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Final Report

Submitted by
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Endline Survey of ‘Menstrual Dignity for SRHR in All Diversities’ Project

ENDLINE SURVEY OF 'MENSTRUAL DIGNITY FOR SRHR IN ALL DIVERSITIES' PROJECT

Final Project Evaluation Report

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August 2026

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Carrying out this end-line evaluation has been a deeply inspiring and intellectually enriching journey. This comprehensive report would not have been possible without the invaluable support, collaboration, and trust of numerous organizations and individuals.

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- Rebat Kumar Dhakal

Table of Contents

Abbreviations and Acronyms

CPO	Child Protection Organization
CSO	Civil Society Organization
DM	Dignified Menstruation
DMC Nepal	Dignified Menstrual Campaign Nepal
FGD	Focus Group Discussion
GSCDM	Global South Coalition for Dignified Menstruation
KII	Key Informant Interview
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, and asexual
NDHS	Nepal Demographic and Health Survey
NGO	Non-Governmental Organization
OECD DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
RPF	Radha Paudel Foundation
SDG	Sustainable Development Goal
SEE	Secondary Education Examination
SGBV	sexual and gender-based violence
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease

EXECUTIVE SUMMARY

Menstrual discrimination represents a pervasive human rights violation affecting approximately 1.8 billion menstruators worldwide. By constructing and shaping the patriarchal social structure since childhood, it makes a vicious circle impacting all aspects of menstruators throughout their lifecycle. The Radha Paudel Foundation (RPF) implemented the "Menstrual Dignity for SRHR in All Diversities" project (November 2023–October 2026) across Kathmandu, Jumla, and Sarlahi to transform discriminatory norms, enhance awareness, strengthen institutional capacity, and advance policy advocacy on dignified menstruation, SRHR, and SGBV.

The end-line survey employed a mixed-methods design combining quantitative and qualitative approaches. Structured questionnaires were administered to 276 respondents (129 from Jumla, 147 from Sarlahi), comprising 71% menstruators and 29% non-menstruators. Qualitative data were collected through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with 217 stakeholders across all three project sites, including mothers' groups, youth and child clubs, health officials, police personnel, local government representatives, media persons, and parliamentarians. Analysis combined descriptive statistics with thematic analysis, applying OECD DAC evaluation criteria as the organizing framework.

The findings are organized under three key areas:

What Worked Well

1. **Implementation success**: Project outputs and activity targets were fully met or exceeded across the vast majority of planned initiatives in both Jumla and Sarlahi.
2. **Exceptional Awareness Gains**: Over 89.8% of participants reported increased knowledge of menstruation, reproductive life cycles (including menopause), SRHR, and SGBV.
3. **Significant Social Norm Transformation**: Substantial reductions in menstrual discrimination were recorded (85.5%), highlighted by the removal of traditional daily restrictions.
4. **Improved SRHR/SGBV Outcomes**: Health service utilization (including contraceptive use) expanded, while reported SGBV cases declined—not due to cessation of violence, but through strengthened community-level

mediation, enhanced mothers' group involvement, and sustained awareness-raising that shifted social norms.

5. **Historic Policy Milestones**: Achieved unprecedented policy gains including Lalbandi Municipality Ward No. 3 being declared Nepal's first "Dignified Menstruation-Friendly Ward" and a unanimous National Assembly Resolution Motion.
6. **Strong Community Mobilization**: Mothers' and fathers' groups emerged as vibrant local change agents driving household-level dialogue and mindset transformation.
7. **Institutional Ownership**: Secured forward-looking commitments from local municipalities to scale interventions and integrate guidelines into local governance.
8. **Inclusive Programming**: Successfully addressed the nuanced needs of diverse cohorts including youth, persons with disabilities, and LGBTQI+ individuals.
9. **Empowerment and Agency**: Participants reported profound increases in personal confidence to speak openly, seek health services, and challenge oppressive practices.

What Needs Strengthening

1. **Youth and Child Club Sustainability**: Groups experienced operational bottlenecks and high turnover due to students completing SEE or leaving for foreign employment.
2. **Persistent Psychological Fear**: Traditional prohibitions regarding temple entry and ritual worship remain deeply rooted areas of hesitation, despite easing of practical household restrictions.
3. **Generational Resistance**: Older family members (grandparents, mothers-in-law, fathers-in-law) continue to enforce traditional customs.
4. **Participant Expectations**: Discrepancies in expectations regarding logistical support compared to other projects created initial friction.
5. **Underutilized Multi-Sectoral Integration**: Opportunities to formally link menstrual dignity with economic livelihoods, nutrition, climate justice, and health service provider capacity enhancement were insufficiently explored.

6. **Need for Targeted Men's Engagement**: Stakeholders highlighted the need for more structured, intensive engagement targeting men, husbands, and traditional gatekeepers.

What Participants Want Continued/Improved

1. Long-term program continuation with overwhelming consensus on sustaining the initiative
2. Geographical expansion to cover unreached municipalities and neighboring districts
3. Broader inclusion of men, older adults, religious leaders, and traditional healers
4. Continued dedicated municipal budgets and stronger policy implementation

Recommendations

The recommendations are drawn as key action agenda for different stakeholders.

For Project Continuation and Scaling

1. **Extend and Replicate**: The project should be extended to new geographic areas given its proven efficacy and high social return on investment.
2. **Scale the Friendly-Ward Model**: Expand the Dignified Menstruation-Friendly Ward and municipal implementation guidelines to neighboring municipalities.
3. **Leverage Policy Achievements**: Utilize the National Assembly Resolution Motion and local ward declarations as legal instruments to demand continuous administrative accountability.

Lessons for Future Programming

1. **Engage Traditional Gatekeepers**: Systematically train and involve traditional figures (such as *Dhami-Jhakris* and religious leaders) who are influential custodians of cultural norms.
2. **Target All Generations**: Design specialized intergenerational dialogues to address the resistance of grandparents and elders.
3. **Integrate Men and Boys**: Build proactive tracks to transform masculine norms and turn men and boys into active co-advocates.

4. **Combine Awareness with Practical Support**: Pair awareness-raising with practical resources (subsidized hygiene supplies, livelihood linkages) to alleviate poverty-driven barriers and reinforce behavior change.
5. **Strengthen Youth Club Structures**: Provide structured leadership training to reduce dependency on project staff and manage membership turnover.
6. **Prioritize Children as a Central Target Group**: Integrate menstrual dignity for gender equality into school curricula, adopt participatory pedagogy, and activate child clubs as platforms for peer education—cultivating a generation that normalizes dignified menstrual practices from childhood and breaks the cycle of discrimination at its roots.
7. **Adopt Multi-Sectoral Approaches**: Intertwine menstrual dignity programming with nutrition, livelihood generation, climate, and reproductive health screenings for greater impact.

For Future Research

1. **Conduct Longitudinal Studies**: Collaborate with academic/research institutions to track communities over 5-to-10-year intervals to measure permanence of behavioral changes.
2. **Document Best Practices**: Publish comprehensive case documentation and toolkits to guide replication across the broader Global South.

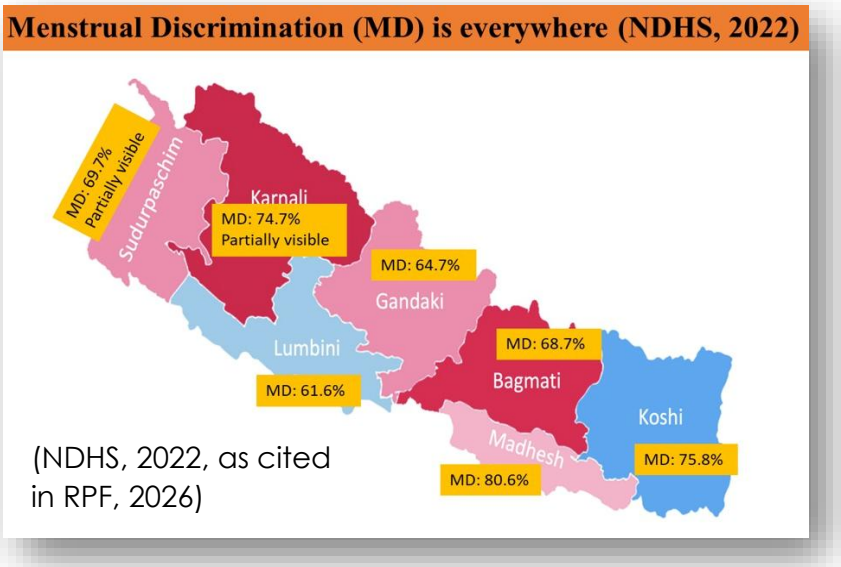
CHAPTER I: INTRODUCTION

1.1 Background

Menstruation is a natural physiological process experienced by approximately 1.8 billion girls, women, and other menstruators of reproductive age worldwide. It has associated several practices – which are discriminatory – which RPF calls menstrual discrimination. The Radha Paudel Foundation and the Global South Coalition for Dignified Menstruation (GSCDM) highlight menstrual discrimination as encompassing a spectrum of adverse experiences such as silence, taboos, shame, stigma, restrictions, abuse, violence, and the systematic deprivation of resources and services. Crucially, menstrual discrimination is recognized not merely as a social ill but as a distinct form of sexual and gender-based violence (SGBV) and a violation of fundamental human rights (GSCDM, 2019)[1]. This indicates menstrual discrimination is directly associated with SRHR.

The roots of menstrual discrimination in Nepal lie in the construction of unequal power, patriarchy, and exclusion. It is a structural issue perpetuated across families, communities, and policy levels. While the visible practice of *restrictions and isolation* are most prominent, different forms of "invisible discrimination" persist nationwide. These include forced seclusion, dietary restrictions, psychological shaming, and restrictions on mobility and religious participation (Period Matters, 2022).

Alarmingly, over 95% of Nepali households practice some form of menstrual discrimination, normalizing it as an unremarkable part of life (GSCDM, 2019). The 2022 Nepal Demographic and Health Survey (NDHS) revealed significant disparities in invisible (religious and cultural) menstrual discrimination



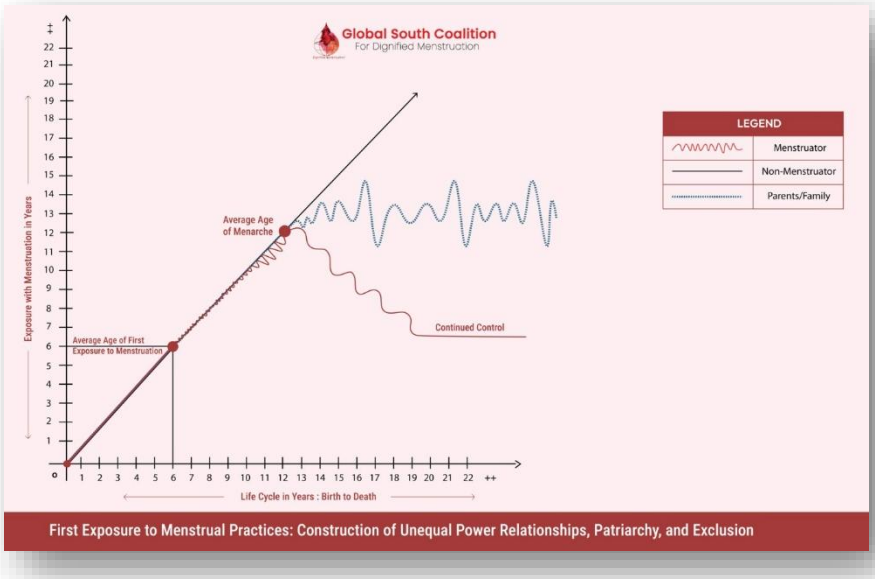
(NDHS, 2022, as cited in RPF, 2026)

[1] Global South Coalition for Dignified Menstruation. (2019). *Dignified menstruation*. https://www.dignifiedmenstruation.org/

across different provinces of Nepal.

This normalization of menstrual discrimination constitutes a systemic violation of Nepal's constitutional guarantees and international human rights obligations. It acts simultaneously as a cause and consequence of domestic and gender-based violence. By socializing menstruators into a position of inferiority from childhood, before menarche, menstrual discrimination reinforces unequal power dynamics that underpin other forms of violence, such as child marriage and domestic abuse. The statistics paint a grim picture: 92% of sexual and gender-based violence occurs within the home, predominantly perpetrated by male family members (Nepal Police, 2025)[2]. As a result, menstruators face severe constraints in exercising autonomy over their bodies and lives—evidenced by limitations on healthcare decisions, high rates of silence surrounding abuse, and restricted access to family planning (NDHS, 2016).

Furthermore, these vulnerabilities are compounded by societal conservatism and stark regional disparities, particularly reflected in the low Gender Development Index scores of provinces like Karnali and Madhesh. These intersecting factors—patriarchal norms, legal and policy gaps, and socio-economic inequity—create systemic barriers that fundamentally undermine the ability of menstruators to achieve their full Sexual and Reproductive Health and Rights (SRHR). A figure by GSCDM (2026) powerfully synthesizes that menstrual discrimination is not an isolated practice but a foundational mechanism for constructing and maintaining patriarchy. The first exposure to menstrual practices is a rite of subjugation that sets menstruators on a lifelong path of exclusion, while non-menstruators are granted a path of privilege and power. This divergence is not accidental—it is systematically produced by families, communities, and institutions, making menstrual discrimination a root cause and symptom of gender inequality, and a



[2] https://www.nepalpolice.gov.np/media/filer_public/22/8f/228fa106-d379-4c7b-a2ed-4104c32650e0/fy-2081-82-annual-infographics-ne-1-c.pdf

critical barrier to realizing SRHR. In this context, menstrual discrimination is not a "women's issue" but a profound human rights crisis, a cornerstone of SGBV, and a critical barrier to sustainable development in Nepal.

To confront these multi-layered challenges, the Radha Paudel Foundation (RPF) conceptualized the **"Menstrual Dignity for SRHR in All Diversities"** project – which was supported by Amplify Change. Through this project, the RPF has been working to transform social norms, raise awareness, and influence policies around SRHR, SGBV, and dignified menstruation. Implemented in Kathmandu, Jumla (3 wards in Tatopani Rural Municipality), and Sarlahi (3 wards in Lalbandi Municipality) (from 1 November 2023 to 31 October 2026), the project has sought to empower youths, women, persons with disabilities, and LGBTQI individuals while strengthening institutional capacity and policy advocacy.

The End-line Survey was designed to measure the changes achieved during the project period, comparing findings against baseline data to assess progress, effectiveness, and sustainability.

1.2 Evaluation Objectives and Scope

The End-line Survey aimed to assess changes achieved by the project in awareness, attitudes, practices, social norms, access to SRHR services, and policy environment.

The survey had the following objectives:

1. To measure transformation in awareness, attitudes, and practices related to menstruation, menstrual discrimination, dignified menstruation (menopause though it is an element of dignified menstruation as a life cycle approach), menstrual law in the project areas.
2. To assess progress in transforming discriminatory menstrual (include menopause) and social norms at individual, family, community, and institutional levels.
3. To evaluate improvements in access to SRHR-related information and services.
4. To examine policy-level changes, enabling environments related to Dignified Menstruation, SGBV including child marriage and SRHR at local, and national level
5. To generate evidence-based recommendations for future programming, advocacy, and scaling.

The evaluation covered three geographical areas: Kathmandu, Jumla, and Sarlahi – with more focus on the latter two, since the project activities were limited in Kathmandu.

1.3 Evaluation Framework

The evaluation applied the OECD DAC evaluation criteria as an organizing framework for inquiry and analysis. In line with the OECD definitions, the criteria include relevance, coherence, effectiveness, impact, efficiency, and sustainability, and they are intended to support a balanced assessment of whether an intervention addressed the right issues, worked well, produced meaningful change, aligned with other efforts, used resources well, and is likely to endure over time.[3]

For this assignment, the criteria were operationalized as follows:

- **Relevance:** extent to which project strategies and content responded to the SRHR, menstrual dignity, and SGBV-related needs of diverse groups in the three project areas.
- **Coherence:** extent to which project interventions complemented local systems, partner initiatives, and policy processes related to SRHR, gender equality, disability inclusion, and social inclusion.
- **Effectiveness:** degree to which the project achieved intended outputs and outcomes, especially increased awareness, attitude change, norm transformation, and improved access to information and services.
- **Efficiency:** extent to which resources, partnerships, and implementation arrangements were used in a timely and practical way to deliver activities and results.
- **Impact:** broader and higher-level changes in social norms, dignity, inclusion, access, and rights realization attributable or plausibly linked to the project.
- **Sustainability:** likelihood that knowledge, practices, organizational capacities, and policy gains will continue after project completion.

1.4 Approach and Theory of Change

The project's ultimate vision was to attain SRHR and human rights by transforming social norms from the individual to the policy level. Recognizing

[3] OECD. (2019). *Better criteria for better evaluation*. https://www.oecd.org/en/publications/better-criteria-for-better-evaluation_15a9c26b-en.html

that poor SRHR outcomes and SGBV are deeply intertwined, the project utilized "Dignified Menstruation" as an innovative and holistic vehicle to dismantle the culture of silence.

The project followed an integrated and transformative framework that addresses menstrual discrimination at every level of society. At its core is the **Ecological Model**, which recognizes that change must begin at the individual level—because a journey of a thousand miles begins with a single step—and progressively transform the family, then ripple outward to the community, and ultimately re-transform the national level through a domino effect of awareness and action. This process is driven by the **3Es—Education, Empowerment, and Emancipate**—which collectively equip menstruators and communities with knowledge, foster agency and self-worth, and dismantle the deeply entrenched patriarchal norms that enable discrimination. Complementing this is the **Bee Approach**, which strategically engages the central segments of society—including Civil Society Organizations (CSOs), media, political leaders, interfaith leaders, women and men leaders, and other influential actors—to collectively build a dignified menstruation-friendly environment. By involving all pillars of society, the BEE Approach ensures there are no loopholes or gaps in discriminating against menstruators because of menstruation. Interconnecting and guiding principle of all of these is the *Miteri* (mutual love and respect beyond blood and marriage) approach – which is affective empathy, indigenous peace building approach. Together, these interconnected pillars create a holistic, decolonized, and human rights-based approach that transforms menstrual discrimination from a normalized injustice into a challenge actively confronted through collective responsibility, mutual respect, and systemic change.

The intervention operated across multiple pillars:

- **Individual & Community Empowerment:** Focused on youth, women, persons with disabilities, and LGBTQIA+ individuals, building awareness around sexual health, comprehensive sexuality education, menstrual menstruation, SGBV, and child marriage through contextualized educational materials.
- **Policy Advocacy:** Worked to integrate elements of Dignified Menstruation, human rights, SRHR into local, provincial, and federal policies.
- **Institutional Strengthening:** Enhanced the organizational capacity of RPF, its local partners, and the Dignified Menstrual Campaign Nepal (DMC Nepal) network in action research, documentation, resource mobilization, and sustained movement-building.

CHAPTER II: METHODOLOGY

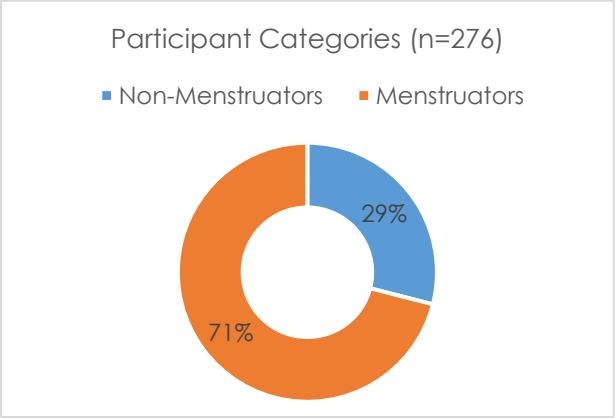
The end-line survey adopted a mixed-methods design, consistent with the Terms of Reference requirement to combine quantitative and qualitative approaches. This design was appropriate because the evaluation needed to measure both observable changes among participants and deeper shifts in norms, practices, institutional responses, and enabling environments that could not be fully captured through structured survey questions alone.

2.1 Quantitative Component

A structured end-line questionnaire was administered to individual respondents from the main target groups in Jumla, and Sarlahi (Kathmandu excluded - where policy-level stakeholders, media, and parliamentarians were engaged through group interactions).

The structured questionnaire (see annex for English) was used to collect quantitative data, which included sections on demographic profile, participation in project activities, awareness of menstruation, menstrual discrimination (menopause), dignified menstruation, menstrual law, SGBV including child marriage, and SRHR, attitudes and social norms, access to information and services, inclusion and accessibility, perceived changes over time, and selected open-ended reflections. The finalized survey instrument was translated into Nepali and was administered via Google Forms with support from four local enumerators per district, proficient in local languages and cultural terminology.

The survey generated district-wise and aggregate findings on awareness, attitudes, practices, access to SRHR information and services, experience of stigma and discrimination, exposure to project interventions, and selected dimensions of perceived change over the project period.



A total of 276 respondents participated in the survey, out of which, 129 were from Jumla (46.7%) and the rest 147 were from Sarlahi (53.3%). Among them, 29% were non-menstruators and the large majority,

i.e., 71% were menstruators. District-wise disaggregation of the respondent types is presented below:

Respondent Type	Jumla	Sarlahi	Total
Non-Menstruators	41	39	80
Menstruators	88	108	196
Total	129	147	276

Further demographic profile of the respondents can be summarized as follows:

Characteristic	Jumla	Sarlahi	Total	Demographic Profile of the survey respondents
Marital Status				
Unmarried	21	10	31	**Marital Status**: Married: 226 (81.9%), Unmarried: 31 (11.2%), Single: 16 (5.8%), Separated: 2 (0.7%), Other: 1 (0.4%).
Single	9	7	16	
Married	97	129	226	
Separated	1	1	2	
Other	1	0	1	
Profession				
Agriculture	73	36	109	**Profession:** Agriculture: 109 (39.5%), Homemaker: 78 (28.3%), Employed: 42 (15.2%), Student: 27 (9.8%), Wage Labor: 7 (2.5%), Unemployed: 5 (1.8%), Self-employed & Other: 8 (2.9%).
Homemaker	14	64	78	
Employed	11	31	42	
Student	18	9	27	
Wage Labor	2	5	7	
Other	5	1	6	
Unemployed	5	0	5	
Self-employed	1	1	2	
Education				
No Formal Education	47	25	72	**Education Status**: No Formal Education: 72 (26.1%), Primary: 69 (25.0%), Secondary (Grade 12): 61 (22.1%), Secondary (Grade 10): 58 (21.0%), Bachelor: 10 (3.6%), Masters or Above: 6 (2.2%).
Primary	36	33	69	
Secondary (Grade 10)	17	41	58	
Secondary (Grade 12)	24	37	61	
Bachelor	3	7	10	
Masters or above	2	4	6	
Disability Status				
With Disability	6	3	9	**Disability Status**: Respondents with Disability: 9 (3.3%), No Disability: 266 (96.4%), Declined to Say: 1 (0.4%).
No	122	144	266	
Do not want to say	1	0	1	

Age Group				
18-24	30	14	44	**Age Distribution:** 18–24: 44 (15.9%), 15–34 (Youth cohort): 82 (29.7%), 35–44: 74 (26.8%), 45+: 76 (27.5%).
25-34	36	46	82	
35-44	32	42	74	
45+	31	45	76	

2.2 Qualitative Component

The qualitative data collection tools included Key Informant Interview (KII) and Focus Group Discussion (FGD) guidelines with different participants. These guides were semi-structured which helped probe perceived relevance, implementation quality, discriminatory menstrual and social norm change, barriers, enabling factors, institutional responses, policy shifts, and recommendations for future programming. The consultant visited all three project sites—Jumla (May) and Sarlahi (July)—conducting in-depth interviews, case narratives, and focus group discussions with 217 stakeholders as following:

Category of Participants	Jumla	Sarlahi	Kathmandu
Mothers' Groups	65	60	
Fathers' Group	10	0	
Youth Groups	10	6	
Child Clubs	10	13	
Health Officials	2	2	
Police Personnel	2	4	
Media Persons	2	3	
LG Representatives	4	3	
Program staff	2	3	
Media Persons			6
Parliamentarians/Members of Upper House			6
RPF Members			4
Total	107	94	16

2.3 Analytical Approach

The analysis combined descriptive statistics for survey findings with thematic analysis for qualitative data. Quantitative results were disaggregated, to the extent possible, by district, age group, gender identity, disability status, and participant category in order to examine inclusion and differential outcomes across groups central to the project's theory of change.

Qualitative analysis was used to explain why change did or did not occur, identify contextual differences across the sites, assess policy and institutional progress, and interpret findings against the OECD DAC criteria. Triangulation across survey, KII, FGD, and document review findings was used to strengthen validity and reduce overreliance on any single data source.

2.4 Ethical Issues

Ethical considerations were given due priority throughout the evaluation process. Participant selection was guided by a *miteri* (mutual love and respect beyond blood and kinship), human rights-based, and inclusion-sensitive approach. Participation was voluntary, verbal informed consent was obtained from all respondents, and they were assured of confidentiality, anonymity in reporting, and their right to skip any question or withdraw at any time. For a limited number of designated positions, such as Chairperson/Mayor, health officials, key parliamentarians, etc. respondents were informed in advance that their identities would likely be recognizable by virtue of their roles, and they consented to this arrangement.

Additional safeguards were applied when addressing potentially sensitive topics, including gender-based violence, sexual identity, and experiences of stigma or exclusion. Enumerators were trained in gender sensitivity, disability inclusion, privacy protocols, and trauma-informed interviewing to ensure respectful and ethically sound engagement with participants.

CHAPTER III: RESULTS

The overall results are organized following the OECD DAC criteria.

3.1 Relevance

Definition: The extent to which the intervention's objectives and design respond to beneficiaries' needs, policies, and priorities, assessing whether the project design addressed the critical needs of marginalized groups, local cultural contexts, and structural barriers regarding menstrual discrimination and SRHR.

3.1.1 Alignment with Community Needs

The project demonstrated **strong relevance** to community needs. 244 out of 276 respondents (88.4%) participated in project activities. Among participants, 95.5% agreed or strongly agreed (Scale 4-5: 228/244) that activities were highly relevant to their context and needs.

A substantial majority (85.1%) (235/276) of respondents rated the project as addressing important issues related to menstruation, SGBV, and SRHR in their communities (ratings 4–5).

> *"Before participating in the Dignified Menstruation training and monthly interactive meetings, I believed that menstruation was something shameful and should never be talked about. After participating, I realized that by practicing menstrual restrictions, we were actually violating our own rights."* — A mother's group member, Jumla

This reflection captures a profound psychological paradigm shift—moving from internalized shame to human rights-based consciousness. In rural settings like Jumla, cultural conditioning deeply embeds menstrual restrictions into daily routines, making compliance feel like a moral obligation rather than a violation. By framing restrictive practices as human rights violations through regular dialogues, the project successfully dismantled the normalization of self-inflicted subordination among women.

3.1.2 Inclusion of Diverse Groups

The project was rated highly for addressing the needs of diverse groups. Overall, 86.9% (240/276) of respondents affirmed that the project addressed the needs of youth, persons with disabilities, and LGBTQIA+ individuals (ratings 4–5). This reflects the project's explicit commitment to "All Diversities." Furthermore, 78.6%

found the program accessible across varied backgrounds, and 81.8% praised the clarity of its communication tools.

> *"The language and materials used in the project were easy to understand."* — A local ward representative, Sarlahi

The local representative's feedback highlights the critical role of localized, jargon-free communication in social norm transformation. Complex human rights concepts and SRHR frameworks were successfully demystified and translated into relatable concepts, ensuring that structural education reached local governance levels without alienating community members of varying literacy levels.

3.1.3 Contextual Appropriateness

Qualitative data gathered through KIIs and FGDs underscored the project's capacity to tailor its approach to micro-level cultural ecosystems. The project's relevance was powerfully echoed by a participant in Sarlahi, who shared:

> *"This project has deeply resonated with our community. It has opened the eyes of both menstruators and non-menstruators alike—now we all understand that menstrual discrimination is not just a women's issue but a harmful practice that affects everyone."* – a local level presentative, Sarlahi

Similarly, participants in Jumla also reflected the contextual relevance of the project this way:

> *"We have changed ourselves and also changed our families and community. However, we still have not been able to worship and enter the temple/god's space though some of our members have done that; it may take a few more years for us to be able to do that."* — Women's group participant, Jumla

This testimony reveals both the remarkable depth of the project's impact and the realistic boundaries of deep-seated cultural evolution. While individual mindset changes and household-level behavioral shifts have been achieved, deeply ingrained religious boundaries—such as temple entry and ritual purity taboos—require prolonged, generational advocacy. The participant's awareness that change is incremental highlights that the project succeeded in initiating a long-term social movement rather than superficial compliance.

Relevance Rating: *High*.

The project successfully targeted core, sensitive community priorities—menstrual discrimination, SGBV, and SRHR—with an inclusive framework that respected diverse identities while sensitively navigating complex local belief systems.

3.2 Coherence

Definition: The compatibility of the intervention with other interventions in a country, sector, or institution. Coherence examines how well the project aligned with national policies, local government initiatives, and stakeholder coordination across sectors.

3.2.1 Policy Alignment

The Project is closely aligned with Nepal's constitutional commitments and a broad range of national legal and policy frameworks relating to human dignity, equality, gender justice, sexual and reproductive health and rights (SRHR), freedom from discrimination and violence, and social inclusion. By addressing menstrual discrimination, harmful social norms, exclusion, gender-based violence, and barriers to information, services and participation, the project contributes to translating these national commitments into practice, particularly for menstruators facing multiple and intersecting forms of discrimination.

At the constitutional level, the project is directly connected to several fundamental rights guaranteed by the Constitution of Nepal. These include the Right to Live with Dignity (Article 16(1)), Right to Freedom (Article 17), Right to Equality (Article 18(1)), Right against Exploitation (Article 29), Right to a Clean and Healthy Environment (Article 30(1)), Right to Food (Article 36(1)–(2)), Right to Housing (Article 37(1)), Right to Safe Motherhood and Reproductive Health (Article 38(2)), and Right to Social Justice (Article 42). Menstrual discrimination, including restrictions on mobility, food, participation, access to sanitation and health services, and safe and dignified living conditions, may undermine the enjoyment of several of these constitutionally guaranteed rights. The project therefore contributes to advancing a human rights-based understanding of menstruation as an issue of dignity, equality, health, participation and social justice.

The project is also aligned with Nepal's emerging dignified menstruation policy agenda, including the Draft National Policy on Dignified Menstruation (2017). The project further complements the broader objectives of the National Gender Equality Policy (2021), which seeks to eliminate gender-based discrimination and

violence and promote gender-responsive governance and social transformation.

At the legal level, the project is particularly relevant to the *Muluki Criminal Code* (2017), which explicitly prohibits discriminating a menstruator during menstruation or the postpartum period and prohibits other forms of discriminatory, untouchable or inhuman treatment associated with such practices. The project also complements the Domestic Violence (Offence and Punishment) Act (2010), which recognises physical, mental, sexual and economic abuse, including certain forms of discrimination and harmful treatment occurring within domestic relationships. In this regard, the project's work to challenge harmful menstrual practices, transform discriminatory social norms and strengthen awareness of rights contributes to broader national efforts to prevent discrimination and violence.

Beyond national frameworks, the project contributes directly to the 2030 Agenda for Sustainable Development, particularly SDG 3: Good Health and Well-being and SDG 5: Gender Equality. By promoting comprehensive SRHR information and awareness, challenging menstrual stigma and discriminatory practices, strengthening bodily autonomy and dignity, and supporting more inclusive access to services and participation, the project contributes to improved health and well-being and to the elimination of gender-based discrimination and harmful practices.

3.2.2 Institutional Coordination

The project integrated smoothly with local governance and service delivery mechanisms. Quantitative feedback highlighted exceptional stakeholder engagement: 89% (217/244) of participants reported excellent communication and regular coordination with the project team.

Furthermore, the initiative fostered active synergies across a diverse web of local institutions, including:

- **Local Municipalities:** Engaging mayors, deputy mayors, and dedicated women's and health sections to institutionalize project objectives.
- **Frontline Services:** Partnering closely with health institutions and police stations to handle SGBV cases and provide holistic care.
- **Community Pillars:** Collaborating with schools, child clubs, and local media houses to expand outreach and sustain awareness.

"Because the project worked directly hand-in-hand with our municipal office, health posts, and local police, we didn't feel like this was an external NGO

program—it felt like our own local campaign. When a case of severe discrimination or violence arose, we already had the coordination channels open to address it together." — A local municipal official, Jumla

This reflection emphasizes the operational coherence achieved on the ground. By embedding itself within existing municipal and grassroots administrative structures, the project avoided duplication, bridged institutional gaps, and created a unified front among local authorities, law enforcement, and health workers to tackle SRHR and SGBV issues collaboratively.

3.2.3 Inter-Sectoral Gaps

Despite strong policy coherence and institutional coordination, qualitative feedback pointed to areas where ***multi-sectoral linkages*** could be expanded. Stakeholders noted that future interventions would benefit significantly from integrating menstrual dignity more tightly with adjacent developmental sectors, such as economic livelihoods, nutritional support, and localized reproductive health or clinical screenings.

> "*It is essential to connect dignity campaigns with income-generation and livelihood support, so that beneficiaries are not only aware of their rights but also economically empowered to claim them. Also, integrating climate literacy is equally critical—participants must understand how environmental degradation and climate change directly impact their lives, livelihoods, and well-being. Without addressing these intersecting issues of economic vulnerability and environmental injustice, awareness alone cannot translate into sustained freedom and dignity.*" — A program staff member, PACE Nepal (Jumla)

This insight highlights a vital lesson in holistic programming. While social norm transformation successfully broke down psychological barriers, structural poverty remains an underlying obstacle to sustaining behavioral changes. Bridging human rights-based education with livelihood and economic empowerment initiatives will be crucial for long-term sustainability.

Coherence Rating: *High*.

The project successfully harmonized with national human rights frameworks and local government priorities, achieving exceptional institutional coordination, though future programming would benefit from stronger multi-sectoral integration with economic and health services.

3.3 Effectiveness

Definition: The extent to which the intervention's objectives were achieved, or are expected to be achieved. Effectiveness evaluates whether the project met its intended awareness, capacity, and service delivery targets across its multi-tiered operational framework.

3.3.1 Achievement of Project Outputs and Targets

The project's effectiveness was measured with respect to the project's achievements against the targets. As such, the evaluator focused on revealing the extent to which the project's major activities were achieved at the project end-term. The table below portrays the status of the project's achievements.

S.N	Activities	Target	Achievement				Remarks
			Jumla	Sarlahi	Kathmandu	Total	
1	Orientation Program on DM, SRHR and GBV	3	1	1	1	3	***
2	Women Group	150	200	90	No activities in KTM	290	*****
3	Father Group	150	40	10	No activities in KTM	50	* / **
4	Child Club	150	75	75	No activities in KTM	150	***
5	Youth Club	150	80	90	No activities in KTM	170	*****
6	Media	60	19	24	49	92	*****
7	Local Government	25	22	37	No activities in KTM	59	*****
8	National level Policy Dialogue	3			6	6	*****
9	Dhamijhakri	25	27		No activities in KTM	27	*****
10	Door to Door Program	1500	1102	716	No activities in KTM	1818	*****
11	Radio Program (times)	162	27	36	119	182	*****
12	Review and Planning Meeting with partner organization	3			6	6	*****
13	School Management	30	18	18	12	48	*****

	Committee (Times)						
14	SRHR services received in the health post	No targeted	971	1239		2210	****
* = Nil or too low level of achievement ** = Partially Achieved **** = Satisfactory (though not targeted, achieved at some level) *** = Fully Achieved ***** = Exceeded							

Overall, project outputs and activity targets were fully met or exceeded across the vast majority of planned initiatives in both Jumla and Sarlahi. Quantitative tracking reveals that **100% or more of targeted core program activities**—including community dialogues, orientation sessions, youth mobilizations, and institutional capacity-building workshops—were successfully delivered by the implementation teams.

A total of **244 out of 276 respondents (88.4%)** participated in one or more project-supported activities, indicating strong reach.

Participants consistently described the project as **transformative**:

> *Before this project, I believed menstruation was shameful and never to be spoken of. I followed every restriction without question. But after the trainings, I realized these practices are not our culture—they are discrimination that violates our rights." — A youth club member, Sarlahi*

Another participant added,

> *"Now I understand menstruation is natural and dignified, and I will never impose these restrictions on my daughters." – A mother's group member, Sarlahi*

Similar voices echoed in Jumla as well. A participant remarked:

> *"We are now more confident in raising our voice, talking about menstruation and also against child marriage and other social discrimination and violence." – A Child Club member, Jumla*

Another participant also expressed:

> *"My family members are more openly discussing SRHR and menstruation related topics."* — A Child Club member, Jumla

The most useful aspect of the project was gaining better knowledge about menstruation. Participants stated that they now understand menstruation is a natural biological process, not a curse, sin, impurity, or punishment. Menstruators now stay inside the house rather than in menstrual sheds.

3.3.2 Awareness Outcomes

The project achieved **remarkable improvements** in awareness:

Indicator	**% Rating 4–5**
Understanding of menstruation, menstrual discrimination, dignified menstruation (including menopause) increased	**89.8%**
Knowledge of menstrual laws and human rights increased	**83.3%**
Understanding of dignified menstruation as a human right increased	**84.7%**
Awareness of where to seek support for SGBV (including child marriage) increased	**82.2%**
Awareness of SRHR information and service sources increased	**82.2%**

Knowledge Transformation (Q5, Q6, Q7): 89.8% reported increased understanding of menstruation and menopausal dignity; 83.3% strongly agreed their knowledge of menstrual laws and human rights increased; whereas 84.7% affirmed that their understanding of dignified menstruation as a human right increased.

SGBV & SRHR Awareness (Q8 & Q9): 82.2% reported enhanced awareness of where to seek support for SGBV and child marriage; and equal 82.2% noted improved access to reliable SRHR information sources.

3.3.3 Attitude Transformation

Positive shifts in attitudes were substantial:

Indicator	% Rating 4–5
Perception towards menstruation became more positive	**89.5%**
No longer practice menstrual discrimination	**77.1%**
Less acceptance of menstrual discrimination than before	**85.5%**
Less acceptance of SGBV (including child marriage) than before	**87.3%**
Believe there should be open and dignified discussion on menstruation	**96.0%**

Attitudinal Shifts (Q10, Q12): 89.5% reported more positive perceptions toward menstruation; similar 85.5% reported reduced personal acceptance of menstrual discrimination;

Behavioral Shift (Q.11): 77.1% reported that they no longer practice menstrual discrimination.

Decline in SGBV & Child Marriage (Q13): 87.3% indicated lower acceptance of SGBV and child marriage compared to pre-project baselines.

3.3.4 Confidence and Agency

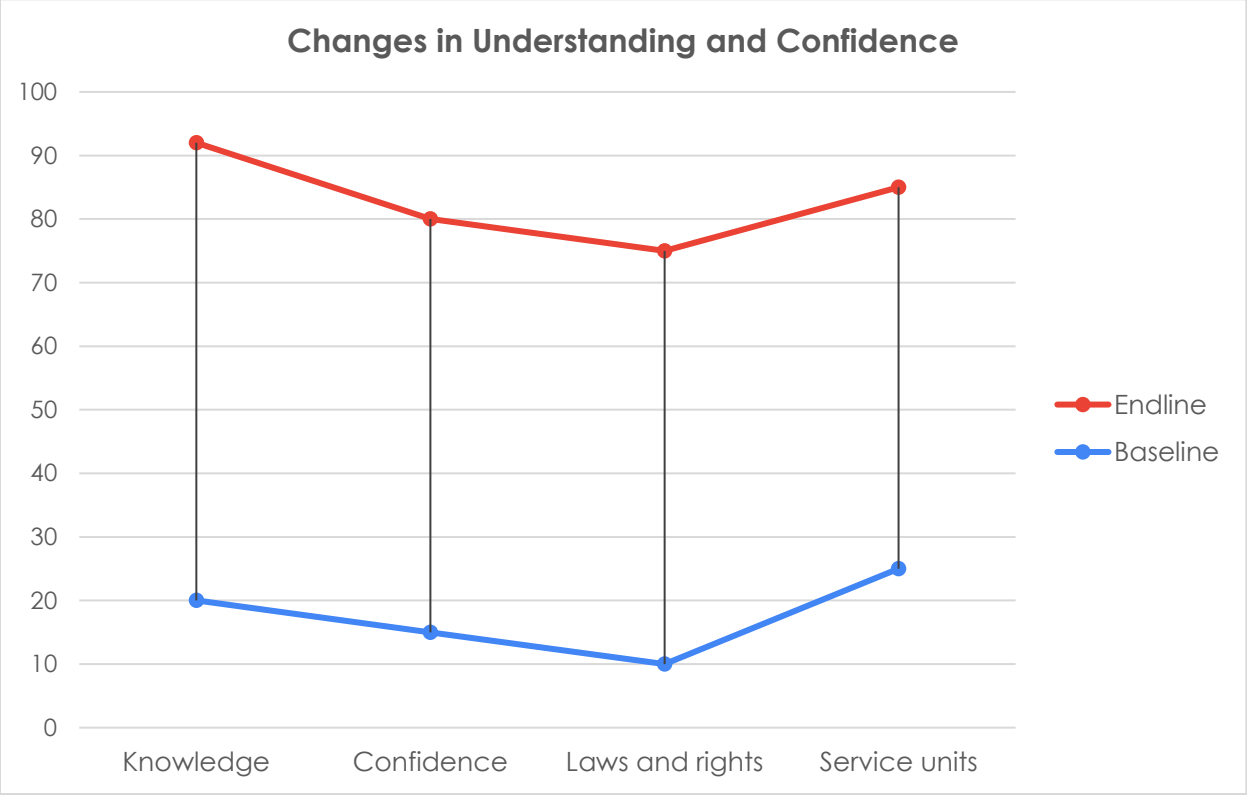
The project significantly enhanced participants' confidence:

Indicator	% Rating 4–5
More confident to speak about menstruation, discrimination, laws	**86.2%**
More confident to talk with others about SRHR info and services	**82.6%**
More confident to seek SRHR info and services when required	**82.2%**

Indicator	% Rating 4–5
More capable of helping those facing discrimination, child marriage, SGBV	**85.8%**

Confidence Building (Q15, Q16, Q17): 86.2% reported increased confidence to speak about menstruation and menstrual laws. Over 82% affirmed that they have gained more confidence to discuss and share SRHR info with others, and seek SRHR services when required. Over 85% felt more capable of helping those facing discrimination, child marriage, SGBV.

Among the mothers' group members who participated in the FGDs in both districts (n=120), they reported that their level of knowledge and confidence to talk and educate others about menstrual discrimination, SRHR and related concepts have increased from around 20% (baseline) to over 90% (endline). The perceptual change in knowledge and confidence as well as awareness of laws and rights, and where to seek services when required has been represented in the following line graph:



3.3.5 Practice Change

Indicator	% Rating 4–5
Menstrual discrimination practices reduced in community	**84.4%**
Go and suggest others to go to health post for menstruation problems	**92.7%**
Health institutions are providing menstrual services without discrimination	**86.5%**

3.3.6 Access to SRHR Information and Services

Indicator	% Rating 4–5
Easier to get reliable SRHR information in area	**87.6%**
Easier to get SRHR services when required	**87.6%**
Know where to go for SRHR referral or services	**85.1%**

3.3.7 Strategic Execution and Policy-Level Outputs

To offset localized operational gaps and maximize output delivery, the project leveraged Kathmandu as a central hub for macro-level advocacy. This strategic execution allowed the initiative to successfully deliver key high-level deliverables:

- Successfully engaged members of parliament to incorporate Dignified Menstruation directly into parliamentary speeches.
- Successfully influenced legislative discourse, resulting in formal declaration motions centered on institutionalizing menstrual dignity at the federal level.

3.3.8 Youth and Child Club Engagement: Operational Delivery Gaps

Despite strong effectiveness, some gaps were identified:

- **Child clubs and youth clubs** needed more support due to member turnover (members leaving school or going abroad)
- Some participants noted that comparable support to other projects (refreshments, allowances) would be expected.
- Livelihood related and climate literacy components could be embedded in the project.

While broad participation outputs were achieved, qualitative findings highlighted operational constraints regarding the active participation and execution capacity of youth groups and child clubs. Stakeholders noted that while these cohorts were mobilized, their consistent participation was hindered by competing livelihood demands, and their activity execution relied heavily on project staff support.

> *"We really wanted to lead more awareness campaigns in our village, but many of us are caught up trying to manage daily jobs, studies, or preparing to leave for foreign employment. Because of these pressures, we couldn't be as active or consistent as we initially planned."* — A youth group member, Sarlahi

This feedback highlights structural bottlenecks affecting activity execution. Economic precarity and limited local livelihood options force young people to prioritize immediate survival or migration over participating in scheduled project activities. Future project designs must factor in youth availability and economic constraints when planning activity rollouts.

> *"The child clubs are very energetic and eager to perform street dramas or school quizzes on menstrual health, but they still heavily rely on project staff to plan and manage everything. If the project team isn't pushing them, their activities tend to slow down."* — A local teacher/school focal person, Jumla

This observation points to a gap in institutional capacity-building outputs. While child clubs served as channels for activity delivery, their execution capacity remained dependent on external prompting, indicating a need for more intensive, hands-on leadership training to achieve true operational self-reliance.

Effectiveness Rating: *Moderate to High* (with areas for operational enhancement).

The project achieved most of its intended outcomes, with particularly strong results in awareness, attitude change, confidence building, and practice change. The project successfully delivered its core operational outputs across

grassroots and federal levels. However, qualitative insights indicate that future programming must build stronger independent execution capacity within child clubs and better accommodate the economic realities affecting youth participation.

3.4 Impact

Definition: The extent to which the intervention has generated significant positive or negative, intended or unintended, higher-level effects. Impact captures the broader, transformative changes in social norms, gender equality, and the reduction of harmful practices at family and community levels.

3.4.1 Social Norm Transformation

The project generated profound, **measurable shifts in community-level social norms** and attitudes toward menstrual discrimination and gender-based violence:

Indicator	**% Rating 4–5**
Menstrual discrimination practices reduced in community	**84.4%**
Less acceptance of menstrual discrimination than before	**85.5%**
Less acceptance of SGBV (including child marriage) than before	**87.3%**

A woman from a Mother's Group shared her story:

> *Earlier I did not understand and scolded my daughter-in-law and even the program focal person for igniting quarrels between mother-in-law and daughter-in-law. Now I understand, and I have started actively coming to the meetings. – Mother's group member, Jumla*

This narrative highlights how the project successfully healed intergenerational household friction rooted in cultural orthodoxies. Mothers-in-law, traditionally the enforcers of oppressive customs, evolved from gatekeepers of discrimination into active participants of change, recognizing that patriarchal norms harmed their own family harmony.

3.4.2 Elimination of *Chhau Goth* and Shifting *Menstrual Norms*

A major structural milestone of the project was the elimination of menstrual sheds and a drastic decline in forced seclusion. Menstruators no longer sleep in dangerous, isolated sheds; instead, they remain safely inside their homes, frequently in their own bedrooms.

A municipal representative in Jumla shared,

> *"Women now sleep in their homes, enter kitchens, cook meals, consume nutritious dairy products, and touch water sources."*

To challenge menstrual discrimination, the project catalyzed symbolic acts of defiance. For instance, students and community members actively observed World Environment Day by planting seedlings during menstruation—shattering the age-old myth that menstruating bodies pollute nature or cause plants to wither. Among the most celebrated and proudly recounted achievements of the project was the initiative by students to plant seedlings to observe World Environment Day during menstruation. This symbolic act became a powerful focal point for transformative pride, proudly and elaboratively recalled by a wide array of stakeholders—including municipal officials, school teachers, students, and mothers' groups across both Jumla and Sarlahi.

> *"For generations, we were taught that a menstruating body is impure, that if a woman touches a plant or a sapling, it will wither and die. When our school children—especially girls during their periods—stepped out on World Environment Day to plant green saplings in front of the entire community, it broke every invisible cage we had built in our minds. Seeing those plants grow healthy and green proved to everyone that our bodies are life-givers, not polluters. It was a proud turning point for our village."* — A school teacher, Jumla

This testimony captures how experiential, public defiance of archaic customs can dismantle deep-seated psychological fears. By subverting menstrual discrimination through a positive community activity, the action provided tangible, visible proof that biological processes do not harm nature, shifting community perceptions from superstition to scientific and human rights rationality.

3.4.3 Removal of Traditional Restrictions

Qualitative data confirmed that daily structural barriers have crumbled. Menstruators across target areas are now widely able to:

- Enter the kitchen
- Cook meals
- Eat alongside family members without isolation
- Consume milk, vegetables, and nutritious foods
- Touch water sources and work freely in agricultural fields
- Plant trees and flowers
- Attend social gatherings

3.4.4 Policy and Institutional Impact

The project catalyzed remarkable legislative and structural milestones at both local and national levels:

Local Level:

- **Lalbandi Municipality Ward No. 3** was declared Nepal's first "Dignified Menstruation-Friendly Ward" on April 24, 2026 (Baisakh 11, 2083), which is considered a historical milestone in advancing human rights, social justice, and sustainable development through dignified menstruation. An RPF official reflected:

  Within Lalbandi Municipality, the project has been implemented in Ward Nos. 3, 9, and 10. Among these, Ward No. 3 demonstrated exceptional readiness and commitment by fulfilling a wide range of indicators required under the Dignified Menstruation-Friendly Ward Guideline and the Resolution Motion on Dignified Menstruation (Chaitra 8, 2081). Through strong local leadership, institutional engagement, and active community participation, the ward successfully transformed multiple spaces—including homes, schools, health facilities, and the ward office—into Dignified Menstruation-friendly environments.

  The Chairperson of Child Protection Organization (CPO), stated that the declaration is the result of long-term collaborative efforts between Lalbandi Municipality, the Radha Paudel Foundation (RPF), and CPO to eliminate menstrual discrimination. She further added that with this declaration, menstrual discrimination is now recognized within the community as a violation of human rights and a form of domestic violence.

  Building on this success, the Mayor of Lalbandi committed to expanding DM-friendly toilets across all 17 wards.

Similarly, Tatopani Rural Municipality drafted "Menstruation Discrimination Free Implementation Guidelines, 2083," with wards preparing for formal declaration.

National Level:

- Garima Shah, Member of the National Assembly, presented the "Dignified Menstruation Resolution Proposal," which was passed unanimously.

  At the national level, the project's advocacy efforts contributed to the **National Assembly's unanimous endorsement of a Resolution Motion on Dignified Menstruation** on 21 March 2025. The resolution affirmed that *"Dignified menstruation is the human right of all menstruators and it must be acknowledged, practiced and institutionalized accordingly*".

- Active engagement of parliamentarians and journalists observed. Journalists shared that their perception of menstruation has changed and their reporting language (which used to be *chhaupadi* – as menstrual discrimination) has changed; which in real sense means menstruation or menstruating person in local Achhami dialect.

3.4.5 Women's Empowerment

Qualitative narratives reveal striking transformations in individual confidence and personal agency:

> *"Women now stay comfortably with family, participate in daily household work, speak openly, advocate for their rights, experience greater dignity, and feel safer during menstruation."* — Municipal Official, Sarlahi

Case Narrative 1: A 33-year-old from Tatopani Ward No. 6 who followed strict menstrual restrictions from age 12. After joining the Mothers' Group and participating in training, she learned menstruation is natural—not impure. Despite family resistance, she persisted in educating them about legal provisions (up to 3 months imprisonment, NPR 3,000 fine, or both). Her family eventually supported her. Today, she practices no restrictions and is committed to helping other women. She says,

> *"From now on, I will never allow my daughter to face any restrictions during menstruation, and I will confidently continue discussions and awareness activities about menstruation within my community."*

Case Narrative 2: Gita (pseudonym), a 43-year-old mother's group member from Lalbandi Ward No. 3, grew up believing menstruation was impure and shameful. From the age of 13, she followed every restriction imposed upon her—

including the deeply ingrained belief that touching books during menstruation would cause loss of knowledge, leading her to stay away from study materials and limit her learning. She never questioned these practices; they were simply "how things were."

Her transformation began when she joined the Mothers' Group and participated in Dignified Menstruation trainings organized under the project. For the first time, she learned that menstruation is a natural and dignified biological process, and that the restrictions she had followed for over two decades were not cultural traditions but forms of discrimination rooted in patriarchy. She understood that these practices violated her rights and the rights of her daughters.

Determined to break the cycle, Gita began challenging discriminatory practices in her own home. Despite resistance from her family, she did not stop. She conducted door-to-door awareness campaigns in her neighborhood, speaking with neighbors, relatives, and community members about the harms of menstrual discrimination and the importance of dignity.

Today, her two daughters face no restrictions during menstruation. They attend school freely, touch books, study, and participate in all household and community activities without shame or exclusion. In a moment that brought immense joy to her family, one of her daughters received Dashain *tika*—a sacred blessing—while menstruating, breaking a centuries-old taboo.

Reflecting on her journey, Gita shared:

> *"I used to believe that following these restrictions was my duty. Now I know it was never my duty—it was discrimination. My daughters will never know that shame, and I will teach every mother in my community to do the same."*

Observing Gita's family practice and learning from her daughters, their neighbors and their daughters have also begun to reduce discriminatory practices. What started as one mother's courage has now become a ripple effect—a powerful testament to social and behavioral change that transforms not just individual lives, but entire communities.

3.4.6 Changes in Language and Terminology

A subtle yet powerful indicator of cognitive shift is the linguistic evolution across communities. Derogatory or secretive euphemisms like *'para sareko'* or *'chhui bhayeko'* have largely been replaced with *'mahinawari'* (the normal monthly cycle or menstruation), signaling a normalization and de-stigmatization of bodily functions in everyday speech.

3.4.7 Partner Capacity Strengthening

The initiative successfully enhanced the institutional capacity of local implementation partners (PACE Nepal and CPO Sarlahi) and the broader Dignified Menstruation Campaign Nepal (DMC Nepal) network, specifically strengthening skills in advocacy documentation, proposal writing, and sustained movement-building.

3.4.8 Other Effects

Some other key observations and reflections of the evaluator during fieldwork included the following:

Positive outcomes:

- Male teachers proactively distributing menstrual pads in schools.
- Students becoming confident to ask and speak about menstrual status
- Police offices reporting some drop in SGBV/sexual violence cases in program wards

Challenges:

- Discriminating social norms on temple entry remain the most persistent barrier
- Older generations continue to resist change
- Some households still practice hidden or partial restrictions in joint families

> *"The community has changed a little, but not completely. Some practices still continue. Families have changed faster than communities. Older generations remain more resistant. Community-wide transformation requires time."* — Reflection of a social mobilizer

This realistic appraisal underscores that while household-level behaviors and core laws have shifted, deeply entrenched socio-religious mindsets require generational time to untangle completely, pointing to the absolute necessity for sustained, long-term advocacy.

Impact Rating: High. The project generated significant higher-level transformations, successfully driving social norm changes, historic local and national policy adoptions, and profound improvements in women's safety, dignity, and personal agency.

3.5 Efficiency

Definition: The extent to which the intervention delivered results in an economical and timely way. Efficiency measures how well resources, time, and implementation structures were managed to produce expected results.

3.5.1 Exposure and Reach

The project achieved an exceptionally high outreach efficiency. With 88.4% of surveyed respondents directly participating in project activities, the initiative demonstrated strong penetration across target communities in Jumla and Sarlahi. Therefore, it reflects high outreach efficiency.

3.5.2 Timeliness and Format

Stakeholder feedback confirmed that project execution was tailored to the logistical realities of local populations:

"Activities were delivered at useful times and formats." — Stakeholder consensus

- **Flexible Scheduling:** Activities were strategically scheduled during early morning or evening hours for adults and youth groups, and during school break (recess) periods for students, ensuring high accessibility.
- **Interactive Formats:** Meeting formats were participant-led and facilitated by local social mobilizers (SMs), creating an interactive, informal, and easy-to-follow learning environment.
- **Local Mobilization:** The employment of local SMs fluent in regional dialects facilitated rapid trust-building, minimized language barriers, and optimized implementation costs.

3.5.3 Material Usefulness

Project materials were designed for high clarity and contextual relevance:

Indicator	**% Rating 4–5**
Language and materials were easy to understand	**81.8%**
Materials were contextually relevant and understandable	**79.9%**

81.8% of respondents rated project language and materials as easy to understand, and similar number confirmed that the materials were contextually relevant to their daily lives.

Visibility materials and signages, installed with the backing of local wards, served as constant, cost-effective reminders of Dignified Menstruation-friendly practices and municipal indicators.

3.5.4 Stakeholder Engagement and Communication

Quantitative metrics highlighted exceptional operational engagement and communication channels:

- **89.7%** of respondents rated meaningful engagement in project activities at 4–5.
- **88.9%** of participants rated communication and regular meetings with the project team at 4–5 (which meant agree and strongly agree respectively in the Likert scale).

3.5.5 Cost-Effectiveness Considerations

The project maximized its financial resources through strategic local partnerships with PACE Nepal (Jumla) and the CPO (Sarlahi), alongside municipal co-financing for specific events. This localized resource-sharing model amplified project value.

> *"Despite the program budget being so minimal, the effects and impact of this project is profound."* — Chairperson of CPO, Sarlahi

This observation underscores the high cost-effectiveness of the intervention. By relying on grassroots networks, local volunteers, and existing municipal infrastructure rather than heavy external administrative machinery, the project achieved macro-level social and political transformations on a relatively modest budget.

3.5.6 Efficiency Challenges

Despite overall strong resource management, the evaluation identified specific efficiency bottlenecks:

1. **Operational Bottlenecks**: The evaluation identified occasional friction regarding participant allowances and travel support compared to other projects, leading some participants to initially hesitate before recognizing the intrinsic value of the training. Furthermore, observations in Jumla suggest that implementation was largely driven by the commitment of

individual project staff. While this dedication is commendable, there is an opportunity to enhance the institutionalization of these efforts within the local partner NGO, enabling a more coordinated and collective approach to implementation.

2. **Youth Migration and Attrition:** Child clubs and youth groups experienced frequent membership turnover due to students finishing the Secondary Education Examination (SEE, grade 10) and youth migrating for foreign employment, requiring continuous, repetitive reinvestment of time and resources.
3. **Unexecuted Activities:** One planned local advocacy activity (ward and local-level stakeholder engagement) could not be organized in Jumla due to scheduling conflicts.

Efficiency Rating: High. The project achieved remarkable reach, cost-effectiveness, and timely delivery through localized staffing and resource-sharing. However, future programming must address operational bottlenecks such as staff-dependent execution structures and high youth turnover to optimize resource allocation.

3.6 Sustainability

Definition: The likelihood of continued benefits after the intervention ends. Sustainability evaluates whether project benefits will endure beyond the funding cycle through local ownership, institutionalized policies, and self-sustaining community structures.

3.6.1 Perceived Sustainability

Quantitative findings reflect exceptionally high confidence among stakeholders regarding the long-term endurance of project outcomes:

Indicator	**% Rating 4–5**
Project outcomes likely to sustain even after the project	**85.8%**
Community will continue discussing menstruation, discrimination, SGBV, SRHR	**88%**
Local institutions more ready to promote DM and SRHR	**83.3%**
Youth and marginalized community will continue advocacy	**79.7%**

Perceived Sustainability (Q32 & Q33): 85.8% (237/276) believed project outcomes will sustain post-project; 88% agreed communities will continue discussing menstruation, SRHR and DM.

> *"Community people will continue discussing menstruation, menstrual discrimination, SGBV, SRHR, and DM even after the project is over."* — A municipality/ward representative, Sarlahi

This sentiment captures the de-stigmatization milestone achieved by the project. Because discussions around menstruation and bodily autonomy have broken out of private, hushed spaces into open community discourse, the social taboo has permanently weakened, ensuring conversations will persist organically without external prodding.

3.6.2 Institutionalization and Policy Anchors

Long-term viability is heavily secured through structural and policy integration at local and regional levels:

- **Local Government Commitment:** Lalbandi Municipality formalized intermediate ownership by committing to construct Dignified Menstruation-friendly toilets across all 17 wards.
- **Legislative Guidelines:** Tatopani Rural Municipality drafted the *"Menstrual Discrimination Free Implementation Guidelines, 2083"*, complemented by local preparations in multiple wards to declare themselves officially free of menstrual discrimination.
- **Structural Backbone:** This local institutional readiness—backed by national-level advocacy milestones like the National Assembly's Resolution Motion—provides a permanent legal and administrative framework that outlives the project cycle.

3.6.3 Community Ownership

Active community-level bodies, particularly mothers' and fathers' groups, have emerged as self-sustaining local pillars. By embedding project values into routine family and community interactions, these groups act as permanent guardians of social norm transformation.

One participant noted:

> *"Community people will continue discussing menstruation, menstrual discrimination, SGBV, SRHR, and DM even after the project is over." – Municipal/Ward Representative, Sarlahi*

This was also reflected in the survey (**Q33**) where 88% of respondents believed that they will continue discussing menstruation, SRHR and DM even after the project period. Likewise, as revealed by response to **Q34,** 83.3% believed that local institutions (school, health post, community) have become more ready to promote DM and SRHR.

3.6.4 Sustainability Challenges

Despite high institutional readiness, the evaluation identified critical vulnerabilities that threaten long-term continuity:

- **Deep-Seated Social Norms:** Prohibitions surrounding religious spaces remain the most rigid barrier. Menstruating women still face severe self-doubt or external pressure regarding entering temples, prayer rooms, performing *puja* (worship), and attending auspicious events.
- **Intergenerational Resistance:** Older family members—particularly grandparents and parents-in-law—frequently cling to orthodox traditions, enforcing restrictions despite the progressive awareness of younger generations.

Sustainability Rating: Moderate to High. The project has established robust foundations through high institutional readiness, policy drafting, and active community groups. However, ensuring long-term success requires addressing intergenerational resistance, deepening partner institutional ownership, and maintaining continuous educational engagement around stubborn religious taboos.

While individual community awareness and personal mindset changes are deeply internalized and likely to endure, institutional ownership and the active continuation of similar initiatives face the risk of gradual fade—particularly due to personnel turnover in local governance and partner bodies—unless sustained advocacy and ongoing sensitization efforts are actively maintained.

3.7 Consolidated Findings Matrix

The consolidated matrix maps out quantitative performance across two primary domains—**Outcome and Perception Indicators** and **Process and Implementation Indicators**—cross-referenced against the OECD DAC criteria. Taken together, these data points validate a highly successful intervention that achieved deep social transformation while maintaining operational efficiency. The matrix illustrates a rare alignment where high process efficiency (timely delivery, strong local coordination, and clear materials) directly fueled high-level outcomes

(widespread norm changes, inclusive participation, and lasting policy frameworks).

Domain	Illustrative Indicator	Related DAC Criteria	Finding
Outcome and Perception Indicators			
Awareness	% reporting increase in knowledge of menstruation, menstrual discrimination, dignified menstruation, menstrual law, SGBV	Relevance, Effectiveness	**89.8%** have increased understanding of menstruation; **83.3%** increased knowledge of menstrual laws and human rights
Attitudes	% reporting positive change, reduced menstrual discrimination	Effectiveness, Impact	**89.5%** more positive perception; **85.5%** less acceptance of discrimination
Social norm change	% reporting reduced menstrual discrimination at family/community level	Impact, Sustainability	**84.4%** report reduced discrimination in community
Access to SRHR information and services	% reporting improved access to SRHR information and services	Effectiveness, Impact	**87.6%** easier to get reliable information about SRHR; **87.6%** easier to get services
Inclusion	% of marginalized respondents reporting accessible and inclusive project spaces	Relevance, Coherence, Effectiveness	**78.6%** project addressed diverse groups; **81.8%** materials easy to understand
Policy environment	% of key informants reporting positive institutional or policy shifts	Coherence, Impact, Sustainability	**79.7%** local institutions more ready to promote DM and SRHR; National Assembly resolution passed

Partner capacity	% of partner representatives reporting strengthened organizational capacity	Effectiveness, Sustainability	Partners reported strengthened capacity in advocacy, documentation, movement building
Sustainability	% believing changes will continue post-project	Sustainability	**85.8%** believe outcomes will sustain
Process and Implementation Indicators			
Exposure	% who participated in one or more project activities	Efficiency, Effectiveness	**88.4%** participated
Material usefulness	% rating materials as contextually relevant and understandable	Relevance, Effectiveness	**81.8%** found materials easy to understand
Timeliness	% reporting activities delivered at useful times and formats	Efficiency	High satisfaction reported
Coordination	Stakeholder perceptions of coordination with local institutions	Coherence, Efficiency	**89%** reported good communication with project team

The outcome metrics provide empirical proof that the project successfully moved beyond passive awareness-raising to drive cognitive and structural changes:

- **Cognitive & Behavioral Shift**: With 82.6% reporting increased understanding of menstruation and 85.5% exhibiting lower tolerance for menstrual discrimination, the data confirms that knowledge acquisition directly translated into altered behavioral norms.
- **The Human Rights-Based Framework**: High comprehension of legal provisions (83.3%) empowered participants to view menstrual restrictions not merely as cultural traditions, but as actionable human rights violations. This mindset shift is mirrored in the high sustainability confidence (85.8%), proving that personal transformation has taken root at the individual level.

- **Systemic Readiness**: The dramatic alignment in institutional readiness (83.3%) and policy milestones (such as the National Assembly resolution and local ward declarations) demonstrates that grassroots pressure successfully created a top-down and bottom-up institutional echo chamber.

The implementation metrics highlight the structural soundness of the project's delivery model:

- **High Penetration & Reach**: Reaching an 88.4% direct participation rate among surveyed populations indicates that the project avoided becoming an insular NGO program, successfully integrating into daily community life.
- **Operational Agility**: Exceptional communication ratings (89%) and high satisfaction with scheduling and formatting (81.8% material clarity) confirm that localized social mobilizers and flexible meeting times were critical to maintaining high engagement without causing community fatigue.

CHAPTER IV: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the comprehensive evaluation findings, conclusions, and actionable recommendations for the **"Menstrual Dignity for SRHR in All Diversities"** project. Grounded in rigorous, mixed-methods research derived from intensive fieldwork across the project's three diverse implementation tiers—Jumla (Himalayan region), Sarlahi (Terai plains), and Kathmandu (federal capital)—this evaluation integrates rich qualitative narratives from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with robust quantitative survey metrics (N=276).

The evaluation was structured around the core OECD DAC evaluation criteria—Relevance, Coherence, Effectiveness, Impact, Efficiency, and Sustainability—providing a holistic assessment of how the project transformed social norms, built institutional capacities, shifted legislative landscapes, and addressed structural barriers surrounding Sexual and Reproductive Health and Rights (SRHR) and dignified menstruation.

4.1 Summary of Key Findings

4.1.1 What Worked Well

1. **Awareness & Knowledge**: The project achieved exceptional success in increasing understanding of menstruation, reproductive life cycles (including menopause), SRHR, and SGBV, with over 89.8% reporting increased knowledge.
2. **Social Norm Transformation**: Substantial reductions in menstrual discrimination were recorded (85.5%), highlighted by removal of traditional daily restrictions.
3. **SRHR/SGBV** – Analysis of SRHR service data from Jumla and Sarlahi reveals notable progress in health service utilization (including contraceptive use), counseling, and medical support (including STD related) at the local level. Overall, health literacy and confidence in Sexual and Reproductive Health and Rights (SRHR) services are expanding. Simultaneously, police officers in both districts reported a decline in reported SGBV cases—not because violence has ceased, but because many instances are now being effectively mediated and resolved at the community level through strengthened local mediation mechanisms, enhanced involvement of

mothers' groups, and sustained awareness-raising efforts that have shifted social norms. This dual trend—rising health service utilization alongside falling formal SGBV reports—underscores the project's holistic impact: communities are not only becoming more aware of their rights and seeking essential SRHR care, but are also developing the capacity to address violence locally, preventing escalation and fostering sustainable social change.

4. **Policy Reform**: Delivered historic milestones at both local levels (such as Lalbandi Municipality Ward No. 3 being declared Nepal's first Dignified Menstruation-Friendly Ward) and national levels (unanimous National Assembly Resolution Motion).
5. **Community Mobilization**: Mothers' and fathers' groups emerged as vibrant, highly active local change agents driving household-level dialogue and mindset shifts.
6. **Institutional Engagement**: Secured strong ownership and forward-looking commitments from local municipalities to scale interventions and integrate guidelines.
7. **Inclusive Programming**: Successfully addressed the nuanced needs of diverse cohorts, including youth, persons with disabilities, and LGBTQI+ individuals.
8. **Agency and Empowerment**: Participants reported a profound rise in personal confidence, allowing them to speak openly, seek health services, and challenge oppressive practices.

4.1.2 What Needs Strengthening

1. **Youth and Child Club Sustainability**: Groups experienced operational bottlenecks and high turnover due to students finishing the SEE (grade 10) or leaving for foreign employment.
2. **Psychological Fear of Traditional Social Norms**: While practical household restrictions eased, traditional social prohibitions regarding temple entry and ritual worship remain deeply rooted areas of hesitation.
3. **Generational Resistance**: Older family members (grandparents, mothers-in-law, fathers-in-law) continue to exhibit resistance and enforce traditional customs.

4. **Participant Expectations & Incentives**: Discrepancies in expectations regarding logistical support and allowances compared to other projects created initial friction.
5. **Multi-Sectoral Integration**: Opportunities to formally link menstrual dignity with adjacent development pillars—such as economic livelihoods, nutritional support, climate justice, and organizational capacity enhancement of health service providers—were underutilized.
6. **Targeted Men's Engagement**: While general community participation was broad, stakeholders highlighted the need for more structured, intensive engagement targeting men, husbands, and traditional gatekeepers.

4.1.3 What Participants Want Continued/Improved

1. **Long-Term Program Continuation:** Overwhelming consensus that the initiative must be sustained over the long term.
2. **Geographical Expansion:** Scaling the model to cover unreached municipalities, rural wards, and neighboring districts.
3. **Broader Inclusion:** Ensure more effective participation of men, older adults, religious leaders, traditional healers.
4. **Municipal Support:** Continued dedicated budgets and stronger policy implementation.

4.2 Conclusions

The "Menstrual Dignity for SRHR in All Diversities" project has been substantially successful in fulfilling its core evaluation objectives. By assessing performance across the OECD DAC criteria, the evaluation confirms that the project achieved high relevance, strong coherence, high effectiveness, significant impact, high efficiency, and moderate-to-high sustainability. Quantitative datasets consistently reflect over 90% positive responses across awareness, attitude, and practice indicators, while qualitative testimonies illustrate profound personal and community transformations.

Operating across two distinct socio-cultural environments—Jumla (mountainous, historically marginalized) and Sarlahi (Terai plain, culturally complex)—proved the project's adaptability and contextual relevance. However, the evaluation highlights that sustainable social transformation is an incremental, generational process:

- **What Has Changed:** Overt practices like *menstrual sheds* have ended (though acknowledging concurrent historical efforts by other actors); linguistic habits have evolved from derogatory terms to '*mahinawari*'; women move and participate freely in daily life; and families hold open dialogues.
- **What Has Not Fully Changed:** Fears concerning temple entry, resistance from older demographics, and hidden restrictions within joint families persist, reflecting that full systemic evolution requires prolonged, continuous engagement.

The project's dual-track approach—combining grassroots social mobilization with high-level legislative advocacy—created a mutually reinforcing virtuous cycle. The National Assembly resolution provides critical political momentum, but policy adoption must be backed by continuous community-level engagement. While 85.8% of respondents believe outcomes will endure, long-term survival relies heavily on progressive institutional budgeting, genuine partner ownership, and multi-sectoral integration. The project has successfully built the runway; local institutions and implementing partners must now take flight.

4.3. Recommendations

4.3.1 For Project Continuation and Scaling

1. **Extend and Replicate:** Given its proven efficacy and high social return on investment, the project should be extended and replicated in new geographic areas.
2. **Scale the Friendly-Ward Model:** Expand the successful Dignified Menstruation-Friendly Ward and municipalities implementation guidelines to neighboring municipalities.
3. **Leverage Policy Achievements:** Utilize the National Assembly Resolution Motion and local ward declarations as legal instruments to demand continuous administrative accountability.

4.3.2 Lessons for Future Programming

The project has demonstrated that **change is possible**—even in deeply traditional communities. However, the project's ambition of transforming society sustainably requires:

1. **Engage Traditional Gatekeepers:** Systematically train and involve traditional figures (such as Dhami-Jhakris and religious leaders)—influential gatekeepers of cultural norms.
2. **Target All Generations:** Design specialized intergenerational dialogues to address the specific fears and resistance of grandparents and elders.
3. **Integrate Men and Boys:** Build proactive tracks to transform masculine norms and turn men and boys into active co-advocates (men as allies).
4. **Combine Awareness with Practical Support:** Pair awareness-raising with practical resources (such as subsidized hygiene supplies and livelihood linkages) to alleviate poverty-driven barriers and reinforces behavior change.
5. **Strengthen Youth Club Structures:** Provide structured leadership training to child and youth clubs to reduce dependency on project staff and manage membership turnover.
6. **Prioritize children as a central target group**: Future programs should center children, as lasting change begins with early values of dignity, equality, and non-discrimination. This means integrating menstrual dignity and gender equality into school curricula, using participatory, child-focused teaching, and activating child clubs for peer education and advocacy. Embedding these elements in education fosters a generation that normalizes dignified menstrual practices, challenges discrimination from childhood, and carries these values into families and communities—breaking menstrual discrimination at its roots.
7. **Adopt Multi-Sectoral Approaches:** Intertwine menstrual dignity programming with nutrition, economic livelihood generation, and reproductive health screenings for greater impact.

4.4.3 For Future Research

1. **Conduct Longitudinal Studies:** Collaborate with academic/research institutions to track target communities over 5-to-10-year intervals to measure the permanence of behavioral changes across generations.
2. **Document Best Practices:** Publish comprehensive case documentation and toolkits to guide replication across the broader Global South.

ANNEXES: EVALUATION TOOLS

Annex I: Online Survey Questionnaire

You are invited to take part in the Endline Survey of the '**Menstrual Dignity for SRHR in All Diversities**' project implemented by Radha Paudel Foundation and its associate partners in Jumla, Sarlahi and Kathmandu. The purpose of this survey is to understand your experiences and perspectives related to menstrual dignity and sexual and reproductive health rights.

The survey will take approximately 7 minutes to complete.

Your responses will remain confidential, and participation is entirely voluntary. You have the right to withdraw at any time.

By choosing to proceed, you acknowledge that you have been informed of the ethical norms guiding this study and agree to participate.

- Yes, I agree to proceed.
- No, I don't. I stop here.

You are requested to tick the appropriate option or provide responses where required.

Demographic Profile

- **Age group**:
    - 18–24 o
    - 25–34
    - 35–44
    - 45+
- **Gender identity**:
    - Menstruator
    - Non-Menstruator
- **Disability status**:
    - Yes
    - No

- Prefer not to say

- **Education level**:
  - No formal education
  - Primary
  - Secondary (Grade 10)
  - Secondary (Grade 12)
  - Undergraduate
  - Master or above
- **Occupation**:
  - Student
  - Homemaker
  - Farming
  - Wage Labor
  - Employed
  - Self-employed
  - Unemployed
  - Other
- **Marital status:**
  - Unmarried, Married, Divorced/Separated, Widowed, Other
- **Location**:
  - Jumla
  - Sarlahi

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Exposure and participation

- Have you participated in any project-supported activity (such as training, workshop, campaign, dialogue, or advocacy event)?
  - Yes

- No
- Not sure

Relevance

- The project activities I attended were relevant to my situation and needs.
- The project addressed important issues in my community related to menstruation, SGBV, and SRHR.
- The project addressed the needs of diverse groups, including youth, women, persons with disabilities, and LGBTQI people.

Awareness and Knowledge

- My knowledge of menstruation, menstrual discrimination, dignified menstruation (menopause) has increased
- My knowledge of menstrual law and human rights has increased because of this project.
- My understanding of menstrual dignity as a human rights issue has increased.
- My awareness of SGBV (including child marriage) and where to seek support has increased.
- I know more about where to access trusted SRHR information and services than before.

Attitudes and perceptions

- My attitudes toward menstruation have become more positive.
- I no longer practice menstrual discrimination.
- I am less accepting of menstrual discrimination than before.
- I am less accepting of SGBV including child marriage than before.
- I believe menstruation should be discussed openly and with dignity.

Confidence and practices

- I feel more confident to speak about menstruation, menstrual discrimination, dignified menstruation, and menstrual law.
- I feel more confident to speak about SRHR information and services with others.

- I am more likely than before to seek accurate SRHR information and services when I need it.
- I am more likely than before to support someone facing menstrual discrimination or SGBV including child marriage

Menstrual and Social norm change

- People in my family are more open to discussing menstruation and SRHR than before.
- Menstrual discriminatory practices related to menstruation have decreased in my community.

Access to information and services

- I go/advise health facility if I have any help for health issues related to menstruation
- Health facility will provide menstrual information and service without any discrimination
- It is easier now to get trusted information on SRHR in my area.
- It is easier now to seek SRHR-related services when needed.
- I know where to go for SRHR-related support or referral if needed.
- Local services are more respectful of dignity and privacy than before.

Inclusion and accessibility

- Project activities were accessible for people from different backgrounds and identities.
- The language and materials used in the project were easy to understand.
- I felt safe and respected during project activities.
- People like me were meaningfully included in project activities and discussions.\
- Communication with project team members, frequency of meetings,
- Opportunity to cross visit, attaining conferences for capacity building

Sustainability

- The positive changes created by this project are likely to continue after the project ends.

- Community members will continue discussing menstruation, dignified menstruation (menopause), SGBV including child marriage, and SRHR after the project ends.
- Local institutions (schools, health centers, community groups) are better prepared to support dignified menstruation and SRHR.
- I believe youth and marginalized groups will continue to lead advocacy on dignified menstruation and SRHR.

Open-Ended Questions

- What was the most useful part of the project for you?
- What changes, if any, have you seen in your family or community regarding menstruation, dignified menstruation (menopause), SGBV including child marriage, or SRHR?
- What challenges remain in your community regarding menstrual dignity and SRHR
- What should be continued or improved in future programs? (you can provide feedback for municipality, for implementing partner, for Radha Paudel Foundation, for federal government).

The End of Survey!

Annex II: KII Guidelines: Policymakers (Local/Provincial Officials)

- How well did project topics menstrual dignity or dignified menstruation, align with local policy gaps? In to SGBV, child marriage, child rights policies
- How appropriate was the selection of project area (Jumla and sarlahi)? [underprivileged districts; HDI]
- Were activities appropriate for diverse groups (youths, PwD, LGBTQI) in your area?
- What changes observed in community awareness/discriminatory menstrual and social norms on SRHR?
- Evidence of norm shifts at family/institutional levels? (e.g., practice dignified menstruation, reduced SGBV tolerance)
- Are policy revisions (e.g., SGBV/menstruation bylaws) likely to endure? How?

- What challenges remain regarding menstrual dignity for SRHR
- Plans for ongoing dignified menstruation integration in local plans? What are the plans and programs for implementation of resolution motion of dignified menstruation?
- What is the mechanism in municipality/ministry in federal level to continue the advocacy on dignified menstruation?
- Does strategies of child rights, child marriage, nutrition incorporated the dignified menstruation as solution and menstrual discrimination as a challenge ?
- Do you have any recommendations or additional comments for the project?

Annex III: KII Guidelines: Implementing Partners (PACE Nepal, CPO Staff)

- Did project materials/training fit partner capacities and local contexts?
- Suitability for target groups across districts?
- Progress in awareness raising and norm transformation? (Share data/examples)
- Challenges in service access improvements?
- Long-term partner skills gained (e.g., proposal writing, advocacy)?
- How will partners sustain SRHR work post-project?
- Is additional support still needed to sustain these changes?
- Do you have any reflections on the lessons learned or wish to see any improvements in similar projects in the future?

Annex IV: FGD Guidelines: Community (mother/father)/Youth Groups

- How relevant were sessions on menstruation, dignified menstruation, SGBV including child marriage, SRHR/to daily life?
- Changes in your knowledge/attitudes toward menstruation, dignified menstruation, SRHR? (Group ranking: pre/post)

- Examples of family/community norm shifts? (e.g., open menstrual talks, SRHR talks, less discrimination)
- Impact on PwD/LGBTQI access to services?
- Will these changes last? What community actions needed?
- Role of local policies in supporting this?
- Lessons learned or any improvements needed?

Annex V: FGD Guidelines: Persons with Disabilities & LGBTQI Groups

- Were project activities accessible and relevant to your experiences?
- Cultural fit of materials for your identities?
- Personal shifts in practices/awareness on menstrual dignity/SGBV?
- Community-level changes reducing discrimination?
- Ongoing access to SRHR info/services?
- Any recommendations for future inclusivity?

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Endline Survey 2026

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