Low Cost Handmade Sanitary Pads!
From Design to Production
A Step Forward in Menstrual Hygiene Promotion in Pakistan

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1. LIST OF ABBREVIATION

- **MHM**: Menstrual hygiene management
- **LHW**: Lady Health worker
- **BHU**: Basic health unit
- **KPK**: Khyber Pukhtunkhwa
- **UNDP**: United Nations Development Programme
- **NGO**: Nongovernmental Organization
- **IEC**: Information Education Communication
- **CSO**: Civil Society Organization
2. ABSTRACT:

“In order to manage the basic phenomena of menstruation, sanitary materials are used by women of all ages, almost from 14 to 45 years of age, though branded material are available in urban areas but difficult in rural, in those areas where such materials are available, they are expensive and difficult to afford and manage as well, so it has been planned by IRSP to introduce MHM specific low cost technologies in Pakistan for not just providing ease in their practices but also for paving way for women empowerment through involving them in large scale sanitary pad production.”
3. **BACKGROUND:**

Menstruation is a natural process in women’s life but due to illiteracy, ignorance about religious teachings, poverty, socio-cultural trends, negligence regarding psychological health and poor health facilities, the matter is not as properly dealt with as it ought to be. Expensive sanitary materials, unavailability of soap and sufficient water, inexistence of toilets and incinerators especially in rural areas contribute a lot in negative consequences of menstrual hygiene mismanagement. Proper menstrual hygiene management is one of the most important and basic aspects of feminine health that is unfortunately neglected not just in developing countries but worldwide. Article 25 of International declaration of Human rights states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family; including food, clothing, and housing and medical care and necessary social services motherhood and childhood are entitled to special care and assistance. Around fifty one percent of the total population of Pakistan is comprised of Women. Most of these women reside in poor or village areas of Pakistan, where no health facilities are available. In Pakistan, the subject is out of place at all levels of society from home to government, on one hand one cannot find any specific care in majority of households for girls during menstruation on the other hand national sanitation policy does not address MHM in specific manner. Lady health workers, the basic group in Pakistan, are not given any exclusive training on MHM by government.

**Importance of the issue:**

Healthy girl child and women are the fundamentals of a healthy society. Proper menstrual hygiene management is one of the most important and basic aspects of feminine health that is unfortunately neglected not just in developing countries but worldwide. Article 25 of International declaration of Human rights states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, motherhood and childhood are entitled to special care and assistance. This shows the importance of the issue.

**District Mardan and MH practices:**

The total area of the district is 1632 square kilometers having population density of 894. The urban proportion of the district is 20.2 percent of the total population where as rural proportion is 79.8 percent. The big urban area is Mardan Municipal Committee with population of 239 thousands. The other urban areas are Takht Bhai Municipal Committee with population 49 thousands and Mardan Cantonment with population of 7 thousands. Here female literacy rate is very low while the male literacy ratio is much higher at 53.50 percent compared to 18.38 percent for female, religious teachings are also not properly being observed, social norms are very strong. Poverty and unemployment rates are very high all this results in poor feminine hygiene conditions. Girls have incomplete and
improper knowledge from their elder sisters, friends and mothers and follow it without having any confirmation of its validity. The challenges that girls and women face from menstrual hygiene in this society are communication gap among, students, teachers and mothers. It’s a tradition in majority of Pakistani communities that mothers never discuss menstruation with their daughters. Lack of facilities especially in government schools, public places and in rural communities is another challenge.

**Draft Provincial Sanitation Policy and Menstrual hygiene:**

Provincial Sanitation policy of KPK has been drafted to ensure the access of safe sanitary environment for entire population of the province. The policy states, “A ‘safe sanitary environment for all’ can only be assured if the indiscriminate and unhygienic disposal of excreta, solid waste and wastewater is completely eradicated.”

For creation of safe sanitary and hygienic environment, it is necessary to acknowledge the importance of menstrual hygiene management in provincial policy draft because issues of solid waste management, need and usage of water, awareness creation in communities and low cost sanitary material production needs to be addressed in context of feminine hygiene also.

**Low cost sanitary pads in Pakistan:**

In Pakistan majority of the population belongs to middle and lower middle class (financially & socially) that may become more vulnerable in case of any disaster where girls and women have to live in small tents or overcrowded camps. Poor and marginalized communities lack knowledge as well as money for instance, In flood emergency of 2010, Females were using old and dirty clothes because due to their rural background they didn’t know how to manage menstruation properly and this attitude became more difficult and dangerous for them, so awareness generation and promoting low cost technologies can play a vital role in coping with MH related matters. Though Low cost sanitary pads are becoming at home in different countries of south Asia and Africa but in Pakistan it has been planned 1st time to introduce this concept and launch the process of handmade pad production on different levels.

**Menstrual Hygiene Management and IRSP:**

IRSP is a nonprofit development organization working on integrated development approach to bring a sustainable development not just in district Mardan but in Pakistan. IRSP

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1 Draft Provincial Sanitation Policy, KPK, Pakistan
endeavors to empower local communities for pursuing and attaining their own developmental goals. Its main areas of interest are water, sanitation and hygiene.

IRSP Pakistan introduced the concept of Menstrual Hygiene promotion in Pakistan. In 2010, a pilot research study was conducted in four schools of district Mardan to assess MH specific issues in adolescent school girls especially the problems they face at menarche, after need assessment, basic MH trainings were conducted in girls’ schools. In the same year IRSP addressed the needs of flood affected people through distribution of MHM kits in collaboration with WaterAid. IRSP designed MH awareness booklet for community. As a partner with UNICEF, IRSP has introduced low cost handmade sanitary pads in school girls. Along with all these activities IRSP is planning to promote and advocate MHM on all national and international forums in future.
4. DESIGN OF THE LOW COST SANITARY PAD:
Due to the importance of the matter, IRSP designed a low cost sanitary pad with the help of locally available materials. Details of material and process of the pad are here below;

The material:

- Cotton
- Pad made with bandage, cotton and plastic sheet (9x4)
- Thread
- Plastic Sheet
- Gauze
- Bandage
- Sewing Machine
The Process:

Cost comparison between the handmade and branded pads is here below:

**Hand Made**
- 1 meter bandage = 14 rupees = 5 pads
  - 1 pad (2.50)
- 1 plastic sheet = 5 rupees = 10 pads
  - 1 pad (0.50)
- 1 roll cotton = 40 rupees = 7 pads
  - 1 pad (5.50)
- Total = 8.00/8.50 rupees

**Branded**
- 9 pads per pack
  - Price 120
  - 13 rupees per pad
This cost estimation is according to the prices in local market but if the material is bought from wholesale markets for production then 1 pad will cost less than 9 rupees.

**How to make it more low cost:**

In large scale production gauze bandage (A thin, loosely woven fabric usually made of cotton) can be used because it is cheaper than cloth and has no side effects on health and skin but it can be made more economical if preparing for personal use by using old cotton cloth but in that case it is essential to go along with precautions mentioned below for ensuring cleanliness and hygiene.

**How to dispose it off after use:**

These pads are disposable and can be used once, it is also advised to users to burn pad in empty tin containers for example of cooking oil, after washing it. The used pads can be buried also if possible. It is essential to dispose off the used pads in proper way in order to avoid environmental degradation.

**How to make it hygienic:**

In order to ensure the hygiene, pads should be prepared at a clean place after washing hands. Cloth and other material for example cotton should be hygienic, cloth can be old but properly cleaned and washed with soap and warm water.

- Room or space will be kept exclusively for the production (if possible)
- WASH facilities accessible to the workers when done on large scale,
- Washing hands and feet when entering to work
- No children allowed access
- Products sterilized through use of UV light, or autoclave and package / wrapping immediately afterwards
5. CATEGORIZATION OF INVOLVED STAKEHOLDERS:

![Stakeholders Diagram]

6. ENGAGEMENT AND CAPACITY BUILDING OF THE KEY STAKEHOLDERS:

Keeping in view the importance of the issue, trainings were planned for lady health workers, school girls, mothers, vocational centers’ teachers and students, students and teachers of religious school (madrassa), excluded groups etc. Meetings and discussions were also arranged in order to coordinate with the above mentioned stakeholders. It is necessary to have an analysis of them that will lead us to understand their significance in the process of MH promotion.

**The school girls:**

In rural culture majority of school girls especially of government schools have lower middle class background. Unhygienic practices due to lack of knowledge and unaffordability of expensive material results in lack of confidence during school hours. They can easily learn and convey the message but that is possible after awareness generation and if material for pad production is provided. They can be proved as one of the most active change agents in their communities.
**The Mothers:**

In rural society though there are women from strong financial background but they observe unhygienic MH practices due to lack of awareness. Their MH practices are unhygienic due to lack of knowledge. They can easily learn and convey the message but possible after awareness generation and permission from male family members. They can change the exiting myths and practices in their communities if mobilized properly while innovative and low cost products will be attractive for them.

**The Working women:**

There are working women in rural set ups for example; teachers, health workers, midwives, or house maids, majority of them have lower middle class background. Lack of knowledge and less financial resources result in observation of unhygienic practices. They can learn and convey the message but possible after awareness generation though time management becomes a problem for working women sometimes. Innovative and low cost products will be attractive for them they can publicize the product at their workplace and can also play role in improvement of MH situation at their workplace.

**Health department: (lady health workers on community level)**

Health department is responsible for better health conditions of women in Pakistan. Such projects can share the burden of government’s responsibilities, guide them towards right. According to a survey done in 2009, there are total 139,555 doctors, 9,822 Nurses, 69,313 Midwives and 26,225 Health visitors in Pakistan. LHWs are an important factor in our rural society regarding health and hygiene promotion. Main responsibilities of LHWs are generating awareness about sanitation, mother and child health, importance of clean water, common diseases, their cure and prevention etc. these activities are closely in linked with hygiene and its types. It is necessary to engage all of them in awareness generation and preventive menstrual health care process. Personnel from health department should be appointed in academic institutions as well as pain killers and essential food supplement can be provided by them. It can provide easy access to rural health facilities, allow the health care staff for supporting project team and can prioritize MHM in their feminine health and hygiene activities along with other aspects. That’s why the training was planned in order to enhance their capabilities in a Basic health unit.

**Education department: (teachers on community level)**

There are total 320,611 middle schools of which 121,052 (38%) are in public sector, There are total 23,964 high schools, of which 9,911 (41%) are in public sector, There are total

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3,213 higher secondary schools/ inter colleges of which 1,299(40%) are in public sector⁴. Education sector can take due care of wash rooms, water and soap supply in girls’ schools along with this, sanitary materials can be provided for immediate needs of students and teachers. The department is responsible for providing good environment in schools for improvement of literacy rate in province and country. Such projects can share the burden of government’s responsibilities, guide them towards right direction, monitor their policies and activities and draw their attention towards the ground realities and neglected issues. Education department can provide easy access to schools, allow the school for supporting project team and can appoint health personnel in schools with painkillers and rest rooms etc. keeping in view the importance of schools, students and teachers, the training was planned in a government girls school.

**Social welfare department: (vocational centres on community level)**

The department is responsible for betterment of women in different walks of life for instance; rights, health, education, economic empowerment etc, with sufficient resources and authority. Vocational centers are a part of department and working in different rural and urban areas to enhance the skills of women and enable them to follow the pace of modern era. The training in vocational center was planned to develop a co ordination between organization and skilled women to bring improvement in sanitary pad design.

**The social sector:**

According to a publication of UNDP in 2001, number of registered nongovernmental organizations in Pakistan is between 8,000 to 16,000 ⁴ while official electronic database of NGOs in Pakistan declares that 102 donors are working in various fields of Pakistan⁵ Working for advancements in fields of water, sanitation and hygiene via assessing the issues and addressing them, they are working on local, national and international levels and trying to bring positive change in WASH, they can use their resources in field of research, capacity building, community engagement etc. Though Local NGOs have links with rural societies and working there with impacts but dependent for financial resources and need more capacities for their own selves as well. They have direct access and roots in rural communities but lack of resources, modern tools, technologies and knowledge are their deficiencies. They can support through sharing their experiences, knowledge in field work especially and can adopt the message of MH and implement in their own areas and can support on policy levels as well. Their agenda for human and women rights protection can be supported by such projects and can pave way for new dimensions of human and women rights. Keeping this in view, capacity building training was arranged with Aaghaz welfare

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organization, a women headed civil society organization in rural Mardan working on WASH specific women rights.

**The religious leaders:**

Religious leaders have very strong impacts on lives and thoughts of society especially in rural areas but majority of them perceives such activities as a threat for society without evaluating their perceptions. Isolation from modern knowledge, tools and technologies and misperceptions towards the influence of globalization are there. They can highlight importance of feminine health and hygiene issues and their solutions in their communities and can support project team in mobilization and changing existing myths and practices.

**Excluded community:**

Excluded groups mean those groups that are not included in development process who are more vulnerable in society and needs special care from government and social sector for their betterment for instance ethnic groups, religious minorities, people with disabilities, HIV patients, women, children, senior citizens, refugees etc.

Although there are refugee camps, nomadic settlements in district Mardan but IRSP selected a community of religious minorities to represent excluded groups. This community has been comprised of Christians and Hindu families, majority of the women work as midwives and men are sanitary workers in district Head quarter, Hospital, Mardan, financially they belong to lower middle class.
7. **THE LOW COST HANDMADE SANITARY PAD TRAININGS:**

Six trainings were planned to address the needs of above mentioned stakeholders in May and June 2012; participants of all trainings were among 12 to 40 years of age;

- **Target Audience**

  - Lady health workers in BHU, Takkar, Takhtbhai: 20 participants
  - Mothers, girls and working ladies in Excluded community, DHQ Mardan: 35 participants
  - Aaghaz Welfare Organization, Katlang: Women headed CSO, Participants 20
  - Students and teachers of vocational centers, Fateh Kalan, Takhtbhai: 28 participants
  - Students and teachers of a madrassa (religious school), Al-Huda, Toru: 44 participants
  - Students and teachers of govt. girls school, GGHS, Ghalladher: 106 participants
Objectives of the trainings:

1. To develop acquaintance in community women and girls with the subject of MHM,
2. To provide thorough knowledge on the important issues regarding Menstrual health and hygiene; for example,
   a. Understanding on traditional practices during menstruation.
   b. What is puberty / adolescence and changes happening during puberty and myths related to it.
   c. Physical and emotional changes.
   d. Myths related to menstruation.
   e. Unhygienic practices and their health impacts.
   f. Management of menstrual waste.
   g. Products to be used during menstruation.
3. To encourage low cost sanitation technologies in Pakistan,
4. To generate acceptability in community for handmade sanitary materials,
5. To develop a mechanism within the institutions with the help of trained population groups for production and sale of sanitary pads in rural communities

The proceedings:

Arrangements before the training:

Agenda was prepared before the training. Two different presentations were prepared in light of the training. Activities started according to agenda at 9:00 clock. Few verses of holy Quran were recited by one of the participant then facilitator as well as participants introduced themselves. Objectives of the training were presented before the start.

Attendance:
After recitation of holy Quranic verses and introduction of the team, participants register their participation on attendance sheet.

Introduction of the activity:
First of all, one of the team members explained the objectives of the activity that as MHM is one of the most neglected issues worldwide especially in developing countries like Pakistan so IRSP decided to work on it in district Mardan, KPK

Interactive Session on Menstrual Hygiene Management:

An interactive session was conducted with the participants for brain storming, they were asked different questions on the topic; they shared their experiences with each other. Facilitator explained that how can a girl protect herself during menses from pain, weakness or other physical problems through home remedies. The session worked as an ice breaker between participants and the team.
Detailed Session on Menstruation and Menstrual Hygiene Management:

Session was comprised of 3 following topics;

First of all the facilitator explained the puberty and adolescence in simple language. These are different phases of a human being’s life; this is the start of adulthood, there are physical and emotional symptoms of puberty and adolescence for example changes in physical structure and behaviors, all these changes are outcome of hormonal secretions in body. All these facts were discussed specifically from women’s point of view. This topic is interesting but important to understand as this is the background of menstruation. In question and answer session students actively participated and questions asked to clear their confusions.

Second important issue was the introduction of menstruation, though menstruation is a natural process in women’s life but in our society girls do not discuss it confidently that results improper knowledge as well as practices. Second presentation started with brief explanation of menstruation. Menstruation is the most important sign of adolescence that confirms the sexual maturity of a woman. There are different signs of menstruation both physical and psychological through which a girl passes. All these topics were elaborated by the facilitator in simple language. Students took lots of interest and shared their personal experiences.

Third and last session was about menstrual hygiene management, which is the ongoing part of last previous two sessions. In age of puberty when menstruation starts menstrual hygiene management becomes a challenging matter for girls. Due to communication gap, lack of appropriate knowledge or cultural restrictions girls feel need of trust worthy person with whom they can share their confusions and problems so IRSP female team tried to perform the role of such friend with newly adult girls. They were told how to keep themselves clean and healthy during periods, which type of products are suitable for them etc.
SESSION ON ISLAMIC ASPECTS OF MENSTRUAL HYGIENE MANAGEMENT:
One session on Islamic points of views on MH has also been conducted in which facilitator explained that it is disliked for women by Allah to keep their selves in unhygienic condition. She briefly described the proper way of ritual bath that needs to be had by each woman at the end of their menstruation.

SESSION ON HANDMADE SANITARY PAD PRODUCTION:
Last but the most important session was on sanitary pad preparation, first the material was presented there in order to make the participants familiarize with it, material includes

1. Cotton,
2. Plastic sheet,
3. Thread,
4. Clean cotton cloth,
5. Needles for stitching,
6. Seizers for cutting clothe into two pieces.

The process was, First of all, square piece of clean and cotton cloth should be cut into two pieces of equal length and width, one need to be folded in shape of pocket placed in mid of the other piece and then stitched from all four sides. This is the most basic type which is recommended for younger and newly adult girls. In the next step they were instructed to prepare a pad with cotton and plastic sheet, both elements are kept in the folded piece of cloth this is the improved form of the previous one. This one can be proved as better absorbent so recommended for school girls and older ones.

GROUP ACTIVITY:
One group activity was planned for students in which they prepared sanitary pads themselves with the help of material provided to them by IRSP. After this activity they understood very well that how to prepare a pad. At the end of the activity comparison between all prepared pads was made in front of the students to highlight the fineness and flaws of their work.

IEC MATERIAL DISTRIBUTION:
One pager advice-giving flyer prepared on practices during menstruation was distributed among all of the participants; there are instructions that how girls can care herself and her health during their periods, appropriate images, reflecting the local background, are used to explain the written messages.

DISTRIBUTION OF THE MATERIAL:
IRSP has designed and introduced a low cost sanitary pad design that is prepared with locally available materials and has no harmful effects on feminine health. Sanitary pads prepared by the team were distributed among teachers and students so that they can use it in order to fulfill their immediate needs during school time.
8. **CONCLUSION: (ANALYSIS OF THE PARTICIPANTS’ FEEDBACK)**

Hygiene promotion is the activity to improve worse hygiene practices, for IRSP it means to bring such improvement in practices of rural area that are going on there for centuries. This is an activity not just for advancement of existing situation but also to change human behavior for better future.

Mothers and teachers are considered as the most important source of learning and inspiration for young children in rural areas of Pakistan as well as students are considered as one of the most effective change agents in our society. As school sessions on this issue have already been conducted but training was planned in order to refresh and enhance teachers’ & students’ knowledge and to introduce the concept of handmade sanitary material.

The students were shy in the start but later on they started active participation and experience sharing they said that they will not just prepare such pads in their homes but also convey the process to their friends, neighbors, mothers and sisters. Teachers appreciated the effort and told that they will present it to those students also who couldn’t attend the training.

Girls made comparison between different practices for instance how the use of pad is different from the cloth; according to them washing old cloth for recycling purpose is time consuming in tough schedules of rural life. Cloth needs to be dried in sun light; it is difficult to do so in presence of male family members but disposal of pad is easier.

Government social welfare officer gave permission for the trainings in a meeting when IRSP women team discussed the issue of feminine hygiene with him, he ensured all his support in future, main reason behind the involvement of vocational centers staff and students in the process was to bring improvement and new ideas about sanitary pad design, the permission from social welfare department was a success for the team on advocacy level.

During the training in madrassa, one teacher who was mother also said that she would teach the method to her daughter because this is easy to dispose it off after use we can burn it easily while it becomes difficult to wash and dry the cloth due to parda and other activities that is a time consuming. In village women and girls don’t have much time for washing and drying the cloth in proper manner. One of the teachers promised with the team to support in all MH specific research and IEC material development from its Islamic aspects.

According to lady health workers this was first time they were attending training on this topic as no special guidance on menstrual hygiene management is delivered to them on governmental level. They discussed that the critical issue is the communication gap between mothers and daughters in our society which influences the whole life of a daughter because mothers fail to build confidence with their daughters on this initial and sensitive stage of their lives. Few of the health workers discussed that in rural community it becomes difficult to buy expensive branded pads in far-flung areas so such technologies can be successful.
Aaghaz welfare organization, a women headed CSO, has been working for improvement in WASH and women issues in rural areas of Mardan since 2007. Keeping the importance of such community based organization in view it is planned by IRSP to involve them in process of capacity building; the first move has been planned with AWO in its community in Katlang (Mardan). In her feedback, head of the organization discussed that though this is an important topic but we thought of it for the first time now, she participated actively in the training for facilitation of her community and made her support in future assure.

**Lessons learnt during the trainings:**

1. There should be more advanced refresher courses for trainers also.
2. Process of handmade sanitary pad preparation should be presented in pictures in form of a small booklet
3. Active students, teachers and mothers should be selected, further trained and organized in form of youth groups so that they can work in their areas for improvement of MH practices.
4. Islamic points of view should also be included in MH specific IEC materials.
5. Madrassas, schools, BHUs can be used as “centers” for sale of low cost sanitary pads in rural areas.
6. There should be more research on pad materials in order to reduce its cost.

On the basis of these points a future plan has been prepared that is here below;

**9. FROM DESIGN TO PRODUCTION! THE FUTURE PLAN**

In light of the participants’ feedback a future plan has been prepared that can be divided into following sub areas:
Capacity Building and Awareness generation

Formation of Youth Groups:
Youth groups can be formed in every village of selected communities. Each group should be comprised of 5 members. Composition of group will be:
1. 2 adolescent girls of age 14 to 20, one of them must be a student,
2. 1 teacher,
3. 1 LHW,
4. 1 mother

Responsibilities of the group can be;
1. To support project field team in conducting surveys and trainings,
2. To work as menstrual hygiene promoter in the village,
3. To support women involved in pad production and
4. To support project team publicizing, supply and sale of the product

Development and Distribution of IEC Material:
Relevant IEC material can be developed and distributed in MHM trainings, will be provided to members of youth groups. Material will help the audience to improve their MH specific practices. It should be focused in IEC material that what are the home remedies for menstrual pain and weakness. What Islam says about menstrual hygiene management should be included in informative materials.

Translation of Existing Materials:
All informative material that exists internationally on the topic should be translated into local language in simple way with pictures.

Conducting MHM trainings for LHWs/ students/ teachers/ mothers and girls at home:
MHM trainings will be conducted to assess the needs, issues and the reasons behind their unhygienic practices, misconceptions and taboos in other areas of Pakistan. In these trainings trainers will guide the community women towards improvement of their practices; they will also train the youth group members so that they can work as MH promoter in the field in order to assist the projects team.
**INTRODUCING NEWLY MANUFACTURED LOW COST SANITARY NAPKINS IN SCHOOLS/HOMES/BHUS IN SESSIONS:**

Newly manufactured sanitary napkins can be introduced in the community (schools, BHUs and houses) by field staff in MH sessions. Youth group can also do the same job under the supervision of IRSP field team. In this way demand will be created in schools, health centres and rest of the village by respective members of youth group and them also. Publicity material for instance poster can be placed in girls’ schools and BHUs for the purpose.

**Disaster Preparedness:**

Training workshops can be conducted to build the capacity of students, teachers, lady health workers and mothers on hand made pad preparation so that they can manage their immediate needs in case of emergencies. There may be situation when girls have to face menstruation without having sanitary products even at home so they can prepare it for themselves.

**Production:**

**INSTALLATION OF SANITARY PAD MANUFACTURING MACHINE:**

Low cost sanitary pad manufacturing machine can be installed in order to start large scale production for promotion of low cost sanitation technologies in Pakistan. Such production will not only be beneficial for women financially but also support them in improvement of their practices. Capacity of project team can be built on technical expertise so that they can supervise the manufacturers they will also be trained on record keeping for the same purpose. Price estimation and size of the product can be settled on by the project staff according to its cost. Packets and publicity posters can be designed to paste in BHUs and girl schools.

Product can be launched on women editions of newspapers (if possible)

**Empowerment:**

Willing and needy women should be identified and hired according to pro poor approach as workers for low cost sanitary manufacturing plant by the organization with assistance of youth group members. Capacity of the hired workers can be built on technical expertise for making the machine operational they will also be trained on record keeping and will work later on under the supervision of project staff. Small community based organizations can also be involved in the process.

**Advocacy:**

Government can also support social sector in its activities for example health department can conduct different trainings organized by social organizations while it can also support in supply of menstrual products. Government can also use print and electronic media in this regard. Consultative
workshop should be planned to conduct in order to discuss the status of feminine hygiene in Pakistan by IRSP-Pakistan.

### The Participants

<table>
<thead>
<tr>
<th>Ministry of Health</th>
<th>Ministry of Education</th>
<th>Ministry of Youth Affairs</th>
<th>Ministry of Women Development</th>
<th>INGOs (Donor community)</th>
<th>Media</th>
<th>Human/ Women rights activists</th>
<th>Local NGOs</th>
<th>Technical experts who can present the designs of girl friendly toilets and incinirators</th>
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10. TRAININGS THROUGH THE EYE OF CAMERA:
Training of Community Girls and Mothers

Training in Excluded Community
Training in Govt Girls School
Training in rural vocational centre
Training in Basic Health Unit
Training in community of Aaghaz welfare organization (CSO)
1. Agenda Preparation of Handmade low cost sanitary pads training

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 to 9:10 am</td>
<td>Recitation</td>
<td>Participant</td>
</tr>
<tr>
<td>9:11 to 9:30 am</td>
<td>Introduction</td>
<td>Participants + facilitators</td>
</tr>
<tr>
<td>9:31 to 10:00 am</td>
<td>Introduction of the project</td>
<td>Facilitator</td>
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<tr>
<td>10:00 to 10:25 am</td>
<td>Menstrual Hygiene Interactive session</td>
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<tr>
<td>10: 26 to 11:30 am</td>
<td>Menstrual hygiene management</td>
<td>Facilitator</td>
</tr>
<tr>
<td></td>
<td>- What is puberty / adolescence</td>
<td></td>
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<tr>
<td></td>
<td>- Changes happening during puberty</td>
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<tr>
<td></td>
<td>- Emotional changes and physical changes</td>
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<tr>
<td></td>
<td>- What is menstruation and how to deal with it</td>
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<td>- Signs of menstruation.</td>
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<td>- Physical and emotional symptoms.</td>
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<td></td>
<td>- Myths related to menstruation.</td>
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<td></td>
<td>- Unhygienic practices and health impact.</td>
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<td></td>
<td>- Key hygiene practices to be followed during menstruation.</td>
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<td></td>
<td>- Products to be used during menstruation.</td>
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<td>- Proper disposal of used sanitary products</td>
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<tr>
<td>11:31 to 11:45 am</td>
<td>Question &amp; Answer session</td>
<td>The Team</td>
</tr>
<tr>
<td>11:46 to 12:00 am</td>
<td>Handmade sanitary pads preparation</td>
<td>Facilitator</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Participants</td>
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</tr>
<tr>
<td>12:01 to 1:00 pm</td>
<td>Group Work</td>
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</tbody>
</table>

Conclusion 1: 30 pm
2. IEC Material:
مابووری کی دور کی احتیاطات

فکر نہیں کہ واپس ہو جائیں گے کہ بچے خوب فکر کرنا ہے کہ ہماری اجتماعی معاشرت کو ہماری صحت کی خصوصی زیادت لگائی ہو۔

مابووری کی دور کی احتیاطات

مابووری کی دور کی احتیاطات کیے کریں کہ کسی بھی شب کو نہ ہو جائے مابووری۔

مابووری کی دور کی احتیاطات

مابووری کی دور کی احتیاطات کیے کریں کہ کسی بھی شب کو نہ ہو جائے مابووری۔