NATIONAL POLICY CONSULTATION WORKSHOP ON MENSTRUAL HYGIENE MANAGEMENT

ORGANIZED BY:
Ministry of Water Supply Sanitation, Government of Nepal
In collaboration with Water Supply and Sanitation Collaborative Council (WSSCC)

HOSTED BY:
National Water Supply and Sanitation Training Centre & Community Development Forum (CODEF)

February 9-10, 2017 Nagarkot, Nepal

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<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<td>CGD</td>
<td>Community, Gender, Disabled</td>
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<td>CODEF</td>
<td>Community Development Forum Nepal</td>
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<td>CSO</td>
<td>Civil Society Organizations</td>
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<td>FCHV</td>
<td>Female Community Health Volunteer</td>
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<td>Government of Nepal</td>
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<td>Health Posts</td>
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<td>International Non Governmental Organizations</td>
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<td>KII</td>
<td>Key Informant Interviews</td>
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<td>MH</td>
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<td>Ministry of Urban Development</td>
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<td>MoWSS</td>
<td>Ministry of Water Supply and Sanitation</td>
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<td>MToT</td>
<td>Master Training of Trainers</td>
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<td>NGO</td>
<td>Non Governmental Organizations</td>
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<td>NPC</td>
<td>National Planning Commission</td>
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<td>NWSSTC</td>
<td>National Water Supply and Sanitation Training Centre</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>PoU</td>
<td>Point of Use</td>
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<td>RH</td>
<td>Rural Health</td>
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<td>SACOSAN</td>
<td>South Asian Conference on Sanitation</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>Sector Improvement Plan</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>UN</td>
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<td>Village Development Committee</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WSSCC</td>
<td>Water Supply and Sanitation Collaborative Council</td>
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OVERVIEW OF THE WORKSHOP

The policy workshop comprised of multi-sectoral experience sharing on MHM (national and international) providing insights and facilitating discussions that were all relevant for the primary objective of an MHM dedicated national level policy. Community voices were brought to the dias that gave a real scenario of the actual gravity of MHM related issues in rural as well as urban Nepal. This was a major highlight as unheard individuals expressed personal and community level views on menstruation and MHM. This was further supported by governmental and non-governmental experience sharing along with international perspectives as inputs as well. Triggering of government level officials was a major objective which the workshop was able to meet resulting in the following commitments that were made from the government side as the way forward in the national MHM sector:

• A dedicated team comprising of governmental, non-governmental, CBOs, NGOs, INGOs and other relevant representatives will be formed primarily as an advising committee for policy formation on MHM.
• An MHM policy will be formed within six months of the completion of this workshop
• MHM will be integrated in government plan and programs; the first step of it being that any VDC must also be Chhaupadi free in order to be qualified for ODF declaration
• Policy level interventions and extensive research will be carried out for forming a concrete basis to develop MHM policy
• Redundancies will be avoided in the sector and a proper communication channel will be established for MHM related activities
MESSAGE FROM THE STATE MINISTER
Mr. Deepak Khadka – Hon. State Minister
Ministry of Water Supply and Sanitation, Government of Nepal

A very Good Morning to all of you!!

Chair of this opening session and other Guests!

I welcome everyone to this workshop – the first of its kind. Let me start things by saying that this is a definitive step in the Menstrual Hygiene Management sector of Nepal. The issue that is a topic of silence and shame and has been neglected and poorly addressed. Millions of girls and women are subject to restrictions in their daily lives simply because they are menstruating.

Recent incident in ‘December’ that happened in Achham when a girl died in menstrual hut ‘Chaupadi’ in western Nepal due to the practice of menstrual seclusion has grievously broken the silence.

Many sad instances of Chaupadi related incidents in Nepal garnered serious attention from donors and the international community as well. The letter provided to the PM by the Development Partners is a clear indication of the gravity of this situation and we from the policy sector take it the same way. We intend to eradicate any such potential future incidents through policy level intervention and implementation. I expect support, suggestions and a concrete basis from this workshop and everyone present here for us to move towards that direction.

I assure you that a policy framework for MHM will be formulated based on the outcome and suggestions of this workshop and we intend to bring it into action as soon as possible. I wish all of you a pleasant stay and a very meaningful discussion here in our ISO certified training Center

Thank you All!!"
MESSAGE FROM THE MINISTER

Mr. Prem Bahadur Singh – Minister
Ministry of Water Supply and Sanitation, Government of Nepal

“Good Evening Ladies and Gentlemen!
Chair of this closing session and other Guests,
Women & Girls from remote districts,

Representatives from different Ministries and Departments, Development partners, International delegates, INGOs, NGOs, Civil societies, Academicians, Media and all other present here

I thank the organizing team for giving me this opportunity in the closing session of Menstrual Hygiene Management Workshop.

This is a very important and a definitive step in the Menstrual Hygiene Management arena in Nepal. This issue of MHM has been considered by our society a topic of silence and shame and has been neglected and poorly addressed. Millions of girls and women are subject to restrictions in their daily lives simply because they are menstruating.

Many sad Chhaupadi related incidents in Nepal garnered serious attention from donors and the international community as well. A recent letter submitted to the Prime Minister by WASH Development Partners about the menstrual hygiene and Chhaupadi is a clear indication of the gravity of this situation and we from the policy sector take it the same way. We intend to eradicate any Chhaupadi related tragic incidents in future through policy level intervention and implementation. I believe you all must have offered and committed your support, suggestions on a concrete basis in this two-days’ workshop.

I thank you all for this overwhelming participation, sharing each others’ lessons learnt, and contribution to formulate menstrual hygiene management policy in Nepal. We will further work with the ministry of health, ministry of education, ministry of environment, ministry of local development and federal affairs, ministry of women and children, WASH development partners to harmonize the Menstrual hygiene policy and monitoring of implementation of the menstrual hygiene programme and projects. I specially thank WSSCC and its senior staff Archana Patkar for extending support to the ministry to successfully organize the workshop.

I also thank the international dignitaries from various agencies to share their global learning so that we can best formulate the policy and programme. I expect your continued supports to our future endeavor on menstrual hygiene management in the country.

I also thank many girls and women who came all the way from the remote districts in this workshop. We will definitely consider your pains and voices to the policy which we will soon formulate.

I assure you that a policy framework for MHM will be formulated based on the outcome and suggestions of this workshop and we intend to bring it into action as soon as possible.

Thank you All”
CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

Menstruation is still considered to be a taboo in many places throughout the world; with such taboos and misconceptions resulting in exclusions and discriminations that impede empowerment of girls and women in all areas of life. It has also consequently led to an unfortunate situation where significant proportion of women and girls are deprived of safe, accessible and hygienic spaces for managing personal hygiene during menstruation. Such stigma surrounding menstruation impinges on women and girls’ everyday lives. Being able to deal with periods in a hygienic and dignified way is crucial to women and girl’s well being. It helps women and girls feel that they are able to play a full role in society with self-esteem, irrespective of the menstrual time period of the month.

Menstrual hygiene has been an emerging and an alarming issue in Nepal. While the sanitation movement is progressing rapidly, menstrual hygiene management is out of mainstream WASH agenda. Also, this issue is insufficiently acknowledged and has not received adequate attention in the reproductive health and Water, Sanitation and Hygiene (WASH) sectors in Nepal. The policy makers and sector partners are less informed on this issue and consequently, policies and plans on WASH, health and education have largely missed out on the MHM component. Taking into account the importance and urgency to address this issue, the Ministry of Water Supply and Sanitation (MoWSS) has envisaged developing a national strategic action plan on MHM in collaboration with Water Supply and Sanitation Collaborative Council (WSSCC) and other sector partners. In this regard, MoWSS in collaboration with WSSCC carried out a policy level consultation workshop at National Water Supply and Sanitation Training Center (NWSSTC) with facilitative support from Community Development Forum (CODEF).

1.2 OBJECTIVES OF THE WORKSHOP

1. Understand better the gravity of the Menstrual hygiene issues in terms of women and girls’ dignity, health, education and human right;
2. Share the local, national and global learning on Menstrual hygiene;
3. Join hands together to formulate a Menstrual hygiene policy/action plan to strengthen Menstrual Hygiene Management

1.3 SCOPE OF THE WORKSHOP

The untouchability of women during menstruation and the social culture of keeping silence on menstruation issues indicate the depth of the problem. The taboos are
prevalent across villages, cities and among various groups of people. Though the coverage of toilets facilities is over 70% schools in Nepal, only half of them have “gender friendly” facilities. Due to absence of menstruation friendly facilities in schools, a report (*Mitra Samaj*) says that 21% of adolescent girls miss four days of school every four weeks. The existing institutional buildings (government offices, health facilities, VDC and municipalities, etc) also lack women friendly toilets and water facilities. Also due to lack of affordable pads and low accessibility of the pads, the girls and women are compelled to use unhygienic materials as sanitary pad which is degrading women’s health immeasurably. With no hygienic place to clean sanitary pads or wash, women and girls also risk different kinds of infection. There is also a lack of proper disposal of used sanitary pads and other materials. The existing household toilets and institutional buildings greatly lack disposal facilities, or appropriate facilities for cleansing and recycling of the sanitary materials. Moreover, the construction sites where female workers are working on daily wages; the hardships faced by menstruating women due to inadequate sanitary facilities is beyond comprehension. The inability to work during menstruation has extremely detrimental effects on their livelihood.

1.3 SPONSOR PARTNERS

The financial and logistical support was provided by various sector players. The organizations were as follows:

- Care-Nepal
- GIZ Nepal
- KIRDARC
- UNICEF
- PSI
- Save the children
- Swiss WASH Consortium
- Water Supply and sanitation Collaborative Council (WSSCC)

Community Development Forum Nepal was the coordinating & organizing partner whereas National Water Supply and Sanitation Training Center was the host of the workshop.

1.4 PARTICIPANTS’ OVERVIEW

A total of 89 participants took part in the policy workshop and the detailed list has been provided in Annex I. The gender proportion of the workshop was 61% male and 39% female.
CHAPTER 2: PROCEEDINGS OF SESSIONS

DAY ONE

2.1 SESSION 1 - OPENING SESSION

2.1.1 OPENING REMARKS

Mr. Guna Raj Shrestha, National coordinator of WSSCC, Nepal welcomed everyone in the workshop and briefly clarified the objectives of the workshop as an effort to understand better the gravity of menstrual hygiene issues in terms of women and girls’ dignity, health, education and human right. He stated the workshop to be a platform for sharing local, national and global happenings on MHM along with a door opening for joining hands for the formulation of MHM policy/ action plan.

Menstruation is seen as a matter of shame instead of a biological process and this fact was fortified by a visual documentary on ill practices and beliefs on menstruation in Nepali community and the biological process. He highlighted the fact that only 80% of school have toilets whereas only half of them have gender friendly toilets but without the assurance of water supply and sanitation.

He highlighted the existing National Commitments on MHM which include-

- **The Constitution of Nepal, 2015**
  *Which states that there is no discrimination at the name of origin, religion, colour, caste, gender, physical condition, disability, health condition, marital status, pregnancy, economic condition, language or region, ideology etc.*

- **The Sanitation and Hygiene Master Plan, 2011**
  *Which depicts that institutional sanitation is mandatory to be child, gender and differently-abled friendly*

- **Chhaupadi Customs Elimination Guidelines, 2008**
  *Which looks to raise awareness on Chhaupadi related traditional beliefs, norms, mandates and practices; provide information on health service and nutrition to girls and women who are directly affected; and felicitate individuals, family and community who eliminate Chhaupadi*
• Other Initiatives
  o Joint action plan of ministry of health and ministry of education to train to front line teachers and health workers
  o Menstrual Hygiene day May 28, 2014
  o Ministry of Water and Sanitation committed to focus on MHM at sixth SACOSAN, Dhaka 2016

2.1.2 KEY NOTE SPEECH

Ms. Archana Patkar –Program Manager, WSSCC, Geneva

“MHM is not just a local or national issue; in fact it is a global issue. Menstrual blood is not impure, as we celebrate the birth of a child, we must celebrate the life blood that is part of it. Without the menstrual cycle there would be no life and humanity would cease to exist.”

Ms. Patkar emphasized that holistic action is not just about supplies and pads, but in fact the action is first and foremost about “Breaking the silence” which has already started. She stated that the taboo does not just violate the rights of some women and girls, but rather violates every women and girl. MHM matters should be discussed, everywhere- at home, with friends and family. This is not a conversation that can be limited to projects, the community and the office. This is a conversation to be had with our children, partners, and relatives during religious festivals, ceremonies etc. We must talk about this with pride, not shame and embarrassment.

She also highlighted the importance of paying attention to vulnerable groups such as the Transgender community and their lack of access to appropriate, dignified sanitation and hygiene services. Praising Nepal, she emphasized that it is one of the most progressive countries not only in South Asia, but also globally for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) rights that has recognized LGBTI rights as being fundamental in its new constitution that came into action in 2015. It recognizes a third gender whereby individuals are expected to be recognized based on “self-definition” rather than limiting themselves to “female” or “male.”

Referring to the Sector Development Plan, she highlighted that it is a very forward looking Plan that states that the sector needs to focus on better targeting with equity and inclusion approaches to secure the right of all citizens for sustainable and affordable WASH services. It commits to apply the human rights principles of
participation, non-discrimination, transparency and accountability; and standards of WASH security (safe, adequate quantity and quality, equitable distribution, physical accessibility and economic affordability). Furthermore, she emphasized that the SDP aims to integrate WASH in households, public places and institutions (health, education, community) through improved linkages within the sector and between local development, health, education, and the environment, integrating WaSH into their respective policies and programmes.

Protecting the Planet requires the urgency to invest in Research and Development for Menstrual waste management. She highlighted that it will be extremely irresponsible of us if we create another problem while addressing one problem. She stated that MHM is a global movement today and Nepal is already participating in the movement but can inspire and lead, and can be an example for all of Asia.

**Mr. Rajan Raj Pandey - Joint Secretary, Water Supply and Environmental Division, MoWSS, Nepal**

“Within six months of time, the government will formulate policy by engaging all the stakeholders.”

The next keynote speaker Mr. Rajan Raj Pandey welcomed everybody and shared his experience on MHM, during his observation visits to a public school and a temple. He highlighted how the sanitation facilities were in dire form, amplified by inappropriate construction of incinerator primarily due to lack of proper norms, guidelines and proper knowledge. It was emphasized that only making the infrastructures are not enough and the people who build the infrastructure should inform and teach people how to use them. He stated that there is a definite lack of waste management facilities whereas the existing facilities are not sustainable pertaining to a lack of responsibility by the concerned organizations and offices. The definite way forward suggested was identifying the problems and searching for the solutions through policy level interventions. He expressed his hopes of having a fruitful discussion between the workshop stakeholders and teaching the government how to deal with MHM in a better way.
2.1.3 CLOSING REMARKS

Mr. Ram Chandra Devkota, Joint Secretary, Planning and Foreign Aid Division, MoWSS, Nepal

“We all need to understand how important the menstruation issue is for the dignity, pride and health of women and girls.”

Mr. Devkota stated that due to deep rooted taboos and superstitious beliefs, Chhaupadi (menstrual hut) is still prevalent in mid and far western regions of the country. He highly appreciated the efforts being done by MoE and MoH especially for joint action plan for menstrual hygiene training for teachers and health workers in the community level. He also expressed further intention to strengthen the joint effort by extending the coordination with other stakeholders such as UN regulatory bodies, international communities, NGOs, INGOs, CSOs and media. MHM should be taken up by other government policies, programs and activities as well.

Mr. Deepak Khadka, State Minister, MoWSS, Nepal

“People who think that, girls/women can’t make right decision during their menstrual cycle due to mood fluctuation which can affect the whole nation also exist in developed nations and can be related with the President election during which Hillary Clinton was a candidate.”

HE Mr Deepak Khadka expressing his strong commitment towards the issue stated that menstruation is a “human and not a women’s issue”. He further added, “It is a manifestation of deeply embedded structural gender inequalities and therefore requires challenging the existing gender relations in our society”. He stated that mindsets and behavior change are a must whereby policy alone is not sufficient. He emphasized that to bring change, we should start from one-self and elite leaders.

He stated that the Government is ready to coordinate and cooperate with relevant stakeholders, to help on what sort of policies are to be made for the betterment of existing situation of MHM and to remove the existing barriers on MHM.
2.2 SESSION 2 - VOICES FROM WOMEN AND GIRLS

In this session, chaired by Mr. Ram C. Devkota, DG of DWSS; girls and women from different parts of the country shared their experience on Chhaupadi practices along with difficulties faced by differently-abled women during menstruation. Selected voices of community have been provided in Annex 5 of this report.

**Ms. Sharada Thapa, School Teacher - Kapilvastu**

"Starting MHM topic in school was hard due to shame and embarrassment, but later students started to co-operate. Students used to miss school during menstruation, but after knowing about MHM, they didn't miss it as much. Students share the knowledge they learnt from teachers on MHM to their family and community. Parents have started talking about menstruation with their daughters, now the situation is changing. Easy techniques and classes should be provided. Things written in papers are not enough; the policy makers should visit the site to see what the problems are."

**Ms. Dhanpura Shahi, Student (Class 12) - Jumla**

"We have been blindly followed the tradition of “chau goth” along with mother and sisters in the community. From a training organized in the village, we got to know that menstruation is a biological process and also learned to make homemade pads which were cheaper than the one available in the market. We have also established a club for the eradication of Chaupadi. The primary approach of the club is to organize a home visit once a week and provide knowledge and information on MHM. Oneself - Family - Community."

**Ms. Suntala Shahi, Student (Class 10) - Achham**

"Menstruation always resulted in banishment to the cowshed for 5 days every month. It is always acknowledged as the topic of shame and embarrassment. Students almost miss 9-10 days of school every month which affects education very much whereas health problems due to lack of nutritious food is also persistent in parallel. We collected Rs. 5 per person for providing sanitary pad facility at school. Changes have taken place only at schools but are yet to come in community level. We are not being able to compete with boys due to all these restrictions."
Ms. Ganga Khadka, Journalist and Activist - Gulmi

“I suffered a lot from genital infection due to unsafe MHM. This resulted in my dedication for Breaking the Silence. I am currently working for improving availability of sanitary pads through long distance vehicles. There are different programs running in Gulmi at the local level such as awareness on safe menstrual hygiene and information on sanitary materials to FCHVs and local women, safe materials for menstruation, menstrual health education at various schools, etc. which needs to be observed by the government as well”

Ms. Rama Dhakal, Representative, National Association of the Physical Disabled

“Managing menstruation for differently-abled girl/women is very hard. More school dropouts are increasing in proportion of differently-abled students due to lack of accessibility friendly toilets in schools. More marginalized people like us should be involved in such program so that we can work together and make it more effective. I request for a more inclusive policy on MHM for more marginalized people and people with multiple disabilities.”

Ms. Shanti Nakarmi, Representative, Disabled Association

“Ladies friendly toilet is not enough; it should be disabled friendly as well. Government attention is needed for making pads available at low cost. Furthermore, disabled people fall sick more often than others. So, if their Menstruation Hygiene is not taken care properly, they are easily susceptible to different diseases. I request the government to keep disabled people in mind while formulating new MHM policy.”
2.3 SESSION 3- NATIONAL AND INTERNATIONAL RESEARCH FINDINGS

This session, chaired by Ms. Rita Joshi Bhandari, Mid-Western Regional Health Director, focused on research findings on MHM resulting from individual experiences, organizational research and academic studies and detailed slides can be accessed via CODEF’s drive at https://drive.google.com/open?id=0B6FA1sqp7e-OZlBNS0RqTDVkbjA

2.3.1 UNPACKING OF MENSTRUAL PRACTICE IN NEPAL - MS. ANUPA REGMI ON BEHALF OF MS RADHA PAUDEL (RADHA FOUNDATION)

This session focused on religious, national and global perceptions on MHM. Religious perspectives on menstruation show that Buddhism accepts it as a part of nature with minimal restrictions whereas Islam only disallows praying during periods. Christianity only prefers to not disclose in strict communities whereas in Hinduism the following were of interest:

- **The Chanakya Niti;** 6, 3 and 11:12 said that women could only purified after menstruation so the men should have sex only after the whole-body wash (M.P., 2010)
- **Garun Puran (use for death ritual);** 6, 7, claimed that women likely discarded for four days due to menstrual blood which is the remaining of fourth part of crime (bhramahatya) from god Indra (Publication, 2001)
- **Rishipanchami** defined as Rajaswala Dosha (sin) due to angry of god Indra as a result women considered impure and have to follow series of restrictions for touching; male members, pickle, eating, entering; kitchen, temple, not allow for se, not allow wearing new clothes, flowers
- **Krishnapranami:** states it as optional, and says god made and knows everything so no point to segregate, its misinterpretation

The next topic discussed was a global perspective on MHM stating of rights and SDGs in regards of MHM. It was noted that SDGs do not speak directly of MHM.
An interesting take on comparisons of Nepalese people living in different places and a cross section of *Chhaupadi* was presented as follows:

**Where does Chhaupadi Exist? Cross-section of Chhaupadi**

<table>
<thead>
<tr>
<th>Ranges of Menstrual Restriction found in Nepalese community</th>
<th>Ranges of Menstrual Practice Across Globe where Nepalese are Living</th>
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- Menstrual Restriction
  - UK: Restriction in Entering/mobility: Cultural programs, Any meetings, Family gathering, Temple, Kitchen, School
  - USA: Restriction in Entering/mobility: Cultural Program, Family gathering, Temple, Kitchen
  - Kathmandu: Restriction in Entering/mobility: Cultural programs, Any meetings, Family gathering, Temple, Kitchen, School
  - Mugu: Restriction in Entering/mobility: Cultural programs, Any meetings, Family gathering, Temple, Kitchen

- The bottom line principle of Chhaupadi is restriction
- Restriction in terms of entering to the house or touching the foundation of house
- Associated with two or more forms restriction
- Chhaupadi is practicing across globe where Nepalese are living

It was stressed that poor mindset, ignorance and tradition; stigma, gender discrimination and masochism, poverty, unavailability of sanitary products as well as toilets and a lack of research and policy level attention has contributed to continuation of menstrual restrictions.
2.3.2 MENSTRUAL HYGIENE MANAGEMENT IN NEPAL - MS. SHIKHA SHRESTHA (WATERAID NEPAL)

WaterAid Nepal presented their research on MHM with improving facilities, research and campaigns, institutional accountability and sanitary material supply chains as the key elements. Only 26.9% of girls in Udaypur, and 36.9% girls in Sindhuli were aware of menstruation before menarche. Most were unaware of cause of menstruation i.e. 74.6% in Udayapur and 54.6 % in Sindhuli. 64% girls reported elder sisters as the main source of information and 57% of girls reported that mothers as key informants. It was stated that Elder sisters often gave practical advice, whereas mothers gave more information about maintaining restrictions, hiding menstruation, and generally telling girls not to worry. Although, mothers were the main source of information for menstruating girls, they were uninformed and unprepared to talk to their daughters about the causes of menstruation. Furthermore, around a third of girls change their sanitary materials while they are at school (32.3% in Udaypur, and 42% in Sindhuli) stating difficulties to change in available toilet.

Almost all girls go to their own house (if nearby), a friend’s house, or a tea shop (canteen) to change their sanitary materials unless necessary. Girls who reported missing a whole day of school was 12.3% in Udaypur and 21.5% in Sindhuli. Absence was attributed to pain and fear of leakage. No schools had a specific place for girls to rest, therefore girls rested in another classroom or the staff room. Girls were not comfortable taking information from their teachers and preferred non-governmental organizations or community based organizations to teach subjects relating to reproductive and menstrual health. Similarly, teachers reported a lack of training and teaching materials to teach reproductive health and a few teachers explained menstruation in a very scientific way, perhaps to hide their discomfort or avoid answering at all. Disposing of sanitary materials was stressful for most participants because it was important that others did not see them.

**Recommendations:**

- Periodic assessment to develop context specific MHM interventions
- Develop child friendly approaches to provide age appropriate information so that girls are informed about menarche before menstruation
- Standard MHM capacity building curriculum – a reference of the curriculum developed jointly with MoH and MoE and capacity building interventions targeted to teachers
• Commonly agreed upon MHM indicators – adoption of social accountability tools for participatory monitoring
• Collaboration to ensure menstruation education is integrated into the curriculum from an earlier age
• Partnership with health sector as means to reach wider mass of girls for reproductive health promotion
• Improve access to comfortable, secure, quick-dry and cheap menstrual hygiene management materials – public private partnership
• Strengthen waste disposal facilities
• Networking of government, civil society, media and private sector including men and boys for addressing issues of MHM

2.3.3 EXPERIENCE ON MENSTRUAL HEALTH MANAGEMENT - MR. HOM NATH ACHARYA AND DR. NEPALI SAH (UNICEF)

This session focused on videos, research, case studies and surveys carried out by UNICEF on MHM. Most women in Nepal are more likely to face the moderate forms of discriminatory practice related to menstruation rather than severe forms. Of moderate forms of discriminatory practice, 25% had to stay in different rooms within their homes, 9% had to bathe in a separate place whereas 58% had to avoid social gatherings. Of severe forms of discriminatory practices, 3% had to stay in Chhaupadi, 3% had to stay in animals sheds, 3% had to eat separately and 2% had to be absent from school or work (11% in MW Mountain, 1% in Urban and 3% in Rural). Menstruation related discrimination in its severest forms was most prevalent in the Mid-Western Mountains, whereas 71% women have had experienced Chhaupadi. Three star approach form mainstreaming MHM was also presented in which each star group (one, two and three) had parameters regarding MHM facilities with three star being the best.

Similarly, MHM survey in schools of Terai and Hill regions showed that attendance during menstruation was higher in Hills whereas use of pads during periods and MHM education in schools were higher in Terai. NRCS school WASH survey of 370 schools
in 13 districts showed that the distribution of sanitary pads and training on reusable cotton cloth was impressive and evident. However, there is a lack in management on in-toilet disposal of sanitary pads. It was seen that adolescent and community women were open regarding talks. Another research on role of WASH in schools programme for girls’ education in Acham, Bajura and Parsa showed that at menarche, girls missed schools up to a week (29-37% girls). 27% of girls in WASH in school and 52 % of non-WASH in school stated they would go home and stay there if they started menstruating suddenly or had leakage primarily due to the teasing associated with it. WASH in school showed positive contribution to girls in Bajura district. None of the surveyed schools met criteria needed for menstruating girls. Similarly, 50% girls felt SRH classes were interesting but embarrassing with boys disrupting it frequently. In Bajura and Achham, menstrual seclusion is still in practice with 60% and 17% of girls respectively not allowed to sleep in the same family during periods. Seclusion of first menstruation was common and caused girls to be absent from school for up to a week.

2.3.4 COMMUNITY UNDERSTANDING ON MENSTRUAL HYGIENE MANAGEMENT-
DR. DINESH BHUJU (CODEF NEPAL)

This focused on the findings of a research Collaboration between CODEF (Community Development Forum) and MICD-MU (Master in International Cooperation and Development, Mid-Western University) for capacity building in WASH research with MHM studies carried out in Humla, Lalitpur and Kavre. The major objectives of the research were to assess MHM literacy in rural communities of Nepal along with examination of social attitude and practice including cultural differences between Hinduism and Buddhism. HHIs, FGDs and KIIIs were the primary tools for this purpose. Research findings showed the restrictions during menstruation regarding HH chores, touching, worshipping and touching male members. This was a common denominator in all cultures whereas dustbins and access to sanitary pads were considered as primary issues for MHM.

A major conclusion was that scientific literacy needs to be increased among parents as it was seen students learn more about MHM from them. Schools definitely lacked MHM facilities and are in need of MHM orientation and a set of standards for such facilities. Furthermore, MHM discrepancy does exist among different cultural groups.

However, some groups are progressive in attitude and hence cross cultural dialogues and exchanges are highly necessary.
Questions/Suggestions

- Comparisons are done amongst Hindu and Buddhist - Why not amongst people of same Religion, in Hinduism – compare amongst Newars and Brahmins.
- When the teachers do not teach – The authorities from health services should be taken to school.
- Until you can win religious belief with scientific proof: You cannot change the situation.
- “Make every girl of the Chhaupadi area a nurse, the problems will be solved?”

2.3.5. QUALITY CONTROL ASPECTS OF SANITARY NAPKINS - MS. SHOBHA BASNET (ZEST LABORATORIES)

This session focused on specifications of raw material and quality comparison of different sanitary pads. Sanitary pads were defined as “a hygiene absorbent product used by women during menstrual periods”. Sanitary pads need changing but the time varies from cycle to cycle and day to day of the period and is dependent on flow and type of pad in use as well. A woman can technically wear a pad for as long as it doesn’t overflow but it may not be very hygienic or comfortable and is not advisable. The research focused on liquid retention, absorbency and absorptive capacity of commercially available sanitary pads through Japanese standard tests. The results showed that quality of marketed products were inconsistent and quality needs to be monitored and regulated. Good Quality products can be made with small investment and promotion of MH at community level. However, three aspects must be considered for sanitary napkins namely Production, Quality control and Disposal. Moreover, an elaborated study on large scale/sample size covering all the quality parameters is needed to draw some conclusion.
DAY TWO

2.4 SESSION 4 - GOVERNMENT EXPERIENCE SHARING

This session, chaired by Mr. Jukka Ilmari, Finnish Embassy; focused on experience sharing of the governmental sector of Nepal relating to MHM and can be accessed via CODEF’s drive https://drive.google.com/open?id=0B6FA1sqp7e-OZIBNS0RqTDVkbjA

2.4.1 DEPARTMENT OF EDUCATION

School Sector Development Plan (2016-23)
• To increase health and nutrition services in schools,
• For all schools to have functional water and sanitation facilities
• To strengthen participation and learning outcomes, minimizing the drop-out rate of adolescent girls
• To promote healthy behaviors through skills based health education

Star Approach for WASH in Schools
• One star
  o Availability of safe drinking water,
  o Availability of separate toilet for male and female with water,
  o Availability of group hand washing station with water and soap,
  o Availability of menstrual hygiene management facilities,
  o Availability of functional drainage/soak pits,
  o Availability for collection and disposal of waste materials,
  o WASH plan incorporated in SIP,
  o Child clubs active in WASH activities,
  o Nomination of focal teacher (female) for WASH and MHM,
  o Attainment of Open defecation Free (ODF) in school's catchment area,
  o Regular cleanliness of class room and school premises,
  o Regular operation and maintenance system of facilities in place and functioning, and
  o Availability of operation and maintenance fund for WASH facilities.

• Two Star (including one star requirements)
  o Practice of life skill based hygiene/MHM education in classes
  o Practice of safe disposal of sanitary pads,
- Allocation of matching fund for student's clubs and operation and maintenance
- Availability of Point of Use (PoU) water treatment in school,
- Availability of gardening in school premises,
- Functional School Health and Nutrition Committee /School WASH-CC (S-WASH-CC),
- Daily supervised group hand washing facilities

- Three Star (including one and two star requirements)
  - Maintenance of greenery in school premises, and
  - Maintained national standard for WASH facilities.

Curriculum and MHM
- Class 5 (age group 8-10 years) under “Personal Hygiene” for introduction to MHM through pictorial depictions
- Class 6-8 (age group 10-14) under “Youth, Sexual Health and Education” focusing on bodily changes during puberty, step by step depiction and gender based education.

Challenges:
- Lack of disabled friendly and gender friendly toilets in schools
- Lack of proper water supply and sanitation in existing facilities
- Improper design and installation of incinerators in female toilets that lead to air and aesthetic pollution in the locality

Question/Suggestions/comments:
- The number of urinary (toilet) suggested by MOE, is for certain region because all the areas might not have enough area to construct the toilet.
- It is told that the teachers are not teaching. But the condition of teachers should be also considered. The condition is that one teacher teaches all the subjects, and has to complete the courses. So it is somewhat obvious that he might not be able/ be willing to teach in detail about MHM related topics.
- Nurses in every school?

2.4.2 DEPARTMENT OF HEALTH

Programmes:
- No focused interventions on MHM from DoHS/FHD until the recent devastating Earthquake 2015
- Distributed sanitary pad in the affected districts with support from the partners
- National ASRH program is the only intervention from FHD that discuss overall SRH issues
• As part of the National ASRH program, a set of 8 IEC materials developed. One of the 8 booklet is about Menstrual Health
• Later on, FHD developed a training package on MHM jointly with Department of Education. The training package contained of
  o Description about Adolescence
  o Description about Genital organs
  o Menstruation and its management
  o Menstrual hygiene management measures
  o Step by step guide to prepare homemade reusable sanitary pads
  o Social practices (myths/facts) associated with menstruation
  o Adolescent Friendly Services
  o Contraceptive methods/devices
  o Sexual and gender based violence
• Menstrual Management (in collaboration with DOE) Concept – Emergency response in Earthquake districts (14) supported by WaterAid, UNFPA, SCI, GIZ
• UNFPA: Monitoring mechanism in Sindhuli and 18 UNFPA supported districts; Adolescent Friendly Information Corner (AFIC) in schools.
• GIZ – S2HSP: MM in Surkhet and Dhading. Low Cost Sanitary Pad production through local cooperatives in Dhading and Nuwakot
• Good Neighbors International: MM in Kailali, Myagdi and Humla. New Scale up in Nuwakot and Doti.
• SCI: MM in 2 districts: Girls Friendly Toilet Renovation at school: with incinerator and running water facility.

Lessons:
• Menstrual health management is an entry point in Reproductive Health. Therefore, it is an important area to work in ASRH.
• It is a cross cutting issue for adolescent health and development

Ways Forward:
• MHM needs multi-sectoral efforts. Development of a MHM Policy/guideline addressing the roles of all different sectors is required.
• Organizations working at community level needs to work in harmonized way following standard guideline/practices.
• In some pocket areas MHM issue is resulting in deaths of teen girls. Such areas need focused and concerted efforts to bring visible results

Questions/ Suggestions/comments:
• Health teacher is essential in all schools as the teachers are teaching the students well. When are you going to apply your strategy?
• The topic of MHM should not just be limited to adolescent girls!
• The booklets are not reaching where it is supposed to. The investigation to what is the condition of the projects should be emphasized. People are more focused on the allowance they are provided.

2.5 SESSION 5 – NON-GOVERNMENTAL EXPERIENCE SHARING

This session, chaired by Mr. Khemananda Bhusal, DOE; focused on experience sharing of the non-governmental sector of Nepal on MHM and detailed slides can be accessed via CODEF’s drive https://drive.google.com/open?id=0B6FA1sgp7e-OZiBNS0RqTDVkJA

2.5.1 NEWAH: WASH AND MHM

Approaches:
• Working both on school and community.
• In school level, a focus on WASH for pre-primary to class 4 is necessary whereas a focus on Menstrual Hygiene from class 5-10 is recommended
• Not just use of sanitary materials but also management of sanitation facilities must be assured
• Men engagement is crucial and creating supportive environment is a must
Achievements:

- Menstrual hygiene management mainstreamed in 2010 in Hygiene promotion strategy
- WASH program in 649 School
- Regular fund collection for soap and pad management
- Female focal teacher in School
- 23 Chhaupadi dismantled in Surkhet
- Clean and healthy School indicators and declaration
- IEC /BCC materials and training packages
- MHP focused School WASH program is going on in 108 school in three districts (WAN/UK AID)

Lessons:

- It is changing, improving and possible to change
- It is a multi sectoral issue
- Men’s engagement is crucial
- Need to be linked with Health, Education and Women, Children sector programmatic approach, program not project

Challenges:

- Belief system (Social, Cultural and Religious norms and values)
- Lack of RES (Responsibility, Accountability Sustainability)
- Policy implementation
- No effective teaching learning activities

2.5.2 SEBAC NEPAL/US-AID: LEGITIMIZING ODF AND CHANGING CHHAUPADI

Approaches:

- School Wash and Health Consultant Wash
- Working in Mid-western region, excluding Acchham.
- Awareness raising and promotion of “Chhaupadi-shed free” status

Challenges:

- Chhaupadi Goth demolition does not assure change in Chhaupadi tradition

Lessons (Ways ahead):

- Legitimize ODF status
- Engage key stakeholders
- Present menstruation as healthy and natural
- Disseminate legal and policy information
- Engage men to support Chhaupadi transformation
- Certify transformation
2.5.3 PSI NEPAL: HELPING GIRLS TRANSITION FROM CHILDHOOD TO WOMANHOOD IN NEPAL

Approaches:
- There are no specific policies and strategies on MHM in Nepal
- PSI is assessing the MHM ecosystem for improving MHM of adolescent girls
- Identification of key Influencers to understand beliefs, roles and perception of MHM along with market analysis to know the MHM products
- Scoping review of MHM Policy, Regulatory Environment and Program Analysis is also being carried out
- Peer ethnography study among adolescent girls to understand in depth insights on adolescent girls on MHM is also being carried out

Activity:
- Phase I: Understand the marketplace for MHM, focusing first on adolescent girl and the environment, influencers, policies and marketplace that surround her
- Phase II: Use insights to design a package of interventions, which could include products, services, communication and education activities to improve MHM for girls
- Phase III: Develop a strategy for scaling up the project “prototypes” to have wider and longer term impact on the lives of adolescent girls in Nepal

2.5.4 LUMANTI: STUDENT'S KNOWLEDGE REGARDING MENSTRUAL HYGIENE MANAGEMENT AND PRACTICES IN KATHMANDU DISTRICT

Post Earthquake Assessment in Kathmandu Valley

Approaches:
- Distributed hygiene kit along with sanitary napkins to the community people at emergency period.
- Sanitary Pad distribution through FCHVs mobilization (Household mobilization for raising awareness on WASH and MHM)
- Orientation to mothers group on MHM.
- Orientation to school children on MHM
- WASH facilities construction focusing on MHM (Pad Incinerator)

Achievements:
- Increase community awareness on MHM (especially women)
- Improve hygiene practice especially in school (Pad dispose system)
- Improve hygiene practice in Ward office/Health Post (Limited)
- Change in community people perception in MHM (After the orientation/remarks)
Challenges:
- Less participation of Male during the orientation session in community about MHM
- School teaches sip the MHM course while taking classes in most of the school.
- Construction and utilization of WASH facilities in schools and public places.
- Operation and Maintenance of WASH facilities of MHM

Lessons:
- Hardware Facilities for WASH is must in school
- Male participation and understanding play a vital role to understand MHM in the community.
- School teacher must have an understanding about the importance of MHM while taking classes.
- School syllabus must have MHM courses from early classes.
- Mass awareness and campaign is needed to understand Menstruation as a Natural Process rather than social taboos.

Ways Forward (Policy Recommendations):
- MHM as a natural process not a social taboos (Increase Awareness)
- Construction of proper WASH facilities in school and public places is a must to address MHM
- School level syllabus can be revised and the MHM course can be included in the course from early classes.
- Gender Involvement is a must to address the MHM challenges.

2.5.5 NEPAL RED CROSS SOCIETY (NRCS): MHM PROGRAM

Overview:
- Balance between Hardware and Software aspects is a must
- The use of pad is less as in some villages the women don’t wear innerwears.
- ODF declaration has also been hampered as many women/girls don’t use the toilet during menstruation.
- People are lying as they want to protect their culture.

Challenges:
- Cultural taboos, belief, traditions are still deep rooted
- Still acceptance MHM as non-problematic issue
- Facilities are there but not used properly
- Components lacking in toilet construction (like congested room, dark room, not water facility, no changing facility, no incinerator)
- Traditional learning methodology in schools
- Lacking in applied skill exercises in school curriculum
• Indifference among males

Lessons:
• It is a joint effort (MoE, MoH, MoWSS and development partners)
• Balancing hardware and software in MHM
• Policy enabling environment for operationalization
• Breaking the silence among males and females
• Affirmative behavioral build up in culture and belief
• Prefer reusable sanitary pad in rural communities (not practice to buy pad)
• Seen more effectiveness where institutional responsibility perceived
• J/Youth RC and youth club can maintain a sanitation corner in schools
• Re-usual pad preparation at local level

Ways Forward
• Budget allocation for MHM materials in schools
• Teacher, parent and community must be encouraged on MHM education
• Improvement of the infrastructures (toilet, water tap, disposable bin) and maintained privacy
• A focal person in institutions are required
• MHM capacity building
• Organizational level monitoring indicators need to be defined and implemented
• Make institutions responsible for MHM facilities and practice

2.5.6 NEPAL FERTILITY CARE CENTER (NFCC): MENSTRUAL HYGIENE AND HUMAN RIGHTS

NFCC Approaches:
• Menstrual Hygiene Management Pilot Project in Saptari
• Multiethnic Assessment of MHM Practices
• Emergency MHM Response in 5 districts
• National Level MTOT on MHM Orientation Package
• Integrating MHM into School Health Program in 4 districts 2016

Challenges:
• Socio-cultural complexity
• Social Cohesion,
• Standardization of response

Lessons:
• Need for more advocacy
• Collective action
• Increased engagement needed from
2.5.7 KARNALI INTEGRATED RURAL DEVELOPMENT AND RESEARCH CENTRE (KIRDARC): DRAFT CASE ON MENSTRUAL HYGIENE MANAGEMENT (JUMLA)

Background:
- More than 80% women and girls are practicing chaupadi in Karnali
- Girls- school absenteeism during menstruation
- Women taken as slaves
- Can't take part in decision making at household and community level
- Only destroying chaugoth doesn’t help eliminating chaupadi, destruction of psychological constructive structure is necessary

Approach:
- Develop Local resource person (school and community)
- Traditional Healer Mobilization for mass triggering
- FCHV trained, and conduction of MHM session at school and community level
- Adolescent Girls trained and mobilized
- Conduction of policy dialogue/ Kachahari at district and VDC Level and made commitment to improve menstrual hygiene management
- Capacitated local government authorities VDC Secretary and HP/DHO incharge and facilitated them to lead the campaign where they played vital role for the leadership of lunching the campaign
- Child clubs/youth clubs were massively mobilized for the campaign
- Established leadership of those were victimized from the issues
- Mainstreaming the issue within the organization/programs and project
- Establish and recognized the common issue for all at community/VDC and district level to fight against
- Capacitated and mobilization of mother group to eradicate the chaupadi.
- MHM Sessions at schools and community

Challenges:
- Deeply rooted culture
- Lack of education and knowledge on MHM among target groups
- Lack of proper monitoring
- Poor access to drinking water
- School WASH neglected during ODF declaration
- Lack of coordination and collaboration among WASH actors to promote MHM
- Menstruation Hygiene Management (MHM) issue has been totally neglected
- in WASH services
• Socio-economic factors
• Lack of MHM strategic plan incorporated in to sanitation strategy plans and implementation (still it is not harmonized at district level)
• Even well educated people are performing such mal practices in their home
• Lack of enforcement code of conduct at the ground level

Lessons:
• Traditional healers are most effective measure to change the behaviour and practices in rural area (as almost people believe on them)
• Capacity building and Mobilization of adolescent girls can bring change their parent attitude easily (Sambad Kendra and AASA Network proved to be very effective in Surkhet)
• Separate MHM curriculum incorporate in regular curriculum would be more effective and could contribute sustainability of the issue.
• Integrated MHM package along in total sanitation package
• Formulating policies does not work itself well unless and until formulating contextual strategies and strictly follow up
• Self confidence should be build not only by women but also by men/individual level to bring social transformation

2.5.8 RVWRMP: AN OVERVIEW OF CHHAUPADI PRACTICES IN MID AND FAR WESTERN REGION OF NEPAL AND WAY AHEAD

Background:
• Physically chhau goth are collapsed but mentally it is still there
• MHM and chhaupadi issue should be taken side by side
• Action against chhaupadi practices in Mid and Far western region of Nepal

Impacts:
• Women are not allowed to use toilet during menstruation
• Several deaths related to Chhau Hut-stay are reported annually
• Other physical and mental health impacts.
• Dropout and absence of girls in the school.
• Security aspect - Sexual abuse and assault at night, attack of wild animals and snake bites

Interventions:
• Awareness raising activities against harmful Chhaupadi practices and MHM promotion are being conducted.
• BCC key messages airing through FM radios as jingles.
• Promotion of IEC materials and effective use.
• Chhau hut free VDC declaration campaigning
Challenges:
- Open Defecation Free declarations are going strong- but it’s excluding menstruating women
- Total Sanitation Declarations will be very difficult in the area: open defecation during menstruation and the animals are kept inside the house
- No compromises on TS declarations is needed

2.5.9 SWISS CONSORTIUM: RESOLUTION OF MID & FAR WESTERN REGIONAL
MHM WORKSHOP

MHM Regional Workshop – Dang

- Total Participants: 95 from 18 Districts
- Government Organizations (Central and district level): 49
- Non-Government Organizations: 46

DANG DECLARATION PAPER RELATED TO MENSTRUAL HYGIENE: 
FEBRUARY 6, 2017

Constitution of Nepal, article 35 sub articles 4 has ensured the right to access to water, sanitation and hygiene. According to article 38 in 'Women's right' related sub article (1), (2), (3): every woman shall have equal right to lineage without any gender discriminations, every woman shall have the right relating to safe motherhood and reproductive health, there shall not be any physical, mental, sexual or psychological or any other kind of violence against women, or any kind of oppression based on religious, social and cultural tradition, and other practices. Also the Domestic Violence Act 2066 has also addressed the above enactment. According to the law, it is enlisted that these
kind of works are punishable and victims have right to get the compensation. Unfavorable to the constitution article, still in different parts of Nepal in the name of religion and cultural beliefs, women’s and adolescent are secluded as well as discriminated during their natural and continuous process i.e. postpartum period, menstrual period and are forced to stay outside the home in Chhaupadi goth, cattle farm with the restriction to have nutritious foods like milk, curd, ghee etc and proper clothing/bed sheet and also have to work on the field during the period instead of the household chores. This practice has been the reason behind the gender discrimination, exploitation and violence. To address this issue National level region wise development plan has been prepared by GoN to achieve the sustainable development goal upto 2030 which includes the indicators as,

- Increment in the attendance of female student up to Secondary level.
- Elimination of menstruation related discrimination.
- Everyone with equitable and enough access to clean drinking water, sanitation and hygiene
- Guarantee of the human right appraising the self esteem of female, girl including the one invulnerable situation.

At this date of February 6, 2017 we, all governmental and non-governmental organization/ institutions officials and stakeholders show following commitments toward the implementation of ‘Dang Declaration paper 2073’ organized as Regional Workshop in coordination with Regional level Water Sanitation and Hygiene Coordination Committee (R-WASH-CC).

1. Ensuring the availability of sustainable access to water, sanitation and hygiene through the availability of sanitary toilet with menstrual management facilities including management of suitable waste management facility for the safe disposal of sanitary toilets in female toilet.

2. Improving the curriculum of grade 7, 8, 9 for the inclusion of basic menstrual hygiene management related education, skill and behavior in the curriculum from grade 4 and request to Ministry of Education to conduct related trainings to the teachers and students.

3. Assurance of availability of sanitary pad in required quantity in every school through the optimum use of locally available resources.

4. Collaboration and integration of the interventions of different local institution, related government organizations, national and international non-governmental organizations, citizen society working on menstrual hygiene management sector at VDC/Municipality, district, regional and headquarter level and management of appropriate network for the implementation of the integrated activities.
5. Development of basic criterion for technical subject of menstrual hygiene management of School WASH program and its implementation by every institution with the resemblance of it.

6. Formation of child clubs in every school and conduction of different activities related to sanitation and menstrual hygiene management allocating the responsibilities to both boy and girl students.

7. Every school must integrate the menstrual hygiene topic in their regular extracurricular activities together with proper and sustainable management for provision of required amount of sanitary pads in school.

8. Coordination with local institutions integrating menstrual hygiene management issue with governmental service and facilities to create social pressure for the elimination of Chhaupadi goth in the prevalent communities.

9. Increase awareness among parents, traditional healers, priest, maulana etc on dire practices like Chhaupadi through organizing special trainings and interaction sessions and providing messages through them on community.

10. Publishing and spreading of community based information, education and communication (IEC) materials related to menstrual hygiene management in related places.

11. Priority will be given to this subject through publicity and spreading of awareness message from the local communication medium (FM, Television and Newspaper) in local language and culture.

12. Reward system to praise the men and women (one community one exceptional work) who exceptionally works in menstrual hygiene management.

13. Conduction of effective activities among local level different groups and clubs (mothers group, child club) etc on menstrual hygiene management with the mobilization of FCHVs.

14. Determination and inclusion of menstrual hygiene management related indicators in total sanitation plan of district drinking water, sanitation and hygiene/ VDC water, sanitation and hygiene with the initiation to implement the program and management of budget.

15. Inclusion of menstrual hygiene management indicators under the sanitation indicators in school level plan and joint monitoring of activities by school supervisor and resource person.
2.6 SESSION 6 – INTERNATIONAL EXPERIENCE SHARING

This session, chaired by Mr. Kabindra Karki, Director of NWSSTC; focused on experience sharing of the international representatives from WSSCC, Save the Children and WaterAid relating to MHM and detailed slides can be accessed via CODEF’s drive at [https://drive.google.com/open?id=0B6FA1sqp7e-OZiBNS0RqTDVkJA](https://drive.google.com/open?id=0B6FA1sqp7e-OZiBNS0RqTDVkJA)

Ms. Archana Patkar, WSSCC Geneva

“Puberty is a key point of vulnerability in the human life cycle for boys and girls not just for girls. Menstruation was an unmentionable topic of discussion whereas menopause continues to be so. The major barriers or factors that have resulted in such a scenario are definitely poor awareness or culture and tradition, lack of policies & regulations and age old taboos that are resistant to change. Unsuitable facilities and insufficient affordable environmentally friendly products exist which definitely require increased awareness for translating into increased demand for better facilities, better designs, better monitoring. However, we cannot solve one problem and create another. The environment and disposal with dignity is part of the same supply chain. We are connected people and inadvertently connected to the planet. This is not just a taboo issue in Africa and Asia. We need to look at the minimum basic requirements that give dignity to all so that we do not leave anyone behind.

Nepal has one of the most forward looking policies on the third sex in the world. There is a need to build on that and start breaking the silence at home. We women and girls have waited for centuries, we can’t wait another centuries. WSSCC is also working on MHM tools for visually impaired. The major area of interest for working for WSSSC is supporting in capacity building with the government, ministry on key issues linked to dignity, safety and discrimination. MHM policy of India encompasses a holistic approach. IEC on MHM (Information, Education, and Communication) is a must along with facilities designed to address a specific need of women and girls. All the while, safe environmental friendly disposal cannot be disregarded as well.”
Ms. Therese Mahon, WaterAid UK

“Research on Menstrual Hygiene Management in Nepal had the following key elements:

- Improving Facilities
- Research and Campaigns
- Institutional Accountability
- Sanitary materials supply chains

The findings of the research suggested that menstruation is still perceived as being related to disease, illness, and bacteria. This definitely results in girls feeling excluded and deprived of affection. Furthermore, most girls are unaware of causal effects of menstruation. Mothers are the main source of information for menstruating girls, but they themselves are uninformed and unprepared to talk to their daughters about the causes of menstruation. Knowledge of menstruation is definitely the building block for confidence building. As per now, management of menstruation at school is difficult and disposal of sanitary materials is stressful. There is a need to improve capacity of teachers and developing child friendly approaches to provide age appropriate information. Improvement in access to comfortable, secure, quick-fry and cheap menstrual hygiene management material is also a must along with strengthening of waste disposal facilities.”

Ms. Jacquelyn Haver, Save the Children US

“Two approaches were used for MHM intervention

1. Sponsorship Program - In schools, targeted for adolescent development to address absenteeism in 3 districts
   - Trainings on Menstrual Hygiene for Focal Teachers
   - Trainings to make Pads to focal teachers to cascade to adolescent girls
   - Access to services in schools

The major objectives were to address the SRH of adolescents and reducing absenteeism for improving learning.
2. Approach for Emergency Response - In community, targeted for school WASH programs

- Breaking the silence through awareness for capacity building of girls and boys
- Standardizing Toilet design.

The major objectives were to create awareness on Menstruation and hygienic management among girls and women, providing correct knowledge and facts regarding menstruation and encouraging women and girls to have appropriate MHM with use of local menstrual pads (Sajilo Napkin).

The results showed that 1456 school going girls were trained on MHM from 20 different schools of Sindhupalchok. More than 1500 mothers and adolescent girls were trained on MHM along with 67 FCHVs and mother group members. 203 focal teachers were trained whereas 9503 adolescent girls were oriented on MHM in 2016 in 258 orientation sessions.”

2.7 SESSION 7&8: GROUP AND PANEL DISCUSSION

2.7.1 HEALTH SECTOR

The major challenges and gaps seen on MHM from the health sectors’ perspective were

- MHM training package is not reviewed and endorsed cross sectorally
- HR challenges in Health in terms of competency, aptness and numbers is a major issue
- A focus on community level is missing
- There is a lack in men/boys’ involvement on MHM
- Existent lack of Coordination between schools and health facilities
- Health specific education on MH among traditional healer/religious leaders and key decision makers (elders) are lacking

Following recommendations were made based on the group and panel discussion to address the challenge of this sector

- One umbrella package on MHM package for every sector
• Advocacy for inclusive Menstrual Health/Hygiene and Right Management in RH component
• Advocacy for separate cadre (school health nurse/promoters) for a widespread movement and reach
• Community mobilization and empowerment for MHM promotion (traditional healers, community leaders, family decision maker).
• Make Joint Action plans with other sector for efficient work.
• Evidence based information system on MHM

2.7.2 EDUCATION SECTOR
The existent policies and provisions that can be built upon for MHM policy were identified as
• National School Health & Nutrition Strategy-2006
• Child friendly school environment framework
• School Construction Guideline
• Wash in school guideline-preparation phase
• Joint Action plan of MOH & MOE
• Design of toilet for schools

Capacity, mobilization and materials for MHM movement were identified as
• MHM syllabus in Curriculum
• MHM Reference Manual& Training Package
• Mobilization of Child Clubs
• Involvement of different Public & Private Stakeholders

The panel discussion identified the following as major challenges and gaps
• Lack of skill and confidence of teachers due to inadequate training
• Social and culture barriers that exist at home and community
• Lack of proper WASH facilities in schools
• Lack of awareness on importance of MHM in schools
• Insufficient resources in schools
• Weak monitoring mechanisms

The following recommendations were made to address the challenges and gaps
  • Revision of SHN Strategy and inclusion of MHM
  • Revision of school curriculum especially from younger classes/age groups
  • Provision of education and reference materials on MHM
  • Parental education especially in Mid and Far western regions
  • Implementation of Joint Action plan of DoE and DoHS
  • Rehabilitation/Reconstruction of existing toilets to make it more CGD friendly
  • Promote O&M mechanisms in schools
  • Add MHM indications in EMIS
  • Inclusion of private schools too for exact division of work.
  • Incorporation of all areas i.e. community, family etc., and not just the school.
  • Only the biological process is included in curriculum, but the inclusion of existent social taboos is also a must
  • Trainings are quite lengthy, so inclusion of training in curriculum would be beneficial
  • Home Ministry and Ministry of Women and Children also need to be involved

2.7.3 WASH SECTOR

The opportunities for WASH sector regarding MHM were identified as
  • Initiation of collaboration of different ministries (MoE, MoHP, MoWSS).
  • Massive campaigns with commitment (e.g. celebration of MHM day, National/Regional workshop, dang declaration on MHM)
  • Initiation of sanitation marketing for e.g. Dhading

The major challenges and gaps were identified as
  • No specific defined Policies and guidelines on MHM and sectoral coordination
  • No Private sector involvement
  • Inter- ministerial coordination gap and latency in information sharing)
  • Lack of proper M&E mechanism
• No proper Information management system and dissemination
• Reward/ Penalizing mechanism not in place
• Lack of robust research.

The panel discussion yielded the following recommendations for WASH sector on MHM
• Mainstreaming MHM in ODF/ Total sanitation campaign.
• Using traditional healer/priest/social leaders as a change agent.
• Formulation of strategic plan on MHM
• Making Standard guideline/ approach with separate package as per target audience.
• Working through existing coordination committees
• “Mother/sisters/teachers groups” Led Approach
• Strategic Involvement of male population on MHM
• Promotion of Public private partnership
• Addition of MHM in 5+2 instead of 5+1 indicator in the TSC action plan

2.7.4 MEDIA SECTOR

The opportunities and avenues for MHM seen for the media sector were
• Social responsibility
• Community’s trust, and
• Policy recognition

Moreover, support of government and non-governmental organizations expertise for the upliftment of the subject matter was declared as a must.

The potential challenges of the media sector regarding MHM were
• Lack of human resource for separate beat
• Not being able to give continuity to the beat
• Less knowledge, clarity, continuous follow-up on the subject
• Lack of strategic communication sector and approach to increase media participation
The recommendations for addressing such challenges were

- Coordination and orientation to journalist and editor on the subject
- Involvement of political leaders, celebrity, religious guru, traditional healers in the campaign
- Media Coordination Committee should be organized and represented along with strategic communication for ensuring active media participation
- Participation of media in research and monitoring

2.8 CLOSING CEREMONY

Mr. Jukka Ilomari – Finnish Embassy, Nepal

“A letter from the Prime Minister following the death of 15-year-old girl in Chaupadi was a good statement which has definitely acted as catalysts for policy level initiatives on MHM”

He stated that the role of men/boys in school is crucial as well and “Practical Outcomes” need to be assessed with constant follow up and meetings among participants with suggestive inputs on at least three issues that they would change in their professional lives.

Mr. Guna Raj Shrestha – National Coordinator WSSCC Nepal

“We are working on ODF, but it is not inclusive of MHM issues. The primary step forward is definitely the inclusion of MHM issues with ODF. There are rights but no knowledge of the rights. Everyone is doing things one way or the other, but there is no coordination amongst the different groups namely Ministry, NGOs and INGOs. This has and will result in redundancies in approaches and action which need to be eradicated through communication and experience sharing. This workshop has definitely addressed the latter part of that issue.”
Mr. Shrestha further highlighted the fact that girls are still missing 4-5 days’ school every month which definitely have dire consequences in their education. For this, media advocacy and a change and improvement in the curriculum is a must. Media people shared that they have less knowledge in the MHM and the services. He further suggested making a small group from the four ministries and respective organizations to work on the outcomes of the workshop.

Ms. Archana Patkhar – Programme Manager WSSCC Geneva

“Menstruation is a Human Issue, and not just Women issue. It doesn’t just affect women or girls, but affects all the people of country. Every time we don’t talk about it, i.e. Chaupadi or MHM issues, we are violating Human Rights.”

Based on the legal provisions for MHM and considering the gender liberty in Nepal’s legislation, she appraised Nepal as an example to inspire not just Asia but world.

She also stated that Nepal could lead in SACOSAN – 2018. She further stressed the fact that the country can be a leading example by incorporating ODF and MHM within a single heading and addressing those problems. She ensured commandment to MoWSS hopeful of bringing other ministries to the floor as well.

Mr. Rajan Raj Pandey – Joint Secretary MoWSS

“The pain of being a father when my daughter was first sent out of house when she first menstruated definitely inspired me to work and address this issue on MHM”

He addressed the way forward for MHM policy formulation through making cross sector inclusive groups and committees who will look into the outcome of the workshop and work on the policy to propose. Furthermore, he expressed plans on using
the committees that are already working on WASH. A major decision made was that from here on if a village is non MHM friendly (Chaupadi free), it will not be declared as ODF since girls/women will not have access to toilets. He stressed that continuous monitoring will be assured to ensure and assess desired progress in the MHM sector.
## ANNEX 1: LIST OF PARTICIPANTS

<table>
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<td><a href="mailto:priya.shrestha@gmail.com">priya.shrestha@gmail.com</a></td>
</tr>
<tr>
<td>52</td>
<td>Ritavrat Joshi</td>
<td>Male</td>
<td>Senior Programme Officer</td>
<td>Community Development Forum-CODEF</td>
<td>NGO</td>
<td><a href="mailto:ritavrat.joshi@gmail.com">ritavrat.joshi@gmail.com</a></td>
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<tr>
<td>53</td>
<td>Sagun Gopal Kayastha</td>
<td>Male</td>
<td>WASH Officer</td>
<td>Community Development Forum-CODEF</td>
<td>NGO</td>
<td><a href="mailto:sagun.kayastha@gmail.com">sagun.kayastha@gmail.com</a></td>
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<tr>
<td>54</td>
<td>Yaba Laxmi Shrestha</td>
<td>Female</td>
<td>Gender equality and social</td>
<td>Community Development Forum-CODEF</td>
<td>NGO</td>
<td><a href="mailto:yaba.shrestha@gmail.com">yaba.shrestha@gmail.com</a></td>
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<td>inclusion (GESI) Expert</td>
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<td>55</td>
<td>Sunita Basnet</td>
<td>Female</td>
<td>Admin and Finance Officer</td>
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<tr>
<td>56</td>
<td>Igroom Dokya Lama</td>
<td>Female</td>
<td>Women Officer</td>
<td>Environment and Development Organization-ENDO</td>
<td>NGO</td>
<td><a href="mailto:igroom@lumanti.org.np">igroom@lumanti.org.np</a></td>
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<tr>
<td>57</td>
<td>Kumari Shobha Tandukar</td>
<td>Female</td>
<td>Sexual Reproductive Health</td>
<td>Lumanti Support Group for Shelter</td>
<td>NGO</td>
<td><a href="mailto:kumari@lumanti.org.np">kumari@lumanti.org.np</a></td>
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<td></td>
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<tr>
<td>58</td>
<td>Jene Shrestha</td>
<td>Female</td>
<td>Program Associate</td>
<td>Nepal Fertility Care Center</td>
<td>NGO</td>
<td><a href="mailto:jeny@nfcc.org">jeny@nfcc.org</a></td>
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<td>59</td>
<td>Niranjan Bhattarai</td>
<td>Male</td>
<td>Project Coordinator</td>
<td>Nepal Fertility Care Center-NFCC</td>
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<td>60</td>
<td>Pema Lhakhi</td>
<td>Female</td>
<td>General Director</td>
<td>Nepal Fertility Care Center-NFCC</td>
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<td>61</td>
<td>Shrutee Dugar</td>
<td>Female</td>
<td>Program Associate</td>
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<td>62</td>
<td>Raj Kumar Kshetri</td>
<td>Male</td>
<td>Deputy Programme Director</td>
<td>Nepal Red Cross Society-CEHP</td>
<td>NGO</td>
<td><a href="mailto:rakumar.kshetri@nrscscehp.org">rakumar.kshetri@nrscscehp.org</a></td>
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<tr>
<td>63</td>
<td>Shreelata Rana</td>
<td>Female</td>
<td>District Coordinator</td>
<td>Nepal Red Cross Society-CEHP</td>
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<td>64</td>
<td>Amar Mani Poudel</td>
<td>Male</td>
<td>Deputy Director</td>
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<td>Male</td>
<td>Consultant</td>
<td>Nepal Red Cross Society-NRCS</td>
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<td>Nepal Red Cross Society-NRCS</td>
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<td><a href="mailto:sirjana.devkota@nrscs.org">sirjana.devkota@nrscs.org</a></td>
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<td>67</td>
<td>Himalaya Panthi</td>
<td>Male</td>
<td>Senior Programme Officer</td>
<td>Nepal Water for Health-NEWAH</td>
<td>NGO</td>
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<td>Male</td>
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<td>Social Empowerment and Building Accessibility Centre_SEBAC Nepal</td>
<td>NGO</td>
<td><a href="mailto:bbthapa@gmail.com">bbthapa@gmail.com</a></td>
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<td>Anupa Regmi</td>
<td>Female</td>
<td>Secretary</td>
<td>AWON</td>
<td>CBO</td>
<td><a href="mailto:regmianupa17@gmail.com">regmianupa17@gmail.com</a></td>
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<td>Smriti Shah</td>
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<td>Chhabi Gaudel</td>
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<td>Water, Sanitation and Hygiene-Resource Centre Nepal-WASH RCNN</td>
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<td>73</td>
<td>Chhitra B. Budhathoki</td>
<td>Male</td>
<td>Professor</td>
<td>Tribhuvan University</td>
<td>University</td>
<td><a href="mailto:cbbudhathoki@gmail.com">cbbudhathoki@gmail.com</a></td>
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<td>Janaki Timilsina</td>
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<td>Sharda Thapa</td>
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<td>77</td>
<td>Sadhana Mouriya</td>
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<td>Devi Vidhya Pith LSS, Kapilvastu</td>
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<td>Kabita Gharti Magar</td>
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<td>Community Information Network-CIN Radio</td>
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<td><a href="mailto:laxmi.basnet2007@gmail.com">laxmi.basnet2007@gmail.com</a></td>
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<td>Bhupendra Niraula</td>
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<td>Pankaj Sharma</td>
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<td>Himalayan T.V.</td>
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<td><a href="mailto:ps9801418000@gmail.com">ps9801418000@gmail.com</a></td>
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<td>Atul Mishra</td>
<td>Male</td>
<td>Chief Sub-Editor</td>
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<td>Media</td>
<td><a href="mailto:atulmishra7@gmail.com">atulmishra7@gmail.com</a></td>
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<td>Ram Prasad Gautam</td>
<td>Male</td>
<td>Awarded Columnist</td>
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<td><a href="mailto:ramgautamsvohang@gmail.com">ramgautamsvohang@gmail.com</a></td>
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<td>Ganga Khadka</td>
<td>Female</td>
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<td>Binita Regmi</td>
<td>Female</td>
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<td>Rama Dhakal</td>
<td>Female</td>
<td>Project Coordinator</td>
<td>National Association of the Physical Disabled-NAPD</td>
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<td>Evana Manandhar</td>
<td>Female</td>
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<td>Mina Tamang</td>
<td>Female</td>
<td>Activist</td>
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</table>
ANNEX 2: WORKSHOP BANNER

Policy Consultation Workshop on Menstrual Hygiene Management

February 9-10, 2017
National Water Supply and Sanitation Training Center
Nagarkot, Nepal

Organized By:
Ministry of Water Supply and Sanitation (MoWSS)
in collaboration with
Water Supply and Sanitation Collaborative Council (WSSCC)

Sponsor Partners
ANNEX 3: WORKSHOP BROCHURE

POLICY CONSULTATION WORKSHOP ON MENSTRUAL HYGIENE MANAGEMENT

Ministry of Water Supply and Sanitation (MoWSS) in collaboration with Water Supply and Sanitation Collaborative Council (WSSCC)

February 9-10, 2017
National Water Supply and Sanitation Training Centre, Kathmandu

BACKGROUND

Menstruation is still considered to be a taboo in many places throughout the world, with each taboo and misconception resulting in taboos and discriminations that impede empowerment of girls and women in all areas of life. In 2008, the World Bank assessed a resource paper on menstrual hygiene, “From Shaming to Sanity: Creating an Enabling Environment for Women’s Health and Well-being”. The MoWSS is currently in an effort to educate girls and women about menstrual hygiene management.

THE NEPALESE CONTEXT

MoHFW has been leading the menstrual hygiene management issue in Nepal. While the sanitation movement is progressing rapidly, menstrual hygiene management is a relatively new agenda. Also, this issue is insufficiently acknowledged and has not received adequate attention in the reproductive health and Water, Sanitation and Hygiene (WASH) sector in Nepal. The policies made and sector partners are less informed on this issue and as a consequence, policies and plans on WASH, health and education have largely ignored the MHH component. Ministry of Water Supply and Sanitation (MoWSS) has stepped in by developing a national strategic action plan on MHH in collaboration with Water Supply and Sanitation Collaborative Council (WSSCC) and other sector partners.

OBJECTIVES OF THE WORKSHOP

1. Policy level stimulating and sensitization on the gravity of MHH in Nepal
2. Sharing of national and global learning on MHH
3. Initiation for development of a policy framework on MHH in Nepal

EXPECTED OUTPUTS

1. Coordination, mobilization, and standardization in this sector
2. Evidence-based learning on MHH in Nepal
3. Enhancing awareness of different government ministries and sector partners

EXPECTED PARTICIPANTS

A total of 30 participants are expected to participate from various ministries, department offices, development partners, INGOs, NGOs, civil society organizations, and private institutions. The participants would be policy makers, development partners, implementing partners, and girls and women from the remote villages.

THE KEY CONTENTS OF THE WORKSHOP

February 9, 2017
- Sensitive dialogue by the ministry of water supply and sanitation: Voices from the girl and women
- Keynote speech on MHH
- Sharing from INGOs and NGOs from the ground level

February 10, 2017
- Sharing for the government agencies: Sensitization and awareness sharing
- In-depth discussion on the gaps and challenges and opportunities
- Panel discussion to explain ways forward

CONTACT DETAILS

MoWSS Secretariat, Parliament Building, Nayapattanam, Kathmandu, Nepal

MoHFW, Ministry of Health and Population, Tripureshwar, Kathmandu, Nepal

Mr. Rakesh Koirala, Kailasha, Chairperson, Nepal Rural Water Supply and Sanitation Association, Nepal

Mr. Ramesh Koirala, General Manager, Nepal Rural Water Supply and Sanitation Association, Nepal

Mr. Sudip Koirala, Executive Director, Water Supply and Sanitation Collaborative Council (WSSCC), Nepal
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<th>Topics</th>
<th>Facilitators</th>
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<td>8:00 to 9:00</td>
<td>Breakfast</td>
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<td>9:00-11:00</td>
<td>Opening</td>
<td>Chair: Rajan Pandey, JS/MOWSS</td>
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<td></td>
<td>Inauguration of the workshop</td>
<td>The State Minister</td>
<td>Honorable Deepak Khadka</td>
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<td>National Anthem</td>
<td>Gunra Raj Shrestha, WSSCC</td>
<td>National Coordinator</td>
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<td></td>
<td>Welcome and objective of the workshop and overview of MHM context</td>
<td>Guna Raj Shrestha, WSSCC</td>
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<td>Key notes speech</td>
<td>Rajan Pandey/Anchana Patkar</td>
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<td>Opening remarks</td>
<td>Special guest: Secretary, MoWSS</td>
<td>Mr Bhim Upadhyya</td>
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<td>Opening session closing remarks by the chief guest</td>
<td>Honorable State minister, MoWSS</td>
<td>Honorable Mr Deepak Khadka</td>
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<td>Sensitizing the MHM issues (best five)</td>
<td>Chair: Ram Chandra Devkota, JS/MOWSS</td>
<td>Joint Secretary, MOSS</td>
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<td>Video on chaupadi</td>
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<td></td>
<td>Voices from girls and women</td>
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<td>Sarada Thapa (Focal Teacher) from DEO</td>
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<td>School Health Nutrition Program</td>
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<td></td>
<td>Theme: Background, overview and facilitation</td>
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<td></td>
<td>Sadhana Mauriya (Class 8): 14 years</td>
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<td></td>
<td>Devi Bidyapath Lower Secondary School, Sivanagar, Kapilvastu</td>
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<td>Save the Child, MoM Program</td>
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<td>Theme: Community and School</td>
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<td>Kabita Gharli (Class 10): 16 years</td>
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<td>Amar Higher Secondary School, Dang</td>
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<td>Ganga Khadka, MHM Activist: Experience Sharing from Gulmi</td>
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<td>MHHM Entrepreneurship: Nagarkot</td>
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<td>Cross section of practices, policies and way forward on menstrual right in Nepal: Radha Poudel, Author and Activist (Skype session) (or by Anupa)</td>
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<td>NEWAH’s WASH program focusing on MHHM</td>
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<td>Community Understanding on Menstrual Hygiene Management: Dinesh Raj Bhuj, CODEF Nepal</td>
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<td>Quality Control Aspects of Sanitary Napkins: Shobha Basnet, Zest Laboratories Pvt. Ltd.</td>
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<td>• Helping Girls Transition from Childhood to Womanhood in Nepal: PSI</td>
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<td>• An overview of Chhaupadi Practices in Mid and Far Western Region of Nepal and Way Ahead: RVWRMP</td>
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<td>• Resolution of Mid &amp; Far Western Regional MHM workshop: Swiss Consortium</td>
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<td>11.15-12.30</td>
<td>International Experience Sharing</td>
<td>Chair Mr. Kabindra Karki</td>
<td>Archana Patkar, Senior Programme Manager, WSSCC, Geneva</td>
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<td></td>
<td>Global and regional initiatives, happenings, learning, challenges and recommendations</td>
<td>Archana Patkar (WSSCC), Haver (SC), Therese (WA)</td>
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<td>Save the Children: Global MHM Experience</td>
<td>Jacqelyn Haver, Save the Children, USA</td>
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<td>Menstrual Hygiene in South Asia +</td>
<td>Therese Mahon, Regional Programme Manager, Water Aid UK</td>
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<td>12.30-1.30</td>
<td>Lunch</td>
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<td>1.30-2.15</td>
<td>Thematic Group Discussion (Gaps, challenges, opportunities and ways forward)</td>
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<td>a. Health sector</td>
<td>Group works</td>
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<td>b. Education sector</td>
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<td>d. WASH sector</td>
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<td>e. Media sector</td>
<td>Group works</td>
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<td>2:15-3:15</td>
<td>Panel Discussion (Action plans of programme on breaking the silence, advocacy, HR, research, increasing facilities and disposal)</td>
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<td></td>
<td>a. Health sector</td>
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<td>b. Media sector</td>
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<td>3.15-3.45</td>
<td>Tea break</td>
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<td>3.45-4.45</td>
<td>Panel Discussion (contd...)</td>
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<td>c. WASH sector</td>
<td>Chair...........</td>
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<td>d. Education sector</td>
<td>Chair...........</td>
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<td>4.45-5.15</td>
<td>Closing Ceremony</td>
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<td>Remarks by Jukka</td>
<td>Jukka Ilomari</td>
<td>Jukka Ilomari, chair of the Nepal WASH Development Partner Group</td>
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<td>Remarks by Guna Raj Shrestha</td>
<td>National Coordinator, WSSCC</td>
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<td>Ways forward</td>
<td>Mr Rajan Pandey, JS/MOWSS</td>
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<td>Closing remarks</td>
<td>Honorable Minister, MoWSS</td>
<td>Mr Prem Bahdur Sing</td>
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I had to ensure a cow-dung laden wall as decoration in the shed I stayed in – Suntali Shahi, Class 10, Achham

I was 14 when I had my first period. Every month and every period after that, I had to stay in Chaugoth where there is no lighting and hence I did not get to study or do my assignments. Daylight remaining after school get spent in household chores whereas my nights are spent in such Chaugoth in fear. On one hand, there is no lighting for doing my assignments and on the other, I get frustrated thinking of what I will answer to the teacher tomorrow. I cannot speak about menstruation with my teacher; especially male teachers. The boys in school will surely tease me is I do share about it. They will say I am untouchable and even tease me saying I can’t come in contact with anyone. I also have to ensure a cow-dung laden wall as decoration in the shed I stay even on the final day of my periods when it’s supposedly a day I become pure again. I have to wash all the beddings as well. If I don’t finish all these chores by morning, I don’t get to go to school.
The problems regarding MHM in the Magar community is different. We are not shunned from worship rooms or kitchens and are also not prescribed to do or not to things like in the Brahmin community. The major issue we suffer from is not being able to afford sanitary pads due to our economic status. Due to this, majority of us are forced to use old and used cloth pads but the catch here is that we are not allowed to dry such pads out in the sun after washing them. This is primarily to not allow male members of the community to see it. I strongly hope and suggest for a change to start from the school level. The teachers, coordinators and the management committee of such schools need to be sensitized on safe MHM. A major issue is also the unpredictable nature of periods as to when and where it occurs during a month. Hence, regular provision of sanitary pads in schools is a must. A training on pad making as per personal requirements would be highly practical and beneficial.
I really dreaded my period days and wished for them to never come – Rama Dhakal, Differently-abled participant, NAPD

I am paralyzed below my lower hip and need restrooms with comforts that meet my special needs. Me and other women like me need support in even changing pads during periods. My first period made me realize how difficult periods were and would be for me due to my physical inhibitions. Periods during school days were the toughest along with missing classes. I wanted to go but where and how would I change my sanitary pads? Just to cope with this, I even stopped drinking water every night before school the next morning to avoid urination. I really dreaded my period days and wished for them to never come. As my avoidance of drinking water became habitual over the years, it might have resulted in the complications I ended up having with my kidney functions rendering one of them damaged.
Ms. Sadhana Mauriya, Student (Class 8) - Kapilvastu

“I used to miss school during menstruation and feared that blood would stain my clothes. I got only basic information about menstruation from my mother and aunt. They had traditional beliefs. We are not allowed to eat fruits, milk products, comb hair or enter kitchen during menstruation. We are not allowed to even dry the clothes used during menstruation out in the sunlight. After getting training from Ms. Sharada Thapa, I got to know that it is a biological process and also learned how to make a pad and taught the techniques to mother and sisters. Pads are very important to stay hygienic and healthy during period.

Ms. Janaki Timilsina, Focal Teacher - Achham

“People take Menstruation in a negative way. They do not allow the usage of same taps or toilet used by other members of family. They are also not provided with proper food, and have to stay outside the house, in cowshed. Our place has been declared as ODF but the paradox that exists is that menstruating girls/ women are not allowed to use toilet. Girls do not talk about menstruation because they are scared that other would know and tease them or people would stay away from them.

Ms. Kabita Gharti, Student (Class 10) - Dang

“I am from a Magar community, and have not faced any kind of discrimination during menstruation and have not faced many restrictions as well. The only restriction I faced was that I couldn’t dry cloth-pads used during menstruation in sun. Changes should start from the school level. Use of homemade cloth-pads should not be stopped but should be supplemented with lessons on how to improve their use and disposal. We also yearly collect Rs 50 per person for providing sanitary pad facility at school.”

Ms. Mina Tamang, Activist - Dhading

“Self decomposing organic sanitary pads are good and I request the government to not imply tax on things and materials that are necessary for the preparation of self decomposing pads.”
ANNEX 6: PHOTOGRAPHS

Picture 1: From L to R: Mr. Ram C. Devkota (Department of Water Supply and Sewerage), Mr. Jukka Ilomäki (Finnish Embassy Nepal), Ms. Archana Patkar (WSSCC Geneva), Ms. Jacquelyn Haver (Save the Children US) and Ms. Therese Mahon (WaterAid UK)

Picture 2: Mr. Guna Raj Shrestha, National Coordinator for WSSCC Nepal providing opening remarks for the policy workshop
Picture 3: Official opening of the workshop by lighting of Panas by Hon. State Minister Mr. Deepak Khadka

Picture 4: National anthem for Nepal plays and (From L to R) Hon. State Minister Deepak Khadka and Joint Secretary of MoWSS Mr. Rajan Raj Pandey pay their respects
Picture 5: Participants stand up for Nepalese national anthem

Picture 6: Video Screening on Biological Process of Menstruation
Picture 7: Key note by Ms. Archana Patkar, WSSCC Geneva

Picture 8: Key notes and experience sharing of Kavre field visit by Mr. Rajan Raj Pandey, Joint Secretary MoWSS
Picture 9: Mr. Ram C. Khadka, DG of DWSS delving further into the workshop theme

Picture 10: Hon. State Minister Mr. Deepak Khadka providing endnotes for the opening session of the workshop
Picture 11: Opening session comes to an end

Picture 12: Community voices and experience sharing session
Picture 13: Ms. Sadhana Maurya, a student from Kapilvastu sharing her personal experiences on MHM

Picture 14: Ms. Dhanpura Shahi from Jumla sharing her MHM experiences and practices
Ms. Suntali Shahi from Achham sharing her experiences

Ms. Kabita Gharti Magar from Dang sharing her experiences
Ms. Meena Tamang from Dhading expresses her views on MHM.

Ms. Ganga Khadka from Gulmi sharing media initiatives and personal experiences on MHM.
Ms. Rama Dhakal from NAPD sharing experiences on MHM for differently abled people

Ms. Shanti Nakarmi sharing experiences on MHM

Picture 19: Ms. Rama Dhakal from NAPD sharing experiences on MHM for differently abled people

Picture 20: Ms. Shanti Nakarmi sharing experiences on MHM
Picture 21: Closing of the community voices session

Picture 22: Ms. Rita Bhandari Joshi from Department of Health (Mid-West) chairing the technical session of research findings on MHM
Picture 23: Ms. Anupa Regmi presenting on behalf of Ms Radha Poudel on MHM experiences and findings

Picture 24: Ms. Shikha Shrestha from WaterAid Nepal sharing research findings on MHM in Nepal
Mr. Homnath Acharya from UNICEF experience sharing on MHM

Dr. Nepali Sah further elaborating on research findings of UNICEF on MHM
Picture 27: Facilitation team from CODEF Nepal (From L to R) Mr. Sagun Kayastha, Ms. Priya Shrestha, Ms. Alina Shakya and Mr. Ritavrat Joshi

Picture 28: Dr. Dinesh Bhuju sharing research findings of community understanding on MHM on behalf of CODEF
Picture 29: End of research findings sharing session on MHM

Picture 30: End of Q&A session
Picture 31: Mr. Jukka Ilomaki chairing the governmental experience sharing session

Picture 32: Mr. Khemannanda Bhusal from Department of Education sharing experiences on MHM
Mr. Dilli Raman Adhikari from Ministry of Health sharing experience on MHM and its implications on the national health sector

Ms Evana Manandhar, Emcee of the workshop, Mr. Himalaya Panthi from NEWAH and Mr. Khemananda Bhusal, Chair of the session on NGO and INGO experience sharing on MHM
Picture 35: Mr. BB Thapa sharing experience on MHM on behalf of SEBAC Nepal/ USAID

Picture 36: Ms. Pragya Shrestha further elaborating experiences on MHM for SEBAC Nepal/ USAID
Mr. Ramesh Bohara sharing experience on MHM on behalf of Swiss Consortium

Dr. Yadav Gurung sharing experience on MHM on behalf of PSI Nepal
Picture 39: Ms. Kumari Shova Tandukar sharing experiences on MHM on behalf of LUMANTI

Picture 40: Mr. Amar Mani Pokhrel and Mr. Mukti Pokharel sharing experiences on MHM on behalf of Nepal Red Cross Society
Mr. Nabin Kumar Shahi presenting experiences on MHM on behalf of KIRDARC Jumla

Ms. Pema Lakhi from NFCC presenting their experience on MHM
Picture 43: Mr. Raju Tirawa and Ms. Sara Alanen sharing experiences on MHM on behalf of RVWRMP

Picture 44: Closing of experience sharing session (NGOs and INGOs)
Picture 45: Ms. Archana Patkar, WSSCC Geneva sharing international findings on MHM with Mr. Kabindra Karki, NWSSTC chairing the session

Picture 46: From L to R - Ms. Therese Mahon from WAN UK and Ms. Jacqueline Haver from Save the Children US on international experience sharing on MHM session
Mr. Guna Raj Shrestha, National Coordinator for WSSCC Nepal with workshop participants and resolutions of the Far Western workshop on MHM in the backdrop.

Closing of international experience session.
Picture 49: A snapshot of the NWSSTC training centre

Picture 50: Group discussion session I
Picture 51: Group discussion session II

Picture 52: Group discussion session III
Welcome committee for Hon. Minister for closing session

Hon. Minister Prem Bahadur Singh giving key closing remark