**Project Proposal**

**For**

**Menstrual Hygiene Management**

**(For the women by the women)**

(**Under CSR Head**)

**Submitted to:**

**Give Foundation**

**Submitted by:**

****

**A-18, Pushapdhan Banglows, Link Road, Near HDFC Bank, Bharuch-392001**

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# Abbreviation

|  |  |
| --- | --- |
| AWW | Anganwadi workers  |
| CSR | Corporate Social Responsibility |
| DWCD | Department of Women and Child Development |
| GVT | Gram Vikas Trust |
| INR | Indian Rupees |
| MHM | Menstrual Hygiene Movement  |
| NFHS | National Family Health Survey |
| NGO | Non-government Organization |
| RFP | Request for Proposal |
| SDGs | Sustainable Development Goals |
| SHG | Self Help Group |

**PROJECT PROPOSAL**

1. **Overview:**

|  |  |
| --- | --- |
| Organization Legal Name | Gram Vikas Trust |
| Date of Incorporation | 30.06.2001 |
| Registration [Number, Act] | Registered Bombay Public Trust Act, 1950 Registration No. E-2875 |
| Tax Exemption[Act] | Registered U/s 12AA &80G (5) of Income Tax Department. |
| NGO-DARPAN Unique ID | GJ/2009/0001302 |
| Registration under CSR-1  | CSR00000175 |
| FCRA [Yes/No] | Yes Registration No.041990061 |
| Accreditation | 1. Implementing Agencies Hub at Indian Institute of Corporate Affairs (IICA)2. Guide Star India3. Give India4. Global Giving |
| Registered Address | A-18, PushapdhanBanglows, Link Road,Near HDFC Bank, Bharuch – 392001, Gujarat |
| Areas of Operation  | Gujarat state  |
| Website Address | <https://www.gvtbharuch.org> |
|  |
| Proposed Project Category[As Per Schedule VII of The Companies Act, 2013] | 1[(i) Eradicating hunger, poverty and malnutrition, [2](http://ebook.mca.gov.in/Actpagedisplay.aspx?PAGENAME=17923#913)[‘‘promoting health care including preventive health care’’] and sanitation and making available safe drinking water. |
|  |
| Person of Contact | Mr.RameshKasondra |
| Designation | Voluntary Founder & President |
| Contact Number | 9662006293 |
| Email Address | trustee@gvtbharuch.org |

1. **Organization Details**

### Vision Statement

We are committed to creating a strong and independent society without inequalities and discrimination, where everybody enjoys equal opportunities.

### Mission Statement

To foster democratic and equitable living environment, where all vulnerable people, especially the underprivileged, children and women have access to education, health, sustainable livelihood opportunity and essential infrastructure services irrespective of their economic and social status.

### Objectives

Gram Vikas Trust (GVT) is a voluntary Organization working for the education, health and women’s empowerment in the underprivileged communities, especially with children and women. GVT was initiated with a view to evolving information and making linkage between the villagers and the government. We believed that knowledge would lead to awareness, which would further lead to self-development, empowerment and action.

### Background

Gram Vikas Trust (GVT) came into existence as a result of the motivation and personal initiative of its founder, Mr. Ramesh Kasondra, to enhance the socio-economic status of the underprivileged people. Hailing from a rural family, the founder was no stranger to hardships faced by the underprivileged. Having overcome economic and social challenges, and due to the backing and economic blessings from certain elder society leaders, the founder set out to do his best to make a positive difference in the lives of fellow underprivileged. Working with a team of committed people, GVT’s aim has been to secure integrated development through people’s participation. The key areas identified for interventions include child rights, education, health and hygiene, sustainable livelihood, and women empowerment. Our efforts have developed lasting association with government, nongovernment and corporate organizations as also with the communities and groups with whom we have worked.

We have come a long way following a small beginning in June 2001, and have implemented a wide variety of programs and projects related to child rights for change, reproductive child health care, nutrition, quality education, watershed development, wasteland development, tribal development, low cost sanitation, alternate energy sources, self-help groups, vocational training to youth, and women empowerment in Bharuch and Narmada Districts of Gujarat state in India. While implementing different developmental programs, our thrust has always been on working through people’s participation. At GVT, we have always believed in the capacities and capabilities of the communities, and have strived to channel their hidden energies for the betterment of society at large. Our efforts have always been directed towards creating an environment that is conducive to enhancing opportunities for the local people to think and act positively. We have always endeavored to develop skills and competencies of the local communities with a view to enabling them to operate and maintain the assets created through the implementation of the projects on sustainable basis.

### Impact Numbers

Our recent program started in January 2021 with Nutrition International is aiming for a great impact for more than 10, 00,000 beneficiaries in 33 districts of Gujarat. Impact of our past and ongoing programs can be described in terms of improved health and nutrition conditions of more than 100,000 community members, school children’s improved education, empowerment of girls and women, increased incomes of the young women, and enhancement in the overall living conditions of the marginalized communities, as described below.

**Improved health conditions of the communities**: Thousands of socio-economically marginalized community members have been enjoying improved nutrition, health and hygiene through strengthening Anganwadi Centers (AWCs), collaboration with the health department and construction of hundreds of sanitation units constructed by GVT by mobilizing financial resources from various donors. GVT, as a mother NGO in the district, is a partner with the Government health department, resulting in improved health services for the communities, and better health conditions of the children going to AWCs and schools, pregnant women and elderly people. One of the learning from the school attendance program was that the children were becoming sick, and not able to attend schools regularly. Improved health conditions of the children has been an example of significant impact in improved school education.

**School children’s improved education**: More than 10,000 girls and boys (younger and adolescent) have benefitted so far since 2001 through GVT’s education program. In particular, the girls and boys in primary schools (Grades 1 to 7) have improved learning and confidence, for example, they can read fluently, perform Maths functions correctly, and write and present their work confidently in parents’ gathering during the school functions. The adolescent girls, through bicycles given to them to approach far away schools, could study in and pass 10th Grade and many continued to undergraduate studies.

Improved attendance, the first challenge addressed, actually contributed greatly to improved education. The COAP initiative (Community Owned Attendance Program) has ensured almost 100 percent attendance of school going children by addressing many challenges. In one interesting case, the COAP member came to know that a boy in primary school did not come to school, because his mother went away to her maternal village due to conflict with her husband. The COAP members facilitated the family to resolve the conflict, resulting in the mother coming back in the village, and the boy resuming his attendance at school. There are many such interesting examples demonstrated by GVT.

**Empowerment of girls and women**: Providing bicycles to more than 2,800 adolescent girls to reach a bit far away school not only provided them continued education opportunity, but also empowered them through increased confidence. GVT promoted women’s Self-help Groups (SHGs), which provided a platform for the women to come together, exchange ideas, and take up collective income generation activities, ultimately resulting in their socio-economic and political empowerment.

**Increased incomes of the young women**: GVT identifies young women with drive for learning new skills and earning income to be self-reliant. More than 1,200 trained young women are earning incomes through small businesses such as basic computer work, beauty parlor, tailoring and handicraft. Their incomes contribute to their families’ incomes, which indirectly contribute to school going children’s education in terms of expenses for note books and stationery items.

**Enhancement in the overall living condition of the marginalized communities**: Overall impact as a combination of all the above broad impact indicators suggest that more than 100,000 community members living in more than 1,000 villages have been enjoying better quality of life through GVT’s integrated program interventions.

### Achievements

Gram Vikas Trust has achieved many milestones as described below.

**Major achievement in education sector**: Total 3,458 students of 80 government primary schools in remote rural and tribal areas became regular in attending schools and learning effectively. In 2015, the children’s annual attendance in 80 government primary schools was 65 percent; in 2020, it increased to 92 percent - more than 80 percent increase. About 2,800 teenage girl students continued their higher education through GVT offered bicycles to reach far away schools. More than 5,000 students have been helped with education aid. Reach to Teach (an international education focused organization) and UNICEF India have recognized these achievements through appreciation and invitation to present the successes at the national level respectively.

**Relationship with the District Administration**: GVT enjoys effective working relationship with the District Administration and local community leaders. This is critical for the acceptance and joint ownership of the program by the local government, which ensures sustainability of the positive impact and expansion of the innovative approaches in many other schools.

**GVT's strengths**: Our strengths include positive working environment, motivated team, transparency, flexibility, two decides of program implementation experience, result oriented programs, signed MOUs with national and international organizations and accreditations, and compliance with statutory requirements.

# Project Implementation Experience

|  |  |
| --- | --- |
| Particulars | Details |
| **Project 1** |  |
| Brief Description of The Project[100 words] | Education and Community Program (ECP), also known as School Improvement Program, was stared in partnership between Gram Vikas Trust and Reach to Teach UK in 35 Schools Bharuch district in 2015. In 2016, the project was expanded to more 35 Schools and continued till March 2019. In the current year, 2021, we are working in 42 schools and village communities in Bharuch district. The project has contributed significantly towards achieving regular attendance of the children in schools and learning outcomes. |
| Project Title | Education and Community Program |
| Project Location | Government Primary Schools of Vagra and Jhagadia blocks of Bharuch district (Gujarat) |
| Project Duration | 2015-16 to 2020-21 |
| Beneficiaries’ Category | Children (girls and boys), especially from marginalized communities - Scheduled Castes (SC), Scheduled Tribes (SC) and Other Backward Castes (OBCs) |
| Number of Beneficiaries  | More than 10,000  |
| Project Budget | Rs.15.49 crores |
| Project Outcomes | * 97% schools were cleaned and ready for welcoming children on the Day 1 of the school academic year. Some of the Head Teachers participated in school cleaning in spite of School Holidays, and about 1,200 community members participated to clean 70 schools.
* First week attendance range: 73% to 88% (40% improvement compared to previous years).
* 671 numbers of children were back to school by the efforts of Community Facilitators (CFs) and community-based Attendance Champions.
* Teaching-learning started from day 1 in 70 schools (which was otherwise unusual).

Increased participation of community and school stakeholders in campaign activities. |
| Project Funded By | Reach To Teach - UK |
| **Project 2** |  |
| Brief Description of The Project[100 words] | Asani Sanitary Napkin Project was stared in partnership with Desai Foundation Trust in three blocks of Bharuch District (Vagra, Jhagadia and Bharuch) in the year 2019. In this program, we provide basic menstrual awareness to the adolescent girls and women, and also provide easy accessibility of low cost high quality sanitary napkin at the village level. Currently the project has been extended to total 57 schools and 178 villages. |
| Project Title | Health and Hygiene under Asani Sanitary Napkin Project  |
| Project Location | Villages of Bharuch District  |
| Project Duration | 2019 onwards |
| Beneficiaries’ Category | Women and adolescent girls  |
| Number of Beneficiaries  | 8,940 in 2019-2020 |
| Project Budget | INR 43.10 lakh |
| Project Outcomes | 1. Providing low cost sanitary napkins with high quality to more than 2, 40,000 women and adolescent girls. 2. Improved economic conditions of 245 women by providing them with the opportunities of augmenting their income.3. Created awareness in more than 326 villages among rural girls and women on the issues of menstrual hygiene management.  |
| Project Funded By | Desai Foundation USA |
| **Project 3** |  |
| Brief Description of The Project[100 words] | The main objective is on building an enabling environment where all the remedial students will be able to have a personal teacher. Personal teacher assists the remedial students in learning and developing skills. There is active engagement of stakeholders, especially education authorities, school leadership, SMC (School Management Committee) Members, teachers and parents being actively engaged with ownership of the project. |
| Project Title | Vidhyasathi |
| Project Location | Government Primary Schools of Vagra and Jhagadia blocks of Bharuch district |
| Project Duration | 2020 onwards |
| Beneficiaries’ Category | School children in standards 3rd to 8th  |
| Number of Beneficiaries  | 1,500-2,000 children |
| Project Budget | INR 62.75 lakh |
| Project Outcomes | 1. Baseline assessment of more than 10,000 children.
2. 3,548 Children identified as weak in reading and writing.
3. Age appropriate learning for 3,548 children (including about 50% girl children) achieved through training programs.

0% drop out in project schools. |
| Project Funded By | Aarti Industries Limited through Aarti Foundation. |
| **Project 4** | **Bharat EdTech Initiative** |
| Brief Description of The Project[100 words] | The objective of this project is to improve the learning outcome of 10,000 underprivileged students of bharuch, narmada and Vadodara district by 2023 through Education technology solutions.  |
| Project Title | Bharat EdTech Initiative |
| Project Location | Government Schools of Bharuch & Vadodara District |
| Project Duration | 2021-22 onwards |
| Beneficiaries’ Category | School children from standards 6th to 8th  |
| Number of Beneficiaries  | 10,000 students |
| Project Budget | INR 1.17 Crore Yearly |
| Project Outcomes | 1. Improved Learning Outcomes of 10,000 students.
2. Improved Parental awareness regarding education technology.
3. Improved parent child relationship.
 |
| Project Funded By | 1. Michel & Susan Through Give India
 |
| **Project 5** | **Double Fortified Salt (DFS) & Fortified Rice Program** |
| Brief Description of The Project | Gram Vikas Trust have partnered with Nutrition International (NI) since January 2021, to strengthen the implementation of the fortification program, i.e. Double Fortified Salt (DFS) through PDS and PM Poshan and Fortified rice through ICDS, PDS and PM Poshan in all the 33 districts of Gujarat. |
| Project Title | Implementation of Double Fortified Salt (DFS) & Fortified Rice Program through Public Distribution System (PDS), Integrated Child Development Services (ICDS) & PM POSHAN (MDM) in Gujarat |
| Project Location | Gujarat state |
| Project Duration | January’2021 onward |
| Beneficiaries’ Category | Underprivileged community specifically children, adolescent and women.  |
| Number of Beneficiaries | 1,00,000 |
| Project Budget | Rs. 14299230 |
| Project Outcomes | 1. State and district officials accept recommendations to strengthen coverage and quality of the food fortification program.2. District and block officials have increased capacity to implement fortification program.3. Improve the quality of DFS distribution through ICDS. |
| Project Funded By | Nutrition International Canada |
| **Project 6** | **Universal salt Iodize**  |
| Brief Description of The Project | The overall objective of the assignment is to support NI’s Universal salt iodization program which aims to support Government of India’s effort to achieve Universal Salt Iodization (USI) in India. |
| Project Title | Implementing Agency to strengthen GOI’s programme to achieve Universal Salt Iodize.  |
| Project Location | Gujarat, Rajasthan, Odisha, Tamilnadu & Chhattisgarh  |
| Project Duration | August’2022 Onward |
| Beneficiaries’ Category | Underprivileged community specifically children, adolescent and women |
| Number of Beneficiaries | 1,50,000 |
| Project Budget | 16,982,426.00 |
| Project Outcomes | 1. Maintain the three project level laboratories.2. Capacity building activities and meetings.3. Strengthen the state government’s IDD cell.4. Engagement with State Food and Drugs Control Administration. |
| Project Funded By | Nutrition International Canada |

# **Introduction**

Menstruation is an integral part of female life. Globally, approximately 52% of the female population is on reproductive age and menstruates for two to seven days, every month. In rural and backward area of India, menstruating girls are considered impure. They are often kept in isolation for as long as they menstruate and treated like untouchables. Menstrual hygiene and basic sanitation are fundamental to the wellbeing of the female gender. Yet, a vast majority of the rural population has no access to clean sanitary products that are commonly available in other parts of the world. Or even to a clean and private facility where they can change their menstrual cloths/pads and keep themselves disease free. Millions of girls and women are subject to severe restrictions in their daily lives-simply because they are menstruating. Besides health problems, poor hygiene practices during menstruation push girls temporarily, and in many cases permanently out of school.

**Menstrual hygiene in India**

Menstruation – a misunderstood natural phenomenon in many backward area of India –therefore carries life altering implication for girls. According to research over 80% of women in India do not use sanitary napkins. Sanitary napkins are generally unavailable in rural areas of the country and if available, they are too expensive for rural households to afford. Some of the prominent issues faced by the girls and women are =

* Unhygienic menstrual practices can affect the health of the girls/women and there is an increased vulnerability to reproductive tract infections and pelvic inflammatory diseases and other complications.
* Every year approximately 10 % of women worldwide are exposed to genital infections including urinary tract infections and bacterial vaginitis.
* Women resort to age-old alternatives like cloth, ashes, and husk sand during menstruation. These substitutes are not only extremely uncomfortable but also the cause of various diseases and infections, some of which have lifelong effects.
* As there are lots of myth and taboo associate with menstruation and also due to lack of education, rural women are not aware of the consequence of unhealthy sanitation nor are they keen to discuss about menstruation related problem in the open.
* Rural female will never ask a male shopkeeper for a packet of sanitary napkin. Even in the urban area, females are also hesitant to purchase napkins.
* Lack of accessibility and awareness are two common factors which further hinder the usage of napkin.
* Affordability is another issue in rural India where there is a constant fight for survival; usages of sanitary napkin become a want more than need.

## **Gram Vikas Trust intervention so far in Menstrual Hygiene**

Women from rural area are not using sanitary napkin due lack of awareness, non-availability at village level, high cost of marketed napkins and also shame to buy it from male shop keeper when available. To overcome these all reason and to make women and girls to use sanitary pad for better menstrual hygiene, Gram Vikas Trust, Bharuch started Asani sanitary napkin- for women by women program. In the Asani program, high quality low cost sanitary napkin were prepared by a group of women and also sales by women at village level. This made sanitary napkins both accessible and affordable to women by women in this region and also eliminated the shame involved during the purchase from shopkeepers. Simultaneously this program encouraged women empowerment and to dream beyond.

The Manufacturing unit of Asani Sanitary napkin is set up at Dharmanandan Complex at Chavaj, Bharuch district of Gujarat. Currently, the manufacturing units engaged 11 women in the production and helped them to earn their livelihood. Around 300 women are involved in manufacturing and distribution networks. These women are also credited with incentives once they sell certain packets of napkins. Manufacturing of sanitary napkin carried out by automatic machine but quality checking of each napkin, cutting, folding, sterilizing, packing activities will be conducted by women. With the use of this manufacturing machine women in the units are producing two different size of ultra-thin sanitary napkin: large and extra-large.

The Gram Vikas Trust organization runs several campaigns to raise awareness among adolescent girls and women about the importance of hygienic sanitation practices. The main aim of the project is to create awareness among the adolescent girls and women in rural and urban areas and eases the use of the clean cloth, sanitary pad & sanitary cup to them for better menstrual hygiene. The program is actively running in 250 villages of Bharuch district. With the help of SHG members, ASHA worker, local leader or any other NGO’s and cooperate partners awareness among adolescent girls and women about the importance of hygienic sanitation practices was generated. Also various discussions led to the clearance of myth and taboo about menstruation. Importance of use of clean cloth, napkins & cup was entrusted in the meetings. Simultaneously, this program encourages women empowerment and helps them to achieve their dreams, menstruation not being a hindrance anymore.

### **Field of the Project:**

Health

### **Project Title / Name:**

Menstrual Hygiene Management Programme (By the women for the women)

### **Duration of the project:**

1 Year

### **Target Beneficiaries:**

10,000 Women & Adolescent Girls

### **Location:**

50 Villages of Mehsana District of Gujarat.

### **Project Objective**

**Overall objective**

To raise awareness of proper menstrual hygiene among young women and girls, as well as to provide sanitary products at reasonable prices and enable them to support themselves.

**Specific Objectives**

* To increase awareness among various stakeholders on menstrual hygiene movement and create healthy living.
* To make availability of low cost high quality sanitary napkin at village level to all the target population.

#### **Project Goal**

Through Menstrual Hygiene Management program GVT will reach more than 10,000 women and adolescent girls in 50 villages of Mehsana District. Awareness about menstrual hygiene will empower adolescent girls and women to take control over their health, livelihood and enables girls to pursue higher education beyond the onset of menstruation.

Through this program group of women will get training and employment in distribution and selling of high quality, low cost sanitary napkin in their communities. This will help the women empowerment at rural level.

##### **Detail description of activities and responsibilities:**

1. ***Baseline survey:*** With the help of local volunteers, 3-5 women will be identified per village. These women will be oriented and survey will be conducted to understand the women health, hygiene, MHM, women livelihood. As the secondary data, various other documents and data like census data, Panchayat office, and state records (e.g. name of Asha workers, population, etc.) will be used for developing the data. These women will be encouraged to work as Asani distribution women (Sangini Women) after completion of survey on the commission basis.
2. ***Training of the Identified women:*** This would include the induction training to work and carry out awareness programme within the villages on menstrual hygiene management. Distribution channel would also be built with the help of SHG members, ASHA workers, Anganwadi etc.
3. ***Community engagement through awareness campaign and drives:*** various campaigns and activities will be carried out in villages and schools to generate awareness among the children, adolescent girls, women and community. Initially 35 villages will be covered. Awareness drives will be organised in all schools to sensitise teachers and students on MHM. Behaviour change communication material will be developed for this purpose.
4. ***Capacity building trainings –*** training will be imparted to various categories of women like SHGs, ASHA worker and Anganwadi women by stressing on the use of sanitary napkins & its advantages.
5. ***Networking & Advocacy:*** Block level meetings will be conducted to create awareness among various stakeholders. Various meetings and discussions will be undertaken during the project intervention period for sustainability, accountability and ownership of the programme. Collaborate with various line department for convergence and strengthen referral systems for MHM in collaboration with other sector actors
6. **Expected outcome of the project**
* 80% of the women in the target villages will get awareness on menstrual hygiene.
* Improved knowledge among various stakeholders like SHGs, Anganwadi workers, Asha Workers, government departments etc.
* Increased efforts among the government authorities to create awareness through campaigns, sensitizing activities etc.
* Increase use of safe sanitary napkins produced from the Sanitary Pads Production Unit by the target population.
* Positive behavioural changes found among the school going girls, parents and community members.
* Through Asani program low cost high quality sanitary pad will be easily available at door step by women in rural village.

# Programme Implementation Plan

**Project HR structure**

The planned project proposal comprises of 6 staffs that is –

* **GVT Head:** Will be fully in charge of the project implementation.
* **Project Coordinator:** He/she will be fully in charge of the project implementation at the block level. H/she will closely work with GVT and DSV Charitable Foundation. H/she will organise trainings, meetings with various stakeholders, onsite/daily support to the field staffs and maintain regular project updates during the project implementation.
* **Field officers:** They will be in charge of regular project activities on day to day purpose. They will report to the Project coordinator and work closely with all the stakeholders at the ground level.

**Project implementation plan**

The steps of project implementation is explained in the following chart.

**Monitoring Plan**

Monitoring will play a very important role in identifying gaps/bottlenecks in the process of implementation, developing need-based strategies for the smooth functioning of the program, and executing the strategy while working with multiple stakeholders. Monitoring will be a core component of the program for ensuring (a) quality of work, (b) timeliness of activities implementation, (c) achievements of the expected outputs and outcomes, (d) tracking actual expenditure against the budget, and (e) documentation of good practices. Though all these 5 components are inter-linked

1. Financial Proposal for 2023-24. ( Project Budget)

|  |
| --- |
| **Menstrual Hygine Management Programme in 50 Villages**  |
| **Cost Head** | **FY 2022-23 - Budget ( 6 Months)** |
| **Description** | **Unit Cost** | **Unit/Nos** | **Months/Days**  | **Total** |
| **Menstrual Hygiene Awareness & Sanitary pads distribution** | Conduct baseline survey in 50 villages to understand the women status and issues related to MHM. | 1,00,000 | 1 |   | 1,00,000 |
| Awareness programme SHG, Aganwadi and Asha Worker on Menstrual Hygiene Movement  | 5,000 | 50 |   | 2,50,000 |
| Organise awareness drive in all Primary & High schools on MHM in the project area | 5,000 | 70 |   | 3,50,000 |
| Organise Special Talks on MHM  | 5,000 | 50 |   | 2,50,000 |
| Block level stakeholders meeting on MHM. | 15,000 | 1 |   | 15,000 |
| Developing of IEC Material  | 25,000 | 1 |   | 25,000 |
| Organise Menstrual Hygiene day drive at the block level | 25,000 | 1 |   | 25,000 |
| Supply of Sanitary pads on (packet unit cost Rs.40/ 8 pads)  | 10,000 | 40 | 12 | 48,00,000 |
| **Sub Total- Operational expenditure** |  |  |  | **58,15,000** |
| **Administrative Cost**  | GVT Programme Manager 10 Visit in a months  | 5,000 | 10 | 12 | 6,00,0000 |
| Project Coordinators | 35,000 | 1 | 12 | 4,20,000 |
| Field Officer  | 25,000 | 4 | 12 | 12,00,000 |
| Travel of Project Coordinator | 2,500 | 1 | 12 | 30,000 |
| Travel of Field Officer | 2,500 | 4 | 12 | 1,20,000 |
| Sanitary pads transportation + Misc. |   |   |   | 50,000 |
| **Subtotal- Admin Cost** |   |   |   | **30,20,000** |
| **Total Project Cost Rs.** |   |   |   | **88,25,000** |
| Monitoring & Reporting Cost @ 10% |   |   |   | 8,82,500 |
|   | **Grand Total Rs.** |   |   |   | **97,07,500** |

**Note: Cost per Beneficiary Rs.976.75 Say Rs.977.00 per year**

1. Conclusion:

The SDG-3 uplifts the importance of health and well-being of girls and women during their menstrual period. It becomes utmost important there is easy access to safe sanitary products and hygiene is maintained. Also it is a human right for women to be able to manage their period in a safe and dignified right. It is mentioned in the World Conference on Human Rights and in the United Nation’s Platform for Action “that the human rights of women throughout the life cycle are an inalienable integral and indivisible part of universal human rights.” (Ohchr.org, 2017) therefore it is important that we realise the importance of MHM and enhanced global advocacy about the importance of Menstrual Hygiene and its health outcome which creates an obstacle for achieving universal goal of facilitating quality education, gender equality, good health, decent work and last but not the least Sustainability.