



Policy Brief on Menstrual Health Management in Nepal

Analysis of existing policy and strategy related to MHH

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MHH Policy Brief Consultation Workshop
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The term 'Dignified menstruation' is commonly used by the government, activists, campaigners and various stakeholders but its actual definition is not available. As to make the standard understanding and definition, one of the tasks of high level inter-ministerial advisory group formed by the National Planning Commission is to set its definition and develop key indicators. Therefore, desk review of various publication, research and government strategies and plan were done to obtain its definition and indicators.

1. Definition of Dignified Menstruation

Definition of Menstrual health (MH)

According to definition being used by UNICEF/WHO JMP, UNFPA and others, Menstrual Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycleⁱ. Achieving menstrual health implies that women, girls, and all other people who experience a menstrual cycle, throughout their life-course, are able to:

- Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.
- Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.
- Access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
- Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
- Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

Definition of Menstruation, or period

According to MedlinePlus, Menses, Menstruation or Period is normal vaginal bleeding that occurs as part of a woman's monthly cycle. Every month, the body prepares for pregnancy. If no pregnancy occurs, the uterus, or womb, sheds its lining. The menstrual blood is partly blood and partly tissue from inside the uterus.

Definition of Dignified Menstruation

The Global South for Dignified Menstruation (GSDM) defines "DIGNIFIED MENSTRUATION as a state of free from any forms of menstrual discrimination including stigma, taboos, abuse, violence, and restrictions associated with menstruation throughout the life cycle of menstruators within all identitiesⁱⁱ.

'Dignified menstruation' is an innovative and holistic approach to combat the menstrual discriminatory perceptions and practices for achieving the overarching goal of gender equality. Dignified menstruation is a tool for prevention of sexual and gender-based violence, improvement of Sexual and Reproductive Health Rights (SRHR) and for the promotion of human rightsⁱⁱⁱ.

Period dignity is about: Respect — removing any stigma and shame. around periods.

2. Restrictions and Taboos

Nepal persists various taboos and restrictions due to the taboos and stigma of the menstruation. The followings are general taboos, stigma and restrictions thereof:

Religious

- Temples: Visiting temples
- Exclusion from religious activities- prays, worshipping, rituals, festivals, holy trees, religious gatherings

Cultural

- Mobility-restrictions on free mobility- houses, schools
- Watching- : Sun, Moon,

Social

- Participation in marriages or other social events/gatherings.
- Touching- not to touch family members (especially male members), water, temples, plants, vegetables, fruit trees .
- Relationship: Neglect- compulsion to sleep in the floor, stay out from home (Chhaupadi)
- Kitchen: restriction to kitchen and cooking
- Food: Not to eat fruits, milk, dairy products
- Refrain from work/studies: absent from work and schools
- Sexual: restriction on sexual relation

3. MHH Materials and Facilities

Menstruation are associated directory with MHH facilities, specially water, sanitation and hygiene facilities in schools, public places, institutions, homes, etc. Additionally, the informed choices of menstrual materials, their impact the health and environment are crucial parts.

WASH facilities:

- Lack of female friendly toilets in schools, houses, public institutions, public spaces and workplaces and disposal facilities

Menstrual materials:

- Lack of informed choices,
- Lack of affordability and availability
- Quality products
- Lack of health friendly and environmental materials

4. Impacts

Due to taboos, stigma, restriction and lack of safe and equitable MHH facilities issues, there has been significant impact to the menstruators, community, environment, to the country as a whole. The below are some of the key impacts being experienced:

a. Health Impacts

- Urinary tract infections
- Cervical cancer
- Low nutrition
- Emotional stress
- Hormonal changes due to menarche and menopause

b. Educational Impact

- Absenteeism and presentism in schools

c. Social Impact

- Lack of dignity
- Lack of support from family and society

d. Loss of Economic Opportunities

- Absent from economic activities

e. Environmental Hazards:

- Commercial products hazard to environment
- Burning causes carbon and greenhouse gas emissions
- Landfills: more than 20% of landfill waste is from menstrual waste, causing greenhouse gas and methane emissions

f. Gender Based Violence

- Isolated in Chaugoths, separate rooms, caves
- Sexual abuses and rapes in the isolated places
- Untouchability

- Restriction to ritual places and functions

g. Human Rights Violations:

- Article 16: Right to live with dignity.
- Article 17: Right to Freedom
- Article 18: Right to Equality.
- Article 24: Right against Untouchability and Discrimination.
- Article 30: Right to a clean environment.
- Article 31: Rights related to education.
- Article 35: Health related rights.
- Article 36: Right to food
- Article 37: Right to Housing
- Article 38: Women's Rights

h. Impact to Achieving SDGs

- SDG 1 (No poverty): 1.4
- SDG 2 (Zero hunger): 2.1, 2.2
- SDG 3 (Good health and wellbeing): 3.1, 3.2, 3.7
- SDG 4 (Quality education): 4.1, 4.2
- SDG 5 (Gender equality): 5.1, 5.2, 5.3, 5.5
- SDG 6 (Clean water and sanitation): 6.1, 6.2
- SDG 8 (Decent work and economic growth): 8.1, 8.5, 8.6, 8.7, 8.8, 8.9
- SDG 12 (Responsible consumption and production): 12.4, 12.5
- SDG 16 (Peace, justice and strong institutions): 16.1, 16.2

5. Existing Policies and Strategies Related with MHH

A number of plans and strategies were reviewed as to explore strategic interventions, indicators and priorities for monitoring related with Menstrual health and hygiene (MHH) in Nepal and examples from other countries and globally. Also some research/study documents were also reviewed. Below is the snapshot of the key MHH interventions /indicators in practice.

1. GESI strategy, 2021-2023, MOFAGA, PLGSP, 2021

The strategy states that a social campaign will be run to increase awareness in all levels declaring the 'year against gender-based violence' to end the superstitions and evil practices like gender violence, the allegation of witchcraft, and *Chhaupadi*. Where indicators are not yet in place, proposed indicator is given as:

- *Indicator: #/% people who experienced MHH related GBV is reduced by half.*

2. Nepal Health Sector Strategic Plan, 2023-2030, MOHP-2080BS

The strategy states that addressing potential impact to the health due to harmful cultural and social practices such as *Chhaupadi*, child marriage and early pregnancy. Where indicators are not yet in place, proposed indicator is given as:

Indicator: #/% of women and girls following harmful practice of Chhaupadi is reduced by half.

3. School Education Sector Plan, 2022/23-2031/32, MOEST

There are 34,816 schools in Nepal, of which 27,890 are community schools. Of these schools, only 11,976 have computer facilities, 6,018 have internet facility, 22,212 have toilets, 20,246 have drinking water, and 6,869 have library rooms.

The strategy has set standards for physical infrastructures in schools. One of the interventions is to construct separate toilets for boys and girl student with provision of water, sanitation and hand washing facilities *but no mention of MHH facilities.*

The plan has also planned to formulate and implement an action plan to establish green schools with quality WASH facilities. Where indicators are not yet in place, proposed indicators are given as:

- *"% of schools (primary/secondary) with improved sanitation facilities that are single-sex, usable (available, functional, and private), lockable from the inside, have covered disposal bins, and have discreet disposal mechanisms at the time of the survey.*
- *"% of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation."*

4. Nepal WASH Policy, 2023

The cabinet approved Nepal WASH policy in 2023 and the policy has a goal for providing safe water and sanitation services to all by 2043. One of the objectives is providing access to affordable, adequate and safe and inclusive WASH services. Regarding sanitation and hygiene, the policy has the following strategies:

- Sanitation and hygiene national campaign and Total sanitation program
- Local government to continue the leadership to sustain ODF and sanitation and hygiene activities
- Municipality wide inclusive sanitation plan
- Public and institutional toilets are gender, child, disable and elderly friendly

Where indicators are not yet in place, proposed indicator is given as:

- *% of public/institutional toilets are separate for girls and menstruation friendly*

5. Nepal Water Supply, Sanitation, and Hygiene Sector Development Plan (2016 – 2030), MOWS

The Ministry of Water Supply and Sanitation drafted the Nepal Water Supply, Sanitation, and Hygiene Sector Development Plan (2016 – 2030) as a 15-year guiding document on providing adequate and safe water, as well as sustained proper sanitation facilities at schools and in communities. This Plan encourages the “star approach” guideline for schools and includes MHH as one of the indicators for Gender Equality and Social Inclusion (GESI). MHH has also been covered as a key strategic action under

Water Sanitation and Hygiene (WASH) in community institutions and public spaces. While this Plan calls for a sufficient supply of water and soap, as well as separate facilities by gender, it fails to include objectives related to sanitary materials and proper waste disposal

6. Total Sanitation Guidelines (2016), MOWS

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

National indicators for post-ODF sustaining in Nepal include MHM.

- MHH facilities availability and practices among the women and girls
- Disposal facilities of used pads and /or cleaning facilities of menstrual materials in school and public toilets

The proposed indicators are:

- Menstrual hygiene management taught in all grades (4 to 12) above five;
- Separate improved and functional toilets with latches, for girls and boys
- Arrangement for improved and functional child, gender, disability and environment friendly toilet with urinals having running water tap
- Arrangement for children, gender, disability and environment friendly toilet facility with sufficient water at a safe location (at a ratio of 25 girls and 40 boys) and safe drainage of feces and urine; and
- Arrangement of Focal teacher (priority to female) for water, sanitation and menstrual hygiene
- MHH corner (related books, magazines, posters, notice and informative materials and menstrual products) established

7. School WASH Procedures, 2074, MOEST

This guideline includes provision on MHM education, MHM awareness and managing facilities. The Guidelines has suggested three-star approach in schools with 10 domains with specific indicators to qualify for three stars. One of the 10 domains is ‘MHM facilities’. The indicator for this domain are

- Availability of dustbin with lid for sanitary disposal in toilets
- Availability of Menstrual Hygiene Kit during Emergency and incinerators for safe disposal of the used materials
- Reusable menstrual material making by student or use of hygienic menstrual material MHM facilities in use

8. MICS/UNICEF, Nepal, 2019

MICS-2019 has published a number of indicators related with MHH in various sectors as below

WASH sector

- Percent distribution of women by use of materials during last Menstruation
- Percentage of women using appropriate materials for menstrual management during last menstruation
- Percentage of women with a private place to wash and change while at home
- Percentage of women using appropriate menstrual hygiene materials with a private place to wash and change while at home
- Number of women who reported menstruating in the last 12 months
- Percentage of women age 15-49 years who did not participate in social activities, school, or work due to their last menstruation in the last 12 months, Nepal,
- Percentage of women who had to stay in chhaupadi/ chhapro/ cowshed due to their last menstruation in the last 12 months

9. Global Health Action, Marni Sommer, et al, how addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals, 2021

Education sector

Indicators	Justification
Proportion of schools, and teachers in school who have received high quality gender-sensitive teacher training	Teacher training enables effective and sensitive delivery of MHH guidance and support for menstruating girls.

Health sector

Indicators	Justification
Proportion of girls suffering psychological distress and anxiety associated with MHH (SDG 3.8.1)	Shame, stigma/teasing, and other menstruation-related stressors (e.g. pain, lack of materials) may lead to psychological distress
Proportion of girls diagnosed with mental health issues related to MHH (SDG 3.8.1)	Inability to participate fully in valued/important social activities; the negative impact that not participating in educational/economic activities can have on mental health.

WASH sector

Indicators	Justification
Proportion of schools with female-friendly WASH facilities (SDG 6.2 and SDG 4.a.1)	Enables MHH while in classroom and at school for female students, teachers and administration
Proportion of women and girls able to manage MHH specific needs at home (SDG 6.2)	Enables MHH while at home

Proportion of health care facilities with acceptable female-friendly WASH facilities (SDG 6.2 and SDG 3.8.1)	Enables MHH while in health care facilities and supports targets for universal health coverage and quality of care, etc
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Gender sector

Indicators	Justification
Gender norms and discriminatory practices (SDG 5.1)	Shape norms around menstruation – impacts menstrual health, while menstrual specific norms reinforce some gender norms/expectations; such as policies and tax regulations that support those who menstruate; or practices that limit those who menstruate from engaging in religious life.
Gender budgeting or resource allocation for gender equity (SDG 5.c.1)	Enables the financing of MHH related interventions.
Proportion of girls experiencing gender-based violence (SDG 5.2.2)	Menarche may increase vulnerability of girls to sexual violence, sexual coercion, adolescent births and early marriage

Priority List of Indicators for Girls' Menstrual Health and Hygiene: TECHNICAL GUIDANCE FOR NATIONAL MONITORING, March 2022^{iv}

SN	Domain	Target Beneficiaries	Indicators
1	Materials	Individual	% of menstruators who reported having enough menstrual materials during their last period
		School	% of schools with menstrual materials available to girls
2	WASH	Schools	% of schools (primary/secondary) with improved sanitation facilities that are single-sex and usable (available, functional, and private) at the time of the survey.
			% of schools (primary/secondary) with improved sanitation facilities that are single-sex, usable (available, functional, and private), lockable from the inside, have covered disposal bins, and have discreet disposal mechanisms at the time of the survey.
		Individual	% of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation
		Individual	% of girls who reported changing their menstrual materials during their last menstrual period when at school.

			% of girls who changed their menstrual materials at school in a space that was clean, private, and safe during their last menstrual period.
3	Knowledge	Individual	<p>% of students (male/female) who have ever received education about menstruation in primary and secondary school.</p> <p>% of females who know about menstruation prior to menarche.</p> <p>% of females with correct knowledge of the fertile period during the ovulatory cycle.</p>
		School	<p>% of schools where education about menstruation is provided for students from age 9.</p> <p>Existence of pre-service or in-service teacher training about menstruation at the primary or secondary level.</p> <p>% of schools that have at least one teacher trained to educate primary/secondary students about menstruation.</p>
4	Discomfort/Disorders	Individuals	<p>% of girls who report that they were able to reduce their menstrual (abdominal/back/cramping) pain when they needed to during their last menstrual period.</p> <p>% of girls who would feel comfortable seeking help for menstrual problems from a health care provider.</p>
5	Supportive social environment	Individual	% of girls who have someone they feel comfortable asking for support regard menstruation
6	Menstrual health impacts		<p>% of girls who report a menstrual period does not impact their day.</p> <p>% of girls whose class participation was not impacted by their last menstrual period.</p>
7	MHH Policy	Government/national	<p>% of countries with policies or plans that include menstrual health and hygiene.</p> <p>National budget is allocated to menstrual health and hygiene; funds are dispersed to the schools in a timely and efficient manner.</p>

10. UNICEF/WHO JMP of WASH, 2023

A detailed definition of menstrual health, including access to information, facilities, and supportive environments, was agreed upon by the Global Menstrual Collective through a multi-stage process and published in 2021.

While the definition of menstrual health is multi-faceted and spans different sectors, new questions related to menstrual health indicators have been progressively included in household surveys used for national and global water, sanitation and hygiene monitoring. JMP has short listed the below indicators from the priority list of indicators for MICS MHH module:

JMP indicators

Domain	Indicators
Materials	reported having enough menstrual materials throughout their last menstrual period
WASH Facilities	had a private place to change their menstrual materials
Knowledge	knew about menstruation before their first menstrual period
Discomfort/Disorders	were able to reduce their menstrual (menstruation-related) pain during their last menstrual period when they needed
Supporting environment	would feel comfortable seeking help for menstrual problems from a health care provider
MH impacts	did not have trouble participating in school, paid work, or social activities due to their last menstrual period

6. Context Analysis on MHH

BBC, as MHM PA's secretariat organized a consultation workshop of stakeholders on 'Policy Brief on MHH in Nepal' in Kathmandu on 18th March 2024. A total of 28 organizations/stakeholders participated in the workshop. The stakeholders' workshop has analyzed various aspects of the menstruation to feed into the MHH policy. The National Planning Commission through its inter-ministerial advisory Group has started MHH policy formulation process. The workshop outcomes are expected to feed in to the policy formulation processes.

6.1 Gaps and challenges around MHH facilities

The following gaps and challenges were identified in ensuring availability, accessibility, acceptability, and quality of menstrual materials/supplies, facilities, and education:



6.2 Barriers to accessing quality menstrual materials:

6.2.1 Menstrual Health and Hygiene Materials/Facilities

Availability and affordability issues

- Affordability remains a significant hurdle, as quality menstrual products are often expensive and difficult for people, especially those in remote areas, to afford.
- Availability of diverse menstrual product options is limited in remote regions, with pads or clothes being the only choices available in most places.

Quality concerns arise due to several factors:

- Products frequently fail to meet government guidelines/standards, particularly in schools and the market.
- Free pads distributed by the government have reported issues such as itching, low absorption capacity, improper storage, distribution of expired pads, and overstocking.
- There is a lack of proper monitoring mechanisms to assess and follow up on the quality of products available in the market and those distributed by the government.

Challenges with the government's free pad initiative include:

- Improper planning and allocation of resources for pad distribution, leading to irregular distribution patterns, with some schools having large stocks while others have none.
- The procurement of low-cost products by the government, resulting in compromised quality.

Acceptability challenges exist:

- Some women in remote areas are reluctant to accept free pads, as they do not want to become dependent on them.
- Low-quality free pads are often rejected by girls and women, defeating the purpose of the initiative.

6.2.2 Hygiene Supplies (soap, bins, and water):

- Availability of basic facilities and supplies like soap, water, or dustbins is lacking in schools, public places, government institutions, workplaces, and even parliament.
- The placement of supplies like soap and dustbins can be problematic, as girls feel uncomfortable using them when they are located outside the toilet or closer to men's toilets, compromising privacy.

6.2.3 Adequacy and suitability of the MHH facilities:

- Sanitary facilities and infrastructure are often lacking in schools, highways, public places, and workplaces.
- Available facilities like toilets frequently fail to provide adequate privacy and comfort.
- Many institutions and places lack separate toilets or washrooms for men and women.
- There is a lack of proper standards for menstruation-friendly sanitary facilities, as well as a lack of proper implementation and monitoring mechanisms for available guidelines.
- Proper disposal mechanisms, including bins, incinerators, or municipal dumping, are lacking, especially in rural areas.

6.3 Effectiveness of current education in promoting menstrual health education and breaking stigma:

- Failure in delivery: Teachers are often uncomfortable discussing menstruation, leading to skipping relevant chapters, spreading misinformation, and perpetuating myths based on their values and attitudes.
- Existing educational programs primarily focus on improving knowledge but fail to address individual biases, value clarification, myth-busting, and promoting behavior change and practice.
- There is a lack of innovative approaches to menstrual health education that may require different strategies in different contexts, such as art, painting, or music.
- Involvement of men in menstrual health education and advocacy is lacking, and there is a lack of knowledge about their role and how they can support.
- Adequate knowledge on the proper use of reusable pads and clothes is lacking.
- Socio-cultural and religious stigma and taboos surrounding menstruation persist within communities.

This comprehensive explanation highlights the various gaps and challenges related to menstrual materials/supplies, facilities, and education, providing insights for developing a comprehensive policy brief to address these issues effectively.

6.4 Initiatives taken by the government, non-governmental organizations, and other stakeholders to address MHM issues

In Nepal, various stakeholders including the government, non-governmental organizations, and others have taken initiatives to address menstrual health and hygiene management (MHM) issues. These efforts span across different domains:



6.5 Enhancing Knowledge and Awareness on Menstruation:

- The National Health Training Center (NHTC) has conducted MHH training sessions in schools and healthcare facilities to educate stakeholders.
- Awareness programs organized by organizations like the Institute of Cultural Affairs (ICA) have included one-day MHH orientations in schools to educate and raise awareness among students about menstrual health and hygiene.
- The school curriculum has incorporated menstruation education from Grade 6 onwards, ensuring early awareness among adolescents.
- Awareness campaigns, Menstrual Hygiene Day celebrations, and distribution of informative materials on topics like child marriage, girls' education, MHH, and gender-based violence have been carried out.
- Targeted orientations have been provided to traditional healers and local leaders, especially in Muslim communities, to address cultural and religious sensitivities.

6.6 Improving Access to Informed and Quality Menstrual Products:

- The government has initiated a free pad distribution program to enhance accessibility for underserved populations.
- Training sessions on making reusable pads have been conducted in schools and communities, promoting cost-effective and sustainable alternatives.
- WASH/MHH focal persons have been designated to facilitate access to menstrual products and address related issues.
- School Management Committees (SMCs) and Parent-Teacher Associations (PTAs) have been involved in ensuring the availability and distribution of menstrual products.

6.7 Enhancing Access to MHH-Friendly Facilities:

- Non-governmental organizations have supported schools by renovating, constructing, and providing gender-friendly and MHH-friendly facilities like toilets and washrooms.
- MHH corners or rest rooms have been established in some schools, providing dedicated spaces for menstrual hygiene management.
- SMCs and PTAs have been engaged in the maintenance and upkeep of MHH-friendly facilities within schools.

6.8 Addressing Management of Menstrual Pain and Disposal Practices:

- Non-governmental organizations have supported schools by providing materials and resources for managing menstrual pain and promoting proper disposal practices.
- In schools and communities, various disposal practices have been observed, including burying pads, throwing them in jungles and rivers, and autoclaving and burying in healthcare facilities.

6.9 Fostering a Supportive Environment:

- WASH/MHH focal persons and school nurses have been appointed in schools to provide guidance and support related to MHH.
- Child clubs and Kishori clubs (adolescent girls' groups) have been formed to create a supportive environment and address MHH-related concerns.

6.10 Developing Enabling Policies:

- The Water, Sanitation, and Hygiene procedures have been implemented to govern MHH-related initiatives.
- Guidelines for pad procurement and distribution have been developed to streamline the process and ensure quality standards.
- Efforts have been made to criminalize Chhaupadi practices, which involve menstrual seclusion practices that can be harmful to women and girls.

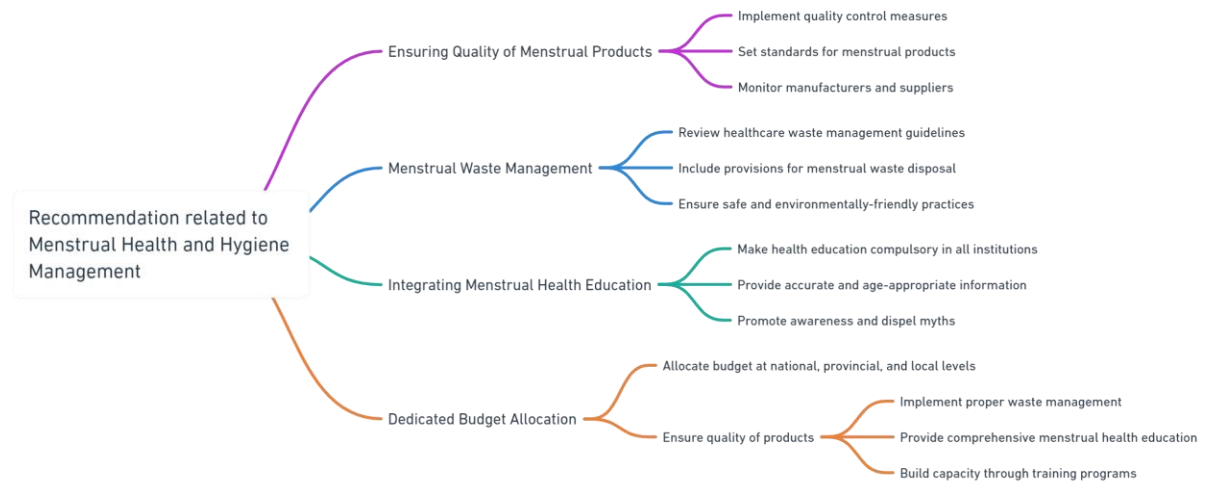
6.11 Implementation Challenges

- Follow-up and documentation of training effectiveness and impact have been lacking, hindering proper evaluation and improvement of programs.
- Guidelines for implementation at the local level have not been adequately localized, leading to challenges in contextual adaptation.
- Operation and maintenance of toilets, including repair of locks, water supply for cleaning and washing, and inadequate dustbins for menstrual waste disposal and management, have been problematic.
- Incinerators for menstrual waste disposal are often non-functional due to power supply issues and lack of infrastructure requirements, posing challenges for proper waste management.
- Menstruation is still considered an intimate topic, particularly in rural communities, making it difficult to openly discuss and address related issues.
- Inter-ministerial coordination and accountability for MHH implementation have been unclear, leading to gaps in responsibility and oversight.
- Coordinated implementation across the three tiers of government (local, provincial, and federal) has been lacking, hindering effective execution and monitoring of initiatives.
- Limited budget allocation for operation and maintenance of MHH facilities and a shortage of qualified human resources for implementation and monitoring of policies and guidelines have posed significant challenges.

These initiatives and the accompanying challenges provide valuable insights for developing a comprehensive policy brief to address MHH issues effectively in Nepal, ensuring a holistic and sustainable approach to promoting menstrual health and hygiene.

7. Policy Recommendations

The following recommendations were made related to menstrual health and hygiene management:



Ensuring Quality of Menstrual Products: The government should take proactive measures to ensure the quality of menstrual products available in the market. This recommendation aims to address the prevalent issue of substandard or low-quality menstrual products, which can have adverse impacts on the health and well-being of users. Implementing quality control measures, setting standards, and regular monitoring of menstrual product manufacturers and suppliers can help mitigate this challenge.

Menstrual Waste Management: There is an urgent need to review and update the existing healthcare waste management guidelines to include specific provisions for the proper management of menstrual waste. This recommendation recognizes the importance of ensuring safe and environmentally-friendly disposal practices for used menstrual products. Improper disposal can lead to environmental pollution and potential public health risks. Incorporating menstrual waste management guidelines within the broader healthcare waste framework is crucial.

Integrating Menstrual Health Education: Comprehensive health education, including menstrual health and hygiene, should be made a compulsory subject across all public and private educational institutions. This recommendation emphasizes the importance of providing accurate and age-appropriate information on menstrual health and hygiene to students from an early age. Such education can help promote awareness, dispel myths and stigmas, and encourage healthy practices among the population.

Dedicated Budget Allocation: To effectively address menstrual health and hygiene management issues, there should be a dedicated budget allocation at all levels of government – national, provincial, and local. The allocated budget should be utilized for various efforts, including:

- Ensuring the quality of menstrual products
- Implementing proper waste management practices
- Providing comprehensive menstrual health education (including comprehensive sexuality education)
- Building capacity through training and awareness programs
- Implementing and monitoring relevant policies and guidelines

Additionally, it is recommended that informed choices and multiple options for menstrual products and services should be made available to cater to diverse needs and preferences.

Capacity Building Initiatives: Capacity building efforts should be undertaken at different levels of government to ensure effective implementation of menstrual health and hygiene management initiatives:

Federal Level:

- Review and update relevant policies, such as gender policy, infrastructure policy, WASH policy, and media policy, to incorporate a "menstruation-friendly" perspective.
- Conduct sensitization programs to highlight the importance of a "menstruation-friendly" approach.
- Develop national standards, policies, and implementation guidelines related to menstrual health and hygiene.
- Focus on addressing gender and sex-related issues surrounding menstruation.
- Promote evidence generation and research to inform policy decisions.

Provincial Level:

- Based on the national menstruation policy guidelines, develop and prioritize provincial-level menstruation-related issues and indicators.
- Establish monitoring and evaluation mechanisms for provincial and local-level menstruation-related guidelines and policies using the developed indicators.

Local Level:

- Develop specific menstruation-related indicators at the local level to track progress and identify areas for improvement.
- Implement monitoring and evaluation of menstruation-related initiatives at the local level using the established indicators.

These comprehensive recommendations cover various aspects of menstrual health and hygiene management, including product quality assurance, waste management protocols, educational interventions, budgetary provisions, and capacity building initiatives at different levels of government. By implementing these recommendations, Nepal can work towards addressing the challenges and gaps in ensuring proper menstrual health and hygiene practices, promoting the well-being and dignity of its population.

ⁱ Menstrual health: a definition for policy, practice, and research, Julie Hennegan, et al

ⁱⁱ <https://dignifiedmenstruation.org/mission2/>

ⁱⁱⁱ <https://www.susana.org/en/news-and-events/sanitation-events/upcoming-events/details/566>

^{iv} Jointly published by Columbia University, Emory University, Burnett Institute, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, Save the Children and WaterAid