

5<sup>th</sup> International Dry Toilet Conference

Workshop - Solutions to cultural challenges and stigmatization (incl. disabilities) of dry sanitation

Pamela White

Project Director, FCG International & Home Office Coordinator plus short term consultant of Rural Village Water Resources Management Project (RVWRMP) and Rural Water Supply and Sanitation Project, Western Nepal (RWSSP-WN), Nepal  
email: [pamela.white@fcg.fi](mailto:pamela.white@fcg.fi)

### **Changing attitudes to achieve toilet access for all in Nepal**

Finland supports two WASH related projects in Nepal – the Rural Village Water Resources Management Project, operating in far and mid west Nepal (<http://www.rvwrmp.org.np/>); and the Rural Water Supply and Sanitation Project, Western Nepal (<http://www.rwsspwn.org.np/>). Both are fully aligned with the Nepal Sanitation and Hygiene Master Plan, which has a target of basic sanitation for all by 2017. This will be a significant change, given that in project areas, open defaecation was the norm until recently. This paper describes some of the barriers to toilet access and our efforts to overcome them.

Many of the areas where the projects function have never had toilets earlier. We now have many VDCs declared Open Defaecation Free (ODF). However, after this achievement in some areas of the far west, a new issue has arisen. Queries by visiting technical staff have revealed that in some locations, menstruating women are not allowed to use toilets as they may “make the toilets dirty”. In other cases, women have claimed that it will offend the gods if they use the toilet. In other words, cultural behaviours towards menstruating women are causing exclusion from toilets and therefore open defaecation.

Toilets are a new thing in the villages, there is no tradition of exclusion – so there has been an extrapolation from exclusion from other household sites. The main problem is touching the same water container (used for washing and flushing) as other household members – in this case we are usually trying to convince household members to provide a separate container within the toilet. However, others argue that the whole toilet will be contaminated by the menstruating woman. Project staff are exploring ideas to get past these barriers. With community discussions and good awareness raising (especially using religious leaders), attitudes in most districts towards tap access are gradually changing.

Another group facing access problems throughout the country are people living with disabilities. People with physical disabilities and the frail elderly who find it hard to walk or squat might find it difficult to use toilets in rural areas – either at home, or in institutions such as schools. The project teams are raising awareness regarding toilet design and simple structures such as toilet chairs, rails and ropes, which can assist with access.

However, the most significant change needed is in attitudes. A tool supporting all our work is the Human Rights Based Approach and Gender and Social Inclusion Strategy and Action Plan. The right to sanitation is mainstreamed across all activities and project tools, focusing on the right to sanitation that is safe, hygienic, secure, socially and culturally acceptable, provides privacy and ensures dignity. This requires considerable hands-on support from the Nepali and international project staff.

**Key words:** Gender, Human rights based approach, toilet access, menstruation, disability

## 1. Introduction

Sanitation and hygiene are an integral part of human life. The Government of Nepal (GoN) has given considerable emphasis to improve the sanitation and hygiene behaviours of its population by implementing the Sanitation Master Plan through different GoN and other supporting agencies in the country. The Government of Finland promotes this objective via two bilateral water, sanitation and hygiene (WASH) linked projects in Nepal.

The Rural Water Supply and Sanitation Project in Western Nepal Phase II (RWSSP-WN II) supports improved health and fulfilment of the equal right to water and sanitation for the inhabitants of the Project area. The purpose of the project is the poorest and excluded households' rights to access safe and sustainable domestic water, good health and hygiene ensured through a decentralised governance system.

The Rural Village Water Resources Management Project, Phase II (RVWRMP II), operating in far and mid-west Nepal, works through the prism of water resources management, strengthening local institutions to support the planning, implementation and management of water related activities. RVWRMP operates through Water Use Master Plans (WUMPs). WUMP is a document, prepared by the community in a participatory manner, that covers the overall water use and sanitation planning and priorities on the Village Development Committee (VDC) level.

The two projects operate in 24 districts in total, out of 75 in Nepal. This grassroots level, but large scale implementation through the local government systems, gives the opportunity for positive lessons learned and good practices to contribute to the water and sanitation sector policy dialogue in Nepal at large.

## 2. Human Right to Sanitation

Sanitation systems form a barrier against the spread of diseases caused by pathogens and other organisms present in human excreta. Toilets ensure the safe disposal of human excreta, and are therefore considered a major part of sanitation.

The United Nations declared a Resolution on the human right to safe drinking water and sanitation (2010). The UN declaration of WASH as a human right was ratified by Nepal in 2010.

Other human rights conventions also touch upon sanitation in rural Nepal – for instance, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) has been ratified by Nepal. The right to freedom from discrimination against women in rural areas is of particular relevance in the context of rural WASH (CEDAW article 14.2). And the right to health is specified within the International Covenant on Economic, Social and Cultural Rights (CESCR article 12).

The Interim Constitution of Nepal states all citizens' fundamental right is to live in a hygienic place (Section 3 article 16) – this has been accepted as part of the draft new Constitution also. Gender and Social Inclusion are considered in various policies, strategies & action plans at national level (eg. the Ministry for Urban Development's GESI Guidelines).

The United Nations Resolution [A/HRC/24/L.31](#) on the human right to safe drinking water and sanitation recognises that the human right to safe drinking water and sanitation entitles everyone, without discrimination, to have access to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use and to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity.

There are ten criteria, five of which are normative criteria (availability, accessibility, quality/safety, affordability, acceptability), and five are cross-cutting ones (non-discrimination, participation, accountability, impact, sustainability).

A central dynamic for the projects is about identifying root causes of poverty, empowering rights-holders to claim their rights, training them on their responsibilities, and enabling duty-bearers (public institutions, including VDC, Village WASH Coordinating Committee (V-WASH-CC) and District Development Committee (DDC)/District Technical Office (DTO)/District WASH Coordinating Committee (D-WASH-CC)) to meet their obligations.

The relevant responsibilities are reflected in policies and strategies such as the National Sanitation and Hygiene Master Plan (2011). Nepal has set a target of 100% access to basic sanitation by 2017. Everyone has the right to sanitation that is safe, hygienic, secure, socially and culturally acceptable, provides privacy and ensures dignity.

RVWRMP and RWSSP-WN have prepared a joint Human Right Based Approach (HRBA), Gender Equality and Social Inclusion (GESI) Strategy and Action Plan to operationalise these principles, and ensure that the most disadvantaged and excluded persons can access adequate water and sanitation. The Strategy looks at barriers to access, as well as a number of key strategic approaches (eg. appropriate targeting, working with conflict, advocacy and awareness raising, etc.). It also looks at the action points to ensure a HRBA throughout the cycle of local government planning and implementation, and in the WUMPS and VWASH/DWASH Master Plan development. It encourages transparency by institutions regarding their activities and plans, and participation of community members in planning, implementation and monitoring.

It is important to note that the right to sanitation doesn't mean subsidies or donations. Rights always signify responsibilities and obligations, whereas needs do not. A human rights-based approach focuses attention on those groups who lag behind (helping those facing serious barriers to achieve basic standards), and concerns the right to the process, rather than to the outcome. All human beings have the right to participate in their social, political, economic and cultural development. It recognises that resources can be limited and resource sharing is not yet perfect. However, the state has the obligation to support and empower its people's right to development, via enacting legislation, and making a plan for progressive realisation of their full rights. Finland supports both the state and the community, with awareness raising, capacity building, and finance, in order to achieve access to the basic standards of water and sanitation for all.

### **3. Experiences in the Field**

#### **3.1 General sanitation activities**

The Nepali census of 2011 reported 125 caste and ethnic groups.<sup>1</sup> Of these, the socially excluded groups were considered to be Women, Dalits, Adivasi Janajatis, Madhesis, Muslims, people with disabilities and people of geographically remote areas. Caste, ethnicity, language, and religion remain the major sources of cultural identity. The traditions, beliefs and practices in Western, Mid and Far Western Nepal are based on Hindu tradition, yet, have their own unique manifestations and interpretations. These relate to touchability / untouchability, and a range of related social and gender-based discriminatory practices.

This complex environment has produced a range of difficulties when aiming for 100% toilet access. Among the most critical problems in remote rural areas (which are discussed in this paper) are those barriers faced by:

- people living with a disability (PWD)
- menstruating women

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<sup>1</sup> Population figures are from Census 2011, CBS/NPC, GoN.

- disadvantaged groups such as Muslim women, some ethnic minorities and the very poor

V-WASH-CCs are leading the sanitation and hygiene promotion campaigns at local level with facilitation and capacity building support from RVWRMP and RWSSP-WN. The V-WASH-CCs are also promoting the concept of Total Sanitation.

During the WUMP process, confidence building workshops are held to really reach the women and DAGs at grassroots level. In addition, we have enough experience now to know the importance of using the right persons to carry out triggering on sanitation – and using issues that matter to local families in follow-up messages (eg. avoiding humiliation of young women, ease of use, security).

Water access is important for toilet use in Nepal (for washing and flushing). In many VDCs, the projects have used the opportunity to construct a water scheme as a ‘carrot’, requiring the community to become ODF before work starts; but water access close to the toilet is important for its continued use and cleaning. Hence the development of water supplies is a critical step for sustainability of sanitation.

Sanitation and hygiene promotion activities supported by the two projects at VDC level include:

- Formation/reformation and capacity building of V-WASH-CC and local stakeholders;
- Awareness-raising through application of behaviour change triggering tools and mass campaigning;
- Support to the V-WASH-CC in declaring Open Defecation Free status, first ward-by-ward and finally the complete VDC;
- Local Latrine Builders' training; training on social mobilisation and other software;
- Promotion of latrine construction at household level and institutional level;
- Provision of accessible designs to construct or retrofit household and institutional toilets, in order to improve the accessibility to all, including people living with disabilities, frail elderly, pregnant women, etc.
- Total Sanitation promotion, including arrangements leading to sustainable hygiene and sanitation facilities and behaviours focusing mainly on use of toilets, practice of hand washing with soap, safe handling and treatment of drinking water (e.g. Point of Use treatment) at household level, maintenance of personal hygiene, and proper solid and liquid waste management inside and outside of the home;
- Menstrual hygiene promotion, including awareness campaigns and workshops on reproductive health and on the [chhaupadi \(menstruation\) practice](#).

### **3.2 Disability and Barriers to Access**

Disability is a significant barrier to accessing adequate water and sanitation in all parts of Nepal. Disability may mean that the individual requires more water (e.g. for washing hands regularly for people who walk with their hands), and more regular access to toilets (eg. if they have problems with bowel or bladder control), but in practice cannot achieve these. Tap stands usually have a ledge that may obstruct access to the mobility disabled. People with physical disabilities who find it hard to walk or squat might find it difficult to use toilets – either at home or in institutions such as schools. People using wheelchairs in rural Nepal usually cannot fit into toilets – and in practice, the physical conditions of many hill VDCs make wheelchair use impossible. In Terai VDCs, however, wheelchair access may be an option.

Persons with disabilities, children, older people, pregnant women and many others often face physical barriers in accessing facilities because of inappropriate design, such as limited space, facilities that require them to squat, small doors, or stairs leading to the facility. Even the pathway leading to the toilets may be rough, slippery or dark, hindering the access of persons with poor eyesight, and water for washing may not be close at hand.

The two projects have found it useful in discussion with community members to expand the concept of disability to include frail elderly – even if a household doesn't have a PWD living with them, most

will at some point have a frail elderly person living there (or will be old themselves), therefore the ideas of improved access get much more traction this way.

Encouraging the construction of toilets is a double-edged sword for elderly and PWD. It is more convenient to have a toilet in their own yard, and not to have to walk far. On the other hand, many elderly people found in the past that squatting in the bush for open defaecation was easier as they could support themselves from overhanging braches. They aren't comfortable changing their habit to use a toilet, especially if there is inadequate privacy. There is not much dignity in using the toilet only with assistance, particularly when that is often the daughter-in-law having to take the father-in-law to the toilet. We make every effort to ensure that everyone can access their own toilet, preferably unaided (to preserve everyone's dignity).

As well as facing physical barriers, people with disabilities are easily forgotten and left out when planning meetings and public activities. This means they find it more difficult to express their opinion or receive information. Due to difficulties of accessing government buildings with stairs or walking in several hours to the district headquarters, they cannot easily complain to VDC or DDC staff. And culturally, they are often stigmatised and sometimes hidden in houses. The projects try to ensure that they are consulted during planning and monitoring activities. Organisations of PWD have also been consulted, although they are mainly active in the Terai or urban areas, therefore less able to support people in remote rural areas.

Households may already have constructed their toilet, hence these suggestions are provided to make it more accessible. If there is no toilet yet, then the actual construction can be planned to be more appropriate for disabled persons. Simple changes can make a big difference – such as constructing a toilet stool, rails or even just adding a rope to the back of the door.

Even if PWD are not physically able to use the toilet, they are better off once water is made available closer to their house, as a result of project activities.

Over recent years we have expanded our consideration of disadvantage to include disability and have developed a number of activities and strategies:

Broadening the concepts	<ul style="list-style-type: none"> <li>We consider disability within the consideration of disadvantaged households (ultra-poor, ethnic and religious minorities, disadvantaged castes, disabled persons, etc.)</li> </ul>
Guidelines development	<ul style="list-style-type: none"> <li>We have developed technical guidelines for accessible institutional toilets</li> <li>We have produced guidelines for VWASH-CCs and households on building or retrofitting accessible household toilets</li> <li>Our guidelines (HRBA&amp;GESI, Step by Step, Monitoring, Capacity Building, etc.) include consideration of disability and frail elderly</li> </ul>
Consultation	<ul style="list-style-type: none"> <li>We have met with Organisations of PWD in both projects to discuss potential activities and get advice from them</li> </ul>
Training	<ul style="list-style-type: none"> <li>Staff in both projects have participated in training on disability</li> <li>Staff in both projects are encouraged, when on field trips, to always enquire about PWD in the scheme. They should discuss household toilet modifications in meetings, and visit some homes of PWD to discuss access with household members</li> </ul>
Awareness-raising	<ul style="list-style-type: none"> <li>VWASHCC members are encouraged to visit households with PWD to carry out a toilet access audit, in order to increase their awareness of the problems. In addition it would be beneficial that a PWD participate in VWASHCC meetings on occasion to discuss access issues. Where possible, we also consider the location and structure of taps in order to ensure access of PWD</li> </ul>

### 3.3 Menstruation and Sanitation

Many Nepalese women face a discriminatory practice during their menstruation, popularly known as chhaupadi practice. In the Far-West in particular, adolescent girls and women are confined in a small hut ('chhau hut') or livestock quarters, as they are considered impure. The chhaupadi practice is a social tradition that prevents women from participating in normal household or communal activities during their menstruation. A similar practice is prevalent during childbirth and for the following 11 days or so (with obvious health risks). Many women believe that if they don't follow these practices, their families will blame them for all harm that may befall them or their livestock. (RVWRMP HRBA & GESI Guidelines; and CLTS website).

During their menstruation women need more water to make themselves clean but they are not allowed to use the tap; and they need nutritious food but they are not allowed to eat milk, meat or curd. Thus, the nutrition, hygiene and human rights of women are compromised. Janajati (ethnic minority) and Dalit women don't usually face as many difficulties with menstruation – this is a cultural habit that is more problematic for higher caste women.

In response to this issue, the Government of Nepal has taken action, including formulating the 'Chhaupadi Directive 2064 B.S. (2007)' as per the verdict of Supreme Court. RVWRMP, as part of pre-and post-Open Defecation Free (ODF) sanitation and hygiene promotion activities, is supporting the Government lead, and is actively campaigning against the harmful aspects of chhaupadi practices. Increasing the capacity of the community-level health workers, Ward Citizen Forums, V-WASH-CCs as well as D-WASH-CCs and district-level partners, is one of the main approaches. To address this issue, RVWRMP has organized meetings, campaigns, interaction programs, workshops, trainings and awareness- raising programs. In addition, the project has supported the production of two chhaupadi-related documentaries which helped to bring the issue into public debate, and we have promoted stories in the press. Earlier, the topic was a very strong taboo that was not subject to attention. The issue is now commonly raised in discussions with community members and district-level meetings alike. RVWRMP is also collaborating with the district level Women and Children Offices, to change community attitudes and behaviours.

Many of the areas where RVWRMP works have never had toilets earlier. Now many VDCs in the Far West have declared themselves ODF. However, after this achievement a new issue has arisen. Queries by visiting technical staff have revealed that in surprisingly many VDCs, menstruating women are not allowed to use toilets as they may "make the toilets impure". In other words, cultural behaviours towards menstruating women are causing exclusion from toilets and therefore open defecation. It is defeating the purpose of ODF declarations, as in practice it means that at any time 1/4 of all women in reproductive age are defecating outside a toilet in these VDCs. This is happening both in the hill districts and in the Terai, where some groups have brought their traditions with them when migrating from the hills. Given that the toilets are a new thing in the villages, there is no tradition of exclusion – it has been an extrapolation from exclusion from other household sites. During discussion, the main problem identified is touching the same water container (used for washing and flushing) as other household members – in this case women can take the option of using a different utensil for toilet use during menstruation. However, others argue that the whole toilet will be contaminated by the menstruating woman.

In the past there have also sometimes been problems due to menstruating women and dalits not being able to wash in communal taps and therefore having to find other more risky sources - in rivers, or in some cases disgruntled women have washed in the water intake itself – which is a true hygiene problem for everyone. However, with community discussions and good awareness-raising, attitudes in most districts towards tap access are gradually changing.

International Menstrual Hygiene Day was celebrated in the project area in 2014 and 2015, with many activities in schools and communities. Attitudes towards the use of household toilets are slower to change in some districts however. The incidence of women not using the toilet during menstruation is

widespread – not only in the key districts such as Achham and Kailali, but it has also been observed in Bajhang and Dadeldhura. There is also a lot of variation from ward to ward, depending on the experiences and beliefs of local women. For example, the following situation updates have been recorded in field trip reports by project staff:

***Dhakari VDC, Ward-5, Accham***

80% of women are still using chhau-huts, and they are not allowed to use toilets or taps during menstruation. One woman shared the experience of fainting the first time she stayed inside her home during her menstruation. She thought that a god became angry due to the behaviour change. Rumours of this spread amongst the community people in the ward, and people have not dared to change their behaviour since the incident.

***Hitchma VDC, Ward-9, Accham***

In this ward, almost all women stay inside during menstruation, using the toilet and tap, and are able to eat nutritious food. The locals mentioned that they have changed their attitudes and learned a lot from the project personnel through trainings.

***Malumela VDC, Bajhang***

There is a large variation seen between wards, with no households using chhaupadi huts in some wards, and up to 72% of households in other wards; and a consequent variation from all women using the toilet during menstruation, to no women using the toilet at all at this time. Despite the fact that the VDC has been declared ODF there is significant influence of traditional healers in most wards, insisting on menstruating women not using toilets. The project hopes to trial the use of participatory video shortly as a campaigning tool.

***Pouwagadhi VDC, Bajhang***

Old chhaupadi huts have been dismantled, and the women now stay in their own houses during menstruation. However, they stated that they don't use the toilet during menstruation as "the Gods would be angry". Another woman said it is very easy to use the toilet at home now. She is particularly happy as she recently had kidney surgery so she can't walk far now – so it is good to have a toilet at the house. She never had a chhaupadi hut earlier. However, she doesn't use the toilet during menstruation, nor the tap. "Society doesn't agree" She also believes that this is necessary for cultural reasons.

During a meeting with an income generation group – the women all responded that they do not use the tap nor the toilet during menstruation. They are worried that God will be angry or something bad might happen in their household. If there was a dedicated toilet for menstruating women they would be happy to use it, but otherwise they will continue with open defaecation.

When meeting the women's cooperative - 50% of the participants said that they were not using the toilet during menstruation and more than 80% were not using the tap. Reasons given were that if they use the toilet at home, no one else in the household will be able to. Another said that "God won't get angry but the society will". One woman said that she has reached menopause, but she committed to allow her future daughter-in-law to use the toilet.

***Sirsha VDC, Dadeldhura***

Even though Sirsha VDC has been declared ODF, there have been mixed results. In some wards up to 25% of women don't use the toilet during menstruation, and compliance varies from ward to ward. The Health Promoter of RVWRMP plans to involve religious leaders in awareness raising. She raises the issue herself in meetings and public discussions. One possibility would be to sprinkle the toilet with cow's urine after menstruating women use the toilet – in that way it would be 'purified'.

***Kota Tulsipur VDC, Kailali***

Although a Terai region, (where chhau practice is less prevalent) people migrating from Accham district in the hills have also brought this practice to Kailali. There are still some chhau huts in some clusters,

and women are sometimes forbidden to use a toilet during their menstruation. This is particularly difficult in this more densely populated area.

As the first of various activities, in January 2013, RVWRMP organized a meeting with a religious leader (or dharmi) in Kota Tulsipur VDC for sanitation triggering, concentrating on women's right to use toilet during menstruation as a Pre-ODF Campaign. 200 women and school girls attended.

Pictures of chhau huts in the VDC taken during VDC monitoring were printed and shown to the participants. Other triggering materials were picture cards (cat, dog and human methods of defecation and faeces route to food, etc.). Pictures of goddesses who never stayed in chhau hut, and pictures of the goddess Shiva Parvati who never separated from the other gods, even during her periods, were also used. Some female project staff talked of their own experiences. The religious leader advised the participants to use a separate water pot for menstruating women in the toilet and just to clean the toilet properly after every user. He assured the participants that God would not get angry with menstruating women using the toilet. With all these awareness campaigns, the VDC has been declared ODF and women are using toilets during menstruation. (CLTS website)

In the **RWSSP-WN** project area in western Nepal, the issues of menstruation discrimination are less severe and chhaupadi huts are not in use any more. However, some high caste women still feel uncomfortable. For instance some say they can't collect water at the source as it would curse the source, but they can take water from the tap. Others reported that they can't use tap water for the first four days of menstruation. Most women can use the toilet if using a different water container.

#### **3.4 Barriers faced by other disadvantaged groups**

In the Terai (the plains area across the southern band of Nepal) there are other significant problems linked to sanitation. The area has a higher population density than elsewhere in the hills and mountains, and has a mixture of socio-economic, religious and cultural identities, along with landless and transient populations. Toilet construction in flood-prone flat lands is complicated and more expensive than elsewhere, and there is also limited space. A further complication has been the influence of subsidies for toilets from the government and some projects, leading to less ownership.

During the ODF campaign it was reportedly difficult to mobilise Muslim women, in particular, as men didn't want to allow their female family members out to attend public meetings. Mobility is still problematic, though it is changing gradually. Muslim women (for instance in Nawalparasi) report now that they are very happy with their new toilets. Earlier they grouped together for protection when going for open defaecation in the early morning or late night. They feared attack by men, or snake or insect bites. Now it is comfortable, secure and private to use the toilet at home (fulfilling their right to sanitation).

Another issue that may cause difficulty within Hindu families in the Terai is that daughter-in-laws and fathers-in-law may find it problematic to use the same toilet. Unless there are two toilets in the household (an unusual situation) this leads to the man going outside to defaecate.

While caste discrimination was earlier a significant issue in Nepal, it is gradually changing for the better. With regard to toilet construction and use, there is minimal difference between castes. The most notable problem is with some very excluded castes, who exist on the borders of the community, and tend to miss out on community mobilisation for sanitation. Very poor households may also face difficulties with the cost of toilet construction. However, the option exists for the V-WASH-CC to provide labour or a financial reward to the poorest households. Therefore cost alone is not generally a barrier.



#### **4. Conclusion**

Attitude change is the most critical element for sustainable change in sanitation. Existing social and religious beliefs take time to change, and a lack of self-confidence and leadership skills among women in particular also hinders progress.

The projects are struggling still with some barriers to access, in particular for people living with disabilities, and for menstruating women – however a positive trend can be seen.

Gender and social inclusion sensitising and mass awareness trainings/workshops/interactions, etc. have played a very important role in the behaviour change. Likewise, active involvement of VWASHCC, religious leaders, political leaders, teachers, female community health volunteers, mothers' groups and other stakeholders, are critical to be able to change local attitudes. This requires considerable hands-on support from the Nepali and international project staff; but not subsidies, which may decrease ownership.

Everyone has the right to water and sanitation – women and men, adults and children, all castes, ethnic groups and religions, menstruating women, people living with a disability, and people living in remote places. The RVWRMP and RWSSP-WN projects are striving to overcome barriers and ensure access to basic rights.

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