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SUSWA
SUSTAINABLE WASH FOR ALL

Gender Equality, Disability, and Social Inclusion Assessment of the Sustainable WASH for All



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Cover photo by Rita Khadka. Taken in Sanibheri Rural Municipality, West Rukum in September 2025.

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Abbreviations

Behavioural Change Communication	BCC
Dignified Menstruation Management	DMM
Disability Inclusion	DI
Focus Group Discussions	FGDs
Gender, Disability and Social Inclusion	GEDSI
Gender Responsive Budgeting	GRB
Government of Finland	GoF
Government of Nepal	GoN
Management Information System	MIS
Menstrual Hygiene Management	MHM
Ministry for Foreign Affairs of Finland	MFA
Monitoring and Evaluation	M&E
Organisation of People with Disabilities	OPD
People with disabilities	PwD
Project Implementation Manual	PIM
Sustainable Development Goals	SDGs
Sustainable WASH for All	SUSWA
Total Sanitation Task Force	TSTF
UN Convention on the Rights of Persons with Disabilities	CRPD
Water, Sanitation and Hygiene	WASH
Water Users and Sanitation Committee	WUSC

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1. Background

Sustainable WASH for All (SUSWA) is a bilateral human rights progressive Water, Sanitation and Hygiene project funded by the Government of Nepal (GoN), the European Union, and the Government of Finland (GoF), including contributions from the local governments and water and sanitation service users. The project is a continuation of the financial and technical support that the GoF has been providing to the development of the WASH sector in Nepal since 1989. SUSWA is implemented through a period of five and half years, starting from mid-November 2022. The Project is working in 28 municipalities/rural municipalities¹ covering all ten districts of Karnali Province in Western Nepal.

According to the SUSWA Project Document, the impact statement of SUSWA is *“Improved well-being and inclusive communities with sustainable WASH services and behaviours through local governments’ improved capacity to achieve equal rights to WASH for all”*. The expected outcome is *“People supported by the Project Municipalities have improved access to safe and sustainable drinking water and adequate sanitation services, dignified menstruation and improved hygiene practices paying special attention to the needs of women and girls and those in vulnerable situations”*. Gender Equality, Disability, and Social Inclusion (GEDSI) related objectives are integrated into the programme and its approaches across the three outcome areas:

- **Outcome Area 1:** Strengthened enabling environment and governance for sustainable WASH services and Gender Equality, Disability and Social Inclusion (GEDSI) in Project Municipalities.
- **Outcome Area 2:** Climate resilient, safe and functional water supply in Project Municipalities.
- **Outcome Area 3:** Sustainable Sanitation and Hygiene and Dignified Menstruation Management.²

Outcome areas 1 and 3 are explicitly advancing GEDSI related objectives and GEDSI is integrated as a cross-cutting objective in Outcome Area 2. SUSWA stands out as an example for successful and explicit integration on human rights and GEDSI related objectives in the project design.

The aim of the short-term consultancy is to further analyse the GEDSI related data collected between 3-31 October 2023 by a National Consultant and the SUSWA team, extract the main findings from the data, and use them to critically review the main documents produced by the project on GEDSI-related topics. The consultancy covered the main documents highlighted in the Terms of Reference (Annex 1): Project Document and Implementation Manual, Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan³ as well as the baseline dataset and baseline survey report⁴. In addition, the ISTC has analysed the tools used for GEDSI related activities. Elaborate data assessments and a summary of highlights and findings⁵ were prepared by a SUSWA Intern Federico Crippa in February 2024. The internal document including the findings was shared with the international short-term consultant (ISTC) and used for the first draft of this report. The consultant has also reviewed the recent Semi-Annual and Annual Progress Reports of the third financial year of the project and the report of the Mid-Term Evaluation⁶ conducted in 2024 for reference and information on recent GEDSI developments in SUSWA. The aim of the consultancy was to draw conclusions from the available

¹ In this report, we use the term “municipality” to refer to both Rural Municipalities and Municipalities.

² Project Document: Sustainable WASH for All (2022). Accessed in October 2025 at: <https://suswa.org/download/suswa-project-document/>

³ Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan. SUSWA (2022). Prepared by Raju Tirwa, Åsa Wallendahl and Hanna Kankkunen, reviewed by Mario Milanese. Accessed in October 2025 at: <https://suswa.org/download/human-rights-and-gender-equality-disability-and-social-inclusion-strategy-and-action-plan/>

⁴ Baseline Survey Report of Working Area of Sustainable WASH for All (SUSWA) in Karnali Province of Nepal, DMI. Development Management Institute (2022). Accessed in October 2025 at: <https://suswa.org/download/baseline-survey-report/>

⁵ Data Elaborate, Unofficial internal document, prepared by Federico Crippa in February 2024 and shared with the ISTC and Report GEDSI data analysis_FAC_24.02.19, internal document prepared by Federico Crippa in February 2024 and shared with the ISTC.

⁶ Evaluation Report: Sustainable WASH for All. Prepared by Cowater and published by the Ministry for Foreign Affairs of Finland (2025). Accessed in October 2025 at: https://finlandabroad.fi/web/npl/current-affairs/-/asset_publisher/h5w4iUJhNne/content/evaluation-report-sustainable-wash-for-all-mid-term-evaluation/384998

data and desk review and provide recommendations to support and guide the planning and implementation of SUSWA's GEDSI strategy and relevant outputs of the project's result framework.

The short-term consultancy commenced in December 2024 by a desk review of the documents and the study including the raw data and the unfinished draft report⁷ prepared by the National Consultant Thaneswor Koirala and SUSWA's staff. The consultancy also included several interviews and consultations with the SUSWA Gender Equality, Disability and Social Inclusion Specialist **Raju Tirwa** and a consultation with SUSWA Management Information System (MIS) Advisor **Chhatra Chaudhary** on the Monitoring and Evaluation (M&E) system of the project as well as data collection and contextual factors related to GEDSI related data collection in Nepal. The discussion covered the relevance of the study for the overall M&E system and the result framework of the project. A draft report was finalised in May 2024 for presentation to the SUSWA team. This version of October 2025 took notes of the comments by the SUSWA team, including the Project Manager **Mikaela Kruskorpf**, Chief Technical Advisor **Mario Milanese**, and GEDSI Specialist **Raju Tirwa**. It has been finalised with considerable contributions from the Junior Professional Officer **Pauliina Meskus**. She did a thorough review of the data collected through the survey, helped cross-checking questions related to data processing conducted for the earlier drafts, helped draft the revised data review section, and assisted in the finalisation of the overall report. SUSWA's GEDSI Monitoring Officer **Rita Khadka** was also interviewed on her observations from the field and findings from the GEDSI audit process.

2. Contextual situation on key gender equality and inclusion aspects in WASH in Nepal

A thorough and valid contextual human rights and GEDSI analysis is attached to The Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan of SUSWA (Annex 3 HR & GEDSI Context in Nepal).⁸ This section provides a brief overview of the key factors relevant for this study.

Nepal has been experiencing a gradual shift in its administrative system after the adoption of a new Constitution in September 2015. The first local and general elections were held in 2017 in line with the new Constitution. The number of local government bodies decreased from over 4,000 in the country to 753, comprising 460 rural municipalities, 276 municipalities, 11 sub-metropolitan, and 6 metropolitan local governments.⁹ The different levels of governments have constitutional mandate to enact laws, prepare and adopt policies and budgets, and mobilise resources. Federalism has given local authorities legislative power in the WASH sector.

From a human rights point of view, there are several challenges in Karnali concerning access to water and sanitation, such as limitations to the enjoyment of the rights of women and girls to water and sanitation services and instances of discrimination. Intersectional discrimination is a key factor in the context of the WASH sector in Nepal, as ethnicity, disability, geographical location, social and economic factors as well as religious affiliation affect access to WASH services. The focus areas of the current report and the concrete human rights challenges that SUSWA can address include but are not limited to disability inclusion as well as discrimination of menstruating women. The fact that SUSWA has developed a project specific Human Rights and GEDSI Strategy and Action plan can be regarded as a best practice and has likely guided the SUSWA team to develop targeted activities and tools.

Inclusion of people with disabilities (PwDs) in Nepal has improved at the legislative and policy levels over the last ten years. The Constitution of Nepal (2015) recognises the rights of persons with disabilities and promotes equality and non-discrimination. The Disability Rights Act (2017) aligns with the UN Convention on the Rights of

⁷ Report on Planning and Implementation Study on GEDSI Indicators in SUSWA Project Humla, Jumla, Salyan, Dailekh, Jajarkot & West Rukum districts in working area of Sustainable WASH for All (SUSWA) in Karnali Province. A draft report submitted by Thaneswor Koirala (1 December 2023). (Internal unfinished draft.)

⁸ Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan. SUSWA (2022). Prepared by Raju Tirwa, Åsa Wallendahl and Hanna Kankkunen, reviewed by Mario Milanese. Accessed in October 2025 at: <https://suswa.org/download/human-rights-and-gender-equality-disability-and-social-inclusion-strategy-and-action-plan/>

⁹ Project Document: Sustainable WASH for All (2022). p. 6. Accessed in October 2025 at: <https://suswa.org/download/suswa-project-document/>

Persons with Disabilities (CRPD), which Nepal ratified in 2010. It guarantees the rights to education, employment, health, accessibility, and social security for people with disabilities. Nepal has also adopted a National Policy and Action Plan on Disability in 2006 and incorporates disability issues into the National Social Protection Policy. Despite progressive legislation and political commitments implementation is lagging behind.

The Government of Nepal promotes inclusive education, but many schools still lack disability-friendly infrastructure.¹⁰ The construction of ramps, accessible toilets, and adapted classrooms are still to be rolled out for a truly disability inclusive society. Non-enrolment and dropout rates remain high, particularly among girls with disabilities. Accessibility remains a major challenge in the country. Public spaces, transport, and WASH facilities are rarely accessible or adapted for people with disabilities, especially in rural areas such as Karnali. Organisations of Persons with Disabilities (OPDs) are active at both national and local levels, advocating for rights and representation. Nevertheless, representation of PwDs in local government decision-making bodies is still limited.

Inclusion in practice is uneven, with intersectional challenges such as rural women, Dalits, and Janajatis facing the greatest barriers. Stigma around disability further reinforces exclusion. Key barriers to achieving disability inclusion are restrictions in infrastructure such as inaccessible schools, health care services, and WASH facilities as well as limited awareness among local governments and service providers on disability-inclusive planning. Weak enforcement of existing laws and quotas for disability inclusion further contributes to the challenges. SUSWA's work in enforcement and implementation of legislation and policies, investment in disability-friendly infrastructure, and ensuring the meaningful participation of persons with disabilities in local planning and governance processes are key areas of work in the Nepalese context.

Menstrual health is an important public health and human rights issue. Menstrual health has an impact on physical and mental well-being, gender equality, and socioeconomic participation of women and girls. Inadequate menstrual health management contributes to health disparities, challenges in accessing education, and has consequences for the enjoyment of several human rights. Public health and social challenges related to menstrual health and hygiene are common in many Low- and Middle-Income Countries, including Nepal. Addressing these challenges is critical for achieving many of the United Nations Sustainable Development Goals (SDGs), including but not limited to health, education, gender equality, and reducing inequalities.¹¹

Research has shown that Nepal has one of the highest rates of discrimination of women and girls during their menstruation periods in South East Asia: Over 90% of women and girls face some form of discrimination¹². Menstruation is considered a taboo and varying degrees and patterns of discriminatory practices exist depending on the location and the local social and cultural practices and behaviours.¹³

The discriminatory practices related to menstruation include but are not limited to restricting women's access to places of worship and participation in religious activities, restricting access to kitchen and participation in household chores, restricting physical contact with male household members, and constraining utilisation of water sources. The western part of Nepal is known for the *Chhaupadi (seclusion)*, a harmful traditional custom where women are regarded as impure and untouchable during menstruation or postpartum period. According to the practice, women may be assigned to separate menstrual huts or animal sheds during the menstruation period. Although there are legislative measures in place against *Chhaupadi*, the practice is still very common in particular in the western part of the country, subjecting women and girls to physical and mental health challenges, sexual abuse, snake bites, and even death.¹⁴ Despite the evidence of the negative impacts on the health and well-being of women and girls, the practice prevails because of deeply rooted cultural beliefs and

¹⁰ Disability-Inclusive Education Practices in Nepal. UNICEF (2021). Accessed in October 2025 at: <https://www.unicef.org/rosa/media/17006/file/Country%20Profile%20-%20Nepal.pdf>

¹¹ Barini G, Amima S, Mulwa D, Mogeni P (2024) Spatial heterogeneity of menstrual discriminatory practices against Nepalese women: A population-based study using the 2022 Demographic and Health Survey. PLOS Glob Public Health 4(11): e0003145. <https://doi.org/10.1371/journal.pgph.0003145> p.1.

¹² Multiple Indicator Cluster Surveys Final Report 2019. Monitoring the situation of children and women in Nepal. Government of Nepal National Planning Commission Central Bureau of Statistics and UNICEF Nepal (2020). Accessed at: [Multiple Indicator Cluster Surveys Final Report 2019 | UNICEF Nepal](#)

¹³ Ibid, p.2.

¹⁴ Ibid.

social practices. According to the 2022 Demographic and Health Survey (DHS)¹⁵, the practice of *chhaupadi* leading to women not being allowed to stay in the main house during their menstrual period, is most prevalent in Karnali Province (26%) and Sudurpashchim Province (20%).¹⁶

A less severe form of exclusion called *chuna nahune* (“untouchable phase”) is often practised in urban and educated families. This practice limits menstruating women from touching men in their family, sleeping in the same bed with their family members, entering the kitchen, and touching water sources. According to the DHS report, 85% of women reported being excluded from at least one activity while menstruating. This exclusion has negative effects on the lives of girls and women, including by limiting school attendance.¹⁷

From the point of view of securing the health and safety of women and girls, and applying the human rights-based approach, attention would need to be paid to the *Chhaupadi* practice. Particularly the practice of assigning girls and women to a *Chhut Hut* and animal shelters during menstruation creates threats to the physical and mental health and wellbeing of women and girls. Depending on the circumstances, another room in the house does not seem as alarming. Sustained efforts in awareness raising on equality and non-discrimination seems to be very relevant. The practice of *Chhaupadi* is jeopardising the rights of women and girls to enjoy their right to health and is a major human rights concern in Karnali. Restrictions and exclusion of women and girls during their menstruation period stand out as one of the key concerns for GEDSI application is SUSWA and addressing these is one of the project’s priorities. Against this background, the data review has paid special attention to findings in this regard.

3. SUSWA’s GEDSI data review

This section provides an overview of data collected by the SUSWA project regarding gender equality, disability, and social inclusion in the WASH sector. The section presents the findings of the primary data collected for this GEDSI study in 2023 as well as related data collected for the project’s baseline assessment in 2022. To include the most updated data, the section also presents the selected latest project progress data from the Annual Progress Report (2025) and relevant findings from SUSWA’s GEDSI audit conducted during the third financial year of the project (2024-2025). The GEDSI audit is a methodology designed to monitor the integration of SUSWA’s GEDSI objectives, guidelines, and principles into project implementation at the community, school, and local government level activities. The audit is conducted in-house by the GEDSI Monitoring Officer under the supervision of the GEDSI Specialist of SUSWA. The audit is a key tool to measure the alignment with SUSWA’s GEDSI objectives, and can be considered an innovation in GEDSI application. The audit is included in this review since the tool is of high relevance and it complements the survey in areas where the data was limited and/or outdated during the finalisation of this report, particularly concerning governance issues.

The purpose of the data review is to provide a better understanding of gender equality, disability, and social inclusion in the WASH sector in the project area and identify strengths, inconsistencies, and areas of improvement. The findings support the review of the project’s GEDSI strategies and action plan and the formulation of recommendations that can guide the implementation of SUSWA during the remaining project period.

3.1 Primary data for the GEDSI study

The primary data for the GEDSI study was collected through focus group discussions (FGDs) and surveys in October 2023 to acquire a more detailed understanding of the situation related to gender, disability, and social inclusion in the project area. The methodology, including the survey design, sampling as well as data collection process and tools were designed in collaboration between the national consultant Thaneswor Koirala and the

¹⁵ Nepal Demographic and Health Survey 2022. Ministry of Health and Population, Ram Shah Path, Kathmandu, Nepal. (June 2023). Accessed at: <https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf>

¹⁶ Ibid, p. 341.

¹⁷ Exploring menstrual taboos in Nepal using new empowerment indicators for water, sanitation and hygiene. Nathaniel Ferguson, Meeta Sainju Pradhan, Rachana Upadhyaya (19 January 2024). Accessed at: <https://gender.cgiar.org/news/exploring-menstrual-taboos-nepal-using-new-empowerment-indicators-water-sanitation-and-hygiene>

SUSWA team in 2023. The process was overseen and supervised by the management of SUSWA Project Support Unit.

The surveys were designed to cover the following thematic areas: water, sanitation and hygiene, leadership, participation, menstruation management, and legal instruments, policies and plans. This report presents findings from the surveys designed for the following groups:

- Female and male community members (female, male, and mixed groups)
- Persons with disabilities or family members of persons with disabilities (difficulties in hearing, vision, cognition/remembering, mobility, self-care, communication)
- School students (groups of girls and boys)

The FGDs and surveys were carried out in six project municipalities/rural municipalities covering the upper, middle, and lower Karnali: **Simkot Rural Municipality, Nalagad Municipality, Hima Rural Municipality, Naumule Rural Municipality, Chhatreswori Rural Municipality, and Sanibheri Rural Municipality.**

The original sampling frame proposed in the terms of reference of the study in 2023 can be found in the annex of this report. Information on the final sample sizes is presented in the sections below along with the analysis as the sample sizes varied across the group and survey types. Overall, the findings should be read as qualitative insights rather than statistically representative data due to the sample sizes and lack of information on the sampling methods adopted by the team in 2023, particularly when the data is presented by municipalities or demographic groups or the number of responses is small. Nevertheless, the data and findings provide valuable insights for SUSWA's activity planning and learning, especially when triangulated with information from other data sources. By offering a snapshot of the restrictions related to access to water and sanitation and root causes of patterns discriminatory practices, they provide deeper insights into contextual realities in the selected municipalities.

The data was collected in 2023 with a KoboToolbox application with the leadership of the National Consultant and SUSWA's GEDSI Specialist and Management Information System Adviser. KoboToolbox is a free, open-source suite of tools for mobile data collection and field research, used in humanitarian, development, and research settings. It is user-friendly, offline-capable, and does not require heavy technical expertise. The GEDSI Specialist and the National Consultant trained a total of 18 enumerators including 12 SUSWA field staff and 6 students from the Mid-West University. The two-day training included orientation to the use of the KoboToolbox mobile application, the WASH context, question modules, FGD and interview techniques, and quality assurance.

The individual survey data was collected anonymously without information that could enable direct identification of respondents, except in case of consultations with the local decision makers and committee members. The participation in the FGDs and surveys was voluntary and based on the participants' consent. People with access to the data have signed an agreement with the SUSWA Project Support Unit, including a section on data protection policy and confidentiality.

The final report was produced two years after the primary data collection in September 2025 due to changes in the team involved in the study. The National Consultant requested to hand over the finalisation work to the SUSWA team after the submission of the first draft report in December 2023. After that, the SUSWA team engaged an International Short-Term Consultant to support the report finalisation from December 2024 onwards. Due to unforeseen personal circumstances and the unavailability of the short-term consultant, the submission of the deliverable was delayed.

The initial recommendations from the draft report provided by the International Consultant were included in SUSWA's Semi-Annual Progress Report in February 2025 and used as a basis for the planning of the GEDSI activities of the fourth year of the SUSWA project. The review of the submitted draft report in August 2025 triggered some additional discussion and reflection, and resulted in a deeper assessment and updates to the primary data analysis. This further delayed the finalisation of the report, while also providing some additional insights. The final data review and analysis as well as report drafting was completed in September and October 2025. It is to be noted that the changes in the team involved in the study and the time span between the data

collection period and preparation of the report have some implications for the quality of the analysis, including risks concerning certain knowledge gaps. These have been flagged in this analysis to the best possible extent.

One of the objectives of the study was to compare the findings to SUSWA's baseline study. The findings of the baseline assessment have been referenced in the sections below. It is good to take the following into account when comparing the baseline data and the results of this study: 1) the 2022 baseline data sample covered 42 municipalities in Karnali while the primary data of this study from 2023 includes samples from six municipalities; 2) the questions of the baseline study and surveys of this GEDSI study were sometimes different, limiting the possibility to compare but at the same time, allowing to explore different nuances of the same thematic area; and 3) experience of field monitoring in Nepal has demonstrated that it can be challenging to acquire reliable information on sensitive topics, such as *Chhaupadi* practices, which highlights the importance of well-designed data collection methods.

Overall, some divergence between the baseline and GEDSI study results may be partly explained by methodological factors. The GEDSI study aimed to apply focus group discussions in a safe and trust-building environment, enabling women and other marginalised groups to speak openly about discriminatory practices they face. In contrast, the baseline survey collected GEDSI data as part of a large, multi-thematic questionnaire, where sensitive issues were asked alongside dozens of technical or governance-related questions. In such settings, respondents may be more prone to social desirability bias, whereby respondents underreport socially stigmatised behaviours, adjusting their responses to what they believe outsiders expect to hear. As a result, the baseline data may have reflected more normative, "proper" answers shaped by impression management, while the GEDSI study, by fostering a participatory and less judgmental space, is believed to have elicited deeper disclosures and more candid testimonies.

3.2 Findings from the community level discussions

Sample

The data collection team facilitated FGDs (female, male, and mixed groups) with community members in Chhatreswori, Hima, Nalagad, Naumule, Sanibheri, and Simkot, guided by the sampling frame provided by the SUSWA team. Out of the 859 group discussion participants, 246 individuals responded to the survey. The survey findings presented in this section are based on these individual responses¹⁸. According to the 2021 census, the total number of households in the selected six municipalities is 25,704. With the sample of 246 households, the margin of error of the analysis is estimated to be around 6% at the confidence level of 95%¹⁹. However, with the available sample size and limited information on the sampling methods used, the findings, particularly the data disaggregated by municipality and demographic groups, should be read as qualitative indicators rather than statistically representative findings.

The sample sizes by municipality and FGD type (female, male, and mixed) are presented in Table 1 below. 54% (134) of responses are from female FGDs, 32% (78) from male FGDs, and 12% (29) from mixed FGDs. The FGD type is missing for 5 responses. (Table 1) Among the 246 respondents, 32% (78) identified themselves as Dalit, 17% (42) as Janajati, and 51% (125) as "Others" (Table 2)²⁰. 15% of the 246 respondents said that someone in their family has difficulties doing one or more of the following activities: vision, hearing, communication, mobility, self-care, and/or cognition.

¹⁸ With the assumption one respondent represents one household.

¹⁹ Margin of error calculated with the formula: $n = (t^2 \times p(1-p)) / m^2$, where $n=246$; $t=1.96$ (CL:95%); $p=0.5$. Adapted from SUSWA's baseline report (2022) as well as the publication: Handwashing promotion: Monitoring and Evaluation Module. UNICEF (2013). Accessed in October 2025 at: <https://www.unicef.org/documents/handwashing-promotion-monitoring-and-evaluation-module> and citing IFAD's Calculating the Sample Size publication.

²⁰ The categorisation has been adopted based on the Project Document and the project's monitoring and reporting requirements.

Table 1 Number of FGDs and individual survey responses by municipality and focus group type (female, male, and mixed groups)

Municipality	Number of FGDs (wards)	Responses from female FGDs	Responses from male FGD	Responses from mixed FGD	FGD type missing	Total number of responses
Chhatreshwori	9 (3)	23	18	6	1	48
Hima	4 (3)	11	12	0	0	23
Nalagad	12 (8)	54	18	17	1	90
Naumule	7 (3)	18	15	6	2	41
Sanibheri	26 (4)	23	11	0	1	35
Simkot	13 (3)	5	4	0	0	9
Total	71 (24)	134	78	29	5	246

Table 2 Number of respondents by social groups

Social group	Number of responses
Dalit	78 (32%)
Janajati	42 (17%)
Other	125 (51%)
Missing value	1 (0.4%)

Menstrual hygiene management and practices at the household level

The below analyses of the GEDSI study data are based on the responses of 220 individuals who said that someone in their family menstruates. Only 50% of these respondents said that menstruating women can stay at home as usual without any restrictions, while in other families, women need to stay in a separate room (35%), Chhau hut (9%), or in an animal shed (4%) (Figure 1).

Figure 1 Where do menstruating women/girls stay (220 responses)

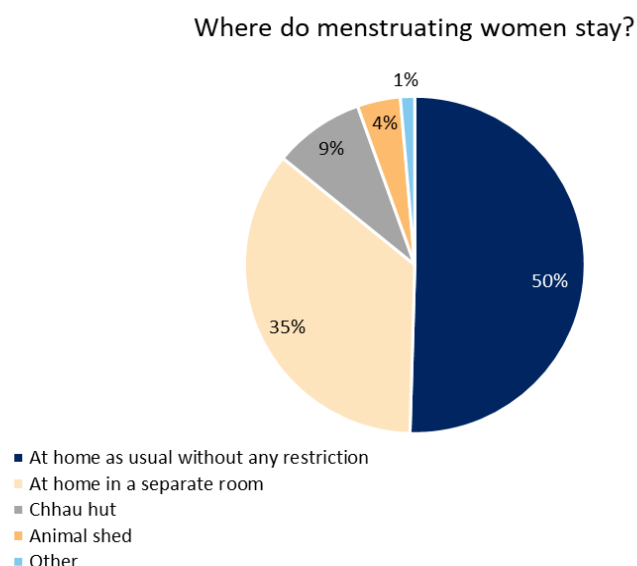


Table 3 Responses to “Where do the menstruating women stay?” by municipality (220 responses)

Where do the menstruating women/girls stay?	Chhatreshwori	Hima	Nalagad	Naumule	Sanibheri	Simkot
At home as usual without any restriction	47% (18)	4% (1)	69% (56)	21% (7)	80% (28)	11% (1)
Animal shed	0% (0)	39% (9)	0% (0)	0% (0)	0% (0)	0% (0)
At home in a separate room	53% (20)	30% (7)	27% (22)	56% (19)	20% (7)	33% (3)
Chhau hut	0% (0)	26% (6)	0% (0)	24% (8)	0% (0)	56% (5)
Other	0% (0)	0% (0)	4% (3)	0% (0)	0% (0)	0% (0)

Some respondents from all six municipalities reported restrictions related to where menstruating women can stay. However, the data indicates that there is some geographical variation. Based on this sample, **Hima** is the municipality with the most severe forms of discrimination against menstruating women as 65% (15/23) of the respondents said women stay in *chhau* huts or animal sheds during their period. Among the 9 respondents from **Simkot**, 5 said that women stay in a *chhau* hut and in **Naumule**, 24% (8/34) of the respondents indicate women stay in a *chhau* hut. More than half of the respondents from Naumule (19/34) said women stay at home in a separate room, indicating patterns of isolating women during menstruation but in a less severe form. In **Chhatreshwori**, **Nalagad**, and **Sanibheri** the situation seems less severe, no respondent indicating women stay in a *chhau* hut or animal shed, while staying in a separate room during the menstruation still seems to be a common practice (53%; 20/38 of the respondents in Chhatreshwori, 27%; 22/81 in Nalagad, and 20%; 7/35 in Sanibheri).

Staying in *chhau* huts and animal sheds can pose significant risks for women. SUSWA’s survey sample included one case of a sexual abuse, one rape, and one snake bite within the past five years due to the women/girls staying in *chhau* huts or animal sheds. These accounts indicate that the practice of forcing women to stay in *chhau* huts not only reinforces social exclusion but also creates unsafe living conditions. This affects women’s dignity, violates their human rights to safety and life, and negatively impacts their physical and mental well-being. If the menstruating women do not stay at home, *traditional practice* and *not anger deity/God* are the most frequently reported reasons (Table 4). This indicates that one of the root causes may be related to religious beliefs or messages of religious leaders.

Table 4 Reasons why menstruating women do not stay at home as usual (106 respondents)

Reason	Number of responses
Traditional practice	54
Not anger deity/god	48
Family members ask to do so	3
Others	1

91% of the 220 respondents said that they or their female family members are allowed to use the usual toilet during menstruation. Based on this relatively small sample, the restrictions related to the use of toilets are most common in Hima, Naumule, and Simkot, showing a similar pattern of differences between the municipalities as above. (Table 5.)

Table 5 Responses to the question “Are you or female family members in your family allowed to use the usual toilet during menstruation?” (220 responses)

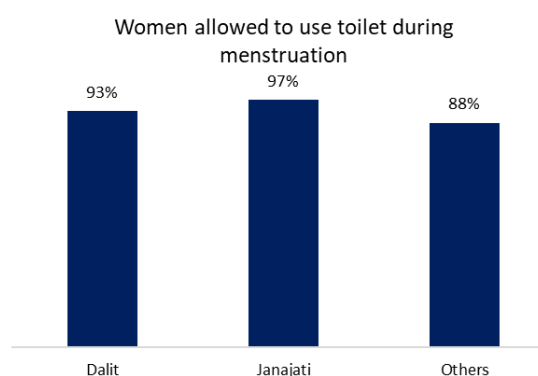
Municipality	No	Yes
Chhatreshwori	3% (1)	97% (37)
Hima	35% (8)	65% (15)
Nalagad	1% (1)	99% (80)
Naumule	18% (6)	82% (28)
Sanibheri	0% (0)	100% (35)
Simkot	33% (3)	67% (6)

As a comparison, according to SUSWA’s baseline survey that covered 42 municipalities in Karnali, women are “allowed to use regular use toilet during menstruation” in 80% of the households (2022, p. 83-84). According to the project’s latest progress monitoring data, 89% of women are allowed to use the toilet during menstruation in the areas where SUSWA has been working. The progress monitoring data has been collected from 10,953 women through the so-called secret voting method, which allows the respondents to anonymously report their experiences. Compared to baseline data, the 2023 survey and the latest project progress report indicate similar positive development on access to sanitation during menstruation. This is supported by field observations of SUSWA’s GEDSI Monitoring Officer, Rita Khadka, who has noted that SUSWA supported municipalities have improved access to water and sanitation facilities and greater awareness.

Based on the project’s progress monitoring data, the restrictions seem to be slightly more common among the Dalit and “Other” groups (87% and 86% of the respondents are allowed to use the toilet during menstruation, respectively) than among Janajati women (95% are allowed to use the toilet)²¹. Although the group-specific sample sizes are small and, in that sense, not statistically reliable, the restrictions appear to be slightly more common among Dalit and “Others” groups than among Janajati respondents also in the GEDSI study survey data (Table 6 and Figure 2). This calls for culturally sensitive approaches and is an opportunity for SUSWA to implement targeted awareness raising activities and collaborate with people who identify themselves as Dalit and “Others”.

Table 6 and Figure 2 Female family members allowed to use the usual toilet during menstruation by social groups (220 responses)

	No	Yes
Dalit	5	66
Janajati	1	36
Other	13	98
Missing value	0	1



Among those who have access to piped water (protected or unprotected), 65% (119 out of 182) households with women/girls who menstruate said that menstruating women are allowed to use the tap. Among those respondents who said that menstruating women cannot use tap, the most common reason is that there is no menstrual hygiene management friendly structure (37 responses). The assumption²² is that a menstrual hygiene management friendly structure would mean privacy in a safe and clean place with respect for the dignity of women, handwashing facilities with soap and water, and availability of disposal bins. Tradition plays a role in many families as well (24 responses), which indicates that restrictions to tap usage have deeply rooted reasons based on tradition and cultural practices²³.

As a comparison, 24% of women are allowed to use regular tap during menstruation according to SUSWA’s baseline study covering 42 municipalities in Karnali (2022, p. 84). The difference between the baseline and SUSWA’s survey data may be due to methodological factors, such as different ways and means of inquiry or the limited sample size and/or sampling methods adopted in the GEDSI study. On the other hand, the difference may also indicate improvement in women’s access to the tap during menstruation in SUSWA’s working areas. The construction of household level tap connections (as opposed to public or shared taps) and awareness raising

²¹ Annual Progress Report 2081/2082 (2025). Sustainable WASH for All.

²² The team finalising this report was not part of the data collection phase and has limited information about the discussions related to the response options. This affected particularly the analysis of the question about the use of tap during menstruation.

²³ “Tradition” was not an original response option for this question. These answers have been coded from the follow-up responses to the option “other”.

efforts are among the possible contributing factors. Further research would be required to better understand the project’s contribution or attribution to the results.

The survey results reveal that women also face several other restrictions to live a normal life during their period, indicating gender inequality in rights to access certain areas of life. In this sample, the most common restrictions are “Not allowed to go to religious places” (82%; 180/220 responses), “Not allowed to enter the kitchen” (59%; 130/220 responses), and “Not allowed to eat dairy products” (49%; 108/220 responses). These restrictions seem to be relatively common across the six municipalities (Table 8). Overall, 86% of the respondents reported one or more of the restrictions. The key finding here is that there are indications that women are by traditional, cultural, and religious reasons still seen as impure as it is not acceptable for some menstruating women to enter certain areas, such as religious places or kitchen. The link to religious beliefs and traditions is highlighted with 82% of the respondents indicating a restriction to go to religious places. The ban from eating dairy products is thought to relate to the *Chhaupadi* practice and the old belief that the impurity would spoil or harm the livestock. This is one of the culturally based limitations imposed on menstruating women, and it not only excludes women socially but also undermines their nutritional health.

As a comparison, 37% of the 2,773 surveyed households responded that there are restrictions during menstruation in SUSWA’s baseline study (2022, p. 42). Regardless of the methodological limitations, including the different question formats and GEDSI study’s sampling limitations, the 2023 survey demonstrates that breaking down the different restrictions imposed on menstruating women and using dedicated tools to assess GEDSI situation may help gain a more nuanced understanding of the different cultural practices, beliefs, and behaviours.

Although it is challenging to compare the findings between the municipalities due to the sample sizes, the proportion of respondents who said that there are no restrictions is the highest in **Naumule**, at 37%. Almost all the listed restrictions are reported in all municipalities, except travel restrictions (no reports in Naumule or Sanibheri) and restriction to attend events (no reports in Sanibheri). **Hima** stands out as a municipality with six different restrictions being reported by more than 80% of the respondents, meaning that based on this sample, multiple forms of restrictions seem to be common in Hima. (Table 8.) The data provides a localised understanding compared to the baseline for the benefit of programming and monitoring and highlights the importance of taking the contextual factors into account in activity planning.

Table 7 Other restrictions in your family/community during menstruation (220 responses)

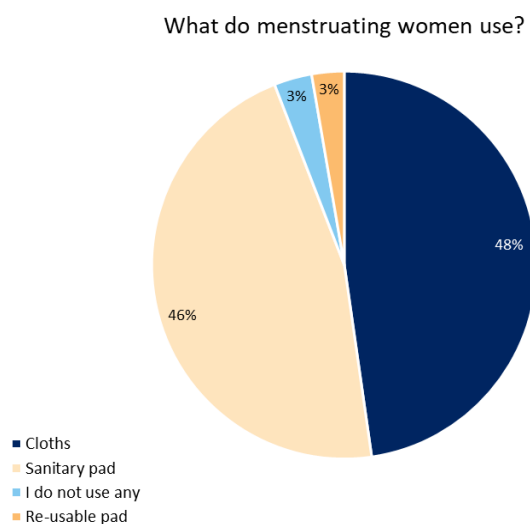
Restrictions	Chhatreshwori n=48	Hima n=23	Nalagad n=90	Naumule n=41	Sanibheri n=35	Simkot n=9
Not allowed to touch others	8% (4)	83% (19)	40% (36)	22% (9)	11% (4)	22% (2)
Not allowed to eat dairy products	35% (17)	83% (19)	43% (39)	17% (7)	51% (18)	89% (8)
Not allowed to attend meeting/training/workshops	2% (1)	83% (19)	47% (42)	7% (3)	0% (0)	11% (1)
Not allowed to religious places	63% (30)	96% (22)	79% (71)	44% (18)	91% (32)	78% (7)
Not allowed to touch animals	23% (11)	17% (4)	31% (28)	17% (7)	11% (4)	22% (2)
Not allowed to touch plants or trees	10% (5)	91% (21)	27% (24)	2% (1)	14% (5)	67% (6)
Not allowed to travel	6% (3)	35% (8)	21% (19)	0% (0)	0% (0)	22% (2)
Not allowed to enter kitchen	71% (34)	91% (21)	51% (46)	39% (16)	23% (8)	56% (5)
Others	2% (1)	0% (0)	3% (3)	0% (0)	0% (0)	0% (0)
No restrictions	4% (2)	4% (1)	11% (10)	37% (15)	9% (3)	0% (0)

The restrictions noted across the board are limiting women’s enjoyment of several human rights such as the Right to Equality and Non-Discrimination, the Right to Freedom of Movement, the Right to Freedom of Religion and Belief, the Right to Political Participation and Public Life, the Right to Health and Adequate Standard of Living and the Right to Family Life and Dignity as well as the Freedom from Harmful Traditional Practices. As a human rights progressive project, SUSWA is well placed to continue the work to eliminate the practices of exclusion through awareness raising and evidence-based tailored planning and activity implementation.

Water, hygiene, and sanitation

Besides the discriminatory norms and practices, **menstrual hygiene management** remains a challenge in Karnali. 48% of the respondents said that women use a cloth during menstruation, while in 46% of the surveyed households, women use a sanitary pad. The use of re-usable sanitary pads is relatively rare (3%) in this sample. (Figure 3.) It is to be noted that the questionnaire did not allow a respondent to select more than one option, possibly limiting the availability of information on alternative products used.

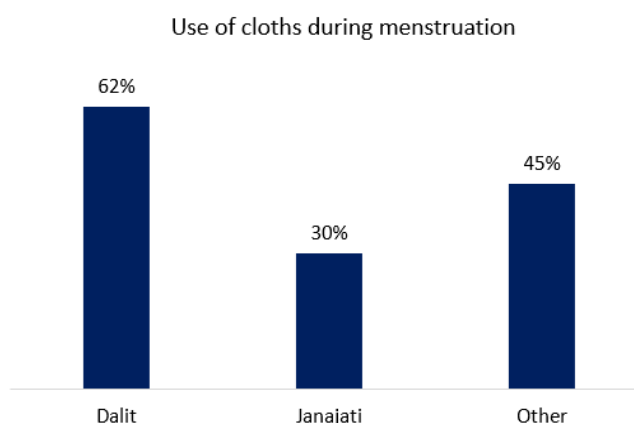
Figure 3 Sanitary products used by menstruating women (220 responses)



As a comparison, based on the 125 responses from women groups in SUSWA’s baseline study conducted in 42 municipalities, 53% (66 groups) responded that they use homemade sanitary pads, 33% (41 groups) said that they use readymade sanitary pads, 8% (10 groups) use “others” (“means that they use old clothes or so on”), and 6% (8 groups) use nothing (2022, p. 109-110).

Based on the primary data of this study, the use of cloth is most common among Dalit households, at 62% (44/71 responses) and least common among Janajati households, at 30% (11/37 responses) (Figure 4).

Figure 4 Use of cloth during menstruation by social groups (220 responses)



The cloth is a low-cost and traditional option, but the usage has several health risks, if not washed and dried properly it can lead to infections. SUSWA’s GEDSI Monitoring Officer Rita Khadka has noted that since women need to dry clothes outdoors, this affects their privacy and makes it apparent to others they are in their menstruating period. This, in turn, can lead to other forms of discrimination and exclusion. Drying cloths indoors

does not kill germs in the same way as when drying the pad outdoors in the sunlight. In settings with limited access to water, cloths may be reused without sufficient washing, increasing infection risks. Fear of leakage or odour can cause embarrassment, reduce participation in school, work, or social activities. Since 48% of the surveyed households responded that women use a cloth during menstruation, this a critical factor which can also lead to other limitations to women’s human rights in Karnali. Menstrual health is, thus, not only a public health issue but also a gender equality and human rights issue.

The risks related to cloth use may disproportionately affect poor and marginalised groups. Among those who do not use a pad, 42% (47 /112) responded “Don’t have money” as a reason. 59% (27/46) of the respondents who identify as Dalit said that the lack of money is the reason for not using sanitary pads. 10 respondents said that pads are not available in the local market, while according to 7 respondents who selected “Other”, the reason is that the market is far from home. This can be seen to reflect the reality of many communities in Karnali, where road access to larger market centres is still often extremely challenging and limited. Overall, poverty, culture, tradition, caste/ethnicity, and remoteness seem to be intersecting factors that can affect behaviour concerning usage of cloths and sanitary pads.

Table 8 Responses to question “Why do you not use sanitary pads during menstruation?” by Nepali groups (112 respondents)

Reasons	Dalit	Janajati	Other
Do not have knowledge	26% (12)	17% (2)	33% (18)
Do not have money	59% (27)	33% (4)	30% (16)
I don't wear panties	0% (0)	8% (1)	2% (1)
Pads not available on local market	7% (3)	25% (3)	7% (4)
Other	9% (4)	17% (2)	28% (15)

Both men and women **manage water** in 65% of the 246 families, while in 26% of the households women are responsible for managing water. Fetching water takes 15 minutes or more for 40 households in this survey sample (Table 9).

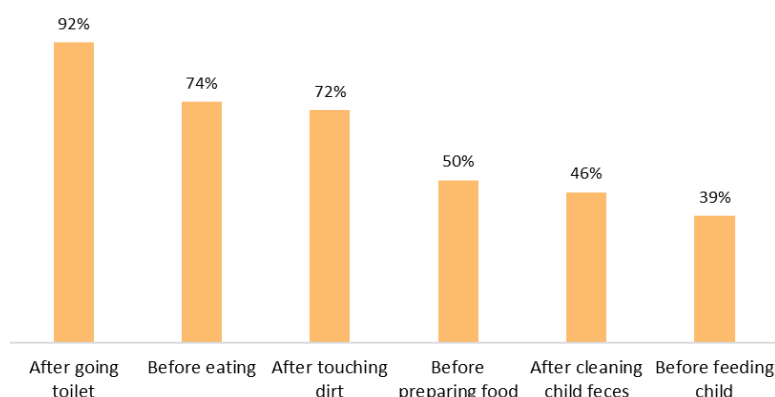
Table 9 Time for getting water if the household doesn’t have own tap (120 responses)

	Less than 15 minutes	15-30 minutes	More than 30 minutes
If you don't have a tap at your home, how much time does it take?	80	29	11

Just 24% of the 246 respondents said that they do not have difficulties **taking a bath** as per their need. There are many reasons that prevent people from taking a bath as needed, including the “scarcity of water” (69 responses), “cold” (72 responses), “not habitual” (129), “open place” (48 responses), and “no proper bathing place” (37).

75% of the 246 respondents have a **handwashing station** with soap and water. Figure 5 below presents the percentage of respondents who wash their hands at the following critical times: after going to the toilet (92%), before eating (74%), after touching dirt (72%), before preparing food (50%), after washing child faeces (46%), and before feeding child (39%).

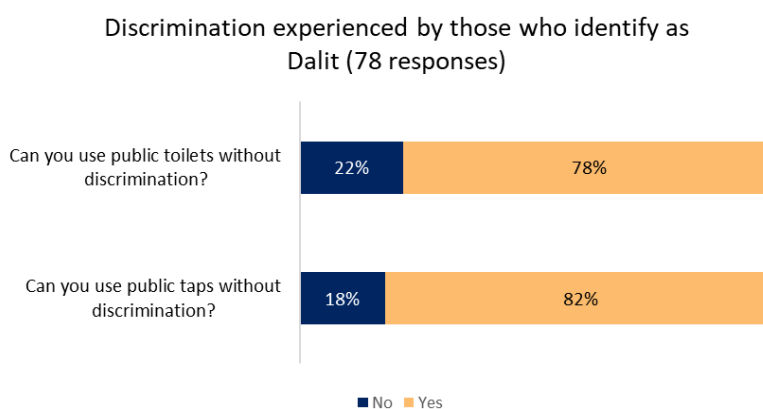
Figure 5 “When do you wash your hands?” – proportion of respondents who wash their hands at critical times (246 respondents)



Based on the responses, especially the “scarcity of water” (55 responses) and “unavailability of hand washing stations” (56 responses) limits handwashing at these critical times. 67% of the respondents (166/246) said that handwashing is not habitual. The findings of the survey indicate the continued need to promote awareness around hygiene concerning hand-washing.

The results indicate that many of those who identify themselves as Dalit (78 respondents), experience discrimination in the use of public toilets (22%) and taps (18%).

Figure 6 Use of public toilets and taps without discrimination among those who identify themselves as Dalit (78 respondents)



Data from the disability inclusion FGD: The majority of persons with disabilities or their families lack access to basic WASH facilities that are inclusive and accessible. Among the 81 respondents from the FGDs with persons who either themselves have or their family member has difficulties in vision, hearing, communication, mobility, self-care, and/or cognition/remembering, 96% (78) said that they do not have a disability friendly toilet, 93% (75) said that they do not have a disability friendly tap, and 89% (72) said that they do not have a disability friendly handwashing station. This can create significant barriers to hygiene, equal access to water and sanitation, dignity, and equal participation in daily life.

Leadership and decision making

An overwhelming majority of the 246 respondents, 79%, said that men are the head of their household. In 47% of the households, men take the major decisions. In 40% of the households, women and men take the major decisions together, while in 13% of the households, women take the major decisions. Men own the land in 77% of the families and have the main responsibility of earning in 68% of the households. On the other hand, women usually do the household work in 67% of the households.

Among the 171 respondents who said that there are community organisations, such as user committees, where they live, both women and men participate in the organisations in 48% of cases, women in 36% and men in 16% of the households. Based on the data from the FGDs focused on disability inclusion, 68% of the 81 respondents said that persons with disabilities in their family do not attend any meetings or programmes.

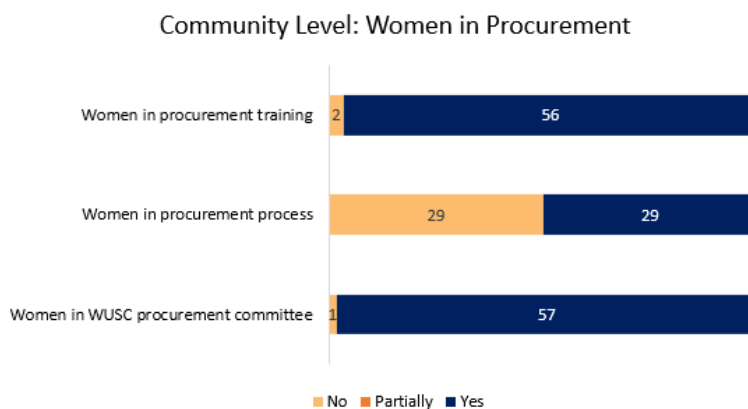
According to SUSWA’s latest progress monitoring data, 58% of the key positions in Water Users and Sanitation Committees supported by the project are held by women. However, women hold only 13% of the Chair positions and 43% of the Secretary positions, while they are well represented as Joint-Secretaries (85%), Treasurers (87%), and Vice-Chairs (82%). 2% of the key positions are held by persons with disabilities.

Those who identify themselves as Dalit hold 15% and Janajati 18% of the key positions. Within the total beneficiary population, 20% are Dalit and 18% Janajati, indicating that at least Dalit may be slightly underrepresented in the key positions of user committees.

In the project’s baseline study, 24% of the key positions were held by women in the 19 surveyed Water User and Sanitation Committees, 9% by those who identify themselves as Dalit, 8% by those who identify themselves as Janajati, and 1% by persons with disabilities (2022, p. 37-38).

The findings of SUSWA’s GEDSI audit conducted in 2024 indicate that while women are often well represented in decision making bodies and take part in the project activities, their actual participation in decision making is still limited. For example, women have participated in the procurement training and are part of the procurement committees in the majority of the monitored communities who manage water supply systems. At the same time, their actual participation in the procurement process was found to be more limited with only 50% of the surveyed Water Users and Sanitation Committees engaging women in the procurement process. (Figure 7)

Figure 7 Data from SUSWA’s GEDSI Audit (2024): Women’s participation in procurement at the community level (n=58 schemes)



However, it seems that SUSWA’s policy on including 50% women in mass meetings has had positive effects on the municipalities in aiming for 50/50 gender balance in their meetings, instead of previously aiming at minimum 1/3. This change has been observed by SUSWA GEDSI Monitoring Officer Rita Khadka during her field visits. She has also identified important female role models, such as a woman as a chairperson of a Water Users and Sanitation Committee. The right to meaningful participation of women in public decision-making in the WASH sector is work in progress and SUSWA’s engagement is well targeted.

3.3 Sanitation and hygiene and menstrual hygiene management in schools

Focus group discussions and a survey were conducted also in 28 schools in the six municipalities. A total of 222 students responded to the survey. The breakdown of the number of responses by the municipality and focus group type is presented in Table 10 below.

Table 10 Number of responses to the school survey

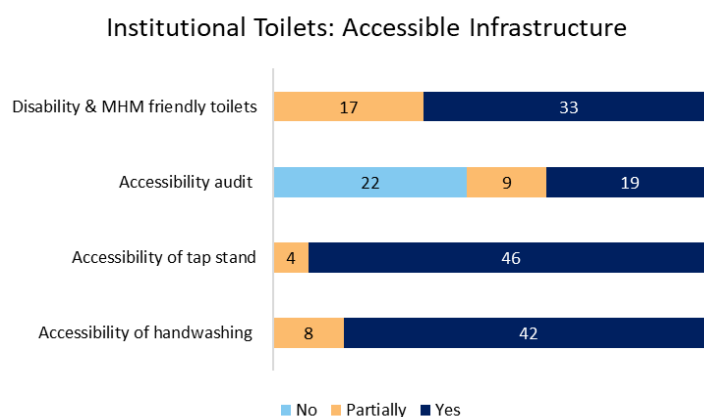
	Total number of responses	Responses from girls FGDs	Responses from boys FGDs	Missing FGD type
Chhatreswori	55	33	19	3
Hima	64	29	35	0
Nalagad	18	10	7	1
Naumule	25	24	0	1
Sanibheri	40	24	16	0
Simkot	20	12	0	8
Total	222 responses			

Out of the 222 responses, 128 students said that they menstruate. Among them, 11% said that they do not go to school during menstruation. The main reported reasons were *No WASH Facility* (5), *Feel embarrassment/uncomfortable* (3), and *Pain during menstruation* (11). 97% use pads during menstruation. Answers to the question about the type of a pad reveal that many girls (50/128) still use a cloth sometimes. However, a cloth seems to be used primarily as an alternative option to a sanitary pad or a reusable pad, as only 9 girls reported using only a cloth. 54% (69/128) of the students said that they wash their hands with soap and water during menstruation. Among them, 54 respondents said that “*No access to sanitation services*” is the reason why they don’t wash their hands. Sanitary pads seem to be well available in schools and students seem to be aware of this: 133 out of 140 people who responded to the question said that they are available in their school.

As a comparison, SUSWA’s baseline study surveyed a total of 171 schools across 42 municipalities in Karnali. In the baseline study sample, 77% of the schools had a toilet facility, 42% “*usable separate toilet for boys and girls*”, 2% a “*usable PLWD friendly toilet*”, 9% a “*usable toilet only accessible for teacher*”, and 15% “*MHM facility with safe disposal*” (2022, p. 91-93).

To monitor the project’s progress and support learning, SUSWA’s GEDSI audit assessed the status of 50 schools supported by the project. In most of the schools, tap stands were found to be accessible but there is some room for improvement in the disability and menstrual hygiene management friendliness of the sanitation and hygiene facilities. (Figure 8.) The audit also found that adolescent clubs had been formed only in 6 of the monitored schools. These clubs have the potential to bring the voice of the adolescent girls into schools’ decision making. SUSWA encourages municipalities to use an accessibility audit checklist to assess the accessibility of infrastructure and help ensure it is accessible to all. However, based on the GEDSI audit, the tool had been used only to a limited extent in schools, with 22 out of the 50 schools not utilising it.

Figure 8 SUSWA’s GEDSI audit (2024) findings related to accessible and menstrual hygiene management (MHM) friendly infrastructure in schools (50 schools)



3.4 GEDSI in Local Government Decision Making and Policies

The survey collected information from the six municipalities related to GEDSI policies, use of gender responsive budgeting, and plans regarding the eradication of harmful practices related to menstruation. As these are some of the key indicators of SUSWA, the survey data is somewhat outdated during the finalisation of this report in October 2025. Therefore, the table below presents the relevant information from the latest progress report approved by the project Supervisory Board in September 2025, including comparisons with the baseline data²⁴.

Table 11 GEDSI integration into local WASH governance: SUSWA’s progress data and baselines

SUSWA’s output indicator	Progress as of 15 July 2025 and baseline
Number of WASH Unit staff of local government capacitated and mobilised by the project	Progress: 229 (55 female; 174 male; 28 Dalit; 32 Janajati; 169 Others; 2 PwDs) Baseline: 0
Number of municipalities with gender-responsive budgets	Progress: 25 municipalities Baseline: 0
Number of municipalities having a plan for the eradication of harmful Chhaupadi practice	Progress: 28 municipalities Baseline: 0
Municipalities that involve disability organisations in the WASH planning and monitoring	Progress: 23 Baseline: 9
Strategic partnerships of the project to advance GEDSI in Karnali	Progress: Partnership with the Karnali Alliance for Dignified Menstruation Management and National Federation of Disabled Nepal Baseline: 0

In addition, SUSWA’s 2024 GEDSI audit assessed the extent to which the GEDSI principles have been integrated in the local WASH governance (Figure 9). The analysis covered 17 municipalities, including Chhatreswori, Hima, Naumule, and Simkot. Based on the audit findings, all local governments had completed gender-responsive budgeting in the government’s accounting software, SUTRA (*GRB coding*), and WASH-MC had made decisions regarding gender-responsive budgeting as per set criteria in all but one local government (*WASH MC decision on GRB*). At the same time, the categorisation of activities as per the GRB guidelines of the Government of Nepal could be improved in 10 out of 17 local governments (*GRB categorisation*). There were also quite a few local governments where the Women, Children, and Senior Citizen Section could be more actively involved in GRB (*GEDSI focal point in GRB*).

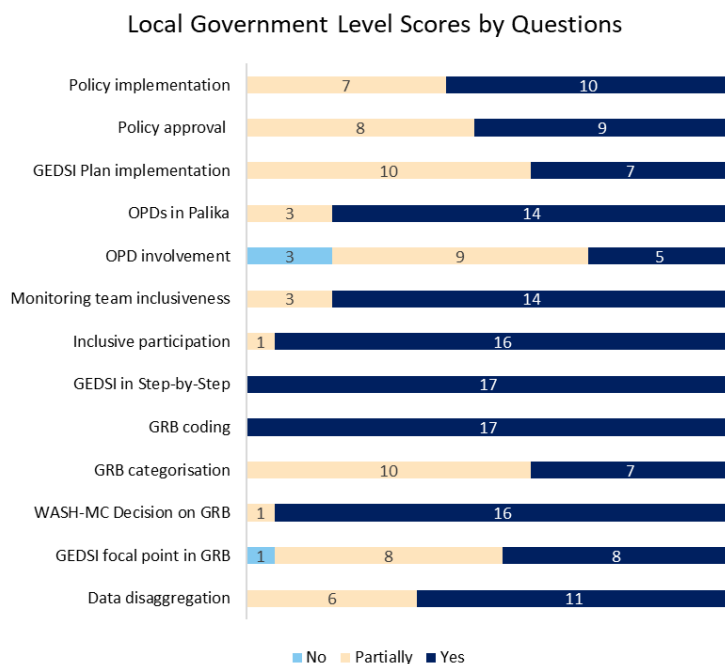
The gender-responsive and disability inclusive aspects were taken into account by monitoring teams in the Step-by-Step process in all municipalities (*GEDSI in Step-by-Step*)²⁵. On the other hand, there seems to be some room for improvement in policy approval and implementation (*Policy approval; Policy implementation*) as well as in the implementation of the municipality level gender-responsive and disability inclusive action plans (*GEDSI Plan implementation*).

Involvement of the organisations of persons with disabilities (OPDs) in WASH planning and monitoring seems to be the weakest aspect at the local government level. According to the audit, OPDs exist in 14 out of the 17 municipalities/rural municipalities (*OPDs in Palika*) but only five Local Governments had fully involved them in WASH planning and implementation (*OPD involvement*).

²⁴ The baseline data was adjusted based on field verification after the mid-term evaluation of the project in 2025. The table presents the updated baseline values.

²⁵ The Step-by-Step process refers to the process of repairing or constructing a water supply system.

Figure 9 SUSWA GEDSI audit findings: Integration of GEDSI into the local government’s WASH management processes (17 municipalities)



4. Review and revision of the documents

4.1. Project Document and Implementation Manual

The **Revised Project Document** from September 2022 includes systematically relevant objectives relating to gender and inclusion. GEDSI has been included particularly in:

- Outcome Area 1)** Strengthened enabling environment and governance for sustainable WASH services and GEDSI in Project Municipalities, and in
- Outcome Area 3)** Sustainable S&H and dignified menstruation management.

The Project Document implements a twin-track approach to gender equality and inclusion in a concrete and comprehensive way. A **twin-track approach to gender equality** means working on two parallel tracks at the same time. One track is **mainstreaming** gender equality and inclusion by aiming to integrate the perspectives into the policies, programming, and decision-making processes the project engages in or supports. The other track is **targeted action which** means the project itself implements specific measures and activities which advance gender equality and/or inclusion. The scope of the targeted action is clearly defined and concrete.

The GEDSI has been mainstreamed in all project plans and activities to ensure GEDSI-responsive WASH implementation and equal access and participation. The GEDSI and human rights-based approach guide the planning and the priority setting of the project and has become a strength and an inherent approach the team has taken forward. It is clear from the interviews with the SUSWA staff that GEDSI is a key priority and the team has devoted staff to pursue the objectives. The fact that there is reporting on GEDSI related objectives and development of tools such as the GEDSI audit and the accessibility checklists shows that the GEDSI related objectives are being implemented and monitored.

Dignified menstruation management (DMM) is an expected Outcome and the data and desk review reveal that this is a very relevant and well-chosen objective in the Karnali province, which has indices of intersectional discrimination against women and girls, and self-regulation because of tradition, beliefs and fears, in particular

during their menstrual period. The twin-track approach is very relevant in the project as it included targeting activities for DMM and disability inclusion to address specific forms of harmful social norms, stigma, and barriers that prevent women and girls and people with disabilities accessing WASH and DMM on an equal basis with others. The study results reveal differences in practices between the geographical locations of the project, so it is important that targeted actions are designed in accordance with the context on the ground and that they are sensitive to the religious and cultural contexts and practices. The gender norms and roles as well as attitudes, behaviours, practices, and beliefs and their variations across population groups and locations are also to be considered. The activities are to be rolled out in close cooperation with local authorities and relevant civil society actors.

The Project Document is solid in its current form and there is no need for major revisions in light of the findings of the study.

- The **twin-track approach of human rights, gender and social inclusion** of mainstreaming and targeted actions is conceptually and contextually sound.
- DMM is rightly prioritised due to high levels of gender-based stigma and exclusion practises in Karnali.

The Project Implementation Manual (PIM) was approved in September 2022 and updated in July 2023. In general, the Project Implementation Manual can be considered a best practice on how to integrate GEDSI in the project implementation. GEDSI has been streamlined and maintained throughout the Manual, the objectives are well reflected and the manual includes concrete guidance for priority setting and management of the project for a successful implementation of the targets related to gender equality and inclusion matters. The PIM is supported by targeted tools and checklists which guide the implementation. These include WASH accessibility checklist, GEDSI Auditing and Monitoring Checklists, local government target setting lists, and the GEDSI components of SUSWA's milestone matrix. These constitute best practices and could be replicated in other projects for human rights and GEDSI inclusion in a practical and concrete manner.

The PIM makes reference to the "HRBA & GESI Strategy and Action Plan of June 2015", so this is something which would need to be updated to refer to the latest approved versions of the Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan²⁶, approved in the Supervisory Board Meeting held on the 10th of March 2023. It would be useful to review the Human Rights and GEDSI Strategy and Action Plan and assess if it in all parts is operational, realistic, and relevant in light of the implementation with the operational team. In general, the Human Rights Based Approach and GEDSI Strategy and Action Plan are very comprehensive, concrete, and ambitious. After that assessment, it could be cross-checked against the Project Implementation Manual to see if some revisions, corrections or adaptations are needed in the PIM, to make sure it reflects the current practices of the project.

The Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan

The focus of the Strategy and Action Plan is to contribute to inclusive communities and equal access and rights to Water and Sanitation Facilities. SUSWA supports local governments in mainstreaming GEDSI in legislation, policy, budgeting, policy and planning processes. The Strategy and Action plan puts emphasis on equitable inclusive participation in planning, design, implementation and monitoring. Particular attention is to be paid to women and girls and persons with disabilities, as well as the intersectionality of e.g., gender, disability, caste/ethnicity or other grounds of discrimination.

The Strategy acknowledges that both soft and hard components of technical facilitation are needed to ensure the rights to water and sanitation are respected and promoted. It is acknowledged that social norm change is required in combination with technical solutions and an enabling environment created by changes in laws, policies, budgets and participatory planning to contribute to accessible WASH facilities and dignified menstruation management.

²⁶ Human Rights and Gender Equality, Disability and Social Inclusion Strategy and Action Plan. SUSWA (2023). Prepared by Raju Tirwa, Åsa Wallendahl, Hanna Kankkunen, approved 10 March 2023. Accessed at: <https://suswa.org/download/human-rights-and-gender-equality-disability-and-social-inclusion-strategy-and-action-plan/>

The human rights to water and sanitation entails to ensure access to sufficient, safe, and affordable water for personal and domestic use, as well as physical and affordable access to sanitation that is safe, hygienic, secure, and socially acceptable. SUSWA's Human Rights and GESDI Strategy and Action Plan adopts the human rights-based approach to development, in particular the rights to water and sanitation in a concrete and systematic way.

SUSWA's human rights & GESDI twin-track approach is in line with the guidance of the Ministry for Foreign Affairs of Finland (MFA), which means that the work is done in two parallel tracks. The review of the SUSWA Project Document, the PIM, and the Human Rights & GESDI Strategy and Action Plan found that the MFA guidance has been adhered to.

1) **Mainstreaming** GESDI in all project plans and activities to ensure a GESDI perspective in WASH implementation and equal access and participation. For example, ensuring the participation of PwDs in decision-making and PwD's access to their basic needs in all interventions on an equal basis with others in the community. Mainstreaming GESDI in the municipalities is a strategy for SUSWA to support the overarching goal of reaching gender equality and non-discrimination, which in turn contributes to the strengthening of the society as a whole.

2) **Targeting activities** DMM and disability inclusion to address specific forms of harmful social norms, stigma and barriers that prevent women and girls, PwDs and Dalits from accessing WASH and DMM on an equal basis with others. Targeting specific groups, such as elderly, children, pregnant women, Dalits and PwDs and intersections of these, in the provision of WASH facilities and services, means addressing the specific needs in order to ensure WASH is truly accessible for all, while empowering them and ensuring their voices are heard in the planning, implementation, and post-construction.

The ambition of the Human Rights & GESDI Strategy and Action Plan is to take intersectionality seriously and to pay attention to certain groups which are vulnerable in the Nepali context. This ambition is very relevant in line with the findings in the SUSWA data of 2023 which sheds light on the intersectionality of factors for discrimination relating to gender, ethnicity/caste, religious affiliation, age, disability, and geographical location. It is recommended to continue to assess intersecting factors in practice in the locations where SUSWA is rolling out its activities.

SUSWA's approach includes working with duty-bearers and rights-holders which is a key for the implementation with the aim of strengthening inclusive participation and equal access, as well as creating an enabling environment for sustainable WASH sector development. The Strategy and Action Plan includes capacity building efforts of local authorities and stakeholders and activities to strengthen institutional and policy development as well as sound and inclusive budgeting processes.

The priorities set in the Strategy and Action Plan concerning working with right holders include *triggering* changes in harmful social norms and empowering right holders, including women, persons with disabilities, and Dalits. Methods to use are training, targeted activities, and communication (awareness campaigns and distributing materials). In light of the findings of the survey, the approach towards working with right holders could be further developed since it has been noted that changing deeply rooted complex discriminatory practices (which are based on deeply rooted religious and cultural beliefs and tradition) are not likely to be easily altered and changed by "triggering" changes. If not done in a consultative and careful way and involving all stakeholders and with deep cultural knowledge and sensitivity, it can also trigger rejection and resistance among the population. There are likely "gate keepers" who want to maintain the cultural practices. It is recommended that the work with local moral duty-bearers such as local and religious leaders is assessed. The targeted activities and awareness campaigns are recommended to be evaluated to assess if they create changes in attitudes and behaviours. Some signs of impact are being observed by the SUSWA team, and this is very positive.

According to the Human Rights & GESDI Strategy and Action Plan, SUSWA promotes increased access of women, Persons with Disabilities, and socially excluded groups/disadvantaged groups as identified in the project municipalities, to basic services (water, sanitation, hygiene), and increased participation in project user and management committees. SUSWA identifies work with girls, women, with men, boys, persons with disabilities, Dalits, faith leaders, school teachers and community elders as allies and champions of change in order to

challenge and transform dominant social barriers that perpetuate gender inequality or discrimination due to caste/ethnicity or disability.

Based on the findings of the 2023 data, it is critical to notice that intersectionality is important to factor in when identifying the most vulnerable. Religious beliefs seem to have a big role to play in the discriminatory practices towards women and girls and there are also other ethnic groups apart from the Dalits which are more exposed to discrimination. It is recommended to locally assess the dynamic based on the survey and other available data, such as the Nepal Demographic and Health Survey 2022²⁷. Such an assessment should specifically identify groups most at risk of exclusion from accessing safe water and sanitation services, so that targeted measures can be developed to ensure equitable and inclusive service delivery.

The Strategy identifies women, persons with disabilities, and members of groups in vulnerable positions as groups whose rights to decision-making opportunities should be ensured. The project supports anti-discrimination work in Nepal, including discrimination on multiple and intersectional grounds. The Strategy also embraces the nexus of disability inclusion, climate resilience, and gender equality.

The findings from the data collected in 2023 indicate that promoting the rights of people with disabilities is a priority for SUSWA, but their representation and opportunity to have a voice in decision making processes is still limited. When discussing effective and meaningful participation of people with disabilities, it is important to continue to identify the most efficient ways to include them in decision-making processes either through representation or by regular consultation with organisations which represent their interests. The main interest is to ensure the needs and rights of people with disabilities are assessed in planning WASH services and infrastructure. The representation of people with disabilities is currently limited in official decision-making bodies, but this is also expected when discussing a marginalised group. This underrepresentation reflects the broader patterns of exclusion and marginalisation that people with disabilities face in society. As with many marginalised groups, structural barriers, stigma, and lack of accessibility restrict their participation in political and public life.

The Strategy and Action Plan highlights working to empower right-holders, e.g., women, persons with disabilities and Dalits through training, targeted activities and communication (awareness campaigns, materials distributed). The means to challenge discriminatory norms and empower all community members to participate are, among others, working in and with schools, mass meetings with user communities, leadership training, completion ceremonies of WASH facilities, radio and poster awareness raising campaigns.

The main outcome and outputs in the project result's framework for the GEDSI Strategy and Action Plan are:

Outcome Area 3: Sustainable S&H and dignified menstruation management

Output 3.1: Personal and household sanitation and hygienic behaviours improved

Output 3.3: Dignified menstruation promoted

The Strategy and Action Plan has well formulated activities. It is supporting the implementation of the GEDSI objectives and being implemented in practice without major difficulties. The Strategy and Action Plan is ambitious and cuts across the areas of work of SUSWA. It is worth noting that there has been a process of developing a comprehensive and solid Human Rights & GEDSI assessment that is truly a best practice. The assessment guides the Strategy and Action Plan and the project implementation.

Findings from desk review of reports and interviews with SUSWA staff

According to the Semi-Annual and Annual Progress Reports (APR) of FY2081/2082²⁸ SUSWA has continued the implementation of the objectives related to Gender Equality, Disability, and Social Inclusion by conducting institutional capacity building activities, such as gender-responsive budgeting and planning.

²⁷ Nepal Demographic and Health Survey 2022, Ministry of Health and Population Ram Shah Path, Kathmandu, Nepal. Published June 2023. Accessed at: <https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf>.

²⁸ Sustainable WASH for All (SUSWA) 2021-2027. Semi-Annual and Annual Progress Reports FY2081/2082

Several awareness campaigns and initiatives, such as the 16 Days of Activism Against Gender Based Violence campaign, influencer collaboration on dignified menstruation management, and a provincial workshop on the International Day of Persons with Disabilities have been supported. SUSWA facilitated capacity building activities at the community level to motivate people to construct or improve their sanitation and hygiene facilities and promote behavioural change. During the project's third year, an additional 32,131 people got access to an improved toilet and an additional 8,055 people to a basic toilet. 50% women and proportional participation of Dalits, Janjati, and PwD in key positions has been exceeded (target set per scheme based on Baseline).

It is an important step to have a Dignified Menstruation Management procedure approved and the commitment from the local actors to work together on this area. However, it is not enough to have the written procedure approved but its implementation also needs to be monitored. It is recommended to self-evaluate if the strategic approach is likely to achieve change in social norms and behaviours and if the public is aware and involved in the implementation. *Chhaupadi* is practised at the household level in some areas, and there are many variations on how it is practised. The root causes are complex and embedded in religious and cultural beliefs.

SUSWA monitors the number and types of strategic partnerships and initiatives between the SUSWA-supported WASH programme and other actors related to gender, disability, dignified menstruation, Climate Change Adaptation and Disaster Risk Reduction. The cooperation with the existing partners continued, including with Karnali Alliance for Dignified Menstruation Management. SUSWA has also been active in the MHM Partner Alliance advocating for DMM at the national level. The network is strategic and relevant, but the question of its sustainability could be looked at as part of SUSWA's exit strategy.

A question arises on what kind of partnership is sought and for what purpose. It is recommended that the SUSWA team reflects on whether the intended partnerships are likely to achieve or contribute to changes in mindsets and behaviours and select the most strategic partners who are skilled in culturally sensitive communication and experts in their field of expertise to transfer evidence-based messaging. SUSWA has already made an impressive effort in promoting advocacy towards dignified menstrual management and practices and in working on attitude change and awareness raising around the issue, which entails stigma and culturally sensitive topics. SUSWA measures the number of municipalities which involve disability organisations in WASH planning and monitoring. The Annual Progress Report notes cumulative progress. To date, 23 project LGs involved organisations of people with disabilities (OPDs) in the planning of WASH activities to enhance disability inclusion and improve accessibility of WASH services and facilities. These OPDs were involved in the gender responsive and disability inclusive planning review workshops. The project continues to involve OPDs to engage them also in the monitoring activities.

In Outcome Area 3: SUSWA revisited the project's approach to sanitation and hygiene promotion in the area of work of Sustainable Sanitation & Hygiene and Dignified Menstruation Management during the third year of project implementation. The key updates to the approach were:

- 1) the adoption of a Palika-wide approach, meaning that the project does not focus solely on the communities where it implements water supply infrastructure activities but rather encourages the local governments to prioritise communities where there are higher needs and demand for improved sanitation and hygiene activities;
- 2) strengthening focus on tailoring behaviours change activities to the contextual needs and priorities, and;
- 3) better alignment of infrastructure development and behavioural change activities in schools.

The strengthened focus on sanitation and hygiene promotion by targeting the communities with the most need, tailoring behaviour change activities to contextualised needs and priorities and better aligning infrastructure and behavioural change activities in schools is excellent and perfectly in line with the findings of the 2023 survey.

On behavioural change material, SUSWA reported it developed new Behavioural Change Communication tools (BCC tools). These tools have been developed with the joint effort of the SUSWA team including the Chief Technical Advisor, the Sanitation and Hygiene Specialist, the GEDSI Specialist, and the Technical Specialist in consultation with WASH Advisors. Context analysis of the existing behaviours related to menstruation management and Sanitation and Hygiene was made in coordination with the municipal WASH Units. The tools will be used going forward in the project implementation during the remainder of the project period.

Within SUSWA, WASH Units have been established in working municipalities. Each unit comprises a WASH Coordinator, a WASH Facilitator, a Technical Facilitator, and several Social Mobilisers and WASH Technicians as required based on the number of water supply systems. Most of these personnel are local to the municipalities in which they work, allowing them to bring valuable insights into the local context, practices, and behaviours related to menstruation management, sanitation, and hygiene.

The WASH Facilitators have played a key role in introducing the BCC tools using an approach that reflects the specific needs and cultural contexts of their communities. As a result, the municipalities working with SUSWA are to be advancing the implementation of the BCC tools to effectively reach and engage their target audiences in the coming financial year. A localised approach has already, according to the SUSWA team, been yielding promising outcomes. The team is noticing positive shifts such as greater awareness, improved attitudes, at community level based on the interventions done already. The SUSWA team intends to evaluate the impact of the BBC tools in the next year and forward.

The project has continued to promote dignified menstruation management at provincial and municipality levels by training and mobilising young people as local resource persons on DMM and collaborating with a TikTok influencer Ibsal Sanjyal, a young lady from Kalikot, to disseminate behavioural change messages. Together with other members of the Karnali Alliance for Dignified Menstruation Management, SUSWA organised awareness raising concerts during the 16 Days of Activism Against Gender-Based Violence campaign in Palata, Kalikot and Sarkegad, Humla with performances by Sunita Budha Chhetri and Rekha Joshi, who are appointed as provincial and national Goodwill Ambassadors for DMM.

The behavioural change activities include innovative ways of using a TikTok influencer, awareness raising concerts by artists who are also good will ambassadors. These seem like very efficient ways of reaching out to young people in particular and inspire awareness raising of rights and health issues and this can help to break stigma. It is recommended to assess the impact of the awareness campaigns and get feedback from the public on how it has been received.

The Annual Progress Report covered advances in Mobilisation of Total Sanitation Task Forces Total Sanitation Task Forces (TSTF) are formed with the lead of elected representatives, Female Community Health Volunteers, community groups, teachers, sanitation champions, and masons. TSTFs are supposed to meet regularly to share, plan, and follow up on targets in their communities. They play a central role in ensuring an increased and improved access to sanitation and hygiene services. WASH Units mobilise and facilitate TSTFs to have regular follow up visits and facilitate construction and improvement of the toilets. The WASH Units conducted capacity building activities at the community level to motivate and help communities to take action for the construction and improvement of the sanitation facilities and promote behavioural change. According to the progress report, the number of persons with disabilities among the participants seems relatively low, and SUSWA committed to circulating a message about the inclusion guidelines to help ensure accessibility of the community events.

The Mobilisation of Total Sanitation Task Forces and its inclusive composition along with the development of manuals and processes for their oversight is a very good step towards making sure the sanitation facilities are accessible and that barriers to access are identified. The participation of PwD is low and requires attention.

5. Reflections

The answers from the respondents shed light on reasons for the lack of access to water and sanitation and patterns of discrimination. The most interesting and unique data relevant for the human rights-based approach and GEDSI relates to discriminatory practices concerning women's access to WASH services and exclusion from their homes during the menstruation period. The survey includes data which adds a localised lens. The data included municipality-level disaggregation and qualitative nuances which were not captured in the baseline or progress reports. Detailed reasons for restricted toilet use (e.g., fear of gods, no infrastructure) are municipality-specific, helping to pinpoint exact cultural and physical barriers.

SUSWA has already been capacitating and mobilising religious leaders and other key persons of the community to advance DMM including access to the WASH facilities. SUSWA has a tailored plan to work with religious

leaders with a priority in Jumla, Humla, and Kalikot. Awareness raising on the importance of access to water for health issues would be important in these areas.

SUSWA's efforts concerning capacity building, awareness raising and cooperation for attitude change concerning granting equal access for women to toilets in Hima Rural Municipality and Simkot Rural Municipality are particularly important in light of the results of the survey. There is potential to further analyse connections between regional differences regarding barriers to accessing services and discriminatory behaviour and discrimination. To make the analysis more useful for SUSWA's development, it could be useful to select a few of the most relevant questions relating to barriers to access water and sanitation services for women and girls and the reasons for the obstacles, and collect data on these questions in all SUSWA municipalities to be able to compare and assess if there are any remarkable regional differences. This could provide additional evidence to help identify the root causes of the discriminatory behaviour and practices. In the area of attitude and behavioural change and addressing root causes to gender inequality or discrimination, it is challenging to find suitable tools but quantitative and/or qualitative methodologies can be used. The results need to be reflected in a very context specific manner, acknowledging that there might be significant variation between population groups and locations, and that practices may vary over time.

Since the root causes of menstrual discrimination are complex and multifaceted and vary according to geographic location, family setting, ethnicity and poverty levels, among other factors, it is important to test and evaluate the strategies implemented in the different locations to determine if they are relevant and appropriate for the objective. This is relevant for the SUSWA project relating to the awareness raising and capacity building efforts. The effectiveness of the current advocacy efforts should be assessed to determine if they are efficiently contributing to the changes in behaviour and practices and if they are suitable and appropriate to reach the desired goal, in the particular contexts at local level where they are implemented.

The study by Barini, Amima, Mulwa, and Mogeni of 2024 found that preventive behavioural interventions in the most vulnerable geographic areas are recommended to have potential to reduce the overall prevalence of menstrual discrimination. It is crucial to prioritise the designing and testing of tailored interventions to determine their effectiveness against *Chhaupadi*. Since *Chhaupadi* is deeply rooted in complex cultural and religious contexts, the recommended strategies are to target key enforcers, such as religious leaders, mothers, heads, and older family members, who play critical roles in perpetuating menstrual taboos, rituals, and behaviours. Empowering women appears to be a promising strategy for combating menstrual discrimination within the household. The policy interventions may include a combination of women empowerment, advocacy, and educational awareness of the current laws illegalising menstrual discrimination, and the associated health risks.²⁹

Despite the robust statistical approaches employed by Barini, Amima S, Mulwa, and Mogeni (2024), a substantial portion of the variability in their models remained unexplained. A key lesson learned is the need for further research to identify unmeasured determinants of menstrual discrimination that may operate at various geographic scales. Understanding these factors could enhance the design of interventions that address the root causes of menstrual discrimination. Moreover, it is recommended that interventions targeting menstrual discrimination incorporate a research component to evaluate their effectiveness and cost-efficiency in real-world contexts. Untargeted interventions, though well-intentioned, may prove inadequate in areas where discriminatory practices are deeply entrenched. In high-prevalence clusters, failure to identify and mitigate context-specific risks may reinforce harmful cultural norms and hinder broader efforts to eradicate the practice nationwide. Direct, community-based interventions tailored to these clusters may offer a particularly effective strategy for disrupting cycles of harmful beliefs and accelerating progress toward a society where women can manage their menstrual health free from discrimination. The ultimate aim of such approaches is not only to

²⁹ Barini G, Amima S, Mulwa D, Mogeni P (2024) Spatial heterogeneity of menstrual discriminatory practices against Nepalese women: A population-based study using the 2022 Demographic and Health Survey. PLOS Glob Public Health 4(11): e0003145. <https://doi.org/10.1371/journal.pgph.0003145>

eliminate discriminatory practices but also to empower women, challenge harmful cultural norms, and foster a more inclusive society, with respect for all.³⁰

It is important to notice the complexity of menstrual health challenges in Nepal, shedding light on the spatial patterns of menstrual discriminatory practices. By elucidating the geographical variations, can help provide a foundation for targeted community-based interventions such as cultural behaviour change education. The identification and prioritisation of vulnerable populations are important steps toward dismantling the deeply rooted beliefs and promoting a more inclusive and equitable society. Sustained efforts, tailored community-based interventions, community engagement, and policy initiatives are tools to address menstrual stigma and discrimination against women and girls. Given that *Chhaupadi* is deeply ingrained in complex cultural and religious contexts, strategies targeting key enforcers, such as religious leaders, mothers, heads, and older family members, who play critical roles in perpetuating menstrual taboos and rituals. These policy interventions may include a combination of women empowerment, advocacy, and educational awareness of the current laws illegalising menstrual discrimination, and associated health risk.³¹

Best practices from other gender equality related projects, such the Government of Finland funded Bilateral Programme on Prevention and Response to Gender Based Violence in Kenya³², has shown that it can be beneficial to work on social norm change with certain target groups who are perceived to be gatekeepers for negative cultural practices. The members should have opportunities to voice their concerns and share their view on their culture while being informed about health-related risks for women and girls and safety related risks for the communities. Oftentimes, harmful cultural practices are being maintained and protected because of lack of knowledge and information on the negative effects it has on women and girls. If the local leaders can be supported to lead the change and local champions start promoting the change, it is much more acceptable compared to if a foreign funded development program does so.

SUSWA could assess if it could engage in more direct dialogue with religious and local leaders as well as mothers and female leaders on the harmful practices regarding discrimination during menstruation period at the local level in addition to the public awareness campaigns and mass meetings with user communities. Since there might be shame and stigma around the topic, it is important that participants can voice their concerns and raise their issues in spaces where confidentiality is guaranteed. It is important the discussion is underpinned by respect for local cultural and religious beliefs, while flagging problematic areas based on international human rights standards, legislation or the harmful effects on people and communities. Important work is being done already at the local level with the involvement of the Committees involving religious leaders such as lamas and trust is being built according to the observations by GEDSI Monitoring Officer Rita Khadka.

According to a study by Nathaniel Ferguson, Meeta Sainju Pradhan, and Rachana Upadhyaya 70 percent of women were excluded from religious activities during their menstruation. The differences by caste/ethnicity substantiate the higher levels of segregation during menstruation among the so-called “higher” castes of Brahmin/Chhetri; often the enforcers of religious practice. Ritual (im)purity is a strong concept in Hinduism and is the source of many restrictions placed on menstruating women, who are considered “impure.” As it is mostly Brahmin men who serve as priests, Brahmin women (and the other “high” caste Chhetris) are expected to maintain strict adherence to ritual purity and are more commonly excluded from certain places and activities while menstruating. The religious roots of the menstrual taboo create deeply rooted social norms which are resistant to change.³³

³⁰ Barini G, Amima S, Mulwa D, Mogeni P (2024) Spatial heterogeneity of menstrual discriminatory practices against Nepalese women: A population-based study using the 2022 Demographic and Health Survey. *PLOS Glob Public Health* 4(11): e0003145. <https://doi.org/10.1371/journal.pgph.0003145>

³¹ Ibid.

³² Adopting a Systems-Strengthening Approach to Improve Prevention and Response to GBV: Lessons from the Kenya-Finland Bilateral Programme (2025). Accessed at: <https://www.niras.com/projects/supporting-transformational-change-in-kenya-to-reduce-gender-based-violence-and-other-harmful-practices/>, visited 10 June 2025.

³³ “Exploring menstrual taboos in Nepal using new empowerment indicators for water, sanitation and hygiene”. Nathaniel Ferguson, Meeta Sainju Pradhan, Rachana Upadhyaya (2024). Accessed at: <https://gender.cgiar.org/news/exploring-menstrual-taboos-nepal-using-new-empowerment-indicators-water-sanitation-and-hygiene>

SUSWA's work with religious leaders is key to influencing social norms, since they are often trusted by the people, making them key allies in shifting attitudes on menstruation, disability inclusion, and equality. As a root cause for exclusion, the data shows one of the most common reasons women are restricted during menstruation is "not anger deity/god." This shows the strong role of religious beliefs in perpetuating harmful practices.

6. Conclusions and Recommendations

The SUSWA project is a best practice on successful design and integration of human rights and GEDSI in main documents and in its practical implementation. The development of the Human Rights & GEDSI Strategy and Action Plan stands out as instrumental in the operationalisation of the objectives in practice. A review of the Strategy and Action Plan together with the local governments to collect feedback could give further information on their experiences.

The SUSWA team is skilled in the topic and appreciates its strategic importance. GEDSI has become a core function of the programme. The leadership is also engaged and this also contributes to the successful progress. The overall assessment is that SUSWA has a solid GEDSI framework and strategy and very good capacity to implement the human rights-based approach to development and GEDSI objectives. The team has integrated the objectives into its work, has tools to support its implementation, monitoring, and reporting. Continued efforts to harvest results in capacity building and awareness raising results could identify best practices. However, targeted localised action can be tailored to address deeply rooted discriminatory practices, especially in high-risk municipalities. Upper Karnali is regarded as a more challenging context than Lower Karnali because of the contextual challenges.

The twin-track approach of HRBA and GEDSI objectives are sound, well integrated into the project document, the PIM and the Strategy and Action Plan and guide programming and implementation. Intersectionality could be looked at as a practical lens and disaggregated data can be used to further analyse potential correlations between the factors of discrimination and for risk mapping and targeted programming.

Social and cultural norm change takes time and is complex and multifaceted since it relates to deeply rooted customs, beliefs, behaviours, and customs. To achieve change requires commitment and will from the community level. Locally adapted solutions, increased knowledge of the negative consequences, and local leadership can speed up awareness raising, public opinion, and behavioural changes.

When comparing the SUSWA Baseline Survey of 2022 with the 2023 survey, it is important to note the differences in methodology and coverage. The baseline survey was broader in scope, covering more geographic areas and including a wider set of questions designed to align with the project's results framework. The 2023 survey was designed as a standalone snapshot, focusing specifically on exploring gender equality and social inclusion barriers in relation to access to water and sanitation facilities within selected SUSWA areas. It does not directly respond to all indicators in the results framework, but provides valuable insights into the realities of women, men, and marginalised groups. SUSWA can assess the usefulness of repeating a corresponding survey or use the information available to make adaptations to the data collection and M&E systems, result framework or indicators. This is to be decided by the project team and stakeholders depending on the timelines and needs of the programme to monitor and report overall progress at a more detailed level in the area of GEDSI. The findings of the 2023 survey can be utilised to adapt data collection tools and monitoring and evaluation systems to capture more nuanced aspects of GEDSI.

Evidence and data-driven planning, inclusive governance structures and practices, and locally driven behaviourally informed advocacy and awareness raising activities are crucial areas of attention to contribute to ensuring equitable access to WASH services for all in Karnali and addressing key concerns and clusters of intersectional discriminatory practices and barriers to access water and sanitation services.

SUSWA's human rights-progressive approach and GEDSI inclusion is shifting norms and practices. Indications of results are adoption of Gender Responsive Budgeting, Plans to eradicate *Chhaupadi*, women's increased participation in water users and sanitation committees (WUSCs), and increased access to toilet use for menstruating women. Limitations in the meaningful participation in decision making by women, people with

disabilities, and other vulnerable groups especially in planning phases and in more influential roles, lack of disability friendly infrastructure, and belief-driven menstrual restrictions are still barriers to full and equal enjoyment of WASH-related rights. Localised, evidence-led targeted actions, especially engaging religious/traditional leaders and financing accessibility standards in all new works, planning, and decision making can help close the gap between rights on paper and rights in practice.

1. Programme Strengths & Strategic Alignment

- **Twin-track GEDSI approach** (mainstreaming + targeted interventions) is well integrated in the project design, especially in:
 - **Outcome 1** (governance & enabling environment)
 - **Outcome 3** (dignified menstruation & hygiene behaviour change)
- **Project Implementation Manual** and **Project Document** reflect strong commitment to GEDSI and HRBA, and it is coupled with devoted human resources in the SUSWA team, and commitment from the SUSWA leadership.
- **DMM focus is highly relevant** given cultural context and prevalence of discriminatory practices such as *Chhaupadi* in Karnali.

→ **No major revision needed** in Program Documents.

→ **Update references** in PIM to reflect current (2022) Human Rights & GEDSI Strategy and Action Plan.

2. Inclusion Gaps & Equity Challenges³⁴

Women & Girls

- In 83% of surveyed households, women **now stay indoors** during menstruation, but **regional variation is considerable**:
 - *Hima, Simkot* show continued use of huts/sheds.
- 11% of girls still **miss school during menstruation**.

Persons with Disabilities (PWDs)

- According to SUSWA's latest progress monitoring data, only 2% of the key positions in water and sanitation committees are held by persons with disabilities.
- 96% of the respondents in the survey indicated that they lack a disability friendly toilet, 93% said that they lack a disability friendly tap, and 89% said they lack a disability friendly handwashing station.

Dalits and Marginalised Ethnic Groups

- **Cloth use** during menstruation is highest among Dalits (62%) vs Janajatis (30%).

Intersectionality is critical: caste, disability, gender, religious affiliation, poverty, and location can create multiple forms of discrimination.

3. Policy, Budget, and Enforcement Gaps

- **Chhaupadi elimination plans** are adopted in all SUSWA LGs, yet **practice persists** in several places.
- **Gender-responsive budgeting** improved, and further progress is underway in improving coding and actual implementation of gender responsive budgeting.
- **28/28 LGs** have finalised DMM procedures.
- **PWD involvement in planning** is positive, but **monitoring involvement remains low**.

³⁴ It is important to note the methodological limitations of this study when these data points are used. Please refer to the Data Review section for more details.

4. Capacity Building & Behaviour Change

- **TikTok influencers and public ambassadors** have promising outreach potential but impact remains **anecdotal**. It is recommended that influencing and awareness raising efforts to change social norms is combined with a research / M&E component.
- Behaviour change messaging must avoid normalising stigma and harmful practices.
- Strategic partnerships are vague—need **clear objectives and monitoring for efficiency** (self-evaluation).

5. Monitoring, Data & Strategic Use of Evidence

- 2023 study successfully **identified local variations** in GEDSI barriers.
- Data reliability on sensitive issues (e.g., menstruation) may be affected by **social desirability bias**.

Key Recommendations

Overall recommendations:

- Consider introducing evidence-based information from medical personnel informing the public on general health issues related to hygiene and menstruation. Include and focus on basic health care information.
- Identify alternative practices which exclude discriminatory practices, finding local solutions to break the stigma.
- Develop locally targeted actions based on risk assessment in the area, with a focus on the high-risk areas relating to discriminatory practices.
- Conduct a risk mapping of discriminatory practices in the regions where SUSWA is active to adapt the planning and steer resources and inputs accordingly. Use an easy mapping with the indicators to create a discrimination risk framework.
- Work with local leaders in their language to have a dialogue on the practices. Identify alternative ways of addressing the practices and behaviour, while respecting the local culture and religion.

1. Policy & Governance

- Encourage increased participation for PWDs in WUSCs and municipal committees by representation of people with disabilities or regular consultation with civil society or expert organisations on PWD.
- Strengthen **municipality reporting systems** for Gender Responsive Budgeting (GRB) and DMM implementation.
- Ensure monitoring of **gender-responsive budgets** and **DMM procedure implementation**.

2. Tailored Local Action

- Focus intensive awareness, capacity-building, and infrastructure support in high-risk areas concerning intersectional discrimination, such as **Simkot, Hima, and Naumule**.
- Use a human rights and discrimination related **risk mapping** to identify high-prevalence clusters of multisectoral discrimination and adapt programming accordingly. The risk assessment can also be used for awareness raising on the scale of the challenges for local duty-bearers.

3. Inclusive Infrastructure

- Continue and scale up **MHM-friendly school WASH facilities**—especially pad disposal, handwashing, and private toilets.
- Invest in **accessible infrastructure** in public spaces and schools (ramps, handrails, signage).

4. Social Norm and Behaviour Change, Community Engagement

- Continue to engage **religious and traditional leaders** through a participatory dialogue and consider training on health and security consequences, especially in areas with high religious/belief-driven restrictions. Respect local culture and beliefs when entering into dialogue to increase the understanding of the effects of women and the society of the harmful practice.
- Engage **mothers, female heads of households, and female leaders** in a dialogue on harmful discriminatory practices to identify the root causes including internalised behaviours and discuss ways to address them.
- Position **menstrual dignity as a model**: share statistics and positive experiences showing examples of the practice of inclusive behaviour.
- Clarify the purpose and scope of strategic partnerships for behaviour change. Self-evaluation of the effectiveness of the partnerships.

5. Data, M&E & Learning

- Consider repeating the assessment of selected **GEDSI survey indicators** in other SUSWA supported municipalities.
- Conduct **qualitative assessments** to validate quantitative findings, especially in menstruation related practices.
- Track the **effectiveness of awareness campaigns** (pre-/post-measures) and document **best practices for replication**. Assess effectiveness of awareness campaigns and adjust for cultural context.
- Develop a **GEDSI related discrimination risk tool** for municipalities based on updated data.

Some possible next steps for SUSWA GEDSI Strategic Development include:

1. Discuss whether to integrate GEDSI findings into exit phase programme planning and how to monitor progress and results. Collect feedback from municipalities and partners on the Human Rights & GEDSI Strategy and Action Plan to assess if some modification is needed.
2. Convene GEDSI Task Team to develop human rights and discrimination risk assessments, discuss intersectionality in practice, and develop tailored action plans and monitoring plans to track changes.
3. Develop guidelines for local governments on inclusive WASH planning, behaviour change messaging, and partnership building.
4. Report on and disseminate good practices on DMM and on improved accessibility to WASH services in SUSWA supported municipalities as best practise. This includes disability friendly infrastructure and accessible toilets and taps. Positive messaging can have an expanding impact. Ensure the accessibility tool is being used.
5. Include a Monitoring, Learning and Evaluation component on GEDSI in the work plan for the remaining period. Consider involving an independent MEL/research team to harvest results on capacity building on GEDSI in the SUSWA municipalities to study what capacity building efforts and tools have been successful on the ground, and why. Collect evidence from results on the ground and testimonies and indication of progress. Include the perspective of attitude and behavioural change by interviewing stakeholders, both rights-holders and duty bearers.

Annex

ANNEX 1 Terms of Reference

Assignment/Location: Home-based

Sector: Gender Equality, Disability and Social Inclusion

Timeframe 10 working days

Reporting Language: English

Immediate Contact Person: Gender Equality, Disability and Social Inclusion Specialist

1. Project background

Sustainable WASH for All (SUSWA) is a bi-lateral project funded by the Government of Nepal (GoN) and the Government of Finland (GoF), with added funding from the Delegation of the European Union to Nepal, to be implemented in Karnali Province, Nepal. This project is a continuation of the financial and technical support that GoF has been providing to develop the WASH sector in Nepal since 1989. NIRAS Finland has been selected to provide technical assistance for implementing this project by recruiting and managing a team composed of 14 local and international experts. Gender Equality, Disability and Social Inclusion, GEDSI, is one of the cross-cutting objectives of the project. The project applies the Human rights-based Approach to Development (HRBA) to programming that recognises the universality, interrelatedness and indivisibility of human rights and the diversity of people. In programming and implementation, the project focuses on identifying harmful social norms, stigma and discrimination and addresses relevant barriers in a way that ensures equal participation in decision-making and realisation of human rights in the provision of WASH facilities and services. The project adopts a twin-track approach of 1) mainstreaming GEDSI in all project plans and activities to ensure GEDSI-responsive WASH implementation and equal access and participation and 2) targeting activities for dignified menstruation management (DMM) and disability inclusion (DI) to address specific forms of harmful social norms, stigma and barriers that prevent women and girls and persons with disabilities accessing WASH and DMM on an equal basis with others. An extract of the GEDSI-related part of the SUSWA's result framework is attached to this ToR.

A field study was conducted in a selected part of the SUSWA project area, in Karnali Province. This study included a desk review and analysis of key project documents and strategies, national census data, and other key documents from provincial ministries and other relevant stakeholders. Based on the desk review, a research framework and data collection plan were developed. The data collection took place between 3 October and 31 October 2023 in six municipalities with the support of trained enumerators. The final sample consists of responses to surveys designed for different target groups, including women, men, people with disabilities, Municipal leaders, students and teachers, etc. The data has been disaggregated by demographic, gender, caste/ethnic group, disability and other relevant aspects. The purpose of this international short-term assignment is to analyse this dataset deeply and come up with concrete recommendations on how to use the findings.

2. Objective

This assignment aims to analyse the data collected in October 2023, extract the main findings from it and use them to critically review the following documents produced by SUSWA on GEDSI-related topics, looking for possible inconsistencies and areas of improvement:

- Project Document and Implementation Manual,
- GEDSI Strategy,
- GEDSI Action Plan,
- Baseline dataset and baseline data report.

The consultant will draw conclusions from the available data and a desk review on and provide recommendations to support and guide the planning and implementation of SUSWA's GEDSI strategy and relevant outputs of the project's result framework.

3. Scope of work

Following are the specific key activities and tasks with indicative timelines that need to be completed by the consultant:

Activity 1:

The consultant will extract relevant findings from the data collected for the study. This includes reviewing the primary data and the desk review documents and leading the completion of the analysis with the support of the SUSWA team.

Activity 2

Based on the findings produced in Activity 1, the consultant will conduct a critical review of the following documents: (1) the SUSWA baseline study and (2) GEDSI strategy and action plan. The consultant analysis will be articulated across the

key thematic areas of the study:

- water, sanitation and hygiene,
- leadership and participation,
- Dignified Menstruation Management,
- policy instruments, particularly local government policy instruments on GEDSI and WASH.

Activity 3

The consultant will prepare a list of recommendations and identified inconsistencies and areas of improvement and share it with PSU, collecting feedback and comments in a final version.

The consultant will prepare a presentation that will include the outputs produced under activities 1 and 2 and will facilitate an online sharing workshop with QA sessions with the SUSWA team and key stakeholders.

4. Approach and methodology

The consultant is expected to lead the analysis of the sample collected from the project municipalities by reviewing the primary data and the preliminary analysis done by the project team. She/he will provide technical guidance on the finalisation of the dataset, in case any gaps are found, or additional analysis is needed.

The consultant is requested to share a proposed approach and methodology with the SUSWA project team based on the review of existing data and analysis.

All deliverables will be prepared and submitted in the English language.

5. Duration of the assignment

The assignment will be commenced immediately after signing of the contract. The total duration of the assignment will be 10 working days tentatively in the last quarter of 2024.

6. Budget of the assignment

The budget includes only international ST fees for 10 days, no other costs are foreseen as no field work is required.

ANNEX 2 Original Sampling Frame Proposed to the National Consultant in 2023

S.N.	Type of group	Focus group	Location for study	Remarks
1	Gender	Female only	Wards of the municipality (40% sample size)	Age group: Adolescent to elderly Ethnicity: all (if applicable) Disability: all (if applicable)
		Male only	Wards of the municipality (40% sample size)	Age group: Adolescent to elderly Ethnicity: all (if applicable) Disability: all (if applicable)

		Sexual and gender minorities only	Wards of the municipality (40% sample size)	Age group: Adolescent to elderly Ethnicity: all (if applicable) Disability: all (if applicable)
		Water User and Sanitation Committee (WUSC)	Wards of the municipality (40% sample size)	All WUSC members
2	Ethnicity/Caste	Dalit only	Municipal level representing from all wards	Age group: Adolescent to elderly Disability: all (if applicable) Gender: all
		Janajati only	Municipal level representing from all wards	Age group: Adolescent to elderly Disability: all (if applicable) Gender: all
		Other (Brahmin, Kshetri, Thakuri, Dasnami) only	Municipal level representing from all wards	Age group: Adolescent to elderly Disability: all (if applicable) Gender: all
		Other ethnic minorities (Muslim, Aadibasi, Madhesi etc.) only, if applicable)	Municipal level representing from all wards	Age group: Adolescent to elderly Disability: all (if applicable) Gender: all
3	Disability	Persons with Disabilities (all type)/ families	Municipal level Date: 20.9.2023 representing from all wards	Age group: Adolescent to elderly Ethnicity: all Gender: all
4	Key persons	Religious/ social leaders	Municipal level representing from all wards	Dhami/Jhakri/Prists/Mukhiya, etc.
5	All	Mixed group	Municipal level representing from all wards	Age group: Adolescent to elderly Ethnicity: all Gender: all Disability: all (if applicable)
6	School	Students	Girls	Adolescent girls
			Boys	Adolescent boys
		Teachers	All teachers	All teachers
7	Municipality	Municipal Executive Committee and municipal staff	Office of Municipality (for Key information and some data validation)	Chair/Vice Chair, CAO, Women, Children and Senior Citizen Section, Education Section, Planning Section, Account Section, Health Section, Social Development Section and other relevant staff