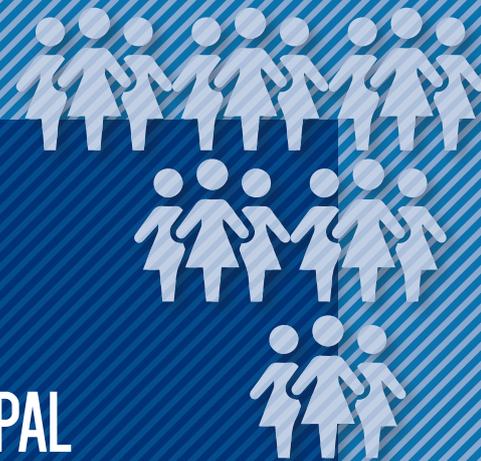


# 2017 SCOPING REVIEW AND PRELIMINARY MAPPING OF MENSTRUAL HEALTH AND HYGIENE MANAGEMENT IN NEPAL



## BACKGROUND

Menstrual Health and Hygiene Management (MHM) is a wide-ranging issue that requires multi-sector involvement, but thus far, it has only been covered directly under the Ministry of Water Supply and Sanitation's Water, Sanitation and Hygiene (WASH) plans. Most policy documents do not prioritize MHM. Overall, there are various policies and programs under different sectors that mention multi-sector coordination and cooperation; however, there is little to no integration of policies and programs to foster coordination, collaboration, and resource mobilization for MHM. In this context, the report was generated with a comprehensive overview of existing policies, programs, and outcomes of MHM interventions in Nepal and to map out current and potential strategic partnerships that link MHM, Sexual and Reproductive Health (SRH), and family planning which could be applied to a broader context.

## METHODOLOGY

Scoping review and preliminary mapping was conducted from August to October 2016. The report includes a review of 34 published and unpublished documents, 28 consultations with concerned stakeholders working in adolescent SRH and/or MHM in different sectors, and nine key informant interviews with policy makers, program managers, non-state actors, and youth members.

## KEY FINDINGS

### Government Policies and Programs on MHM in Nepal

- The Government of Nepal's (GoN's) major policy documents, such as the National Health Policy (2014), the Health Sector Strategy (2015-2020), and the School Sector Development Plan (2016-2022), have given less attention to MHM. The policy documents under various departments within the Ministry of Women, Children and

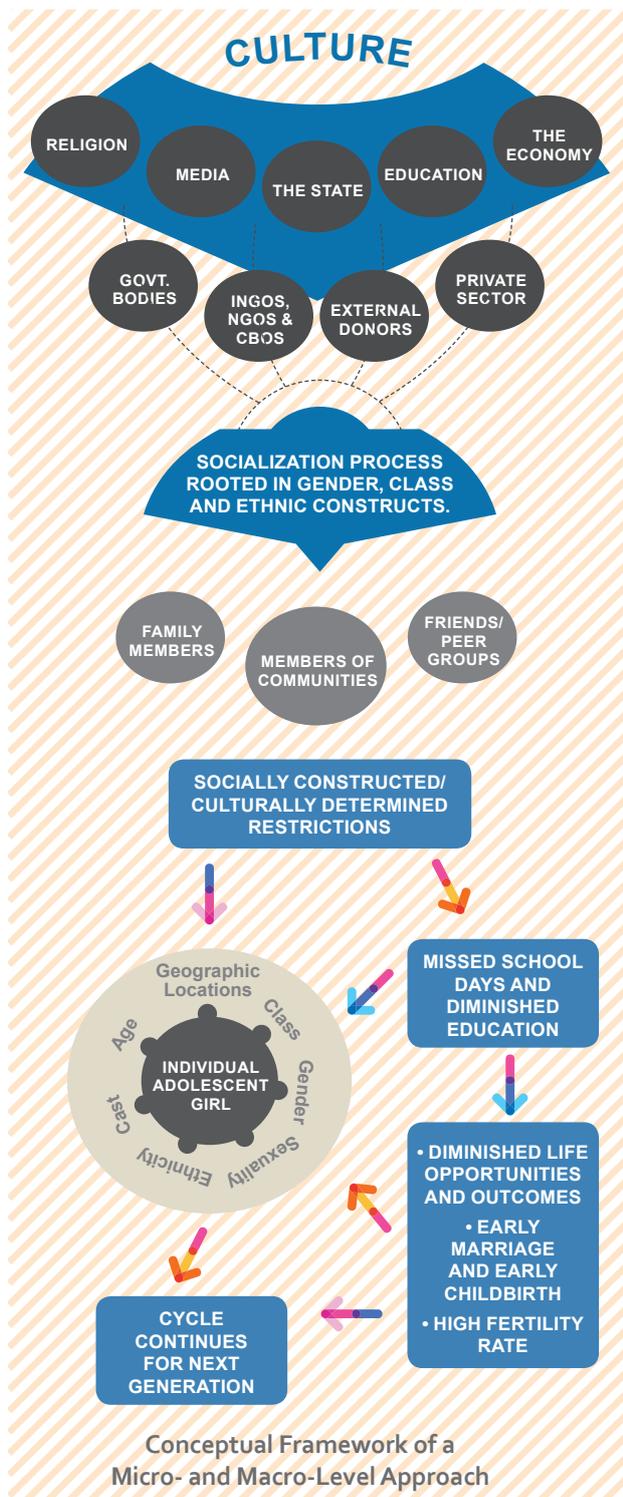
Social Welfare generally remain relatively silent on the issue.

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

### Organizations' Programs, Interventions, and Activities on MHM in Nepal

- Education and awareness programs were the most common MHM interventions carried out by a majority of non-governmental organizations (NGOs) that participated in this study (93% out of 28 organizations).
- Out of 28 organizations, only 14% were working in developing policies, guidelines, and program development, while just 21% were working in advocacy.
- Another major activity among organizations was the construction and renovation of separate toilet facilities for girls and boys. 29% percent of organizations were developing MHM-friendly sanitation facilities, along with raising awareness on MHM and hygiene in general.
- Only 7% of organizations were providing sanitary pads, but there were further challenges associated with demand creation – regular supply of raw materials, production of quality products, and product acceptance and utilization.

- Overall, very little research exploring MHM in Nepal had been carried out to date.
- Very few organizations have given proper attention to the critical role of community engagement in sustaining MHM.
- Current programs have not adequately redressed misconceptions, taboos, and harmful cultural and traditional practices surrounding menstruation.



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

Until organizations and agencies critically examine the socio-cultural context of menstrual health and hygiene, particularly the way gender is socially constructed and reinforced through MHM practices (or lack thereof), conceptualizing an accurate or holistic vision for unlocking better health practices may not be possible.

By linking the micro and the macro together, and by grounding the analyses in the specific socio-cultural context of the adolescent girls themselves, a user-centered solution to improve the menstrual health and hygiene of Nepali adolescent girls and women can be developed.

## STUDY LIMITATIONS

- The time period allotted for data collection was a bit short, so only representatives from organizations and governmental agencies working out of or based in Kathmandu were interviewed.
- Some of the studies, policy documents, and research reports were not available for review.
- Because this was a preliminary effort to identify the key actors, stakeholders and programs related to MHM, this report may not necessarily reflect all of the projects and activities of every organization working throughout Nepal.
- While scoping reviews and mapping both have their methodological limitations, these methods were best suited for examining current MHM programs and policies as well as identifying the key stakeholders and potential partnerships for future MHM collaborations.

### Recommended Citation

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