influencers and decision makers for adolescent girls
- Primary educators regarding menstrual management
- Important to empower them with correct information to break the cycle of misinformation
- Fathers make resources available to help girls' manage menstruation hygienically

Formation of Groups

- Mothers' Groups formed in villages and Male Groups accessed at *Gram Sabha* and village-level meetings
- Bi-monthly meetings with mothers and Male Groups accessed as and when feasible
- PKS toolkit, IPC and stories of positive change discussed during meetings
- Men sensitised about needs of women and adolescent girls

Results

- Parents become partners in change

Background

The Social-Ecological Model of behaviour change maintains the focus on IPC, community dialogue and interventions to change social norms. Parents are the key influencers and decision makers in the lives of adolescent girls, especially mothers, since they are the primary educators regarding menstrual management. It is, thus, important to empower them with correct information

and knowledge so that the cycle of misinformation and socio-cultural restriction can be broken.

The baseline studies showed that 47 percent mothers were negatively disposed to preparing their daughters for menarche. The studies also showed that the girls were most disposed to discussing menstruation with their peers and mothers but a majority of mothers themselves had limited knowledge



**1,964
Mothers'
Groups**

formed across
three districts

**55,858
women**

reached through
Mothers' Group
meetings

**18,305
women**

reached
through home
contacts

about menstruation and MHM, and expected girls to be more restricted on days when they were menstruating.

It is a vicious cycle that has continued generation after generation. GARIMA viewed engagement with mothers as crucial since they are the primary educators for adolescent girls regarding menstrual management, but are themselves caught up in the web of myths, misconceptions and social norms, which are restrictive.

As per the studies, a significant number of fathers were in favour of preparing the pre-menarche girls regarding menstruation. Survey findings also suggested that 70 percent fathers thought that community expected adolescent girls to know about menarche. However, they did not see a role for themselves and considered it to be a subject that a mother would talk to her daughter about.

GARIMA viewed fathers' involvement as critical because they can make resources

available to help girls' manage their menstruation hygienically, lower restrictions on girls' mobility and routine activities, and allow their daughters to participate in group meetings and other related events.

Thus, GARIMA interventions focused of making mothers partners in the change that adolescent girls were going through, and involved fathers and men in the family to sensitise them on menstruation and to create an enabling environment for the overall well-being of adolescent girls.

Processes Adopted

Forming Mothers' Groups and Male Groups

Mothers' Groups were formed in the intervention villages, with an average of 15-20 members in each group. Girls attending the AGG meetings were asked to inform their mothers. Other forums like School Management Committees and Child Protection Committees were tapped to



“Our initial reaction was that any discussion on mensuration is against our social norms. But the field facilitator’s patience and perseverance made us understand that these meetings are for our and our daughters’ benefit.”

Gyani Devi,
Mothers’ Group member, village Imarti,
block Pahari, district Mirzapur

engage mothers of adolescent girls. Women from these committees volunteered to become members of the Mothers’ Groups. Initially, monthly meetings were organised for the groups, which got changed to bi-monthly meetings later because bringing together women for meetings on a monthly basis was proving difficult due to their domestic responsibilities. Women who found it difficult to join the Mothers’ Group meetings were reached through home visits by field facilitators.

The Male Groups were a fall out of the *Gram Panchayat* meetings. Each Male Group meeting was scheduled for around 1-1.5 hours. GARIMA’s field facilitators conducted these sessions and all the interested men were called upon to attend the session. The maximum number of participants who stayed back ranged from 30-40 people and the minimum ranged from 25-20.

Methods of Communication and Themes for Discussion

Discussion Themes in Mothers’ Group Meetings

Since mothers had already undergone their adolescent menstrual experience without any knowledge or counselling, they could not relate to the concept of adolescents being counselled and prepared for menstruation

initially. Continuous interpersonal counselling sessions with these mothers, helmed by the field facilitators brought a change in their KAP towards being a support to their daughters. Women with leadership qualities who were a part of these groups, took the role of going and counselling other women in the community, who were unable to attend the meetings.

The Mothers’ Group meetings comprised participatory dialogues on issues of MHM, nutrition and adolescent rights, among others. As in the AGGs, communication tools like the PKS communication kit with screening of documentaries like *Gauri ki Kahani* and *Maa Bani Saheli* were used to trigger the discussion. Stories of positive deviants from the nearby villages were shared for motivation. The meetings ended with a clear ask or an action the mothers should take in the interest of the health and well-being of the adolescent girls in the village.

The themes discussed in the Mothers’ Group meetings corresponded with the themes discussed in the AGG meetings. The themes of two monthly AGG meetings were merged to create a capsule for discussion during the Mothers’ Group meetings, which normally lasted around two hours and would go on longer on Sundays.



“When the field facilitator started coming to our village, I really liked the way she talked and the issues she raised. I started encouraging others to come and listen to her. Slowly, many others agreed to attend these Mothers’ Group meetings.”

Shanti Devi,
Mothers’ Group member, village Imarti,
block Pahari, district Mirzapur

The use of apron was seen as effective by most women as it helped them comprehend the female reproductive system and the process of menstruation with ease. Over a period of time, many women became adept at using the apron to explain the female reproductive system to their peers.

Field facilitators informed and engaged women on issues related to health, hygiene and nutrition for women and adolescent girls in general, and menstruation and MHM in particular, and the broader societal issues such as educational opportunities for girls and prevention of child marriage among girls. The women were sensitised on issues related to the safety and security of girls, providing them opportunities to grow and also spurred to take a more active role in helping the AGG's work towards the development of villages.

Discussion Themes in Male Group Meetings

The meetings with men were more geared to sensitising them about the needs of women and adolescent girls, and also making an effort to provide facilities like toilets to them. They were oriented on nutritious food for girls and women, the right age of marriage

for girls and the need to provide opportunities to adolescent girls, for them to excel and become independent women.

The concept of menstruation too was introduced and explained to men in these meetings. In the Male Group meetings too charts, posters, stories and films like *Ammaji Kehti Hain* and *Paheli ki Saheli* were shown to better explain concepts to them.

Strengthening the Bond between Adolescent Girls and Parents

To help break the barriers between mothers and daughters, a *Maa-Beti Sammelan* (Mother-Daughter Conference) was conceptualised and organised in villages where women and adolescent girls would come together, whether or not they were part of the Mothers' Group or the AGG. These meetings provided a platform for open dialogue between mothers and daughters on issues that concern them. This has been instrumental in bringing about a normative change and bringing up issues such as use of toilets and private places, addressing gender biases and right age at marriage. Mothers have been able to shed their inhibitions and





“The mother-daughter meetings helped our daughters to openly talk to us and when they began to discuss menstruation with us we also followed suit. Now my daughter openly asks me for sanitary pads, which is a big change.”

Rajkumari,
Mothers’ Group member,
village Imarti, block Pahari,
district Mirzapur

hesitation around menstruation and related subjects due to Mothers’ Group meetings and mother-daughter activities organised under the GARIMA project.

Challenges Faced and Overcome

In the beginning the Mothers’ Group members faced problems in managing their household work to reach on time for the meetings, though many women would try to finish their work on time or even if they were delayed they would try and join the meetings late. Also, the initial meetings attracted large crowds who would assemble at the venue out of curiosity, creating a din and disrupting the meetings.

To offset this challenge, the field facilitators would use videos and games, but the pace of meetings did slow down with such disruptions.

It took some time to convince men to attend the Male Group meetings since they felt that menstruation and MHM are private subjects and discussing them in public was inappropriate. It required continuous counselling by the field facilitators to break this mindset and create an openness among men to become part of these meetings.

Results: Parents become Partners in Change

Though initially the women in the Mothers’ Groups felt the discussions around menstruation were very inappropriate and socially unacceptable, slowly their attitude changed and they started understanding the criticality of MHM in ensuring health and well-being of their growing daughters. This process of breaking barriers and imbibing messages on MHM took a couple of months.

Daughters who were initially hesitant to talk to their mothers, slowly started becoming more comfortable and opening up to their mothers, once they saw that their mothers had become a part of the Mothers’ Group. This served as a cue for mothers to warm up to their daughters

“Initially when this topic was brought in the open, every one of us felt ashamed. Most men felt it is an issue which should be addressed only to women and girls, and men should not be involved.”



Sakhi Chand,
Male Group member,
village Kherahi,
block Myorpur,
district Sonebhadra



“The field facilitator came and motivated us to join the Mothers’ Group meetings. We hardly knew anything about menstrual hygiene and the health of our daughters but these sessions have helped tremendously.”

Geeta Devi,
Mothers’ Group member,
village Imarti,
block Pahari,
district Mirzapur



Thirty-five year old Savitri was initially very inhibited about discussing menstruation with her daughter. When her daughter got her periods,

she was scared and ashamed thinking she had done something wrong. She feared being scolded by her mother and went to her friends to ask them about the reason and what she could do to remedy the situation.

Says Savitri, "Had GARIMA not conducted these sessions in our village, I don't think I would have ever been able to talk to my daughter about this topic. The fact that I should have probably spoken to my daughter beforehand never occurred to me, but GARIMA made me realise that it should be the practice."

Savitri, Mothers' Group member, village Badgaon, block Robertsganj, district Sonebhadra

and initiate a discussion on menstruation and MHM. Thus, the silence between a mother and daughter around MHM has been broken to a large extent with the project interventions.



"Community members in our village had a lot of misconceptions related to periods. Women and girls were not allowed to enter their kitchens, touch pickles, visit temples or even touch plants. Many of these notions got cleared in the sessions."

Anita,
Mothers' Group member,
village Badgaon,
block Robertsganj,
district Sonebhadra

Though the fathers, brothers and other male members of the Male Groups accepted that they were very restrictive of their daughters and sisters going out earlier, the GARIMA meetings made them think about the issues that were discussed. GARIMA gave them a perspective and a platform for discussion.

Trickle Effect

Once the members of Mothers' Groups became more informed about MHM, they started sharing this information with other women in the village who were not a part of the Mothers' Groups. Their own menstrual hygiene practices have also changed and they do not restrict their daughters from doing anything, be it cycling, attending school, entering the kitchen or touching pickles.

Changes in knowledge and practice of MHM amongst women between the two rounds of concurrent monitoring of GARIMA

Indicator	Round 1 (Sept 2015)	Round 2 (July 2016)
% age of women who associate negative feelings with menstruation	63.2%	53.7%
Mothers relating menstruation to changes during puberty	67.8%	86.7%
Correctly reported where menstrual blood come	28.9%	54.4%
Proportion of mothers who did not track their monthly period	51.1%	3.3%
Mothers who do not impose restrictions on their daughters	61.6%	68.7%

“We have thought about making toilets in our houses. In the last Gram Panchayat meeting, all of us conveyed that to our Gram Pradhan. We hope that in few months, we would have functional toilets in the village.”



Shan Mohammad,
Male Group member, village Kherahi,
block Myorpur, district Sonebhadra

Information sharing among women was not limited to menstruation-related or nutrition-related information but also other socially-relevant issues like giving girls an opportunity to pursue higher education, discouraging marriage of girls before the age of 18, and if possible delaying it to help a girl fulfil her dreams, the health and social hazards of open defecation and bathing in the open. In many instances, women from the group would

dissuade other women in the village from getting their daughters married early, by citing an example of their own daughters. Mothers also played a key role in ensuring their daughters got adequate nutrition and reduced their household chores.

Taking a cue from the peer educators and adolescent girls in the village, women started visiting *Anganwadi* Centres and asking for

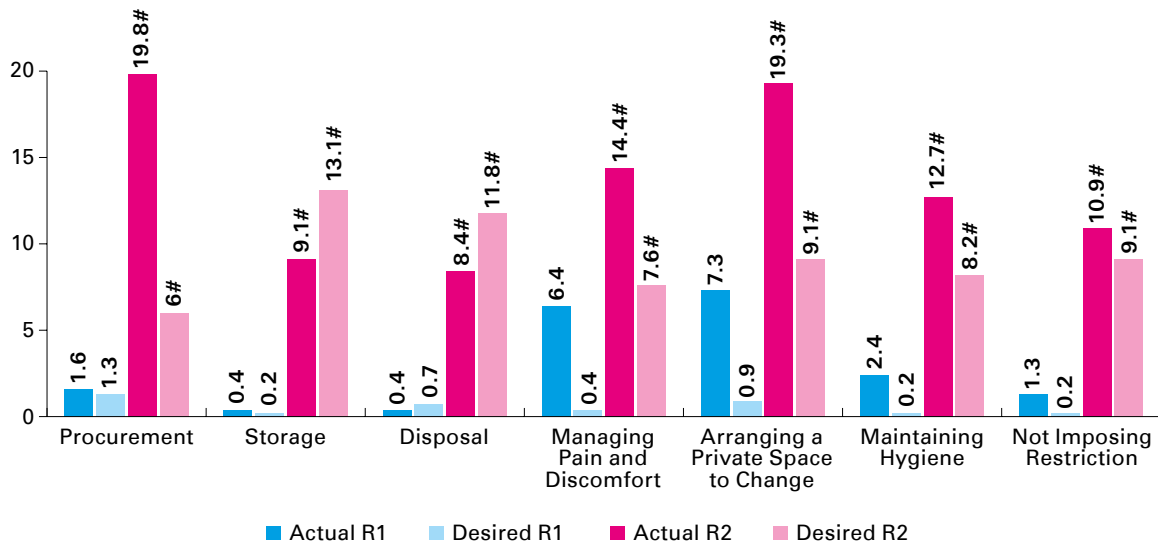


“We attended these meetings and learnt about menstrual hygiene and also issues like appropriate age of marriage for a girl. Then we spoke with other women in the village, and in some cases helped stop the marriages of young girls.”

Gyani Devi,
Mothers' Group member, village Imarti,
block Pahari, district Mirzapur



Figure 6: Support received and desired for adequate MHM behaviours from fathers



IFA Supplementation. Another big behavioural change was the altered attitude towards bathing in the open. Once prompted by the project staff to build their own makeshift

bathrooms in the absence of permanent bathrooms, the Mothers' Groups actively supported the peer educators and AGGs in their efforts to create makeshift bathrooms at home. Women spoke to their husbands and persuaded them to pay heed to their daughter's demand for a bathroom.



“GARIMA initiated the process of breaking the silence not only among the mothers but also among the fathers. When we meet these girls in the villages they say that they talk to their mothers and aunts. The support that they have got from their parents is indicative that it is just a matter of who will break this cycle and these girls will probably change the next generations.”

**Smt Kanchan Verma (IAS),
District Magistrate,
Mirzapur**

As per the concurrent monitoring evaluation studies of GARIMA, there is an upward swing with respect to knowledge among mothers regarding menstruation and MHM.

The sensitisation sessions with men have also borne results. Now men themselves are taking the lead and making either makeshift or permanent bathrooms for their daughters. Though they may not have reached the stage where they talk to their wives and daughters openly about menstruation, they are providing support in their own way. There is also an increase in the support expected from their fathers by adolescent girls, on issues such as MHM, nutrition, reduction in household chores, arranging private spaces for changing and taking baths, and not imposing restrictions (Figure 6).

Frontline Workers Become a Trusted Friend for Adolescent Girls



Why work with FLWs?

Crucial service providers responsible for information and knowledge dissemination on MHM after project staff withdrew

Processes and Tools Adopted

Departmental sector meetings of ASHAs and AWWs tapped for orientation
 Formal trainings for teachers
 PKS kit used for building skills on IPC with adolescents

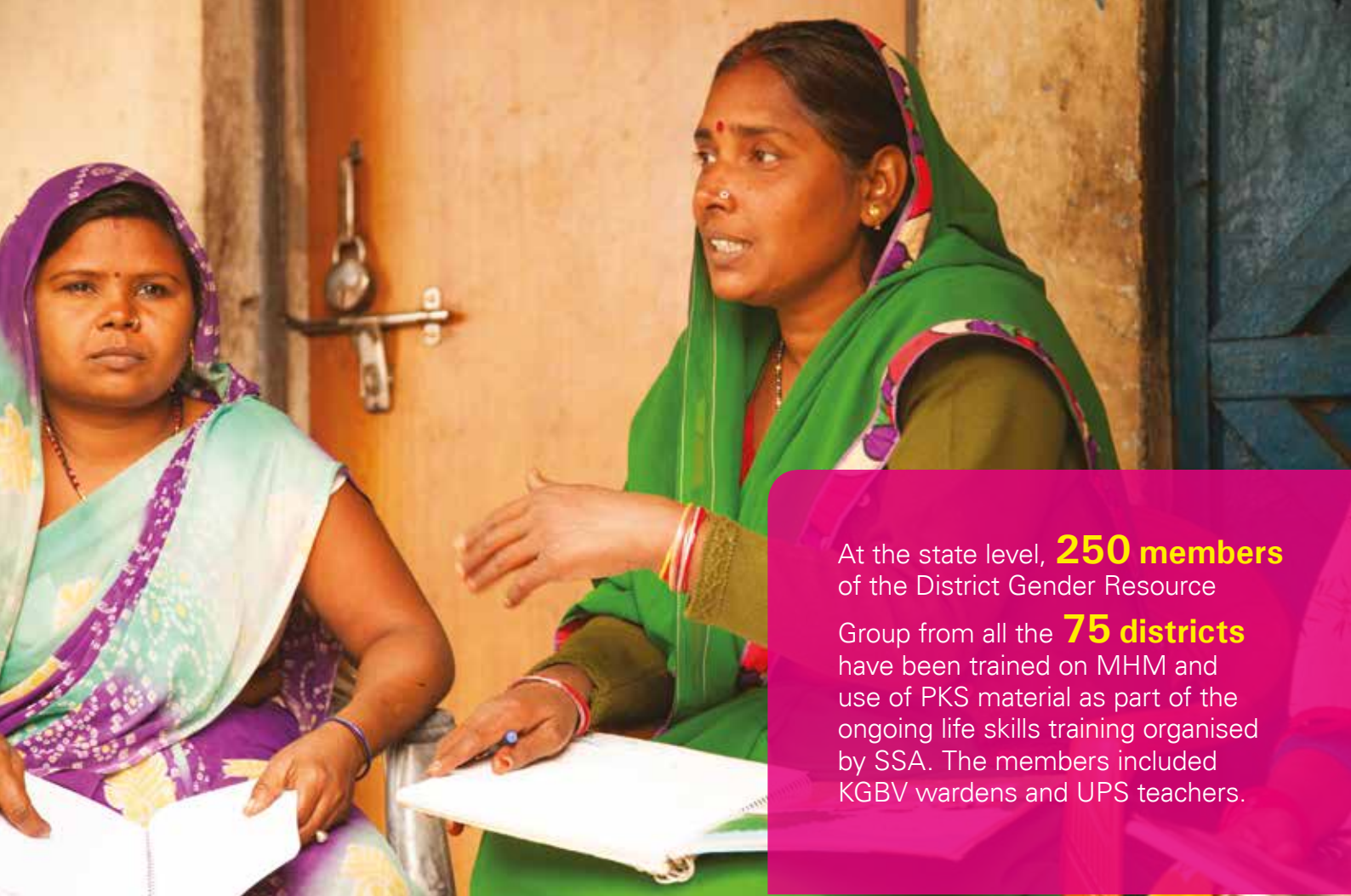
Results

Enhanced skill sets
 Change in attitude towards adolescent girls

Background

The baseline studies had suggested that the MHM-related knowledge among the FLWs (including ASHAs, AWWs and teachers) was only marginally better than the knowledge among the adolescent girls themselves. As per the findings of the baseline studies, 85 percent FLWs and 78 percent teachers considered menstruation to be “release of bad blood from body”, and 78 percent FLWs and 45 percent teachers thought that “menstruation is a release of body heat”.

A total of **5,020 frontline workers** (ASHAs and AWWs) have been trained under GARIMA project and now have the capacities to conduct IPC on MHM using PKS package following sessions integrated into sector meetings of ASHAs and AWWs.



At the state level, **250 members** of the District Gender Resource Group from all the **75 districts** have been trained on MHM and use of PKS material as part of the ongoing life skills training organised by SSA. The members included KGBV wardens and UPS teachers.

Thus, GARIMA systematically invested in the capacity building of ASHAs, Auxilliary Nurse Midwives (ANMs), AWWs, UPS teachers and KGBV wardens. FLWs were brought into the fold of GARIMA as crucial service providers who would take the key responsibility of information and knowledge dissemination on MHM once the project staff withdrew.

Processes Adopted

Departmental sector meetings of ASHAs and AWWs were used as a platform to orient them on MHM. The AWWs and ASHAs were oriented through 594 sector meetings at ICDS sectors and Primary Health Centres (PHCs) respectively by GARIMA field facilitators and

other trainers, across the three districts, during the tenure of the project. ANMs too were invited to these meetings.

In 2016, two-day formal trainings were held for 2,207 AWWs, 1,971 ASHAs and 842 teachers (from UPS and KGBVs).

Tools Used

Capacity building tools were the same as used for field facilitators and peer educators. FLWs were explained the concepts of menstrual health and MHM through PKS kit, and use of chart papers and apron to illustrate and explain the process of menstruation and pregnancy. Films like *Ammaji Kehti Hain* were also shown. Alongside, games and songs brought in an



“The trainings dealt with issues and aspects of an adolescent’s health. What I liked best was the fact that we all got one common platform to speak freely about periods. Field facilitators taught us how to approach girls better.”

Chameli Devi,
Anganwadi Worker, village Kherahi I,
block Myorpur, district Sonebhadra



“We would like more such trainings so that we can learn much more and it will help us in working better with mothers and girls.”

Kusum Lata,
Anganwadi Worker,
village Kherahi II,
block Myorpur,
district Sonebhadra



element of entertainment. One of the focal areas of the training was to build the IPC capacity of FLWs to reach out to adolescents and to help bridge the communication gap between mothers and daughters, especially on menstruation. The key takeaways for FLWs were a thorough understanding of the process of menstruation, MHM and dispelling the myths around menstruation.

Positive Results

A Change in Attitude and Skill Sets

Both AWWs and ASHAs feel that earlier they used to focus more on pregnant and lactating women and children while dispensing their duties. As per their own admission, the FLWs had never considered adolescent girls a priority group for their interventions. The reasons have been many – lack of correct information on menstruation and menstrual management, social taboos which prevent discussion around menstruation-related topics, hesitation of girls to approach FLWs, and embarrassment and unwillingness of FLWs to break this cycle of lack of communication. GARIMA trainings have succeeded in breaking this vicious cycle, and after GARIMA trainings they have started focusing on adolescent girls,



“Despite being an ASHA myself, earlier I used to feel awkward talking about periods and menstruation. I myself would hide my menstrual absorbent and dry it in a dark corner, away from the gaze of others in the family!”

Yashoda Devi,
ASHA, village Kherahi,
block Myorpur, district Sonebhadra



lending their support to GARIMA activities and have slowly initiated organising meetings with adolescents in their villages. In this process they themselves have become more informed and confident on discussing mensuration, its physiology and related aspects with the adolescent girls.

Similarly, the training helped teachers get over their own inhibitions and communicate with girls with more openness, armed with correct information and confidence.



“We ourselves did not know about menstruation and MHM so well, so how could we have counselled the girls in school?”

Sangeeta Dhar,
Teacher, KGBV,
block Robertsganj,
district Sonebhadra



“I used to be mechanical in my work. GARIMA gave us the right orientation to look at adolescent girls as women of tomorrow. Now I have the confidence to speak with adolescent girls with more empathy and understanding.”

Rekha Singh, ASHA Sangini,
village Ramchanderpur,
block Majhawan,
district Mirzapur



The capacity development of the FLWs went hand in hand with the capacity building of the adolescent girls in the villages, due to which they felt that they became more prepared for the requirements emanating from the girls in the village. The demand for IFA tablets went up and so did the utilisation of sanitary pads, making it imperative for the FLWs to be geared with stocks and to work towards replenishing stocks at the earliest.

In KGBVs too, the teachers make sure that the sanitary pads are well stocked, and the teachers propagate proper disposal practices.

There is a considerable increase in the knowledge of the FLWs and teachers on the external and internal changes that take place during puberty.

More Support for Adolescent Girls

This behavioural change is supported by the findings of the concurrent monitoring studies of GARIMA. Not only is there an increase in the knowledge levels of the FLWs and teachers, but their support to adolescent girls for adequate MHM behaviours has also increased substantially. There is a shift in the support given by FLWs to adolescent girls in not just personal behaviour such as



“There is a world of difference in the girls’ attitude towards Anganwadi workers. Now they come for meetings when I call them and actively participate in the sessions. This gives me an immense sense of satisfaction.”

Sarita Gupta,
Anganwadi Worker,
village Kulwari,
block Rampur,
district Mirzapur



“Girls as well as teachers make sure that the sanitary napkins are disposed of properly, either in the incinerator or, at times, when the incinerator is not working, in proper pits dug to dispose used napkins.”

Sheela Saroj, Warden,
KGBV,
block Rampur,
district Jaunpur

“Girls have started demanding IFA tablets and also come for immunisation. Many girls are now switching to using sanitary pads. We have increased our stocks of sanitary pads so that none of the girls have to go back empty handed.”

**Chameli Devi and
Kusum Lata,**
Anganwadi Workers,
block Myorpur,
district Sonebhadra

procurement and storage of sanitary pads, menstrual absorbents and management of menstrual pain, but also community-level issues such as disposal of menstrual absorbents and pads, and arranging for private spaces to change (Figure 7).

Even with respect to teachers the change in their approach to menstruation-related information dissemination shows a paradigm shift. It is no longer only restricted to explaining things and supporting hygiene management of students in school but encompasses information on provision of other adequate MHM behaviours, nutrition, dispelling myths and ridding the girls of restrictions (Figure 8).

Figure 7: Support received and desired for adequate MHM behaviours from teachers

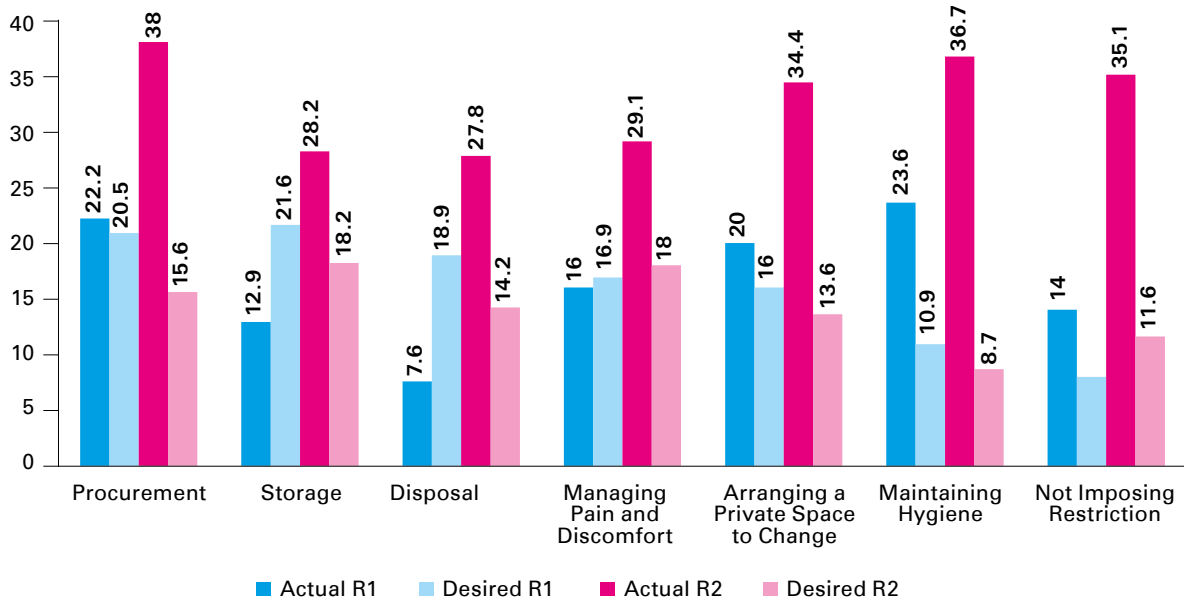
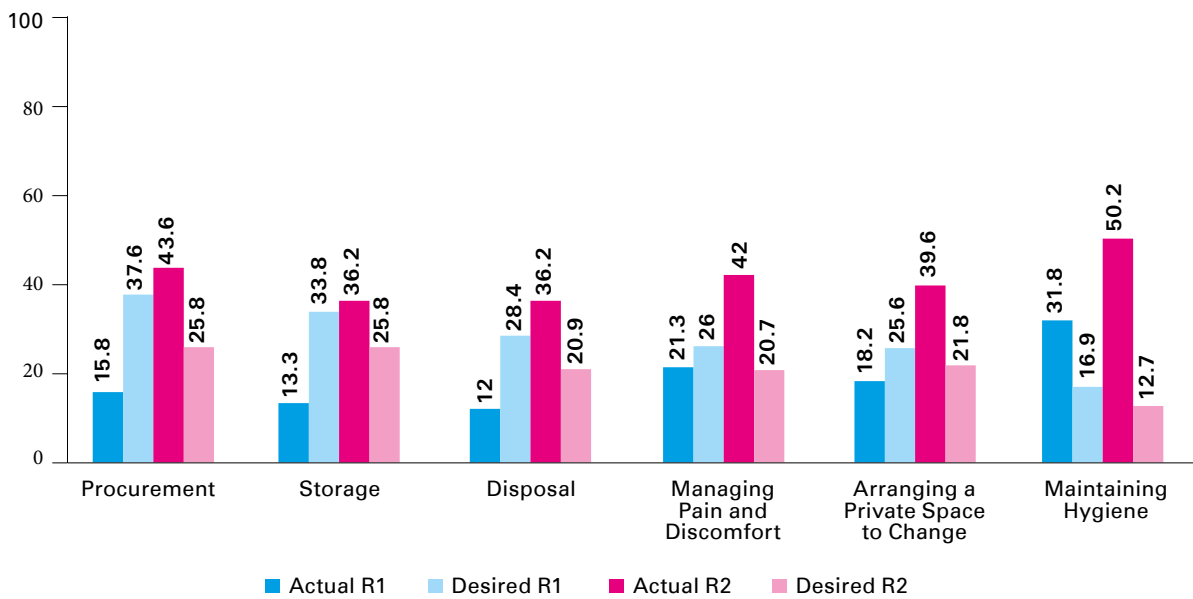


Figure 8: Support received and desired for adequate MHM behaviours from FLWs



FLWs' knowledge, skills and attitude on counselling adolescent girls on MHM is key to the sustainability of the project, and a marked

improvement in these skills augurs well for future efforts on MHM in these districts.



A Niche of their Own – GARIMA Resource Centres



The Need for GARIMA Resource Centres

Through the project tenure the AGG meetings were held regularly on a monthly basis in all the districts. Though these meetings were an integral part of GARIMA, there was no designated space where the adolescent girls could conduct their meetings in privacy, without prying eyes and disturbance. Usually the meetings would be held either in the peer educator's house, some group member's veranda, under a tree or in some vacant room in the school, for which the peer educator would seek permission from either the school teachers or the *Gram Pradhan*.

To remedy this situation, the adolescent girls, prompted by the field facilitators and other NGO staff, started seeking suitable spaces to call their own. This was the initiation of the GARIMA Resource Centres (GRCs). The constant guidance of the NGO staff,

specifically the field facilitator, helped the girls reach out to the *Gram Pradhans* and school principals to ask for dedicated spaces to serve as the GRC.

GRCs were formed as a resource towards institutionalising and sustaining the gains of GARIMA and carry forward the social capital created by GARIMA after the closure of the project. They are planned as a hub for converging all adolescent-related services at one common place for a cluster of five to six villages.

Present Status

At present there are 208 GRCs in the three implementing districts. They have mostly been located in *Panchayat Bhawans*, *Anganwadi Centres* and vacant rooms in schools. In certain cases, village residents had also given spaces in their homes to build GRC, but such arrangements run the risk of space being

हर बच्चा का यह अधिकार।
पूरी शिक्षा-पूरा प्यार॥

मखौ जय हम्मो माता।
को वनेगी भाव्य विद्याया॥



Box 5

The GRC at Kherahi village (block Myorpur, district Sonebhadra) was organised for the girls by their supportive *Gram Pradhan*. He got them access to a spare room in the school which was lying vacant, but in the meantime is also getting a dedicated room built so that the Resource Centre will have a permanent space. This Resource Centre has a small stock of board games, along with skipping ropes and a Frisbee, which the girls enjoy playing whenever they come for the meeting. A small collection of 15-20 books, brought in with the support of the implementing NGO, is also kept at the centre. These books are lent to girls who return them when they come for the next AGG meeting. Posters made by the group members adorn the wall, and showcase the key takeaways of their GARIMA learnings.



“We want to have some sewing machines at our centre, for which we have spoken to our Gram Pradhan. He assured us of his support.”

Adolescent girls at the GARIMA Resource Centre, village Kherahi, block Myorpur, district Sonebhadra

In village Jaraila (block Chhanvey, district Mirzapur) it was the initiative taken by the peer educator, along with enthusiastic members of her AGG, initially to educate the non-school going children of a nearby hamlet, which ultimately led to getting a space for GRC. In this case, the space was provided by the Principal of the local *madrassa* (a Muslim educational institution). Now the girls are building a collection of resource material with their own meagre resources, and by raising some small amounts through book rentals and levying a late fee if the books are not returned on time.



The AGG, supported by the field facilitator, in village Raghurampatti (block Kutahan, district Jaunpur) also followed the same steps as the girls in Kherahi village, and they have got access to a spare room in the *Panchayat Bhawan*. This room is now used by the ASHA and AWW also for immunisation or for other meetings. Girls passing the Resource Centre while going or coming back from school feel inquisitive and peep into the room, and as a result some have started coming for the AGG meetings. Through this process, the AGG got constant support from the *Gram Pradhan*, who facilitated access to the room.



taken away when the family requires it for its own personal use. Supportive *Gram Pradhans* have ensured that the initial roadblock, of finding a suitable space, is crossed by the girls.

GRCs are being used for AGG meetings and, alongside, provision of services including counselling and distribution of IFA tablets, deworming tablets and tetanus injections by the ANM. The AWW also provides nutrition counselling.

GRCs also stock resources such as books and games, which are used by girls when they visit the centre. In some of the centres the adolescent girls have created a lending library for these books and in other cases girls sit and read books when they visit for AGG meetings. In most cases, the *Gram Pradhans* and community members have contributed sports equipment and educational material.

Sustaining GARIMA Resource Centres

Girls opine that it was important for them to first realise that they needed a space of their own and also to articulate that need. Access to such a dedicated space has encouraged these girls to speak of their aspirations and suggestions on what else they would want at

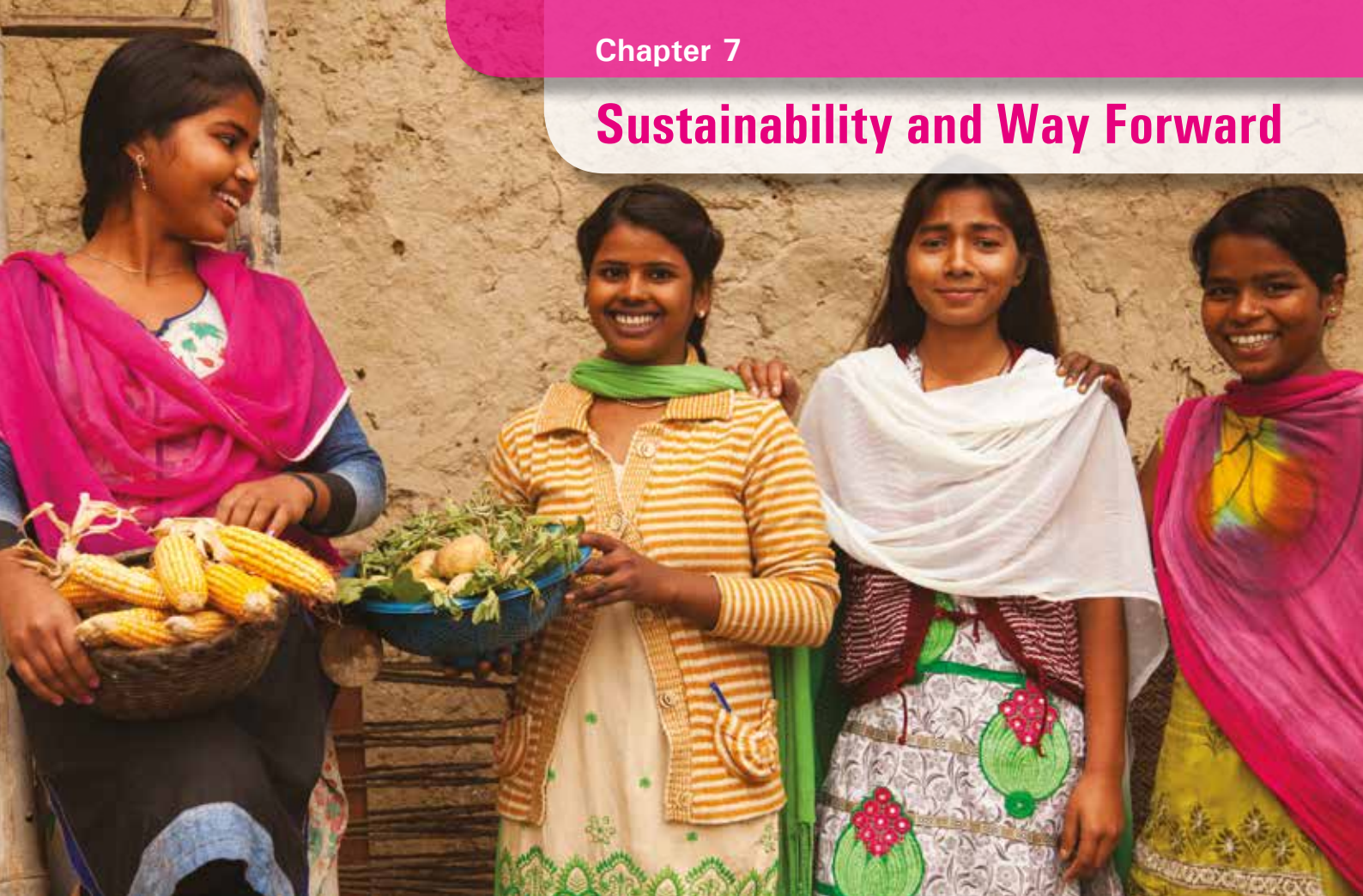
“We can take it forward on our own but it would help to have the support of the Gram Pradhan, ASHA and AWW to maintain the centre.”

Adolescent girls at the GARIMA Resource Centre, village Raghurampatti, block Kutahan, district Jaunpur

these centres. GRCs are opened for meetings but now the girls are keen to expand the scope of the centre and have some vocational training classes, like a beautician course or stitching classes.

The GRCs in Myorpur and Babni block of Sonebhadra district have got a shot in the arm, as the blocks have been adopted by the Department of Panchayati Raj for implementation of the Open Defecation Free (ODF) campaign under Swachh Bharat Mission. The peer educators and the field facilitators in the blocks will be trained as ODF ambassadors and continuation of AGG meetings will be ensured.

Such examples of GARIMA social capital being utilised for implementation of government programmes augur well for the future of peer educators, which in turn will ensure the smooth functioning of GRCs.



GARIMA project came to an end in December 2016. It was implemented in close coordination with the GoUP and the district administration in the three intervention districts.

To take forward the gains achieved by the project, district-level GARIMA phase-out and sustainability plans have been developed under the leadership of the District Magistrates and key officials from departments such as Education, Women and Child Development (ICDS) and Panchayati Raj, among others, and are being reviewed by the Divisional Commissioner.

The GARIMA model is being adapted by the departments in the three project districts. At the same time, the social capital from this model is being integrated under the government platform. Almost 700 GARIMA peer educators are being absorbed as RKSK peer educators in intervention blocks in Sonbhadra and Jaunpur. Apart from this, GARIMA intervention blocks are being taken on priority for implementation of RKSK.

The other social capital, including Mothers' Groups, AGGs, and Male Groups will be mainstreamed within the existing platforms such as Village Health Sanitation and Nutrition Committees, *Anganwadis* and School Management Committees, among others. Programmes such as Swachh Bharat Mission are making use of the social capital in triggering community and women-led sanitation drive towards ODF districts.

There are many key decisions that have been taken to sustain GARIMA social capital, such as making a federation of adolescent girls and developing GRCs as information hubs by equipping them with internet facilities, which will be executed in 2017.

GARIMA has also created resources, such as the training curriculum and the Peer Educator teaching-learning aids, which can be adapted by other related departments. The districts have already begun to review the indicators at block and district level along with other flagship programmes.

Key results achieved:

MHM is a priority

MHM is priority agenda item in the meetings of the District Health Society.

100 percent

KGBVs in three GARIMA districts (a total of 39) have incinerators constructed for safe disposal of menstrual waste.

160 AGG

members (covering approximately 120 *Gram Panchayats*) trained on 'Community Lead Total Sanitation' approach for freeing villages of open defecation and appointed as members of '*Nigrani Samiti*' (Surveillance Committee) in Sonebhadra and Mirzapur.

Approximately

200 girls

undergoing vocational training under National Skill Development Mission.

Swatch Bharat Mission

has standardised technical specifications for incinerators, with UNICEF support, and a model has been constructed in a block of Mirzapur.

Monthly monitoring

of Adolescent Friendly Health Clinics as per Government of India guidelines started.

House-to-house survey

completed to identify school drop-out girls, and link them and re-enrol them into school.

Nearly 250 school-going GARIMA AGG members

appointed as 'Power Angels' (special police officers entrusted with the task of acting as a link between the police and the society) under the 1090 Women Powerline programme of GoUP.

At least three block-level interdepartmental convergence meetings

held in each of 16 blocks with participation of AGG members.



Challenges to be Addressed

Despite these gains there are several challenges that need to be redressed urgently.

- Delayed and partial (only two PHC areas of 50 percent blocks in the 25 High Priority Districts) implementation of RKSK has affected the sustainability and mainstreaming plans of GARIMA project. UNICEF has undertaken advocacy at the highest levels for fast tracking RKSK implementation and a detailed plan for technical assistance to NHM for quality implementation of RKSK has been developed for year 2017 and shared with NHM.
- Alongside, lack of focus in ICDS on adolescent mobilisation and convergent programming is affecting GARIMA sustainability planning as well as other flagship programmes such as Weekly IFA Supplementation and *Rashtriya Bal Swasthya Karyakram* (RBSK).
- There is a lack of institutions within the government and outside to offer

solutions for career counselling and skill development. The challenge is compounded due to a weak civil society network on adolescent issues, and limited platforms and opportunities for male engagement. Infrastructural limitations such as limited internet and poor availability of mobile phones with video screening features will affect wider dissemination of audio-visual materials.

- Safe disposal of used absorbents continues to be a challenge. Though the project has demonstrated incinerator model for safe disposal of used absorbents, universal adaptation of it still remains a challenge.

UNICEF Support Towards GARIMA's Sustainability

UNICEF continues to provide techno-managerial assistance at the district and block levels. Key areas of UNICEF support include:

- Inclusion of adolescent girls from GARIMA as mandatory members in *Panchayati Raj* Institutions and committees such as Village Health Sanitation and Nutrition Committee, and other block and district-level forums.



- Supporting AGG members with higher education or skills education as continued education of girls has proven to be a pathway to positively affect the health, hygiene, sanitation, and nutrition and child protection indicators.
- Ensure that the social capital created by MHM education continues to be linked with departments and flagship schemes such as RKSK, Adolescent Friendly Health Services Clinics, RBSK, KSY, Village Health and Nutrition Day, Sabla, KGVB and UPS (Education).
- Use information and communications technology to strengthen adolescent platforms like GRCs to facilitate girl's participation in their development and governance.
- Ensure orientation and sensitisation of department officials and frontline functionaries across the departments to enable the system to enhance adolescent participation and empowerment.
- Capacity building of service providers and institutions in engaging with adolescents with regard to communication, counselling, peer education and other social mobilisation approaches.
- Ensure supportive supervision and monitoring across the departments to monitor indicators related to adolescent participation/empowerment.
- Identify champions, and felicitate and celebrate their successes.
- Ensure integration of adolescent girl's health and nutritional aspects in mSehat software.
- Ensure dissemination of GARIMA success stories and impact evaluation results.
- Explore and ensure effectiveness of 1090 (Women's Helpline Number) services and Power Angel selection in the districts.
- Support quality assurance of RKSK implementation and work with various departments for implementation of the MHM (and Adolescent Empowerment) State Roadmap.

Areas for Review

Some key areas for review would be:

- Strengthening a wide range of partnerships as key to social mobilisation.
- Non-negotiable girl-friendly spaces in all institutions.
- Quality standards for all girl-friendly services and spaces, and institutionalisation of these standards.
- Convergence among multiple departments with programmatic commitment and resources, and high priority accorded to monitoring.
- Identification of gaps related to policy, budget, structures and norms, and addressing them in an integrated manner.



Key Lessons Learned and Recommendations for Way Forward

Positive behaviours, social norms and all-round support to girls and women require changes at the individual, family and community levels

- Rights perspective should be key when imparting menstrual hygiene education to girls and women. Boys and men should also possess the knowledge and understanding to support it.
- All educational institutions should mandatorily build menstrual hygiene education into curriculum, and orient trainers, teachers, wardens and extension workers as necessary.
- Peer educator model must be embedded into adolescent-focused programmes being implemented by different departments such as *Meena Manch* (Education), RKSK (Health), Sabla (ICDS) among others.
- All initiatives related to capacity development of service providers and citizens including digital platforms (such as mSehat) should integrate content on adolescent health and empowerment.
- FLWs should possess skills to engage with adolescents. The key institutions within government, at all levels, should be sensitised on the importance of engaging with adolescents during their entry-level or on-the-job training programmes.

Wide range of partnerships are key to social mobilisation and strengthening demand

- The approach of creating a 'social movement' through forming/strengthening groups of adolescent girls, mothers, boys and fathers is necessary for sustainable social change. It should be incorporated as part of the ongoing campaigns under health, nutrition, hygiene and sanitation.
- Civil society organisations, faith-based

organisations and self-help groups under government and other organisations, individuals and agencies committed to social and cultural issues should be tapped at appropriate levels to strengthen demand for services, youth participation and convergence.

- Academic institutions including schools, universities and professional bodies – both within government and outside – and their governing bodies should be made partners to impact social/gender norms through their academic and extra-curricular activities.

Ensuring effective access, quality and efficiency in the programmes through changes at the systems, services and institutional levels

- Access of sanitary napkins among adolescent girls and women can be universalised while the hygienic use of cloth, skilful management of periods and disposal of absorbents should be promoted.
- Schools, hostels and all the institutions catering to girls and women should maintain girl-friendly spaces, including access to separate and clean toilets, bathing, disposal of absorbents or the private space for change.
- Quality standards of technology and service delivery related to menstrual hygiene such as sanitary napkins, incinerators, girl-friendly toilets and private spaces should be established and enforced at the community level as well as in all institutions.

Multiple departments should converge with high programmatic commitment, resources and monitoring within programmes

- The annual Programme Implementation Plans of departments should converge for effective coverage, quality services and demand generation on this issue.



Appropriate Steering Committee, involving development partners at the state, division, district and block level, should be revitalised to review and ascertain this.

- Participation of adolescents in governance, monitoring/social audit of programmes should be ensured. The observatory and enforcement function may be integrated with appropriate existing body in the state.
- The programme monitoring, evaluation and review within each department should ensure that demand and supply-side indicators related to adolescents are fully captured.

Changes in enabling environment to effectively address structural and root causes

- A State-level Steering Committee is required. At district level, the District Health Society should have clear scope and ways to deal with policy, budget and convergence for adolescent-related programming.

- State-level budget analysis should be undertaken to identify and bridge resource gaps within adolescent-oriented programmes. The policy, structural infrastructure, human resource-related basic gaps, thus, should be identified and bridged.

The state is open to incorporate the lessons and recommendations for state-wide strengthening within each department while harnessing the power of convergence. The existing platforms of convergence such as State and District Health Society will be used for this purpose with necessary Government Orders from the highest administrative level. The state also recognises the distinct role of civil society organisations, Corporate Social Responsibility organisations and a range of faith-based, youth-based and self-help group-based platforms in addressing this issue.

A good foundation has been laid by project GARIMA, which presents the state with a model of implementation to reach out to, mobilise and support adolescent girls by providing them an enabling environment towards the path of empowerment.

