

REGIONAL PROGRESS REVIEW

MENSTRUAL HEALTH

IN EAST
ASIA AND
THE PACIFIC



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EXECUTIVE SUMMARY

Menstrual health is essential to gender equality and the well-being of women, adolescent girls and all people who menstruate. Positive momentum throughout the East Asia and Pacific region has prompted greater efforts to support menstrual health and the integration of menstrual health priorities across multiple sectors, including water, sanitation and hygiene, or WASH; health; gender; and education. Many gaps remain, however. Increased and sustained attention is needed.

This report shares findings from a regional review of the progress towards supporting menstrual health in 19 countries of the East Asia and Pacific region from 2016 to 2022. The analysis picked up from the regional review and synthesis report that UNICEF published in 2016. That report assessed country and regional progress towards what it defined as components of good practice in ensuring a menstrual hygiene management-friendly environment, with a focus on girls in school but also looking at other population groups. The current review used the following definition of menstrual health and the five requirements as a framework to capture the region's progress across the enabling environment and service delivery. Included in the analysis are the lessons the findings pointed to as well as opportunities for advancement.

Menstrual health definition

Menstrual Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.”

Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle, throughout their life-course, are able to:

Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life course, as well as related self-care and hygiene practices.

Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials.



Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstruation-related exclusion, restriction, discrimination, coercion and/or violence.

Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.

Access timely diagnosis, treatment and care for menstrual cycle-related discomfort and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care.

Source: Hennegan, J., et al. 'Menstrual Health: A definition for policy, practice and research', Sexual Reproductive Health Matters, vol. 29, no. 1, 2021.

REVIEW OBJECTIVES

1

Document the current state of policy and programming to support menstrual health in 19 countries. Synthesize informants' perspectives and insights on barriers and enablers to effective action.

2

Synthesize the evidence on the effectiveness of policies and programmes. Document the lessons learned and barriers to high-quality monitoring and evaluation.

The review is structured in five parts. After the introduction to explain the methodology, the findings are presented separately for East Asia and then the Pacific. For each of those two parts, the report documents the progress across the enabling environment (policy, institutional arrangements, financing and capacity) and the extent and quality of the service delivery. Stakeholders' perspectives and insights (including those of government officials, NGO officers and other relevant actors working in the space) on barriers and enablers are highlighted throughout. The fourth part looks at progress on the monitoring and evaluation of menstrual health interventions integrated across East Asia and the Pacific. The report concludes with a look forward.

This regional synthesis report is complemented by 14 separately published country profiles.

METHODS

Multiple activities were used to develop an understanding of the progress and capture the barriers and enablers. Core methods entailed: (i) a systematic review of published and grey literature on the effectiveness of menstrual health interventions; (ii) a desk review of policy documentation; (iii) targeted stakeholder surveys; and (iv) informant interviews to outline key actions to support menstrual health, monitor and evaluate their effectiveness and document their progress. An advisory group, comprising menstrual health experts representing United Nations agencies, regional menstrual networks, researchers, local civil society and international non-government organizations (NGOs), provided support and guidance on all activities through three meetings.

FINDINGS

Attention to menstrual health continues to increase

Since 2016, acknowledgement of the importance of menstrual health has increased across countries of East Asia and the Pacific, aligning with the increased attention globally. Menstrual health is now recognized as a multisectoral challenge that impacts health and social outcomes throughout the life course. In response, policy and programming initiatives have emerged across the region.

Regional and national advocacy based on evidence from formative research in the review period helped drive the attention. The context-specific formative research describing the menstrual health experiences and needs of women, girls and people who menstruate thus equipped advocates to garner government attention and commitment. Informants in this review highlighted advocacy efforts, such as Menstrual Hygiene Day celebrations, social media campaigns and the engagement of high-profile champions, as effective strategies to influence communities and governments. The inclusion of menstrual health in humanitarian responses in countries experiencing disasters also raised menstrual health on the agenda.

In the Pacific, the engagement of men and boys in advocacy campaigns and as allies supported the recognition of menstrual health, aided normalization and reduced associated stigma experienced at the governmental, organizational and individual levels. The review's informants reported that youth engagement facilitated change, with younger generations seen as

adopting progressive perspectives and acting as advocates and educators for their families and communities. All these galvanizing efforts were supported by mechanisms that brought advocates and actors together to collaborate. Communities of practice and regional networks proved pivotal for sharing best practices and lessons learned and providing platforms for diverse voices, such as persons with disabilities, to help inform menstrual health priorities.

WASH and sexual and reproductive health policies increasingly integrate aspects of menstrual health

Menstrual health was included in national policies, action plans and guidelines over the past five years in most of the countries of East Asia and the Pacific covered in the review. At a minimum, menstrual health was recognized as an issue requiring consideration, though not always in a comprehensive manner. The requirements for menstrual health predominantly being addressed in policy were access to information (such as education on aspects of menstrual health), access to resources (such as menstrual product provision) and services (such as provision of WASH facilities in schools) to care for the body during menstruation. Less attention was given to the other requirements, such as access to care for discomfort and disorders, a supportive social environment and non-discrimination.

There were numerous best practice examples related to WASH in schools. In East Asia, the Government of Indonesia integrated menstrual health into its WASH in schools policies and guidelines,¹ developed standard regulations for disposable pad design² and included the provision of menstrual leave in the labour law.³ In the Philippines, the Basic Education Development Plan,⁴ led by the Department of Education, committed to implementing WASH in schools, including menstrual hygiene. Implementation was supported by capacity-building through technical support and guidance, such as the Policy Guidelines on Implementing Comprehensive Sexuality Education.⁵ Timor-Leste made progress through its WASH in schools guidelines under the Department of Education,⁶ while Mongolia advanced support for menstrual health through the National Ministry of Education and Science's Norms and Requirements for WASH in Schools, Dormitories and Kindergartens Policy (2015).⁷ Among the Pacific countries, Kiribati, Papua New Guinea, Solomon Islands and Vanuatu integrated considerations for menstrual health into policies on WASH, education (WASH in schools) and (occasionally) disability, with a strong focus on the provision of facilities and education. In countries where little policy action occurred, such as the Federated States of Micronesia, Lao People's Democratic Republic (PDR) and Viet Nam, the need to further efforts to increase attention to the issue was highlighted. Country review informants pointed to future opportunities, for example Viet Nam's National Action Plan on Adolescent and Youth Sexual and Reproductive Health.⁸

Is there a need for a stand-alone menstrual health policy or strategy?

Across the East Asia and Pacific region, incorporating menstrual health into WASH and sexual and reproductive health policies has served as an entry point to policy recognition. The review informants highlighted a trade-off between integration into larger policies under relevant ministry portfolios, such as WASH or sexual and reproductive health, and the concern that menstrual health would be overlooked and underfunded within these larger policies. No country in this review was found to have a stand-alone menstrual health policy or strategic plan for supporting menstrual health.

"Menstrual health needs to be included in the development plan for education.... It is important to have menstrual health as a stand-alone component and raise its profile." – Review informant, Lao PDR

It is unclear if a stand-alone policy is beneficial compared to the inclusion of menstrual health in other relevant policies. A unified policy or guideline may drive more comprehensive support but risks having unclear leadership. Alternatively, menstrual health can be supported through multiple sectoral policies by ensuring clear institutional arrangements and coordination along with financing.

Menstrual health policy advancements require clear institutional arrangements and adequate financing

Menstrual health is a multisectoral issue and thus requires engagement from multiple ministries and departments. To work effectively, there is a need for clear institutional arrangements that assign responsibility and accountability for all dimensions of menstrual health, paired with effective coordination. Across East Asia, ministries of education and health took on leadership of menstrual health, even in the absence of policies that establish responsibility. Yet, for many countries, leadership was lacking, and which ministry or department had responsibility for menstrual health remained unclear. The review informants throughout the region highlighted that stronger coordination between ministries and non-governmental actors is needed to further the progress and realize the policy aims.

Adequate funding and financing for menstrual health care remained a barrier to progress. The lack of institutional responsibilities for menstrual health prevented government budgets from being allocated for different aspects of menstrual health. The desk review of policies and the informant interviews revealed that specific budget lines for menstrual health components were often lacking. Few countries had evidence of costings for what it would take to deliver comprehensive menstrual health support through the WASH, education or health sectors, and few countries had set explicit policy milestones against which implementation could be costed or budget allocated.

Service delivery focuses on education, menstrual products and menstruation-friendly facilities within school settings

Governments and NGOs regularly delivered menstrual health activities as part of the WASH, health or sexual and reproductive health programming in school settings. Most commonly, service delivery focused on education, provision of menstrual products and ensuring WASH facilities in schools. However, service delivery was gradually expanding: A few organizations and governments have planned or were in the early stages of implementing services that provide access to care for discomfort and disorders or foster supportive social environments.

Menstrual health service delivery was often small in scale, with school-based education and/or WASH services delivered in urban and rural locations by different actors. This reality, paired with poor monitoring, made it difficult to assess whether there was national coverage for menstrual health services and whether it met the needs of whole population groups. A few positive examples of large-scale access to services were found. In the Philippines, the Government delivered menstrual health information, education and communication materials across 60 per cent of schools.⁹ In the Pacific, Fiji's Reach for the Stars WASH in Schools Programme, supported by UNICEF, reached 55,000 students with facilities to manage menstrual health through WASH services.¹⁰ Outside of these examples, however, coverage was challenging to assess.



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Generally, schools were seen as an effective forum for programming due to the formal learning environment, students' expectations of learning, access to teachers and benefits of absorbing information and behaviours during the foundational years of schooling. School-based programmes have a flow-on effect of children acting as agents of knowledge-sharing, taking information learned in school back to their family and community. However, the limitation of predominantly focusing programming in schools is missing populations who fall outside this setting, such as out-of-school children with disabilities, remote or minority communities and adult women experiencing different challenges throughout the menstrual cycle. Challenges with community-based programming were highlighted in this review, such as limited resources, including staff, and logistical challenges to the continued access to and monitoring of communities.

Stronger government-led coordination mechanisms can reduce duplication and gaps and increase capacity

Governments have accountability for ensuring that the health, education, water and sanitation services that underpin menstrual health are delivered. The review found that competing priorities, lack of capacity and underfunding sometimes result in NGOs 'filling the gaps'. These partnerships and collaborative relationships need strengthening to ensure effective planning that mitigates duplication and gaps, ensures that the highest-need areas are prioritized and ensures a sustainability or exit plan for non-governmental actors.

Limited opportunities for the training of government staff in the region, coupled with the pervasive stigma surrounding menstrual health, resulted in a skills and capacity shortage in menstrual health expertise. Governments made efforts to increase the capacity, sometimes with support from NGOs or United Nations agencies. But high staff turnover impacted their sustained effectiveness. The complexity of menstrual health demands that all actors, including governments, NGOs and civil society organizations, work together to utilize their different strengths and ensure that all requirements of menstrual health are adequately addressed. Across the region during the review period, governments, NGOs and civil society organizations occasionally worked collaboratively to deliver services and training. Partnership with smaller organizations, such as local women's or youth groups, is a strategic way to reach local communities and facilitate meaningful stakeholder engagement. Government-

led cross-sector coordination that utilizes such mechanisms as regional working groups and communities of practice facilitate collaboration. For example, the Pacific Menstrual Health Network and the WaterAid-led Sanitation Working Group in Vanuatu are cross-sectoral platforms demonstrating success in fostering collaboration and sharing best practices.

Monitoring, evaluation and evidence remain a gap and must be addressed to inform practice and provide accountability

Despite increases in attention and action for menstrual health since 2016, monitoring remained a gap. Limited incorporation of menstrual health into national monitoring systems, mostly focused on WASH facilities in schools and surveys, meant that the needs were not well known. Few evaluations were undertaken to test the effectiveness of menstrual health interventions or policies, so an evidence base for programme planning and design was not available. There was agreement among the review informants that data and evidence are needed to demonstrate the importance of menstrual health and the potential effectiveness of menstrual health interventions to governments and development partners. The informants highlighted the need for context-specific, quantitative data that are disaggregated by region and reflective of different populations to spur and inform next steps.

The systematic review conducted as part of this review revealed the slow growth of evidence for effective menstrual health interventions in the region. Studies testing interventions aiming to address a range of menstrual health requirements were found, including improving access to information, resources and facilities as well as self-care strategies for pain mitigation and care. Most studies, however, were of poor quality, with a high risk of bias and inadequately reported. Few studies evaluated the interventions that were aligned with the services or policy commitments being made across the region. Studies that investigated the impact of menstrual education through sexual and reproductive health programmes found evidence that the information provided was retained by participants across various provision modalities, including in-person sessions, informational websites and group education programmes. Several evaluations investigated self-care education and strategies for pain management, such as stretching, exercise and breathing. These showed promising effects for reducing self-reported pain, although more investigation is needed. And they suggested that



pain reduction strategies could be incorporated into school-based education. A small number of evaluations investigated product preferences, notably innovative reusable technologies, such as menstrual cups and period undies. Generally, the beneficiaries found products acceptable, but the evaluations failed to investigate more distal outcomes and impacts on their lives.

There is urgent need for more rigorous designs that evaluate interventions that align with policy initiatives and service delivery priorities. The interventions that have been tested do not represent current practice, and there is no evidence to make decisions on policy or practice efforts.

Barriers to monitoring and evaluation should be addressed throughout phases of planning, data collection, use and analysis

Progress towards improving the monitoring and evaluation of menstrual health interventions was slow. Governments were key to ensuring the prioritization of monitoring for menstrual health, particularly through established national systems,

such as education management information systems. Confusion around responsibilities between and within institutions and ministries, a lack of monitoring frameworks and weak capacity for data management and analysis impacted the ability to monitor menstrual health and utilize available data at the national level.

Regarding the monitoring of specific projects or programmes, the review found menstrual health indicators were rarely integrated from inception and poorly integrated into monitoring and evaluation frameworks or systems. Menstrual health was typically incorporated as part of broader sexual and reproductive health or WASH programmes, and menstrual health-related indicators were not monitored.

Attention to the role of menstrual health at the time of programme inception, integration of menstrual health into a programme's theory of change and the adoption of menstrual health indicators into monitoring and evaluation frameworks should be prioritized. Funding deficits and capacity for the collection and analysis of menstrual health data were also cited as barriers to be addressed.

LOOKING FORWARD

The conclusions from this review point to areas of strength to build upon and areas of less progress that need further attention.

Based on the review's definition of menstrual health, it is clear that two of the five requirements – notably access to information (such as education about aspects of menstrual health) and access to resources (such as menstrual product provision) and services (such as provision of WASH facilities in schools) – have received the majority of policy and programme attention so far. Less progress has been made towards the other three requirements: ensuring that girls and women have access to care for discomfort and disorders, a supportive social environment and non-discrimination. These are areas for further attention and engagement with other sectors, particularly the health sector.

The analysis of progress in the enabling environment on five dimensions – policy,

institutional arrangements, financing, capacity and monitoring, made clear that implementation arrangements present a bottleneck to expanding access to menstrual health in the region. Progress on integrating menstrual health into policies, plans and guidelines was made in most countries. Yet, where policies exist, the lack of accountabilities between ministries and responsibilities between actors at the subnational level were major barriers that prevented budgets from being allocated, capacity from being built up and monitoring from taking place. As the focus shifts from integrating menstrual health into policies to implementing those policies, it will be critical to ensure that roles and responsibilities are clear for the five requirements of menstrual health to enable progress and better monitoring.

At the same time, the evidence base for specific interventions remains critically weak. Across the five requirements of menstrual health, there was little information on effective – and cost-effective – interventions for different settings and population groups, as the following summary underscores.

Types of intervention	Review conclusions and lessons
Advocacy	<ul style="list-style-type: none"> • Learning from effective advocacy efforts can further advance strong progress in recognizing the importance of menstrual health. • Dispelling stigma and taboo surrounding menstruation remains key to progress at every level. • Stronger context-specific and disaggregated data are needed to advocate to governments and sector actors to prioritize menstrual health.
Enabling environment	<ul style="list-style-type: none"> • Clear institutional arrangements and intragovernmental and cross-sectoral cooperation are required to strengthen policy development and delivery. Examples of working groups, communities of practice and collaboration can be used as a model. • To realize policy aims, costings and budgets dedicated to menstrual health are needed. • Government standards are essential to ensure that quality requirements are enforced across menstrual health services, such as reusable menstrual products and comprehensive sexuality education. • Countries must address ongoing capacity gaps in menstrual health expertise at all levels.
Service delivery	<ul style="list-style-type: none"> • Service delivery has progressed slowly and at a small scale when compared to population needs, and good practices need to be monitored and evaluated to expand access. • School-based programming offers a strong entry-point and opportunities for scaling up. • Populations outside of schools need greater attention and investment, including persons with disabilities, geographically isolated communities and adult women. • Government coordinated action is key to sustainable service delivery, but it requires investment in coordination and capacity-building with the private sector, NGOs and civil society organization service providers.
Monitoring and evaluation	<ul style="list-style-type: none"> • Monitoring menstrual health within programmes and at the national level must be improved to support prioritization, accountability and documentation. • There remains inadequate evidence to recommend specific menstrual health interventions. • Rigorous evidence is urgently needed to understand the effects of menstrual health interventions, to refine policy strategies and service delivery and to secure sustained funding for scaling up.



1. INTRODUCTION

1.1 MENSTRUATION MATTERS

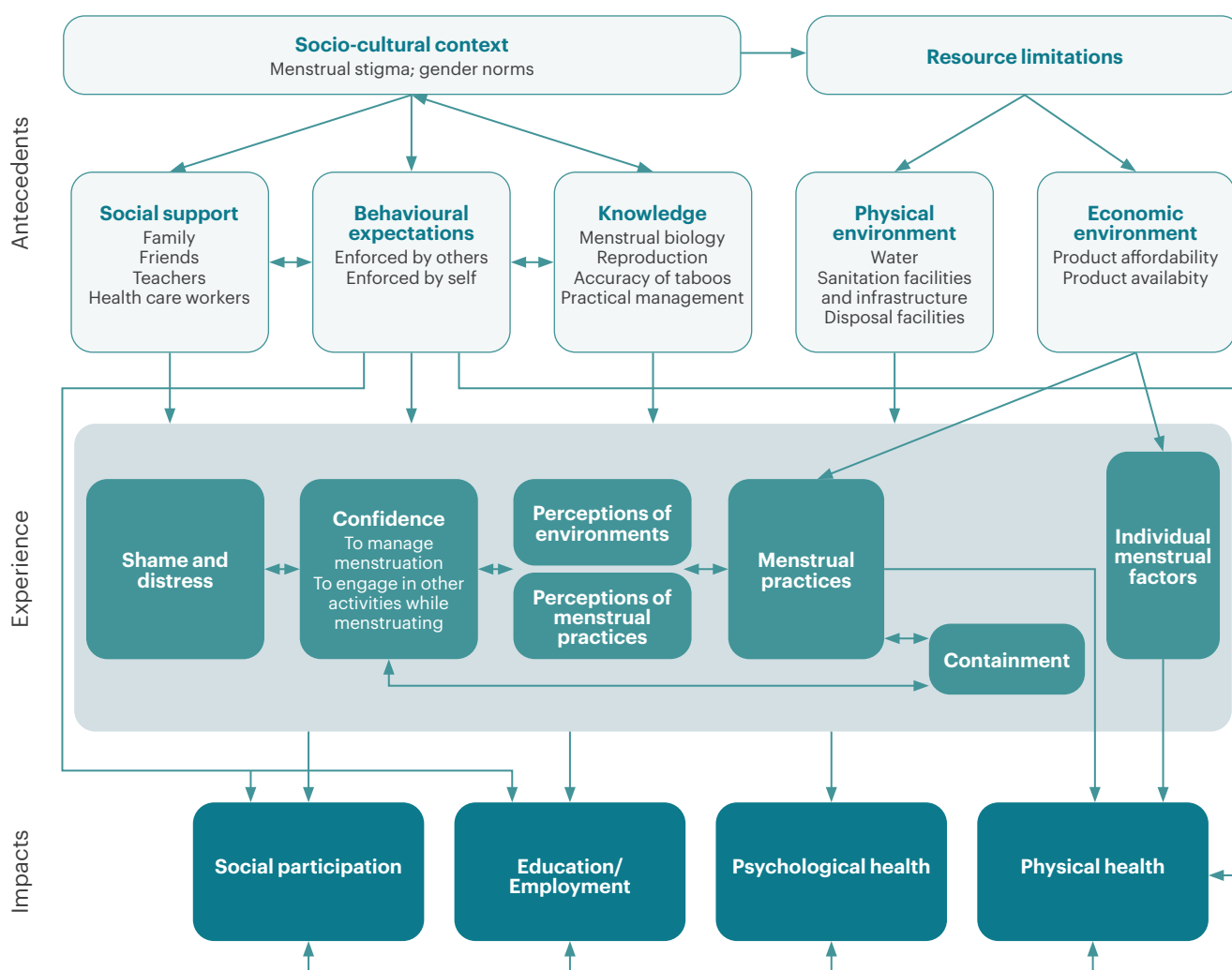
This report recognizes that not all people who experience a menstrual cycle identify as a woman or a girl. Thus, the narrative uses ‘women, girls and people who menstruate’ but may also refer to specific groups where these are the focus population of initiatives.

This report respects the lived experience of all people who menstruate and acknowledges that menstruation is experienced differently by different people. Menstruation intersects with gender, disability, disease, race, ethnicity, caste, culture, religion, housing instability or homelessness, migration, displacement, insecurity as well as many other social and geopolitical determinants.

Menstruation can prove challenging, particularly in low-resource settings. Resource deficits, a challenging sociocultural context and the physical discomfort or disorders that can accompany menstruation all influence individuals’ experiences.¹¹ The way these resource and social challenges impact women’s and girls’ experiences of menstruation and the resulting consequences for health and well-being are captured in the integrated model of menstrual experience

(see **Figure 1**). Holistic frameworks such as this have contributed a more nuanced understanding of how women, girls and people who menstruate may be better supported.

Achieving menstrual health across physical, mental, economic and social spheres of experience requires a united collaborative effort from individuals and the systems that they are a part of – political, health, education and familial.

Figure 1 Integrated model of menstrual experience in low- and middle-income countries

Source: Hennegan, J., et al., 'Women's and Girls' Experiences of Menstruation in Low- and Middle-Income Countries: A systematic review and qualitative metasynthesis', PLOS Medicine, vol. 16, no. 5, 2019: e1002803.

Menstrual health needs in the East Asia and Pacific region

Although the East Asia and Pacific region is underrepresented in menstrual health research, unmet menstrual health needs were documented in qualitative investigations¹² and in emerging quantitative studies. Findings from the qualitative investigations described impacts to physical and mental health, education and employment.¹³ Attendance, participation and comfort at school and work were affected, as well as engagement in social life and relationships.¹⁴ In the Lao People's Democratic Republic (PDR), a cross-sectional survey of secondary school girls found that 32 per cent of them reported missing school in the past six months. In Magway, Myanmar, 13 per cent of schoolgirls surveyed reported missing school

due to their last menstrual period.¹⁵ Absences were associated with menstrual pain and heavy bleeding along with more negative attitudes towards menstruation.

Resource limitations, including the accessibility and affordability of absorbents for menstruation, and insufficient physical infrastructure and services to care for the body during menstruation shape how women, girls and people who menstruate manage their menstrual bleeding, with implications for their experience of menstruation and health and well-being. Challenges of insufficiently supportive sanitation infrastructure was reported across the East Asia and Pacific region, including challenges shared by adolescent girls and adult women in finding clean, private and safe facilities for menstrual management at school and in workplaces.¹⁶ In Changsha, China, for example,

great psychological stress was found among young adolescent girls who experienced difficulty changing menstrual pads regularly and among those who reported menstrual-related restrictions, dysmenorrhea and/or less menstrual knowledge.¹⁷

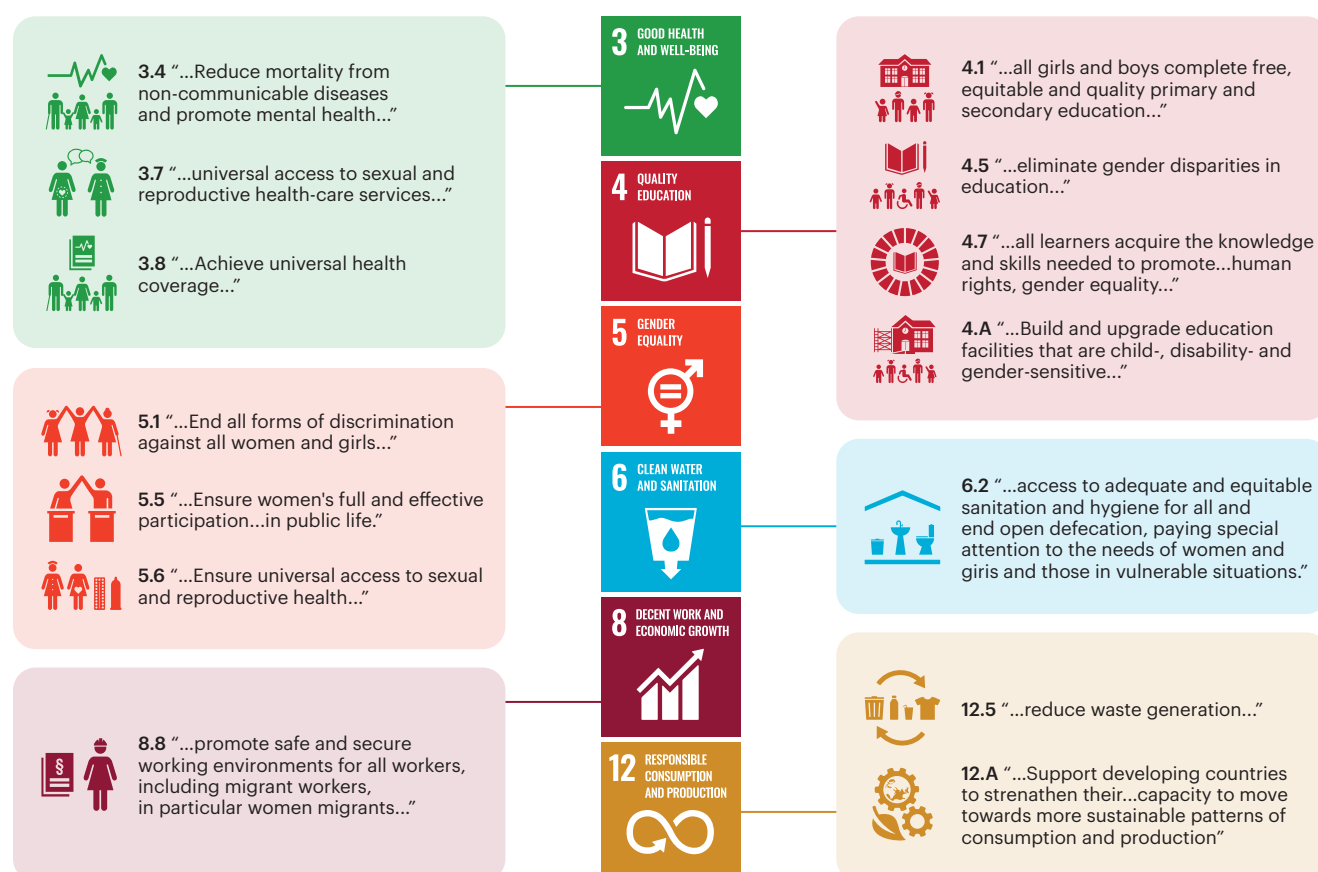
Across the reviewed contexts, menstruation was stigmatized and considered a taboo topic for public discussion. This stigma often meant people who menstruate struggled to receive sufficient information about their bodies, the menstrual cycle and menstrual care. While some positive cultural practices, including celebration of menarche, was reported, specifically in Fiji,¹⁸ negative attitudes, beliefs and restrictions were highlighted, including a conceptualization of menstruation as 'dirty', bringing 'back luck' and something that should be kept hidden at all times.¹⁹ Adolescent girls in particular reported feeling uninformed about menstruation²⁰ and unsure about how to care for their body. In Lao PDR, a survey of secondary school girls in Luang Prabang Province found that the majority of them felt shocked or ashamed, with 28 per cent of the sample reporting having no information about menstruation prior to menarche.²¹ Social norms and, in some instances, explicit cultural or religious restrictions limited activities and dictated 'appropriate' behaviour during menstruation.²²

The taboo surrounding menstruation may limit the support that women, girls and people who menstruate receive from others, including family members, health care providers and teachers, who receive limited training and are often ill-equipped to provide care and support for menstrual issues. In a mixed-method study in Magway, Myanmar in 2016, girls reported pressure for secrecy and low confidence discussing menstruation with teachers or asking for support.²³ These ingrained attitudes may mean menstrual difficulties are ignored or dismissed. As a result of intersecting resource and sociocultural challenges, menstruation is often characterized by feelings of shame and distress, along with frustration and insecurity in the management of menstrual bleeding and personal hygiene.²⁴

Menstruation and the Sustainable Development Goals

The challenges and the unmet needs of people who menstruate result in negative experiences of menstruation. Improving menstrual health is essential to achieving the Sustainable Development Goals, with menstrual health linked to all 17 goals. **Figure 2** illustrates the closest links.

Figure 2 Menstrual health links to the Sustainable Development Goals



Box 1 Menstrual health and human rights

International human rights law is a binding and therefore enforceable, legal framework that defines the relationship between a State (the government) as a 'duty-bearer' of human rights and people living in that State as 'rights-holders'. The Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of Persons with Disabilities are examples of international human rights treaties that are particularly relevant to menstrual health.

Understanding menstrual health within the context of human rights requires a holistic approach to women's and girls' human rights. The biological fact of menstruation, the necessity of managing menstruation and society's response to menstruation link with women's and girls' human rights and gender equality. Women and girls encounter difficulties in managing hygiene during menstruation when they lack the enabling environment to do so. Notably, when they have difficulty exercising their rights to water, sanitation and education, they will likely have difficulty managing their menstruation. When women and girls cannot manage their menstrual hygiene, it can negatively impact their rights, including the rights to education, work and good health.

Framing menstrual health in the context of human rights and gender equality can support policy arguments for government action.

Source: Adapted from WASH United and Human Rights Watch, 'Understanding Menstrual Hygiene and Human Rights, 2016, <<http://menstrualhygieneday.org/menstrual-hygiene-human-rights-issue/>>.



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1.2 REVIEW FRAMEWORK: MENSTRUAL HEALTH

The Terminology Action Group of the Global Menstrual Collective has developed a definition for menstrual health based on a multi-stage process. Menstrual health is defined as an individual state of complete well-being in relation to the menstrual cycle, and the definition outlines the many requirements to achieve this. These requirements include attention to individuals' socio-cultural and physical needs, as well as their right to non-discrimination and participation.

Menstrual health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.”²⁵

Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle, throughout their life-course, are able to:



Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life course, as well as related self-care and hygiene practices.



Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials.



Access timely diagnosis, treatment and care for menstrual cycle-related discomfort and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care.



Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.



Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstruation-related exclusion, restriction, discrimination, coercion and/or violence.

This report uses the definition of menstrual health as a framework for documenting the state of policy and practice across the region. Progress was assessed across each of the requirements for achieving menstrual health, acknowledging that these requirements have overlapping components and that policy or service delivery efforts may address multiple requirements.

Table 1 outlines the operationalization of the definition as a framework for the progress review. Policy and service delivery activities are categorized according to the most relevant requirement they address.

Table 1 Menstrual health: Requirements, definitions and operationalization in the progress review**ACCESS TO INFORMATION AND EDUCATION**

Policies, plans and service delivery aiming to provide or improve access to accurate information about the menstrual cycle and self-care. For example, the development or provision of educational resources or curriculum in schools related to menstruation.

**ACCESS TO MATERIALS, FACILITIES AND SERVICES**

Policies, plans and service delivery aiming to improve access and affordability of effective menstrual materials or aiming to improve choice in menstrual materials, as well as policy and programmes aiming to improve access to and the quality of facilities for managing menstruation, including washing the body and hands during menstruation, changing menstrual materials and laundering or disposing of used materials. This includes improvements to the cleanliness, privacy and safety of infrastructure for menstrual management. For example, providing menstruation-friendly toilets in schools.

**CARE FOR DISCOMFORT AND DISORDERS**

Policies, plans and service delivery aiming to improve access to diagnosis, treatment and care for menstrual cycle-related discomfort and disorders. This includes programmes to improve access to or knowledge of self-care strategies for pain relief, such as the cost or availability of pharmaceutical pain relief, heat or other self-care methods for pain reduction. This also includes programmes aiming at improving care provider capacity and awareness to improve the delivery of effective treatments or improve time to diagnosis.

While strengthening the capacity of care providers may also facilitate a supportive social environment, this was considered primarily as support for discomfort and disorders and was categorized within this requirement.

**SUPPORTIVE SOCIAL ENVIRONMENT**

Policies, plans and service delivery aiming to reduce stigma and improve the positive and respectful environment surrounding the menstrual cycle, improve access to social support and informed decision-making. This includes programmes to de-stigmatize menstruation at the community or school level. It may include such programmes as training for or sensitization of sources of support, such as teachers, men and boys.

Education about menstruation, such as puberty curriculum or classes related to menstruation, may also be conceptualized as addressing the social environment or improving communication among peers. However, programmes focused on information delivery to the target person who menstruates were considered to primarily support access to information and were categorized under that requirement. Programmes providing information to support sources (parents, with the aim of improving outcomes for adolescent girls or to boys with the aim of improving support for menstruation) were conceptualized as primarily improving the social environment and categorized under this domain. Programmes focused on social and behavioural methods for dismantling harmful norms or stigma surrounding menstruation or at attitude change were considered under the supportive social environment domain.

**NON-DISCRIMINATION AND PARTICIPATION**

This includes policies, plans and programmes that:

- (i) Remove discriminatory practices, exclusion or violence related to the menstrual cycle, for example, policies that recognize provision of menstrual services as essential for equal participation or that remove menstrual-related restrictions to participation. The review recognizes that people who menstruate may self-restrict from participation due to inadequate support on the above dimensions (such as inadequate access to materials and services or pain relief). Programmes targeting these requirements were grouped under the respective requirement. Community-level programmes focused on improving support for menstruation were considered under the supportive social environment domain.
- (ii) Improve freedom of decision-making about an individual's participation throughout their menstrual cycle. This can include leave policies that are inclusive of difficulties related to menstruation. Because this requirement is primarily enacted at a legal and rights-focused level, this was depicted as underlying other, more proximal requirements for supporting menstrual health.

1.3 METHODOLOGY

This review was undertaken between May and December 2022. **Figure 3** summarizes the review methods. Concurrent activities were used to develop an understanding of how support for menstrual health has advanced since 2016, as well as the barriers and facilitators to the progress.

Core tasks included:

- 1. A systematic review** identified, appraised and synthesized current evidence on the effectiveness of menstrual health interventions. Systematic searches of academic and grey literature databases, organizational websites and forward-and-back-citation tracking to identify all quantitative evaluations to support menstrual health were used. Overarching findings from 18 evaluations were incorporated into the regional review, while detailed quality appraisal and narrative synthesis were reported in separate country publications.
- 2. A desk review** collated national policies, plans and guidelines in adolescent health and sexual and reproductive health; water, sanitation and hygiene (WASH); education; disability; and gender equality in each country. Government webpages were searched, and the review informants provided direction to other relevant resources.
- 3. Survey of stakeholders**, including representatives from international NGOs, United Nations agencies, civil society organizations, governments and private enterprises, identified (i) actions being taken to support menstrual health and hygiene; (ii) evaluations of policy and programme efforts; and (iii) monitoring frameworks or efforts in each country.
- 4. Informant interviews** captured nuanced insights and lessons learned on key actions, monitoring and evaluations being taken to support menstrual health and document progress. Informants were identified by UNICEF, WaterAid and the Advisory Group, by mapping stakeholders and then selecting those engaged in menstrual health efforts.
- 5. An advisory group** representing menstrual health experts from United Nations agencies, regional menstrual health networks, researchers, civil society organizations and international NGOs provided feedback on (i) the review questions, methods and stakeholder mapping; (ii) preliminary country-level findings and analytic approach; and (iii) draft regional synthesis findings and dissemination strategies.

Findings across the different data collection methods were synthesized at the country and subregional (East Asia and the Pacific) levels. More detailed description of data collection and synthesis methods are reported in the Appendix.

Figure 3 Regional progress review methods

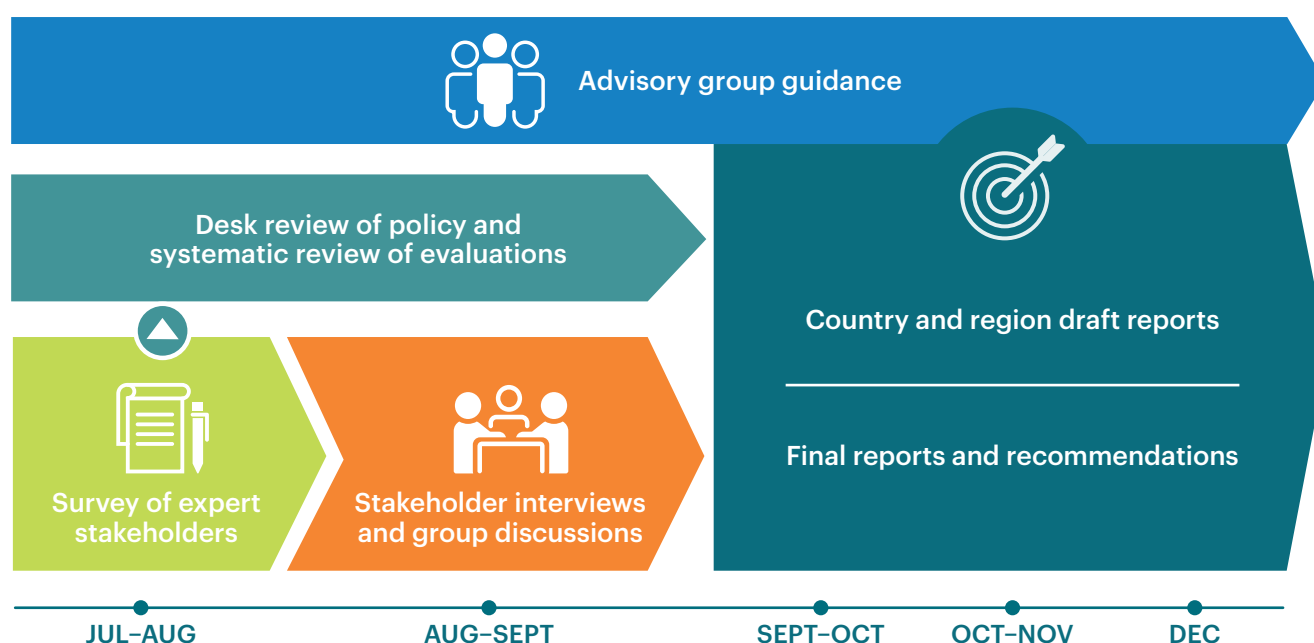




Table 2 Categorization of countries included in the regional progress review

Group 1 Full review: Pacific	Group 2 Full review: East Asia	Group 3 Limited review: East Asia
Full review methods included: desk review; informant interviews or group discussions; online survey; systematic review of effectiveness studies		Limited review methods included: desk review; online survey; systematic review of effectiveness studies
1. Fiji 2. Kiribati 3. Micronesia (Federated States of) 4. Papua New Guinea 5. Solomon Islands 6. Vanuatu	7. Cambodia 8. Indonesia 9. Lao PDR 10. Mongolia 11. Myanmar 12. Philippines 13. Timor-Leste 14. Viet Nam	15. China 16. Democratic People's Republic of Korea 17. Malaysia 18. Thailand 19. Samoa

1.4 ADVANCING ATTENTION TO MENSTRUAL HEALTH

Over the past five years, advocacy efforts (including utilizing formative research as a tool to lobby governments), significant events and world days, such as Menstrual Health Day, and the involvement of youth advocates enabled menstrual health to gain greater attention. Menstrual health is now recognized as a comprehensive health challenge with importance for women, girls and people who menstruate. This shift to a more holistic conceptualization

of menstrual health was evident throughout the review informants' perspectives on progress and in the range of emerging policy and programming initiatives across East Asia and the Pacific.

Enablers and barriers

The review informants highlighted the following factors (**Table 3**) as enabling or inhibiting the progress in recognition of menstrual health.

Table 3 Enablers and barriers to recognition of menstrual health in East Asia and the Pacific**Enablers****Advocacy and influencing efforts**

Menstrual Hygiene Day and other forums and events provided opportunities for cross-sectoral dialogue, the sharing of best practices, engagement by governments, securing of commitments and, in some cases, funding.

“

Menstrual Hygiene Day is one of the events that we can bring stakeholders together in a key advocacy opportunity. – *Review informant, UNICEF, Cambodia*

”

“

Four to five different ministries participated. They were enthusiastic and happy that this [engagement and discussion around menstrual health] is happening. [There is] more buy-in from the government and interest in the event. – *Review informant, UNFPA, Pacific Subregional Office*

”

In some countries, the engagement of high-profile champions, such as celebrities and political figures, helped place menstrual health on the agenda.

“

Having reputable organizations and individuals in the country get involved and support our work does add weight with the messages we share and the work we do. – *Review informant, QueenPads, Papua New Guinea*

”

Social media and other mass media campaigns (such as radio) supported attention to menstrual health in the Pacific. These campaigns were often led by local civil society organizations. In Papua New Guinea, QueenPads led the #NoShame online campaign (2022) and in Fiji, the Fiji Women's Rights Movement led the #LetsTalkPeriods online campaign (2021).

Formative research

Across interviews and group discussions, review informants highlighted that research capturing menstrual health needs or describing the consequences of menstrual health for women and girls has directly contributed to government prioritization. Research specific to the country or region has been key to galvanizing attention.

Formative research efforts, largely qualitative, improved the understanding of menstrual health as a multifaceted issue, with wide-ranging impacts to health, education, economy, equal rights and participation.

“

The 2018 UNICEF study on menstrual health and hygiene in schools helped to start discussions between the Ministry of Health and the Ministry of Education. It was considered a health topic initially, but since that study, the Ministry of Education has realized it is not only about health but about human rights and provision of good conditions for girls living in dormitories and going to school. Since then, menstrual health and hygiene [efforts have been] more active across government and reached good results. – *Review informant, UNICEF, Mongolia*

”

“

As a result of the Last Taboo research, we then took notice of the fact that the issue of menstrual health is integral to women's economic empowerment and contribution towards positive development of this county. But there is a gap, and [menstrual health and hygiene] have not been prioritized. – *Review informant, Kaleko SteiFree (social enterprise), Solomon Islands*

”

Table 3 Enablers and barriers to recognition of menstrual health in East Asia and the Pacific (continued)**Enablers**

“

Government endorsement, which is due to increase in evidence, especially the Department of Education and the Department of Health and Social Affairs. – Review informant, UNICEF, Federated States of Micronesia

”

Male engagement in the Pacific

The engagement of men and boys within advocacy campaigns and as allies was highlighted as an effective strategy for advancing the issue, particularly in the Pacific. Due to persistent inequalities and the taboos and stigma surrounding menstruation, campaigns that utilized men were viewed as helping ‘to carry the weight’.

“

In doing that [a man spoke about menstruation at an event], it showed that it is not necessarily the taboo subject that everyone believes it is. It got more men into the discussion, as a man was speaking about it. Had it been a woman, the men would have been politely there but excused themselves and not discussed. – Review informant, Rotary Club of Pohnpei, Federated States of Micronesia

”

“

So far, our efforts to normalize menstrual conversations through campaigns and prioritizing menstrual health and hygiene through advocacy programmes has been making a huge difference... Having the male involvement in this space is something we aim for, and it is good to see them participate in our programmes and hear them recognize the importance of menstruation and menstrual health. – Review informant, QueenPads, Papua New Guinea

”

Youth as change agents

Across the interviews, the review informants noted intergenerational changes in menstrual health, describing youth as more informed and with access to advocacy tools, such as social media. They noted that events, forums and stakeholder consultations targeting youth participation have increased the visibility of menstrual health challenges and gained attention from governments. Youth engagement was facilitated through NGOs establishing youth champion programmes. These programmes also enhanced advocacy, as youths disseminate the knowledge gained back to their families and communities.

“

The modern generation has gained more knowledge and improved their behaviours on menstruation. – Review informant, UNICEF, Cambodia

”

“

The female youth mentors, male peer educators and youth volunteers from the Lao Youth Union and UNFPA jointly conduct different awareness campaign and activities using participatory methodologies and tools, such as the Noi Yakhoo mobile application and videos to share information. International Youth Day forums have been attended by young people, government officials, development partners and civil society organizations. These forums, where youth share their voice, are creating awareness among policymakers and other stakeholders. – Review informant, Lao PDR

”

Table 3 Enablers and barriers to recognition of menstrual health in East Asia and the Pacific (continued)**Enablers**

“

One of the good things about the process of localizing Oky is to give the opportunity to young people to be consulted and give us feedback that makes them feel engaged.* – *Review informant, Plan International, Philippines*

”

* The Oky app is a mobile-based menstrual tracker and information tool for adolescent girls and young people who menstruate. The tool allows users to track their menstrual cycle and provides evidence-based and age-appropriate information on menstrual health and sexual and reproductive health and rights. The Oky app was co-developed by UNICEF, partners and adolescent girls and has been deployed in several countries, including Indonesia and Mongolia.

Humanitarian response in the Pacific

In countries prone to natural disasters, humanitarian responses that provided for menstrual health needs, notably menstrual product provision and reusable product initiatives, drew attention to silent issues affecting all populations. Recognizing menstrual health needs within humanitarian settings helped to raise the profile of menstrual health more broadly, thus encouraging funding and support from national actors and donors.

Communities of practice in the Pacific

Review informants in the Pacific highlighted that forums bringing multisector actors and stakeholders together have been a useful mechanism to increase attention to menstrual health. They helped stakeholders to share examples of what works in practice. In Papua New Guinea, for example, the national menstrual health community of practice created space for diverse voices, such as people with disabilities, to participate in menstrual health dialogue and for national government departments responsible for education and WASH actively to participate and see the value of the community of practice to support improved coordination.

“

We've re-established the community of practice... I think that platform will be the agent of change for menstrual health in the country because we have different stakeholders and implementers who are coming together and giving our views on menstrual health and how we can best address it at our level and the higher level. – *WASH National government representative, Papua New Guinea*

”

International groundswell and donor priorities

Alongside local efforts, the increasing profile of menstrual health worldwide supported in-country recognition of menstrual health. Menstrual health's importance was beginning to be recognized by donor agency partners and thus driving attention in programming.

“

The international development agenda drives momentum. – *Review informant, UNICEF, Viet Nam*

”

Table 3 Enablers and barriers to recognition of menstrual health in East Asia and the Pacific (continued)**Barriers****Limited government prioritization**

Despite the progress, many review informants lamented that even if menstrual health is recognized as an issue, it is not prioritized. Some governments were described as failing to understand the broader impacts of menstrual health or the extent of menstrual health challenges in their setting.

“

Sometimes, we talk about menstrual health, but some professional people say the menstrual health condition is okay, so we don't need to focus or address it. We don't have too many problems in our country. Some people say we don't need to do anything on menstrual health.

– Review informant, WASH Action, Mongolia

”

“

[Greater] understanding [is needed] of how it impacts employment, education, political participation.

– Review informant, World Vision, Vanuatu

”

“

There is a need for the highest political leaders to take on board menstrual hygiene management seriously. They themselves need to be triggered to understand and prioritize the development of policies, guidelines and strategies that can support menstrual hygiene management for the girls.

– Review informant, UNICEF, Solomon Islands

”

Competing issues, such as COVID-19, climate change, HIV and food security challenges, were described as gaining much greater attention, at the cost of investment in menstrual health.

“

One, there is no appetite, and the other one is there is no funding. There are a lot of competing interests [COVID-19 and climate change]. While the Government acknowledges it, they do not prioritize it to the level of other issues.

– Review informant, Lao PDR

”

The ongoing sexism that perpetuates the marginalization of menstruation as ‘private’ or ‘a woman’s issue’ at the government level was identified as contributing to under-prioritization and underfunding. Review informants also highlighted the lack of women in decision-making roles, pervasive stigma and taboo surrounding menstruation and the dismissal by male leaders of the importance of menstruation.

“

There is a need to engage high-level leadership commitment, especially from male leaders.

– Review informant, Cambodia

”

Table 3 Enablers and barriers to recognition of menstrual health in East Asia and the Pacific (continued)**Barriers****Lack of evidence**

Formative research was an enabling factor in developing understanding about menstrual health and supporting recognition. In countries without formative and qualitative studies, such as Viet Nam, informants indicated they had achieved less traction in galvanizing attention.

In countries with formative research, review informants highlighted the need for quantitative data capturing unmet needs and evidence for the effectiveness of interventions as barriers to government attention and investment. There were frequent calls for greater data and evidence to support advocacy and to inform policy. The review informants described government or funder dismissal without evidence for the impacts of unmet menstrual health needs and a lack of context-specific evidence as barriers to attention and to action.

“

I think the evidence base on the impact of menstrual health on health, reproductive health, girl dignity and sexual health education – we need numbers or quantitative figures, as now mostly on qualitative data. We need to see it in number to see the scale and easy to convince the Government. – Review informant, UNICEF, Viet Nam

”

“

So, when we're able to provide facts, figures and concrete data of what is lacking on menstrual health in the country then I'm sure we can engage some of them to help us drive this [menstrual health and hygiene] to the next level. – Government official, Papua New Guinea

”

“

Even though we have studies in other countries showing the importance of [menstrual health and hygiene] in schools... the suggestion of the [Compact Funds Control Commission] is to conduct a local study to assess if indeed it is necessary to the local context and if it affects the quality of learning of children. And if it really contributes to absenteeism. – UNICEF WASH in Schools consultant, Federated States of Micronesia

”

Leaving no one behind

Across East Asia and the Pacific, menstrual health efforts have primarily focused on school settings. Recognizing adolescence as a critical window for supporting menstrual health across the life course, school-based service delivery has many strategic and logistical benefits as an accessible entry point. Those who may fall outside of the formal education system miss out, such as girls who are out of school, persons with disabilities, adult women and rural or remote communities and ethnic and linguistic minorities. There

was recognition from the review informants of the need to be more inclusive and expand approaches beyond schools to reach minority groups and communities.

“Menstrual hygiene management in schools alone will not be enough. There is also a need to have a menstrual hygiene management programme in the community.” – Review informant UNICEF, Cambodia

Disability inclusion

School-based programming has the tendency to exclude children with disabilities who may attend specialized schools or not attend school at all. The stigma associated with disability means it is often considered a private matter and hidden or invisible. There was slight progress across the region, with a greater focus on disability-inclusive programming. Although, where policy or guidelines exist, practical application remained limited, with governments facing issues with capacity, technical experience and resources. Most disability-inclusive policies addressed WASH facilities and education in schools, yet many schools having no funding to implement the policy.

The review identified three countries in East Asia with a menstrual health-related policy or programming addressing disability inclusion: Indonesia,²⁶ the Philippines²⁷ and Timor-Leste.²⁸ In other countries, awareness and attention to the issue was increasing. In the Pacific, Papua New Guinea established a menstrual health community of practice that involved persons with a disability²⁹ who were able to share information about the challenges with standard menstrual products and facility access that they had experienced. And Vanuatu's national disability policy acknowledged menstrual health.³⁰ Review informants urged further attention and meaningful engagement with women and girls with disabilities to better address this gap.

The disability engagement through the Philippines stakeholder consultation for the Oky period tracking app was a positive example to draw on

"There is always more consideration of the [Gender Equity, Disability and Social Inclusion Policy] into menstrual health and hygiene programmes, mostly from NGOs or development space than from the Government. Consideration of women with disabilities is built into programmes." – Review informant, NGO, Papua New Guinea

"In regular schools, a lot of them have not yet followed the guideline for people with disability and include facilities and materials." – Review informant, SNV, Indonesia

"...we recently have some people on board in our community of practice, and we involve disability groups and their representatives. And they also mention a lot of challenges that they face." – International NGO representative, Papua New Guinea

"For toilets, we have a budget line for people with special needs. Staff are focused on building toilets with people with disabilities rather than others in a community who can build their own." – Review informant, NGO, Solomon Islands

outside of school settings. Participation of persons with disabilities was included in the design process, resulting in the voice-to-text option or audio availability.





Minority groups

People with diverse sexual orientation, gender identities or expressions and sex characteristics were far less supported within menstrual health across both regions. In the Pacific, for example, only Fiji exhibited signs of traction, with formative discussion and development regarding reusable menstrual product kits for people with diverse sexual orientation, gender identities and expressions and sex characteristics. Advocacy for such people in East Asia was developing, yet there were no policies and only a few programmatic efforts were underway. Marie Stopes International's Youth Corner in Timor-Leste reported initiatives on sexual and reproductive health and rights information sessions focused on diverse sexual orientation, gender identities or expressions and sex characteristics groups.

Remote, ethnic and minority communities are also often marginalized due to geography. Governments and NGOs face logistical and human resource challenges in delivering sustainable services to such groups. Pacific countries are often archipelagos or have vast remote inland areas that NGOs and government services struggle to reach. Often, these groups hold the most entrenched beliefs and norms around menstrual stigma and taboos, compounding barriers to deliver successful programming. One informant in Papua New Guinea signalled community leaders as strategic entry points to foster relationships, strengthen capacity and enable programming.

"We are only working with a small group, and we have not yet reached those who live in upland areas. I think the Government also has issues with human resources to reach these areas." – Review informant, Plan International, Philippines

"They [community leaders] are the ones that will drive change within the community. The communities will follow their leaders. If you are from the Government and bypass leaders, the communities will not follow unless leaders are involved." – Government official, Papua New Guinea

"While the focus on reusable products and product development has been valuable, for people in rural areas without access to markets or suppliers access to products can be difficult, and products are not always affordable. Similarly, there are barriers in terms of access to water, to safely and to appropriate products in some areas." – Review informant, World Vision, Vanuatu

Adult women

Another limitation of exclusively school-based programming is that all age groups are not considered. While this regional progress review mostly included informants working with adolescents and the WASH sector, it found limited programming focusing on adult women. The need to address this gap was acknowledged, highlighting the need for facilities and the

provision of sanitary pads in health care facilities, public spaces and universities.

“Greater focus on ageing women, for example, no one is caring about ageing women. Who is talking to them?” – Review informant, Reproductive & Family Health Association, Fiji



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2. MENSTRUAL HEALTH IN EAST ASIA

2.1 CONTEXT

Figure 4 Map of countries in the East Asia region



Table 4 Aggregated demographic data for East Asia countries

Country	Population data (2022, in 000s)	Population of adolescent girls and women of reproductive age (10–49 years in 2021, in 000s)	Unmet need for contraception among all women aged 15–49 years (2014–2021)	Schools		Households	
				Proportion with a basic sanitation service*	Proportion with a basic hygiene service*	Proportion with access to at least basic sanitation services**	Proportion with access to basic hygiene services**
Cambodia	17,169	5,064	11.8 (2021)	32	68	69	74
China	1,448,471	368,245	NA	-	-	92	-
Democratic People's Republic of Korea	25,991	7,065	6.6 (2017)	-	-	85	-
Indonesia	279,135	82,404	10.6 (2017)	47	66	86	94
Lao People's Democratic Republic	7,481	2,364	14.3 (2017)	32	35	79	56
Malaysia	33,181	10,310	-	99	98	-	-
Mongolia	3,378	989	22.6 (2018)	63	41	68	86
Myanmar	55,227	16,597	16.2 (2015–16)	74	59	74	75
Philippines	112,509	34,677	16.7 (2017)	74	61	82	82
Thailand	70,078	19,208	8.0 (2019)	>99	>99	99	85
Timor-Leste	1,369	408	25.3 (2016)	-	60	57	28
Viet Nam	98,953	29,150	10.1 (2020–2021)	97	-	89	86

* based on 2022 Joint Monitoring Programme report

** based on 2021 Joint Monitoring Programme report

Source: United Nations Population Division, Projections, 2022, <<https://population.un.org/wpp/>>; Demographic and Health Surveys; Multiple Cluster Index Surveys; Joint Monitoring Programme, *Progress on Drinking Water, Sanitation and Hygiene in Schools East Asia and the Pacific 2021 Update*, 2021, <www.unicef.org/eap/media/12696/file;2021>; Joint Monitoring Programme, Data Table: Water, sanitation and hygiene, <www.unicef.org/eap/media/10346/file>.

The following eight East Asia country reports are available:

- Cambodia
- Indonesia
- Lao PDR
- Mongolia
- Myanmar
- Philippines
- Timor-Leste
- Viet Nam

2.2 PROGRESS: POLICY

Policy: Defined as the set of procedures, rules and allocation mechanisms that provides the basis for programmes and services. Policies set priorities and often allocate resources for implementation and are reflected in laws and regulations. National and subnational policies must be considered, especially in large and decentralized countries. Laws generally provide overall policy framework and priorities, and regulations provide more detailed guidance.

Many countries included menstrual health in national policies, action plans or guidelines, and there was an overarching awareness of the necessity for menstrual health policy provisions to improve menstrual health services.

Table 5 provides a snapshot of the policy, strategies and guidelines with attention to menstrual health across East Asia. It highlights that while national policy commitments across these countries in two of the menstrual health requirements are strong – services and materials and education, the other requirements have limited policy architecture to drive investment, action and monitoring.

The desk review highlighted that the menstrual health requirement of ‘services and facilities’ was explicitly addressed in national WASH policies, guidelines and targets focused mostly on school-based services. The second area of strongest policy commitment was towards the menstrual health requirement of ‘education and information’, again with a focus on schools through the development and roll-out of comprehensive sexuality education curriculum. Indonesia was the only country found to have policy commitments addressing all five menstrual health requirements to some degree. Legal protection supporting non-discrimination and participation, such as workplace laws, were not common, with only limited examples in Indonesia and Viet Nam found.



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Stakeholders' perspectives on advancing policy

Across the region, the review informants agreed that incorporating menstrual health into existing policies is a strategic first step for improving menstrual health outcomes. Countries such as Indonesia, Philippines and Timor-Leste, where this approach has been adopted, demonstrate that national advancements in menstrual health can be led by education and adolescent health sectors. In Cambodia, Mongolia, Myanmar and Timor-Leste, review informants commented on integration into existing government WASH and school-based comprehensive sexuality education policies as having been achieved to varying extent. In Mongolia, the Minimum Guidelines on Water, Sanitation and Hygiene in Schools (2015) were attributed as a key entry point that facilitated addressing menstrual health, opening up possibilities for further engagement, while a UNICEF school WASH competition enabled school directors to understand the importance of appropriate facilities for female students. Review informants from countries with limited policies addressing menstrual health expressed the need for further awareness-building, suggesting possibilities through education and school development. In Viet Nam, one informant highlighted that the National Action Plan on Adolescent and Youth Sexual and Reproductive Health created a favourable environment for future menstrual health progress.

"The school standards has brought [us] to the next level. But now we are talking about even more." – Review informant, UNICEF, Mongolia






"After this competition, they invited school directors to visit their five schools. They say menstrual health is important, so we need to improve our school condition to our students [to be] more girl-friendly." – Review informant, WASH Action, Mongolia

Review informants also expressed concerns about menstrual health being overlooked within broader policies and thought there may be potential for stand-alone policies or strategic plans to ensure more comprehensive support. The need for advancing existing menstrual health policies and plans towards more robust budgeting and implementation to scale up delivery was also emphasized.

"UNICEF and UNFPA are active to help the Government to create the policy change. As you can see, we have many competing interests, and menstrual health might not be a priority. Development partners come in and help to push the agenda and implementation of the programme." – Review informant, Center for Health Solutions and Innovation, Philippines



Table 5 Snapshot of policies, strategies and guidelines with attention to menstrual health across East Asia

	 Information and education	 Services and materials	 Menstrual health care	 Supportive social environment	 Non-discrimination and participation
Cambodia	✓ National Action Plan on Rural Water Supply, Sanitation and Hygiene 2019–2023 National School Health Policy (2019)	✓ Minimum Requirement Guidelines on Water, Sanitation and Hygiene in Schools (2016) National School Health Policy (2019) National Guidelines for Water, Sanitation and Hygiene in Health Care Facilities (2018)	✗ Not included	✗ Not included	✗ Not included
Indonesia	✓ National School Health Strategy (2014) Menstrual Hygiene Management Guideline for Teachers and Parents (2017) Guidelines on Sexual Reproductive Health (2021)	✓ Standard Regulation for Designing Disposable Sanitary Pads in Indonesia (2015) Water, Sanitation and Hygiene Services (WASH in Schools) Roadmap (2017) and National WASH in Schools Guideline (2018)	✓ National School Health Strategy (2014)	✓ National School Health Strategy (2014) Menstrual Hygiene Management Guideline for Teachers and Parents (2017) Menstrual Hygiene Management Communication Strategy (2018)	✓ Article 18 of Law No.13/2003 on Labour (2003)
Lao PDR	✓ Education and Sports Sector Development Plan 2021–2025 Comprehensive Sexuality Education	✓ Decision on Water, Sanitation and Hygiene Standards for Early Childhood Education and General Education (2019)	✓ National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016–2025	✗ Not included	✗ Not included
Mongolia	✓ Norms and Requirements for WASH in Schools, Dormitories and Kindergartens (2015)	✓ Ministry of Education, Culture and Science Norms and Requirements for WASH in Schools, Dormitories and Kindergartens (2015) Secondary School Dormitory Environment and Services General Requirements (MNS 6781: 2019)	✗ Not included	✗ Not included	✗ Not included
Myanmar	✗ Not included	✓ National Strategy for Rural WASH, WASH in Schools and WASH in Health Care Facilities (2016)	✗ Not included	✗ Not included	✗ Not included
Philippines	✓ Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WASH in Schools) Programme (2016) Policy Guidelines on Implementing Comprehensive Sexuality Education (2018)	✓ Basic Education Development Plan 2030 (2020); Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WASH in Schools) programme (2016) Gender Responsive Basic Education Policy (2017)	✓ Adolescent Health and Development: Manual of Operation (2017)	✗ Not included	✗ Not included
Timor-Leste	✓ Community Action Plan for Sanitation and Hygiene (PAKSI) Guideline (2012)	✓ Ministry of Education's Water Sanitation and Hygiene (WASH) in Schools Guidelines (2016)	✗ Not included	✗ Not included	✗ Not included
Viet Nam	✗ Not included	✓ Labour Hygiene Standards (2022): Decision 3733/2022/QĐ-BYT	✗ Not included	✗ Not included	✓ Labour Code (2019): Article 139, Section 4 of Degree 145/2020/ND-CP Labour Hygiene Standards (2002): Decision 3733/2022/QĐ-BYT

No information available for China, Democratic Republic of Korea, Malaysia, and Thailand

2.3 PROGRESS: INSTITUTIONAL ARRANGEMENTS

Institutional arrangements: Clear identification and allocation of government ministry and department roles and responsibilities, at the national and subnational levels, that are supported by legal and regulatory frameworks. Effective coordination mechanisms that foster inclusion and participation of all significant stakeholders to contribute to and share sector learning and best practice.

Because menstrual health is a cross-cutting issue, clear institutional arrangements and cross-sector coordination are essential. Strong institutional arrangements include ensuring there is an accountable ministry for policy development, setting targets and standards, monitoring and service delivery. Coordination across ministries and stakeholders is then needed, such as a through cross-sector working groups or guidelines.

Across East Asia, allocation of responsibilities was sometimes delegated to certain ministries and sometimes not. Practically, the regional progress review found that education and health ministries were most often those taking leadership on menstrual health. For example, the Department of Education in the Philippines and the Ministry of Education, Culture, Research and Technology in Indonesia had major roles in planning and some coordination, with promising developments. Coordination across ministries and sectors was lacking. The policy review highlighted the dearth of policies attending to all aspects of menstrual health, particularly care for discomfort and disorders. Enhanced coordination mechanisms are required to address the breadth of menstrual health challenges.

A lack of allocated responsibilities and a lack of intra-ministry coordination was consistent for most governments in the region, whether more menstrual health had progressed or was just starting to gain attention. Review informants highlighted the need for enhanced coordination to avoid silos and to ensure that all aspects of menstrual health are addressed.

In addition to intragovernmental coordination, government-led coordination, including NGOs and civil society organizations, was flagged as a gap. The relationship between governments and other key actors (the private sector, including NGOs and civil society organizations) is crucial for the effective development and delivery of policy, with each taking on a unique role. For-profit companies and not-for-profit organizations, including NGOs and civil society organizations, may support the delivery of services, but it requires strong coordination mechanisms. NGOs and civil society organizations also have a vital role in filling gaps when services are not provided by the State while also advocating for policy change and accountability. Governments may rely on this support due to tight budgets and competing priorities, and the arrangement can work well if coordinated and if a plan for sustainability is in place.

Review informants shared positive experiences of mechanisms to bring menstrual health actors together and noted that some existing forums could be expanded to enhance coordination. For example, in the Philippines, a forum developed for the Oky period tracking app was suggested as useful for wider menstrual health. Many countries, such as Cambodia, Indonesia, Lao PDR and Philippines, improved menstrual health coordination within the education system through WASH in Schools working groups consisting of many government ministries across WASH, health and education.

“We should bring all relevant ministries together [Ministry of Women’s Affairs, Ministry of Education, Youth and Sport, Ministry of Rural Development and Ministry of Health] to discuss how we can work together.” – Review informant, UNICEF, Cambodia

“There is a need for convergence of all those working on menstrual hygiene management to sit down together to look at all the material and applications being developed – where are their targets in terms of mapping. First, we have to converge all players together in reviewing what they are doing, when and where.” – Review informant, Department of Health, Philippines

2.4 PROGRESS: FINANCING

Financing: Realistic sector budget and associated funding streams that are transparent, with data on taxes, tariffs and transfers available for use. Cost categories allow for comparison and estimates across the sector to ensure sustainable service delivery.

Limited documentation of funding and financing for menstrual health emerged in the regional progress review as issues. Even in the absence of documentation, adequate funding for menstrual health was cited as a barrier to progress. To assess whether funding is adequate, the costs of service delivery first need to be established. While some countries, such as Indonesia and Timor-Leste, carried out costings for menstrual health in school WASH infrastructure, no examples of menstrual health costings were found in the education or health sectors in the region. The lack of examples of adequate national menstrual health budgeting highlights the critical need to improve national funding systems for menstrual health, including practical steps to: cost national menstrual health targets; allocate funding; ensure budget execution; and undertake tracking of those targets.

Although progress towards policy and institutional arrangements was gradually getting stronger in some menstrual health areas, it was difficult to discern if this was met with allocation of public sector budget at the national and subnational levels because financial data were not available.

In countries where menstrual health has been included in policies, strategies or guidelines, inadequate dedicated budget allocation for menstrual health was repeatedly highlighted as a challenge by the review informants. Few countries had set explicit policy milestones against which menstrual health services could be costed or budget allocated. In some countries, such as Mongolia, the lack of policies or strategies for menstrual health was identified as a barrier to funding.

“Although the Ministry provide the funding and budget for activities, it is still not enough. The activities don’t cover all schools.” – Review informant, Ministry of Education, Timor-Leste

Development partners such as United Nations agencies and NGOs – using donor funds – often fund service delivery for menstrual health to fill the gap in government budgets. Many non-governmental review informants highlighted the need for government budget allocation (at the national and subnational levels) for more sustainable service delivery, without the reliance on continued development partner funding. In the absence of a strong policy framework that sets priorities for menstrual health funding, NGOs may be able to step in to support menstrual health services in countries without a robust policy framework. Conversely, this lack of coordination or alignment to government policies risks duplication and gaps in hard-to-reach or geographically isolated areas where girls and women may have less access to services.

At the level of NGO menstrual health service provision, review informants reported that menstrual health budgets must compete with other priority issues, made worse by the COVID-19 pandemic. In some countries, such as Viet Nam, legal restrictions meant NGO activities must align with a policy, and thus the lack of attention to menstrual health within policies restricted funding of NGOs as well as government budgets.

“It is like the donor come to influence this ministry or organization – they have this direction to address this issue. But after the programme ends...not sustainable, no ownership. If we can make harmonization between NGOs and donor who can champion it and that will mean it is driven by government itself.” – Review informant, Cambodia

2.5 PROGRESS: CAPACITY

Capacity: Institutions ability to fulfil the roles and responsibilities required by them, including service delivery that can be delivered sustainably and at scale. Planning and coordination of training, tools, frameworks and incentives in place strengthen capacity and enable effective internal capacity, in addition to the capacity of other external stakeholders to contribute and engage within the sector.

For institutional capacity to be effective, frameworks and planning are required to detail what capacity is required, by whom and how best it can be strengthened. For most countries, regardless of the level of attention to menstrual health, comprehensive capacity-building plans for menstrual health were not found through the review. Capacity limitations across the region presented a barrier to enacting strong support for women, girls and people who menstruate. International donors and global bodies injected some financing and supported capacity development. In some cases, NGOs were providing technical support and training. Yet, review informants reported that opportunities for training and upskilling were few due to budget constraints. Frequent staff turnover resulted in capacity challenges because training needed to be delivered repeatedly.

“Continue to advocate and provide technical assistance to ministries and local government. The staff turnover is high in the Government.” – Review informant, SNV, Indonesia

Both government and non-governmental review informants spoke to this collaborative relationship as beneficial and most effective with strong government leadership and coordination and with technical and programmatic NGO support.

“I think participation from relevant stakeholders is important, especially development partners, to support the programme, as we have limited budget and the scope of work remains small.” – Review informant, Ministry of Education, Youth and Sport, Cambodia

Table 6 presents the status of progress towards enacting and monitoring policies and plans throughout East Asia. For each policy or plan identified in the country review, the table provides information on the implementation arrangements in place to support the policy or plan, the extent to which progress has been made towards implementation of the policy or plan (drawn from the document review) and stakeholder reports and any monitoring in place to track policy or plan progress.

The sector or department holding responsibility varied between countries. Countries made the greatest progress due to having national menstrual health policy provisions and service delivery schemes in menstrual health curriculum; WASH in schools and some national monitoring of menstrual health had clear institutional arrangements and ministerial leadership, for example, in Cambodia, Indonesia and Philippines (also ongoing in Mongolia). In Timor-Leste, although only one policy explicitly addressed menstrual health, the review found evidence of leadership, action and service delivery.

Table 6 East Asia summary: Policies and plans and their implementation and monitoring

Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
Cambodia			
<p>Minimum Requirement Guidelines on Water, Sanitation and Hygiene in Schools (WASH in Schools) (2016), with Three Star categorization, which guides schools to meet essential menstrual health criteria, including menstrual health-friendly WASH facilities for a healthy and safe learning environment at school.</p> 	<p>Ministry of Education Youth and Sport and their WASH in Schools Technical Working Group are responsible for delivering WASH in school, including Menstrual health and hygiene services and facilities.</p> <p>The Ministry's budget allocation to construct school WASH facilities include the provision of sex-segregated toilets.</p>	<p>The Ministry of Education Youth and Sport was delivering menstrual health-friendly WASH facilities in schools as per the guidelines, with financial support from development partners, such as UNICEF, GIZ and the Asian Development Bank.</p>	<p>The education management information system (EMIS) tracks the percentage of schools meeting the Three Star categorization, which includes menstrual health-related WASH indicators.</p>
<p>National Guidelines for Water, Sanitation and Hygiene in Health Care Facilities (2018), which guides health care facilities to provide sex-segregated toilets, with facilities to manage menstrual health and hygiene needs.</p> 	<p>The Ministry of Health is responsible for implementation. The Ministry's Department of Hospital Service is responsible for the guidelines and technical support to subnational health departments, referral hospitals and health care facilities. The Ministry of Rural Development is responsible for setting standards and guidelines, with provincial Ministry offices responsible for technical support to the Ministry of Health for the delivery of quality WASH standards.</p> <p>No evidence of budget allocation was found for menstrual health.</p>	<p>Implementation for menstrual health was unclear.</p>	<p>Unable to find information on monitoring system for policy.</p>
<p>National Action Plan on Rural Water Supply, Sanitation and Hygiene 2019-2023, which integrates menstrual health requirements into the criteria of hygiene and basic sanitation services for health care facilities and requirements for menstrual health behaviour change campaigns in communities.</p> 	<p>The Ministry of Rural Development is responsible for national WASH service delivery and has created a menstrual health and hygiene subgroup under the WASH working group.</p> <p>No evidence of budget allocation was found for menstrual health and hygiene.</p>	<p>Implementation for menstrual health is unclear.</p>	<p>Unable to find information on menstrual health in monitoring system for policy.</p>

Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
<p>National School Health Policy (2019); National Action Plan on School Health 2021–2030; and Standard Operating Procedure on School Health (2022), which together provide the legal framework to set up fundamental health care services for learners at school and alignments with the menstrual health provisions of WASH in Schools guidelines.</p> 	<p>The Ministry of Education Youth and Sport is responsible.</p> <p>At the local level, School Health Committees are responsible for the school health programme.</p> <p>No budget lines were found for menstrual health and hygiene.</p>	<p>The Ministry of Education Youth and Sport drafted the comprehensive sexuality education package roll-out through teacher training, with support from the United Nations Population Fund (UNFPA, 2022).</p> <p>Ministry of Education Youth and Sport was in the early stage of setting up health care services at schools.</p>	<p>Unable to find information on monitoring system for policy overall, but MOEYS monitors number of students attending CSE sessions as part of EMIS.</p>
Indonesia			
<p>Article 18 of Law No.13/2003 on Labour (Menstrual Leave), which allows female workers to take two days of paid leave when they are menstruating.</p> 	<p>Unable to find information on implementation arrangements.</p>	<p>Unable to find information on implementation of the labour law on menstrual leave.</p>	<p>Unable to find information on monitoring system.</p>
<p>Standard regulation for designing disposable sanitary pads in Indonesia (2000 and revised in 2015).</p> 	<p>Unable to find information on implementation arrangements.</p>	<p>Unable to find information on implementation of regulation.</p>	<p>Unable to find information on monitoring system of regulation.</p>
<p>National School Health Strategy (Usaha Kesehatan Sekolah UKS) (2021), which includes three menstrual health provisions: (i) health education with the provision of menstrual health knowledge and awareness; (ii) health services; and (iii) ensuring a healthy environment at school for adolescent girls.</p> 	<p>The National School Health Programme is delivered by a joint decree across the Ministry of Education, Culture, Research and Technology, the Ministry of Health, the Ministry of Religious Affairs and the Ministry of Home Affairs. The Ministry of Education, Culture, Research and Technology's Guidance Teams for the National School Health Programme Usaha Kesehatan Sekolah (UKS) is responsible for the development of policies and guidelines and the coordination of service delivery. A Guidance Team operates at the provincial, regency, district and city levels to deliver the policy.</p> <p>The national menstrual health budget is allocated within the education and WASH budget portfolios, with a focus on menstrual health-friendly WASH in Schools.</p>	<p>The National School Health Programme delivered puberty and menstruation extracurricular topics to students in school.</p> <p>The National School Health Programme included rooms where girls can obtain primary health care services, rest and access pain relief or spare clothes.</p> <p>National School Health Programme teachers and adolescent health cadres (high school students) were trained by health care staff on menstrual health. The Ministry of Education, Culture, Research and Technology, supported by UNICEF, provided training and technical support to education officers and teachers on implementing WASH in Schools.</p>	<p>Menstrual health indicators are collected and integrated into the web-based education management information system (called Dapodik):</p> <ul style="list-style-type: none"> • Access to spare menstrual pads at schools (available for free, available by buying, not available) • Toilet for female students provided with mirror (yes/no) • Toilet for female students provided with trash bin with lid (yes/no) <p>The Demographic and Health Survey (2017) contained a question on menstrual cycle knowledge.</p>

Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
<p>Water, Sanitation and Hygiene (WASH) in Schools Roadmap (2017) and National WASH in Schools Guideline (2018), which provides guidance on the WASH in Schools intervention package that includes menstrual health-friendly school WASH facilities (for example, functional, clean, sex-separate toilets and hand washing facilities with soap). It also covers menstrual health knowledge and awareness in schools and communities.</p> 	<p>The Ministry of Education, Culture, Research and Technology and the Ministry of Health are responsible for menstrual health WASH services in schools.</p> <p>National budget allocation for menstrual health sits within the education and WASH national budgets.</p>	<p>The WASH in Schools guidelines were rolled out to more than 1,751 schools.</p>	<p>Menstrual health indicators are not yet integrated into the education management information system but are collected and integrated into the web-based system (Dapodik), as per above.</p>
<p>Menstrual Hygiene Management Guidelines for Teachers and Parents (2017), which outlines provisions for teachers and parents on menstrual health to create a supportive environment for menstruating girls.</p>  	<p>Under the National School Health Programme Usaha Kesehatan Sekolah (UKS), the Ministry of Health is responsible for delivering menstrual health guidelines for teachers and parents.</p> <p>National menstrual health budget allocation sits within the education and WASH budgets.</p>	<p>The Ministry of Education, Culture, Research and Technology trained parents to share with and support their daughters and children.</p>	<p>Unable to find information on monitoring of the guidelines.</p>
<p>Menstrual Hygiene Management Communication Strategy (2019)</p> 	<p>The Ministry of Health is responsible for implementation of the strategy.</p>	<p>Unable to find information on implementation of the strategy.</p>	<p>Unable to find information on monitoring of the strategy.</p>
<p>Guidelines on Sexual and Reproductive Health (2021), which outlines puberty and menstruation information in reproductive education as part of the reproductive health services in schools.</p> 	<p>The Ministry of Education, Culture, Research and Technology and the Ministry of Health are responsible for menstrual health education.</p> <p>Budget for menstrual health is part of the sexual reproductive and adolescent programme.</p>	<p>The Ministry of Health and the Ministry of Education, Culture, Research and Technology co-developed an adolescent sexual reproductive health module for teachers, with training to be rolled out by master trainers in 2023.</p> <p>The Ministry of Education, Culture, Research and Technology implemented peer education (adolescent health cadres), with training by health care staff to promote hygiene behaviour.</p> <p>Government and development partners collaboratively developed a range of information, education and communication materials.</p>	<p>There is no monitoring system of menstrual health education modules in schools to measure changes in knowledge.</p>

Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)


Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
Lao PDR			
<p>Water, Sanitation and Hygiene Standards for Early Childhood Education and General Education (2019) for WASH in schools, which includes the provision of clean and functional sex-segregated toilets that are accessible for students with disabilities, hand washing facilities with soap, and menstrual health and hygiene promotion activities.</p> 	<p>The Ministry of Education and Sports is responsible for implementation of the standards.</p> <p>No budget allocation was found for menstrual health.</p>	<p>The Ministry of Education and Sports disseminated WASH guidelines to all Provincial Education and Sports Departments, which further disseminated them to schools, aiming to raise awareness of WASH standards.</p> <p>Several initiatives and programmes led by partners (GIZ, the World Bank, SNV and Thrive Network) addressed menstrual health services and facilities.</p>	<p>WASH facility school self-assessment checklist as part of the education management information system includes menstrual health-WASH indicators.</p>
<p>National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016–2025, which outlines strengthening the availability of reproductive health services, including for menopause.</p> 	<p>The Ministry of Health is responsible for implementation of the strategy and action plan.</p> <p>No budget lines were found for menstrual health.</p>	<p>Implementation specific to menstrual health was limited.</p> <p>UNFPA and partners have a hotline for sexual and reproductive health counselling and information.</p>	<p>Unable to find information on monitoring of the strategy and action plan.</p>
<p>Education and Sports Sector Development Plan 2021–2025, which outlines basic and inclusive WASH facilities and the roll-out of comprehensive sexuality education at all levels of school education.</p> 	<p>The Ministry of Education and Sport is responsible for comprehensive sexuality education delivery under the Plan.</p> <p>No budget lines were found for menstrual health.</p>	<p>The Ministry of Education and Sport and UNFPA were delivering comprehensive sexuality education for grades 1–5; secondary schools (three provinces delivered with nationwide roll out by 2030); teacher training (delivered in eight teacher training colleges); university; technical and vocational education and training and out-of-school populations.</p>	<p>There is no specific indicator in the national system to monitor menstrual health knowledge.</p>



Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
Mongolia			
<p>Norms and Requirements for WASH in Schools, Dormitories and Kindergartens (2015), with provisions for adolescent girls practical menstrual health-WASH requirements, sanitary pad disposal facilities; private washing and changing rooms; gender and reproductive health curriculum; a private space for health education and counselling by trained staff; and education on menstrual cycle tracking.</p> 	<p>The Ministry of Education and Science and the Ministry of Health and Sports are jointly responsible for WASH in Schools delivery.</p> <p>The Ministry of Education and Science is responsible for the curriculum and dissemination of menstrual health education to students. The National Centre for Public Health is responsible for environmental health and behaviour change.</p> <p>No budget lines were found for menstrual health.</p>	<p>The provisions were implemented by the Government to improve WASH in schools, with support from UNICEF and WASH Action of Mongolia to support education, awareness, peer-to-peer training and rehabilitation of menstrual health-friendly WASH facilities.</p>	<p>WASH in schools monitoring is guided by the Three Star Approach and UNICEF leads the tracking of coverage with local governments. It includes some menstrual health indicators, such as sex-segregated toilets.</p> <p>The education management information system did not include menstrual health indicators.</p>
<p>Secondary School Dormitory Environment and Services General Requirements (MNS 6781: 2019), which includes detailed provisions on menstrual health.</p> 	<p>The Ministry of Education and Science is responsible for implementation and monitoring of the standards, which apply to secondary schools.</p>	<p>The Ministry of Education and Science was improving standards of WASH in School dormitories, in collaboration with UNICEF and WASH Action of Mongolia.</p>	<p>Unable to find information on monitoring of standards.</p>
Myanmar			
<p>National Strategy for Rural WASH, WASH in Schools and WASH in Health Care Facilities (2016), which outlines menstrual health as a key principle of gender and WASH; as well as practical WASH requirements for menstrual health and hygiene, such as a private space for girls in school to manage menstruation; menstrual health linked to safe birthing in health care facilities and reproductive health. It also mentions menstrual health education for girls in school and teachers support; and safe disposal and menstrual health in WASH in emergencies.</p> 	<p>Unable to find information on current implementation arrangements.</p>	<p>WASH partners, such as UNICEF, continued to deliver WASH under this strategy.</p>	<p>Unable to find information that monitoring is was being done in addition to project monitoring.</p>

Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
Philippines			
<p>Basic Education Development Plan 2030 (2022), which outlines the national commitment to implement the WASH in Schools Programme, which includes menstrual health provisions.</p> 	<p>Department of Education is responsible for implementation of the plan.</p>	<p>The WASH in Schools Programme was implemented by Department of Education – see below.</p>	<p>Monitoring of WASH in Schools – see below.</p>
<p>Gender-responsive Basic Education Policy (2017) No. 32, which outlines the gender and development mandate held by the Department of Education. It outlines that Education Facilities requires Gender-responsive Basic Education (GRBE)-compliant schools, learning centres and workplaces must provide women and girls menstruation-friendly facilities that meet the standards for menstrual health set out in the WASH in Schools policy (2016) (see below).</p> 	<p>Department of Education is responsible for implementation of the principles in the Policy in their implementation of the WASH in Schools policy below.</p>	<p>WASH in Schools was implemented by the Department of Education – see below.</p>	<p>Monitoring of WASH in Schools – see below.</p>
<p>Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WASH in Schools) programme (2016), with guides to meet the Three Star criteria, including the provision of menstrual health and hygiene WASH components and information, education and communication materials, for a healthy and safe learning environment.</p>  	<p>The Department of Education's Technical WASH in Schools working group operates at national, regional and division levels of the education system and consists of cross-sectoral government, NGOs, academics and private sector actors. School maintenance and other operating expenses include the maintenance and repair of school WASH facilities</p> <p>Menstrual health is part of the WASH in Schools budget and included in the School Improvement Plan managed by schools.</p>	<p>The Government made significant progress in the delivery of menstrual health-friendly WASH facilities and services in schools using the Three Star Approach. In 2021:</p> <ul style="list-style-type: none"> • 82.5 per cent of schools had provision of emergency sanitary pads and information on proper disposal; • 60 per cent of schools had menstrual health information, education and communication materials available for teachers and learners; and • more than 60 per cent of schools reported having a resting room for girls. 	<p>WASH in Schools monitoring dashboard monitors:</p> <ul style="list-style-type: none"> • menstrual health-friendly WASH facilities, including sex-segregated toilets and disposal facilities; • provisions of sanitary pads; • availability of menstrual health information; and • availability of private resting room to manage menstrual discomfort. <p>The basic education information system includes two menstrual health indicators: availability of single-sex toilets and availability of sanitary pads.</p>

Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation/ Service delivery	Monitoring
<p>Policy Guidelines on Implementing Comprehensive Sexuality Education (2018), which provides for lessons on human body and human development, reproduction and puberty.</p> 	<p>The Department of Education is responsible for the Policy Guidelines delivery and facilitates cross-government collaboration with the Department of Health and the Population and Development Commission.</p>	<p>The Department of Education had implemented comprehensive sexuality education since 2021 within the kindergarten to year 12 curriculum, with support from development partners to disseminate menstrual health educational materials.</p>	<p>No information was found about specific indicators in national systems to monitor changes in menstrual health knowledge.</p>
<p>Adolescent Health and Development: Manual of Operation (2017), which guides the implementation of the National Policy and Strategic Framework on Adolescent Health and Development (2013). It sets out an adolescent health package of services, including fertility awareness, menstrual health issues and sexual and reproductive health counselling.</p> 	<p>The Department of Health and the Adolescent Technical Working Group are responsible for delivery of the National Policy and Strategic Framework on Adolescent Health and Development and operational manual.</p> <p>The Key Assistance for Developing Adolescents (KADA) Network, chaired by the Local Chief Executive, includes menstrual health as part of its mandate to promote adolescent-friendly sexual reproductive health services at the subnational level.</p> <p>No national budget allocation for menstrual health was found.</p>	<p>Teen hubs provided essential services on sexual productive health in schools</p> <p>At the community level, the Department of Health and KADA included menstrual health in their training programme for primary health care staff to support adolescent-friendly health services, including development of a healthcare worker guide 'Healthy Young Ones'.</p>	<p>Unable to find information on monitoring of the manual.</p>

Timor-Leste





<p>Water, Sanitation and Hygiene in Schools Guidelines for Timor-Leste (2016), which outlines the minimum standards to guide infrastructure provisions for female toilets for students and teachers to support hygienic and private management of menstruation.</p> 	<p>The Ministry of Education in coordination with Ministry of Health, is responsible for curriculum development, implementation of the WASH in Schools Guidelines.</p> <p>No dedicated budget for menstrual health and hygiene found. Ministry of Health indicates funding is allocated directly to School Health Directorate.</p>	<p>Implementation by the Government was unclear.</p> <p>WaterAid supported WASH in schools, communities and health care facilities in Liquica and Manufahi districts, which incorporated menstrual health and hygiene friendly infrastructure.</p>	<p>National monitoring for WASH in schools is led by the Ministry of Health and the Ministry of Education and includes two proxy indicators related to menstrual health and hygiene: functionality of sex-segregated toilets and girls' absence and attendance records from schools.</p> <p>The education management information system did not include information on menstrual health and hygiene.</p>
<p>Community Action Plan for Sanitation and Hygiene (PAKSI) Guidelines 2012, which includes menstrual health information and education as part of sanitation behaviour change in rural communities.</p> 	<p>The Ministry of Health is responsible for implementation of the PAKSI Guidelines, as part of the National Basic Sanitation Policy.</p>	<p>Implementation by the Government and development actors since 2012 of PAKSI guidelines to rural communities included menstrual health information.</p>	<p>Unable to find information on monitoring of menstrual health within national sanitation monitoring systems.</p>

Table 6 East Asia summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation/Service delivery	Monitoring
Labour Hygiene Standards (2002) , which requires factories to provide a ‘menstrual rooms’ for employees. 	The Ministry of Labour is responsible for ensuring that workplace employers are meeting their labour code requirements.	Unable to find information on workplaces meeting this standard.	Unable to find information on monitoring systems in place for labour code compliance.
Labor Code (2019): Article 139, Section 4 of Degree 145/2020/ND-CP , which provides female workers with a 30-minute break in every working day during menstrual period. 	The Ministry of Labour is responsible for ensuring that workplace employers are meeting their labour code requirements.	Unable to find information on workplaces meeting this standard.	Unable to find information on monitoring systems in place for labour code compliance.

No information available for China, Democratic People’s Republic of Korea, Malaysia and Thailand



2.6 PROGRESS: SERVICE DELIVERY

Service delivery: Governments and NGOs deliver services across the region, with varying degrees of coordination and collaboration. Both offer strengths and limitations to the effective delivery of services. While governments are ultimately accountable for the delivery of services fulfilling the rights to health, education, water, sanitation and non-discrimination, competing priorities and underfunding results in NGOs sometimes filling gaps in service delivery. Additionally, some NGO programmes are delivered outside of government systems. Both government and NGOs programming regularly deliver menstrual health activities as a part of WASH, health or sexual and reproductive health programming in school settings. Because NGO programming is reliant on donor funding, some review informants commented on the challenges of sustainability, noting that programmes cease at completion, whereas ongoing programmes through government systems would be preferable.

This regional progress review sought to collate progress in service delivery across countries. Note that more detailed information on programming within each reviewed country is provided in the individual [country reports](#). The following snapshot provides a summary of the kinds of programmes being implemented to address different requirements for menstrual health.

East Asia menstrual health service delivery was often small in scale, with school-based education

and/or WASH services delivered in urban and rural locations by different actors. This made it difficult to assess whether there was national coverage for menstrual health services meeting the needs of whole population groups. One East Asia example of a larger-scale menstrual health education service found was the Government of the Philippines delivering menstrual health information, education and communication materials across 60 per cent of schools.³¹



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Table 7 Snapshot: Programming for menstrual health across East Asia



ACCESS TO INFORMATION AND EDUCATION

Services to improve access to information and education for menstrual health were delivered by governments and a range of organizations. Activities predominantly focused on schools and adolescent populations. A few education programmes were provided in other settings, such as health care facilities or workplaces, generally using a training-of-trainer approach.

- **Education in schools:** Government institutions and organizations frequently worked together to develop and deliver menstrual health education, either as a stand-alone module or as part of comprehensive sexuality education. For countries that had not adopted comprehensive sexuality education, there were varying (or no) standards for what was taught, and therefore the quality of delivery was unknown.
- **Information, education and communication materials:** Numerous materials were produced across the East Asia region, including puberty books, comics, posters, videos, short films and guidance books or brochures on menstrual health, hygiene and product use. Some examples include “I am a teenager”, developed by Eau Lao PDR Solidarité and the Lao Red Cross or The Secret of Two Worlds comic books and storybooks, videos and posters (Indonesia). However, these materials did not always prove effective in creating sustainable behaviour change.
- **Online or digital information:** The Oky app was rolled out in Indonesia (122,000 users at the end of 2022) and Mongolia (2,600 users) and was being localized for the Philippines. In Lao PDR, UNFPA developed an app for sexual and reproductive health information. Websites and blogs, social media platforms and social media campaigns were utilized in some settings as a platform for menstrual health education and awareness-raising. Online or digital platforms also leveraged celebrities or influencers, such as an interview with Miss Universe Philippines, to discuss menstrual health and encourage dialogue.
- **Hotlines and phone counselling services:** In Lao PDR and Timor-Leste, phone-based services were available for information and advice on sexual and reproductive health and menstrual health.
- **Peer-to-peer approach:** Peer-to-peer education was found in several contexts, such as Indonesia, Lao PDR, Mongolia, Philippines and Viet Nam. In some settings, groups such as hygiene clubs (Mongolia) or youth corners (Timor-Leste), provide informal education and support spaces.
- **Training of trainers and capacity-building:** In some settings, training was delivered to teachers, school management and other relevant staff members to then provide menstrual health education to students. For example, in Indonesia, sexual reproductive health education, including menstrual health, will be rolled out nationally through master trainers in 2023. Training of trainers on menstrual health awareness also occurred in garment production workplaces in Cambodia. Capacity-building was provided to caregivers in Viet Nam and to nurses in Lao PDR to promote and provide menstrual health education.
- In Timor-Leste, Marie Stopes International integrated menstrual health and hygiene education as part of routine anaemia testing with adolescent girls.



ACCESS TO MATERIALS, FACILITIES AND SERVICES

Governments and organizations predominantly worked towards providing access to services and materials in two areas:

- 1) supporting the development or maintenance of safe and menstruation-friendly facilities in schools, communities and health care facilities and
- 2) providing access to menstrual products.

Access to safe and menstruation-friendly facilities in schools and communities:

- **Constructing and maintaining facilities:** Across the region, services focused on improving access to menstrual health-friendly WASH facilities in schools and meeting WASH standards. Examples include Cambodia, where organizations have collaborated with the Ministry of Education, Youth and Sport to improve infrastructure, including improving accessibility for students with disabilities. Another organization installed incinerators for product disposal. In Mongolia, UNICEF was rehabilitating six dormitory WASH facilities using the Three Star Approach. In Timor-Leste, WaterAid supported menstrual health-friendly facilities in communities and health care settings; however, in general, less service delivery occurred outside of schools.
- **Indonesia, Lao PDR, Mongolia and the Philippines** were all delivering services based on the GIZ and UNICEF’s Three Star Approach, which aspires to a basic service level and some provisions of menstrual health. For example, in Indonesia, WASH in Schools guidelines were rolled out to more than 1,751 schools. In Lao PDR, the Ministry of Education and Sports raised awareness of the WASH standards by disseminating WASH guidelines to approximately 480 schools.

Table 7 Snapshot: Programming for menstrual health across East Asia (continued)**Access to menstrual products:**

- **Access to sanitary pads or alternative menstrual products:** Menstrual products were frequently made available in schools, either directly through school initiatives, which was reported in some districts of Indonesia and in some schools in the Philippines, or through partnership with other organizations. For example, in Lao PDR, Plan International partnered with the company Modibodi to distribute period pants to girls in school. In the Philippines, some schools rolled out ‘sanitary pad banks’, where girls can store their sanitary pads. In addition, menstrual products were made available in communities and health care facilities. In Timor-Leste, a joint European Union and UNICEF project provided sanitary pads in maternity hospitals, and in the Philippines, menstrual health products were included in hygiene kits for humanitarian response efforts.
- **Reusable pads production and distribution:** Many organizations supported the production and distribution of reusable pads. In Cambodia, Lao PDR and Timor-Leste, organizations partnered with local producers or enterprises to produce and distribute reusable pads. In the Philippines, some schools provided training on sewing reusable pads.

**ACCESS TO CARE FOR DISCOMFORTS AND DISORDERS**

Across the East Asia region, several programmes provided access to care for discomfort and disorders related to menstruation. Generally, programmes focused on information and guidance on pain, school-based or adolescent health facilities or capacity-building with health care providers regarding menstrual health needs.

- **Information and guidance on pain and discomfort:** In Lao PDR, UNFPA in partnership with local organizations established a hotline to provide counselling on sexual reproductive health, including menstrual health. The Oky app (also available in Indonesia, Mongolia and the Philippines) provided information on how to manage pain and discomfort.
- **Facilities for care and discomfort:** School-based facilities for menstrual health care were reported in Indonesia, the Philippines and Viet Nam. In Cambodia, the Ministry of Education, Youth and Sport and UNFPA piloted school-based health services. In Timor-Leste, Plan International supported the Ministry of Health to establish adolescent-friendly health clinics in the community.
- **Capacity-building:** In Indonesia and the Philippines, governments and organizations provided health care workers with training on adolescent health needs, including menstrual health.

**ACCESS TO A SUPPORTIVE SOCIAL ENVIRONMENT**

Across the East Asia region, several programmes reported fostering access to supportive social environment. In some settings, educational initiatives worked to create more positive and supportive environments. Dialogue and discussion were reported as tools to address menstrual stigma and taboos.

- **Educational content:** Educational activities were used to build awareness of menstrual health among girls and the broader community. The Oky app aimed to normalize menstruation and address taboos through educational content and quizzes.
- **Promoting discussion:** In the Philippines, organizations engaged boys in menstrual health and hygiene education. In Indonesia and the Philippines, organizations and governments provided parents and caregivers with guidance and training to support daughters and encourage discussions around menstruation. In Viet Nam, Plan International and the Vietnam Women’s Union established mother–daughter clubs. Organizations also aimed to build teachers’ awareness of menstrual health in Cambodia, Mongolia and Viet Nam. In Cambodia, organizations worked with social influencers and youth networks to generate open discussion on menstrual health.

**NON-DISCRIMINATION AND PARTICIPATION**

In the East Asia region, only Mongolia reported services that supported non-discrimination and participation. This included a comprehensive review of the implementation of the Beijing Declaration and Platform for Action, with one indicator for menstrual health.

Table 8 Enablers and barriers for service delivery: Stakeholders' perspectives across East Asia



Barriers

Lack of clear responsibilities and coordination

The lack of clear responsibility for delivering menstrual health programming within the government (across ministries) and with other actors is hindering the implementation of a holistic approach that address all menstrual health requirements.

Students may receive menstrual health education, but be unable to apply it without WASH facilities, products or other resources. Alternatively, menstrual health facilities may be built without education to support correct use and hygiene practices.



Enablers

Normalization and generational change

The normalization of menstruation as a healthy bodily function is seen as an enabler to effective programming, with younger generations leading this positive shift.



I can see the older generation not change, but the younger generation has changed some of the taboos and beliefs. – Review informant, UNICEF, Cambodia



Review informants reflected that programming that incorporates activities and discussions at the community and family levels could help to normalize menstruation because young people develop beliefs and perceptions from these places.



Barriers

Pervasive stigma and taboos at all levels

Stigma and taboos emerged as the most frequently cited barriers to effective programming, with propensity to impact all levels, from governments and decision-makers to students receiving programming. Programming must address harmful social norms to shift long-held misconceptions that negatively impact women, girls and those who menstruate.



Social norms is one of the challenges. As part of the kit distribution, it is important to increase knowledge and attitudes and address the social norms that might limit the impact of our programme. – Review informant, Myanmar



Review informants reported teachers', especially male teachers', inability to confidently and effectively deliver menstrual health education because they are uncomfortable discussing what they consider a taboo topic with children. Schools must also navigate expectations of students' parents, who may not support their children receiving menstrual health education. Social norms and associated beliefs and traditions are often most deeply entrenched in remote and rural communities.



There are still misunderstandings, myths, taboos and stigma related to the menstruation period, especially in rural areas. Students are told by their parents and the communities that it is dirty and not clean. – Review informant, Plan International, Viet Nam



Table 8 Enablers and barriers for service delivery: Stakeholders' perspectives across East Asia (continued)**Enablers****Menstrual health incorporated into school curriculum**

Several countries had a curriculum that incorporated menstrual health. Ministerial and NGO review informants highlighted this as a potential strategy to standardize menstrual health education and promote the normalization of menstruation from a young age.

“

The development of comprehensive sexuality education included in the official curriculum would provide us more opportunities to increase menstrual education.

– Review informant, Plan International, Viet Nam

”

Menstrual health education programming that included boys as facilitators, albeit in sex-separated classes, as current stigma results in bullying, students not-seeking help when needed and absenteeism.

“

We must take the time to teach young boys about how to relate to girls in a respectful manner while they are going through the process of menstruation, instead of teasing and bullying them.

– Review informant, Department of Health, Philippines

”

**Barriers****Challenges to effective implementation of school curriculum**

The effectiveness of integrating menstrual health education into a school syllabus was mitigated by capacity and resource issues. Teachers were not adequately trained in menstrual health, were not confident to teach the subject and the revolving nature of employment made sustainable programmes challenging. This resulted in thin or unproductive content delivery.

“

We found the information is lost when a school or teacher does not continue with what has been provided. Even though teachers participated in training, it is still challenging. Follow-up monitoring is important to sustain the programme.

– Review informant, UNICEF, Timor-Leste

”

“

The curriculum included menstrual health, but then in sixth grade, they mention menstrual health in two hours. But I think it's not enough. Some advocacy [is needed] to include it in the school curriculum.

– Review informant, WASH Action, Mongolia

”

Table 8 Enablers and barriers for service delivery: Stakeholders' perspectives across East Asia (continued)

Barriers
<p>Menstrual product costs and accessibility</p> <p>Product distribution or reusable acceptability programming had positive feedback in the region, however, access and cost of materials were barriers to sustainable implementation. Suppliers and civil society organizations were impacted by the cost of materials, while beneficiaries face challenges in affording and accessing menstrual materials.</p> <p>In Mongolia, a private company was looking into local product production to alleviate access issues. In Lao PDR, even local production had high associated costs due to imported material and demand and supply issues.</p> <p>“ <i>We import the product, and it is expensive. And even if we produce it locally, it remains expensive, as it is small scale, and we imported the raw material.</i> – Review informant, World Bank, Lao PDR</p> <p>Issues of cost and access were heightened in remote communities, while social norms and expectations in some communities restricted girls from accessing their preferred product.</p> <p>“ <i>Lack of information for girls living in nuns’ places – girls are not allowed to use disposable pads. However, in most schools, girls say they want to use disposable sanitary pads.</i> – Review informant, UNICEF, Timor-Leste</p> <p>Delivering sustainable community programming</p> <p>The capacity of implementing organizations, such as NGOs, impacted the ability to sustainably deliver services to communities. This resulted in key groups being neglected from quality programming.</p> <p>Resource limitations increased the difficulty in regular access and monitoring of community programmes, resulting in a lack of follow up and sustainability. Remote communities presented a greater challenge, with difficulty and costs associated with delivering, monitoring and evaluating programming.</p>



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3. MENSTRUAL HEALTH IN THE PACIFIC

3.1 CONTEXT

Figure 5 Map of the Pacific countries

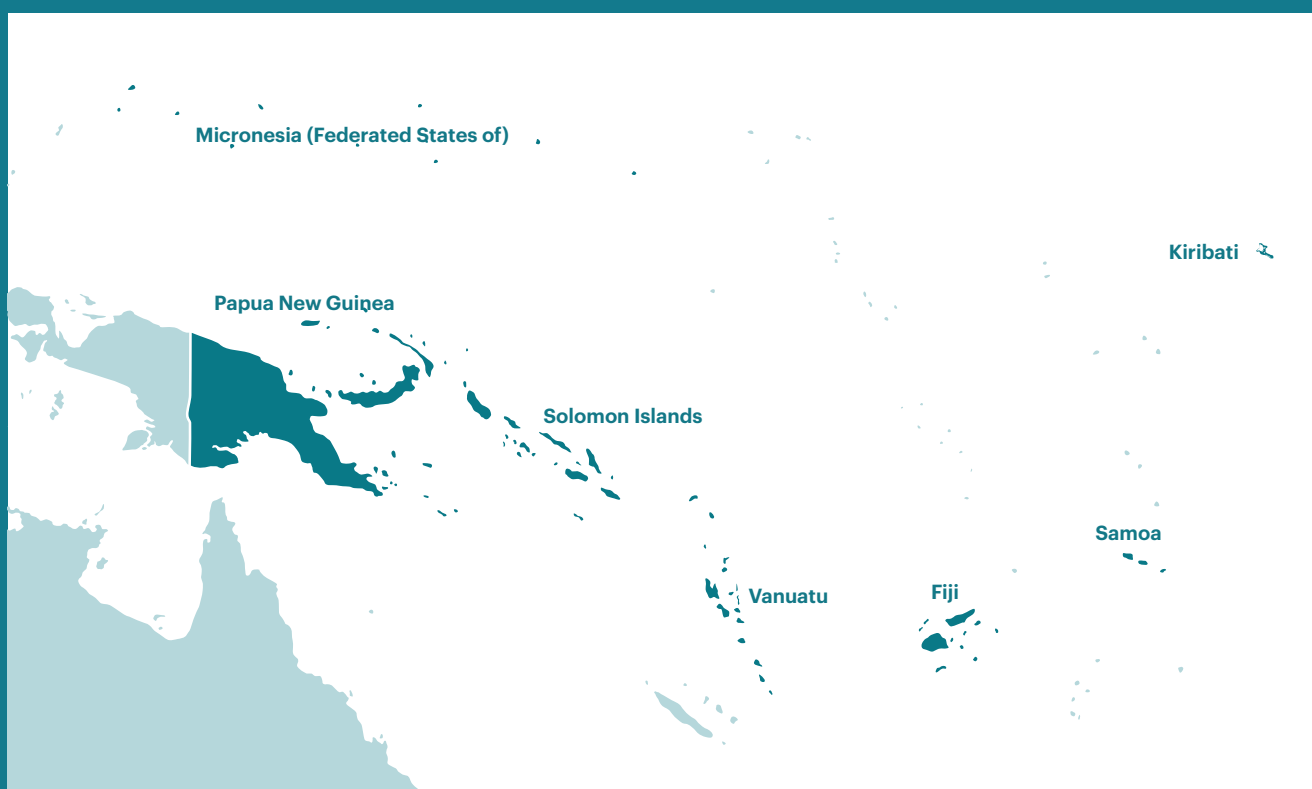


Table 9 Aggregated demographic data for the Pacific countries

Country	Population data (2022, in 000s)	Population of adolescent girls and women of reproductive age (10–49 years in 2021, in 000s)	Unmet need for contraception among all women aged 15–49 years (2014–2021)	Schools		Households	
				Proportion with a basic sanitation service*	Proportion with a basic hygiene service*	Proportion with access to at least basic sanitation services**	Proportion with access to basic hygiene services**
Fiji	909	282	26.3 (2021)	76	70	>99	–
Kiribati	123	40	18.4 (2018)	66	–	46	56
Micronesia (Federated States of)	117	34	NA	–	–	–	–
Papua New Guinea	9,292	3,085	25.9 (2016–2018)	46	12	19	30
Samoa	202	62	26.7 (2019–2020)	>99	>99	97	79
Solomon Islands	721	211	NA	17	12	35	–
Vanuatu	322	97	NA	–	–	53	–

* based on 2022 Joint Monitoring Programme report

** based on 2021 Joint Monitoring Programme report

Source: United Nations Population Division, Projections, 2022, <<https://population.un.org/wpp/>>; Demographic and Health Surveys; Multiple Cluster Index Surveys; Joint Monitoring Programme, *Progress on Drinking Water, Sanitation and Hygiene in Schools East Asia and the Pacific 2021 Update*, 2021, <www.unicef.org/eap/media/12696/file/2021>; Joint Monitoring Programme, Data Table: Water, sanitation and hygiene, <www.unicef.org/eap/media/10346/file/>.

The following six Pacific country reports are available:

- Fiji
- Kiribati
- Micronesia (Federated States of)
- Papua New Guinea
- Solomon Islands
- Vanuatu

3.2 PROGRESS: POLICY

Policy: Defined as the set of procedures, rules and allocation mechanisms that provides the basis for programmes and services. Policies set priorities and often allocate resources for implementation and are reflected in laws and regulations. National and subnational policies must be considered, especially in large and decentralized countries. Laws generally provide overall policy framework and priorities, and regulations provide more detailed guidance.

Menstrual health Progress: Policy, plans and capacity

Across the Pacific, there was positive progress in menstrual health policy commitments. All six countries covered by this review included menstrual health in national WASH in schools policies, standards or guidelines. These provisions have led to increased implementation of menstrual health services. Fiji, Papua New Guinea, Solomon Islands and Vanuatu included menstrual health information in their national education curriculum. Incorporation into existing sexual and reproductive health, education and WASH policies was a strategic starting point for menstrual health in these countries. Menstrual product provision also caught the interest of governments, such as in Fiji, where a national voucher scheme was endorsed for girl students to obtain disposal sanitary pads, and in Papua

New Guinea, where the Treasury was discussing subsidies for reusable menstrual pads to facilitate accessibility.

A critical policy gap was the provision of menstrual health care for discomfort and disorders and a supportive social environment, which none of the six countries policies covered. Fiji was the only country to have a menstrual health non-discrimination and participation provision in its national policy, and Vanuatu was the only country to have menstrual health outlined in a national disability policy targeting women and girls with disabilities. The Federated States of Micronesia had no explicit policy provisions on menstrual health but had some momentum in the WASH sector.

Table 10 provides an overview of policy, strategies and guidelines with attention to menstrual health across the Pacific.








































Stakeholders' perspectives on advancing policy

Some review informants viewed incorporating menstrual health into WASH, sexual reproductive health or other policy streams, such as protection or gender-based violence, as a strategic entry-point for governments to begin to address menstrual health. They viewed incorporation as opportunistic, piggybacking on already-developed WASH in schools policies or incorporating it into those under development. Other informants raised a concern that incorporation into existing policy will result in menstrual health being lost or being viewed as an afterthought. For all the review informants, the need to develop a menstrual health policy or strategy was seen as crucial to advance menstrual health.

"At the moment, we do not have an existing policy or strategy that focuses on menstrual health alone. We have the national WASH policy, but it does not talk about or address menstrual health. That's why it's also an issue at the moment. We do not have the policy or strategies, standards or guidelines in place for menstrual health." – Government official, Papua New Guinea

Review informants commented on the emerging interest for governments in both menstrual product provision and menstrual health in health care facilities. A review informant in Papua New Guinea commented on the emerging interest from governments in providing free or subsidized menstrual products, while in the Federated States of Micronesia, an informant referenced early discussions with the Department of Health regarding services to expand menstrual health into community health centres, including health care workers sharing information during household visits.

Table 10 Snapshot of policies, strategies and guidelines with attention to menstrual health across the Pacific

	 Information and education	 Services and materials	 Menstrual health care	 Supportive social environment	 Non-discrimination and participation
Fiji	 Family Life Education Curriculum (2010)	 National Gender Policy (2014) Minimum Standards on WASH in Schools Infrastructure (2012) National Child Protection Strategic Plan 2022–2027 National WASH Cluster standards (2020)	 Not included	 Not included	 National Gender Policy (2014)
Kiribati	 Kiribati WASH in Schools Policy (2021) Healthy Living Syllabus (2018)	 Kiribati WASH in Schools Policy (2021) Kiribati WASH in Primary Schools Infrastructure Standards (2021)	 Not included	 Kiribati WASH in Schools Policy (2021)	 Not included
Micronesia (Federated States of)	 Not included	 House joint resolution on Enjoining Chuuk State Government Agencies to Support the Implementation of WASH in Private and Public Schools in Chuuk State (2019) FSM Association of Chief State School Officers (2020)	 Not included	 Not included	 Not included
Papua New Guinea	 Policy and Standards for WASH in Schools 2018–2023 National Health Plan (2011–2020) National Health Sector Gender Policy (2014)	 Policy and Standards for WASH in Schools 2018–2023 National Education Plan (2020–2029)	 Not included	 Policy and Standards for WASH in Schools 2018–2023	 Not included
Solomon Islands	 Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018)	 Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018) Strategic Plan Rural Water Supply, Sanitation and Hygiene (2015–2020)	 Not included	 Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018)	 Not included
Vanuatu	 National Syllabus Family Life Education Year 11–13 (2013, updated 2022) National Disability-Inclusive Development Policy (2018–2025)	 National Sanitation and Hygiene Policy (2017–2030) National Disability-Inclusive Development Policy (2018–2025)	 Not included	 Not included	 Not included

No information available for Samoa

3.3 PROGRESS: POLICY

Institutional arrangements: Clear identification and allocation of government ministry and department roles and responsibilities, at the national and subnational levels, that are supported by legal and regulatory frameworks. Effective coordination mechanisms that foster inclusion and participation of all significant stakeholders to contribute to and share sector learning and best practice.

Because menstrual health is a cross-cutting issue, clear institutional arrangements and cross-sector coordination are essential. Strong institutional arrangements are needed at every level, including ensuring there is a responsible ministry for developing policy, for setting targets, monitoring and for ensuring service delivery. Coordination across ministries and stakeholders is essential, such as through cross-sector working groups or guidelines.

Across the Pacific, the responsibility for menstrual health was most commonly held by departments responsible for WASH in Schools, such as Papua New Guinea's National Department of Education and Fiji's Ministry of Education, Heritage and Arts. In some countries, it was led by departments responsible for comprehensive sexuality education in schools, such as Vanuatu's Department of Health and the Department of Education joint service delivery of the Family Life Education syllabus.

Despite some ministerial leadership on education and services for menstrual health in the Pacific, there was regionwide confusion over which ministry or agency was accountable to provide leadership and coordination of menstrual health at the national level.

"There remains a disconnect of menstrual health being everyone's responsibility [health, education, WASH, gender and protection], and subsequently, no one's responsibility." – Review informant, World Vision, Vanuatu

"Where menstrual health and hygiene automatically falls under remains vague to us. Perhaps there should be alignment and integration of policy objectives that fall within these line ministries, but the question of who is to lead remains unclear – is it the Ministry of Women, the Ministry of Education, the Ministry of Health or the Ministry of Youth and Sports Affairs?" – Review informant, Kaleko SteiFree, Solomon Islands

Siloing across governments resulted in fragmented approaches, where one domain was addressed without consideration of all other intersecting menstrual health components. Examples included when WASH facilities were provided without a corresponding education component and when menstrual education was delivered without the provision of WASH facilities or materials that girls required to put their learning into practice.



“It requires a holistic approach to address menstrual health and hygiene. We are talking about education. But then, if we don’t have the infrastructure, it doesn’t complement each other.”
– Review informant, Save the Children, Fiji

In some countries, such as Solomon Islands, development partners were collaborating with the government to strengthen coordination in sectors such as WASH. Review informants highlighted that coordination worked best when governments had good systems, leadership and clear accountabilities and responsibilities and that this would support a broader range of menstrual health requirements being met.

“There should be a centralized coordinating unit established within the relevant government ministry and agency [functioning as a working group, a strategic oversight committee or an advisory committee] that must focus its efforts on mainly strengthening the coordination and leadership of the policy instrument itself. The members can be very high-level representatives, for example, permanent secretaries of the ministries responsible or aligned to their key activities.” – Review informant, Kaleko SteiFree, Solomon Islands

Several review informants commented on the importance cross-sectoral collaboration and the establishment of platforms to come together for joint planning and sharing of best practices. Partnering with smaller organizations, such as local women’s or youth groups, was also raised as a strategic enabler to effective programming. Existing groups have influence in communities and existing relationships that can be harnessed.

“There is a need to demonstrate coherence [between and among stakeholders]. The different pillars [of menstrual health] need to have a more comprehensive approach.” – Review informant, UNFPA, Pacific Subregional Office

“It has to start with the relevant ministry taking a lead on a whole-of-sector strengthening approach or else we will still find ourselves working in silos, reinventing the wheel and causing friction between implementers, where mixed messages and confusing narratives could have been avoided at this stage and overlapping areas of intervention can in fact be strengthened and captured for future learning.” – Review informant, Kaleko SteiFree, Solomon Islands

Box 2 Looking forward: Leveraging forums and regional networks in the Pacific

Forums, communities of practice and other platforms, such as technical working groups, provide an opportunity for information-sharing between government and development partners. They also offer opportunity to present evidence and to include communities and youth in decision-making. Some countries had formalized technical working groups that were led by the government (Indonesia and Fiji), while others had informal communities of practice initiated by international NGOs (Myanmar and Papua New Guinea).

Review informants flagged the opportunity for existing technical working groups or other forums to be harnessed and expanded. In Fiji, a technical working group led by the Ministry of Education, Heritage and Arts with United Nations agency membership was established for a sanitary pad voucher programme and is an emerging platform for other menstrual health efforts. In Papua New Guinea, WaterAid leads a successful ongoing community of practice consisting of the Department of Education and WASH, international NGOs and local civil society organizations. And in Vanuatu, the Sanitation Working Group, led by the Ministry of Health and supported by UNICEF and other development partners, adopted menstrual health as a standing agenda item.

"Two guides are still in draft but planning to use technical working group as a way to endorse it. [They are] hoping to piggyback on the technical working group." – Review informant, UNICEF Pacific, Fiji

"That platform will be the agent of change for menstrual health in the country because we have different stakeholders and implementers who are coming together and giving our views on menstrual health and how we could best address it at our level and the higher level." – Government official, Papua New Guinea

"There are working groups that are trying to raise awareness on how important it is for everyone to consider menstrual health as important as the rest of the health issues." – Review informant, The Pacific Community CXI, Kiribati

Regional forums that provide opportunities to share best practices and learnings are also seen as beneficial platforms to advocate and draw attention to persistent issues and barriers. The Pacific Menstrual Health Network comprises stakeholders from local grass-roots civil society and NGOs and women-led pad producer businesses across five Pacific countries. The Network has enabled a platform for cross-regional dialogue, learning and sharing and was highlighted by review informants as a successful step forward for driving menstrual health agenda in the region.

3.4 PROGRESS: FINANCING

Financing: Realistic sector budget and associated funding streams that are transparent, with data on taxes, tariffs and transfers available for use. Cost categories allow for comparison and estimates across the sector to ensure sustainable service delivery.

Adequate funding and financing for menstrual health remained a barrier to progress. In most Pacific countries, the lack of a policy or strategy for menstrual health was identified as a barrier to enabling the government to allocate funding for menstrual health. In countries where menstrual health had been included in policies, strategies or guidelines, inadequate dedicated budget allocation to operationalize the policy for menstrual health was stated as a challenge, which is related to the lack of clear institutional arrangements that specify which ministries are responsible for different aspects of menstrual health.

Fiji was one example of a national government allocating budget towards menstrual health services. In 2022, the Government allocated 1.5 million Fijian dollars (approximately \$686,500) to menstrual product provision for girls in school, despite the lack of policy in place to guide this investment. Solomon Islands had evidence of costings for school WASH infrastructure, which included disposal for menstrual materials. Beyond these two examples, few countries had set explicit policy milestones that could be costed or against which a budget could be allocated. No examples of menstrual health costings were found in the education or health sectors in the region.

The lack of examples of adequate national menstrual health budgeting highlights the critical need to improve financing for menstrual health, including practical steps to: cost national menstrual health targets; allocate funding; ensure full budget execution; and undertake financial tracking of those targets. While progress towards policy and institutional arrangements was gradually getting stronger in some menstrual health areas, it was not been met with the allocation of a public sector budget at the national and subnational levels.

Review informants regarded the Fiji Government financial investment towards menstrual pads as a critical moment of support towards menstrual health and flagged that advocacy needs to target policy development specifically to gain funding.

“I think the budget, enabling environment and financing in the national budget was a game changer in Fiji.” – Review informant, UNICEF, Fiji

Pacific development partners, such as United Nations agencies and NGOs, fund service delivery for menstrual health. Many non-governmental review informants highlighted the need for government budget allocation (at the national and subnational levels) for more sustainable and scalable service delivery, without the reliance on continued development partner funding.

“Not like in the NGO space where there is specific funding for menstrual health, it is absorbed in funding for school WASH or health care facilities, but no direct funding for menstrual health.” – Review informant, NGO, Papua New Guinea

“One of the barriers that has been raised is that we don’t have a policy or strategy for menstrual health at the moment, so probably, leading from that, might be the reason we don’t have specific funding for that area.” – Review informant, NGO, Papua New Guinea

3.5 PROGRESS: CAPACITY

Capacity: Institutions ability to fulfil the roles and responsibilities required by them, including service delivery that can be delivered sustainably and at scale. Planning and coordination of training, tools, frameworks and incentives in place strengthen capacity and enable effective internal capacity, in addition to the capacity of other external stakeholders to contribute and engage within the sector.

For institutional capacity to be effective, frameworks and planning are required to detail what capacity is required, by whom and how best it can be strengthened. For most countries, regardless of the level of attention to menstrual health, no comprehensive capacity-building plans for menstrual health were found, which was indicative of capacity limitations across the region that present a barrier to enacting strong support. International donors and global bodies injected some financing and supported capacity development. In some cases, NGOs were providing technical support and training, yet review informants reported that opportunities for training and upskilling were few due to budget constraints. Frequent staff turnover resulted in capacity challenges because training needed to be delivered repeatedly. For most countries, regardless of the level of attention to menstrual health, limitations in capacity presented a barrier to enacting strong support.


Table 11 presents the status of progress towards enacting and monitoring policies and plans throughout the Pacific. For each policy or plan identified in the country review, the table includes information on the implementation arrangements in place to support it, the extent to which progress has been made towards implementation of the policy drawn from the document review and stakeholder reports, and any monitoring in place to track a policy's or plan's progress.

“Programming – there are some challenges around capacity but more heavily on the lack of capability and the right skill set to prioritize and integrate flexible approaches into government-tailored programmes, whether it is a social enterprise focusing on menstrual health and hygiene or the curriculum in schools teaching to teach menstrual health and the making of sanitary products in home economic classes. These approaches were mostly driven and implemented by NGOs, such as CARITAS, ADRA, Plan International, Live & Learn, World Vision and UNICEF. For social enterprises like ours, we are very passionate people wanting to implement the menstrual outcomes without any hesitation but also keeping in mind any signs of resistance and uncertainty and unforeseen circumstances. We need financial support: a proper office set-up, coordination support and core policy support backed up with our strong networking skills.” – Review informant, Kaleko SteiFree, Solomon Islands

Table 11 Pacific summary: Policies and plans and their implementation and monitoring

Policy and plans	Implementation arrangements	Implementation and service delivery	Monitoring
Fiji			
National Gender Policy (2014) , which outlines women's reproductive health and menstrual materials in public spaces and workplaces. 	<p>The Ministry for Social Welfare, Women and Poverty Alleviation is responsible for the policy's implementation.</p> <p>No budget allocation was found for menstrual health.</p>	<p>No information was found on implementation of menstrual health policy.</p>	<p>Unable to find information on monitoring of this policy.</p>
Minimum Standards on WASH in Schools Infrastructure (2012) , which outlines the requirements for <ol style="list-style-type: none"> 1) a washing space for girls including a shower; 2) provision of menstrual products in schools; and 3) facilities for safe disposal, including one sanitary bin per girls' toilet. 	<p>The Ministry of Education, Heritage and Arts is responsible for delivery of the Minimum Standards. The Ministry is supported by a technical working group made up of United Nations agencies.</p> <p>Budget allocation for a menstrual product provision scheme was announced by the Government to the media, at 1.5 million Fijian dollars in 2022.</p>	<p>Activities were implemented as part of school WASH programmes, focusing on improved access to information, materials and facilities.</p> <p>The implementation of menstrual product provision scheme provided menstrual products to girls in grades 7–13 in schools.</p> <p>UNICEF's Reach for the Stars WASH in Schools Project (2017–2020) supported schools to improve WASH infrastructure and education, including the Three Star Approach and WASH guidelines.</p>	<p>The education management information system monitors:</p> <ul style="list-style-type: none"> • bins for menstrual waste; • showers and changing rooms for girls in schools; and • toilet doors with hooks for clothes.
National Child Protection Strategic Plan 2022–2027 , which details access to dignity kits in police stations. 	<p>The Ministry of Women, Children and Poverty Alleviation's Department of Social Welfare is responsible for the policy's implementation.</p> <p>No budget allocation was found for menstrual health.</p>	<p>Implementation of menstrual health provision was unclear.</p>	<p>Unable to find information on the monitoring of the Strategic Plan.</p>
National WASH Cluster standards (2020) , which contains provisions for a minimum standard of hygiene kit in emergencies and disposal mechanisms. 	<p>The Ministry of Health (Environmental Health) is responsible for cluster standards, with UNICEF as co-lead.</p> <p>No budget lines were found for menstrual health.</p>	<p>Menstrual health in emergencies was being implemented by development partners, such as ADRA, which supplied 5,000 dignity kits, and Pacific Disability Forum and UNFPA, which collaborated to distribute kits to women with disabilities.</p>	<p>Unable to find information on the monitoring of the standards.</p>

Table 11 Pacific summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation and service delivery	Monitoring
<p>Family Life Education curriculum (2010), which contains puberty and menstruation education.</p> 	<p>The Ministry of Education, Heritage and Arts is responsible for Family Life Education implementation across schools.</p>	<p>Reach and coverage for menstrual health as part of Family Life Education was unclear.</p> <p>A teacher's guidebook on menstrual health was developed. Informants reported the Ministry of Health implements through school visits to provide education on puberty, menstruation and sexual and reproductive health to teachers and students.</p>	<p>The education management information system captures whether menstruation is taught at school, but limited information was found on this.</p>

Kiribati





<p>Kiribati WASH in Schools Policy (2021), which outlines menstrual health programmes for students, provision of WASH in schools and that students are empowered, encouraged and supported by teachers, school, community and the Ministry of Education on menstrual health.</p>   	<p>The Ministry of Education led on school-based menstrual health service delivery, including awareness, support to girls and the provision of menstrual health materials and WASH facilities. The Ministry also supported health promotion activities with the Ministry of Health and Medical Services in schools. The Ministry of Health and Medical Services led on awareness and community engagement through their health care facilities and communities and monitoring of solid and liquid waste disposal. The Facilities Management Unit in collaboration with the Ministry of Infrastructure and Sustainable Energy is responsible for provision of WASH infrastructure in schools that meets minimum requirements under the national infrastructure standards for schools and the national building code. A former multisectoral working group responsible for WASH in Schools coordination and led by the Ministry of Education is being revived. School Improvement Plan Committees are responsible for operation and maintenance of school WASH infrastructure.</p> <p>No budget lines were found for menstrual health.</p>	<p>WASH in Schools was a key focus of the Ministry of Education and the Ministry of Health and Medical Services, although current implementation for menstrual health in the policy was difficult to get information on.</p>	<p>Menstrual health was not included in Island Education Coordinator reports and the Ministry of Education monitoring visits. The Ministry is responsible for school WASH monitoring using the education monitoring information system, and UNICEF provided technical and financial support.</p> <p>In 2017, UNICEF and the Ministry of Education led a rapid assessment of menstrual health and hygiene in schools.</p>
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Table 11 Pacific summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation and service delivery	Monitoring
<p>Kiribati WASH in Primary Schools Infrastructure Standards (2021), which outlines provisions for schools to provide adequate facilities for washing and sanitary waste disposal.</p> 	<p>Ministry of Education is responsible for WASH in Schools.</p> <p>The Ministry of Health and Medical Services is responsible for health promotion in schools and monitoring of solid and liquid waste disposal. The Facilities Management Unit, in collaboration with the Ministry of Infrastructure and Sustainable Energy provide WASH infrastructure support to schools.</p> <p>No budget lines were found for menstrual health.</p>	<p>Implementation was unclear. Examples of Sanitary Survey Checklists and WASH Safety Planning Technical Toolkit were found to guide delivery of WASH in Schools, however, reach and use were unclear.</p>	<p>WASH infrastructure monitoring was done through the Island Education Coordinator reporting and Facilities Management Unit monitoring visits to schools and islands, but this reporting was not connected to national reporting systems.</p> <p>The Ministry of Education and Facilities Management Unit, with Volunteer School Improvement Plan Committees, were responsible for day-to-day assessments, while the Island Education Coordinator was responsible for reporting, assessments, monitoring at the island level.</p>
<p>Healthy Living Syllabus (2018), which outlines primary school grades 5 and 6 basic menstruation information and practical management.</p> 	<p>The Ministry of Education is responsible for the national curriculum, the assessment framework and integration of the Healthy Living syllabus into the curriculum.</p>	<p>The syllabus was delivered in all schools as part of the national curriculum.</p> <p>UNICEF and Live & Learn NGO developed and rolled out a factsheet on 'Puberty and Hygiene' and a teaching guide for teachers across 32 schools.</p>	<p>The Ministry of Education curriculum unit is responsible for monitoring of the syllabus, but the review was unable to find further information on this.</p>

Micronesia (Federated States of)




<p>A house joint resolution on Enjoining Chuuk State Government Agencies to Support the Implementation of WASH in Private and Public Schools in Chuuk State (2019), which outlines provisions for schools to provide private and safe sanitation facilities and services.</p> <p>FSM Association of Chief State School Officers (2020), which is a resolution endorsing WASH in Schools in the four states of Micronesia. While there is no explicit mention of menstrual health, both policies are leading to greater menstrual health action.</p> 	<p>Two WASH in Schools policy mechanisms are leading to increased menstrual health action by the Department of Health and Social Affairs.</p>	<p>Department of Health and Social Affairs and UNICEF undertook a baseline survey (2021) on menstrual health, with the support of the College of Micronesia, to inform on WASH in school services and standards.</p> <p>The Pohnpei State Department of Education was adapting comic books to local languages in all states and supporting capacity-building among teachers on using the booklets to raise awareness and how to make reusable pads as part of students' classes (such home economics).</p>	<p>The Department of Education and UNICEF were working in Pohnpei, Chuuk, Yap and Kosrae states to strengthen WASH data collection, including monitoring menstrual health in the curriculum; the WASH in Schools Accreditation Standards and Joint Monitoring Programme indicators.</p>
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Table 11 Pacific summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation and service delivery	Monitoring
Papua New Guinea			
<p>Policy and Standards for WASH in Schools 2018–2023, in which objective 5.3 outlines provisions for girls' and boys' menstrual health education; provisions for menstruation-friendly WASH infrastructure and services; and training of teachers and staff to supplement menstrual health education.</p> 	<p>The National Department of Education is responsible for implementation of WASH in schools.</p> <p>The WASH Programme Management Unit is responsible for coordination of and support for all WASH services, including supporting departments and partners to plan, cost, coordinate and deliver services.</p> <p>The National Department of Education's Curriculum Division is responsible for the health and physical education syllabus and curriculum.</p> <p>No budget lines were found for menstrual health.</p>	<p>The National Department of Education was delivering WASH services in schools with support from development partners. The Department developed a training guide for teachers to deliver menstrual health education in 2018 but reach is unclear.</p>	<p>The National Department of Education and WASH Program Management Unit's WASH in Schools 2018–2023 monitoring is undertaken annually using the mWater mobile-to-web data management tool, but it did not include menstrual health measures. Indicators in the policy refer to sex-segregated toilets, change rooms and disposal facilities.</p>
<p>National WASH Policy (2015–2030) specifies that sanitation subsidies can be targeted to improve menstrual hygiene and mentions sex-segregated toilets in public settings.</p> 	<p>The PNG Department of National Planning and Monitoring (DNPM)'s WASH Programme Management Unit are responsible for planning, monitoring and coordinating financing of WASH service delivery and coordination in PNG.</p> <p>No budget lines were found for menstrual health.</p>	<p>The WASH Programme Management Unit coordinates delivery of WASH services across development partners and stakeholders, in collaboration with the National Department of Health and of Education. The 'Healthy Islands' guidelines are delivered in communities, with some awareness sessions on menstrual health as a hygiene issue.</p>	<p>PNG's National WASH Management Information System uses the mWater survey application tool to collect data on WASH in households, schools and healthcare facilities. Household surveys do not include menstrual health measures, but healthcare facilities and schools monitor WASH facilities for menstrual health infrastructure.</p>
<p>National Education Plan (2020–2029), which includes provisions for WASH in dormitories and gender-sensitive WASH facilities in schools.</p> 	<p>The National Department of Education is responsible for delivery of WASH in Schools, with support from the WASH Programme Management Unit.</p> <p>No budget lines were found for menstrual health.</p>	<p>Implementation for menstrual health was unclear. See above for WASH in Schools.</p>	<p>Unable to find information on the monitoring of the plan.</p>

Table 11 Pacific summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation and service delivery	Monitoring
National Health Plan (2011–2020) , which requires community menstrual health education through the Healthy Islands approach. 	The National Department of Health is responsible for implementation of the plan.	Implementation of the Plan by the National Department of Health was supported by development partners across rural communities.	Unable to find information on the monitoring of Healthy Islands.
National Health Sector Gender Policy (2014) , which acknowledges menopause as a critical life stage and objectives for men's and women's equal access to and use of health information. 	No information was found on implementation arrangements of the policy.	No information was found about service delivery of the Policy.	No information was found about monitoring of the Policy.

Solomon Islands





Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018) , which contains eight criterion for menstrual health, including provision of products; support and guidance from teachers; adequate infrastructure that is sex-segregated, and private and proper disposal systems.   	The Ministry of Education Health and Rural Development, with the Ministry of Health and Medical Services (Environmental Health Department) and Rural WASH Department, deliver school WASH and ensure compliance. Implementation arrangements are complex, and no menstrual health budget lines were found.	The Ministry of Education Health and Rural Development was supported by development partners to deliver WASH in Schools. The national standards were supported by the <i>Technical Requirements Manual for School WASH Facilities and the Three Star Approach Field Guide</i> . The <i>WASH in Schools Guidance for Designs and Bills of Quantity</i> sets out costs for an menstrual health toilet cubicle in schools.	The Ministry of Education Health and Rural Development's annual monitoring applied the WASH in Schools' Three Star Approach, with support from UNICEF. Annual reporting mechanism using the appropriate form to report on compliance.
Strategic Plan Rural WASH (2015–2020) , which outlines provisions for menstrual health in school WASH infrastructure (4.16) and applies the Joint Monitoring Programme's definition of 'menstrual hygiene management'. 	The Ministry of Health and Medical Services' Environmental Health Department and Rural WASH Department are responsible for delivery of the Strategic Plan. No budget lines were found for menstrual health.	NGOs and United Nations agency were supporting WASH in schools and health facilities.	Two indicators on menstrual health: <ul style="list-style-type: none"> number of schools and clinics with WASH facilities constructed or rehabilitated and number of girls and female teachers with access to basic menstrual health facilities.

Table 11 Pacific summary: Policies and plans and their implementation and monitoring (continued)

Policy and plans	Implementation arrangements	Implementation and service delivery	Monitoring
Vanuatu			
National Syllabus Family Life Education Years 11–13 (2013, updated 2022) , which contains adolescent sexual and reproductive health information for school students. 	The Ministry of Education and Training are responsible for delivery of the Family Life Education syllabus across schools, including curriculum development and teacher training.	The Ministry of Education and Training collaborated with UNFPA to develop and roll out the revised Family Life Education syllabus in 2022, with teacher training underway.	The Ministry of Education and Training's education management information system did not monitor Family Life Education delivery. In 2023, a UNFPA and Ministry pilot will monitor teacher training in Family Life Education.
National Disability-Inclusive Development Policy (2018–2025) , which contains strategic policy on mainstreaming disability, including WASH, the menstrual health of women and girls with disabilities and identifying barriers to menstrual health facilities.  	The Ministry of Justice and Community Services' and the Department of Water Resources, and the Vanuatu Disability Promotion and Advocacy Association is responsible for delivery of the Disability-Inclusive Development Policy provisions to improve access to menstrual health and hygiene information for women with disabilities. No budget lines were found for menstrual health.	Implementation for this policy was unclear, however, development partner programmes focused on delivering menstrual health WASH services to women with disabilities (World Vision).	Unable to find information on the monitoring of the Disability-Inclusive Development Policy.
National Sanitation and Hygiene Policy (2017–2030) , which contains policy objectives to improve menstrual health outcomes by research and data generation; advocacy for budget provisions and investment in schools, work and households menstrual health-friendly WASH services. 	The Ministry of Health delivers the policy with coordination between the Sanitation Board and the Department of Water Resources and the Department of Public Health. No budget lines were found for menstrual health and hygiene.	The implementation framework for WASH-related policies was in the policy document. Implementation for menstrual health was unclear.	Unable to find information on the monitoring of menstrual health in the policy.
WASH in Schools and Minimum Quality Service Standards (forthcoming) , which contains a provision to develop a national WASH in Schools policy and framework with minimum standards, guidelines and curriculum. 	The Ministry of Education and Training was leading the development of the service standards and will be responsible for the roll out.	Not applicable (forthcoming).	The Ministry of Education and Training had embedded 21 WASH in schools indicators, including for menstrual health and data collection processes, into the education management information system.

3.6 PROGRESS: SERVICE DELIVERY

Service delivery: Governments and NGOs deliver services across the region, with varying degrees of coordination and collaboration. Both offer strengths and limitations to the effective delivery of services. While governments are ultimately accountable for the delivery of services fulfilling the rights to health, education, water, sanitation and non-discrimination, competing priorities and underfunding results in NGOs sometimes filling gaps in service delivery. Additionally, some NGO programmes are delivered outside of government systems. Both government and NGOs programming regularly deliver menstrual health activities as a part of WASH, health or sexual and reproductive health programming in school settings. Because NGO programming is reliant on donor funding, some review informants commented on the challenges of sustainability, noting that programmes cease at completion, whereas ongoing programmes through government systems would be preferable.

Pacific menstrual health service delivery is often small in scale, with school-based education and/or WASH services delivered in urban and rural locations by different actors. This made it difficult to assess whether there was national coverage for menstrual health services meeting the needs of whole population groups. One example was Fiji's Reach for the Stars WASH in Schools programme supported by UNICEF, which reached 55,000 students with facilities to manage menstrual health through WASH services.³² While there were pockets of larger-scale programmes like

these in the Pacific, on the whole, coverage was challenging to assess.

This regional review sought to collate progress in service delivery across the region. The following snapshot provides a summary of the kinds of programmes being implemented to address different requirements for menstrual health.

Note that more detailed information on programming within each review country is provided in individual [country reports](#).



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Table 12 Snapshot: Programming for menstrual health across the Pacific

ACCESS TO INFORMATION AND EDUCATION

Across the Pacific region, governments and organizations delivered services to support access to information and education. Programmes for information and education generally focused on adolescent girls and were delivered in school settings.

- **Education in schools:** Frequently, organizations worked together with governments to develop and deliver training for puberty and sexual and reproductive health in schools, including menstrual health. For example, UNFPA worked with the Ministry of Education and the Ministry of Health in Vanuatu on the development and delivery of the Family Life Education syllabus. In Fiji, the Family Health Association partnered with ministries for educational school visits, where nurses were present to provide health information. In some countries, such as Vanuatu and Papua New Guinea, local and international organizations provided education directly. For countries that had not adopted comprehensive sexuality education, there were varying (or no) standards for what is taught and therefore the quality of delivery is unknown.
- Services also supported access to education in schools through advocacy and policy assistance. For example, in Kiribati, efforts were made to advocate for the inclusion of menstrual health in the curriculum and a review of sexual and reproductive health curriculum and in Solomon Islands, the New Zealand Ministry of Foreign Affairs and Trade and the Australian Department of Foreign Affairs and Trade supported the implementation of the National Education Action Plan 2016–2020.
- **Teacher capacity-building:** In some settings, training was also provided to teachers directly or through the development of guides. For example, teacher training was a component of the Family Life Education syllabus support in Vanuatu. In Papua New Guinea, WaterAid and Marie Stopes International collaborated with the Department of Education in 2018 to jointly develop a menstrual health education guide for teachers.
- **Education in communities:** In some countries, such as Papua New Guinea, Solomon Islands and Vanuatu, organizations delivered education and awareness-raising in community settings and workplaces. For example, in Vanuatu, World Vision led education sessions for women with intellectual disabilities and carers, focusing on needs in emergency settings. In Papua New Guinea, the civil society organization QueenPads also delivered education to communities and workplaces. In Fiji, UNICEF and the Ministry of Education, Heritage and Arts drafted a teachers' guidebook for menstrual hygiene management.
- **Information, education and communication materials:** Organizations frequently developed information, education and communication materials, ranging from brochures to films. In Kiribati, the Girl Guide Association supported the development of a film about menstrual health in the Line Islands and Live & Learn developed a factsheet, 'Puberty and Hygiene', for menstrual health. Brochures and paper-based materials were developed in the Solomon Islands for Menstrual Health Day, and in the Federated States of Micronesia, the Department of Education distributed comic books on menstrual health to primary school students. However, not all of these materials proved effective in creating sustainable behaviour change.
- **Digital and online information:** In Papua New Guinea, the Oky app was undergoing testing, and there were online campaigns, such as the No Shame Campaign, to encourage discussion around menstruation.
- **Peer-to-peer programmes:** In Fiji, organizations provided girls, including girls with disabilities, with training to share menstrual health information with peers and mentorship for menstrual health advocacy and leadership.
- In Federated States of Micronesia, Kiribati and Solomon Islands, the events around Menstrual Hygiene Day provided opportunities to build knowledge around menstruation.
- Research and data collection supported access to education and information, for example, in 2021, UNICEF and the College of Micronesia conducted a baseline survey on menstrual health in schools, and in Kiribati, UNICEF and the European Union supported a gender analysis review.

Table 12 Snapshot: Programming for menstrual health across the Pacific (continued)**ACCESS TO MATERIALS, FACILITIES AND SERVICES**

Governments and organizations predominantly worked towards providing access to services and materials in two areas:

- 1) supporting WASH in schools and in the community and
- 2) providing access to menstrual products.

Safe and menstruation-friendly WASH facilities were mostly in schools and, to a lesser extent, in communities and health care facilities, with actions that included:

Supporting menstrual health through WASH:

- Service delivery across the Pacific region is often focused on WASH in schools, with the Solomon Islands, Federated States of Micronesia, Fiji, Kiribati and Vanuatu delivering services based on GIZ and UNICEF's Three Star Approach, which aspires to a basic WASH service level and some provisions of menstrual health.
- In general, services outside of schools were less common. In the Solomon Islands, organizations delivered training on WASH and hygiene to communities, schools and rural health clinics. In Papua New Guinea, the Asian Development Bank supported water supply in informal settlements, and in Vanuatu, World Vision's programmes aimed to improve WASH access for women with disabilities.

Providing access to menstrual products:

- Across the region, governments and organizations worked to provide menstrual products and hygiene kits. For example, the Ministry of Education, Heritage and Arts implemented a menstrual product provision scheme aiming to provide menstrual products to all girls in years 7–13. During Cyclone Harold, numerous organizations distributed hygiene kits to women and girls, including kits designed to meet the needs of women with disabilities. In the Solomon Islands and as part of CARE's Disaster Ready humanitarian response, women at risk of abuse were provided with menstrual health supply kits. In Vanuatu, World Vision's services focused on reaching women with disabilities.
- Reusable menstrual pads were produced and distributed in several countries in the Pacific region, including the Federated States of Micronesia, Papua New Guinea, Samoa and Vanuatu. In Vanuatu, reusable pads were distributed as part of emergency response efforts.

**ACCESS TO CARE FOR DISCOMFORTS AND DISORDERS**

Across the Pacific region, few services focused on providing access to care for discomfort and disorders.

- In Fiji, the Ministry of Health and Medical Services and UNICEF jointly developed a community health worker training manual that addresses menstrual health. In the Federated States of Micronesia, there were plans to provide menstrual health care at community health centres.

**ACCESS TO A SUPPORTIVE SOCIAL ENVIRONMENT**

Across the region, there were a small number of programmes providing access to a support social environment.

- **Training and guides:** In Fiji, Kiribati and the Solomon Islands, guides or modules were developed to encourage discussion around menstrual health and promote safe and supportive environments, such as the Safe Schools module in the Solomon Islands or in Kiribati, the Live and Learn's *Teaching Wash in Schools Menstrual Hygiene Management Guide*. In Fiji, a teacher's guidebook was developed to support the provision of appropriate menstrual health information to students and help to correct misinformation around menstruation. In Fiji, menstrual health training was provided to boys to promote support and open discussion.

Table 13 Enablers and barriers for service delivery: Stakeholders' perspectives across the Pacific



Enablers

Organizational collaboration

Collaboration between organizations, such as NGOs offering different areas of expertise, enabled comprehensive programming that addressed multiple requirements of menstrual health.

For example, WaterAid and Marie Stopes International leveraged two areas of technical expertise required for menstrual health, sexual and reproductive health and WASH that resulted in strong and sustained programming.



Barriers

Staff upskilling

Only one organization in Vanuatu commented on the essential aspect of comprehensive staff training to ensure their menstrual health knowledge is of a certain standard before undertaking facilitation.



Enablers

Schools are effective settings to instil positive menstrual perceptions and behaviours

The formal learning environment, students' expectations and the professional role of teachers and staff supporting content delivery see school as an effective environment for programme delivery.

The introduction of menstrual health in primary school was described as providing students a positive foundation to build knowledge as they progress through school.

School settings enabled students to act as knowledge-sharing agents, taking information learned in school back to their communities.



Barriers

Community-based programming is challenging to deliver

Community-based programming was seen as less effective due to the time-consuming nature of reaching remote locations and associated monitoring challenges. However, the lack of community-programming was seen as a gap by many stakeholders because groups, such as children with disabilities, non-school-attending children and remote communities were missed.

Additionally, the influence of family and community in shaping children's perceptions and opinions was significant. Mothers, fathers, grandmothers, aunties and other female relatives were emphasized as influential in shaping attitudes and behaviours sometimes in harmful ways. These key influences are missed if programming is only delivered in schools.

“

We hope to have same impact in communities as we have had in schools. In schools we have facilities for women and girls to use, which has improved girls' retention rate and academic performance. While that is happening in schools, they will go back to their home. At home, they may not have facilities that they have in schools so they resort to other things which they feel is contradicting to what they have in schools. So it is also important to also influence in communities so that everything can be just right across the board. – Government official, Papua New Guinea

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Table 13 Enablers and barriers for service delivery: Stakeholders' perspectives across the Pacific (continued)**Enablers****Menstrual health incorporated into school curriculum**

Government review informants across the Pacific highlighted incorporation of menstrual health into the school curriculum and building supportive school environments as a potential strategy to standardize menstrual health education and to promote the normalization of menstruation from a young age. Incorporation into the curriculum was seen as a necessary way to engage teachers on the subject and improve the content of education delivered.

“

Even if they know it's important, they don't take responsibility unless it is in the curriculum. Therefore, curriculum is so key. – Review informant, NGO, Solomon Islands

”

“

[Menstrual health is] not in the curriculum, but it is in a health subject in primary school. But it is very shallow. – Review informant, NGO, Solomon Islands

”

Expanding menstrual health education to including boys was also raised as a critical action to reduce bullying and shame.

“

This is a gender issue that requires a whole-of-government approach, with civil society, NGOs, youth, women and faith-based organizations. Menstrual health needs to be implemented into the school curriculums. – Review informant, Federated States of Micronesia

”

“

Menstrual health is in the curriculum but not in detail. A lot of work is needed to reduce stigma, such as raising male champions. – Review informant, UNICEF, Fiji

”

**Barriers****Challenges for effective implementation of school curriculum**

The effectiveness of integrating menstrual health education into the school syllabus was impacted by capacity and resource problems. Teachers are currently not adequately trained in menstrual health, are not confident to teach the subject and the revolving nature of employment made sustainable programmes challenging. This may result in thin or poor-quality education.

“

Teachers themselves do not have the confidence to teach the subject. The teachers do not teach it confidently. – Review informant, Fiji Women's Rights Movement, Fiji

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“

It's necessary to link with the teachers in schools as they have first-hand experience of what's happening in the classroom. How are they managing it? When I ask some of them, they say they advise girls to go home. – UNICEF WASH in Schools consultant, Federated States of Micronesia

”

Table 13 Enablers and barriers for service delivery: Stakeholders' perspectives across the Pacific (continued)



Enablers

Local civil society organizations provide menstrual products in humanitarian response

In countries prone to natural disasters, such as Fiji and Vanuatu, emergency response menstrual product provision and trial programmes had positive outcomes and raised awareness to the need for improved menstrual health in long-term development priorities.

Civil society organizations, including small business and social enterprises, emerged as key actors advocating and delivering product provision, specifically reusable pads.

“

The trends that I've seen emerging with reusable pads and start-up entrepreneurial opportunities for women is taking off. – Review informant, NGO, Papua New Guinea

”



Barriers

Humanitarian settings face heightened access challenges and civil society organizations are restricted in scope

Programmatic challenges included participants not having access to appropriate facilities for hygienic management of menstrual bleeding, including changing, washing and disposal. Additionally, individual product preferences were restricted in these conditions and programmes.

Local civil society organizations noted substantial capacity and funding challenges and were restricted in their scope and reach.

Menstrual stigma and taboos at all levels

Stigma and taboos emerged as the most frequently cited barriers to effective programming, with its propensity to impact all levels, from governments and decision-makers to students receiving programming. Programming must address harmful social norms to shift long-held misconceptions that negatively impact women, girls and those who menstruate.

A survey respondent indicated that community and government stigma remained the largest barrier to improved programming and the one that requires the most attention. They highlighted the need to encourage family- and community-based discussions, but this needs government support.

Review informants reported on teachers' – especially male teachers' – inability to confidently and effectively deliver menstrual health education because they were uncomfortable discussing what they consider a taboo topic with children. Schools must also navigate expectations of students' parents, who may not support their children receiving menstrual health education. A Pacific survey respondent suggested that parents may avoid or choose not to discuss menstrual health and puberty with their children and in response, children may seek information from other sources.

Social norms and associated beliefs and traditions were often most deeply entrenched in remote and rural communities.

“

We need to promote it in school – the curriculum and the importance of it in the curriculum. Men are scared to talk about it. It would help the girls.

– Review informant, College of Micronesia, Federated States of Micronesia

”

Table 13 Enablers and barriers for service delivery: Stakeholders' perspectives across the Pacific (continued)**Enablers****Male engagement**

Few review informants commented on the promising early development of more men attending sessions, asking questions, discussing and stepping into the menstrual health space more generally. Because men are cultural gatekeepers, their presence and involvement promotes normalization. In Kiribati, male perceptions were changing among those who had access to education, such as persons living in urban areas.

“

Men increasingly are coming out during sessions and asking more questions [and receiving requests for men-only sessions too]. – Review informant, Reproductive and Family Health Association, Fiji

”

**Barriers****Human resource and capacity challenges**

Meaningful male engagement in programming requires field staff and trainers to possess strong facilitation and technical skills. Male and female trainers are required to enable effective sex-segregated activities and open discussion.

Cost and access of materials

Stakeholders emphasized the cost and availability of menstrual products as an ongoing challenge. This includes the cost of products and the cost of materials for manufacturing products.

“

One of the challenge is the lack of products like pads. Like some women might have heavy periods, then most of them use diapers because we don't have those extra pads that can be used for heavy bleeding. – Review informant, Kiribati

”

Remote communities bear the greater burden of this with geographic challenges affecting affordability and the supply of materials and access to clean water.

“

Access to supplies is also a challenge. There's only one major local enterprise manufacturing reusable sanitation pads, and they are based in Efate. Access to sanitary pads in rural areas is a major challenge. Most women and girls use napkins or rags from clothes, often with poor absorbance, which can affect their full participation in community activities. – Review informant, UNICEF, Vanuatu

”



4. MONITORING, EVALUATION AND EVIDENCE ACROSS EAST ASIA AND THE PACIFIC

4.1 PROGRESS IN MONITORING AND EVALUATION

Quality monitoring and evaluation are essential to successful policy development and service delivery. Results equip governments and stakeholders with evidence to improve service delivery and to advocate for allocation of resources and the continuation or scaling up of successful interventions.

The 2016 UNICEF regional review of menstrual health and hygiene³³ highlighted that menstrual health programmes were in their early stages. This meant monitoring systems and evaluations were limited at the national, district and programmatic levels, and no publicly available monitoring and evaluation reports were identified in the 2016 review. At that time, several guidelines and frameworks to support menstrual hygiene

management monitoring and evaluation had been developed or were in the process of finalization, such as Plan International's Gender and WASH Monitoring Tool (2014) or Save the Children's Menstrual Hygiene Management: Operational Guideline (2016), which included guidance on baseline assessment.

This 2023 regional review assessed progress in monitoring through a desk review, a survey of stakeholders, including requests to describe current monitoring activities and to share reports, and interviews and group discussions with informants. Evaluations were identified and synthesized through a systematic review of academic and grey literature. Informant interviews and survey responses provided insights into barriers and enablers.

Table 14 Definitions for monitoring and evaluation

Monitoring	<p>“Monitoring is a continuous process that tracks what is happening within a programme and uses the data collected to inform programme implementation and day-to-day management and decisions.”*</p> <p>Monitoring can use administrative data, including funding, to capture activities, track programme outputs and may assess outcomes. Analyses focus on trends over time, with mechanisms to feed findings into improving service delivery.</p> <p>Examples of monitoring for menstrual health:</p> <ul style="list-style-type: none"> • Tracking outputs and • Monitoring outcomes, such as beneficiary access to information, facilities and services for menstrual health.
Evaluation	<p>“Evaluations are periodic, objective assessments of a planned, ongoing or completed project, programme or policy. Evaluations are used selectively to answer specific questions related to design, implementation and results. In contrast to continuous monitoring, they are carried out at discrete points in time and often seek an outside perspective from technical experts.”*</p> <p>Examples of evaluations for menstrual health:</p> <ul style="list-style-type: none"> • Planned mid-line or end-line evaluations and • Randomized trials, controlled before and after studies.

Note: * = Gertler, P.J., et al., *Impact Evaluation in Practice*, World Bank Publications, Washington, D.C., 2016.



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National monitoring

There have been advancements in menstrual health monitoring standards at the national and subnational levels globally over the past five years. National data were collected through such efforts as the inclusion of menstrual health indicators in the Multiple Indicator Cluster Surveys, starting with the sixth round individual women's questionnaire in 2017. In 2021, the World Health Organization and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene reported³⁴ that 42 countries had data on at least one national indicator for menstrual health. This included fewer countries from Oceania or East and South-East Asia, where six countries reported data related to participation, seven on access to a private space for menstrual management and six capturing use of menstrual materials. In 2022, a short list of priority indicators for monitoring menstrual health and hygiene among adolescent girls at the national level was released,³⁵ providing recommended indicators for country consideration and to improve comparability across countries.

A full review of country Health Monitoring Information Systems and the Education Monitoring Information Systems was outside of the scope this review. However, in interviews and surveys, review informants discussed the progress and role of national monitoring systems and their perspectives on progress and barriers. Review informants highlighted the importance of including menstrual health in national monitoring systems. This was seen as essential to sustainable monitoring, capturing progress towards supporting menstrual health across the population and assessing progress resulting from policies and service delivery efforts.

The most successful examples of monitoring menstrual health through national monitoring systems came from the UNICEF WASH in Schools programme. Use of the Three Star Approach to WASH in Schools³⁶ enabled greater integration of menstrual health into national education management information systems because menstrual health is included in recommended indicators of the Three Star Approach. The approach includes three criteria related to menstrual health to achieve the 'two star' level: (i) sex-segregated toilet facilities for menstrual

management; (ii) menstrual health education sessions for students; and (iii) supply of menstrual products. In East Asia, Cambodia, Indonesia, Lao PDR and Philippines used the Three Star Approach, while in the Pacific, the Federated States of Micronesia, Fiji, Kiribati, Solomon Islands and Vanuatu adopted this approach. Although menstrual health monitoring was not captured through the information system in Timor-Leste, the Ministry of Education and the Ministry of Health monitored proxy indicators for the functionality of sex-segregated toilets and girls' school attendance, which can be used to infer information about menstrual health. However, the extent to which menstrual health-related criteria within the Three Star Approach indicators were being monitored was unclear from this review, as was the frequency of data collection and the extent of analysis or use of the data related to menstrual health.

In most places, UNICEF supported governments with capacity-strengthening for annual monitoring and analysis of data on WASH in schools progress, inclusive of menstrual health. For example, in Indonesia, UNICEF supported the Ministry of Education to analyse data from menstrual health indicators and WASH facilities in schools nationally.

Menstrual health that was monitored at the national level was restricted to monitoring at an output level. That is, monitoring the extent to which services or products were delivered. Typical outputs that were monitored included:

- Delivery of education and training, capturing the number of sessions, attendees or beneficiaries trained;
- Distribution of kits or menstrual products, capturing the number of items distributed or beneficiaries receiving items; and
- Maintenance or construction of menstruation-friendly and safe WASH facilities, capturing number of facilities installed. At times, this advanced to outcome monitoring of beneficiaries' access to these facilities (usually school-aged girls).

There was limited monitoring of outcomes – the menstrual experiences or menstrual health of populations.

Project- and programme-level monitoring

Since the 2016 review, limited progress was made across the East Asia and Pacific region, with many programmes lacking menstrual health-specific monitoring. The stakeholder survey and informant interviews reiterated that understanding, planning for and measuring menstrual health outcomes remained a challenge for all stakeholders, including international NGOs, civil society organizations, United Nations agencies and government bodies. Consistent with national monitoring, where programme monitoring was undertaken, it often focused on outputs, such as the number or coverage of services delivered. Findings from the survey and stakeholder interviews indicated that outcomes related to menstrual health were monitored sporadically in service delivery. Where monitoring took place, outcomes were captured in the following areas:

- Changes in menstrual health **knowledge** and knowledge of pain management and hygiene practices, measured through pre- and post-tests or through repeated qualitative community or school-based discussions.
- **Access** to menstruation-friendly facilities and services, such as health care and education, measured through school-administered questionnaires or post-distribution surveys.
- **Confidence** using menstrual products or with menstrual management measured through mixed-methods and tools, such as the 'ladder of confidence' (Plan International and Live & Learn in the Solomon Islands).
- **Satisfaction** with menstrual products, measured through follow-up surveys. In a joint international NGO project in Myanmar, door-to-door distribution enabled discussions on distribution methods and products, post-distribution surveys were conducted every two months, and a general satisfaction survey was conducted every six months.
- **Behavioural change**, for example, the World Vision's Veivanua campaign project³⁷ measured product use, hygiene practices and social caregiver support using case studies and stories of change.



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Evaluation: Systematic review findings

A systematic review was undertaken to search for evidence on menstrual health interventions across East Asia and the Pacific, appraise the quality of the studies and synthesize the findings. The review identified 18 studies that used quantitative methods to test the effectiveness or acceptability of a menstrual health intervention. These entailed:

- 10 interventions providing access to information largely through school-based sexual and reproductive health education sessions;
- two interventions aiming to improve access to resources and facilities to care for the body during menstruation, both of which focused on the provision of menstrual products;
- one intervention addressing access to information and to resources and facilities to care for the body;
- three interventions for improved access to diagnosis, treatment or self-care for menstrual discomfort and disorders; and
- two interventions for access to information and diagnosis, treatment or self-care for menstrual discomfort and disorders.

No interventions were found that investigated interventions to address the supportive social environment surrounding menstruation, although some education interventions were described as seeking to address stigma and their evaluations included outcomes measuring comfortability in talking to teachers, confidence, correcting misinformation concerning myths and taboos, normalization and the engagement of boys and men in programming.

Through the systematic review, the studies were appraised for their quality. Many studies were poorly reported, with no information on participant selection, intervention, data collection or analysis methods.



Access to information and education

Four of 10 education interventions reported focusing specifically on menstrual health through menstrual hygiene management or menstrual health and hygiene. Of them, one study of 174 premenarchal adolescent girls in Indonesia evaluated providing menarche preparedness information. The other six studies incorporated

menstrual health as a component of a wider education programme (five on sexual and reproductive health) (one on WASH). Many studies assessed outcomes titled as knowledge, attitudes and practices. Knowledge was often tested immediately after an intervention, which demonstrated only immediate retention of information rather than longer-term knowledge development. Attitudes and knowledge were frequently combined in outcome measures, making it difficult to draw conclusions about the effects of interventions on these different components. The assessment of attitudes or self-reported practices immediately after education provision was open to a greater level of bias than the knowledge test, with participants more likely to provide socially desirable responses.



Access to materials, facilities and services

Three studies trialled the provision and acceptability of menstrual products. Studies were undertaken in highly differing populations: A randomized control trial in Vanuatu tested reusable pads as part of menstrual hygiene kits with 192 women and girls of various ages in disaster settings. A randomized crossover trial in Thailand tested the provision of menstrual cups, instruction manual and video with 98 female health care workers of various ages. And a World Vision study in Vanuatu provided 82 athletes of various ages with an education session and either menstrual cup or period underwear to trial. All the studies found that the provided products had positive ratings from participants but did not capture the effects of provision on broader outcomes. In the World Vision study of athletes, participants were asked to report missing sport activity due to menstruation but did not include a baseline measure for comparison.



Access to care for discomfort and disorders

Five before-and-after studies tested interventions providing access to diagnosis, treatment or self-care. All of these interventions focused on the provision of self-care, with three Indonesian studies providing self-care pain-reduction exercises, two studies (one with 96 female nursing students and one with 130 female adolescent students) using abdominal stretching and one with 58 female adolescent students using pelvic rocking and breathing. A study of 480 adolescent students with primary dysmenorrhea in Malaysia and a cluster randomized control trial of 391 female university students with primary dysmenorrhea



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in China provided access to information and self-care through education sessions on primary dysmenorrhea and self-care strategies.

Pain level was a common outcome across the three Indonesia pain-mitigation studies, all demonstrating reduction in participant pain levels. However, results must be interpreted in the context of self-reported pain outcomes due to the efforts of the study to address the participant blinding.

Implications for research and practice

There was an absence of evidence for the effectiveness of menstrual health interventions in East Asia and the Pacific. Few interventions were tested or were evaluated and poorly reflected the policy and service delivery progress in the region. The likely effects of policies and programming being implemented across the region was unclear based on the available evidence.

Barriers to improved evaluation echo those identified for monitoring: Inadequate funding and prioritization of menstrual health in research was a likely source of the absence of evidence. Stronger, validated measures to assess core outcomes relevant to menstrual health are urgently needed to improve the quality of evaluations. No studies reported a comprehensive theory of change, and most evaluated only immediate outcomes. Greater clarity in how interventions were hypothesized to work and on what outcomes is needed to guide outcome selection and process evaluations.

Larger, longer studies are needed. Where possible, randomized designs and attention to clustering was indicated. Partnership between researchers and practitioners and funding for joint work can enhance the quality of evaluations and ensure that evaluated programmes reflect the type of services being delivered. Research attention to easy-to-implement self-care strategies for pain may support the integration of these components in future interventions.

4.2 BARRIERS AND ENABLERS TO MONITORING, EVALUATION AND LEARNING

National monitoring

Lack of prioritization and responsibility in national monitoring systems

Throughout the interviews, review informants highlighted the importance of greater attention to menstrual health in national monitoring systems. Government-led, routine monitoring was highlighted as essential to sustainable monitoring of population-level changes in menstrual health and ensuring menstrual health was prioritized over the long term.

“The most effective data are from national-level surveys and school-level tracking. This provides national-level statistical evidence and the big picture to support the government and understand the impact of menstrual hygiene management.” – Review informant, Indonesia

Monitoring data lagged behind policy progress. The low prioritization of menstrual health was highlighted as a barrier to enhanced national monitoring, along with inadequate or unclear responsibilities for monitoring different aspects of menstrual health between ministries. Challenges highlighted in establishing clear institutional arrangements and cross-ministry or sector coordination for policy and service delivery were echoed as barriers to improved monitoring. This was further complicated by the need to identify appropriate school, health facility or population monitoring systems.

Need for clear standards and indicators

Lack of a clear monitoring framework for menstrual health was identified as a barrier to expanded government-led monitoring at the national level. Conversely, the presence of a framework for some aspects of monitoring menstrual health, through the Three Star Approach, was an enabler to improved monitoring. The Three Star Approach provided clear indicators and measures that could be integrated into an identified monitoring system (countries’ education management information system), with capacity-strengthening often provided by UNICEF.

To expand monitoring beyond the Three Star Approach and schools, a monitoring framework for menstrual health with a clear pathway to measurement may enable future progress. Similarly, review informants highlighted an absence of standards that can be monitored and enforced, for example, the quality and safety of menstrual products provided in humanitarian contexts.

Challenges in implementation and data quality

Review informants also highlighted lessons for the strong implementation of monitoring systems once in place. Challenges noted included unreliable internet access for electronic monitoring systems, such as WASH in schools data collection, as well as the need to ensure that health facility or school-level data were accurately recorded. In Indonesia, for national monitoring through schools, actions such as checks and audits helped bolster the quality, reliability and completeness of data.

Limited data access and use

Where national menstrual health monitoring data were collected, review informants highlighted missed opportunities to use data to inform programming and policies. They reported limited access to information and data and a lack of mechanisms for sharing particularly across sectors and with relevant stakeholders within and beyond governments. This may be attributed to insufficient resources, capacity and systems to process and share the data.

Enablers to data access and use included partnerships between institutions, such as United Nations agencies, to provide directed technical support to governments to help produce and publish data. For example, in Indonesia, UNICEF supported the Ministry of Education to publish WASH in schools profiles. Similarly, where there were mechanisms for working collaboratively across ministries, for example, between the Ministry of Health and the Ministry of Education in Timor-Leste or where capacity and skills were shared across departments rather than siloed, such as UNICEF Wash and Child Protection Unit. This supported greater use of menstrual health monitoring data.

Programme monitoring and learning

The process of monitoring, evaluation and learning includes planning, data collection and analysis and use. Stakeholders reported barriers

and enablers throughout these phases of the process. Despite diverse operating contexts and organizations consulted, review informants reported experiencing consistent barriers and enablers.

Figure 6 Process for monitoring, evaluation and learning



1. Planning and inception

Including menstrual health in theories of change and monitoring and evaluation frameworks

A review informant described the tendency for menstrual health monitoring to “fall between the cracks” because activities were often a small component of larger sexual and reproductive health, WASH or education programmes in schools and communities. Consequently, in some programmes, menstrual health activities were not directly included in the original programme design and monitoring frameworks, resulting in little to no monitoring of menstrual health outputs or outcomes.

“Whilst menstrual hygiene management is getting to be more important in WASH response, it is often not prioritized at the beginning when you are setting up the monitoring and evaluation activities.” – Review informant, Myanmar

“Menstrual hygiene management was added to monitoring, evaluation and learning and activities afterwards, when we found that it was a central issue.” – Review informant, Cambodia

In other cases, review informants explained that menstrual health activities were integrated after programmes had commenced and menstrual health needs were identified during implementation. This meant menstrual health was never included in the monitoring, evaluation and learning framework and thus not captured in project monitoring.

Collaboration between research institutions and practitioners

Collaboration between research institutions and practitioners were viewed as enabling stronger monitoring, evaluation and learning efforts. For example, the collaboration between the London School of Hygiene and Tropical Medicine, World Vision Vanuatu and the Vanuatu Society of People with Disabilities for the Veivanua campaign (adapted from the Bishesta campaign) aimed to generate evidence on menstrual health interventions for people with intellectual disabilities in humanitarian settings.

Review informants noted that international consortia, learning networks or communities of practice provide exposure to examples of menstrual health monitoring, evaluation and learning, with opportunities to learn from others or share findings.

While effective collaboration and communities of practice represented enablers, some review informants highlighted that insufficient coordination or opportunities for sharing tools, learnings and findings across stakeholders was a barrier to progress. A lack of coordination and opportunities to share was described as leading to duplication and missed opportunities to share context-adapted tools and examples of best practice.

Funding menstrual health monitoring and donor requirements

For programmes and projects, dedicated or flexible donor funding enabled actors to plan for menstrual health monitoring, evaluation and learning. One organization officer explained that a grant with more flexible funding enabled integration of menstrual hygiene management monitoring, whereas where indicators were fixed and not inclusive of menstrual hygiene management, monitoring was small in scale and ad hoc, occurring outside of the contract. Another organization expressed the central role of allocating funding to menstrual hygiene management and subsequent monitoring to generate evidence for change.

“Without budget allocation, we can’t solely measure menstrual hygiene management, and without funding, we can’t capture the evidence... and without the data, we can’t make change.” – Review informant, Cambodia



2. Data collection

Working together

Collaboration facilitated more effective data collection within monitoring, evaluation and learning. National or regional networks or communities of practice provided opportunities to learn from others and share tools and strategies. Collaborations with organizations with stronger or dedicated monitoring, evaluation and learning resources facilitated the collection of more regular or stronger monitoring data.

Keeping it simple

Smaller organizations may have limited resources and staff to conduct monitoring and evaluation. Acknowledging these limitations and developing a simple approach, such as one indicator and one tool, was highlighted as one enabler to generate familiarity and provide at least minimal information on programme progress. Achievable monitoring goals, rather than unwieldy plans that were viewed as too ambitious to implement, was helpful for some organizations.

Leveraging existing methods and monitoring activities

For programmes and projects, integrating menstrual health-specific questions into pre-existing methods, such as flexible qualitative methods, enabled data to be collected and to advocate for further inclusion and expansion of menstrual health activities and monitoring.

Staff capacity

The survey responses and informant interviews indicated that across organizations, staff capacity was a key challenge. Staff may lack data-collection skills or experience fatigue from stretched workloads and competing priorities.

“The challenge is adding things on top when we already have a busy monitoring, evaluation and learning team. When it is seen as an add-on, it feels like an extra piece of work.” – Review informant, Myanmar

Tools and methods

For programmes and projects, respondents from the survey and interviewed informants expressed confusion and apprehension on how to capture menstrual health-related outcomes beyond qualitative methods. Outputs were often deferred due to the constraints and lack of tools that were perceived to be available for collecting outcome data. Where outcomes were measured, some organizations found they were too ambitious for the project time frame. Stakeholders also highlighted practical barriers they experienced with different data collection methods. For example, paper-based tools presented challenges of human error and work related to data cleaning and entry, while electronic methods were challenging where internet connectivity was limited.



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Box 3 Barriers to accessing programme beneficiaries for the collection of menstrual health-monitoring data

Respondents revealed the following barriers to accessing beneficiaries to collect primary data.

The environmental, security and public health context

In some settings, communities and sites were difficult to access due to weather, geography (Pacific islands) or the security situation (Myanmar). These barriers were exacerbated by intermittent or weak online connectivity reducing the feasibility of online monitoring. Staff were not always based in the field, and data collection often required specific visits, relying on the available human resources and budget allocation. In Myanmar, the security situation led to fear of the consequences from talking, which impacted the willingness to provide honest feedback or data.

“People have a fear of talking. People don’t want to talk on the phone. Generally, talking is feared—always selecting the ‘I don’t want to answer’ [response].” – Review informant, Myanmar

“The sheer remoteness of sites and how they are so geographically dispersed is a big challenge. We need to find a way for how the most remote girl can provide instant feedback once she gets the kit. We are still relying on central points where women and girls come or through facilitators and distribution partners who provide the feedback.” – Review informant, Pacific

“We try to go and talk to as many people as we can, but it’s a little bit...there are restraints on human and financial resources to contribute to this as we can’t just send out a good survey. We have to go in and drive to communities.” – Review informant, Pacific

Restrictions and safety procedures associated with COVID-19

These limited the capacity (and resources) for organizations to collect monitoring data and conduct in-person evaluations. In many settings, schools were closed for months during the height of the pandemic, with little to no data collected during this time.

“Schools could not do monitoring. The project was ending and lockdowns interrupted the project, so we couldn’t do data collection. But we collected information from students during the distribution of pads.” – Review informant, Live & Learn, Solomon Islands

Lack of safe meeting spaces and access beyond schools

In settings such as internally displaced persons camps in Myanmar, there are challenges to accessing beneficiaries at sites due to a lack of safe meeting places. And in contexts such as Indonesia, there were difficulties accessing beneficiaries at the household level, beyond schools.

“Finding community spaces that can be used for private group discussions can be a challenge in the crowded camps, and women and girls are sometimes reluctant to travel far from their shelters.” – Review informant, Myanmar

Enumerators and field staff

The gender of the field and enumerator staff also influenced the ability to collect data from women, girls and those who menstruate. In some settings, enumerators and field staff were men, and it was deemed unsuitable for them to collect data from women on menstrual health at the community or household level.

3. Analysis and use

Project requirements, scope and timelines

Many organizations prioritized data for donor and stakeholder reporting. Although integral, this means that analysis and use of findings beyond these requirements were minimal and restricted to the scope of the project. The review informants highlighted frustration when monitoring, evaluation and learning findings were unable to be implemented due to lack of prioritization or ongoing funding to implement lessons learned.

“The challenge is knowing what the challenge is [from the evidence] but not able to act upon it.” – Review informant, Myanmar

Capacity and prioritization of analysis and sharing

The use and analysis of data were bolstered in cases where information was regularly shared and fed back to stakeholders for programme and policy improvement, advocacy or advancing knowledge around menstrual health, for example, where there were joint learning forums, such as working groups and forums for intra- and interorganizational sharing and learning. In Myanmar, the WASH cluster was a forum for sharing learning from monitoring and evaluation around menstrual product preferences.

For some programmes, insufficient resources and capacity to analyse data resulted in the underutilization of data. In some cases, data from numerous sources were reported to a central organization or head office, thus resources and systems did not support meaningful analysis and sharing.

4.3 LOOKING FORWARD: RECOMMENDATIONS TO STRENGTHEN MONITORING, EVALUATION AND EVIDENCE

National monitoring

- Clarify roles and responsibilities of ministries and agencies for monitoring relevant dimensions of menstrual health, along with coordination.
- Select clear indicators, linked to national priorities for menstrual health, including monitoring beyond outputs. The shortlist of indicators³⁸ for national monitoring can be used to inform indicator selection.
- Advocate for the adoption of national indicators to capture menstrual health, including in national household surveys, where menstrual health modules can be incorporated.
- Strengthen the capacity of governments to monitor menstrual health, including skills-building across WASH, sexual and reproductive health and rights and education ministries.
- Ensure budget allocation for monitoring, data analysis and use.
- Strengthen coordination with other stakeholders, such as civil society organizations, international NGOs and research organizations, to enhance the use and analysis of national monitoring data.

Programme and project monitoring

- Include menstrual health early in monitoring, evaluation and learning frameworks and programme design.
- Establish clear indicators or a common framework to reduce confusion, duplication and the perception of 'reinventing the wheel' across organizations.
- Advocate for dedicated funding for menstrual health activities to enable adequate resources for monitoring tools, data collection and analysis.
- Strengthen capacity for evaluation, including skills-building, a clear theory of change to inform indicators and measures and support the sharing of tools and resources to equip monitoring, evaluation and learning teams.
- Strengthen coordination with other stakeholders, such as governments, other civil society and non-government organizations and research organizations.
- Strengthen inclusive evidence by ensuring that all women, girl and people who menstruate are represented in the evidence, particularly accounting for the needs of youth and people with disabilities.

Evaluation

- Fund evaluations of menstrual health interventions that reflect current service delivery and policy priorities, which is urgently needed.
- Include a sufficient sample size in evaluations for meaningful results.
- Use cluster designs when evaluating community or school interventions.
- Report evaluations consistently with best practice guidelines, for example, the Consolidated Standards of Reporting Trials (CONSORT) statement.
- Facilitate greater collaboration between researchers and practitioners to provide greater research capability and ensure evaluations test relevant interventions.



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5. CONCLUSIONS AND LOOKING FORWARD

Attention and action to support menstrual health has expanded across East Asia and the Pacific. Extensive advocacy efforts have resulted in greater recognition of menstrual health and its breadth. Menstrual health is now being included in policies, guidelines and plans across multiple sectors and government ministries.

However, there remains a long way to go. Menstrual health continues to be marginalized, underprioritized and underfunded. The multidimensional nature of menstrual health presents a challenge to clear institutional arrangements and coordination across the ministries and sectors taking responsibility for all dimensions of menstrual health. Although policy acknowledgement of menstrual health represents progress, service delivery lags due

to weaker institutional arrangements, financing and capacity. Non-governmental programming has expanded since 2016, and a growing body of menstrual health services are being delivered, typically at modest scale.

There is little evidence to inform the selection of effective policies and interventions and to guide their implementation. Few policies, strategies or programmes have strong monitoring for menstrual health and it remains unclear if efforts to date have resulted in improvements in the outcomes for women, girls and people who menstruate. Progress has begun in the integrating of output indicators into national monitoring, and growing communities of practice at national and subregional levels provide avenues to learn from successes and springboard further progress.

5.1 WHO IS BEING SUPPORTED?

Adolescents, particularly adolescent girls in schools, are receiving the greatest attention in efforts to improve menstrual health. The focus on adolescence is warranted due to increased vulnerabilities that girls encounter during this life phase and because of the opportunities to transform gender roles at this time. However, the review highlights a continued need to understand the role of menstruation across the life course and identify effective interventions to support menstrual health in later life stages,

such as for adult women in the workplace and during perimenopause.

The review found only a few examples of specific policies or programmes that targeted people with disabilities or specific minority groups. To ensure no one is left behind, governments and service providers must attend to the specific needs of minority groups, including persons with disabilities, remote and minority communities (indigenous groups) and LGBTIQ+ populations.

5.2 WHAT IS BEING ADDRESSED?

The definition of menstrual health provided a robust framework for this review to map progress across East Asia and the Pacific. The review assessed progress towards fulfilling the five requirements outlined in the definition of menstrual health across the life course: information and education; materials, facilities and services; diagnosis and treatment of discomfort and disorders; a supportive social environment; and non-discrimination and participation.

The review found that policy and service delivery focus on providing access to information and education and materials, facilities and services

for menstrual health. The education system tends to assume responsibility for delivering these services, primarily through schools. Though poorly documented, some examples of government budget allocation were found for these areas.

Few countries – three or four out of 14 – had policies or programmes focused on care for discomfort and disorders, a supportive social environment or non-discrimination and participation. The review found that responsibilities to deliver in these areas were not clearly specified between ministries and little government budget allocation was found.



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Table 15 Snapshot Summary: Policy and service delivery according to menstrual health requirements**ACCESS TO INFORMATION AND EDUCATION****Policy**

Of the 14 countries included in the full review:

- Only 10 countries had a total of 16 policies, guidelines or curriculums addressing this requirement.
- And 13 of them were focused on schools, specifically adolescents through comprehensive sexuality education and sexual and reproductive health education.
- Only three policies from three countries addressed populations outside of school settings, focusing on health care facilities and rural areas.
- Only one policy addressed persons with disabilities access to menstrual health information.

Service delivery

Government and non-governmental service delivery echoed the policy focus on girls in schools, with education delivered through comprehensive sexuality education or sexual and reproductive health sessions, with examples of programmes reaching support sources through teacher training or education for parents. Across the region, there were diverse programmes and models for information delivery: through teachers, peer-to-peer approaches and a large range of written educational materials. UNICEF or other development partners worked collaboratively with governments to support or lead service delivery (supporting the delivery of eight of the policies). Development partners also worked independently to provide services, such as online and digital apps (Okya period tracking app), hotlines or phone services.

**ACCESS TO MATERIALS, FACILITIES AND SERVICES****Policy**

Of the 14 countries included in the full review:

- All 14 countries had policies, guidelines or standards attending to materials, facilities or services for menstrual health.
- And 13 of the 14 countries had adopted WASH in schools policies that include establishing standards for menstruation-friendly WASH facilities and the provision of menstrual products in schools.
- One-off policies (seven policies across four countries) address out-of-school settings, such as health care facilities, rural communities, public spaces, police stations, households or workplaces.
- Standards and regulation for menstrual pads were found in two countries (generally and for emergency settings).
- One policy addresses menstrual health for persons with a disability.

Service delivery

Government and non-governmental service delivery focused on safe and menstruation-friendly WASH facilities (mainly in schools). Materials for menstrual management were being provided through school WASH programmes or through local civil society organizations that produce and distribute reusable pads. Development partner programmes also extended their focus to include advancing menstruation-friendly WASH services to women with disabilities and their caregivers.

**ACCESS TO CARE FOR DISCOMFORTS AND DISORDERS****Policy**

Of the 14 countries analysed:

- Three had a specific policy, national strategy or action plan that related to this requirement.
- The policies focused on adolescents' ability to access informed health professionals and health services at the school and community levels, within broader sexual and reproductive health policies.

Service delivery

Government services to implement policies focused on care delivered in schools through health services providing rest, pain relief, spare clothes and in community or through delivery of counselling hotlines for sexual and reproductive health information and training of health care providers to deliver adolescent-friendly services.

NGOs supported governments to implement these policies while also delivering additional programming, such as the Okya app providing information on pain management and discomfort.

Table 15 Snapshot Summary: Policy and service delivery according to menstrual health requirements (continued)

 ACCESS TO A SUPPORTIVE SOCIAL ENVIRONMENT	 NON-DISCRIMINATION AND PARTICIPATION
<p>Policy</p> <p>Of the 14 countries included in the full review:</p> <ul style="list-style-type: none"> Only four countries had a total of six policies that addressed this requirement, specifically national school health strategy, communication strategy and menstrual health guidelines. The policies focused on ensuring healthy environment for adolescent school girls, where students are empowered, encouraged and supported by teachers, school community and parents through guidelines and training. <p>Service delivery</p> <p>Similar to policies and plans, where governments provided services related to this requirement they focused on implementing training (dialogue and discussion) and training guides for teachers and parents on how to support adolescents or the establishment of mother–daughter clubs to enhance opportunities for social support.</p> <p>Development partners provided training and technical support for the delivery of programming. Independent programming, such as the inclusion of boys in menstrual health education, training guides, youth networks and social media campaigns, were also identified across the region as platforms being leveraged to destigmatize menstruation.</p>	<p>Policy</p> <p>Of the 14 countries analysed:</p> <ul style="list-style-type: none"> Only three had policies that addressed this requirement, specifically the labour code and standards. <p>Service delivery</p> <p>One country reported services that supported this requirement, including a review of the implementation of the Beijing Declaration and Platform for action (where one menstrual health indicator was reported).</p>

5.3 MOVING FROM INTENTIONS TO OUTCOMES

The review found that significant advancements in policy often were not yet translated into support for target populations. To be implemented, policy requires strong institutional arrangements, funding and capacity for delivery. Across the region, these aspects of the enabling environment were often not sufficient to see sustainable and meaningful implementation of policy objectives and delivery of services. For each policy reviewed in East Asia and the Pacific, tables 4 and 8, respectively, highlight the available information documenting the pathway from policy objectives to the strength of institutional arrangements and funding, service delivery and presence of monitoring for policy outputs or outcomes. These tables illustrate challenges for progress towards supporting menstrual health as it is increasingly recognized in policy objectives.

While it is promising to see policy and even implementation arrangements, the pathway to effective delivery is cut short without adequate budgeting and capacity to deliver implementation and subsequent monitoring. For example, almost all countries assessed in the region had adopted policies that addressed access to materials, facilities and services, through national WASH in schools policies and guidelines. Those that enacted strong implementation arrangements, such as cross-governmental coordination showed greater tendency to deliver services and undertake monitoring. The Philippines adopted a Technical Working Group at the national, regional and divisional levels of government that included NGOs, academia and private sector actors, and a budget for menstrual health toilets and facilities was outlined. Service delivery had significant

progress through the Three Star Approach, with 60 per cent of schools having information, education and communication materials available for teachers and learners. Monitoring systems then tracked the availability of menstrual health indicators, such as availability of menstrual health information through the Enhance Basic Education Information System. Likewise, in Indonesia, the National School Health Strategy delivered a joint decree across four ministries and operated at the provincial, regency, district

and city levels, with the Ministry of Education, Culture, Research and Technology responsible for coordination of service delivery. The National School Health Strategy delivered to students in school. Menstrual health indicators were collected and integrated into the web-based education management information system. Contrasting this, countries where no or unclear implementation arrangements were found, implementation and a monitoring system were lacking.

5.4 MONITORING AND EVIDENCE TO MOVE FORWARD

Monitoring progress and evaluating the effectiveness of policies and programmes for improving menstrual health remain critical gaps. Government leadership and funding to identify opportunities to monitor policy outputs and outcomes and develop reliable national data capturing menstrual health has the potential to rapidly inform plans and service delivery by providing a picture of menstrual health circumstances. Regular monitoring of data further provides opportunity to chart progress and set targets to ensure sustained investment. For review informants, integrating menstrual health into theories of change and monitoring frameworks early in the programme life cycle is essential to ensure that data are adequately captured in the monitoring. Straightforward and easy-to-implement indicators and measures can be shared through communities of practice to accelerate improvements.

Partnership between researchers and service providers provide opportunities to address the significant evidence gaps and facilitate the evaluation of the effectiveness of menstrual health interventions that are wellmatched to current policy and programmes. Well-funded evaluations, with adequate sample sizes and best-practice reporting can accelerate progress by identifying effective programme and policy strategies and provide a foundation for taking effective interventions to scale. Similarly, strong evaluations of innovative interventions addressing neglected requirements for menstrual health, such as accessible pain management strategies, may serve to inform new policy or programme strategies based on this evidence.

5.5 LOOKING FORWARD

- To achieve menstrual health for all, countries must attend to all five requirements comprehensively. The definition of menstrual health can serve as a framework to assess progress and identify gaps.
- Evidence is urgently needed to guide the selection of policy initiatives that work to improve menstrual health experiences and outcomes.
- Where policies and strategies are adopted, strong institutional arrangements and financing are essential.
- Investment in capacity-strengthening for menstrual health across the ecosystem would enable greater progress.
- Improved monitoring of menstrual health at multiple levels, including national monitoring and integration into the monitoring and evaluation of individual programmes, is essential for accountability, to track progress and to inform better practice

APPENDIX

DATA COLLECTION

Ethics approval was received from the Alfred Health Ethics Committee (Registration number: 360/22).

• Systematic database searches

A systematic review was undertaken in June 2022 to bring together current evidence for menstrual health interventions. This included searches of academic and grey literature databases and organization websites, as well as forward-and-back citation tracking of studies to identify all quantitative evaluations of interventions to support menstrual health. A total of 3,865 peer-reviewed publications and 12 grey literature publications were identified. Titles and abstracts were screened independently by two reviewers. Full text screening identified 18 eligible evaluations. The full systematic review, including quality appraisal and narrative synthesis, is reported in an independent publication. Study characteristics and overarching findings were incorporated into the regional synthesis here.

• Desk review

A desk review of national policies, plans and guidelines in health including, adolescent health and sexual and reproductive health; water, sanitation and hygiene; education; disability and gender equality in each country was undertaken. The desk review included searches of relevant government webpages and connecting with stakeholders to request policy, service delivery documents or NGO programming information. Searches of relevant organizational websites served to identify policy, capacity building and service delivery documentation, with review informants in interviews also providing direction to resources.

• Stakeholder survey

A survey of stakeholders identified (i) actions being taken to support menstrual health and hygiene, (ii) evaluations of policy and programme efforts and (iii) existing monitoring frameworks or efforts in each country. A total of 50 survey responses from the region, with 34 responses were from the East Asia region and 16 from the Pacific region. Respondents were from a range of organizations including, international NGOs, United Nations agencies, local civil society organizations, governments, private enterprises and others. International NGOs were the most frequent respondents, followed by United Nations agencies. Responses reported on programmes, government initiatives or technical support related to menstrual health (menstrual health) from 16 countries and multiple responses were from regional or cross-regional organizations or agencies.

• Informant interviews and group discussions

Informant interviews, or where appropriate, group discussions, were undertaken to seek nuanced insights into the lessons learned from actions, evaluations and monitoring. Informants were identified by UNICEF and WaterAid offices and the Advisory Group, by mapping stakeholders and selecting those engaged in menstrual health efforts. Interviews and group discussions focused on (i) the lessons learned from actions to date and perceived opportunities for next steps, (ii) evidence needs and recommendations for future evaluations and (iii) monitoring priorities and needs along with recommendations to improve current monitoring efforts. The group discussions with stakeholders rather than individual informant interviews were arranged for countries where there had been significant menstrual health action or working groups who wanted to engage collectively: Cambodia, Kiribati, the Philippines and Indonesia. To gather further information on monitoring and evaluation challenges and the use of evidence across the region, an additional six interviews were undertaken focused on these topics.

Country	Survey responses	Policies reviewed	Desk review	Interviews undertaken
East Asia countries				
Cambodia	8	12	7	5
China		2	3	
Democratic People's Republic of Korea	1		4	
Indonesia	3	1	7	5
Lao People's Democratic Republic	2	7	8	4
Malaysia		5		
Mongolia	2	4	6	3
Myanmar	10	3	12	5
Philippines	4	8	9	4
Thailand	1		1	
Timor-Leste	1	5	7	5
Viet Nam	1	2	6	4
Pacific countries				
Fiji	1	17	12	5
Kiribati	2	6	13	2
Micronesia (Federated States of)		5	9	6
Papua New Guinea	1	8	10	4
Samoa	1	9	2	2
Solomon Islands	2	9	18	3
Vanuatu	3	10	16	3
Multi-country	7		3	1
Total	50	113	153	53

SYNTHESIS

• Mapping progress

Data were synthesized across four domains: (i) policy and plans, (ii) other aspects of the enabling environment, including implementation arrangements, financing and capacity, (iii) service delivery, including both government and non-governmental (NGOs, civil society organizations or business) service delivery and (iv) monitoring or evaluation efforts related to the action taken. Synthesis was undertaken at the country level and subregional (East Asia or Pacific) level. Under each domain, actions and progress were mapped across the menstrual health framework. For example, policies and plans that had been identified were summarized and grouped under the relevant requirement for menstrual health.

• Stakeholder insights

Following each informant interview and group discussion, interviewers summarized what was shared and recorded key quotations. Insights

were initially grouped by country, activity domain (policy, other aspects of the enabling environment, service delivery, monitoring). Within each domain, content was grouped inductively with common lessons learned, insights or barriers and enablers highlighted. For regional synthesis, findings related to policy, other aspects of the enabling environment and service delivery were integrated at the subregion (East Asia or Pacific) level. Feedback on insights was provided by the country analysts. Monitoring and evaluation insights were noted to be similar across sub-regions and were synthesized together.

• Stakeholder validation

The advisory group provided feedback on preliminary findings during the second and third workshops meetings. Draft country reports and the regional report were shared with national and regional review informants for feedback. Findings were also shared with review informants who had participated in interviews or group discussions for feedback and to seek approval for any quotations used.

LIMITATIONS OF THE METHODOLOGY

Limitations of the methodology and synthesis are:

1. Desk-based review searches were undertaken in English. Documents only available in local languages may have been missed. Consultation with UNICEF offices and informants sought to identify documents not easily sourced through English-based searches, but it remains likely documents were missed. Where documents were only available in local languages and translations were not available, these were not able to be included.
2. The stakeholder survey was live for multiple weeks, with multiple rounds of reminders, however the number of responses was modest. It is also likely that not all organizations were reached with the survey, particularly smaller organizations. Progress and service delivery activities may have been missed.
3. The review was undertaken rapidly over a short time period and sought to collate progress across policy, the enabling environment, programming and service delivery and monitoring and evaluation. More intensive review into each domain may yield further insights.
4. Taxation of menstrual products was outside the scope of the review.
5. Stakeholders were busy and finding time to provide information and interviews was challenging. Interviews were limited to approximately five informants per country and key informants were selected to represent a cross-section of menstrual health and hygiene actors from government, United Nations agencies, international NGOs and local civil society organizations in the sampling, however, not all review informants were available.
6. It was not feasible to undertake interviews for every country. Specifically, for Group 3 countries it was difficult to access information through desk review and survey alone and it is likely that information was missed.
7. Variation in the quality of available information and the information shared by review informants across countries shaped the summary that was feasible for each country and across countries in the region.

ENDNOTES

- 1 Ministry of Education, Culture, Research and Technology, *Water Sanitation and Hygiene Services (WASH in Schools) Roadmap and National WASH in Schools Guideline*, Government of Indonesia, Jakarta, 2017 and 2018.
- 2 National Office of Statistics, 'Regulation for Disposable Pad Design: SNI 16-6363-2000, sanitary pads', Government of Indonesia, Jakarta, 2000 (revised 2015).
- 3 State Gazette of the Republic of Indonesia (2003) Article 81 (1) of Law No.13/2003 <https://www.ilo.org/dyn/travail/docs/760/Indonesian+Labour+Law+-+Act+13+of+2003.pdf>
- 4 Government of Philippines, 'Basic Education Development Plan', Manila, 2022.
- 5 Department of Education, *Policy Guidelines on Implementing Comprehensive Sexuality Education*, Government of Philippines, Manila, 2018.
- 6 Ministry of Education, *Water Sanitation and Hygiene (WASH) in Schools Guidelines for Timor-Leste*, Government of Timor-Leste, Dili, 2016.
- 7 National Ministry of Education, Culture and Science, 'Norms and Requirements for WASH in Schools, Dormitories and Kindergartens Policy', Government of Mongolia, Ulaanbaatar, 2015.
- 8 People's Committee Vinh Phuc Province, *Reproductive and Sexual Health Care for Adolescents and Young Adults in Vinh Phuc Province in the Period of 2022-2025*, Government of Viet Nam, 2022.
- 9 National Ministry of Education, Culture and Science, 'Norms and Requirements for WASH in Schools, Dormitories and Kindergartens Policy', Government of Mongolia, Ulaanbaatar, 2015.
- 10 People's Committee Vinh Phuc Province, *Reproductive and Sexual Health Care for Adolescents and Young Adults in Vinh Phuc Province in the Period of 2022-2025*, Government of Viet Nam, 2022.
- 11 Barrington, D.J., et al., 'Experiences of Menstruation in High-Income Countries: A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries', *PloS ONE*, vol. 16, no. 7, 2021: e0255001; Hennegan, J., et al., 'Women's and Girls' Experiences of Menstruation in Low- and Middle-Income Countries: A systematic review and qualitative metasynthesis', *PLOS Medicine*, vol. 16, no. 5, 2019: e1002803.
- 12 Maulingin-Gumbaketi. E., 'Making of a Strong Woman': A constructivist grounded theory of the experiences of young women around menarche in Papua New Guinea', *BMC Women's Health*, vol. 21, no. 1, 2021, pp. 1-17; Davis, J., et al., *Menstrual Hygiene Management and School Absenteeism Among Adolescent Students in Indonesia: Evidence from a cross-sectional school-based survey*, 2018, pp. 1365-3156; Swe, Z., et al., Adolescent Girls' Experiences of Menstruation and Schooling in Monastic Schools in Magway Region, Myanmar: A mixed-methods exploration', *Frontiers in Reproductive Health*, vol. 4, 2022.
- 13 Shannon, A.K., G.J. Melendez-Torres, and J. Hennegan, 'How Do Women and Girls Experience Menstrual Health Interventions in Low- and Middle-Income Countries? Insights from a systematic review and qualitative metasynthesis', *Culture, Health and Sexuality*, vol. 23, no. 5, 2021, pp. 624-643.
- 14 Barrington, et al., 2021; Hennegan, J., et al., 'Women's and Girls' Experiences of Menstruation in Low- and Middle-Income Countries: A systematic review and qualitative metasynthesis', *PLOS Medicine*, vol. 16, no. 5, 2019: e1002803.
- 15 Swe, Z., et al., Adolescent Girls' Experiences of Menstruation and Schooling in Monastic Schools in Magway Region, Myanmar: A mixed-methods exploration', *Frontiers in Reproductive Health*, vol. 4, 2022.
- 16 Huggett, C., et al., eds, *The Last Taboo: Formative Research to Inform Menstrual Hygiene Management Interventions in the Pacific*, Water and Health Conference, 2017; Haver, J., et al., *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, UNICEF, New York, 2013.
- 17 Borjigen, A., et al. Status and Factors of Menstrual Knowledge, Attitudes, Behaviors and Their Correlation with Psychological Stress in Adolescent Girls', *Journal of Pediatric and Adolescent Gynecology*, vol. 32, no. 6, 2019, pp. 584-589.
- 18 Sniekers, M. 'From Little Girl To Young Woman: The menarche ceremony in Fiji', *Fijian Studies: A Journal of Contemporary Fiji*, vol. 3, no. 2, 2005, pp. 397-424.
- 19 Mohamed, Y., et al., 'A Qualitative Exploration of Menstruation-Related Restrictive Practices in Fiji, Solomon Islands and Papua New Guinea', *PloS ONE*, vol. 13, no. 12, 2018: e0208224.

- 20 Maulingin-Gumbaketi, E., et al., 'Socio-cultural Implications for Women's Menstrual Health in the Pacific Island Countries and Territories (PICTs): A scoping review', *Reproductive Health*, vol. 19, no. 1, 2022, pp. 1–20; Maulingin-Gumbaketi, E., 'Making of a Strong Woman': A constructivist grounded theory of the experiences of young women around menarche in Papua New Guinea', *BMC Women's Health*, vol. 21, no. 1, 2021, pp. 1–17.
- 21 Inthaphatha, S., et al., 'Menstrual Health and Factors Associated with School Absence Among Secondary School Girls in Luang Prabang Province, Lao People's Democratic Republic: A cross-sectional study', *PloS ONE*, vol. 16, no. 12, 2021: e0261268.
- 22 Mohamed, Y., et al., 'A Qualitative Exploration of Menstruation-Related Restrictive Practices in Fiji, Solomon Islands and Papua New Guinea', *PloS ONE*, vol. 13, no. 12, 2018: e0208224.
- 23 Swe, Z., et al., 'Adolescent Girls' Experiences of Menstruation and Schooling in Monastic Schools in Magway Region, Myanmar: A mixed-methods exploration', *Frontiers in Reproductive Health*, vol. 4, 2022.
- 24 Shannon, A.K., G.J. Melendez-Torres, and J. Hennegan, 'How Do Women and Girls Experience Menstrual Health Interventions in Low- and Middle-Income Countries? Insights from a systematic review and qualitative metasynthesis', *Culture, Health and Sexuality*, vol. 23, no. 5, 2021, pp. 624–643.
- 25 Hennegan, J., et al., 'Menstrual Health: A definition for policy, practice and research', *Sexual and Reproductive Health Matters*, vol. 29, no. 1, 2021.
- 26 Ministry of Education, Culture, Research and Technology, 'National School Health Strategy and Program (UKS)', Government of Indonesia, Jakarta, 2014.
- 27 Philippines Department of Education, 'Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools Programme 2016, Order No. 10', Government of the Philippines, Manila, 2016.
- 28 WaterAid Timor-Leste, *Beyond Inclusion: Realising gender transformational change and sustainable WASH systems*, Dili, 2018 -2022 Water for Women program; Department of Foreign Affairs and Trade.
- 29 Supported by the Pacific Menstrual Health Network and WaterAid in close collaboration with other organizations since 2019.
- 30 Ministry of Justice and Community Services, 'National Disability Inclusive Development Policy', Port Vila: Government of Vanuatu, 2018; Wilbur, C.M.J., and R. Poilapa, *The Veivanua Campaign Training Manual*, World Vision in Vanuatu, London School of Hygiene and Tropical Medicine and Vanuatu Society for People with Disabilities, 2022.
- 31 Department of Education, *WASH in Schools Monitoring Results for School Year 2017/2018 to 2020/2021*, Government of the Philippines, Manila, 2021.
- 32 UNICEF, *Reach for the Stars Annual Report 2020*, unpublished.
- 33 Dutta, D., et al., *Supporting the Rights of Girls and Women Through Menstrual Hygiene Management (MHM) in the East Asia Pacific Region: Realities, progress and opportunities*, UNICEF East Asia and the Pacific Regional Office, Bangkok, 2016.
- 34 Department of Education, *WASH in Schools Monitoring Results for School Year 2017/2018 to 2020/2021*, Government of the Philippines, Manila, 2021.
- 35 Global Menstrual Health and Hygiene Monitoring Group, *Priority List of Indicators for Girls' Menstrual Health and Hygiene: Technical Guidance for National Monitoring*, Columbia University, New York, 2022.
- 36 The Three Star Approach for WASH in Schools was designed to ensure that schools meet the essential criteria for providing a healthy environment for children. In the Three Star Approach, schools are encouraged to take simple steps to make sure that all students wash their hands with soap, have access to drinking water and are provided with clean, gender-segregated and child-friendly toilets at school every day. Schools are assessed as one, two or three stars based on clear criteria for incremental improvements.
- 37 Wilbur, C.M.J., and R. Poilapa, *The Veivanua Campaign Training Manual*, World Vision Vanuatu, London School of Hygiene and Tropical Medicine and Vanuatu Society for People with Disabilities, 2022.
- 38 Global Menstrual Health and Hygiene Monitoring Group, *Priority List of Indicators for Girls' Menstrual Health and Hygiene: Technical Guidance for National Monitoring*, Columbia University, New York, 2022.



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