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# **Bridging Gaps in Menstrual Health: Service Delivery and Governance Innovations in Climate-Resilient WASH, Jaipur (2018–2025)**

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## What is the problem we are addressing (systemic and programmatic):

- The **missing link is the continuum**, from gender norms and GBV-safety, to services and products, to governance of and accountability for WASH service as a system's obligation.
- Menstrual health was treated as an add-on (pads, awareness).
- Menstrual health fell between the cracks during COVID.
- When services collapsed, dignity became fragile.
- Climate and health disasters and stress do not create new problems; they **reveal the limits of siloed programming and fragmented governance**.

## What this work sets out to demonstrate:

- Why menstrual health cannot survive without systems, continuity, and governance.
- Menstrual health is governed as its sustainability depends on **institutions and service continuity**; failure signals **system failure**, not just behavioural gaps.

# Community Voices

## Statement of the Problem:

- *“Sanitary napkins are not affordable, and using cloth is not feasible. The houses are small, and with brothers and fathers living in one or two rooms, washing and drying the clothes is difficult.”* — Madhusmita Bhoi, school-going adolescent, Jagamara Bhoi Sahi, Bhubaneswar
- *“The community toilet is half a kilometre away and also lacks basic facilities like dustbin and water. What is worse women often have to leave the used pad in the open.”* — Manju, 30 years, single woman, Babaram Dev Nagar, Jaipur

# From GEDSI Inclusion to Co-Ownership

*Making marginalised groups system actors, not just beneficiaries*

## What changed

- Women, PwDs, trans women embedded in **22 WASH and ward-level committees**
- **20 Alliance partners**, including Nai Bhor, NULM, UN Women
- Planning, monitoring, & accountability roles assumed locally
- Leadership emerged from within (not external facilitation)
- **38,245 women, girls, and transwomen directly benefited**

## What this led to:

- Making menstrual health **everyone's business**.
- Families, men, elderly engaged, not only girls and women
- Frontline workers (ASHA, AWWs, sanitation staff) converged
- Life-cycle lens applied:
  - Adolescents
  - Reproductive age women
  - Menopause and elderly women
- *A small nucleus expanded outward, bringing households, families, & institutions together.*

Indicators	Figures
Pad banks institutionalised as emergency service infrastructure	32 pad banks
Adolescent leadership integrated across MHH service chain	150 Child Cabinet members
Men and boys engaged as primary change agents	74 men and boys
Individuals with improved MHM access (direct)	<b>38,245</b> Women, Girls & Transwomen

# Community Voices

## Community Designed Ownership:

- *“We used finances from our own SHG, Maa Barabhuja, to buy these pads. If someone wanted to make a voluntary contribution of Rs 2 to Rs 5, it was welcome, if not we never asked for money.” — Arati Jena, President, Mahila Aarogya Samiti & Area Level Federation, Bhubaneswar*
- *“Each of the Core Group members took the responsibility for maintaining a stock of sanitary pads in their homes... and a register was maintained to record the distribution in the settlement.” — Ward-level Pad Bank Core Group, Jaipur*



Fulwati preparing pad at Sanitary Napkin Unit at ward 84, Amagarah Basti, Jaipur



Members of Sakhi Sanitary Napkin unit starting the process of making of Sanitary Napkin



Members of Sakhi Sanitary Napkin unit starting the process of making of Sanitary Napkin



Arrangement of Sanitary Pads in vending machine at Gender-Inclusive Toilet at Ward 113, Kunda Basti



Ms. Chhoti, an adolescent girl, uses the incinerator machine for the safe disposal of sanitary napkin.



Ms. Anjali, an adolescent girl, accesses a sanitary pad from the vending machine.

# Governance-Responsive Local

## Turning voice into enforceable service delivery

### What did we :

- Moved beyond fragmented health- or education-led responses
- Communities constituted as **co-governance actors** through SDCs, SSCs, SWFs, and SMCs
- IVRS + Saniclimiwall institutionalised feedback and review, with Departments & ULBs

### What this led to:

- Reframed as **dependent on service reliability:** water, toilets, disposal, and accountability.
  - MH concerns entered **ward review, planning, and accountability loops.**
  - *Using menstrual health as a **diagnostic lens** to assess the efficacy of the continuum from process, product, to WASH services and program governance quality under stress.*
- Treating menstrual health grievances as **public service failures**, not private discomfort.*

Indicator	Figures
Households with piped water	92.2%
Households with a regular water supply	63.7%
Individuals with improved water access	1,28,715
Individuals with improved sanitation access	65,700
Individuals with improved Hygiene facilities	73,655
Indirect beneficiaries	25,994

## Ensuring Continuity Across the Life Cycle

### What shifted:

- MH embedded across everyday institutions:
  - School cabinets and curriculum
  - ICDS and health systems
  - Community governance platforms
  - Pad banks became a (emergency) **service responsibility**, not charity.

This enabled continuity when any single system failed.

### What this led to:

- Pad banks institutionalised as **emergency service infrastructure**, not charity.
- Institutionalisation of inclusive WASH governance in **11 local administrative units**, including 1 Zone level administrative units of JMC Heritage, 7 Zone level administrative units of PHED, 1 Zone level SJED unit, Ward level administrative units of wards 10, 15.

❑ *Designing menstrual health as a **service chain**, not a single intervention.*

Indicators	Figures
Institutions with inclusive WASH governance (schools, ICDS, HCFs)	30 schools; 30 ICDS centres; 18 HCFs
Re-enrolment of dropout girls in schools (9 schools, 2024)	30%
Increase in enrolment of adolescent girls in ICDS for MHH services	46%
Total grievances recorded (IVRS)	20,129
Share of grievances raised by women (IVRS)	60%



Mx. Traun, member of the sexual and gender minority community, is accessing sanitary pads from the Pad Bank.



Rameshwar Ji issuing pads to the communities, in single window at Jamdoli to channelise pad bank



Mx. Pushpa Mai is utilizing the gender-inclusive toilet facilities for trans males and females.



Mx. Pushpa Mai and Kanak on the launch of red spot campaign



Painting by Kanak, transgender artist



Ms. Seema, a caller club member mobilising individual at ward 08 for Jaipur Vaani

# Localised Management: Circulation and Waste

## From Emergency Relief to Social Retailing

- Pad Banks functioned as **social retail systems**:
  - Non-profit, community-managed
  - Affordable, dignified access
  - Free for the most vulnerable, paid for others
- Neither market nor charity, but **community-governed service delivery**.

## What changed:

- Disposal integrated into **ward micro-plans**, SWM discussions, & reduced open dumping
- **Sanitation workers and SHGs** engaged in monitoring roles.

## What this led to:

- **Deep burial pit pilots** demonstrated **safe, decentralised solutions**.
  - Improved **worker safety** and environmental outcomes.
  - Treating menstrual health as a **resilience indicator and** reducing fallback to unsafe practices during shocks
- Bringing menstrual waste into **formal urban sanitation governance**.*
  - Disposal became a **governed service**, not a household burden*

# Community Voices

## What this work establishes:

- *“As a member of the Mahila Aarogya Samiti, this was our collective responsibility. Whatever people contributed was willingly accepted. This led to the birth of the Maa Barabhuja Pad Bank.” ~ Rashmita Behera, Community Representative, Jagamara Bhoi Sahi, Bhubaneswar*
- *“It is gratifying that not only women and girls but men, persons with disability and elderly are also coming together to talk about menstruation and preparing the community to address pandemic like COVID-19.” ~ Vinita, CDPO, Amer Zone, Jaipur*

# Way Forward

## What needs scaling:

- Governance-first design
  - Institutional feedback loops
  - Service-chain thinking (product to toilet to disposal)
  - Co-ownership by marginalised groups
  - Worker safety (sanitation & waste workers)
- Menstrual health will only be equitable, climate-resilient, and sustainable when it is planned, financed, and governed as a public service, within WASH systems.

# Thank You

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