



2017 SCOPING REVIEW AND PRELIMINARY MAPPING

Menstrual Health and Hygiene Management in Nepal

Population Services International Nepal
Krishna Galli, Pulchowk
Lalitpur

ACKNOWLEDGEMENTS

This scoping review and preliminary mapping of Menstrual Health and Hygiene Management (MHM) in Nepal is one of the first of its kind in Nepal. Through this review, we studied in-depth the MHM situation in Nepal, bottlenecks and opportunities for the way forward. Many people and organizations were involved in the work put into this review.

We would like to express our sincere gratitude to the organizations and persons who provided us the information and their valuable time to discuss MHM in Nepal.

TEAM

Dr. Khem B Karki
Purna Chandra Poudel
Jennifer Rothchild
Natalie Pope
Natacha C Bobin
Yadav Gurung
Machhindra Basnet
Mahesh Poudel
Lhamo Yangchen Sherpa

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ABBREVIATIONS AND ACRONYMS

AFHS	Adolescent Friendly Health Service
AFHF	Adolescent Friendly Health Facility
ANM	Auxiliary Nurse Midwife
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communication
CBO	Community based Organization
BNMT	British Nepal Medical Trust
CBoS	Central Bureau of Statistics
CGD	Child, Gender and Differently-abled
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DHO	District Health Office
DFID	Department for International Development (UK)
DPHO	District Public Health Office
DWSS	Department of Water Supply and Sanitation

EDP	External Development Partner
ENPHO	Environment and Public Health Organization
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
FPAN	Family Planning Association of Nepal
GESI	Gender Equality and Social Inclusion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation)
GoN	Government of Nepal
IEC	Information, Education and Communication
IMC	International Medical Corps
INGO	International Non-Governmental Organizations
KAP	Knowledge Attitude and Practice
KII	Key Informant Interview
KIRDARC	Karnali Integrated and Rural Development and Research Centre
MH	Menstrual Hygiene
MHM	Menstrual Health and Hygiene Management
MICS	Multiple Indicator Cluster Survey
NAYS	Nepal Adolescent and Youth Survey
NEWAH	Nepal Water for Health
NFCC	Nepal Fertility Care Center
NRCS	Nepal Red Cross Society
NDHS	Nepal Demographic Health Survey
NGO	Non-Governmental Organization
ODF	Open Defecation Free
PHN	Public Health Nurse

PSI	Population Service International
RH	Reproductive Health
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TOT	Training of Trainers
VDC	Village Development Committee
UMN	United Mission to Nepal
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WinS	WASH in School
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WSSCC	Water Supply Sanitation and Collaborative Council

EXECUTIVE SUMMARY

BACKGROUND AND RATIONALE

Menstruation signals a girl's entry into womanhood, sexual activity, and reproduction and as such, is a crucial time for adolescent girls to learn about their bodies and their health. Yet effective solutions to improve menstrual healthⁱ are lacking, as evidenced by girls' lack of knowledge and unhealthy practices. In Nepal, less than half of adolescent girls have adequate knowledge about menstruation, and only one in ten practices good menstrual hygiene.ⁱⁱ Adolescent girls' inability to effectively manage menstrual hygiene affects their education, physical health, psychological and emotional well-being, and general quality of life.

Adolescent girls in Nepal face many sexual and reproductive health problems and challenges, amidst gender disparity and other discriminatory social norms in Nepali society. Child marriage is legally prohibited, yet one in four girls is married before the age of 19. The median age at first marriage is 17 years. The adolescent fertility rate is 71 per 1,000 women aged 15-19 years with wider differences in urban and rural settings (33% in urban and 80% in rural).ⁱⁱⁱ During menstruation, a majority of girls (89%) also experienced some form of restrictions or exclusion.^{iv} One extreme form of menstrual seclusion practice is called *Chhaupadi*, a common social tradition in the far and mid-western hills and mountains that requires menstruating women to leave home and live in a *chhau goth* (cowshed or hut). Menstrual restrictions and traditional beliefs vary by ethnicity; for example, Hindu ethnic groups such as Brahmin, Chhetri, and Newar, have more restrictions than Janajatis (ethnic Nepalis).

There exists limited research on menstrual health and hygiene in Nepal, even though studies confirm that adolescent girls lack consistent access to education on sexual and reproductive health and menstrual health. With inadequate education, they lack even a basic understanding of the biological process of menstruation, such as knowing that the menstrual blood flows from the vagina. Poor sanitation facilities and unavailability of water supply has exacerbated poor menstrual hygiene among adolescent girls. Only 28% of public schools in Nepal have separate facilities with toilets for girls.^v In 2011, 38% of households did not have a toilet.^{vi} In 2015, only 46% of the population in Nepal had access to improved sanitation facilities.^{vii}

Many girls experience fear, confusion, and concern at the time of menarche. In Nepal, 83% of the menstruating girls use cloth while only 15% use pads.^{viii} Mothers are the immediate source for information, and they provide support during menstruation, followed by sisters and female friends.^{ix}

Safe and effective menstrual health management is a critical component of, and premise to, adolescent girls' sexual and reproductive health. When girls are more knowledgeable about their bodies and fertility, and able to effectively manage their menstrual hygiene, they may be more empowered and better equipped with the information, tools, and confidence necessary to manage their long term sexual and reproductive health, including family planning. In this context, our intention for this report is to generate a comprehensive overview of existing policies, programs, and outcomes of menstrual health and hygiene management (MHM) interventions in Nepal and to map out current and potential strategic partnerships that link MHM, sexual and reproductive health (SRH), and family planning and can be applied to a broader context.

OBJECTIVES

The objectives of this report include:

- To review and map out the policies, strategies, and programs related to MHM and explore the contexts that support or inhibit adolescent girls' access to MHM and wider Sexual Reproductive Health (SRH) information and services;
- To highlight key policy and program influencers and implementers;

- To chart the existing advocacy initiatives, relevant working groups and coalitions, and community and youth groups;
- To identify gaps, challenges, and opportunities in policy and programming;
- To expand the knowledge base and understanding of the issue, key players, and interventions on MHM in Nepal to build potential partnerships;
- To recommend future strategies for more comprehensive knowledge about MHM;
- To stress the critical linkages among family planning, SRH, and MHM; and
- To highlight relevant scholarship in the field of MHM

METHODOLOGY

To reach each of these objectives, the team implemented scoping review and preliminary mapping methodologies. Specifically, the scoping review offers an overview of the MHM-related policies, programs, projects, and activities of various organizations and government agencies in Nepal. The preliminary mapping endeavors to display the key stakeholders and existing and potential partnerships.

Conducting the research for this scoping review from August to October of 2016, we used a methodological framework developed by Arksey and O'Malley (2005) and Levac, *et al.* (2010). In line with that framework, we used the following methods for the scoping review:

- (1) Extensive literature review of published and unpublished literature;
- (2) Review of policy documents;
- (3) Review of programs and reports from relevant organizations;
- (4) Interviews and consultations with concerned stakeholders; and
- (5) Key informant interviews with policy makers, program managers, non-state actors, and members of youth organizations.

This report includes a review of 34 published and unpublished documents, 28 consultations with concerned stakeholders working in adolescent sexual and reproductive health (ASRH) and/or MHM in different sectors, and nine key informant interviews with policy makers, program managers, non-state actors, and youth members.

GOVERNMENT POLICIES AND PROGRAMS ON MHM IN NEPAL

The Government of Nepal (GoN) has identified adolescents as an important and underserved population critical to achieving national health and development goals. In the past two decades, there have been increasing inter-sectoral collaborative efforts to develop and implement strategies to improve adolescent health, with an emphasis on sexual and reproductive health, as reflected in several national policies, plans, and strategies. In 2011, the GoN, through the Family Health Division, developed a national program based on what was learned from previous pilots to promote the sexual and reproductive health of adolescents at the national level. The legislature's 2005 ban on Chhaupadi also signals shifting attitudes and political commitment to improving menstrual hygiene. The 2015 draft national strategy on adolescent sexual and reproductive health calls for increased involvement of the private sector in meeting adolescent needs. The strategy specifically calls for integrating menstrual health and hygiene (MHH) components with sexual and reproductive information and education on menarche, healthy menstrual practices and associated health benefits, increased access to menstrual aids such as sanitary napkins, and management of menstrual disorders.

ORGANIZATIONS' PROGRAMS, INTERVENTIONS, AND ACTIVITIES ON MHM IN NEPAL

The report reveals that in addition to ongoing activities in the Ministries of Water Supply and Sanitation, Education, and Health that include MHM as an integral component of their sanitation and hygiene programs, several INGOs (international non-government organizations) and NGOs (non-government organizations) have been working to promote MHM in Nepal for the last three decades.

Education and awareness programs are the most common MHM intervention and are carried out by a majority of organizations that participated in this study (93% out of 28 organizations). Out of 28 organizations, only 14% are working in developing policy, guidelines, and program development, while just 21% work in advocacy. In general, very little research exploring MHM in Nepal has been carried out to date.

School is an important setting where girls can obtain information related to MHM, and while school curricula include the topic of menstruation from class six onwards, education on MHM is far from comprehensive. Moreover, most teachers do not teach sexual and reproductive health and instead, ask girls to study on their own. Of the total reviewed organizations, 21% are using capacity building with teachers and health workers to improve menstrual health and hygiene management.

Another major activity among organizations is the construction and renovation of separate toilet facilities for girls and boys. Twenty-nine percent of organizations are developing MHM-friendly sanitation facilities, along with awareness-raising on MHM and hygiene in general. Only 7% of organizations are providing sanitary pads, but there are further challenges associated with demand creation, regular supply of raw materials, production of quality products, and product acceptance and utilization.

EXISTING GAPS AND CHALLENGES

MHM is a wide-ranging issue that requires multi-sector involvement, but thus far, it has only been covered directly under the Ministry of Water Supply and Sanitation's WASH (water sanitation and hygiene) plans. Most policy documents do not prioritize MHM. Overall, there are various policies and programs under different sectors that mention multi-sector coordination and cooperation; however, this is little to no integration of policies and programs to foster coordination, collaboration, and resource mobilization for MHM. The GoN's major policy documents, such as the **National Health Policy 2014**, the **Health Sector Strategy 2015-2020**, and the **School Sector Development Plan (2016-2022)**, have given less attention to MHM, and the policy documents under various departments within the Ministry of Women, Children and Social Welfare remain relatively silent on the issue.

MHM is typically incorporated as a soft component of WASH programs and does not receive adequate attention. Most documents that include MHM as a major component are draft versions and have yet to be endorsed by the Government. These documents include the **Adolescent Health and Development Strategy (2015)**; **Integrating Menstrual Hygiene Management into School Health Program** (2015 training package); **Water Supply, Sanitation and Hygiene Sector Development Plan** (2016-2030); and others. Current MHM programs have been typically been implemented within the larger frameworks of ASRH- and/or WASH-related programs, but overall, existing government programs and activities have given insufficient attention to MHM. There is an urgent need to incorporate MHM into ongoing programs and established policies.

In terms of organizations' MHM projects and activities, very few have given proper attention to the critical role of community engagement in sustaining MHM. Further, current programs have not adequately redressed misconceptions, taboos, and harmful cultural and traditional practices surrounding menstruation. Until organizations and agencies critically examine the socio-cultural context of menstrual health and hygiene, particularly the way gender is socially constructed and reinforced

through MHM practices (or lack thereof), we cannot conceptualize an accurate or holistic vision for unlocking better health practices for all.

KEY FINDINGS: STAKEHOLDERS AND STRATEGIC PARTNERSHIPS

Aside from adolescent girls and young women, who are the key stakeholders in MHM? Analysis reveals that many other stakeholders are invested in MHM and should be engaged in MHM-related activities. At the community level, girls' families, religious leaders, teachers, health workers, and other community members are major influencers and have the ability to create a supportive and enabling environment for MHM. Government ministries are the main influencers of policies, programs, and plans related to MHM at both the national and local levels. These centralized ministries should collaborate at the community level to use local resources efficiently. Non-state actors, including international non-government organizations (INGOs), non-government organizations (NGOs), and community-based organizations (CBOs), could also play a vital role in creating awareness at the community level, providing technical and/or financial assistance for programs and promoting collaboration for sustainable MHM initiatives. External development partners and donors could provide financial and technical support to the Government and local NGOs for effective implementation of MHM. In addition, the media could also be harnessed to develop positive public opinion on MHM.

The government is responsible for developing and updating laws, policies, strategies, and plans related to MHM and should provide effective leadership, monitoring, and evaluation of MHM initiatives of different stakeholders. Four primary government ministries are linked with MHM: (1) Water and Sanitation, (2) Health, (3) Education and (4) Women, Children and Social Welfare. Currently, the Ministry of Water Supply and Sanitation is the leading government sector in terms of implementing WASH programs, but MHM is only a small component and could be greatly expanded. The Education sector could provide basic knowledge and skills on MHM. The Women, Children and Social Welfare Ministry could work to raise awareness about MHM in communities and families and could help women and girls empower themselves to make affordable sanitary napkins or cloths at a local level. INGOs could prepare programs and mobilize international resources for implementing programs in partnership with NGOs.

The GoN can only allocate a national budget for MHM following the endorsement of governmental policies and strategies that have been drafted. UN agencies and external development partners (EDPs) already support MHM and may even increase their commitments. INGOs such as Save the Children, PSI, Oxfam, WaterAid, Good Neighbors International, and other organizations are working both directly and indirectly on MHM and may expand their resource mobilization capacity in the future. NGOs and civil society organizations (CSOs) can mobilize resources from the local government, which allocates at least 15% of the total budget to work on the issues of women, children and differently-abled people. The private sector may also be tapped to contribute to the production and distribution of sanitary pads, as well as construction of MHM-friendly toilets and other WASH facilities.

CONCLUSIONS AND RECOMMENDATIONS

Existing evidence reveals that the majority of adolescent girls lack knowledge on menstrual physiology. Many of them have misconceptions regarding menstruation and are compelled to follow physically and mentally unsafe traditional practices, such as not drying reusable sanitary pads in direct sunlight and living outside the home in poor conditions during menstruation. These cultural and traditional practices vary in the context of greater Nepal. Therefore,

- **Girls and their individual stories should be at the forefront of this research.**

- **On the basis of the findings, effective interventions must be contextualized, designed, and implemented in order to create awareness and change people's understanding of menstruation and the practices surrounding menstruation.**

There are master plans and policies with MHM components in the Ministry of Water Supply and Sanitation and in the Ministry of Education. To date, the construction of toilets and adequate water supply to those toilets are the policy priorities. However, MHM also requires behavior change and the development of an enabling environment. School education remains critical to impart knowledge and skills on MHM to adolescent girls and young women, but current curricula and texts provide insufficient information on menstruation. Furthermore, stymied by cultural and social stigmas, teachers (especially men teachers) are reluctant to deliver MHM information to students. Therefore, we conclude:

- **There must be a consolidated effort across stakeholders to revise and update school curricula to be more comprehensive and address MHM sufficiently.**
- **Rigorous teacher trainings, combined with a regular and strong monitoring system, should be put in place to facilitate education on MHM and to observe whether teachers are covering MHM sufficiently.**
- **There must also be a commitment on the part of the teachers themselves and school administrators.**

At present, the Ministry of Water Supply and Sanitation and the Ministry of Education are both committed to open defecation free (ODF) and gender-friendly toilet construction at educational institutions but do not focus on providing specific MHM facilities (such as lockable doors, waste management, accessible water for washing, and a maintenance plan).

- **Without the accompanying necessary knowledge, and without a consideration of both the local and broader context, the toilets and other facilities provided will go unused, or will be used in a manner not intended by the programming.**

Evidence suggests that a majority of adolescent girls and women face difficulty in accessing appropriate sanitary pads either due to unavailability or unaffordability. Thus,

- **A tangible and feasible plan to regularly provide affordable pads or cloths to adolescent girls and women must be developed. This may be of particular interest to the private sector's work in social marketing, but further study is required to determine potential business options.**

National policies and plans regarding MHM have been drafted but have not yet been endorsed by the government. This lag has created difficulties in mobilizing resources and implementing plans and policies. The government should endorse these documents as quickly as possible to facilitate an improvement in MHM for adolescent girls and women throughout Nepal. Thus,

- **Organizations working in MHM should advocate for prompt endorsement and effective implementation of those strategies and plans. INGOs and NGOs can play pivotal roles to consolidate efforts for effective advocacy and lobbying.**

Most of the programs run by organizations and the Government remain in the pilot phase. Thus,

- **Best practices of those activities should be consolidated and used to develop multi-sector coordination and collaboration.**

- **As MHM is a multi-sector agenda and can contribute to achieving Nepal's sustainability development goals (SDGs), the government and other development agencies should allocate a portion of their budgets and other resources to make this agenda a priority. The government should create a multi-sector plan for MHM, which can be prepared and implemented with international and local partners.**

Involvement of key influencers, including family members, community members, and religious leaders, is not a key component of current MHM programs. Therefore,

- **Organizations working in MHM should develop projects that directly involve families and communities and incorporate community engagement into their current and future projects on MHM. This will contribute greatly to sustainable change in attitudes and practices.**

And most importantly, the adolescent girl should be front and center at every level of involvement.

The continued silence around menstruation combined with limited access to information, both at home and in schools, results in millions of women and adolescent girls having limited knowledge and understanding about what is happening to their bodies when they menstruate and how to deal with it in a positive, healthy way. A key priority for all stakeholders should be providing women and adolescent girls with the necessary knowledge, products, facilities, and cultural environment to manage menstruation hygienically and with dignity.

INTRODUCTION

ADOLESCENT GIRLS AND REPRODUCTIVE HEALTH

Today, there are more than 1.2 billion young people ages 10-19 in the world, with more than 70% residing in developing countries.^x The opportunities available to them will shape the future of their families, communities, and our world. Adolescence^{xi} is the period of physical, psychological, cognitive, and social maturing from childhood to adulthood. This transition phase is a natural time of discovery, learning, and formation of one's identity and aspirations. The onset of adolescence is characterized by the start of pubertal maturation leading to rapid physical and physiological growth, starting of menstruation in girls, activation of new drives and motivations, and a wide range of social, behavioral, and emotional changes.

While the beginning of adolescence is observed mostly through biological changes, the end of adolescence is determined and defined by culture and society, and will range widely from context to context. It is critical to invest in scaled solutions for menstrual hygiene management (MHM) that are grounded in these varied contexts for the betterment of adolescent girls' health and as a fundamental right of girls. Enhanced MHM will have profound effects on adolescent girls' sexual and reproductive health and development and socio-economic empowerment outcomes.^{xii}

CONTEXT FOR ADOLESCENT GIRLS AND WOMEN IN NEPAL

Adolescents account for nearly a quarter of Nepal's population (approximately 6.4 million).^{xiii} This developmental stage marks the critical transition from childhood to adulthood and is a time during which girls learn to navigate behaviors, attitudes, and norms related to health. Nepali girls face a complex set of challenges related to puberty and sexuality. Early marriage, early sexual initiation, and early childbearing are common, culturally entrenched practices. Child marriage (marriage below 18 years of age) is still widely practiced in Nepal, although it is legally prohibited. 2014 survey data indicate 25% of adolescent girls aged 15-19 years were married or in marital union,^{xiv} and the median age at first marriage was 17 years for girls (vs. 19 years for boys).^{xv} Child marriage is associated with early pregnancy and early childbearing along with increased risk for pregnancy-related deaths, sexually transmitted infections (STIs), and gender-based violence (GBV). Twenty-two percent of women aged 15-49 have experienced physical violence at least once by the age of 15, and overall, 26% have experienced either physical or sexual violence.^{xvi}

The adolescent fertility rate is 71 per 1,000 women aged 15-19 years with wider differences in urban and rural settings (33 in urban and 80 in rural), and 16% of women aged 20-24 years have a live birth before the age of 18. The contraceptive prevalence rate (CPR) is relatively low among women aged 15-19 years, at 19%, and there is a high unmet need for contraception among the same population, at 48%.^{xvii} Sixteen percent of women aged 25-49 years had sexual intercourse by the age of 15, and the median age for first sexual intercourse is 17.7 years.

MENSTRUAL HEALTH AND HYGIENE PRACTICE AMONG ADOLESCENT GIRLS IN NEPAL

Every day, an estimated 290,000 women and adolescent girls in Nepal menstruate.^{xviii} Menstruation is a normal part of life, yet many women and adolescent girls face significant obstacles to healthy menstrual hygiene practice in Nepal. Adolescent girls do not have consistent access to education on sexual health, reproductive health, or menstrual health, and the inability to effectively manage menstrual hygiene dramatically affects an adolescent girl's education, physical health, psychological wellbeing, and general quality of life. Despite this great need, there have been notably very few studies on menstrual health and hygiene in Nepal. Furthermore, the importance of menstrual hygiene management has largely been neglected by international health and development practitioners in most countries of the world.

In the context of Nepal, where the average age of menarche is 13.5 years old, menstruation is generally considered unclean and shameful. The Nepal Demographic and Health Survey of 2011 revealed that of the top ten sexual and reproductive health issues of concern identified by teenage girls, seven were menstruation-related. Many of the girls' concerns relate to why physical changes occur, what is "normal," and the consequences of puberty. This lack of knowledge is echoed by the fact that almost a quarter of teenage girls had "no idea" what their menarche was prior to its onset, and only 36% reported that menstruation was a monthly cycle where blood flows from the vagina for 4-5 days.^{xix}

While most adolescents are aware of some of the physical changes occurring during puberty, only half of adolescent girls have discussed puberty with someone at home or at school.^{xx} A 2007 study surveyed 150 adolescent girls (ages 13-15) in the Chitwan district and found that only 41% of those surveyed had adequate knowledge about menstruation.^{xxi} Mothers are the most immediate source of information and support during menstruation, followed by sisters and female friends.^{xxii} Most adolescent girls say they feel more comfortable talking about menstruation with their mothers, sisters, and friends than their teachers at school who tend to be men, especially in rural areas of Nepal. The information shared with adolescent girls mostly relates to the use of cloths, practice of rituals, concept of (cultural) pollution, and cautions about behavior towards men and boys, while factual, scientific information about menstrual physiology and menstrual hygiene is generally lacking.^{xxiii} Many adolescent girls do consider their teachers to be an important source for information on menstruation, but girls often report that teachers do not teach sexual and reproductive health and instead request that students study at home by themselves.^{xxiv}

Studies in different parts of the country show that adolescent girls have varying levels of knowledge regarding menstruation before menarche. Among 204 adolescent girls surveyed in Morang, Dhading, Kathmandu, and Lalitpur, 92% had heard about menstruation before menarche, but a majority of them felt unprepared for their first period.^{xxv} Similarly, 67% of girls in the district of Sunsari;^{xxvi} 26.9% in the district of Udayapur; and 36.9% in Sindhuli district^{xxvii} had heard about menstruation before menarche. Moreover, 38% of women and girls in *Chhaupadi*-practicing VDCs and only 24% from *Chhaupadi*-free VDCs in the far western districts of Achham, Bajura, and Kailal region had heard about menstruation before menarche.^{xxviii}

Many adolescent girls in Nepal lack hygienic sanitary materials and disposal options, access to a private place to change sanitary cloths or pads, and clean water to wash their hands, bodies, and (if used) reusable sanitary products. Girls are left to manage their periods in ineffective, uncomfortable, and unhygienic ways, including using dirty rags, bark, and leaves. About three out of four adolescent girls use re-useable cloths during menses.^{xxix} Use of sanitary pads among adolescent girls in urban areas is higher in comparison to adolescent girls in rural areas (50% in urban vs. 19% in rural), while the use of old pieces of cloth was higher among rural (35%) than urban (14%) adolescent girls.^{xxx} Lack of information about sanitary napkins, high cost, and limited availability are the main reasons for adolescent girls not using sanitary napkins.^{xxxi} Around 40 to 60% of adolescent girls dry their reusable pads in direct sunlight outside the home, but others are still reluctant to dry them in the sunlight because in Hindu society, there is a strong belief that the sun is a god, and soiled pads should not be shown to a god. Likewise, they dry their reusable sanitary pads in dark places because if seen by others, boys and men might tease the girls.^{xxxii} The majority of adolescent girls buries or throws used pads with other waste, while very few of them burn the used pads. In both rural and urban schools, proper disposal of pads and cloths poses a significant challenge.^{xxxiii}

Poor sanitation facilities and a lack of adequate water supply have exacerbated poor menstrual hygiene among adolescent girls. In Nepal, 38% of households did not have a toilet in 2011.^{xxxiv} In 2015, only 46% of the population had access to improved sanitation^{xxxv} facilities. Nearly two million adolescent girl students do not have access to a toilet at school.^{xxxvi} Only 28% of public schools in Nepal have separate facilities with toilets for girls.^{xxxvii} Without adequate water supply or locks on toilet doors to maintain privacy, girls in both rural and urban schools usually do not go to the toilet while at school.

Additionally, there are little to no disposal pits for soiled pads in school facilities. Thus, during menstruation, many adolescent girls do not attend school.^{xxxviii} Other reasons adolescent girls cited for school absenteeism include pain, fear of leakage, and embarrassment should boys notice and then tease them.^{xxxix}

The lack of affordable hygienic products and facilities is often compounded by cultural attitudes that view menstruation as shameful or dirty. As a result, many women and girls are excluded from aspects of social and cultural life, including religious activities. Data show that nine out of ten girls face some type of restriction during menstruation.^{xl}

TRADITIONAL BELIEFS, CULTURAL PRACTICES, AND RESTRICTIONS SURROUNDING MENSTRUATION

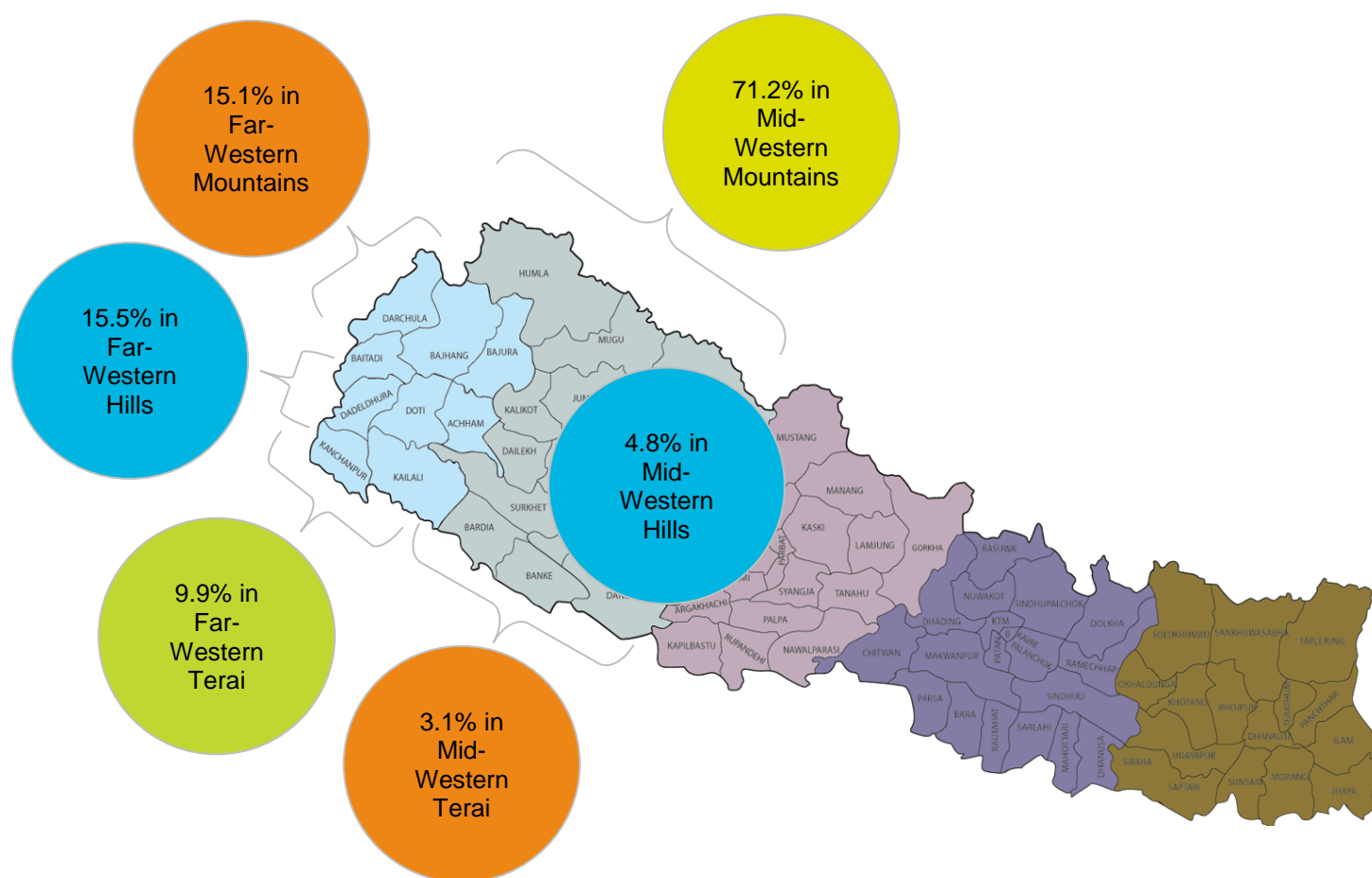
Most women and girls experience restricted mobility and participation in normal activities during menstruation and are forced to observe traditional norms and practices, despite physical discomfort and/or lack of resources. Family members and communities usually perpetuate those social norms and cultural practices. A study among 204 adolescent girls showed that 89% of them experienced some form of restriction or exclusion during menstruation.^{xli} Oftentimes, mothers imparted these socio-cultural beliefs and taboos to the next generation of girls.^{xlii}

Nepal is a multi-ethnic, multilingual, and multi-cultural country with a population of about 29 million.^{xliii} A majority of people are Hindu (81.34% of the total population), followed by Buddhist (9.03%), Islam (4.4%), and other religions (5.23%).^{xliv} Menstruation is a normal physiological process, but it is perceived differently in various religions and cultures.^{xlv} While there is no evidence written in Hindu scriptures to characterize menstruation as such, Hindus consider women and girls to be impure, untouchable, and undesirable during menstruation.^{xlvi}

One of the most extreme forms of menstrual seclusion practice in Nepal is *Chhaupadi*, which despite its ban in 2015, forces menstruating girls and women to live outside their house in a *Chhaupadi* shed (or animal shed) for four to seven days. *Chhaupadi* comes from ancient Hindu scriptures that consider secretions associated with menstruation and childbirth to be religiously “impure,” deeming women “untouchable,” and prohibiting menstruating women and girls from inhabiting public space, socializing with others, and sharing food and water sources.^{xlvii}

Although beliefs and practices are gradually changing, even today, in many parts of the country, women and girls either are forced to spend three to four days outside of their homes, often in sheds, or in a separate room/area while they are menstruating. The practice is more deeply rooted in and widely practiced among certain Hindu communities living in Far and Mid-Western regions of Nepal. Strongholds of *Chhaupadi* culture exist in the far western districts of Nepal, including Achham, Dailekh, Bajhang, Bajura, and Doti.^{xlviii} [See Figure 1.] However, the practice persists throughout the country.^{xlix}

Figure 1: Percentage of Women and Girls Who Experience Staying in Separate and Specific House (*Chhaupadi*) during Menstruation (Source: MICS 2014)



The practice leads to increased risks of infections, including reproductive tract and genital infections, due to poor hygiene linked to lack of access to clean water.ⁱ Women are also forbidden from consuming dairy products, meat, and other nutritious foods, for fear they will spoil them, and survive on a diet of dry foods, salt, and rice. As a result, anemia and emaciation among women are two times higher in *Chhaupadi* practicing areas.ⁱⁱ Beyond the physical, the effects of *Chhaupadi* are extremely dehumanizing and physiologically stressful. Psychological problems linked to stigmatization and isolation, including substance abuse (e.g., smoking and alcohol consumption), are often a consequence of the practice, while isolation leaves adolescent girls vulnerable to rape and animal attacks.ⁱⁱⁱ

Even in regions where *Chhaupadi* is not practiced, or not as extreme, taboos surrounding menstruation still affect Nepali women and girls. Many households in urban areas, including Kathmandu, prohibit menstruating women from entering kitchens or temples, eating with the family, or sleeping in their own beds, perpetuating their social ostracization. Other beliefs include pickles touched by menstruating women will spoil, seeds will become sterile, and plants will wilt.ⁱⁱⁱⁱ Nationally-representative survey data reveal that 57.6% of women (15-49 years) experienced restrictions from social gatherings, 25% of them were forced to stay separately (*Chhaupadi*), and 8% of them were forced to bathe separately. [See Figure 2.]

Figure 2: Discriminatory Practices during Menstruation Period (Source: Central Bureau of Statistics 2015)



LINKING MENSTRUAL HEALTH MANAGEMENT AND SEXUAL AND REPRODUCTIVE HEALTH

Beyond menstruation itself, safe and effective menstrual health management is a critical component of, and premise to, adolescent girls' sexual and reproductive health. Menstruation signals entry into womanhood, sexual activity, and reproduction. It is a crucial time for girls to learn about their bodies, their health, and how to protect and preserve both entering into adulthood. Education about MHM offers an interesting opportunity through which to introduce girls to wider sexual and reproductive health information, products, and services. When girls are more knowledgeable about their bodies and fertility, and able to effectively manage their menstrual hygiene, they may be more empowered and better equipped with the information, tools, and confidence necessary to manage their long term sexual and reproductive health, including family planning. MHM can be an entry point to sexual and reproductive health -- helping to break the silence while increasing knowledge, understanding, and awareness of their bodies as a stepping stone for healthy practices.^{liv}

Despite the efforts of the Government of Nepal and its partners, very few teenagers access sexual and reproductive health services. About half of adolescents in Nepal visited a health facility in the past 12 months, for any service.^{lv} According to a 2015 report issued by Nepal's Family Health Division, adolescents lack awareness of where to access adolescent-friendly services, and do not have support from parents or other gatekeepers to access those services even when they know about them. A range of barriers prevent adolescent girls from seeking sexual and reproductive health services, including shyness and embarrassment, a limited number of trained providers who can meet the needs of adolescent girls, limited time to access services with inconvenient hours of operation, long distances between home and clinic, lack of privacy and confidentiality at the clinic, and patriarchal norms that restrict girls from leaving the home.^{lvi}

Thus, MHM is a pertinent issue not only for sexual and reproductive health and family planning but also for women's and adolescent girls' empowerment and social justice. Grounded in this framework, we set out to generate comprehensive reporting on existing policies, programs, and outcomes of MHM interventions in Nepal and map out current and potential partnerships for expanding these practices and applying to them to the broader context.

OBJECTIVES

The objectives of this report include:

- To review and map out the policies, strategies, and programs related to Menstrual Hygiene Management (MHM) and explore the contexts that support or inhibit adolescent girls' access to MHM and wider Sexual Reproductive Health (SRH) information and services;
- To highlight key policy and program influencers and implementers;
- To chart the existing advocacy initiatives, relevant working groups and coalitions, and community and youth groups;
- To identify gaps, challenges, and opportunities in policy and programming;
- To expand the knowledge base and understanding of the issue, key players, and interventions on MHM in Nepal to build potential partnerships;
- To recommend future strategies for more comprehensive knowledge about MHM;
- To stress the critical linkages among family planning, SRH, and MHM; and
- To highlight relevant scholarship in the field of MHM

METHODOLOGY

To reach each of these objectives, the team implemented scoping review and preliminary mapping methodologies. Specifically, the scoping review offers an overview of the MHM-related policies, programs, projects, and activities of various organizations and government agencies in Nepal. The preliminary mapping endeavors to display the key stakeholders and existing and potential partnerships.

SCOPING REVIEW

A scoping review, also known as a scoping study, refers to the mapping of key concepts underpinning a specific research area, consolidating the main forms of evidence available, and summarizing the range of evidence in order to outline the breadth and depth of the field. It is typically undertaken when an area of study is complex and/or has not been reviewed comprehensively, with the objectives of examining the extent, range, and nature of research activities; determining the value of undertaking a full systematic review; summarizing and disseminating research findings; and/or identifying gaps in the existing literature.^{lvii}

We conducted this scoping review from August to October of 2016. We used a six-stage methodological framework developed by Arksey and O'Malley (2005) and Levac, *et al.* (2010). [See Figure 3.]

Figure 3: Six-stage Framework Developed by Arksey and O'Malley (2005) and Levac et al (2010)



We remained flexible at each stage of the process and repeated steps as needed to ensure comprehensiveness of evidence used for the review. The methods used for the scoping review included:

- (1) Extensive literature review of published and unpublished literature;
- (2) Review of policy documents;
- (3) Review of programs and reports from relevant organizations;
- (4) Interviews and consultations with concerned stakeholders; and
- (5) Key informant interviews with policy makers, program managers, non-state actors, and members of youth organizations.

We first identified the scoping review questions and defined them in detail. Using the search engines HINARI, PubMed, and Google Scholar, we found relevant documents with a combination of the following key words and phrases: “menstrual hygiene,” “menstrual hygiene management,” “practice,” “programs,” “interventions,” “policies,” “strategies,” and “Nepal.” We also found unpublished but reliable documents through a search on Google and the websites of different agencies. Using a convenience sample, we visited eight governmental and 28 non-governmental organizations to collect information related to MHM policies and programs. We collected additional information through consultation with personnel from concerned governmental and non-governmental stakeholders working in relevant ASRH^{lviii}/MHM/WASH^{lix} programs. We also conducted nine key informant interviews (KII), which included interviews with policy makers, program managers, non-state actors, and members of youth organizations.

We selected relevant documents using the following inclusion and exclusion criteria: Inclusion criteria included:

- (1) published and unpublished documents related to national government policies, strategies, and programs on ASRH/MHM;
- (2) research studies related to ASRH/MHM carried out in Nepal and other developing countries;
- (3) studies regarding adolescents (10-19 years old);
- (4) information derived from interviews with key stakeholders; and
- (5) relevant documents written in Nepali and English.

Exclusion criteria included:

- (1) research studies carried out in developing countries without the inclusion of research in Nepal and
- (2) documents related to MHM but only concerning the adult population.

We charted the information gathered in an Excel Spreadsheet. We next collated and summarized the information and presented the results in the form of narratives, graphs, and charts.

PRELIMINARY MAPPING

This report is the result of a review of 34 published and unpublished documents, 28 consultations with concerned stakeholders working in ASRH/MHM in different sectors, and nine key informant interviews (KIIs) with policy makers, program managers, non-state actors, and members of youth organizations.

The preliminary mapping component of this report largely comprised of further analysis of the existing body of literature and documents, as well as data collected from KIIs, organizations, and government agencies. With a review of the data available, the team assembled and mapped out the key stakeholders working in ASRH and MHM in various formats, diverse projects, and in different parts of the country. The team then clarified and verified the information gathered. The goal of this report is to present not only a review of existing ASRH and WASH programs and policies with MHM components, but also to list and discuss the key stakeholders where MHM is concerned and potential partnerships that could bring the significance of MHM to the forefront of development in Nepal.

LIMITATIONS OF STUDY

At each stage of this research, the team did their “level best” to collect the most accurate information and most current data as possible for this report. However, there are some limitations to this type of research:

- First, the time period allotted for the data collection was a bit short, so only representatives from organizations and governmental agencies working out of or based in Kathmandu could be interviewed.
- Some of the studies, policy documents, and research reports that the team planned to review were not available.
- Because this is a preliminary effort to identify the key actors stakeholders and programs related to MHM, this report may not necessarily reflect all of the projects and activities of every organization working throughout Nepal.

While scoping reviews and mapping both have their methodological limitations, we attest that these methods were best suited for examining current MHM programs and policies as well as identifying the key stakeholders and potential partnerships for future MHM collaborations.

MHM IN GOVERNMENT POLICIES, STRATEGIES, AND GUIDELINES

The government of Nepal is comprised of different ministries, and the ministries affiliated with Menstrual Health Management (MHM) include the Ministry of Water Supply and Sanitation (also referred to as the Department of Water Supply and Sanitation); the Ministry of Education (also referred to as the Department of Education); the Ministry of Health (also referred to as the Department of Health); and the Ministry of Women and Children and Social Welfare (or the Department of Women and Children). A few divisions or sub-departments of ministries have MHM components such as the Family Health Division, which is housed within the Ministry of Health. In Nepal, menstrual hygiene management is an integral part of adolescent sexual and reproductive health (ASRH) and water sanitation and hygiene (WASH) programs. Different ministries' policies and strategies have addressed MHM. [See Table 1.] We describe the directions of major policies in different government ministries below.

GOVERNMENT POLICIES AND MANUALS

THEME 1: HEALTH

The drafted document **National Health Policy 2014** states that adolescent and youth-friendly health services shall be incorporated into all health facilities throughout the country (policy number 1.21). The policy also includes provisions to implement the “Reproductive Health Act,”^{ix} intended to be instrumental in improving women's reproductive health and rights. In this context, MHM has been kept under the broader area of adolescent sexual and reproductive health (ASRH). The **Nepal Health Sector Strategy 2015-2020** has also failed to define MHM as a clear and separate issue. One intervention under Strategic Output 7 of this Strategy document is to review and revise current approaches for school health programs to emphasize health promotion, nutrition, sports, resilience from substance use, and sexual health. This output requires further elaboration, and MHM should be incorporated into the Ministry of Health Strategy document as a separate intervention.

The **National Adolescent Health and Development Strategy 2015** [draft version] includes a separate strategic objective (SO2.4) under Priority Area 2: Sexual and Reproductive Health, which is dedicated to promoting healthy menstrual hygiene practices among adolescent girls. Creating a comprehensive set of skills and knowledge on menarche, menstrual health, and hygiene among adolescent girls and their families and a supportive and non-discriminatory environment for menstrual hygiene practice at home and schools are the proposed key interventions of this strategy document. Furthermore, the Strategy document proposes to ensure the development and distribution of information, education, and communication (IEC) materials; trainings for adolescent girls to make sanitary pads; and construction of separate, clean areas for changing pads at schools and in other washroom facilities. Under Priority Area 4—Communicable diseases, including sexually transmitted infection and HIV/AIDS—there is a strategic objective to increase water and sanitation hygiene (WASH) and personal hygiene behavior among adolescents, with a focus on menstrual hygiene. The strategy also promotes the provision of water, soap, and separate waste disposal pits with covers, as well as sanitary pads and cloths, at schools and health facilities. The proposed strategy has given due attention towards menstrual hygiene management with a much-needed emphasis on involvement of health facilities, schools, communities, media, NGOs, and community based organizations. The final draft of this Strategy has been submitted to the Ministry of Health and is currently under review.

In close consultation with Nepal's Ministry of Education, the Ministry of Health has also drafted a guidelines and training package for **Integrating Menstrual Hygiene Management into School Health Program 2015**, which has yet to obtain government endorsement. This Program focuses on implementing MHM in areas most affected by the 2015 earthquakes. It covers menstrual physiology, menstrual health, misconceptions about menstruation, local preparation of reusable pads, and use and disposal of sanitary pads. The Program also covers such issues as Adolescent Friendly Health Services

(AFHS), contraception, and sexual and gender-based violence. This approach attempts to integrate MHM into school health programs with the Ministry of Health, but a key informant interview (KII) with personnel from the Family Health Division (FHD) reveals that in most communities, health workers and facilities are not properly prepared to conduct school health programs. Thus, the 2015 school health program requires further investment by local government entities before it can be fully implemented in all disaster-stricken communities. If found successful, the training package could next be piloted in non-disaster districts, and then expanded and adopted at the national level.

THEME 2: EDUCATION

Education is a key instrument for hygiene promotion and plays a pivotal role in imparting knowledge and skills to develop healthy practices for MHM. School education on MHM and hygiene in general is crucial as education allows teachers to impart knowledge on reasoning and judgment related to hygiene and helps students maintain health and prevent the spread of diseases. This is important for MHM in particular, as girls' first experience with menstruation takes place during their school age. Schools should also be able to provide sufficient guidance, sanitation facilities, and menstrual hygiene materials, but many schools lack adequate sanitation facilities, and hence fail to provide an enabling physical environment for girl students and women teachers. Further, the existing curricula lacks content related to menstruation and its physiology, and to health and hygiene in general.^{lxi}

The Ministry of Education has made some efforts to incorporate MHM into basic school education. Among the different policy documents developed by this Ministry, **the National Framework of Child-friendly School for Quality Education** document appears to be the first comprehensive policy directive that fully incorporates MHM, with a focus on promoting hygiene and sanitation at schools. However, this document has not adequately explained the promotion strategies for MHM. There exists only a mandatory provision for separate toilets by gender, as well as adequate water and soap; the document fails to address the need for sanitary materials, privacy, and disposal pits.

Another draft policy document, **WASH in School Guideline**, follows the “three stars approach” for school profiling in Nepal. Schools without water, toilets, or sanitation are labeled as “no star” schools, while those with water facilities and toilets are labeled as “one star” schools. Additional facilities that incorporate MHM are labeled “two star” schools, and schools with WASH facilities and promote institutional sanitation^{lxii} are labeled “three star” schools. The Ministry of Education, in conjunction with UNICEF and local organizations, has also prepared and implemented a **Manual for Water, Sanitation, and Hygiene Education** at schools in selected districts of Nepal. The manual includes a clear focus on MHM and refers to menstrual physiology, sanitary pad production and use, and good practices for menstruation and pain management in plain and simple language. However, this document has not yet been distributed nationally.

THEME 3: SANITATION AND HYGIENE

MHM is an integral part of institutional sanitation in the original **Multi-sector Sanitation and Hygiene Master Plan (2010)**, which defines the government's goal of providing universal access to improved sanitation facilities by 2017. This Plan aims to harmonize the planning and implementation efforts of different stakeholders, develop standards in approaches and modalities, revitalize and strengthen existing structures, build appropriate mechanisms for resource mobilization, and ensure inclusion of all stakeholders for sustainability. The plan includes two phases: In the first phase, Open Defecation Free (ODF) communities serve as an entry point for behavior change, and the second phase is intended to lead to more sustainable changes in hygiene and sanitation behavior. MHM plays an integral role in institutional sanitation, and the Plan promotes user-friendly, clean, and hygienic toilets with adequate hand washing and waste management facilities. Additionally, all schools are required to have child, gender, and differently-abled (CGD)-friendly^{lxiii} water, toilet, and hand washing facilities, including “menstrual hygiene facilities.” The Master Plan promotes multi-sector involvement and

encourages participation from the central government level to the village-level of government. This Plan highlights schools and communities as major areas of intervention and calls for the participation of local government offices in promoting sustainable sanitation and hygienic conditions and practices.

The **Total Sanitation Guideline (2016)** was also drafted with the aim of promoting sustainable hygiene and sanitation behavior across Nepal following completion of the first phase of ODF communities. This Guideline calls for dedicated action on MHM (Action Number 12), which includes “creating extensive public awareness as menstruation is a natural physiological process,” “maintaining menstrual hygiene by using sanitary pads,” and “managing proper disposal of used pads by providing disposal bins or constructing pits at schools and communities.”

The Ministry of Water Supply and Sanitation drafted the **Nepal Water Supply, Sanitation, and Hygiene Sector Development Plan (2016 – 2030)** as a 15-year guiding document on providing adequate and safe water, as well as sustained proper sanitation facilities at schools and in communities. This Plan encourages the “star approach” guideline for schools and includes MHM as one of the indicators for Gender Equality and Social Inclusion (GESI).^{lxiv} MHM has also been covered as a key strategic action under Water Sanitation and Hygiene (WASH) in community institutions and public spaces. While this Plan calls for a sufficient supply of water and soap, as well as separate facilities by gender, it fails to include objectives related to sanitary materials and proper waste disposal.

The Ministry of Water Supply and Sanitation also drafted the **Drinking Water and Sanitation Policy (2014)** to combine both urban and rural drinking water and sanitation policies into a single policy, so water and sanitation issues could be streamlined. The draft policy includes two strategies related to MHM: first, “women, girls and differently-abled people-friendly toilets shall be constructed at schools and public places adequately,” and next, “extensive social education programs shall be conducted to eliminate all forms of discrimination related to the use of water and sanitation facilities by menstruating women and girls.”

Table 1: Policy Documents Related to Menstrual Hygiene Management (MHM) in Nepal

MINISTRY	NAME OF POLICY DOCUMENT	MHM-RELATED POLICY STATEMENT	STATUS OF POLICY DOCUMENT
THEME 1: HEALTH			
MINISTRY OF HEALTH	National Health Policy 2014	<ul style="list-style-type: none"> Adolescent- and youth-friendly health services Reproductive Health Act (policy number 1.21) 	<ul style="list-style-type: none"> Endorsed
MINISTRY OF HEALTH	Nepal Health Sector Strategy 2015-2020	<ul style="list-style-type: none"> School Health Program on sexual health (Output 7.1) 	<ul style="list-style-type: none"> Endorsed
MINISTRY OF HEALTH	National Adolescent Health and Development Strategy 2015	<ul style="list-style-type: none"> Promotion of healthy menstrual hygiene practices among adolescent girls (Strategic objective number 2.4) Increased water and sanitation hygiene (WASH) and personal hygiene behavior among adolescents (Strategic objective number 4.3) 	<ul style="list-style-type: none"> Draft Not endorsed
MINISTRY OF HEALTH (in consultation with Ministry of Education)	Integrating Menstrual Hygiene Management into School Health Program 2015 (a training package)	<ul style="list-style-type: none"> Menstrual physiology, health, and hygiene Misconception, myths, and reality about menstruation Contraception Adolescent Friendly Health Facilities (AFHS) Sexual and gender-based violence 	<ul style="list-style-type: none"> Draft Not endorsed

THEME 2: EDUCATION			
MINISTRY OF EDUCATION	School Health and Nutrition National Policy 2006	<ul style="list-style-type: none"> MHM should be incorporated in the curriculum of grade 5 Introduction on menstruation and information on ways to maintain hygiene 	<ul style="list-style-type: none"> Document not available for review
MINISTRY OF EDUCATION (in consultation with the Ministry of Water Supply and Sanitation)	School Sector Development Plan (2016-2022)	<ul style="list-style-type: none"> Schools to have functional water and sanitation facilities Promote healthy behaviors through skills based health education Provide pre/in-service training on CSE as a supply subject Improve WASH behavior and infrastructure Nominate WASH focal teachers and menstrual hygiene management female teachers in all schools 	<ul style="list-style-type: none"> Draft Not Endorsed
MINISTRY OF EDUCATION	National Framework of Child Friendly School for Quality Education 2010	<ul style="list-style-type: none"> Separate toilets for girls and boys and provision of safe water, soap, buckets, and door locks to maintain privacy (2.6 physical condition of school) 	<ul style="list-style-type: none"> Endorsed
MINISTRY OF WATER SUPPLY & SANITATION	WASH in Schools Guideline 2016	<ul style="list-style-type: none"> Schools are categorized into four categories by giving stars to represent different standards. To obtain at least one star and above, MHM must be included. 	<ul style="list-style-type: none"> Draft Not Endorsed
MINISTRY OF WATER SUPPLY & SANITATION	Child, Gender and Differently-abled Friendly School Water Sanitation and Hygiene Sanitation Manual	<ul style="list-style-type: none"> Theme 2: Menstrual Hygiene Management at Schools covers menstrual physiology and how to prepare sanitary pads, with a focus on maintaining hygiene and addressing menstrual pain, etc. 	<ul style="list-style-type: none"> Draft Not Endorsed
THEME 3: SANITATION AND HYGIENE			
MINISTRY OF WATER SUPPLY & SANITATION	Sanitation and Hygiene Master Plan 2010	<ul style="list-style-type: none"> MHM is considered an integral part of institutional sanitation. 	<ul style="list-style-type: none"> Endorsed
MINISTRY OF WATER SUPPLY & SANITATION	Water Supply, Sanitation, and Hygiene Sector Development Plan (2016-2030)	<ul style="list-style-type: none"> MHM is included as an underlying principle and Gender Equality and Social Inclusion (GESI) indicator. (5.4 GESI) Linked with star grading approach for schools (8.1.1.7 WASH in Community Institutions and Public Places) 	<ul style="list-style-type: none"> Draft Not Endorsed

MINISTRY OF WATER SUPPLY & SANITATION	Drinking Water and Sanitation Policy 2014	<ul style="list-style-type: none"> • “Women, girls and differently-abled people-friendly toilets shall be constructed at schools and public places adequately.” • Social education programs shall be conducted to eliminate all forms of discrimination related to the use of water and sanitation facilities by menstruating women and girls (Strategy 23 and 24). 	<ul style="list-style-type: none"> • Draft • Not Endorsed
MINISTRY OF WATER SUPPLY & SANITATION	Total Sanitation Guideline, 2016	<ul style="list-style-type: none"> • Extensive public awareness of menstruation as a natural physiological process • Maintaining menstrual hygiene through the use of pads or cloths • Management of proper disposal of used pads by providing disposal bins or constructing pits at schools and communities (Action number 12) 	Endorsed in early 2017

Sources: documents, key informant interviews (KIs), and personal communications with stakeholders

In a key informant interview (KII), a high-level official from the Ministry of Water Supply and Sanitation expressed the following:

The policies and guidelines are drafted but not yet endorsed...MHM has been considered a priority. But, it needs further interactions for effective implementation as we are not clear how to implement.

This suggests that while policy makers are aware that MHM must be prioritized at a policy level, they require further knowledge on how best to plan and implement programs related to MHM.

In 2011, the National Planning Commission put together [the Sanitation and Hygiene Master Plan 2011](#). According to this Plan, within the designated community, all institutions—including schools, health institutions, Village Development Committee (VDC) or municipality buildings, community buildings, and other public spaces—must have hygienic toilets. The toilets at schools must be child, gender, and differently-abled (CGD) friendly. Water, toilet, and hand washing with soap station/facilities, including menstrual hygiene facilities, also must be made available at schools. Each drafted policy appears well stated with the presumed best intentions, but the question remains: How will these policies be put into effect if the majority of them remain stuck as drafts and not yet endorsed?

GOVERNMENT PROGRAMS

At present, the majority of MHM-related activities fall under projects in the Ministry of Water Supply and Sanitation, the Ministry of Education, and the Ministry of Health, all of which focus first and foremost on sanitation and personal hygiene, with MHM as only a secondary component. The Family Health Division (FHD) [a division of the Ministry of Health] has two specific MHM components under its Adolescent Sexual and Reproductive Health (ASRH) Program: (1) ASRH orientation at schools and (2) Adolescent Friendly Health Services (AFHS).

At the time of this scoping review report, the FHD is conducting MHM orientation for school girls in six districts of Nepal. MHM is also included in counseling and treatment services provided through AFHS in 63 districts. Similarly, the Ministry of Women and Children has also conducted basic orientation on ASRH, including MHM, for adolescent girls who are no longer

in school. However, conversations with program managers affiliated with these programs revealed that the programs have received little attention and are neither as efficient nor effective as they should be. [See Table 2.]

Table 2: MHM Programs, Projects, and Activities of Government Ministries in Nepal

GOVERNMENT MINISTRY	PROGRAMS, PROJECTS, AND ACTIVITIES	DISTRICTS	BENEFICIARIES	TIMELINE
Ministry of Health (Family Health Division)	Session on MHM in school for girls of classes 6 and 7 through staff nurse/auxiliary nurse midwife (ANM) of Adolescent Friendly Health Facility (AFHF), in coordination with health education teachers	Saptari, Dhanusa, Rautahat, Doti, Bajhang, and Baitadi	Adolescent girls in classes 6 and 7 from two schools near each AFHF in districts	For FY 2016-2017
	National Adolescent Sexual and Reproductive Health (ASRH) Program included MHM in a counseling package and addressed MHM as a part of a larger package within health services in Adolescent-friendly Health Facilities (AFHF)	63 districts		
Ministry of Education	MHM orientation session for school students through school resource persons and teachers	15 districts (with a greater focus on Terai districts)	Adolescent girls	For FY 2016-2017
	Inclusion of the topic of menstruation in textbooks of school curricula starting in class six			
Ministry of Women and Children	Basic training on reproductive health for group members and committee members of women cooperatives	All districts	Women and adolescent girls	FY 2016-2017
	Under life skill-based education for adolescent girls, an ASRH program which includes menstrual hygiene (MH)			

PROGRAMS, INTERVENTIONS, AND ACTIVITIES ON MHM IN NEPAL

This report reveals that for the last three decades, there have been several organizations working on MHM in Nepal, mostly in close collaboration with the Government. Despite their long-standing efforts, the national focus on MHM gained momentum only after the 2015 Gorkha Earthquake, as a component of reproductive health services in disaster areas. In the post-earthquake landscape, the government, donors, development partners, INGOs, and NGOs have worked to improve menstrual hygiene among internally displaced women and adolescent girls.

Table 3: Thematic Areas of Work on MHM by Donors, INGOs, and NGOs

ORGANIZATION NAME	TYPE	THEME 1: SUPPORT IN POLICY, GUIDELINES, AND PROGRAM DEVELOPMENT	THEME 2: ADVOCACY	THEME 3: RESEARCH	THEME 4: CAPACITY BUILDING ON MHM	THEME 5: EDUCATION AND AWARENESS	THEME 6: SANITARY PAD PRODUCTION AND DISTRIBUTION	THEME 7: SANITATION FACILITIES RELATED TO MHM FRIENDLY
UNICEF	external development partner/ bilateral donor	X	X	X	X	X		X
UNFPA	external development partner/ bilateral donor		X		X	X		
UMN	INGO					X		
WaterAid	INGO	X		X		X		X
Save the Children	INGO					X		X
GIZ	external development partner/ bilateral donor			X		X	X	
Population International Services (PSI)	INGO	X		X				
Oxfam	INGO					X		X
Good Neighbors International	INGO					X		X
British Nepal Medical Trust (BNMT)	INGO					X		
International Medical Corps (IMC)	INGO				X	X		
Water Supply Sanitation and	INGO		X					

Collaborative Council (WSSCC)								
Nepal Red Cross Society (NRCS)	NGO				X	X		X
Nepal Water for Health (NEWAH)	NGO		X			X		X
Environment and Public Health Organization (ENPHO)	NGO					X		
Nepal Fertility and Care Centre (NFCC)	NGO	X			X	X		
Family Planning Association of Nepal (FPAN)	NGO		X					
Karnali Integrated and Rural Development and Research Centre (KIRDARC)	NGO					X		X
Lumanti	NGO					X		
Beyond Nepal	NGO		X			X	X	
Putali Nepal	NGO					X		
Skill Information Society Nepal (SISo Nepal)	NGO				X	X		
SOLID Nepal	NGO					X		
Sauharda Foundation	NGO					X		
Kalyani	youth-led org. in Nepal					X		
Visible Impact	youth-led org. in Nepal					X		
YUWA	youth-led org. in Nepal					X		
Y-peer	youth-led org. in Nepal					X		
TOTAL		4	6	4	6	26	2	8
Percentage		14.3%	21.4%	14.2%	21.4%	92.8%	7.1%	28.6%

Source: key informant interviews

Overall, education and awareness-raising programs are the most common forms of MHM interventions carried out in Nepal. A majority of organizations (92.8% out of 28 included in this report) implement education and awareness programs, leaving few organizations (7.1%) to work on the development, production, and distribution of sanitary materials, and only 28.6% focused on improving sanitation facilities to make them more MHM-friendly. [See Table 3.] Most programs focus either in

earthquake-affected districts or in the far, Mid-western, and Terai districts, leaving many districts with no program coverage. Existing programs do not adequately center on mobilizing family and community influencers, and a majority of the programs are still in a pilot phase.

Out of approximately 29,000 public schools and 6,000 private schools, these programs have reached only a few schools.^{lxv} A need clearly exists for an established infrastructure and interventions that address the production and distribution of sanitary materials to expand existing education and awareness interventions, seek community engagement, and extend coverage to other districts in need. Overall, existing MHM programs are placed mainly within the larger frameworks of ASRH or WASH-related programs. At the time of this scoping review, only 28 organizations were working on MHM.

THEME 1: POLICY, GUIDELINES, AND PROGRAM DEVELOPMENT

- UNICEF and WaterAid are drafting guidelines for WASH in School (WinS), in close coordination with the Ministry of Education.
- NFCC, WaterAid, Save the Children, and GIZ supported the drafting of the training package guidelines for **Integrating Menstrual Hygiene Management into School Health Programs Manual** in close coordination with the Family Health Division (a department within the Ministry of Health) and the Ministry of Education.

Out of 28 organizations, only approximately 14% work in the development of policies, guidelines, and programs.

THEME 2: ADVOCACY

- The INGO Water Supply Sanitation and Collaborative Council (WSSCC) and the National Planning Commission (NPC) of Nepal's government jointly advocate for the development of a multi-sector national MHM strategy or plan across relevant government ministries and their various departments and divisions.
- UNFPA and the NGO Family Planning Association of Nepal (FPAN) push for MHM to be a key agenda item of comprehensive sexuality education (CSE) in school curricula and teacher trainings.
- The NGO Nepal Water for Health (NEWAH) urges the Nepal Health Training Centre (housed within the Ministry of Health) to incorporate MHM into a training manual for female community health volunteers (FCHV).
- The NGO Beyond Nepal is lobbying the Curriculum Development Centre, which is within the Ministry of Education, to incorporate comprehensive content on menstruation into school curricula.

Out of 28 organizations, 21% are working in the advocacy area.

THEME 3: RESEARCH

- WaterAid, in partnership with HERD International, conducted a research study entitled "Formative Research on MHM in Sindhuli and Udayapur Districts in 2015."
- UNICEF, also in partnership with HERD International, conducted a research study on "The Role of WASH in Schools Programs for Girls Education in 2015."
- GIZ conducted an adolescent health survey in 2015 that included information about knowledge and practices (KAP) regarding MHM and other ASRH issues.

Out of 28 organizations, only 14% are involved in research on MHM. Little research on MHM has been conducted in Nepal. Most of the studies carried out to date have included small sample sizes and do not reflect the diversity of ethnicities and cultures of Nepal's population. Further, much of the research was conducted as a component of a project feasibility or baseline study.

THEME 4: CAPACITY BUILDING

- UNICEF, UNFPA, International Medical Corps (IMC), Red Cross, Skill Information Society Nepal (SISo Nepal), and Nepal Fertility and Care Centre (NFCC) are working together to initiate and foster capacity building of teachers and health workers [such as family planning (FP) supervisors, public health nurses, and other health workers] through orientation and training programs in selected districts of Nepal.

Of the 28 reviewed organizations, 21% are working to expand the capacity of the teachers and health workers.

THEME 5: EDUCATION AND AWARENESS

Out of 28 reviewed organizations, 93% are working in the area of education and awareness.

- Depending on the primary goal of each organization, menstrual health education and awareness activities have been included as a relatively small component of hygiene improvement among organizations working in WASH-related projects (e.g., Red Cross and NEWAH) or as a component of reproductive health activities among organizations working in adolescent sexual and reproductive health (ASRH) (e.g., UMN and Save the Children). MHM activities have been largely limited to raising awareness and are not yet fully integrated as a component of reproductive health. Most awareness programs have included content on how to prepare *sajilo* napkins,^{lxvi} along with some basic orientation on MHM. Awareness programs targeting adolescent girls vary from two-to-three hours to two-to-three days in duration, and most programs are provided in a school setting.
- The methods of providing information on MHM varies from organization to organization and range from more traditional methods of peer education, presentations, discussions, and videos to more unconventional approaches such as playing games. Some organizations, such as British Nepal Medical Trust (BNMT), Oxfam, SISo Nepal, Visible Impact, Kalyani, and NFCC, are carrying out separate programs that focus exclusively on MHM for a short period of time. Their programs target members of women's groups, female community health volunteers (FCHV), mothers, community leaders, and men because, in these organizations' estimations, these are the primary influencers of menstrual hygiene practices.

Major challenges for education and awareness programs identified in consultation with respective working organizations include a dearth of adequate water supply, separate toilets, and sanitation facilities at schools. Without such facilities, girls cannot make use of the knowledge and skills they learn during trainings and orientation programs. Organizations also highlighted that the unavailability of sanitary pads, the lack of places for proper disposal of used pads, and the lack of materials for homemade sanitary pads and cloths further hinder healthy MHM practices. A representative from BMNT stated:

We provided orientation [programs] to girls in school. We found that there was increased in level of knowledge on MHM among girls but there was a challenge to bring obtained theoretical knowledge into practice because most of the schools lack water supply, place for pad disposal and availability of pads.

Some organizations are working to set up sanitary corners [such as those set up by the Nepal Red Cross Society (NRCS)] or sanitary depots [as set up by Oxfam].^{lxvii} Local contributions of sanitary pads sustain the corners and depots. However, there is significant challenge for project continuity:

A manager at Red Cross:

We helped to establish [a] sanitary corner where we had conducted [an] orientation program; out of 150 schools only 75 [have] sanitary corners.

Education and awareness programs have been effective in increasing the level of knowledge about menstrual hygiene among adolescent girls. BNMT's (2015) report shows that after a program in their communities, girls' school attendance increased from 24% to 91%, and knowledge about sanitary pads rose from 77% to 97%.

At present, there are no programs dedicated to the delivery of information on MHM to adolescent girls and communities through mass media, such as radio programs. However, for the last two years, organizations working in MHM, in coordination with the government, have annually celebrated Menstrual Hygiene Day to increase awareness among communities.

MHM IN SCHOOLS

School education has a pivotal role in imparting knowledge and skills to develop healthy practices for sustainable MHM, but the existing curricula and textbooks do not adequately cover the topic of menstruation, its physiology, or related health and hygiene. As stressed throughout this report, MHM is an integral component of both family planning and sexual and reproductive health (SRH). If MHM were better and more thoroughly infused into the curricula, the link among these critical areas of health and well-being would be readily apparent and thereby more frequently practiced in one's daily life. UNFPA, along with the NGOs FPAN, SOLID Nepal, and SiSo Nepal, continuously advocates for comprehensive sexuality education (CSE) in schools, but to date, CSE has not been fully implemented into school curricula. Some fragmented components of CSE have been incorporated into the curriculum on Health, Population and Environment, but that content primarily covers the biomedical aspects of sexuality. With support from FPAN, the Curriculum Development Centre (which is under the Ministry of Education) developed a teacher's guide on CSE which included a reference book. Nationwide CSE trainings of selected teachers have also been conducted, but as CSE is not in the official curricula, this effort was not effective. UNFPA has carried out a gap analysis of CSE and is in the process of proposing a new curricular framework to the Ministry of Education.

THEME 6: SANITARY PAD PRODUCTION AND DISTRIBUTION

- GIZ supports the production of low cost disposable sanitary pads.
- Beyond Nepal supports the production of the *sajilo* napkin.

Limited information can be found on the production and distribution of sanitary pads. Only 7% of 28 organizations reviewed are working to address this issue. The challenges ahead for these organizations include demand creation, regular supply of raw materials, production of quality products, and product acceptance and utilization.

THEME 7: MHM-FRIENDLY SANITATION FACILITIES

Major activities undertaken in the creation of MHM-friendly sanitation facilities include the construction and renovation of separate toilets by gender and the installation of incinerators and dustbins for disposal.

UNICEF, WaterAid, Oxfam, Save the Children, and Good Neighbors International, together with local organizations such as NRCS, NEWAH, and KIRDARC, are working to provide MHM-friendly sanitation facilities in schools through the "WASH in School (WinS)" approach or the "School Led Total Sanitation" approach.

Out of 28 organizations, 29% are working to create MHM-friendly sanitation facilities, along with awareness raising efforts on hygiene and MHM. The challenges ahead for these organizations include ensuring the sustainability of those facilities. And without a proper analysis of the role of socio-cultural practices at play, those challenges might prove to be insurmountable.

ASSESSMENT OF GAPS AND CHALLENGES TO ADDRESSING MHM IN NEPAL

GOVERNMENT POLICY AND PROGRAM GAPS AND CHALLENGES

A core challenge is that only a few of the government policy documents that cover MHM demand multi-sector coordination and cooperation. At present, no mechanism exists to integrate policies and programs and promote coordination, collaboration, and resource mobilization for MHM. Key informant interviews (KIIs) with officials from the Family Health Division (FHD), the Ministry of Water Supply and Sanitation, and the Ministry of Women and Children expressed that a single national action plan is needed to integrate all the action plans and policies developed by the different sectors of the government for comprehensive management of menstrual hygiene.

...[an] urgent need to **integrate** all actions for **mainstreaming MHM**. For this cause, we should form a **task force** with the representation [of] all concerned stakeholders urgently.

FHD official

We have provisioned a **multi-sector committee** for WASH

Ministry of Water Supply
and Sanitation official

We have policy in different issues of Women and Children but not in MHM. This has created a problem to work on this issue. So, if we could make MHM a **national agenda**, [it] could be implemented through our department.

Official from the Ministry
of Women and Children

Key informant interviews (KIIs) with different stakeholders acknowledge that MHM is a sensitive and important issue that must be addressed by the by the Ministries of Health, Education, Water Supply and Sanitation, and Women and Children. KIIs highlighted the necessity to address MHM in core planning documents of respective government sectors, so that programs and activities could be designed and resources could be mobilized for MHM more cohesively.

We have **two major plans** - School Sector Reform Plan (2009-2015) and School Sector Development Plan (2016-2022). Both are the core planning documents for [the] education sector but **do not explicitly mention MHM** as a component; that's why we will have some problems to plan annual activities and budget for MHM.

Program Manager from the Ministry of Education

There are several obstacles to a cohesive integration of policies and programs. First, MHM is considered either a secondary issue or not a key issue at all. Thus far, MHM has only been covered under Water Sanitation and Hygiene (WASH)-related plans and draft strategies related to Adolescent Sexual and Reproductive Health (ASRH). Most policy documents that mention menstruation do not highlight MHM as a key priority and include it only under matters of institutional sanitation. For example, MHM is typically included as a secondary component of WASH programs. The **Water Supply and Sanitation Ministry Development Plan** and the **National Master Plan for Hygiene and Sanitation** prioritized the construction of toilets and making the country Open Defecation Free (ODF) by 2017. Therefore, most of the interventions focus on constructing toilets and washroom facilities. Separate toilets by gender have been constructed at some schools, but there is limited or no access to sanitary materials or pads and a dearth of disposal pits. Further, because of water shortages, most of these toilets are not functional. And in many schools, toilet construction has not even begun. In this context, MHM remains a secondary focus, and adolescent girls continue to be deprived of MHM-friendly wash facilities.

Other major government policy documents, such as the **National Health Policy 2014**, the **Health Sector Strategy 2015-2020**, the **School Sector Development Plan (2016-2022)** and the **School Sector Reform Plan (2009-2015)**, have paid little attention to MHM. The Ministry of Women and Children is mysteriously silent on MHM. Without further support and acknowledgement from government ministries and policies, there is little chance of getting attention from external development partners as well as international and national non-state actors.

Among the policy documents that actually do address MHM as a primary component, most of these documents remain as draft versions and have not yet been endorsed by the government. These include the **Adolescent Health and Development Strategy (2015)**, the **Integrating Menstrual Hygiene Management into School Health Program 2015** (which is a training package), and the **Water Supply, Sanitation and Hygiene Sector Development Plan (2016-2030)**. Endorsement from the Government of Nepal is critical, as endorsing these policies would vividly demonstrate the government's support and prioritization of MHM and their taking responsibility for adolescents' health and wellbeing. These policies and programs being stuck in draft form and not yet endorsed hampers existing organizational programs and delays the development of future program activities for all concerned stakeholders.

School education has a pivotal role in imparting knowledge and skills to develop healthy practices for sustainable MHM, but the existing curricula and textbooks do not adequately cover the topic of menstruation, its physiology, or related health and hygiene. Some topics are covered from class six onward but do not contain information on how to maintain menstrual hygiene or where to access health services related to MHM. There is no discussion in the textbooks on how to prepare sanitary pads and or how to properly dispose of used pads. Furthermore, the information on menstruation is not age-specifically appropriate. For example, girls in class six, who are generally preparing for their first menstruation, receive only basic information on menstruation and menstrual health without adequate detail.^{lxviii}

Content Included in a Textbook of the School Curricula

Grade 6: In a paragraph discussing changes during puberty, the term “menstruation” is used. In another paragraph that discusses sanitation and hygiene in relation to reproductive organs, there are only two lines about the importance of cleaning reproductive organs during menstruation and recommends using pads or clean cloths instead of using soap, water, or cream.

Grade 7: Under a subsection on ovulation and menstruation, there is some information regarding what menstruation is, how it occurs (e.g., the hormones active during menstruation), and at what age it starts, but there is little information regarding sanitation (such as the importance of keeping reproductive organs clean, using pads or clean cloths, safely disposing used pads, and only reusing cloths after washing and drying in sunlight).

Grade 8: Under a section on the female reproductive system, two paragraphs on menstruation include brief information about what menstruation is and how menstruation occurs.

Grade 9: In a paragraph discussing changes during puberty, the term “menstruation” is used. Under a section on the reproductive system, three paragraphs discuss menstruation. These paragraphs include some information about what menstruation is, how it occurs, some health problems related to menstruation, remedies for menstruation problems (such as talking to mothers, sisters, or elder women about the problem; mitigating pain; using pads or clean cloths and cleaning the vagina; not performing heavy work; eating a balanced diet; bathing daily; and performing regular activities with sufficient rest), and a short discussion on how the belief of staying outside the home in *Chhaupadi* sheds or animal sheds is incorrect.

Grade 10: Nothing about menstruation is mentioned in a compulsory course of Health, Population and Environment.

Moreover, teachers do not teach sexual and reproductive health as a concentrated topic and regularly ask girls to study the topic on their own. This is in part because teachers are rarely trained in MHM. Further, most health education teachers in schools are typically men, especially in rural areas of the country, and girls tend to be more comfortable discussing the topic of menstruation with women teachers. Gender needs to be a unit of analysis and taken into consideration at each phase of MHM development.

Promoting MHM is only possible if adolescent girls are empowered to demand access to and use clean sanitary materials and washroom facilities with sufficient water, soap, and methods of disposal. Most existing government policy documents, with the exception of the **Adolescent Health and Development Strategy**, do not specifically discuss adolescent girls’ empowerment, or the social stigmas, taboos, and cultural and religious practices that make menstruation a subject of shame for girls and women. Policies must be adapted to involve and encourage families and communities in promoting and supporting adolescent girls’ decision-making related to MHM, and overall, fostering a supportive environment for adolescent girls. More broadly, without a complete analysis of the socio-cultural context—riddled with rigid gender norms—sustained effective change will not be possible. Policy makers need to consider how radically different an adolescent girl’s life would be if she had the means to empower herself in relation to her own body and cycle in a supportive and enabling environment.

ORGANIZATION PROGRAM GAPS AND CHALLENGES

With the myriad cultural and traditional barriers to promoting and maintaining MHM, adolescent girls and women alone cannot alter the practices and beliefs governed by cultural and religious values. Participation and support from other stakeholders, including families, community members, and religious leaders, are imperative. Existing programs and activities have given little attention to this aspect of MHM, and future programs must integrate community engagement in order to ensure sustainability of MHM in Nepal.

Few efforts exist in current programs to minimize misconceptions, taboos, and harmful cultural and traditional practices surrounding menstruation. Some organizations have offered trainings for preparing sanitary pads with local materials, but

many of those programs cannot provide the materials after the training or cannot train communities to utilize local resources and raw materials needed for preparing sanitary pads.

Key informant interviews (KIIs) with different stakeholders reveal that implementation of existing policies and programs remains a challenge because of:

- the many resources required;
- the limited coordination among different sectors or ministries of the government;
- the inadequacy of trained human resources, particularly among health workers and teachers;
- the dearth of a clear policy and strategic direction; and
- the persistent social and traditional taboos and beliefs.

Perhaps the last challenge is the greatest. Until organizations and agencies critically examine the socio-cultural context, particularly the way gender is socially constructed and reinforced through MHM practices (or lack thereof), we will not be able to conceptualize an accurate and holistic vision for unlocking better health practices for all.

KEY FINDINGS

This scoping review reveals a dire need for evidence-based, effective approaches to improving MHM in Nepal. To meet the strategic objectives set in the drafted national adolescent sexual and reproductive health strategy, policy planners and program implementers need a deeper understanding of the issues that Nepali girls face today. Specifically, we need to develop alternative ways to reach adolescents and mechanisms in place to establish lifelong conversations about sexual and reproductive health. To do so, we need to map out key stakeholders and potential partnerships.

STAKEHOLDER ANALYSIS

Stakeholder analysis is the process of identifying individuals and/or groups that are likely to affect or be affected by a certain program and sorting them according to their impact on the program and the impact the program will have on them. Stakeholder analysis for MHM reveals that key stakeholders or beneficiaries of MHM are adolescent girls and young women.

Families, communities, and religious leaders are crucial influencers and partners who have the ability to create supportive and enabling environments for effective implementation of MHM programs. Teachers are also major stakeholders who can impart knowledge and skills and to increase healthy practices related to MHM. And trained health workers can create awareness and provide services related to menstruation, such as palliative care for painful menstruation, counseling for amenorrhea, etc.

Importantly, not only is the gendered status of the adolescent girls and young women a determinant in their everyday lives, but it also determines the power, influence, and agency of every other stakeholder involved, whether a family member, religious leader, teacher, or health worker. Gender must be carefully considered as we analyze the stakeholders involved in the promotion of MHM.

At the central level, government ministries develop and update national policies and programs on MHM. Government agencies at the local and provincial levels are the main implementers of MHM programs and can mobilize local resources effectively. Non-state actors, such as INGOs, NGOs, and CBOs, can play a vital role in raising awareness at the community level, providing technical and/or financial assistance for programs and promoting sustainable menstrual hygiene management initiatives. External development partners and donors can provide financial and technical support to the government and local NGOs for effective implementation of MHM-related activities. Further, the media can be harnessed to develop positive public opinion on menstrual hygiene management, promote advocacy and community mobilization, and address harmful traditional practices around menstruation. [See Table 4 for a detailed description of key MHM stakeholders.]

Table 4: Contextual Analysis of Stakeholders for MHM Programming in Nepal

STAKEHOLDER	CURRENT STATUS ON THE ISSUE	CHANGES NEEDED/ ACTIONS TO BE TAKEN	PREEXISTING ASSUMPTIONS AND CONSTRAINTS TO CHANGE	DEGREE OF INFLUENCE AND POWER	POTENTIAL OUTCOMES
Adolescent Girls	As the most affected group of people, they loss of educational and other opportunities and loss of dignity without MHM.	They could be change agents. By sharing their stories, they would contribute to setting new cultural understandings of menstruation.	They have no voice or power to effect change.	With the most to gain but with little or no power, adolescent girls remain the least influential stakeholder.	Adolescent girls could experience increased reproductive health, greater likelihood for family planning, increased dignity, and enhanced opportunities.
Adolescent Boys	Without MHM firmly in place, their sisters, female family members, and partners are profoundly affected.	They could also be change agents by creating a supportive environment and raising awareness.	* They are heavily influenced by the patriarchy of the culture and traditions. * They believe that MHM does not affect them directly.	They have very little power.	Adolescent boys could see enhanced reproductive health for female partners, greater likelihood for family planning, and improved dignity and health of the females in their families.
Local/Community Youth Organizations	Current national policies do not support MHM programming at the local or community level.	They could also be change agents by creating a supportive environment and raising awareness.	* They are heavily influenced by the patriarchy of the culture and traditions. * They lack the knowledge about how to effect change and/or are not sufficiently organized to effect change.	They have some influence.	They could foster capacity building of adolescent girls and boys.
Parents and Family Members	Parents and families face rising rates of illnesses related to reproduction and menstruation in family members and as well as increasing out-of-pocket expenditures.	They could also be change agents by creating a supportive environment within the family.	* They are heavily influenced by the patriarchy of the culture, traditions, and existing system. * They lack awareness and knowledge about how to effect change.	They are the key decision makers in the family.	They could experience improved health and productivity of all family members, but especially women and girls, and more educational opportunities for adolescent girls in their families.
Local/Community Leaders	They face increased burdens and costs of reproductive health-related illnesses in their communities.	They could be catalysts for change by promoting the elimination of harmful cultural and traditional practices.	* They are heavily influenced by the patriarchy of the culture and traditions. * They assume there is no community interest in or commitment to MHM.	They have a strong influence in their communities.	Through community education and dialogue, the promotion of the health and productivity of all community members, but especially that of women and girls.

Local Service Providers	They experience increased burdens and costs of reproductive health-related illnesses.	They could be instrumental for implementing MHM policies and programs effectively.	* They are limited by a lack of support for MHM policies and programs on a national level. * MHM-related products are expensive and/or unavailable.	They are considered trustworthy by community members.	They might see a decrease in the number of cases or patients related to menstrual health issues.
Religious Leaders	Harmful practices continue, as they encourage people to follow (or enforce the following of) traditions in the name of religion and culture.	They could potentially be change agents if equipped with information and motivated through awareness-raising.	* They are heavily influenced by the patriarchy of the culture and traditions. * They assume MHM is a responsibility of the family or adolescent girl herself.	They are typically trusted and influential in their communities.	By changing their own mindsets regarding menstruation, they would then discourage harmful traditional practices within their communities.
Teachers	Teachers confront: *adolescent girls' absenteeism during their menstrual periods. *adolescent girls' dropping out of school at a higher rate than adolescent boys. * poor performance of adolescent girls in school in comparison to boys.	They could be instrumental in rolling out MHM programs at schools.	* They are heavily influenced by the patriarchy of the culture and traditions. * Most men teachers teach health classes and are often hesitant to broach (or lack the knowledge to teach) the topics of MHM and SRH. *They assume MHM is a responsibility of the family or adolescent girl herself.	They are trusted and respected in the communities, especially men teachers.	With more information and gender awareness training, teachers could: * offer comprehensive sex education in school, and thereby increasing girls' participation in education. *promote gender-friendly schools.
Local / Provincial Government Officials	They face increased burdens and costs of reproductive health-related illnesses and witness a worsening gender disparity in development, as adolescent girls and women are not empowered to participate in politics.	They could increase their investment in MHM and adolescent health that in turn boosts development efforts at the local level.	* They assume MHM is a responsibility of the family or adolescent girl herself. * They assume there is not community interest in change.	They are influential and powerful in their communities.	They might see a decrease in reproductive-related morbidity and illnesses, which would then lead to enhanced health and development of their communities.
INGOs, NGOs, and CBOs	These organizations face difficulties in achieving goals set for improved sexual and reproductive health, especially women's health.	* They could collaborate with existing and new MM programs. * They could serve as a source of support for adolescent girls and boys.	They cannot collaborate when the various MHM programs and policies are, at present, not integrated.	They typically have good rapport with communities.	Through dialogue and collaboration, they will be better equipped to make connections between health and development for communities and the nation as a whole.

Media	At present, the media are not involved in MHM to a great extent.	They could influence public opinion and raise awareness about MHM and SRH.	*They are heavily influenced by the patriarchy of the culture and traditions. * They assume MHM is a responsibility of the family or adolescent girl herself.	They have existing and potential influence on community members and policy makers.	They will be better able to offer productive and efficient reporting on health and development issues.
EDPS	Without collaboration and enough information, they face difficulty in achieving SRH targets.	They could offer financial and technical support to MHM programs.	They cannot collaborate when the various MHM programs and policies are, at present, not integrated.	They hold influence on policies and programs.	They would provide effective and sustainable support of the Government of Nepal and its MHM policies and programs.
Policymakers	*They have set targets of MHM along with SDGs. *For policymakers, MHM is a secondary issue in policy documents or not addressed at all.	*They could roll out MHM as a comprehensive and multi-sectoral program by integrating current policies and programs and foster coordination, collaboration, and resource mobilization for MHM. * Collectively, they could endorse existing policies. *By promoting MHM, they take responsibility for its citizens.	* Many of the existing MHM policies remain in the draft form, and most have not been endorsed. * They are heavily influenced by the patriarchy of the culture.	As the most influential stakeholder, they are powerful to make or amend policies and legislation.	Development targets, especially related to sexual and reproductive health, would be fulfilled.

STRATEGIC PARTNERSHIPS

A strategic partnership is an arrangement and relationship between two or more organizations, formalized by legal bindings and/or an understanding to support each other or work together to achieve a common goal. MHM is a multi-sector responsibility, and the programs and actions targeted at MHM should be better integrated. At present, stakeholders working in MHM have separate programs and plans, and there is an insufficient coordination and collaboration between organizations. Thus, a strategic partnership must be formed between key stakeholders to achieve the most effective outcome on MHM. And adolescent girls should be at the forefront when conceiving of these stakeholder partnerships.

With that perspective, this report envisions the key strategic partners for MHM as:

- (1) Government ministries (e.g., the Ministry of Health, Ministry of Education, Ministry of Water Supply and Sanitation, and Ministry of Women and Children);
- (2) External development partners and bilateral donors (e.g., UNFPA, UNICEF, WHO, GIZ, DFID, and USAID);
- (3) INGOs;
- (4) NGOs and other Civil Society Organizations (CSOs); and

(5) Private sector organizations.

Table 5: Stakeholder Partnerships for MHM Programs

PRIMARY STAKEHOLDER	ACTION PLAN	PARTNERSHIPS
Government	<ul style="list-style-type: none"> • Endorsement of the Adolescent Health and Development Strategy 2015 and the WASH Sector Development Plan • Allocation of budget for MHM programs 	NGOs and INGOs <ul style="list-style-type: none"> • Collaboration with various government ministries and departments • Lobbying of the government for budget allocation for MHM programs.
EDPs/ Bilateral Donors	<ul style="list-style-type: none"> • Continued technical and financial support for ASRH programs in the Ministries of Education, Health, and Women and Children, especially those that focus on MHM investments in the Ministry of Water Supply and Sanitation through WASH programs, with a focus on MHM 	NGOs and INGOs <ul style="list-style-type: none"> • Collaboration and partnerships in these efforts • Advocacy for continued and focused support on MHM and ASRH. • Lobbying of the government for resource allocation for MHM programs
INGOs	<ul style="list-style-type: none"> • Expansion of resource capacity for MHM programs in the present and in the future 	NGOs and INGOs <ul style="list-style-type: none"> • Collaboration with other organizations to channel resources directed towards MHM and ASRH
NGOs and CSOs	<ul style="list-style-type: none"> • Mobilization of resources from the local government 	NGOs and INGOs <ul style="list-style-type: none"> • Promotion of best practices and partnerships for effective implementation of MHM projects
Private Sector	<ul style="list-style-type: none"> • Production and distribution of sanitary pads • Construction of MHM-friendly toilets and other WASH facilities • Promotion of corporate social responsibility (CSR) programs within larger businesses 	NGOs and INGOs <ul style="list-style-type: none"> • Social marketing and collaboration for CSR

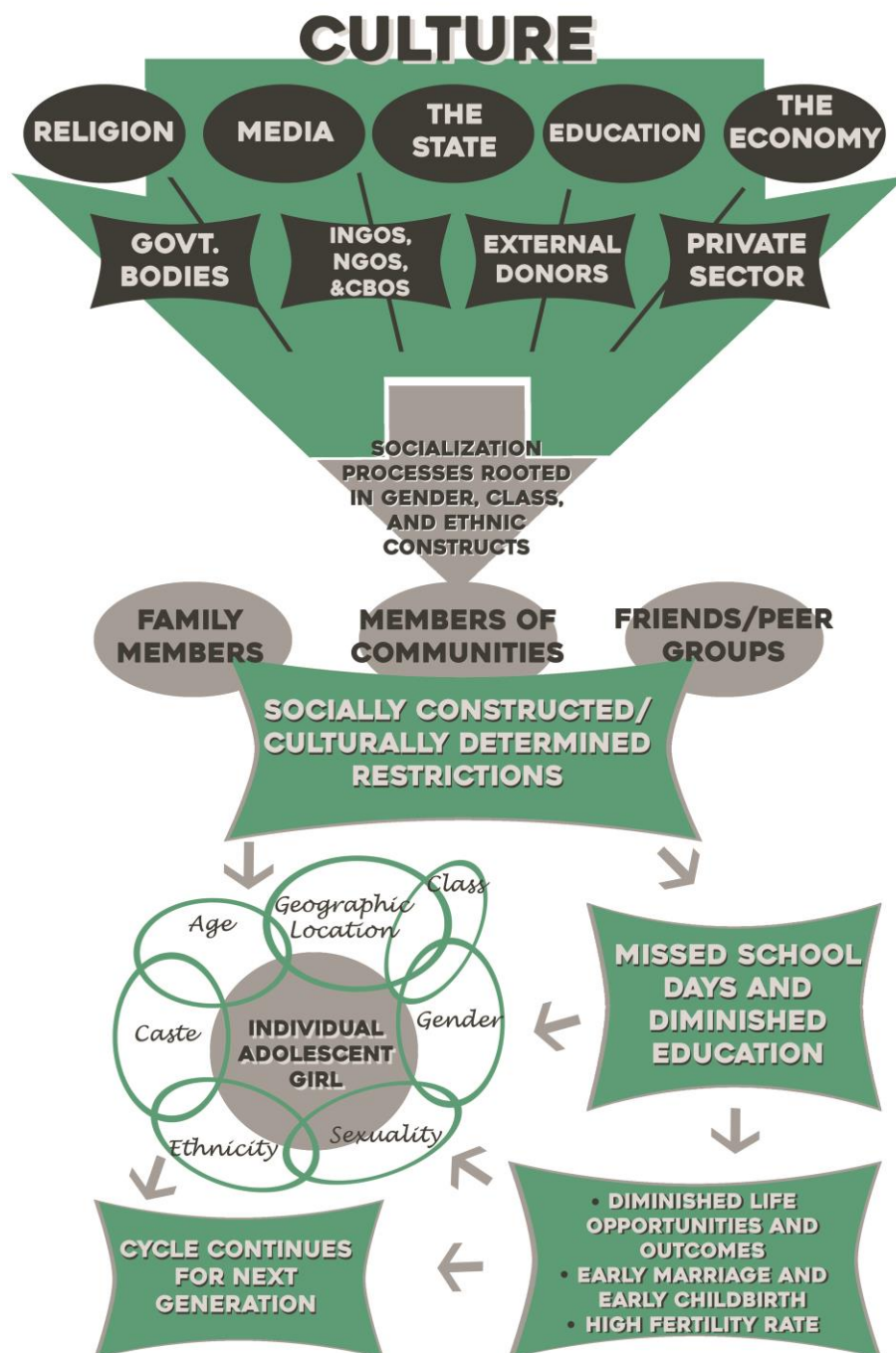
The government is responsible for developing and updating the laws, policies, strategies, and plans related to MHM, and could serve as the leader in monitoring and evaluating the ongoing activities of different MHM stakeholders. The four primary government Ministries linked with MHM (Water and Sanitation; Health; Education; and Women and Children) could work collectively, yet building on their individual initiatives. The Water and Sanitation Ministry is the leading government sector for implementing WASH programs, with a small focus on MHM, whereas the Education Ministry provides basic knowledge and skills on MHM. The Ministry of Women and Children could raise awareness among families and communities about MHM and could help adolescent girls and women empower themselves through support of community-level projects, such as preparing sanitary napkins or cloths sustainably in their own communities. The Ministry of Women and Children could be at the forefront of grounding their initiatives from the perspective of the adolescent girl. The Ministry of Health could better prepare adolescents for MHM and provide technical details of menstrual physiology, debunking the myths and misconceptions regarding menstruation.

EDPs and UN agencies could largely contribute by assisting the government in developing policies, programs, and plans for MHM as well as by providing financial and technical support to INGOs, NGOs, and CSOs for effective implementation of MHM programs. INGOs could prepare programs and mobilize international resources for implementing the programs in partnership with local NGOs, and these NGOs and other CSOs could work in communities to raise awareness and improve public perceptions of MHM. Support from the private sector could largely take the form of production and distribution of affordable sanitary materials, as well as the construction of toilets and other infrastructures for WASH programs. Considering the capacity of each organization with a stake in MHM, a strategic partnership could be formed with strategies for particular

stakeholders. For example, EDPs could mobilize external resources and expertise; NGOs, CSOs, and the private sector could implement the project as a whole, with community engagement. And the government should serve as a leader and focus on monitoring and evaluation of MHM programs.

Again, we must continue to analyze the context of both the stakeholders and their partnerships. Doing so requires taking both a micro-level and macro-level approach. At the macro-level, society operates within the context of culture, religion, and other social institutions (e.g., the political system, the economy, and education). Infused in each are the social forces of larger social constructions of social class, gender, sexuality, and ethnicity. Also at play at the macro-level are the entities of government bodies, INGOs and NGOs, the private sector, and external donors. Interactions and socialization processes take place at the micro-level for the adolescent girls themselves, families, and communities (and the intersecting identities of social class, gender, sexuality, geographical location, ethnicity, and caste of each individual therein).

Figure 4: Conceptual Framework of a Micro- and Macro-Level Approach



By linking the micro and the macro together, and by grounding our analyses in the specific socio-cultural context of the adolescent girls themselves, we are then better equipped to both understand the landscape and design a user-centered solution to improve the menstrual health and hygiene of Nepali adolescent girls and women.

CONCLUSIONS AND RECOMMENDATIONS

Girls should be given the knowledge, tools, and opportunities to effectively manage their menstrual health and hygiene. MHM may also offer an opportunity to start their journey to safe and positive sexual and reproductive health by learning about their own bodies and reproduction; being engaged in the healthcare system through products, services, and information; and making choices about pregnancy and contraception. Researchers and practitioners need to explore how MHM can offer an alternative way to reach adolescents and be leveraged to establish a lifelong conversation about sexual and reproductive health.

There is a dire need for evidence-based, effective approaches to improve MHM in Nepal. To meet the strategic objectives set in the drafted national adolescent sexual and reproductive health strategy, policy planners and program implementers need a deeper understanding of the issues that Nepali girls face today.

Existing evidence reveals that the majority of adolescent girls lack knowledge on menstrual physiology. Many of them have misconceptions regarding menstruation and are compelled to follow physically and mentally unsafe traditional practices, such as not drying reusable sanitary pads in direct sunlight and living outside the home in poor conditions during menstruation. These cultural and traditional practices vary in the context of greater Nepal. Therefore,

- **Girls and their individual stories should be at the forefront of this research.**
- **On the basis of the findings, effective interventions must be contextualized, designed, and implemented in order to create awareness and change people's understandings of and practices surrounding menstruation.**

There are master plans and policies with MHM components in the Ministry of Water Supply and Sanitation Ministry and in the Ministry of Education. To date, the construction of toilets and adequate water supply to those toilets are the policy priorities. However, MHM also requires behavior change and the development of an enabling environment. School education remains critical to impart knowledge and skills on MHM to adolescent girls and young women, but the current curricula and texts provide insufficient information on menstruation. Further, stymied by cultural and social stigmas, teachers (especially men teachers) are reluctant to deliver MHM information to students. Therefore, we conclude:

- **There must be a consolidated effort across stakeholders to revise and update school curricula to be more comprehensive and address MHM sufficiently.**
- **Rigorous teacher trainings, combined with a regular and strong monitoring system, should be put in place to facilitate education on MHM and to observe whether teachers are covering MHM sufficiently.**
- **There must also be a commitment on the part of the teachers themselves and school administrators.**

At present, the Ministry of Water Supply and Sanitation and the Ministry of Education are both committed to open defecation free (ODF) and gender-friendly toilet construction at educational institutions but do not focus on providing specific MHM facilities (such as lockable doors, waste management, accessible water for washing, and a maintenance plan).

- **Without the accompanying necessary knowledge, and without a consideration of both the local and broader context, the toilets and other facilities provided will go unused, or will be used in a manner not intended by the programming.**

Evidence suggests that a majority of adolescent girls and women face difficulty in accessing appropriate sanitary pads either due to unavailability or unaffordability. Thus,

- **A tangible and feasible plan to regularly provide affordable pads or cloths to adolescent girls and women must be developed. This may be of particular interest to the private sector's work in social marketing, but further study is required to determine potential business options.**

National policies and plans regarding MHM have been drafted but have not yet been endorsed by the government. This lag has created difficulties in mobilizing resources and implementing plans and policies. The government should endorse these documents as quickly as possible to facilitate an improvement in MHM for adolescent girls and women throughout Nepal. Thus,

- **Organizations working in MHM should advocate for prompt endorsement and effective implementation of those strategies and plans. INGOs and NGOs can play pivotal roles to consolidate efforts for effective advocacy and lobbying.**

Most of the programs run by organizations and the Government remain in the pilot phase. Thus,

- **Best practices of those activities should be consolidated and used to develop multi-sector coordination and collaboration.**
- **As MHM is a multi-sector agenda and can contribute to achieving Nepal's sustainability development goals (SDGs), the government and other development agencies should allocate a portion of their budgets and other resources to make this agenda a priority. The government should create a multi-sector plan for MHM, which can be prepared and implemented with international and local partners.**

Involvement of key influencers, including family members, community members, and religious leaders, is not a key component of current MHM programs. Therefore,

- **Organizations working in MHM should develop projects that directly involve families and communities and incorporate community engagement into their current and future projects on MHM. This will contribute greatly to sustainable change in attitudes and practices.**

And most importantly, the adolescent girl should be front and center at every level of involvement.

OPPORTUNITIES FOR THE GOVERNMENT

Although MHM does not have a specific and clear focus in existing government policies, those same policies do emphasize the importance of maintaining hygiene and sanitation. This presents an opportunity to extend current WASH and education programs to cover MHM. Under the **Nepal Health Sector Strategy 2015-2020**, health education programs in schools could be expanded to cover MHM; thereby, adolescent girls could empower themselves through education centered on behavior change communication (BCC)^{lxix} and life skills. Specifically, MHM needs to be fully and appropriately incorporated into the curricula, empowering adolescent girls with information and support, with clear linkages of MHM to family planning, sexual and reproductive health, and future wellbeing. Both the government agencies and organizations centered on education should collaborate directly with the teachers and students themselves to design and conceptualize education to best impart the knowledge needed for comprehensive MHM.

With an integration of current policies and programs and deliberate efforts to foster coordination, collaboration, and mobilize resources, the government could bridge the various government agencies and ministries to better streamline and promote MHM. Also, the government's collaborating efforts with INGOs already invested in MHM strategies could further foster collective efforts with continuous policy dialogue and advocacy. As a whole, the government needs to endorse the national policies and plans regarding MHM that have been drafted. The simple act of endorsement will indicate "buy-in from the top" and will subsequently expedite programs designed to facilitate an improvement in MHM for adolescent girls and women throughout Nepal.

OPPORTUNITIES FOR ORGANIZATIONS

Consistent lobbying and advocacy could push the government to endorse those strategies and plans that remain stuck as draft versions. INGOs and NGOs could organize a series of advocacy efforts at different levels to encourage the endorsement of the strategies and the rolling out of MHM-related activities in a well-coordinated manner. This is prime opportunity for organizations such as those profiled in this report to lead a MHM initiative at the national level.

OPPORTUNITIES FOR THE PRIVATE SECTOR AND DONOR AGENCIES

In the private sector, there have been efforts to develop and market sanitary pads, but most of them are too expensive for rural adolescent girls and women. Thus, there is an enormous need for preparing and marketing sanitary pads at an affordable or no cost, especially for individuals living in rural areas. The private sector and potential donor agencies have a rich opportunity to supplement the work of the public sector by being on the supply side and making products available and affordable for the market segment—adolescent girls themselves. Instead of perceiving adolescent girls as passive and vulnerable recipient of aid, the private sector should imagine them as actors, change agents, and consumers.

OPPORTUNITIES FOR THE MEDIA

The media are perfectly positioned to raise awareness about MHM and conduct MHM programming, particularly through social media outlets. Specifically, the media could raise awareness and disseminate information among policy-makers, key influencers (such as parents and teachers), community leaders, and adolescent girls themselves. Issues to be covered might include:

- basic awareness about the rights and needs for MHM;
- harmful vs. safe and healthy practices, products and services, as well as where and how to access them.

Types of media might include community-based activities through interpersonal communication; mid-media events (e.g., street drama), and mass media campaigns on television, radio, and social media applications. The media could pave the way for increasing demand for MHM interventions and facilities.

CONCLUDING REMARKS

At the macro-level, the Government and its development partners have started to realize that MHM is a core issue for sustaining the achievements of WASH and sexual and reproductive health. However, the government must make MHM a priority issue and allocate a specific budget for implementing MHM-related activities under the broader umbrellas of sexual and reproductive health and SDGs. With support and endorsement by the government, collaborating stakeholders and partnerships will subsequently be integrated and invested, leading to more sustainable and effective outcomes in the broader context.

Empowered with knowledge, tools, and opportunities to effectively manage their menstrual health and hygiene, adolescent girls can then confidently and safely navigate the complex transition from girlhood to womanhood. Putting adolescent girls at the center of our efforts gives way to a better understanding individual adolescent girls' circumstances, limitations, daily struggles, motivations for change, hopes, dreams, and fears. This offers a holistic picture not just of MHM or even reproductive health, but of a perspective that could be the key to unlocking better health practices for all people.

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ANNEXES

ANNEX 1: LIST OF AGENCIES AND INDIVIDUALS CONSULTED AND INTERVIEWED

1. UNFPA, Manju Karmacharya and Sami Pande
2. GIZ, Puskar Silwal
3. Save the Children, Khim Khadka and Sangita Khatri
4. WaterAid, Sandhya Chaulagain
5. UMN, Nalome Rangong
6. Oxfam, Biju Dangol and Deepika Joshi
7. Good Neighbors International, Ram Naresh Yadav
8. FPAN, Sumana Rana
9. Red Cross, Mukti Pokharel and Amar Mani Paudel
10. ENPHO, Rosy Singh
11. NEWAH, Himalaya Panthi
12. BNMT, Shikha Khatiwada
13. KIRDARC, Navin Kumar Shah
14. IMC, Binita Shrestha
15. Herd International, Machhindra Basnet
16. Beyond Nepal, SachitJha
17. SISO Nepal, Pushpa Subedi
18. SOLID Nepal, Ajit Acharya
19. Putali Nepal, Anna (Consulted through mail)
20. YUWA, Muna KC
21. Visible Impact, Medha
22. Y-peer, Kamal Kafle
23. Kalyani, Kanchan
24. UNICEF
25. NFCC
26. Suaharda Foundation
27. Youth Action, Punya Bhandari
28. WSSCC

ANNEX 2: LIST OF GOVERNMENTAL AGENCIES AND INDIVIDUALS CONSULTED AND INTERVIEWED

1. Ministry of Health, Family Health Division, Ghanshyam Pokharel
2. Ministry of Education, Chet Nath Sharma
3. Ministry of Women and Children, Shanta Bhattarai
4. Ministry of Water Supply and Sanitation, Prem Shrestha and Prem Nithi KC
5. Curriculum Development Centre, Sarala Poudel and Laxmi Dhital
6. National Centre for Education Development, Bodha Kumar Khanal
7. Informal Education Centre, Din Nath Gautam and Rudra Bhattarai
8. District Public Health Office of Kaski, Mitra Prasad Aryal

ANNEX 3: FRAMEWORK FOR METHODOLOGY OF SCOPING REVIEW

SN	PHASES	PROCESS
1.	Identifying the review questions	<p>For this study, the review questions are proposed as:</p> <ol style="list-style-type: none"> 1. What are the existing policies, guidelines, standards, and programs on MHM in Nepal? What are the key gaps, challenges and opportunity in existing policies and programs? 2. Who are the key stakeholders (e.g., government, local and international non-governmental organizations, UN agencies, donors, networks, adolescent girls)?
2.	Identifying relevant documents (policy, programs, and research documents)	<ul style="list-style-type: none"> • Identify both published and non-published primary documents related to MHM • Search published studies through the internet: HINARI, PubMed, Google Scholar; Google search engine and websites of various organizations for unpublished literature • Find out and collect the unpublished documents from the concerned organizations or government departments • Visit existing networks and relevant organization and conferences/workshops to obtain the information related to MHM
3.	Selecting the relevant documents	<ul style="list-style-type: none"> • Develop criteria for exclusion and inclusion of the literature and findings based on the review questions • Select the studies “best fit” with the review questions
4.	Charting the information/data	<ul style="list-style-type: none"> • Chart the findings according to the themes/review questions • Enter the information/data onto “data charting form” that will be prepared in excel format. The following records will be plotted in the chart: <ol style="list-style-type: none"> (a) for published documents: <ul style="list-style-type: none"> ○ Authors, years of publication, and study locations ○ Study type, duration of study ○ Study populations ○ Aims of the study ○ Methodology ○ Important results (b) for unpublished documents: <ul style="list-style-type: none"> ○ Name of organization ○ Type of organization ○ Working area ○ Type of intervention ○ Type of document ○ Publication year of document ○ Important results relate to review questions/themes
5.	Collating, summarizing, and reporting the results	Sum up the study findings by themes, analyze, and present as per the review questions or themes
6.	Consultation with concerned stakeholders	Identify the concerned stakeholders and discuss with them for further exploring the review questions as well as to obtain the existing policies and programs updates and best practices

ANNEX 4: KII (KEY INFORMANT INTERVIEW) GUIDELINE

Main Theme	Specific Questions
Policy	<ol style="list-style-type: none"> How is the issue of menstrual hygiene being addressed? Is there any policy/strategy/guideline on MHM? Probing: <ul style="list-style-type: none"> -If yes, points/contents addressing MHM; how MHM is being addressed? -If no, what can be done for it; how can we address through policy? Who are the key players in MHM program? Probing: <ul style="list-style-type: none"> -Is there any partnership at policy level among these players? -If yes, what type of partnership? -Who can be the key policy influencers and implementers? How do you rate the current implementation status of policy/ strategy/ guideline? Probing: <ul style="list-style-type: none"> -Why the existing policy/strategy/guideline not being properly implemented? -What are the limitations? What are the gaps, challenges and opportunities in policy formation and implementation? Probing: <ul style="list-style-type: none"> -How can we make it better? How can we link MHM within your sector? Probing: <ul style="list-style-type: none"> -Intra sector coordination -Possible area of integration What can be the strategic partnership for addressing MHM? Probing: <ul style="list-style-type: none"> -How, with whom (sector, department), and for what? -Who do you think (which sector) should lead MHM program and why? -How can this partnership be institutionalized (any committee, forum, working group)? What is the policy provision to engage other stakeholders, such as youth groups, communities, etc.? Way forward
Program	<ol style="list-style-type: none"> What are the programs on MHM within your sector? Probing: <ul style="list-style-type: none"> -In the following areas (Advocacy, Knowledge and Awareness, Hygiene and Health, Production, Disposal) -Does the current location of MHM within __ program adequately respond to adolescent age group? If yes, how / If no, how can it be addressed? Who are the keys for delivering? How would you rate the current status of program implementation? What are the gaps, challenges, and opportunities in program implementation? What sort of programs (from your sector) can be designed to address MHM?

Probing:

- Approach, target group, implementers
- How can we link with program of other sector?
- Implication of the proposed program

6. What sort of policy provision would facilitate the concerned stakeholder to have meaningful engagement in MHM program?
7. Way forward

ANNEX 5: PROFILES OF ORGANIZATIONS WORKING ON MHM

BNMT (British Nepal Medical Trust)

Type of Organization: INGO

Websites: <http://www.britainnepalmedicaltrust.org.uk/> and <http://www.bnmtnepal.org.np/>

Brief Introduction:

BNMT is one of the longest serving INGOs in Nepal. BNMT plays an important role in tuberculosis (TB) control – in partnership with the National TB Programme and is a world leader in piloting models of essential drug supply to rural areas. The organization is an early implementer of community health and development programmes and is recognized for work on health rights with disadvantaged groups. BNMT is actively involved with earthquake relief and reconstruction.

MHM Projects and Activities:

- **Project 1:** As a piloting project in Morang district, BNMT conducted an orientation on MHM and training on making *sajilo* napkins.
- **Project 2:** BNMT plans an orientation on MHM program and training for making *sajilo* napkins for 2017. Baseline study to take place in Bhaktapur.

Coverage (Districts):

- **Project 1:** three schools in Morang district
- **Project 2:** Three schools in each of the following districts: Nuwakot, Sindhupalchowk, Kathmandu, Bhaktapur, and Makwanpur

Coverage (Beneficiaries):

- **Project 1:** 242 adolescent girls and boys
- **Project 2:** Adolescent girls and boys

Timelines:

- **Project 1:** January 2015- March 2015
- **Project 2:** 2017

Contact Details:

Birat Nepal Medical Trust (BNMT Nepal)

Lazimpat, Kathmandu, Ward No. 2

Email: bnmtnepal@bnmt.org.np

Phone: +977 1-4436434, 4428240

Fax: +977 1 4439108

Beyond Nepal

Type of Organization: NGO

Website: <https://beyondnepal.org/>

Brief Introduction:

BEYOND-Nepal is a non-profit and non-governmental organization established in early 2009 to seek for alternative ways for living and thinking for social solution and regeneration. The organization was officially registered in the district administration office of Bhaktapur in September 2010, and it is affiliated with the Social Welfare Council (SWC). From its establishment, the organization has been trying to fulfill social needs among the Nepali people especially youth, children, women, and farmers through strong commitment and dedication.

MHM Projects and Activities:

- **Project 1:** Orientation on MHM in schools with a focus on advocacy for students and teachers
- **Project 2:** Provided training to women groups and the staff of various organizations on the making of *sajilo* napkins. Trained 8-9 women how to make *sajilo* napkins. These women's production and selling of *sajilo* napkins established a small scale industry in Bhaktapur.

Coverage (Districts):

- **Project 1:** 30 public schools in Bhaktapur and 72 public schools in Kathmandu
- **Project 2:** Bhaktapur

Coverage (Beneficiaries):

- **Project 1:** 5,730 students and teachers

Timeline:

- **Project 1:** 2013 – 2015

Contact Details:

BEYOND-Nepal
Itachhen-15, Bhaktapur
Email: beyondnepal@gmail.com

ENPHO (Environment and Public Health Organization)

Type of Organization: NGO

Website: www.enpho.org

Brief Introduction:

Established in 1990, Environment and Public Health Organization (ENPHO) is a service-oriented, scientific, national non-governmental organization that is contributing to sustainable community development by combining research, action and support in the areas of environment and public health. ENPHO develops and promotes eco-friendly technologies such as water treatment options (e.g. chlorine solution, SODIS, filters), Rain Water Harvesting, ECOSAN toilets and waste water treatment through reed bed systems.

ENPHO promotes integrated community based approaches for safe water, sustainable sanitation, solid waste management, hygiene behavior, improving indoor air, and environmental and air quality monitoring for creating healthy and environmental friendly societies. Knowledge-based education, trainings and advocacy campaigns are provided that help achieving ENPHO's mission.

Projects with MHM activities by ENPHO:

Project 1: Sustainable Water Air Sanitation and Hygiene (SWASH) project in Nagarkot VDC, Bhaktapur.

Activities:

- Capacity building activities such as training on Menstrual Hygiene Management and homemade pad making, Peer sharing on MHM, Orientation,
- Awareness activities such as day celebrations at schools and community level, proper use sanitary pad burning chamber, wall painting, focus group discussion, campaign, IEC material production etc.
- Physical infrastructure improvement such as installation of sanitary pad burning chamber in school.

Supported by: WaterAid Nepal

Coverage (Districts): Suntole VDC of Kathmandu district and Nagarkot VDC of Bhaktapur district

Coverage (Beneficiaries): Around 500 (community people, students and teachers)

Timeline: April 2012 to March 2017

Project 2: Building back better, Institutionalizing and Strengthening WASH sector for Urban resilience- BISWASH.

Activities:

- Capacity building activities such as training on Personal/menstrual hygiene management

Supported by: Practical Action Nepal.

Coverage (Districts): Ward no. 2, 4, 5, 8, 11 and 12 of Panauti municipality of Kavrepalanchowk district.

Coverage (Beneficiaries): 185 community people

Timeline: May 2016 to October 2017.

Project 3: Earthquake response to Nepal Earthquake 2015 in affected areas of Lalitpur & Bhaktapur district of Nepal.

Activities:

- Capacity building activities such as training on alternative sanitary napkin (ASN) making,
- Awareness activities such as orientation, proper use sanitary pad burning chamber, awareness campaign on menstrual health hygiene.

Supported by: Oxfam

Coverage (Districts): Lalitpur & Bhaktapur

Coverage (Beneficiaries): Around 550 community people

Timeline: April 2016 to March 2017

Project 4: Post-Earthquake Support Our School Bhaktapur district project.

Activities:

- Capacity building activities such as training on Mensuration Hygiene Management,
- Awareness activities such as orientation, focus group discussion,
- Physical infrastructure activities such installation of sanitary pad burning chamber in camps.

Supported by: WaterAid Nepal

Coverage (Districts): Selected 15 schools of Bhaktapur district

Coverage (Beneficiaries): 187 (students and teachers)

Timeline: Feb 2016 - Dec 2016

Project 5: Support my school campaign in Nepal

Activities:

- Awareness activities such as orientation on MHM and production, proper use sanitary pad burning chamber and distribution of IEC materials

- Physical Infrastructure improvement such as Installation of Sanitary pad burning chamber in schools.

Supported by: UN-Habitat/ENPHO

Coverage (Districts): 20 numbers of schools of Lalitpur & Chitwan Districts

Coverage (Beneficiaries): Around 800 (Students and teachers)

Timeline: Aug 2014 to May 2015.

Project 6: WASH recovery program in targeted communities and schools.

Activities:

- Awareness activities such as orientation, proper use sanitary pad burning chamber
- Physical Infrastructure improvement such as installation of sanitary pad burning chambers in schools.

Supported by: UNICEF

Coverage (Districts): 35 numbers of schools Dolakha and Kavre Districts

Coverage (Beneficiaries): Around 600 (students and teachers)

Timeline: Aug 2016 to Dec 2016.

Project 7: Humanitarian WASH assistance in 7 earthquakes (25 April 2015) affected districts of Nepal.

Activities:

- Awareness activities such as orientation on MHM and proper use of sanitary burning chamber, hygiene kit distribution that includes sanitary pad
- Physical Infrastructure improvement such as installation of sanitary burning chamber.

Supported by: UNICEF

Coverage (Districts): various VDCs of Kavre, Dolakha, Makawanpur, Sindhuli, Nuwakot, Rasuwa, Ramechhap Districts

Coverage (Beneficiaries): Around 35,000 community people, students and teachers

Timeline: May 2015 to May 2016.

Project 8: Emergency WASH Response with integrated DRR to Earthquake victims residing in 18 camps at Bhaktapur.

Activities:

- Awareness activities such as orientation on MHM, proper use of sanitary pad burning chamber
- Physical infrastructure improvement such as installation of sanitary pad burning chamber.

Supported by: WaterAid Nepal

Coverage (Districts): 18 IDP camps at Bhaktapur districts

Coverage (Beneficiaries): Around 3000 community people

Timeline: August 2015 to March 2016.

Project 9: Emergency Water, Sanitation & Hygiene Program' for earthquake affected populations of 2 VDCs of Nuwakot district of Nepal.

Activities:

- Awareness activities such as MHM included in hygiene promotion campaign and hygiene kit distribution that includes sanitary pad

Supported by: Mercy Corps

Coverage (Districts): Ganeshsthan & Samundradevi VDCs of Nuwakot district.

Coverage (Beneficiaries): Around 450 (community people, students and teachers)

Timeline: June to July 2015.

Project 11 : Strengthening Water, Air, Sanitation and Hygiene treasuring health (SWASHTHA)

Activities:

- Capacity building activities such as Training on MHM, sanitary pad making
- Awareness activities such as orientation, day celebrations, IEC materials production and distribution, focus group discussion
- Physical infrastructure improvement such as installation of sanitary pad burning chamber and sanitary cotton washing station in schools.

Supported by : Practical Action Nepal (PAN), UN-HABITAT, concerned municipalities

Coverage (Districts): Chitwan (Ratnagar & Bharatpur Municipalities; Patihani & Saradanagar VDCs), Bardiya (Gulariya Municipality), Kailali (Tikapur Municipality), Rupandehi (Butwal Municipality) and Nawalparashi (Sidharthnagar & Ramgram Municipality; Kawasoti, Sunawal & Bardaghat)

Coverage (Beneficiaries): Around 7000 (students and teachers)

Timeline: January 2009 to December 2012.

Project 12: School Led Safe Water, Sanitation and Hygiene Improvement in Mid-Western Nepal (Su-Swastha Project)

Activities:

- Awareness activities such as orientation on MHM, campaign and day celebrations
- Physical infrastructure improvement such as installation of sanitary pad burning chamber in schools.

Supported by: USAID and EAWAG/ SANDEC

Coverage (Districts): Ramghat, Kalyan, Mehelkuna, Sahare and Kaprichaur VDCs and wards 1, 2 & 11 of Birendranagar Municipality of Surkhet District

Coverage (Beneficiaries): Around 1500 (students and teachers)

Timeline: January 2011 –March 2014.

Project 12 : Training on homemade sanitary pad preparation and Menstrual Hygiene Management (MHM)

Activities:

- Capacity building activities such as training on homemade sanitary pad making and MHM for girl students
- Awareness activities such as orientation, IEC material distribution
- Physical infrastructure improvement such as management of resting room during menstrual complications, stock piling of sanitary pad at school.

Supported by: Japan Water Forum (JWF)

Coverage (Districts): Baluwa Secondary School, Baluwapati VDC, Kavre

Coverage (Beneficiaries): 200 girl students and teachers by MHM activity.

Timeline: November 2013- April 2014

Project 12: School Sanitation and Hygiene Education in Bajhang district

Activities:

- Awareness activities such as orientation on MHM, campaign in schools
- Physical infrastructure improvement such as installation of sanitary pad burning chamber and sanitary cotton washing station in schools.

Supported by: EAWAG

Coverage (Districts): 12 schools Bhamchaur and Banjh VDCs of Bajhang district

Coverage (Beneficiaries): Around 1400 (students and teachers)

Timeline: June 2008 –March 2010.

Project 13: Sustainable Water Air Sanitation and Hygiene (SWASH) project in Jhaukhel VDCs, Bhaktapur.

Activities:

- Capacity building activities such as training on Menstruation Hygiene Management and homemade pad making
- Awareness activities such as orientation, day celebrations at schools and community level, proper use sanitary pad burning chamber, wall painting, focus group discussion, campaign, IEC material production etc.
- Physical infrastructure improvement such as installation of sanitary pad burning chamber in schools.

Supported by: WaterAid Nepal

Coverage (Districts): Jhaukhel VDC of Bhaktapur district

Coverage (Beneficiaries): Around 700 (community people, students and teachers)

Timeline: April 2009 to March 2012

Project 14: Suaahara II Good Nutrition program

Planned Activities: (few capacity building and awareness activities has been conducted)

- Capacity building such as training on MHM, sanitary pad making, study on MHM
- Awareness activities such as orientation on menstrual hygiene management, proper use of sanitary pad burning chambers, day celebration, focus group discussion, radio program, campaign
- Physical Infrastructure improvement such as installation of sanitary pad burning chamber, sanitary cotton washing stations, stock piling of sanitary pad in schools

Supported by: USAID/Helen Keller International (HKI)

Coverage (Districts): VDCs of 40 districts

Coverage (Beneficiaries): Around 500 till date by MHM activities.

Timeline: May 2016 to April 2021

Contact Details of ENPHO:

110/25 Adarsha Marg, New Baneshwor
G.P.O Box 4102, Kathmandu, Nepal
Tel: 977-1-4468641
Fax: 977-1-4491376
Email: enpho@enpho.org
Website: www.enpho.org

Family Planning Association of Nepal (FPAN)

Type of Organization: NGO

Website: www.fpan.org/

Brief Introduction:

Established in 1959, the Family Planning Association of Nepal (FPAN), a member association of the International Planned Parenthood Federation (IPPF), is Nepal's first national sexual and reproductive health service delivery and advocacy organization. FPAN works across 37 districts to provide critical health services to poor, marginalized, socially excluded, and underserved (PMSEU) communities, including sex workers, people living with HIV (PLHIV), LGBTI people, injecting drug users, men who have sex with men, migrant workers, and survivors of gender-based violence (GBV). FPAN's success lies in its robust and varied network of service delivery points and its expertly trained staff and volunteers who deliver services in areas where services otherwise would not be available. FPAN offers an Integrated Package of Essential Services (IPES) that includes comprehensive counseling; family planning and sexual health services; safe abortion services; HIV and AIDS and other sexually-transmitted infection (STI) services; gynecological, prenatal, and post-natal care; and GBV care. FPAN is a major partner of the Government of Nepal's national family planning program, contributing larger number of all FP services in Nepal annually. As a member of the Reproductive Health Coordination Committee of the Department of Health Services, FPAN provides SRH technical leadership by promoting and advocating for the sexual and reproductive rights of all Nepalese. FPAN is also a member of the subcommittees on Adolescent Health, Safe Abortion, Safe Motherhood, and RH FP Logistics and services as the chair of the Non-governmental Organization Coordination Council (NGOCC), a group of 30+ national NGOs and international NGOs working in the area of reproductive health and family planning. FPAN's strategic plan has focused on four outcome areas based on IPPF's global Strategic Frame Work, i.e. Advocacy, Empowerment, Service Delivery and High performing, accountable and united Federation.

Out Strengthens

<ul style="list-style-type: none"> • Operates in 37 districts • 1,110 Village Development Committees (VDCs) • 7,500+ volunteers • 500 full-time professional staff • 1,000 frontline community workers 	<ul style="list-style-type: none"> • 300 static clinics • 51 mobile teams • 51 integrated HIV Voluntary Counseling and Testing (VCT) centers • 48 safe abortion (SAS) centers • 5 birthing centers • 5 training centers (government site)
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Summary of Strategic Plan 2016-2019

Vision All Nepalese people are free to make choices about their sexuality and wellbeing without any discrimination.

Mission: Champion a volunteer movement for increased provision of SRHR to all especially to those most at risk, marginalized and under-served.

Core Values

- Volunteerism
- Social Inclusion
- Accountability
- Diversity
- Passion
- Social justice

Four Outcomes

1. Nepal Government respects, protects and fulfills sexual and reproductive rights and gender equality
2. 5.8 million people to act freely on their sexual and reproductive health and rights
3. 17.2 million quality integrated sexual and reproductive health services delivered
4. FPAN is a high performing, accountable and united association with its 30 branches and Central Office

Our service provision is based on Integrated Package of Essential services as below:

1. Sexuality Counseling
2. Contraceptives including emergency contraceptives
3. Safe abortion
4. RTIs/STIs
5. HIV/AIDS
6. Gynecological services
7. Prenatal and Post natal
8. Sexual and GBV services

MHM Projects and Activities:

SRHR of young people (adolescents and youth) is one of the major program components of FPAN since few decades. Moreover, Adolescents and Youth have been taken as one of the five thematic areas in the last two strategic plans (2005-2009 and 2010-2015).

FPAN is the first organization, which introduced comprehensive sexuality education (CSE) in Nepal and it has been promoting it at different levels through programmes and advocacy efforts. Youth Information Center (YIC), School Information Center (SIC), Multi-Purpose Resource Center (MPRC), life skills based peer education, school SRH promotion initiative (for Integrated Population, Health and Environment Program) are key innovation of FPAN which are instrumental in increasing young people's access to SRHR information and services. These facts show the clear picture of FPAN's youth empowerment initiatives. FPAN will have a focused youth empowerment program through scaling-up of comprehensive sexuality education.

FPAN with support from UNICEF Nepal had work on small grant project on Menstrual Hygiene in the year 2009/2010.

Contact Details:

Family Planning Association of Nepal

Central Office, Pulchowk, Lalitpur | P. O. Box 486, Kathmandu, Nepal

Phone : 977-1-5010240, 977-1-5010104

Fax : 977-1-5010248

Email: fpandg@fpan.org.np

GIZ (German Development Cooperation)

Type of Organization: bilateral organization

Website: www.giz.de/nepal

Brief Introduction:

The Federal Republic of Germany maintains diplomatic relations with Nepal since 1958 and has always been one of the most important bilateral donors. In accordance with the development strategy of the Government of Nepal, German Development Cooperation focuses on three priority sector: **Sustainable Economic Development and Trade, Renewable Energy / Energy Efficiency and Health**. Nepali-German Support to the Health Sector Programme (S2HSP) is executed by Ministry of Health (MoH) and supported by GIZ, on behalf of the Federal Ministry of Economic Cooperation and Development (BMZ).

The TC module concentrates on four fields of activity:

- Implementing a social health insurance system including strengthening hospital management
- Raising the quality of health care services in sexual and reproductive health
- Strengthening governance in health (including urban health)
- Upgrading and networking existing health information systems towards a future national health information

Improving Access to the Menstrual Health and Hygiene:

Under the thematic area “Sexual and Reproductive Health”, the programme aims to improve access to menstrual health and hygiene through following measures:

- Support the installation of a machine to produce the low cost disposable sanitary pads in cooperation with the Recovery Programme Nepal. Local women cooperatives are capacitated in pads production and are now leading the process. GIZ also plans to support in developing the marketing strategies of the produced sanitary pads.
- The programme provides training on MHM for capacity building of school teachers and female health workers to lead orientation programs for adolescent girls and boys in school
- Baseline assessment on the “Adolescents needs for and use of SRH services and information” was carried out in 2015 in project districts which included information on knowledge, attitude, and practice (KAP) on MHM and other adolescent sexual and reproductive health (ASRH) issues (Results have not yet been disseminated.)

Coverage (Districts) for MHM Measures:

- Low cost Sanitary Pad Production started in the Semjong VDC of Dhading District and will be extended in the Sikre VDC of the Nuwakot District
- Capacity Development on MHM to adolescents and teachers : Banke, Dhading, Nuwakot, and Rasuwa

Coverage (Beneficiaries):

Adolescent's boys and girls, women and teachers from the project districts

Timeline:

January 2016 to June 2018

Contact Details:

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Support to the Health Sector Programme

Sanepa, Lalitpur, Nepal

T +977 1 5013088

F +977 1 5013078

E s2hsp@giz.org.np

I www.giz.de/nepal

Good Neighbors International

Type of Organization: INGO

Website: <http://gnnepal.org/about-us/introduction/>

Brief Introduction:

Good Neighbors is an international humanitarian and development NGO in general consultative status with the United Nations Economic and Social Council (ECOSOC). The organization was started in South Korea in 1991. Good Neighbors International, known in Nepal as *Good Neighbors International Nepal*, has been working in this country since 2002 with the objective of improving lives of poor people, especially children, through education; income generating activities; health services; water, sanitation and hygiene (WASH); child protection; advocacy; network building; and disaster risk reduction. Currently, Good Neighbors International Nepal has operations in 17 districts. We believe that good coordination and partnership with concerned ministries of Nepal and line agencies working in respective thematic areas is the only way for achieving the sustainability of development programs in Nepal.

MHM Projects and Activities:

- **Project 1:** Support for the construction and renovation of gender-friendly toilets. Support for the provision of adequate water supply for and dustbins in toilets. Also, orientation programs on MHM and trainings on how to make *sajilo* napkins. Implemented through local NGOs in the districts.
- **Project 2:** Baseline study for designing three-year piloting project on MHM

Coverage (Districts):

- **Project 1:** Humla, Bajura, Doti, Kailai, Myagdi, Kaski, and Gorkha
- **Project 2:** Doti

Coverage (Beneficiaries):

- **Project 1:** Child Club and Management Committee of School

Timeline:

- **Project 1:** 2016 – 2020

Contact Details:

Ekantakuna-13, Lalitpur, Nepal

GPO Box 8977, EPC 1605, Kathmandu, Nepal

Tel: 977-1-5538758, 5520493, 5532046/47/50

Fax: 977-1-5524478

Email : ho.admin@goodneighbors.org

IMC (International Medical Corps)

Type of Organization: INGO

Website: <https://internationalmedicalcorps.org/>

Brief Introduction:

Drawing on three decades of experience, IMC provides emergency medical and health care relief, including physicians and nurses trained in emergency medicine, as well as specialists who provide an array of services ranging from mental health and psychosocial support to technical advice for nutrition, water, sanitation, and hygiene, to assist those in need during a disaster or emergency situation.

MHM Projects and Activities:

Technical and financial support to the NGO Nepal Fertility and Care Centre (NFCC) for a training of the trainers (TOT) on MHM for school resource persons and health workers for school-level orientation. (See <http://nfcc.org.np/completed.html>)

Coverage (Districts):

Rasuwa, Okhaldhunga, Dolakha, Sindupalchowk, Sinduli, Kavre, Gorkha, and Makwanpur

Timeline:

2015 - November 2016

Contact Details:

Do Cha Marg, Kathmandu 44600, Nepal

Phone: [+977 1-4410430](tel:+97714410430)

Kalyani

Type of Organization: NGO

Website: <http://kalyani.org.np/>

Brief Introduction: Kalyani is a youth led organization established in 2014 to empower women and girls through sustainable livelihoods. Kalyani mostly focuses its efforts in raising awareness on menstrual hygiene management.

MHM Projects and Activities:

Menstrual Hygiene Awareness Training Program was run in Salkot as part of a seed grant received through a New York based organization called Women Deliver.

Activities:

1. *Raising awareness among women and girls as well as men in the community regarding reproductive cycle and menstrual hygiene*

Awareness sessions were conducted for various target groups which included school going adolescents, adolescent groups, youth committees, women's/mothers' groups, female community health volunteers, community leaders, and other general community members. A total of 1680 people were reached through the program. Follow up sessions were also run as re-orientation.

2. *Providing solutions to manage menstruation hygienically based on local and available resources*

All beneficiaries who received orientation were provided with two feasible solutions of menstrual hygiene management which are non-reusable/commercial sanitary pads and reusable sanitary cloth napkin. Advantages and disadvantages of both options were explained to the participants leaving them to make choice on their own. Skills training sessions to make their own reusable sanitary pads were conducted for various target groups - school going adolescents, adolescent groups and women's/mothers' groups. A total of 22 training sessions were carried out at various settings. A total of 331 women and girls were provided with the training.

Coverage (Districts): Salkot VDC, Surkhet

Coverage (Beneficiaries): Community (women and girls, men and boys, health workers, community and religious leaders and schools)

Timeline: August 2016- February 2017)

Contact Details:

Aditi Sharma - 9843796332

KIRDARC
(Karnali Integrated and Rural Development and Research Centre)

Type of Organization: NGO

Website: <https://kirdarc.org/>

Brief Introduction:

KIRDARC's mission is to enable people and communities to claim and exercise their human rights, including the right against poverty and neglect by way of educating, organizing, and mobilizing primary right holders in human rights promoting actions; research and evidence-based policy advocacy; providing complementary services; economic empowerment and promoting socially responsible investment. KIRDARC centers on vulnerable, marginalized, and socially excluded people so that they may realize their fundamental human rights. This organization promotes inclusive growth and fair development.

MHM Projects and Activities:

In conjunction with the Ministry of Water Supply and Sanitation's WASH program, KIRDARC provides awareness-raising and trainings to adolescent girls, teachers, female community health volunteers (FCHVs), WASH committees, and women groups, along with support for the provision of MHM-friendly toilets.

Supported by:

WaterAid

Coverage (Districts):

three VDCs (three schools) in Kavre district and two VDCs in Jumla district

Coverage (Beneficiaries):

adolescent girls, teachers, women in women groups, FCHVs, and members of WASH Committees

Timeline:

2015-2018 in Kavre and 2013-2018 in Jumla

Contact Details:

Sanepa, Lalitpur

Phone: 01-5548040, 5548321

Fax: 01-5549093

Lumanti

Type of Organization: NGO

Website: <http://www.lumanti.org.np>

Brief Introduction:

LUMANTI- Support Group for Shelter was registered in 1993 as a non-government organization dedicated to alleviating urban poverty in Nepal through an integrated approach of improving shelter conditions. With its approach of providing housing for urban poor, Lumanti is currently working on onsite upgrading of settlements with the provision of secure tenure, support in the construction of housing and improved access to sanitation and water supply, and credit facilities. Lumanti is also coordinating community-based disaster resilience program to promote grassroots women-led disaster mitigation activities. Lumanti promotes all these activities through community-led finance mechanisms by strengthening saving and credit programs and cooperatives.

MHM Projects and Activities:

In conjunction with a Nepal earthquake response project, Lumanti provided a WASH in School (WinS) program, which included an orientation on MHM for adolescent girls and boys, as well as an orientation on MHM for women groups and FCHVs.

Supported by:

Oxfam

Coverage (Districts):

Eight schools and some communities from the Chandragiri municipality in the district of Kathmandu

Coverage (Beneficiaries):

293 girls and 219 boys, 56 women and 27 FCHVs

Timeline:

March 2017

Contact Details:

Jeetjung Marg 72, Thapathali
Kathmandu Metropolitan City, Ward No. 11
P.O. Box: 10546, Kathmandu, Nepal
Tel: 977-1-4102119 / Fax: 977-1-4102118
Email: shelter@lumanti.org.np

NEWAH (Nepal Water for Health)

Type of Organization: NGO

Website: <http://newah.org.np/>

Brief Introduction:

Established in 1992, Nepal Water for Health (NEWAH) is a national level non-governmental organization (NGO) that specializes in drinking water, health promotion focused on hygiene behavior and change, and sanitation. To date NEWAH has worked in 51 districts of Nepal, serving over 1.9 million people (estimated to be 5% of the national population) through 2,215 WASH projects. NEWAH is experienced in school WASH, and has directly supported 584 schools with latrine construction and worked in 650 schools on school WASH including menstrual hygiene promotion. NEWAH works with the collaboration of the Government of Nepal and other sector agencies.

After the rollout of National Sanitation and Hygiene Master Plan in 2011, NEWAH has been working actively in partnership with local governments to serve poor and excluded communities securing basic needs of water and sanitation and strengthening the capacity of these partners to undertake further development activities. NEWAH operates in selective districts of Nepal from the East to West through its three regional offices located in three development regions (Eastern, Central and Western region) of the country. Social inclusion and equity is promoted all across NEWAH (both at program and organizational level) by adopting an approach of Gender Equity and Social Inclusion (GESI).

MHM Projects and Activities:

- In conjunction with a school-based WASH project, providing:
 - * inclusive WASH facilities;
 - * training to child clubs, adolescent girls, school management committees, parent- teacher associations, Village-WASH, and WASH Coordination Committee (WASH-CC) on hygiene education, including the topic of MHM;
 - * support for a supply chain of sanitary pads; and
 - * advocacy
- Lobbying for the inclusion of MHM in the Female Community Health Volunteer (FCHV) manual developed by the National Health Training Centre.

Supported by:

UK Aid and WaterAid

Coverage (Districts):

107 schools of 15 VDCs and 6 municipalities in Sindhuli, Udayapur, and Siraha districts

Coverage (Beneficiaries):

28,401 school children, 107 teachers, and 9,753 people in 14 communities

Timeline:

November 2014 – March 2018

Contact Details:

NEWAH HQ, Lohsal, Kathmandu

Phone: [977-1-4015707](tel:977-1-4015707) | Fax: [977-1-4015678](tel:977-1-4015678) | Email: newah@newah.org.np

Nepal Fertility and Care Centre (NFCC)

Type of Organization: NGO

Website: <http://nfcc.org.np/>

Brief Introduction:

Nepal Fertility Care Center (NFCC) since its inception in 1988 has worked simultaneously to provide standardized reproductive health services across Nepal as well as support the government by training direct and indirect government and NGO health personnel with skills necessary for effective and efficient service delivery. NFCC works with and within the government infrastructure to enable continuous networking with government bodies at all levels of administration from the center to the VDC level. NFCC has worked in all the five developmental regions of Nepal, NFCC has made its presence felt across Nepal working on pertinent issues of sexual and reproductive health like family planning, HIV, STIs, HPV, MHH&R, adolescent health, women's health and men's health.

NFCC has established itself as a pioneer, advocate and leader in the field of Menstrual Health, Hygiene and Rights in Nepal. Since 2008, NFCC has advocated and worked to MHH&R into all its work.

MHM Projects and Activities:

1. Menstrual Hygiene Management Pilot Project in Saptari
2. Primary contributor to MHM module for UNICEF/Government of Nepal ADAP program
3. Chhaupadi Assessment in Far West Region
4. The Menstrual Hygiene Day (MHD) 2014, 2015, 2016
5. Ruby Cups for Girls and Women in Nepal
6. MHM in Emergencies/MHM focused response after Gorkha Earthquake
7. Orientation and technical support to organizations including Wateraid Nepal, WSSCC, PSI Nepal, GIZ etc., for MHM programming/plan/strategies/campaigns
8. Multi-ethnic Assessment of Menstrual Hygiene Management Menstrual Hygiene
9. Development of Menstrual Hygiene Management Package for Family Health Division/Department of Education
10. Management of MTOT on MHM Package
11. Development of MHM Job aids for use in Integrating Menstrual Hygiene Management into School Health Program
12. Technical support to Family Health Division/Department of Education for implementation of Integrating Menstrual Hygiene Management into School Health Program in various Districts
13. Implementation of Integrating Menstrual Hygiene Management into School Health Program in select districts
14. Development of Global MHM in Emergencies Toolkit
15. Advocacy for MHH&R with Government of Nepal
16. Institutional collaboration with University of Pittsburgh on Using Collaborative Filmmaking in Public Health Research: A Pilot Study of Menstrual Hygiene Management in Nepal

Supported by:**Government**

Family Health Division, National Health Education Information & Communication Center, Department of Women & Children, Department of Education, Department of Water Supply, Sewerage and Sanitation

INGOs

UNICEF, USAID, WaterAid Nepal, VSO, GIZ, Save the Children, Dutch WASH Alliance, SEBAC-Nepal, IMC , *Open Source* funding & University of Pittsburg

Coverage (Districts):

75 districts in varying capacities and time

Timeline:

2008 - Ongoing

Contact Details:

Gusingal Sanepa, Lalitpur
 (+977) 01-5527337 / 5523612
 info@nfcc.org.np
 nfcc@mos.com.np

Nepal Red Cross Society (NRCS)

Type of Organization: NGO

Website: <http://www.nrccs.org/>

Brief Introduction:

Nepal Red Cross Society (NRCS) came into being in 1963. It was recognized by the ICRC in 1964 and affiliated with the International Federation of Red Cross and Red Crescent Societies in the same year. NRCS has, over the years, grown to be the largest humanitarian organization in Nepal, with its network of District Chapters (DCs) extended in each of the 75 districts of the country. District Chapters receive organizational support from more than 800 Sub-Chapters and Co-operation Committees under them. A significant portion of its activities are also borne by students and youth volunteers of Nepal Junior and Youth Red Cross Circles organized at schools, campuses, and communities.

MHM Projects and Activities:

- **Project 1:** Implemented a WASH promotion program entitled “Equitable, Sustainable and Resilient WASH for Universal Coverage in Nepal” in partnership with UNICEF Nepal. Also implemented a project named International Friendship Project (IFP) to support WASH-facilities improvement in the construction and renovation of gender-friendly toilets, dustbins in toilets, and installation of waste incinerators.
- **Project 2:** Provided five-day master trainers’ training on hygiene and sanitation for teachers. With teachers, led three-day training for Japanese Red Cross (JRC)/Child Club members with the inclusion of sessions on MHM and how to make sanitary napkins.

Supported by:

- **Project 1:** UNICEF
- **Project 2:** Japanese Red Cross (JRC)

Coverage (Districts):

- **Project 1:** 390 schools of Achham, Baitadi, Bajhang, Dhanusa, Doti, Kapilvastu, Kavre, Mohattari, Nawalparasi, Parsa, Rautahat, Rukum, Salyan, and Siraha
- **Project 2:** 50 schools from six VDCs in Palpa, Surkhet, and Dailekh

Coverage (Beneficiaries):

- **Project 1:** teachers and students trained on MHM
- **Project 2:** teachers and school children

Timeline:

- **Project 1:** 2012 – April 2016
- **Project 2:** 2013 – March 2016

Contact Details:

Red Cross Marg, Kalimati

Post Box No. 217, Kathmandu, Nepal

Phone: +977-1-4270650, 4272761

Fax: +977-1-4271915, 4273285

E-mail: nrcs@nrcs.org, info@nrcs.org

Oxfam

Type of Organization: INGO

Website: www.oxfam.org/en/countries/nepal

Brief Introduction:

Oxfam has been supporting the people of Nepal for more than 30 years with the vision to create a just society without poverty; a society in which all women and men live a life of dignity, enjoy their rights and assume their responsibilities as active citizens of Nepal. Through its Sustainable Development Program, Earthquake Response Program and Media, and Advocacy and Campaign, Oxfam in Nepal aims to provide people with livelihood opportunities, ensuring that development-related activities are demand driven and sustainable and that the most vulnerable are empowered to claim their rights. Oxfam's has been conducting earthquake response in 7 districts (Kathmandu, Bhaktapur, Lalitpur, Nuwakot, Sindhupalchowk, Dhading and Gorkha)

MHM Projects and Activities:

In conjunction with the WASH in Schools (WinS) Program of the Nepal Earthquake Response, Oxfam has supported the construction of MHM-friendly latrines and MHM orientation sessions for school girls and boys. Oxfam has also supported in training on alternate Sanitary Napkins (reusable sanitary napkins), provided MTOT on MHM, KAP survey on MHM in schools, FGD in schools and communities, interaction with adolescent girls, construction of MHM friendly latrines in health post, and ward office, menstrual hygiene promotion through orientation in communities (especially women groups and mother groups) and booth camps and mass awareness.

Coverage (Districts):

11 schools with pad incinerators and awareness program on MHM in 25 schools in Kathmandu Valley. 10 schools with pad incinerators in Gorkha, 17 schools with pad incinerators in Nuwakot and 14 in Sindhupalchowk. Awareness program on MHM in 38 schools in Dhading, 18 schools in Nuwakot and 30 schools in Sindhupalchowk. MTOT on MHM was conducted in Kathmandu, Dhading, Sindhupalchowk and Gorkha.

Coverage (Beneficiaries):

In Kathmandu Valley: Schools- 3,241 girls and 346 boys

Community- 17,125 women and 15,394 men (including 310 women trained on alternative sanitary napkin)

Contact Details:

Oxfam in Nepal

Jawalakhel-20, Lalitpur, Nepal

Phone: +977 1 5530574

PSI (Population International Services)

Type of Organization: INGO

Website: <http://www.psi.org/country/nepal/#about>

Brief Introduction:

PSI intends to make it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services. PSI/Nepal began operations in early 2002 and has partnered with the Government of Nepal, the private sector, and local and international organizations in areas of nationally defined health priorities to create health solutions that are built to last. Its current portfolio includes family planning; maternal, neo-natal, and child health and hygiene; and sanitation programs. Since 2009, PSI/Nepal has been implementing the Women's Health Project, with the goal of increasing Nepal's contraceptive prevalence rate by increasing access to and use of long term family planning methods and safe abortion services. In the private sector, PSI/Nepal has built a network of private providers able to provide quality subsidized commodities and services at affordable prices to poor and underserved Nepali women of reproductive age.

(Also, see: http://www.psi.org/wp-content/uploads/2016/06/MHM_EvidenceSeries_d1.pdf)

MHM Projects and Activities:

Recent research studies related to MHM include:

- Policy and program landscaping on MHM in Nepal
- Peer ethnographic study amongst adolescent girls
- Study on key influencers on adolescent girls

Timeline:

Initiated January 2017

Contact Details:

Pulchowk, Patan, Lalitpur, Nepal

GPO Box: 21976

Tel: 977-1-5553190, 5550620

Fax: 977-1-5550619

email: info@psi.org.np

Putali Nepal

Type of Organization: NGO

Website: <http://www.putali-nepal.com/>

Brief Introduction:

Putali Nepal is an initiative that started in December 2014 as “Ruby Cups for Nepal” to empower girls and women in Nepal, especially in rural areas by providing sustainable solutions to Nepali girls and women to manage their periods safely by providing access to the Menstrupedia comic, Ruby Cups, and workshops on menstrual hygiene on a regular basis.

MHM Projects and Activities:

Occasional distribution of menstrupedia comics and ruby cups

Contact Details:

email: namaste@putali-nepal.com

Save the Children

Type of Organization: INGO

Website: <https://nepal.savethechildren.net/>

Brief Introduction:

Save the Children has worked in Nepal since 1976. In Nepal and around the world, Save the Children works every day to give children a healthy start in life, the opportunity to learn and be protected from harm. As the largest child-focused organization in the Nepal, they cover a wide geographical area with multiple programs that support their vision for all children to attain the right to survival, protection, development and participation. Their focus is on finding sustainable solutions that will benefit children and their communities by improving livelihood, education and healthcare systems, and helping communities better prepare and respond to disasters. For the Health and Nutrition thematic area, Save the Children ensures that every child born survives and grows in an environment that prevents them from dying from preventable causes. SC works in partnership with the Ministry of Health focusing on their capacities for service delivery and with local communities by focusing on their health care practices and nutrition for newborns, children and mothers. We contribute to maternal, newborn and child health programs, family planning and school health and nutrition related services for children and adolescents. Furthermore, we make sure children and families who have been affected by HIV and AIDs can live positively and productively without stigma and discrimination. All our activities support the Ministry of health and other stakeholders to strengthen national systems and are guided by the Nepal Health Sector Strategy, The Sustainable Development Goals and Reaching the Unreached Strategy.

MHM Projects and Activities:

- **Project 1:** Working on MHM through ASRH and school health Nutrition Projects with a focus on adolescent girls to raise awareness on MHM; trainings on making and using reusable sanitary pads as well as repairing and refurbishing girl-friendly latrines in collaboration with local NGOs of targeted districts
- **Project 2:** Including MHM in WASH emergencies programming

Coverage (Districts):

- **Project 1:** Kapilvastu, Saptari, and Pyuthan
- **Project 2:** Gorkha, Rasuwa, Nuwakot, Sindupalchowk, and Dolakha

Coverage (Beneficiaries):

- **Project 1:** Adolescent girls in school and teachers
- **Project 2:** Teachers, Girls in school and community members

Timeline:

- **Project 1:** a 10-year project ending in 2018
- **Project 2:** end of 2017

Contact Details:

Airport Gate Area, Shambhu Marg
 Kathmandu, Nepal
 GPO Box: 3394
 Tel: +977-1-4468130/4464803
 Fax: +977-1-4468132
 Email: post.nepal@savethechildren.org

Sauharda Foundation

Type of Organization: NGO

Website: <http://shdfdn.blogspot.com/>

Brief Introduction:

Founded in 2015, Sauharda Foundation is registered as a non-profit distributing company based in Nepal and designed to uplift the awareness of people on the negative impacts of conflict and train them for positive conflict transformation in order to achieve sustainable peace. The organization's objectives include:

- To conduct research activities, trainings, and other relevant programs for conflict transformation and peace-building.
- To coordinate with respective authorities to inform people about services and incentives provided by the Government of Nepal in the sectors of education, health, and agriculture, etc.
- To help people mitigate the impacts of problems created by lack of awareness and natural disasters.

MHM Projects and Activities:

Through fundraising, the Saudharda Foundation provided training for adolescent girls that then led to awareness-raising programs in schools and communities.

Coverage (Districts):

Dhading and Dolakha

Skill Information Society Nepal (SISo Nepal)

Type of Organization: NGO

Website: www.sisonepal.org.np

Brief Introduction:

SISo Nepal (Skill Information Society Nepal), established in 2003, is a national level non-governmental, non-political, and non-profit making organization centered on reproductive health.

MHM Projects and Activities:

With the Ministry of Health's (in conjunction with the Ministry of Education) program on Integrating MHM into School Project, SISo Nepal provided a trainers' training to school resource persons, family planning (FP) supervisors, and public health nurses (PHNs) within district head offices (DHOs) and district public health offices (DPHOs), who then provided training to teachers, auxiliary nurse midwives (ANMs), and staff nurses.

Supported by:

UNFPA

Coverage (Districts):

30 schools in Sindhuli

Coverage (Beneficiaries):

15 resource persons, FP supervisors, and PHNs; 30 teachers; and 30 ANMs and staff nurses

Timeline:

2016

Contact Details:

GPO Box: 19237

New Baneshwar, Kathmandu, Nepal

Phone: +977-1- 4491696, 6207237

Society for Local Integrated Development Nepal (SOLID Nepal)

Type of Organization: NGO

Website: <http://solidnepal.org.np/>

Brief Introduction:

Society for Local Integrated Development Nepal (SOLID Nepal), a non-governmental, apolitical, and non-profit making organization established in 1997, has been working for attaining optimal health of the people of Nepal by addressing young people's sexual and reproductive health; maternal and child health; family planning, non-communicable diseases (NCDs); and child marriage. SOLID Nepal works to generate evidence and promote health and healthy behavior through research; media and publications; advocacy; awareness and sensitization; and trainings and social mobilization in a holistic manner by and with concerned stakeholders.

MHM Projects and Activities:

Training for teachers and students on adolescent sexual and reproductive health (ASRH) with the inclusion of MHM and making sanitary pads

Supported by:

INGOs: SIMAVI and IMC

Coverage (Districts):

21 schools in Ilam (continuing) and 75 Schools in Gorkha (completed)

Coverage (Beneficiaries):

teachers and students

Timeline:

2015-2016

Contact Details:

GPO Box: 9565 Kathmandu, Nepal

or

519 Kathmandu, Nepal

Tel: 5151656, 5151855

Fax: 5002570

Email: solidnepal@wlink.com.np

United Nations Population Fund (UNFPA)

Type of Organization: external development partner

Website: <http://nepal.unfpa.org/>

Brief Introduction:

UNFPA support to Nepal began in 1971 and has evolved in response to the changing national context. The UN work is grounded in international human rights and gender equality principles. UNFPA partners with the Government of Nepal, development partners, NGOs and civil society to advance its mission. Under the 7th Country Programme and in line with its mandate, UNFPA Nepal is working on these three areas:

- sexual and reproductive health and rights
- gender equality
- population dynamics.

MHM Projects and Activities:

- Technical and financial support to the NGO SISO Nepal for capacity building of teachers and health workers to conduct orientation on MHM in schools
- Advocacy for inclusion of comprehensive sexuality education (CSE) in curriculum in cooperation with the Ministry of Education

Coverage (Districts):

Sindhuli

Contact Details:

Jhamsikhel, Sanepa Lalitpur

Patan 44600

Phone: [+977 1-5523880](tel:+97715523880)

UNICEF (United Nations International Children's Emergency Fund)

Type of Organization: external development partner

Website: <https://www.unicef.org/infobycountry/nepal.html>

MHM Projects and Activities:

- Technical and financial support for WASH in School (WinS) programs and implemented through co-partners
- Support in drafting national WinS guidelines to include MHM
- research on the role of WASH in schools programs for girls' education
(See: [WASH in Schools Empowers Girls Education Conference Proceedings](#))

Coverage (Districts):

14 districts

Contact Details:

UNICEF Regional Office for South Asia (ROSA)

P.O. Box 5815

Lekhnath Marg

Kathmandu, Nepal

Telephone: 977-1-4417082

Fax: 4419479; 4418466

Email: rosa@unicef.org

UMN (United Mission to Nepal)

Type of Organization: INGO

Website: <http://www.umn.org.np/>

Brief Introduction:

UMN's work centers on the poorest of people living in poverty (PPLP*). Among different objectives of UMN, one is to enhance the overall health status of PPLP and enable the realization of their health rights. One of key result areas of health programmes is associated with adolescent's sexual and reproductive health which can be illustrated as equipping adolescents with the knowledge and skills to make healthy sexual and reproductive choices.

MHM Projects and Activities:

- **Project 1:** In conjunction with an ASRH project orientation on MHM, UMN leads three-day trainings on improving washable pads, along with other components of ASRH, through local NGOs within districts.
- **Project 2:** In conjunction with a community health project orientation on MHM, UMN leads two-day trainings on improving washable pads with local NGOs within designated districts.

Coverage (Districts):

- **Project 1:** Six schools each in Bajhang, Mugu, and Rukum districts, as well as and in seven schools in Doti District
- **Project 2:** Rupandehi, Dhading, Sunsari, Bajhang, and Rukum

Coverage (Beneficiaries):

- **Project 1:** 168 school-based adolescent peer educators, 188 married school dropout adolescents, and 516 adolescent girls

Timeline:

- **Project 1:** January 2015 – December 2018
- **Project 2:** July 2014 – July 2019

Contact Details:

PO Box 126

Kathmandu, Nepal

Phone: (00977 1) 4228 118, 4268 900

Fax: (00977 1) 4225 559

Email: umn@umn.org.np

Visible Impact

Type of Organization: Youth-led NGO

Website: <http://www.visim.org/>

Brief Introduction:

Visible Impact is a not for profit organization based in Nepal that envisions creating visible impact through social and economic leadership. Specifically, this organization envisions creating visible impact on lives of every girl, every woman, and every youth by unleashing the social and economic leadership of girls, women, and youth through beneficiary-partnered innovative interventions.

MHM Projects and Activities:

Capacity building of 10 youth as trainers for menstrual health friendly school

School based workshop on MHM and menstrual health friendly schools for secondary students using youth friendly tools

Intergenerational dialogue between school authorities and students

Research support and publications on MHM

Supported by:

Charity Aid Foundation America

Coverage (Area):

11 schools in Kathmandu valley, 1 in Lamjung and 1 in Nuwakot

Coverage (Beneficiaries):

Adolescent girls and boys of secondary level, school authorities

Contact Details:

212/48 Dhapasi Marga, Basundhara, Kathmandu, Nepal

phone : +977 01 4016563

Email : hello@visim.org

WSSCC (Water Supply Sanitation and Collaborative Council)

Type of Organization: INGO

Website: <http://wsscc.org/global-sanitation-fund/nepal/>

Brief Introduction:

The Global Sanitation Fund is a pooled global fund established by the Water Supply and Sanitation Collaborative Council (WSSCC) and funded by its donors to gather and direct finance to help large numbers of people achieve improved sanitation and adopt good hygiene practices. The Nepal programme supports the national goal to achieve 100 percent sanitation coverage by 2017, with a focus on eliminating open defecation and promoting good hygiene practices. The programme works in 17 out of 75 districts with a range of national, regional, district, municipal and village-level coordinating bodies. Sub-grantees are local NGOs. Specific goals include:

- People with improved toilets
- People living in open defecation free environments
- People with hand washing facilities

MHM Projects and Activities:

Working with the government of Nepal, especially the National Planning Commission (NPC), WSSCC strives to develop national MHM strategies and plans across relevant ministries and their departments.

(Also see, https://www.wssinfo.org/fileadmin/user_upload/resources/MENSTRUAL-HYGIENE-MANAGEMENT-Paper-for-END-group-1.pdf)

Contact Details:

15, chemin Louis-Dunant
1202 Geneva Switzerland
Phone: +41(0) 22 560 81 81
Fax: +41(0) 22 560 81 84
Email: wsscc@wsscc.org

WaterAid

Type of Organization: INGO

Website: <http://www.wateraid.org/np>

Brief Introduction:

Established in 1981, WaterAid is an international non-governmental organization focused on improving people's access to safe water, improved hygiene and sanitation in developing countries. It works on the basis that water and sanitation are human rights, and are essential services vital for health, education and livelihoods. WaterAid has been working in Nepal since 1987. Our work in Nepal spans across 22 districts and 153 VDCs, and is based on a programmatic approach to ensure service delivery and promote advocacy in the WASH sector. By 2014/2015, WaterAid Nepal has reached 272,441 people with safe water and 372,924 people with sanitation in Nepal.

WaterAid has been working in Nepal since 1987. They strive to build working relationships with governments and communities to help provide clean water and safe sanitation to those most in need.

MHM Projects and Activities:

- **Project 1:** Support in drafting national WinS (WASH in Schools) guidelines to include MHM
- **Project 2:** Technical and financial support to the NGO NEWAH with a focus on MHM in school programs entitled, "Ensuring Girls' Rights through School-based WASH and Improved MHM"
- **Project 3:** Conducted formative research on MHM to support the implementation of programs by partner HERD International
- **Project 4:** Support for the NGO NFCC to develop MHM curriculum in collaboration with the Department of Health Services (DoHS) (which under the Ministry of Health) and the Ministry of Education
- **Project 5:** Support to roll out of MHM curriculum as a part of recovery project through the work of implementing partner NGO KIRDARC

Coverage (Districts):

- **Project 2:** Siraha, Sinduli, and Udayapur
- **Project 3:** Sindhuli and Udayapur
- **Project 5:** Kavre

Timeline:

- **Project 2:** Nov 2014 – March 2018
- **Project 3:** 2015

Contact Details:

WaterAid Nepal

Nakhipot, Lalitpur

P.O Box 20214

Phone: 01-5573365

Email: wateraidnepal@wateraid.org

Y-PEER Nepal (Youth Peer Education Association Nepal)

Type of Organization: Youth-led NGO

Website: www.ypeernepal.org

Brief Introduction:

Established with support from UNFPA, Y-PEER Nepal was officially launched in December 2010, and became Y-PEER Nepal (Youth Peer Education Association Nepal) in August 2014. The organization's goals include promoting the significance of sexual and reproductive health in Nepal through different capacity development programs and advocacy campaigns at the local as well as national level. Y-PEER Nepal currently focuses on capacity development of youth.

MHM Projects and Activities:

Orientation program on ASRH with the inclusion of the topic of menstruation

Supported by:

40 youth volunteers

Coverage (Areas):

schools in Kathmandu valley

Coverage (Beneficiaries):

2,000 adolescent girls and boys in school

Timeline:

As needed

Contact Details:

Email: info@ypeernepal.org

FB: <https://www.facebook.com/ypeernepal>

Twitter: <https://twitter.com/ypeernepal>

Instagram: @ypeernepal

YUWA

Type of Organization: Youth-led NGO

Website: www.yuwa.org.np

Brief Introduction:

The word “yuwa” has its root in the Nepali language referring youth. True to its meaning, this organization is run by youth with a focus on empowering youth and strengthening their involvement at the local and national levels.

MHM Projects and Activities:

Orientation program for adolescent girls and boys on adolescent sexual and reproductive health (ASRH) with the inclusion of the topic of menstruation

Supported by:

youth volunteers

Coverage (Areas):

schools in the Kathmandu valley

Coverage (Beneficiaries):

adolescent girls and boys in school

Timeline:

As needed

Contact Details:

House No: 310

Krishnadhara Marg, Near Nepal Police Hospital

Maharajgunj, Kathmandu

Email: info@yuwa.org.np

Community Development Forum (CODEF) Nepal

Type of Organization: NGO

Website: codefnepal.org

Brief Introduction:

CODEF is a leading national level NGO, established in 1999 with dedication on water supply, sanitation and hygiene (WASH) for human resource development, research and development, capacity building, policy advocacy, knowledge management, media engagement, and networking. It has worked with various ministries and department, UNICEF, UN Habitat, WHO, bilateral projects and various INGOs including WaterAid, SNV, Plan Nepal, etc.

Since 2013, CODEF is the strategic partner of Water Supply and Sanitation Collaborative Council (WSSCC) for Nepal for scaling up sanitation and hygiene agenda by increasing cooperation with the higher government officials, media, universities, national celebrities, research institutes, civil societies, etc.

MHM Projects and Activities:

Working with the government of Nepal, especially the National Planning Commission (NPC), and Ministry of Water Supply and Sanitation, National water Supply and Sanitation Training Centre, CODEF strives to develop human resource on MHM, policy dialogue and formulating national MHM strategies and plans across relevant ministries and their departments. Recently, CODEF facilitated to organize national MHM policy consultation workshop and international Master Training of Trainers for the participants of Nepal, Pakistan, India and African countries. CODEF is one of the agencies nominated by ministry of water supply and sanitation is a MHM policy task force to draft a national MHM strategic action plan. CODEF has also made a multiyear plan to scale up MHM initiatives, develop human resource and support to the government and other partners in the MHM endeavors in Nepal.

Contact Details:

Community Development Forum (CODEF)
 Basuki Marga, Mid-Baneshwor-35, Kathmandu
 Mr. Ritavrat Joshi, Senior Program Officer
 Phone No: 01-4480968, 977-9841490756
 Email: codefnepal@yahoo.com
 Website: codefnepal.org

ⁱ Managing one's menstrual health demands access to affordable sanitary pads or other clean and absorbent products; a discreet place to change or dispose of them; and water sources to wash hands and bodies, sanitary products, and stained garments (WHO-UNICEF Joint Monitoring Programme 2012). Women and adolescent girls also need to feel safe and comfortable to manage their periods while at work or school, and young girls need information about what menstruation is, what it signals about their fertility, and how to safely handle it each month.

ⁱⁱ Ministry of Health (2012) and Ministry of Health (Nepal), New Era, and ICF International Inc. (2012)

ⁱⁱⁱ Coltabiano, M. and M. Castiglioni (2008)

^{iv} WaterAid Nepal (2009)

^v UNICEF (2015)

^{vi} Central Bureau of Statistics (2011)

^{vii} World Bank (2017)

^{viii} WaterAid Nepal (2009)

^{ix} *Ibid.*

^x UNFPA (2014)

^{xi} Generally, the term "adolescents" refers to boys and girls between the ages of 10-19 years: early adolescence [10–14 years] and late adolescence [15–19 years] (UNICEF 2011).

^{xii} Sumpter & Torondel (2013)

^{xiii} Ministry of Health (Nepal), New Era, and ICF International Inc. (2012)

^{xiv} Central Bureau of Statistics (2015)

^{xv} Ministry of Health (2012)

^{xvi} Ministry of Health (Nepal), New Era, and ICF International Inc. (2012)

^{xvii} Central Bureau of Statistics (2015)

^{xviii} NFCC (2016)

^{xix} Ministry of Health (Nepal), New Era, and ICF International Inc. (2012)

^{xx} Ministry of Health (2012); Teijlingen, Simkade, & Acharya (2013)

^{xxi} Adhikari, Kadel, Dhungel, & Mandal (2007)

^{xxii} Sapkota D., Sharma D., Budhathoki, S.S., Khanal, V.K., and H.P. Pokharel (2013); WaterAid (2009); WaterAid (2015a); USAID & NFCC (2015); Beyond Nepal (2015); and BNMT (2015)

^{xxiii} WaterAid (2009)

^{xxiv} WaterAid (2009); WaterAid (2015a)

^{xxv} WaterAid (2009)

^{xxvi} Sapkota D., Sharma D., Budhathoki, S.S., Khanal, V.K., and H.P. Pokharel (2013)

^{xxvii} WaterAid (2015a)

^{xxviii} USAID & NFCC (2015)

^{xxix} WaterAid (2009)

^{xxx} *Ibid.*

^{xxxi} *Ibid.*

^{xxxii} WaterAid (2009); WaterAid (2015a); Beyond Nepal (2015); WaterAid (2015b)

^{xxxiii} WaterAid (2009); WaterAid (2015b)

^{xxxiv} Central Bureau of Statistics (2011)

^{xxxv} Improved sanitation is a composite indicator of access to water supply and sanitation. According to the Joint Monitoring Program (JMP) of UNICEF and WHO, an improved sanitation facility is defined as one that hygienically separates human excreta from human contact.

^{xxxvi} World Bank (2017)

^{xxxvii} UNICEF (2015)

^{xxxviii} WaterAid (2009); WaterAid (2015a)

^{xxxix} WaterAid (2015a)

^{xl} WaterAid (2009)

^{xli} WaterAid (2009)

^{xlii} UNICEF (2014)

^{xliii} Population based on CIA World Factbook estimates as of July 2016 (<https://www.cia.gov/>). To learn more about Nepal's ethnic diversity, see D.B. Shrestha and C.B. Singh's (1992) *Ethnic Groups of Nepal and Their Ways of Living*; Dor Bahadur Bista's (1987) *People of Nepal*; and P. Karan and Hiroshi Ishii's (1996) *Nepal: A Himalayan Kingdom in Transition*.

^{xliv} Central Bureau of Statistics (2011)

^{xlv} Buddhism believes menstruation to be a natural physiological phenomenon. In practice, however, as they are influenced by Hindu society, Buddhists also follow some restrictions during menstruation (Bhartiya 2013). When considering Muslim populations under Islamic law, menstruating women are not allowed to pray, fast, or touch the Koran (WaterAid 2009).

^{xlvi} Ueda (2012)

^{xlvii} Ranabhat, C., Kim, C.B., Choi, E.H., Aryal, A., Park, M.B., & Y. Ah Doh (2015)

^{xlviii} USAID (2015); Beyond Nepal (2013); and Ranabhat, C., Kim, C.B., Choi, E.H., Aryal, A., Park, M.B., and Y. Ah Doh. (2015).

^{xlix} Central Bureau of Statistics (2015)

ⁱ Singh, M.M., Devi, R., Garg, S., & M. Mehra (2001)

ⁱⁱ Ministry of Health (Nepal), New Era, and ICF International Inc. (2012)

ⁱⁱⁱ Ranabhat, C., Kim, C.B., Choi, E.H., Aryal, A., Park, M.B., & Y. Ah Doh (2015) and Robinson (2015)

^{liii} WaterAid (2009)

^{liv} Save the Children and UNFPA (2009); WSCCC and UN Women (2015); Ranabhat, C., Kim, C.B., Choi, E.H., Aryal, A., Park, M.B., & Y. Ah Doh (2015); and Sommer, M., Sutherland, C. & Chandra-Mouli, V. (2015)

^{lv} UNFPA Nepal (2015)

^{lvi} Family Health Division, Ministry of Health (2015)

^{lvii} Arksey and O'Malley (2005)

^{lviii} ASRH (adolescent sexuality and reproductive health): For millions of young people around the world, the onset of adolescence brings not only changes to their bodies but also new changes and vulnerabilities, particularly in the arenas of sexuality, marriage, family planning, and childbearing. The critical link between ASRH and MHM is emphasized throughout this report. The Nepali government National ASRH Program Implementation Guide 2011 was developed based on the directions provided by the National Adolescent Health and Development (NAHD).

^{lix} WASH (water, sanitation, and hygiene): The Nepali government, along with donors, NGOs, and INGOs, initiate programs to improve sanitation, promotes hygiene behavior, and increase access to safe drinking water in rural communities.

^{lx} Ministry of Health (2014)

^{lxi} UNESCO (2014)

^{lxii} **institutional sanitation:** According to the Government of Nepal's [Sanitation and Hygiene Master Plan 2010](#), all institutions should have:

- user-friendly, clean, and hygienic toilets with hand washing (with soap stations) and proper waste management facilities, and
- All schools must have child, gender and differently-abled (CGD) friendly water, toilet and hand washing (with soap stations) facilities including menstrual hygiene facilities. The schools must have garbage pit facilities within the school premise.
- All institutions should keep their premises in a clean and hygienic condition.

^{lxiii} **Child, Gender and Differently-abled (CGD) Friendly Features:** According to the Government of Nepal's [Sanitation and Hygiene Master Plan 2010](#), these include

- *Child-friendly features:*

include water taps, knobs and latches of toilet doors and windows at suitable heights and convenience for children at different ages.

- *Gender-friendly features:*

The location of the toilet should be appropriately selected in a safe and secure place and the door, windows and ventilation should safeguard privacy. In addition to water in schools and other public institutions, the toilet should have facilities for maintaining menstrual hygiene management. For example, a bucket with a cover or lid inside the toilet or an incinerator attached just outside the toilet is essential.

- *Differently-abled friendly toilet:*

This type of toilet should include a ramp up to the toilet, sufficient space for a wheelchair in the passage, hand railing in the passage, and within the toilet cubicles, appropriate types of seating arrangements and support on the toilet.

^{lxiv} Development practitioners recognize (GESI) as an important indicator of development and as integral to achieving a country's governance, economic growth, and human capital goals.

^{lxv} Data obtained from the Ministry of Education

^{lxvi} *Sajilo* ("easy") napkins are homemade and reusable sanitary pads made of cloth.

^{lxvii} **sanitary corner:** Relating to health or the conditions affecting health, especially with reference to cleanliness, precautions against disease, etc.

sanitary depot: A place for the storage of large quantities of used sanitary pads

^{lxviii} Curriculum from classes 6-10

^{lxix} Behavior change communication (BCC) is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviors which are appropriate to their settings.