

Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region

Realities, Progress and Opportunities



Joint initiative of the Education and Water, Sanitation and Hygiene (WASH) Programmes
– UNICEF East Asia and Pacific Regional Office

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*Schoolgirl, Manufahu District, Timor-Leste
(WaterAid/T. Greenwood)*



Plan Indonesia's WASH Supervisor explaining MHM to school teachers during MHM training in Nagekeo District (Plan International Indonesia)



*Schoolgirls, Indonesia
(UNICEF Indonesia et al., 2015)*



*Teachers with the girls' puberty/MHM book in Luang Prabang Province, Lao People's Democratic Republic
(Eau Laos Solidarité/S. Piper Pillitteri)*



Schoolgirls, Solomon Islands (UNICEF Pacific/J. Alcock)



12–13 year old girls from Eastern Region, Mongolia, taking part in a focus group discussion (UNICEF Mongolia/Surenjaviin)

Joint initiative of the Education and Water, Sanitation and Hygiene (WASH) Programmes
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Foreword

Women and girls continue to be subjected to multiple challenges when it comes to menstrual hygiene management (MHM), due to things like taboos; norms and practices; a lack of access to accurate information; poor access to sanitary products and poor access to Water Sanitation and Hygiene facilities. The real life consequences of this, can affect a girl's education, as well as some of her other rights, including her right to equality, health and dignity.

In order to deepen the understanding on challenges and opportunities on Menstrual Hygiene Management (MHM), UNICEF's WASH (Water Sanitation and Hygiene) team in the East Asia and Pacific Regional Office (EAPRO) undertook a comprehensive overview and analysis of the experiences of girls and women, to establish the current status of MHM programming and action across the region. This review not only focuses on the school context linked to WASH in Schools (WinS) programming, but also explores MHM in relation to out-of-school youth, at community level, in humanitarian contexts and in the workplace.

Considering various audiences, the findings are presented in separate documents, i.e.

- A regional synthesis report entitled "*Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in East Asia and Pacific – Realities, Progress and Opportunities*" and
- An implementation guidance note with selected good practices titled "*Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in East Asia and Pacific – Regional Good Practice Guidance Note*"

This Regional Synthesis Report provides a comprehensive overview of how girls accommodate their menses in schools, as well as the perceptions of women and girls, and men and boys about this topic; it also highlights the range of experiences and initiatives through global WinS programmes and active support of improving WASH in Schools in the East Asia and Pacific Region (EAPR). The report also contributes to a greater understanding of what persisting barriers still need to be addressed.

Let me take this opportunity to acknowledge all those who contributed, from organizations, programmes, government and NGO partners and individuals, and express our appreciation for your help in sharing information on the context, good practices and activities being undertaken in the EAP region which have made this review possible. We believe this study makes a substantial contribution to better knowledge on critical MHM related issues.



Wivina Belmonte

Deputy Regional Director, UNICEF
East Asia and Pacific Regional Office (EAPRO)

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ASEAN	Association of Southeast Asian Nations
ASRH	Adolescent sexual and reproductive health
C4D	Communication for development
CBSE	Community-based sanitation enterprise
CLTS	Community-Led Total Sanitation
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSE	Comprehensive sexuality education
CSO	Civil society organization
DFAT	Department for Foreign Affairs and Trade (Government of Australia)
DPRK	Democratic People's Republic of Korea
EAP	East Asia and Pacific
EAPRO	East Asia and Pacific Regional Office
EMIS	Education management information system
FGD	Focus group discussion
FRESH	Focusing Resources on Effective School Health (Framework)
GAC	Global Affairs Canada
GBV	Gender-based violence
GPCS	Good practice case study
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IEC	Information, education, communication
IFRC	International Federation of Red Cross and Red Crescent Societies
JMP	Joint Monitoring Programme (WHO and UNICEF)
KAP	Knowledge, attitude and practice assessment/survey
KII	Key informant interviews
M&E	Monitoring and evaluation
MEHRD	Ministry of Education and Human Resource Development (Solomon Islands)
MHM	Menstrual hygiene management
MHMS	Ministry of Health and Medical Services (Solomon Islands)
NFE	Non-formal education
NGO	Non-governmental organization
O&M	Operation and maintenance
PNG	Papua New Guinea
PTA	Parent-Teacher Association
Q&A	Question and answer
SDGs	Sustainable Development Goals
SEAMEO	Southeast Asian Ministers of Education Organization
SNV	Netherlands Development Organisation
STI	Sexually transmitted infections
ToR	Terms of reference
TWG	Technical working group
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Education, Science and Culture Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative (a partnership of organizations hosted by UNICEF)
UNICEF	United Nations Children's Fund
VYA	Very young adolescent
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WinS	WASH in Schools

Terminology

Menstruation

Menstruation	The natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle.
Menses	The same as menstruation.
Menarche	The onset of menstruation, the time when a girl has her first menstrual period.
Menstrual hygiene management (MHM)	The management of hygiene linked to the process of menstruation. The Joint Monitoring Programme (JMP) of World Health Organization (WHO) and United Nations Children's Fund (UNICEF), has proposed the following definition of MHM: <i>'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.'</i>
MHM- friendly or MHM- supportive	Facilities, institutions or other environments that are supportive of MHM, which allow girls and women to manage their menses hygienically, safely, in privacy and with dignity.

Youth and adolescents

Youth	This is the time of life when one is young, but often means the time between childhood and adulthood. It is a socially constructed category. Definitions and the way it is used can vary, including the age ranges it refers to. The term is sometimes used inter-changeably with adolescence. The United Nations defines youth as a person between the ages of 15 and 24. It also distinguishes between teenagers as those between 13 and 19 and young adults between 20 and 24.
Adolescents	An adolescent is someone who is in the stage of adolescence. Adolescence refers to a specific developmental period in a person's life. This is a transitional stage of physical and psychological human development that generally occurs from the end of childhood at the onset of puberty to legal adulthood, which varies by country. The onset of puberty is typically between the ages of 10 and 12 but can be earlier or later.

Educational levels

There is a variation across the region for the classification of and terminology for learning levels within the school system (see [Annex VI](#)). For individual case studies, the grade level and terminology from the specific country has been used. But when general statements are being made, the terminology for grades used by the Association of Southeast Asian Nations (ASEAN) and Southeast Asian Ministers of Education Organization (SEAMEO)¹ has been utilized.

Table 1: Terminology for educational levels

Terminology used by ASEAN for school grades	Typical ages from those indicated in Annex VI although variations exist across countries
Upper primary = grades 3–5	9–11 years
Lower secondary = grades 6–9	12–15 years
Upper secondary = grades 10–12	16–18 years

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INGOs & the Red Cross Movement - Eau Laos Solidarité (France/ Lao PDR); Grow and Know Inc. (USA/Cambodia); Handicap International (DPRK); International Federation of Red Cross and Red Crescent Societies (IFRC) (Asia Pacific Regional Office); International Rescue Committee (Kenya/HQ); International Women's Development Agency (Australia/HQ); Live & Learn International (Australia/HQ; PNG; Fiji; Solomon Islands; Kiribati; Vanuatu); Oxfam (Vanuatu); Plan International (Netherlands; Australia; Asia Regional Office; Cambodia; Indonesia; Philippines); Samaritan's Purse (Cambodia); Save the Children (USA; Philippines); SNV, Netherlands Development Organisation (Netherlands; Laos PDR); Splash (Cambodia); WaterAid (Australia; Timor-Leste; Cambodia; Myanmar); World Vision (Cambodia).

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The contributors have been very generous as part of this study process. The outputs of this analysis contribute to the country, regional and global knowledge base and it is hoped they will provide additional motivation for the continued learning and progress on MHM across the region.

1.

Executive summary

Menstruation and menstrual hygiene management – Menstruation is a natural part of the female reproductive cycle. It is a vital sign of reproductive health and without it life would not be able to continue. But across the world it is often shrouded in secrecy, taboos and shame. This, combined with limited access to appropriate water, sanitation and hygiene (WASH) facilities and supplies of sanitary protection materials, poses multiple challenges for women and girls, particularly for managing the hygiene aspects of menstruation (menstrual hygiene management [MHM]). It has the potential to affect the educational experiences of girls; and hence in turn influence their life chances and the attainment of their human rights. This includes rights to equality, education, health and dignity. Increasing recognition of these issues in the global context has led to increasing momentum for learning from women and girls on the issues they face, their priorities for change and practical solutions.

Purpose and scope of synthesis – This synthesis of the MHM context across the East Asia and Pacific (EAP) region has been initiated jointly by the Education and Water, Sanitation and Hygiene (WASH) teams of the UNICEF East Asia and Pacific Regional Office (EAPRO). It aims to provide an overview of the experiences of girls and women and the current status of MHM programming and action across the region. The main focus has been on the school context linked to WASH in Schools (WinS); but MHM related to out-of-school youth, at community level, in humanitarian contexts and in the workplace have also been included.

Purpose – This report aims to document lessons learned through research and practitioner experiences for use by governments, UNICEF and other actors, with the ultimate aim of strengthening commitment and action on MHM across the region. It also aims to contribute to the global body of evidence.

Target groups – The target groups for this report are professionals from government, the United Nations, civil society organizations (CSOs), research institutions and the private sector, working at regional, national and sub-national levels; supporting the areas of education, WASH, sexual and reproductive health (SRH), puberty and adolescence, school health and nutrition, gender and humanitarian emergencies.

Seventeen countries which vary in size, economic status and development have been included in this synthesis: **Cambodia, China, the Democratic People's Republic of Korea (DPRK), Fiji, Indonesia, Kiribati, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea (PNG), the Philippines, the Solomon Islands, Thailand, Timor-Leste, Vanuatu and Viet Nam.**

Methodologies and limitations – The analysis was undertaken during September to December 2015 using the following methodologies: desk review of resources through the Internet and publications; the distribution of a country MHM mapping questionnaire sent to all UNICEF offices and some partner organizations; email exchanges; and remote key informant interviews. Wherever possible information has been triangulated and the first draft of the synthesis has been shared with both practitioner representatives at country and regional levels and a number of MHM experts from national, regional and global levels with expertise in the EAP region. A subjective scoring system has been utilized for comparing progress across the region. The cross-sectoral nature of MHM with responsibilities across the education, WASH, adolescence and SRH, school health and nutrition and gender sectors posed some challenges for gathering of information. For example, most respondents did not come from the education sector or work on the school curricula and hence it was difficult to obtain copies of curricula for review.

Snapshot of progress across the region – There has been increasing momentum for learning about the MHM context in countries across the region and increasing action by governments and practitioners to develop and pilot practical responses (see Figure 1). Support from two major donors, the Department for Foreign Affairs and Trade (DFAT) of the Australian Government and the Global Affairs Canada (GAC) of the Canadian Government, as well as funding and programmatic support from UNICEF, has significantly contributed to an increase in momentum. The efforts of other donors, CSOs and United Nations agencies to support efforts on the ground with the engagement of government, as well as a number of MHM champions from a range of different institutions and agencies, have also clearly contributed to the progress.

The **Philippines** and **Cambodia** have progressed the furthest, where formative research was undertaken a few years ago and which have the largest number of actors pro-actively engaging in MHM. **Mongolia, the Solomon Islands, Indonesia, PNG, Timor-Leste** and **Lao People's Democratic Republic** and the other **Pacific** countries are gaining momentum, having relatively recently undertaken formative research, or where there is increasing engagement of government or other actors. Examples exist of good practice in most of the remaining countries in the region, but in some cases information was either limited, or actions could only be identified in specific areas, such as in the curriculum in **Thailand** and **Myanmar**. It is understood that China has also progressed well, but it was not possible to analyse the progress to make a clear comparison to the other countries. Whilst there has been a positive increase in momentum and in the number of actors engaging in MHM across the region, interventions are however still at early stages on a relatively small or pilot scale.

The enabling environment – Progress has been made in the enabling environment in a number of countries, although there is still a long way to go. Some countries have clear government leadership and commitment and some countries, such as **Fiji, the Philippines, the Solomon Islands** and **Mongolia** have already acknowledged the importance of MHM into the latest versions or drafts of national technical standards or guidelines related to WinS. Topics of relevance to MHM have been included in the curriculum in some countries, but may be mainly limited to the biology of menstruation and not the emotional, hygiene or misconception related topics. In general the topics have been included in biology, life skills, or puberty or SRH related subjects. In a few cases, efforts have been made to include more of the relevant topics to MHM in the curriculum and into life skills and SRH programmes; and guidance materials have been produced for teachers, such as in **Thailand, Myanmar** and in the **Philippines**. However, the subjects may still be optional and major challenges exist for the teaching of subjects that have links to SRH; with many teachers being uncomfortable and lacking confidence to teach them. Some examples exist of coordination on MHM, such as in **Mongolia**; and information sharing such as in **Cambodia**; but this is still limited, particularly across sectors. Some examples exist of linkages between the education, WASH, adolescence and SRH sectors; but multiple untapped opportunities exist from improved coordination and communication across sectors, for increasing the quality and breadth

Table 2: Snapshot of progress on MHM across the EAP region¹

Traffic light indicator	Grey	Red	Orange				Green		
	0	1	2	3	4	5			
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress			
Country	Component of good practice in ensuring a MHM-friendly environment								
	Government leadership on MHM, coordination and MHM in policies	Formative research on MHM	MHM in the curriculum	Teacher training relevant to MHM	Teaching and learning materials on MHM	School WASH facilities	Stakeholder engagement on MHM	Overall score for the country – (this does not include the score for UNICEF engagement)	UNICEF engagement
Component of MHM good practice – see Table 2	E1, E2	E3	E5	E5	E5	I3	E2		
For more information - see Annex	VIII	IX	X	XI	XII	XIII	XIV		XV
Philippines	4	5	3	3	4	3	5	27	4–5
Cambodia	2	4	3	2	4	3	5	23	3
Indonesia	2	5	3	2	3	3	3	21	4–5
Timor-Leste	4	4	2	1	3	3	4	21	2
China	3	0	4	3	4	3	3	20	3
Mongolia	4	4	1	1	3	3	4	20	4–5
Solomon Islands (Pacific)	4	4	2	1	1	3	4	19	3
Lao People’s Democratic Republic	2	3	2	2	3	3	3	18	0
PNG	3	2	3	3	2	0	3	16	3
Thailand	0	0	5	4	4	0	2	15	2
Fiji (Pacific)	4	1	1	1	1	3	3	14	4–5
Vanuatu (Pacific)	1	1	2	3	1	3	3	14	2
Myanmar	0	0	4	3	4	0	2	13	0
Kiribati (Pacific)	3	2	2	2	1	1	2	13	3
Viet Nam	1	1	3	0	0	3	2	10	2
Malaysia	0	0	2	0	0	4	0	6	0
DPRK	0	1	0	0	0	0	0	1	2

of impacts. A number of examples of teaching and learning materials have been developed across the region, including five girls' puberty/MHM books, which offer opportunities for the sharing of accurate information; although distribution is still not widespread.

Taboos, norms, practices and impacts on the experiences of girls and women – A wide range of taboos, norms and traditional practices persist across the region which impact on girls' and women's ability to manage their menstruation. Some are positive, such as the celebration of a girl reaching menarche (the start of menstruation), but many misconceptions exist. Diverse views exist about what food is not permitted to be eaten during menstruation, with potential impacts on

¹ The snapshot of the progress on MHM across the region is based on a subjective traffic light scoring system. Sometimes the scores have been made on the basis of limited information. The components of good practice for the comparison are mainly school-focused and have been selected because these are the components where more information was available on progress, which allowed a comparison. It does not indicate all components of good practice. The scoring system has also been established to show the variation across the countries, with a score of good or significant progress being indicated in relation to progress in other countries of the EAP region. Efforts across the region are still in their infancy and hence scores of 4 or 5 should not be interpreted as meaning there is little to do. Please see the full report for further details.

nutritional status; as well as beliefs related to not washing the body during the menstrual period, leading to poor hygiene and risks to self-esteem, dignity and potentially also to health. Women and girls from different contexts are restricted from a range of activities from cooking to gardening, or even staying in the same house as the rest of the family during the menstrual period. Girls whose opinions have been sought through formative research in **Cambodia, Mongolia, Indonesia, the Philippines** and the **Solomon Islands** and other country contexts reported multiple challenges in the school environment.

"What is known by her parents is that she is studying well, but this is not the truth, because of what is happening to her when she has her period at school." (Schoolgirl, Philippines)²

"When I was in lower secondary school, I was sitting and doing my exam, and I felt unusually sore on my stomach and lower back. After I finished my exam I went outside and hung out with my friends on a bench. I felt something wet and a little sticky on my trousers, so I stood up and saw a lot of blood on my skirt. I was so afraid, and I didn't know what happened to me. I felt very embarrassed and afraid that someone might see it. After the exam, I rushed home and told my sisters. My sisters told me how to use a pad because I knew nothing about it back then." (Schoolgirl, Cambodia)³

"I felt funny when I first heard about menstruation. Funny because it talks about genitals. Yet when the teachers explained about it, I started to understand and I [am] no longer mocking the girls who are having menstruation. It is a natural thing and every woman experience it, including my mother and sister." (Schoolboy, 12 years old, Nagekeo District, Indonesia)⁴

These included reduced concentration and participation in class, a range of self-reported health problems and absenteeism, whether for lessons or for whole days. In **Cambodia**, 41 per cent of the girls said they miss days from class.⁵ In **Indonesia**,⁶ where over 97 per cent of girls reported using commercial sanitary pads, 20 per cent of rural-based and 13 per cent of urban-based schoolgirls still reported missing school during their menstrual period; reporting that during their last period they had missed between 1–2 days.

MHM in the school environment – Major challenges exist in the school environment, including in accessing appropriate WASH infrastructure (that girls can use anytime), principals and teachers who are not aware of MHM and how to ensure a MHM-supportive environment, as well as limited access to sanitary protection materials for emergency incidents. The design of existing WASH facilities can pose challenges to privacy. Operation and maintenance (O&M) of facilities is a major issue with latrines and associated infrastructure regularly reported as dirty or non-functional. Heightened challenges have been found for girls who stay in boarding school dormitories, such as in **Mongolia** and the **Solomon Islands**. This is, for example, due to a lack of privacy for showering or washing soiled clothes or cloths, difficulty in accessing adequate numbers of sanitary protection materials, and missing information and support from family members, although there can be a more supportive environment between peers. Some work has started on a pilot level to increase the awareness of boys as well as girls about MHM, with the aim to reduce teasing, with some positive results.

MHM at community and household level and in the workplace – Less attention has been placed on learning about MHM outside of the school environment, but formative research has been undertaken in **Timor-Leste** and in **Lao People's Democratic Republic**, which have highlighted specific issues related to MHM at community and household levels. In **Timor-Leste**, efforts have also been made to integrate MHM into the national Community-Led Total Sanitation (CLTS) Campaign. Very limited attention has been placed so far on looking into the issue of

MHM in the workplace, or as an income-generating opportunity, although a partnership of three organizations has included MHM as part of their sanitation marketing programme in the Pacific, and a multi-context, multi-country research on menstrual hygiene products in the Pacific is planned supported by DFAT.

MHM in emergencies – Some efforts have been identified as related to MHM in emergencies, but these have been limited to only a few emergencies. Mostly efforts have been towards including sanitary pads in hygiene or dignity kits and in some cases other helpful supporting non-food items, rather than a more comprehensive approach including ensuring access to appropriate WASH facilities and information. For Typhoon Haiyan, some information for girls was also shared during the emergency, such as through the distribution of a girls' puberty/MHM book, a hygiene leaflet and information provided by community mobilizers. Only one example was identified of an organization considering the needs of women and girls in emergency WASH-facility designs.

UNICEF engagement – UNICEF engagement in countries varies across the region. In general, countries that have been supported with funding for formative research on MHM with the involvement of international universities or research institutions have been the most active and have engaged with the government to translate the findings into practice to varying degrees. The UNICEF Pacific Multi-Country Office has also been particularly active and has funded government-led research in the Solomon Islands. In some countries, UNICEF is behind other actors in their engagement in MHM, and efforts are planned, such as in **Timor-Leste** and **PNG**. In others, such as **Lao People's Democratic Republic** and **Myanmar**, no information was forthcoming on UNICEF's engagement in MHM or intention to engage, even though in the former, there is a large WinS programme.

Summary of recommendations:

The following key recommendations have been established based on the findings of this synthesis.

Recommendations – EAP regional level – There is a need for increased advocacy based on consolidated evidence and for regional guidance to be prepared for improved regional approaches and country-level actions; particularly practical guidance for use by the curriculum and training departments of ministries of education across the region. There is also a need to make more of existing opportunities in the education, WASH, adolescence, SRH, school health and nutrition, gender and humanitarian emergency related sectors. When analyses are undertaken related to school curricula, SRH guidance, WASH in school facilities or other related fields, requirements for effective MHM need to also be considered. In addition, increased opportunities for analysis and planning as well as engagement across sectors should be strengthened, to respond to the current missed opportunities and to enable a multiplier effect to both momentum and the scale of impact.

Recommendations for countries – national policy level – There is a need to support cross-sectoral engagement, coordination and communication and to strengthen policies, strategies and guidelines to recognize the importance of MHM and to integrate practical solutions, both inside and outside of the school setting. There is a need to ensure that girls and boys receive appropriate information before girls reach the age of menarche and there is a particular need to offer training and confidence building opportunities for teachers, parents and other professionals. There are particular needs to devise strategies as to how MHM can be appropriately taught in contexts where discussion on SRH-related topics is still difficult. The development of a national girls' MHM/puberty book is one strategy that should be considered to help to ensure that accurate information is available and to overcome some of the sensitivities. Financial and human resources

are urgently needed to improve school WASH facilities, scaling up access, and to ensure effective O&M. Strategies are needed to reach and support the MHM-related needs of out-of-school youth, other community members and people from minority groups or in marginalized or special circumstances, such as people with disabilities.

Recommendations for countries – research, monitoring, evaluation and advocacy – There is a urgent need to undertake formative research on MHM in a number of countries in the region with the key engagement of adolescent girls and boys, government and other stakeholders at the national and local levels, including local leaders; as well as to capitalize on the learning from practitioner-focused organizations, whether through their own formative research or action-learning. There is a need to integrate indicators relevant to MHM into programme assessments, baseline surveys and standard monitoring systems at national and programmatic levels. There is a critical need to establish mechanisms to ensure cross-sectoral learning, strategic planning and advocacy.

Recommendations for countries – implementation level – Lessons from formative research and action-oriented learning should be utilized in the design of programmes. Improvements are urgently needed to WASH facilities in schools to ensure that they are MHM-supportive (see box), with particular attention on consulting girls, female teachers and girls and women with disabilities in their design and in establishing effective and sustainable O&M systems.

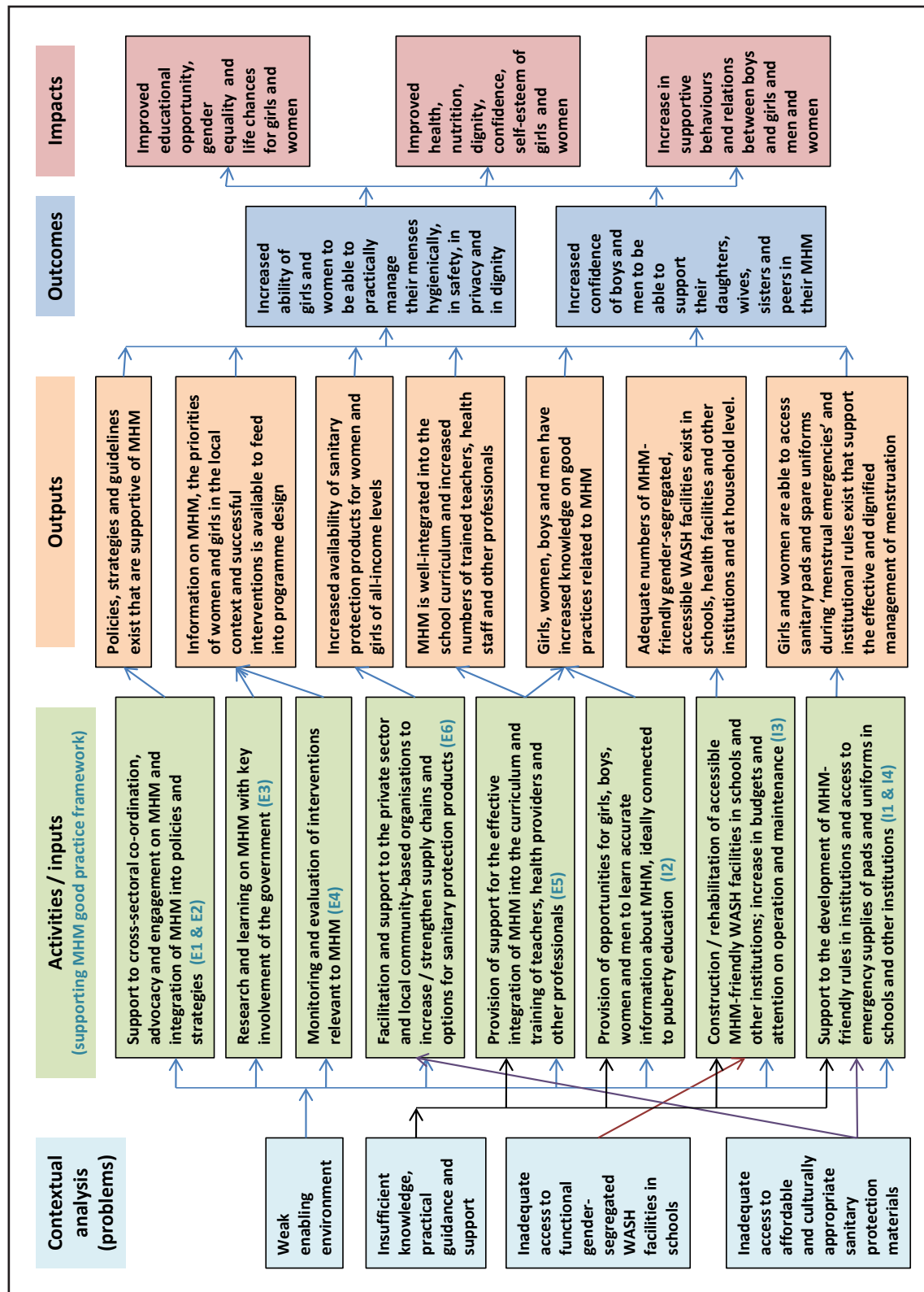
Summary of recommendations:

11. **MHM-supportive institutional environment** – School management, teachers, other staff and parents are aware of the needs of girls and female staff and visitors for managing their MHM. Responsibilities should be included in job descriptions for staff. School rules/etiquette ensures that girls do not need to stand up when answering questions, are allowed to leave the class to use the toilet facilities whenever needed and there is somewhere to rest and a named person exists who they can ask for advice or obtain support. The skirt part of a girls' uniform should ideally be a dark colour that does not show stains.
12. **Opportunity for information and dialogue** – Boys and girls have the opportunity for learning on MHM as well as teachers, school management, parents and health professionals. This should include the physiological processes, counteracting misinformation, building self-esteem and good MHM practices.
13. **Access to WASH facilities** – MHM-friendly WASH facilities are those that are of adequate number, in a safe location, gender-segregated, clean and provide privacy, with features such as doors, internal locks, easy access to water supply, mirror for checking stains, hooks/shelves, showering or changing option, lighting and refuse bin with lid inside latrine cubicles and associated waste disposal chains.
14. **Access to sanitary protection materials** – Sanitary pads and spare uniforms are affordable and available in the school context, including for 'menstrual emergencies'.

Integrate the benefits for menstruating girls and women from improved household sanitation into community-based sanitation campaigns and establish mechanisms for supporting MHM outside of the school context. Ensure that women and girls facing humanitarian crises have access to information and their preferred sanitary protection materials, disposal facilities/space for privacy as well as MHM-friendly WASH facilities. Always involve women and girls including those with disabilities in discussions on the solutions, to ensure that they are culturally and age appropriate and meet their needs, including access to facilities.

This figure provides an overview of the Theory of Change for a MHM-supportive environment. The recommendations noted in this synthesis support the good practice identified in this Theory of Change.

Figure 1: Theory of Change for a MHM-supportive environment



2.

MHM – Establishing the realities and opportunities in the East Asia and Pacific (EAP) region

2.1 Menstruation and menstrual hygiene management

Menstruation

Menstruation is a natural part of the reproductive cycle. It is a vital sign of reproductive health and without it life would not be able to continue. But despite this and whilst in some contexts a girl reaching menarche is celebrated, menstruation is often associated with taboos, menstrual myths and secrecy, and girls may grow up learning to feel ashamed of this natural and healthy process.

Girls begin to menstruate during puberty at a time known as menarche. It usually occurs between the ages of 10 and 19 years. The woman then continues menstruating until menopause, which usually occurs in her late forties or fifties. Each month an egg is released and travels to the uterus. In order to receive the egg, blood builds up in the uterus which supports the growth of a fertilized egg. If the egg is not fertilized by sperm, the lining of the uterus is released through the vagina as blood; this is the process known as menstruation or menses. The monthly bleeding usually lasts between two and seven days with some lighter and some heavier days⁷ although wider variations also exist.

Menstrual hygiene management (MHM)

The management of the hygiene associated with the menstrual process. For girls and women to be able to manage their menstruation, they need a supportive and MHM-friendly environment. The Joint Monitoring Programme (JMP) of WHO and UNICEF, has proposed the following definition of MHM: *“Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.”* In addition, they

also need information on good practices and access to WASH facilities that are safe, clean and hygienic. Many girls and women face challenges in the management of their menstrual hygiene, particularly in resource poor contexts, or in humanitarian situations when their normal coping mechanisms may be challenged. Schools can also pose particular challenges for girls who are menstruating and this has been shown to negatively affect the learning experience of girls. See [Section 3.1](#) for more details.

Over the past five to ten years, attention has been increasing on the issue of MHM globally. Efforts and attention have particularly grown on considering gender issues in schools and what schools can and should be doing for MHM: with particular engagement and support from the WASH sector and also from those working in adolescence, SRH and school health and nutrition. Efforts have also been increasing in the area of MHM outside of the school context and MHM in humanitarian contexts.

2.2 East Asia and Pacific region, adolescence and educational context

2.2.1 Geographical scope and focus

The 17 countries shown in Table 3 have been included in this study. Each are covered by the UNICEF EAPRO, although key UNICEF WASH and Education staff positions were vacant at the time of this exercise in the [Malaysia](#) country office, which limited the opportunities for learning in this country context. The UNICEF Pacific Multi-Country Office, based in Suva, Fiji, covers 14 Pacific Island Countries, but for the purpose of this study the focus has been on the four countries in which UNICEF WASH has a programmatic focus: [Fiji](#), [Kiribati](#), [Solomon Islands](#) and [Vanuatu](#).

The EAP Regional Gender Strategy, 2013–17,⁸ notes the diversity of gender issues across the region as well as diversity in terms of geography, populations, cultures, languages, religions, environments, economies and social and political systems. These differences influence the traditions, norms, practices and opportunities related to MHM across the region.

The region has a total population of about 2 billion people, about one quarter of the world's population, with its smallest member being Niue with 1,700 people and its largest being China with 1.39 billion people (2014). Approximately 72 per cent of the population of the countries in this study live in United Nations Development Programme (UNDP) classified High Human Development countries, 22 per cent in Medium Human Development countries and about 5 per cent living in Low Human Development countries.⁹

The following map provides an overview of the geographical spread of the EAP region. It also provides a general overview of the level of access to improved sanitation in each country, as indicated by the UNICEF/WHO JMP, 2015 update. Access to appropriate sanitation which is safe, hygienic and private is essential for the effective management of menstruation.

2.2.2 Adolescents in the EAP region

The situation for adolescents in the EAP region has been changing. Variations exist across countries within the region, but the general trends include:¹²

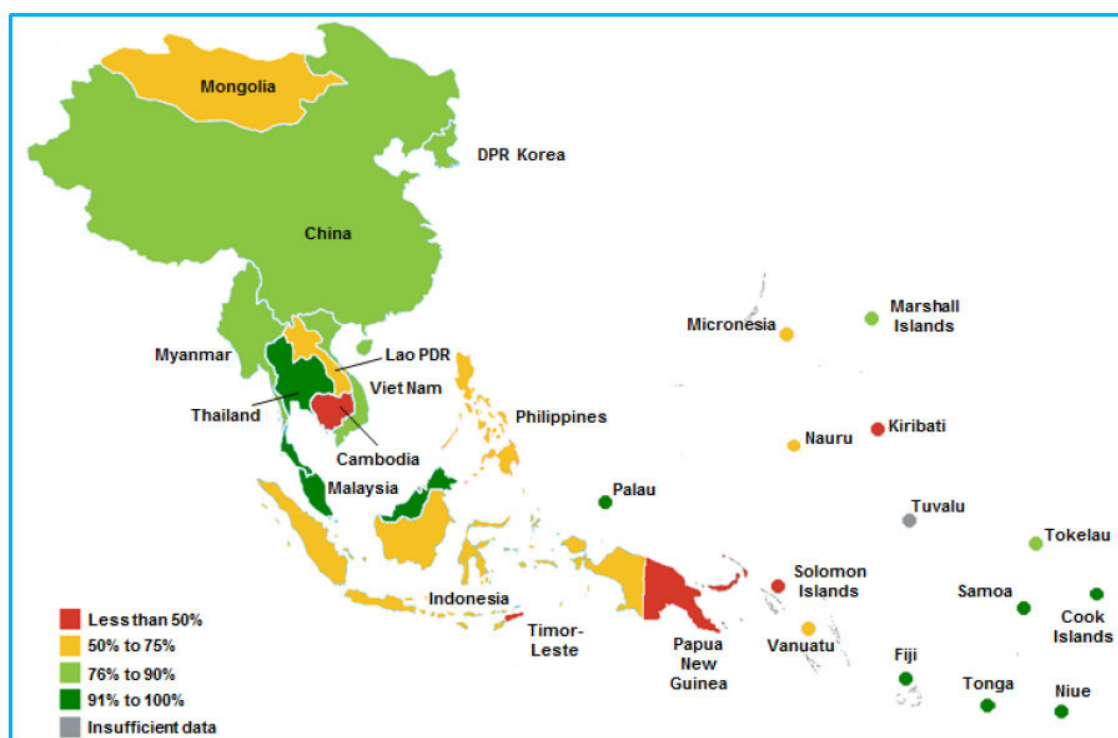
Table 3: Countries included in this synthesis¹⁰

Country	Human Development Index rank		Gross National Income per capita (USD)	Pop'n. (millions – 2014)	Mean (and expected) years in schooling ² (2014)		Primary school dropout rate (%)
					Female	Male	
Malaysia	High	62	22,762	30.2	9.4 (12.7)	10.1 (12.7)	0.9
China	High	90	12,547	1,393.8	6.9 (13.2)	8.2 (12.9)	No data
Mongolia	High	90	10,729	2.9	9.8 (16.0)	10.0 (15.5)	3.5
Fiji (Pacific)	High	90	7,493	0.9	9.5 (15.3)	9.0 (13.9)	9.1
Thailand	High	93	13,323	67.2	7.1 (13.9)	7.5 (13.1)	No data
Indonesia	Medium	110	9,788	252.8	7.0 (13.1)	8.2 (12.9)	11.0
Philippines	Medium	115	7,915	100.1	8.4 (11.5)	7.9 (11.1)	24.2
Viet Nam	Medium	116	5,092	92.5	7.0 (No data)	7.9 (No data)	5.5
Timor-Leste	Medium	133	5,363	1.2	3.6 (11.3)	5.3 (12.0)	16.4
Vanuatu (Pacific)	Medium	134	2,803	0.3	8.0 (10.2)	10.0 (10.9)	28.5
Kiribati (Pacific)	Medium	137	2,434	0.1	No data (12.7)	No data (11.9)	21.1
Lao People's Democratic Republic	Medium	141	4,680	6.9	3.9 (10.1)	6.1 (11.0)	26.7
Cambodia	Low	143	2,949	15.4	3.2 (10.3)	5.4 (11.5)	35.8
Myanmar	Low	148	4,608	53.7	4.3 (No data)	3.8 (No data)	25.2
Solomon Islands (Pacific)	Low	156	1,540	0.6	4.3 (No data)	No data (9.7)	25.1
PNG	Low	158	2,463	7.5	3.2 (No data)	4.8 (No data)	No data
DPR Korea	Not known	Not known	Not known	25.0	No data (No data)	No data (No data)	No data

- **Changing demographics** – A changing demographic due to reducing fertility rates and higher life expectancies. This has led to a temporary window where there are more youths and working age population (ages 15 to 59) in proportion to the 'dependent' population (those aged 0 to 15 and 60 and over).
- **Migration and urbanisation** – Increased migration and urbanization amongst youth. This is leading to changing family structures and the dispersal of family members.
- **Increasing period of adolescence** – This is as a result of the earlier onset of puberty due to better nutrition, the extension of time spent in education and delays in marriage.
- **Industrialization and economic growth** – Many countries have been rapidly industrializing and are experiencing high rates of economic growth, although this has also contributed to a disparity in access to basic services.

² 'Mean years' in schooling is the average number of years of education received by people aged 25 years and older. The 'expected years' in schooling are the number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout the child's life.

Figure 2: Map of the East Asia and Pacific region supported by the UNICEF EAPRO



(Credit: UNICEF EAPRO)

Defining adolescence¹¹

“Adolescence³ is the period of transition from childhood to adulthood.⁴ During this challenging developmental period, young people go through many biological, cognitive, social and psychological transitions. Psychologically, adolescents develop a sense of identity and self-awareness. Socially, adolescents spend more time with their peers and move away from their family and home environment or try to develop their identity while living in the same household with parents and grandparents.”

“During this critical stage in the life cycle, a young person’s social, economic, legal and political status is transformed. Adolescence is a time of preparation for the adult roles of worker, citizen and community participant, spouse, parent, and household manager. Adolescence is also a time of gender differentiation. In many societies the world expands for boys and contracts for girls during the teen years. Adolescence is a critical period of capacity development and one of heightened vulnerability and risk, especially for girls.”

- **Rapid globalization of the media, information and entertainment** – This has revolutionized communication and access to information. Young people have been quick to adopt new technologies and are one of the most active groups in increasing use of social media. Established approaches to education are also being challenged to adapt to new technologies and behaviours that enable access to information beyond traditional limits and means.
- **Consumerism** – This has led to a shift from frugality and thrift to social rewards through ability to consume. This has led to a pressure on children and youth to have a constant

³ In this paper it refers to adolescence as occurring between the ages 10 and 19, although other age ranges exist. See the terminology section at the beginning of this report for further details.

⁴ Based on United Nations definitions.

access to cash, and in the extreme to increasing young people's vulnerability to sexual and other forms of exploitation.

- HIV/AIDS, conflict and drug use – Increases have been seen in all of these areas, which have significant impacts on young people.

The above changes have a number of implications for ensuring that girls and women live in 'MHM-friendly' environments. These include changes in access to family members who may have previously provided information on MHM; girls starting their menstrual periods at a younger age; increased demand for the use of commercially produced sanitary pads, including at the extreme end, potential risks of sexual exploitation to obtain the same;⁵ and opportunities for learning about MHM through new media.

2.2.3 Education across the EAP region

A growing number of countries in the region are expanding their definition of basic education beyond primary level to include lower or even upper secondary education and the demand for secondary education is increasing, with demand in some cases being larger than the supply. In some countries double and triple shifts are happening in already overcrowded secondary schools for overworked and underpaid secondary school teachers.¹³

There are greater gender differences in secondary school than in primary school across the study countries in the EAP region with some countries with more boys and some with more girls enrolled. Refer to **Table 2** for comparison on the current mean and future expected years of schooling across the countries in the region by gender. It should be noted that the trend from the data is that in more countries it is expected for the balance to change from boys having more years in schooling to girls having more schooling over the coming years. It is also important to note that the primary school dropout rate varies significantly across the region, from 0.9 per cent in Malaysia to 35.8 per cent in Cambodia.

Multiple analyses have indicated that there has been considerable progress in secondary education in Asia and the Pacific although a number of disparities and challenges remain. *"There are still serious disparities in access to secondary education, which are particularly pronounced for students in the lowest economic quintiles, those living in remote geographic locations, girls, ethnic minorities and people with disabilities and special needs. Of equal concern is the generally poor quality of secondary education and the low levels of knowledge and skills of secondary school completers."*¹⁴ This synthesis looks at progress related to MHM across the region linked to WASH in Schools, but also considers children who may not be in school, linkages through communities and youth groups. It also has a specific section looking at support on MHM for girls and women from minority groups or who may be marginalized or in special circumstances.

2.3 Purpose of establishing the status of MHM across the EAP region

Poor knowledge about menstruation and menstrual hygiene, and school environments which are not menstrual hygiene-friendly, have the potential to affect the educational experiences of girls and in turn to affect their futures and ability to function to their greatest potential.

⁵ Examples were not identified of this occurring in the EAP region, but as it is anecdotally known to occur in other parts of the world and is a very sensitive subject and hence to a great extent hidden; it is still noted here in case it is also occurring but currently a hidden issue.

Ability to manage menstruation is affected when a girl or woman does not attain their human rights,^{15,16,17} including for example their rights to an adequate standard of living and access to sanitation and water supply. Inability to manage menstruation can effectively also lead to the non-attainment of other rights, such as to an education, to the highest attainable standard of physical and mental health, as well as a right to human dignity. Increasingly this is being recognized in the global arena and, in response, increasing learning and action is occurring across the world.

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. It is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children and insists that survival, protection and development of children are universal development imperatives, integral to human progress. It is supporting this analysis, in support of the rights of girls from across the region.

The purpose of preparing this synthesis report and the associated regional guidance note is:

1. To provide a concise overview of the experiences of girls and women related to MHM and the current status of MHM implemented through WinS and other programmes outside of the school setting in the EAP region.
2. To identify experiences and lessons learned for the use of governments, UNICEF-supported programmes, implementing partners and other stakeholders, with the ultimate aim of strengthening commitment and action on MHM across the region.
3. To contribute to the global body of evidence and learning, through documenting research and practitioner experiences from across the region.

2.4 Methodologies

The analysis for this synthesis was mainly undertaken through desk study during September to December 2015. The following methodologies were used: a) desk review using the Internet and existing publications; b) a questionnaire with scoring chart to establish progress in different aspects of good practice at country level; c) remote key informant interviews; and d) participation in the 4th Virtual MHM Conference organized by Columbia University and UNICEF on 22 October 2015. Information was gathered from different sources and triangulated wherever possible. Please refer to:

- **Annex II** – for a listing of contributors who shared information by email or through remote interviews.
- **Annex III** – for a copy of the questionnaire circulated to UNICEF country offices, other United Nations agencies and non-governmental organizations (NGOs) working across the region.
- **Annex XVII** – for the documentation utilized – with relevance to global, regional and national contexts.

2.5 Limitations of this synthesis

The limitations of this synthesis are:

1. The research was mainly desk-based with remote interviews and use of documented evidence.
2. The research initially focused on MHM in the school context, as this has been the main focus of UNICEF and the global community to-date. But the focus was also expanded to consider contexts outside of schools where possible. It was not, however, possible to find as much information from these contexts.
3. Staff were very busy and hence finding the time to provide information was challenging. In addition, the timing aligned with other requests for information on MHM or related forums at the global level.
4. It was challenging to get hold of copies of curriculum documentation. Most respondents could only provide general comments on what was included in the curriculum. The topics relevant to MHM may also be spread across subjects and grades, making tracking relevant topics quite complex.
5. Some documentation was in the local language and English translations were not available.
6. There was quite a variation in: a) the progress related to MHM in each country; b) knowledge about the MHM context in each country; c) the quality of available evidence and documentation; and d) the amount of information that contributors shared.

3.

MHM in overview – global context

3.1 Why considering MHM is important

A – Improved psychological health

Confidence, self-esteem and relationships with others – Puberty is a time of accelerated physical growth and sexual development experienced by every human being, but the information that children learn about puberty is often selective and surrounded by taboos, with elements of puberty often being noted as shameful for girls whilst celebrating male virility.¹⁸ Whilst in some countries the onset of menstruation is celebrated, in many countries it is considered a private issue surrounded by traditional norms, taboos and shame, which makes it difficult to learn and talk about. Many girls reach menarche without knowing what is about to happen to them leading to fearful experiences. Knowing about menstruation, that it is a normal, healthy occurrence, and also knowing how to manage it effectively, can increase a girl's confidence and self-esteem and also encourage a more supportive environment between peers, parents, teachers, their children or pupils.

B – Better educational outcomes

Concentration – Lack of information on menstruation, a lack of access to sanitary protection materials, not having any underwear to hold cloths or pads in place, unsupportive teachers, bullying or teasing from boys and other girls, and lack of appropriate WASH facilities in schools can result in a number of impacts, which have been documented from multiple studies and analyses.^{19,20,21} It can lead to reduced self-confidence and concentration in class as well as less engagement of girls in school activities and school lessons. This may be due to distraction from menstrual pain, or fear of standing up to answer questions because of embarrassment if they have leaked blood onto their uniform or due to concern over odours. Girls may only own one uniform and hence the impact of it becoming permanently stained with blood could also be significant; the likelihood of this occurring increasing for light coloured uniforms.²²

Absence or withdrawal from school – It may include taking time out of school to manage menstruation. Challenges exist to establishing the reasons for taking hours or days off from school, particularly if connected to menstruation, because it is commonly shrouded in taboos and causes embarrassment. These challenges in turn contribute to the debate about how much absence occurs due to menstruation and its management in schools. But what is very clear is that girls, parents and teachers from multiple countries and contexts *consistently*

confirm that absence occurs due to challenges related to menses and this has been reported in multiple studies of different sizes and types.^{23,24,25} There is also evidence that increasing the numbers of latrines and the provision of private gender-segregated and clean toilets all have impacts on the use of these toilets by girls, particularly at the onset of puberty, and that they also contribute to school attendance.^{26,27,28}

In some settings, parents may encourage girls to drop out of school when reaching menarche because puberty and menstruation are associated with reproduction. They may prefer for girls to become married and contribute to the family's income (where this may be the case) or they may perceive that after menarche girls become more desirable and parents and girls may become increasingly fearful



of potential sexual harassment by boys and male teachers at school. They may withdraw girls from schools to prevent pregnancies whether from consensual or non-consensual sex.²⁹ Anecdotal examples have also occurred where girls have left school because of the difficulty of managing their menstruation, or because of the embarrassment of having a leak on their uniform,^{30,31} although the scale of this occurrence is not known.

Availability of female teachers – The availability of gender-segregated latrines and a MHM-friendly environment may also affect the willingness of female teachers to work in schools.³² This may have a knock on effect upon the level of support for girls as well as the quality of education more generally. It may also limit the options for girls to ask advice about MHM³³ if they are not confident to speak with male teachers.

C – Protection, sexual and reproductive health and dignity throughout a girls and women's life cycle

Safety risks – The onset of menstruation also poses other safety-related risks for girls. School latrines may be a location of harassment for girls.^{34,35} Anecdotal examples also exist of girls having undertaken transactional sex in order to pay for sanitary pads so that they can attend school easier during their monthly period,^{36,37} although the scale of this practice is not currently known. Where girls and women are expected to sleep outside of the main family house during their menstrual period, this may also make them more vulnerable to assault.

Links to sexual and reproductive health – The lack of knowledge about their bodies and about SRH and rights may reduce their ability to manage their menstruation; as well as to make informed decisions about sex after menarche due to misinformation, leading to risks of unwanted pregnancies or sexually transmitted diseases.

Dignity through the life cycle of girls and women – During each stage of a girl and woman's life, their needs related to water and sanitation and menstruation change.³⁸ This starts at menarche. Girls may experience fear when it first occurs if they do not know what is happening to them and need to learn how to manage their menses. Then they move into

adulthood. If they give birth there is a need for sanitary protection materials for the high blood flows post-giving birth and they may also need to provide guidance to their daughters. Then on to the peri-menopausal period³⁹ when women may suffer from 'flooding' when the blood flow may become very heavy or irregular, leading to increased need for sanitary protection materials and access to WASH services. Both men and women may also face incontinence for a range of reasons during their lifetimes^{40,41} due to malfunctioning of their urinary or excretory systems, sometimes due to age, disability, or due to issues such as fistula resulting from childbirth or due to sexual assault. It is a highly stigmatizing affliction. Whilst incontinence is not specifically related to the physical processes of menstruation, incontinence does prompt the need for the use of protection materials which can soak up the fluid flow. Sanitary protection materials are sometimes used for this purpose; although they may not be adequate due to the higher volumes of flows associated with incontinence. Many of the challenges related to MHM are also valid for incontinence although the challenges may be more severe for incontinence.

D – Better physical health and nutrition

Women and girls themselves report a range of health-related issues linked to menstruation.⁴² This may for example include pains, irritation from wet pads, headaches and excessive flow. There is a potential for the occurrence of increased infections associated with sexual intercourse during menses, including from diseases which can be transmitted through blood such as Hepatitis B and HIV. Where hygiene cannot be assured, the insertion of materials into the vagina, such as by inserting rolled up sanitary pads or cotton, also has the potential to increase infection. Girls without access to appropriate WASH facilities may also withhold urination during menses, which may also contribute to infections. Scientific evidence around the health impacts of poor menstrual hygiene is, however, limited or patchy.^{43,44} Recent research from India, however, has indicated that women who used reusable absorbent pads were more likely to have symptoms of urogenital infection (AdjOR=2.3, 95% CI 1.5-3.4) or be diagnosed with at least one urogenital infection (Bacterial Vaginosis [BV] or Upper Reproductive Tract Infections [UTIs]) (AdjOR=2.8, 95% CI 1.7-4.5). These are more commonly used by socioeconomically deprived women. Increased wealth and space for personal hygiene in the household were protective for BV (AdjOR=0.5, 95% CI 0.3-0.9 and AdjOR=0.6, 95% CI 0.3-0.9 respectively).⁴⁵ The study was limited to girls who were over 18 and married, due to the challenges of undertaking vaginal swabs from the groups of women not in these categories.⁴⁶ A cautionary note from a study of reproductive tract infections and sexually transmitted infections (STIs) in Lao People's Democratic Republic,⁴⁷ is that whilst there seems to be a particular interest from policymakers on the issue of reproductive tract infections and hygiene, care needs to be taken that a focus on this issue does not lead to health providers blaming women and girls for their lack of hygiene for gynaecological problems; as this may lead to a reluctance for them to report their symptoms and receive treatment or support.

Many food-related restrictions are associated with menstruation as part of traditional norms or beliefs. These limit a girl or women's intake during her period and have the potential to affect her nutritional status, although specific studies on this issue are limited.

E – Improved physical environment

The lack of appropriate disposal mechanisms for sanitary pads and materials can also impact negatively on the environment, particularly in high-density urban environments. Where no disposal system exists, pads may be put into a pit latrine, flushed down a toilet, left on the floor of a latrine or thrown in the open. If pit latrines are emptied by vacuum tanker the presence of sanitary pads

can be problematic and pads can contribute to the blocking of pipework and sewerage systems. The use of incinerators is also somewhat controversial. This relates to possible pollutants from the emissions, although evidence on the scale or severity of this is limited. There may be limited alternative disposal options in some contexts.

F – Increase in attainment of human rights and gender equality

Some policymakers demand ‘hard’ evidence about the impacts of poor MHM on health or school attendance, before being convinced that there is a need to support and fund action in this area. Whilst these are two important issues, it is very important to remember that these are only two of a range of issues that affect women and girls related to menstruation and MHM. As noted previously, the ability to manage menstruation is affected when a girl or woman does not attain her human rights, for example, the rights to an adequate standard of living and access to sanitation and water supply. Inability to manage menstruation effectively can also lead to the non-attainment of other rights such as the rights to an education and to the highest attainable standard of physical and mental health, and MHM also affects rights to gender equality and human dignity.^{48,49,50} Ultimately educating girls contributes to increases in gender equality, the status and role of women in society, as well as to health, child survival and economic development.⁵¹ If the human rights of women and girls are important to policymakers, which they clearly should be, then there is a need for the wider benefits of supporting girls and women on MHM to be equally valued and acknowledged – those related to dignity, self-confidence, self-esteem and the ultimate links to gender equality.^{52,53}

G – Progress against the Sustainable Development Goals (SDGs)

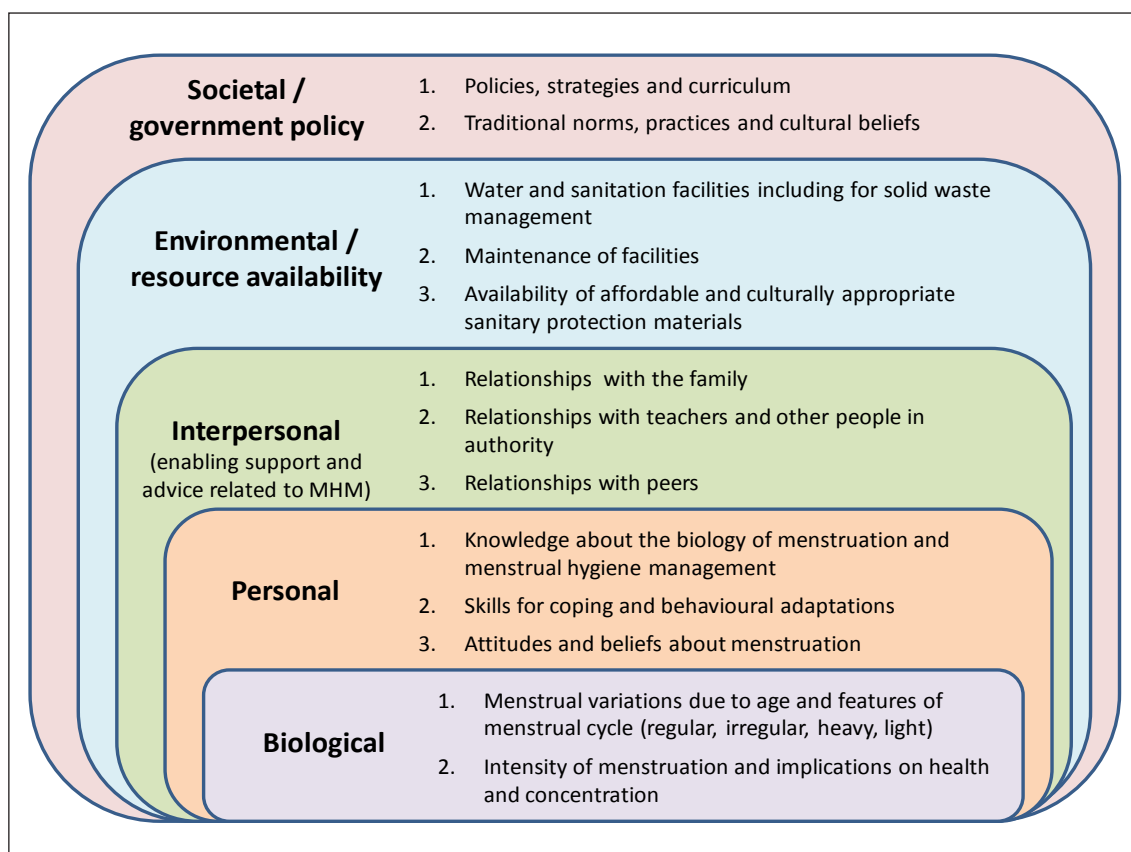
The ability of women and girls to manage their menstrual hygiene will affect the achievement of the SDGs; in particular in relation to ‘meeting the needs of women and girls’ in Target 6.2 – *By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying specific attention to the needs of women and girls and those in vulnerable situations*. In addition, MHM-supportive school environments will also need to be considered for: *SDG 4a – Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violence, inclusive and effective learning environments for all*. Whilst there are no specific SDG indicators related to MHM, discussions are ongoing as to how to encourage the use of MHM-relevant indicators to be collected in addition to the SDG indicators.⁵⁴

3.2 Framework for research and understanding the factors which impact on MHM

The following framework has been slightly adapted from the ‘ecological framework’ developed by Emory University. It provides a framework around which research can be undertaken to understand the context in which girls and women manage their menstruation. It is applicable to the EAP region as well as the global context.

Table 3 and **Figure 3** provide a framework of MHM good practice related to programming at the enabling environment and implementation levels.

Figure 3: Framework for research to understand the factors which impact on MHM⁵⁵



3.3 MHM good practice framework and Theory of Change

A 'MHM good practice framework' follows in tabular form in **Table 4** and in simplified visual format in **Figure 4**. These provide a structure around which efforts to support MHM at enabling environment or implementation levels can be structured. They have been developed using knowledge and learning from both the EAP region as well as the global arena and hence are applicable to the EAP region as well as wider contexts.

Table 4: MHM good practice framework – for the enabling environment and implementation

	Component of good practice		Sub-component
E – Good practice in the enabling environment			
E1	Government shows leadership and commitment to MHM at national and sub-national levels	Contributes to both supply and demand	<ol style="list-style-type: none"> 1. MHM is incorporated into policies, strategies and guidelines across sectors – for example, those related to education; WASH; adolescence; gender; and reproductive and sexual health (which is sometimes linked to HIV prevention). 2. Government budgets include funds allocated to interventions supportive of MHM (such as budgets for school WASH construction, operation and maintenance, or availability of pads for menstrual emergencies). 3. Job descriptions for teachers and other professionals include specific accountabilities for puberty/MHM education and ensuring a safe and MHM-supportive environment (as appropriate).

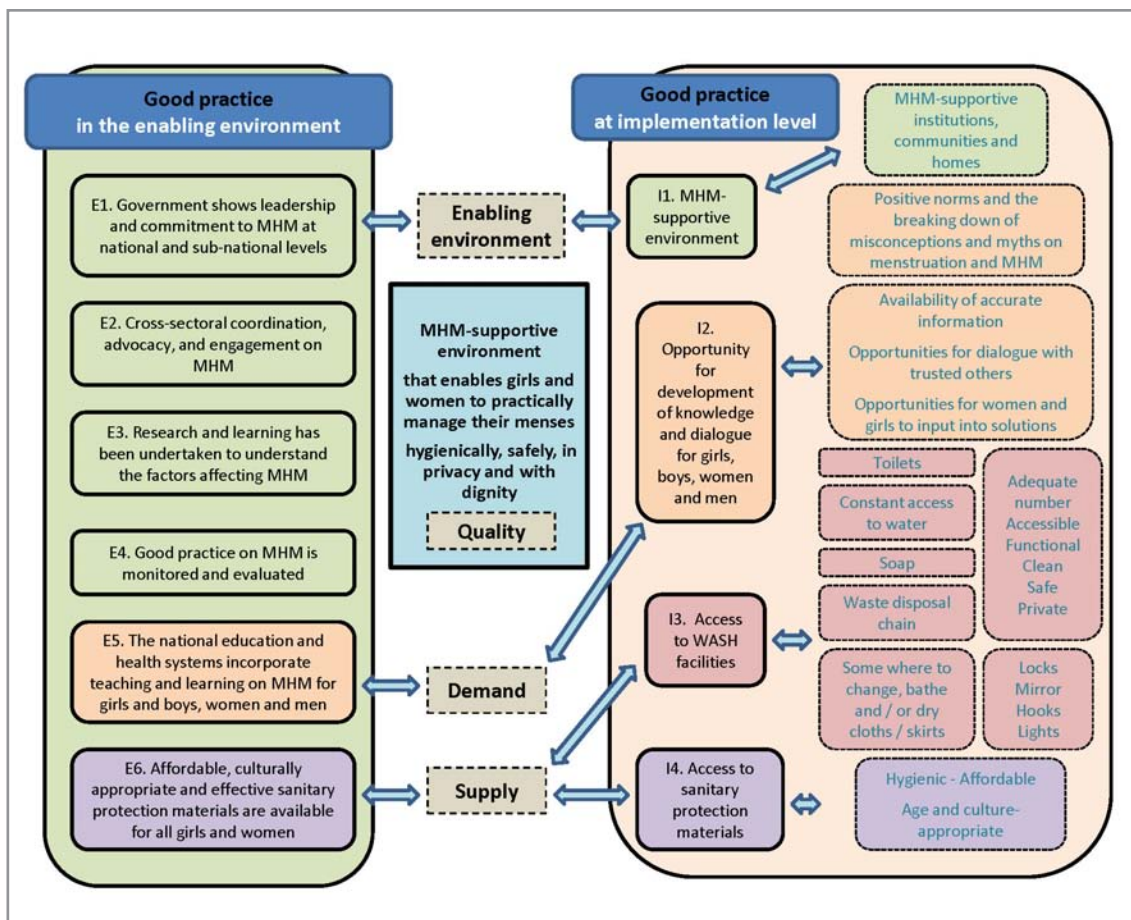
E2	There is cross-sectoral coordination, advocacy and engagement on MHM	Contributes to both supply and demand	<ol style="list-style-type: none"> 1. Coordination occurs across sectors on MHM. 2. MHM is on the agenda of relevant working groups or coordination mechanisms (sectoral or cross-sectoral), or a stand-alone MHM working group exists. 3. Cross-sectoral advocacy is being undertaken on MHM. 4. Opportunities exist for professionals to learn about MHM.
E3	Research and learning has been undertaken to understand the factors affecting MHM	Contributes to demand	<ol style="list-style-type: none"> 1. Formative research and other learning has been undertaken to understand traditional practices, norms and cultural beliefs and challenges facing women and girls, and priorities of women and girls. Particular attention should be made to include girls and women from marginalized groups and people of different traditions, cultures and religions. 2. Research and learning is being undertaken into the most appropriate interventions on MHM (considering effectiveness, efficiency, outcomes and impact).
E4	Good practice on MHM is monitored and evaluated	Contributes to both supply and demand	<ol style="list-style-type: none"> 1. Factors relevant to MHM are monitored as part of national and sub-national government systems and included in assessments and surveys. 2. Projects and programmes monitor factors relevant to MHM and include associated indicators in project-related assessments and baseline surveys. 3. Evaluations of education, WASH, WASH in Schools, adolescence and sexual and reproductive health (SRH) programmes consider factors relevant to MHM.
E5	The national education and health systems incorporate teaching and learning on MHM for girls and boys, women and men	Contributes to demand	<ol style="list-style-type: none"> 1. National curriculum includes MHM for primary and secondary pupils, ideally included within puberty or SRH curriculum. 2. National guidance on curriculum for out-of-classroom activities such as health or youth clubs include MHM. 3. Standard teacher training includes MHM and short courses available for in-service training. 4. Standard training for health professionals includes MHM, including counteracting potentially damaging myths and beliefs. 5. Teaching and learning materials are available for use in schools, health facilities and elsewhere
E6	Affordable, culturally appropriate and effective sanitary protection materials are available to all girls and women	Contributes to both supply and demand	<ol style="list-style-type: none"> 1. Government facilitates, supports and regulates the private sector and local community-based organizations to produce pads or other sanitary protection products including affordable options and strengthen supply chains. 2. Partnerships are considered between the government and the private sector; enabling the private sector to assist in awareness raising and/or the provision of puberty education including on MHM.

The table which follows provides an overview of the good practice at the implementation level.

I – Good practice at implementation level						
			Schools, workplaces or other institutions	Outside of institutional contexts – MHM at community/household levels	Emergencies (Also see Annex V)	
I1	MHM-supportive institutional environment (at implementation level)	Enabling environment	<ul style="list-style-type: none"> Teachers have opportunity to learn about MHM through pre-service or in-service training. School leadership, teachers and parents (including Parent-Teacher Association) are knowledgeable on MHM, adapt school rules and etiquette and provide resources for a MHM-supportive environment. Employers understand and support employees' MHM needs in the workplace. Teaching and learning materials are available in schools and other institutions. 	<ul style="list-style-type: none"> Households prioritize resources to enable women and girls to be able to manage their menses effectively. Staff from institutions and organizations who engage with communities, including health professionals, have had access to MHM training and access to teaching and learning materials on MHM. 	<ul style="list-style-type: none"> Humanitarian actors are confident and competent to discuss and support women and girls on MHM in emergencies. Humanitarian actors coordinate and discuss across sectors on support for women and girls on MHM and consult women and girls about their needs. IEC materials appropriate to MHM in emergencies are available at field level. 	
I2	Opportunity for development of knowledge and dialogue	Demand	<ul style="list-style-type: none"> Girls and boys have opportunities for learning on MHM, through the curriculum, extra-curricular or out-of-school activities; including dialogue on needs and solutions. Employees have opportunities for learning and dialogue on MHM, including on their needs and suggestions for solutions. 	<ul style="list-style-type: none"> Out-of-school children, parents, community leaders and other community members have accurate information on good practices for MHM. 	<ul style="list-style-type: none"> Women and girls have accurate information to be able to effectively manage their menses when faced with a humanitarian emergency and have opportunities for dialogue and to provide feedback and suggest solutions. 	

13	Access to WASH facilities	Supply	<ul style="list-style-type: none"> Girls, female teachers, other staff and employees have access to safe, clean, private, gender-segregated and accessible water and sanitation facilities, including waste disposal, that enables them to manage their menses safely, in privacy and with dignity. Particular attention is needed for WASH facilities for girls and women living in boarding schools or workplace accommodation where privacy may be particularly challenging. 	<ul style="list-style-type: none"> Households have access to accessible and private toilets and bathing facilities and access to water to enable effective MHM. 	<ul style="list-style-type: none"> Women and girls have easy access to accessible, safe and private toilets, bathing facilities and waste disposal facilities with easy access to water, where they can go to the toilet, change, bathe and wash or dispose of sanitary protection materials.
14	Access to sanitary protection materials	Supply	<ul style="list-style-type: none"> All girls, female staff and employees are able to access culturally appropriate sanitary protection materials for daily use and also for 'menstrual emergencies' (i.e., a supply held by the institution for when someone's period starts when they are not expecting it). Knowledge exists about different options available for sanitary protection materials 	<ul style="list-style-type: none"> All girls and women are able to access culturally appropriate sanitary protection materials for daily use. Knowledge exists about different options for sanitary protection materials and their hygienic use. 	<ul style="list-style-type: none"> All girls and women are able to access adequate numbers of culturally appropriate sanitary protection materials. Knowledge exists about different options available for sanitary protection materials.

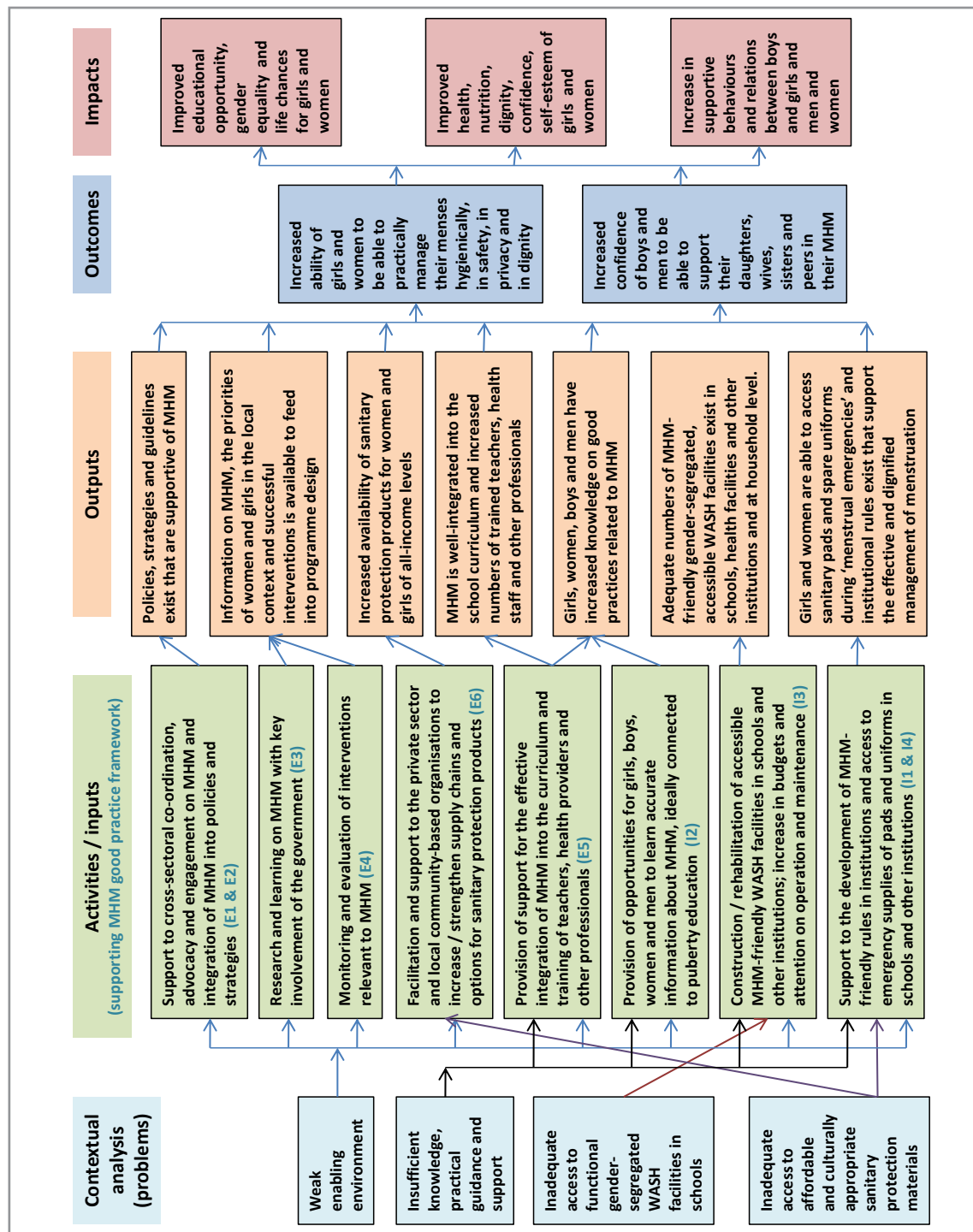
Figure 4: Components of good practice to facilitate a MHM-supportive environment⁵⁶



They also indicate elements that may be considered against the UNICEF bottleneck analysis tool (enabling environment/supply/demand/quality). To utilize such a tool for MHM to measure progress and bottlenecks, there would be a need to design it for a specific context, for example such as the school environment, community environment or in humanitarian emergencies.

A Theory of Change follows in **Figure 5**. This links the contextual problems, as established in both the EAP region and the global arena, and the components of good practice as established the **'MHM good practice framework'**, with the ultimate expected outputs, outcomes and impacts.

Figure 5: Theory of Change for a MHM-supportive environment



3.4 MHM and schools – the global context

3.4.1 MHM in the school environment

For girls to be able to manage their menstruation effectively in schools and to be able to participate fully in schooling, it is important that the school provides a MHM-friendly/MHM-supportive school environment. See the box below.

MHM-supportive school environment

11. **MHM-supportive institutional environment** – School management, teachers, other staff and parents are aware of the needs of girls and female staff and visitors for managing their MHM and implement actions to respond to the same and this is included in job descriptions for staff. School rules/etiquette ensures that girls do not need to stand up when answering questions, are allowed to leave the class to use the toilet facilities whenever needed and there is somewhere to rest and a named person who they can ask for advice or obtain support. Where possible the skirt part of a girls' uniform should be a dark colour that does not show stains.
12. **Opportunity for information and dialogue** – Boys and girls have the opportunity for learning on MHM as well as teachers, school management, parents and health professionals. This should include the physiological process, counteracting misinformation, building self-esteem and on good MHM practices.
12. **Access to WASH facilities** – MHM-friendly WASH facilities include those that are of adequate number, in a safe location, gender-segregated and which are clean and provide privacy, with features such as doors, internal locks, easy access to water supply, mirror for checking stains, hooks/shelves, showering or changing option, lighting and a refuse bin with lid inside the latrine cubicles with associated waste disposal chains.
13. **Access to sanitary protection materials** – Sanitary pads and spare uniforms are affordable and available in the school context including for 'menstrual emergencies'.

It is important to recognize that school management, teachers and parents may not have correct knowledge about menstruation. They may rely on the local traditional norms, myths and attitudes to young people's sexuality as the basis of their knowledge, whether these have positive, neutral or negative implications.

"Teachers often have 'anxiety concerns' and 'resistance concerns'. Anxiety concerns refer to fears of violating taboos, giving offence to parents, being accused of encouraging promiscuity and loose moral practices in the young, or being regarded as using their teaching in this area as a form of personal sexual outlet. Resistance concerns relate to doubts about whether sexual and reproductive health education, the formation of appropriate sexual attitudes and the transmission of very specific behavioural guidelines really belong to their work as teachers, when their whole training and orientation were directed towards essentially academic areas." (UNESCO Puberty and MHM, Good Policy and Practice in Health Education Note, 2014) ⁵⁷

Hence, it is critical to ensure that **school management, teachers receive training on MHM and in good practices in making the school environment MHM-friendly** and that parents also have the opportunity to learn about good practices associated with MHM. This is to ensure that they do not rely on local potentially negative taboos, norms or misconceptions. The Parent-

Teacher Association (PTA) can be a positive entry point to engage parents as well as teachers in this issue and to also come up with positive actions that will ensure that the school is MHM-friendly.

School-based health and nutrition services or school-based counselling services can support girls and boys with common health problems, as well as support children and young people through difficult times which will hopefully reduce school absenteeism and drop-out. It can be a supportive mechanism that girls can use to get advice on menstruation, request pain killers or an emergency sanitary pad or cloth, or find a space to rest while facing period pains or facing mood swings associated with menstruation.⁵⁸ Smaller schools or those in poorer environments may not have the opportunity to have a specific service for such functions, but a specific teacher or teachers, ideally female, could be identified as the focal point for girls to speak to if they have any concerns or needs.

A number of key actors working on school health and nutrition use the '*Focusing Resources on Effective School Health*' (FRESH) Framework. This has four key pillars which have been aligned with the components of good practice from the 'MHM good practice framework' in **Figure 6**.

Figure 6: Four key pillars of the Fresh Framework as a basis for school health responses aligned with 'MHM good practice framework'

4 key pillars of FRESH Framework	Equitable school health policies	Skills-based health education	Safe learning environment	School-based health and nutrition services
Components of the 'MHM good practice framework'	E1	E6 and I2	I1 & I3	I1 & I4

Because the inclusion of MHM in the curriculum can be quite complex, an overview of the issues identified from the global context has been included below, which can be used as background for the analysis in the EAP context to follow.

3.4.2 MHM in the curriculum

Since parents can find it difficult to speak of sensitive or sexual issues with their children, schools offer a unique opportunity to reach a large proportion of the world's learners before and during puberty. Considering that approximately only 75 per cent of learners who started primary school reach the last grade, UNESCO considers *"that primary school is the right place and time to reach young people with puberty education."*⁵⁹ The education sector also has a large educated workforce that can, if properly trained, provide accurate knowledge and develop a relationship of trust with students.

The education sector may, however, avoid the issue of puberty *"by considering it a private matter or a problem to be addressed within the family. But by facing this pivotal phase of life unprepared, learners are left confused and unsupported, which in turn affects the quality of their education."*⁶⁰ UNESCO notes that menstruation is an especially important issue because it has a more pronounced effect on the quality and enjoyment of education than other aspects of puberty.

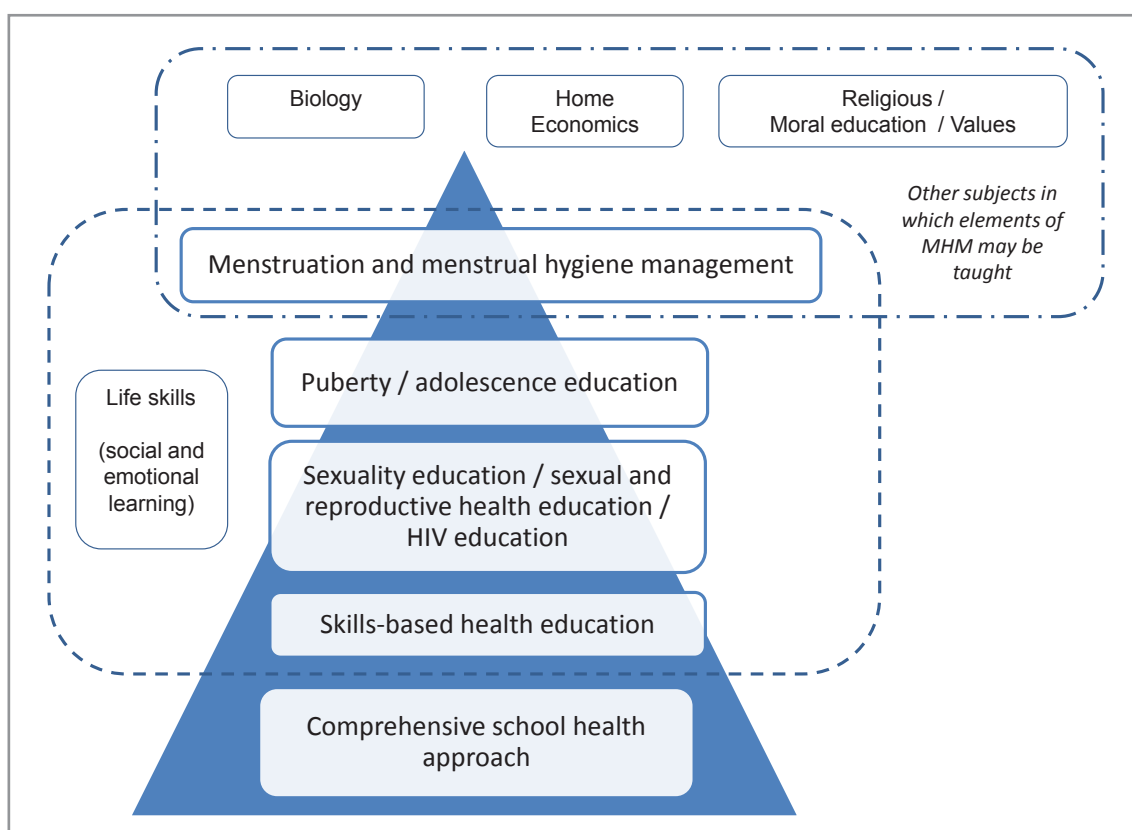
UNESCO recommends that education on puberty, menstruation and menstrual hygiene should ideally start at an early age, from 5–8 years old, before the onset of puberty, and continue to be provided until 15–18 years of age, the content being adapted for each age group. Topics of relevance to menstruation and MHM may be included in the curriculum under a number of different subjects. Where it is placed will depend on the country and its existing curriculum. The box below identifies the topics which are of relevance to MHM.

Good practice for subjects relevant to MHM for girls and boys⁶¹

1. Physical changes during puberty, including the process of menstruation
2. Hormonal, psychological and emotional changes and how to manage them
3. Building self-confidence and positivity related to menstruation being a natural part of life
4. Good practices in management of menstrual hygiene, such as: how often to bathe; how to use pads, cloth or other materials; how often to change them and keep them in place; how to wash and dry or dispose of them
5. Counteraction of misconceptions which may lead to problematic practices
6. The importance of supporting girls and women when they have their menstrual period
7. Opportunity to discuss and ask questions

(Adapted from the UNESCO Puberty Education & MHM, Good Policy and Practice in Health Education Booklet 9, 2014 and 'Menstrual Hygiene Matters', 2012)

Figure 7: Typical subjects into which topics relevant to MHM may be integrated⁶²



The following provides a summary of some of the key subjects under which MHM may be taught:

Sexuality, sexual and reproductive health and puberty education – Increasingly more governments are incorporating comprehensive sexuality education (CSE), SRH and/or adolescence/puberty education into their school curriculum. This has partly occurred in response to the emergence of HIV and an acknowledgement that children need to learn how to protect themselves from HIV. The scope of what is taught however tends to vary.⁶³ CSE may cover one or more of: a) anatomy, biology and physiology; b) reproduction and the family; or c) inter-

personal relations. SRH covers a) and b) of these topics. Teaching is often constrained by the sensitive nature of these subjects. Teachers may not feel confident or competent to teach the subject even if in the curriculum, because of fear of the reactions of parents. There can also be a tendency to only teach about the physical reproductive system, leaving out the associated social and emotional aspects, including inter-personal relations. Ideally, MHM should be taught as one component of puberty education, but care needs to be taken to ensure that all relevant topics are covered – including the physical, emotional and practical.

Life skills, biology, religious studies and home economics – Likewise, life skills has also increased in popularity over the past decade. It should be taught using more participatory and peer-to-peer methodologies and focus on helping students to gain the values, abilities, behaviours and skills that will enable them to deal effectively with everyday life.⁶⁴ Hence it potentially offers a good opportunity to discuss and address the more sensitive issues around stigma, shame and embarrassment issues associated with menstruation. Life skills have typically been developed through partnerships between governments, United Nations agencies and other international organizations. Subjects within life skills, however, may only be taught as an optional subject or extra-curricular activity, with limited guidance available for teachers and it is not always taught in the style with which it was intended. The physical aspects of the reproductive system may be taught in biology/science and the moral approaches to menstruation may be included in religious studies. Discussion on topics relevant to MHM may also be taught under home economics, which is often taught by a female teacher. Sexuality education, SRH and puberty education may be taught under the broader subject of life skills.

Extra-curricular activities, MHM girls' puberty/MHM books – In some contexts, issues related to sexuality are taught in after-school clubs. These may be used as entry points by external actors such as non-governmental actors who support the teaching of life skills related subjects. Whilst after-school clubs offer an entry point to ensure that this subject is covered, the risk is that: a) teachers may spend less time on it because the subject is not likely to be tested,⁶⁵ and b) often only a small number of the pupils will be involved in the after school clubs, leaving wider dissemination only to peer-to-peer sharing. In a number of countries, girls' MHM/puberty books have also been developed based on the local context and particular beliefs and norms. The advantage of these books is that the information to be shared is consistent, reducing the risk that teachers will skip over information or teach it in a way that reinforces negative practices. They can also be read alone/privately as an important way for a girl to learn about her changing body on her own. In addition, if the girls are allowed to take the books home, they can be read by their parents, siblings, peers, friends and neighbours, hence spreading the good practice wider than the classroom. One of the challenges is that where the topics relevant to MHM are taught across several subjects without a concerted effort to link the information together, that it can leave girls and boys with fragmented information. This is an issue which has also been identified as a challenge for the teaching of HIV.

Gender-segregated education on MHM – Globally, views vary on whether girls and boys should be taught MHM separately or together. It is generally recommended to teach girls separate to boys, to enable them to have increased confidence to discuss and ask questions, but this varies by context. In some contexts, running mixed MHM sessions with girls and boys together has been positive and encouraged boys to be more supportive.

See **Annex IV** for further discussion on the scope, overlaps and issues relate to the different subjects, and opportunities and challenges for incorporating MHM into the curriculum, as well as good practice guidance from UNESCO on puberty and menstrual hygiene education and on sexuality education.

MHM in the school environment has been covered in more detail in the analysis of the context and progress in the EAP region.

4.

Snapshot of progress on MHM across the EAP region

Table 5 provides a snapshot of progress on MHM in the EAP region.

A scoring and traffic light indicator system has been used to provide an overview of progress against a few components of good practice suggesting the relative progress by country. The scores and traffic light indicators are subjective and sometimes based on limited sources of information; but they provide a general overview of the current context and variations across the region. This snapshot has investigated a number of the components of good practice as indicated in **Table 4**. However, the components selected were partly chosen based on the availability of information that would enable a comparison to be made across countries. Hence more components refer to MHM in schools than to other contexts. Refer to the mapping tables in the respective annexes to see the evidence on which the scoring is based and also indicative guidance for the scoring for each component.

Observations on the snapshot and variations across the region

The picture that the snapshot provides is that in recent years there has been some progress in the consideration of MHM across most countries in the region. The overall picture is:

1. The **Philippines** and **Cambodia** have the largest number of stakeholders engaged in MHM, have a girls' puberty/MHM book developed sub-nationally and nationally (respectively) and government has been working to strengthen MHM into the curriculum and/or its national technical guidelines for WinS. The Philippines provides interesting examples of how MHM is being integrated into adolescent SRH education and in Cambodia stakeholders have been working to train staff in health facilities.
2. **Mongolia, Solomon Islands, Indonesia, PNG, Timor-Leste** and **Lao People's Democratic Republic**, are gaining momentum with increased engagement of the government and/or other stakeholders. There are some great examples of government leadership pushing action forward, such as in the Solomon Islands, and ongoing efforts to integrate MHM into national strategies and technical guidelines for WinS.
3. For **China**, it is reported that MHM is well integrated and covered and integrated into policies, strategies, IEC and teacher-training materials. But as these documents were not seen to be able to analyse their content, or to know exactly what the various stakeholders have been doing, it is difficult to know exactly where to place China in this comparison between countries.

Table 5: Snapshot of progress of MHM across the EAP region

Traffic light indicator	Grey	Red	Orange				Green		
	0	1	2	3	4	5			
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress			
Country	Component of good practice in ensuring a MHM-friendly environment								
	Government leadership on MHM, coordination and MHM in policies	Formative research on MHM	MHM in the curriculum	Teacher training relevant to MHM	Teaching and learning materials on MHM	School WASH facilities	Stakeholder engagement on MHM	Overall score for the country – (this does not include the score for UNICEF engagement)	UNICEF engagement
Component of MHM good practice – see Table 2	E1, E2	E3	E5	E5	E5	I3	E2		
For more information - see Annex	VIII	IX	X	XI	XII	XIII	XIV		XV
Philippines	4	5	3	3	4	3	5	27	4–5
Cambodia	2	4	3	2	4	3	5	23	3
Indonesia	2	5	3	2	3	3	3	21	4–5
Timor-Leste	4	4	2	1	3	3	4	21	2
China	3	0	4	3	4	3	3	20	3
Mongolia	4	4	1	1	3	3	4	20	4–5
Solomon Islands (Pacific)	4	4	2	1	1	3	4	19	3
Lao People’s Democratic Republic	2	3	2	2	3	3	3	18	0
PNG	3	2	3	3	2	0	3	16	3
Thailand	0	0	5	4	4	0	2	15	2
Fiji (Pacific)	4	1	1	1	1	3	3	14	4–5
Vanuatu (Pacific)	1	1	2	3	1	3	3	14	2
Myanmar	0	0	4	3	4	0	2	13	0
Kiribati (Pacific)	3	2	2	2	1	1	2	13	3
Viet Nam	1	1	3	0	0	3	2	10	2
Malaysia	0	0	2	0	0	4	0	6	0
DPRK	0	1	0	0	0	0	0	1	2

Notes:

- For some countries, information on the situation was not available and hence a score of '0' has been indicated. This has been scored as 'grey' with the traffic light indicator.
 - The score for UNICEF engagement to-date has not been included in the overall country score. In the Pacific, the Pacific Multi-Country Office (based in Suva, Fiji) has been scored for UNICEF engagement in Fiji and the Field Offices scored for UNICEF engagement in the Solomon Islands, Vanuatu and Kiribati.
4. For **Fiji**, **Kiribati** and **Vanuatu** a few areas which were weaker, such as availability of teaching and learning materials and MHM in the curriculum, have brought down the overall score. But even so, there are still examples of good practice and there is also increasing momentum. In Fiji, since 2012, MHM has been integrated into the Minimum Standards for WinS, and in Kiribati, formative research on MHM is being planned. Efforts to integrate MHM into the

teacher training curriculum is already in process and learning from the experiences in the Solomon Islands is also expected to influence continued progress in these and other Pacific Island Countries; particularly with the support of the UNICEF Pacific Multi-Country Office, Live & Learn International and a range of other stakeholders.

5. In **DPRK** the subject is currently felt to be too taboo to enable discussions to establish the reality of the current context, but indications such as school toilets commonly gender-segregated are positive and efforts are underway to start the discussion.
6. Information that was available for **Thailand, Myanmar, Viet Nam, and Malaysia** was limited, but from the information available on the life skills and SRH curricula from some of these countries, the indication is that they are probably further ahead than indicated here.

Seven of the eight top scoring countries are known to have undertaken some form of formative research. The two top scoring countries undertook the research a few years before the others. This provides a clear picture of the impact of increased understanding through research in encouraging action.

Analysis of the MHM context across the EAP region in the sections which follow are structured:

1. Enabling environment related to MHM
2. MHM-related norms, beliefs, practices and implications
3. MHM in schools
4. MHM in the community, in emergencies and in the workplace
5. MHM for people in special circumstances, people with disabilities, or from minority, indigenous or marginalized communities

5.

Enabling environment related to MHM across the EAP region

5.1 Overview of the enabling environment

This section provides an overview of the enabling environment which affects the ability of women and girls to manage their menstrual hygiene safely, in privacy and with dignity. It highlights issues related to government leadership and commitment to MHM and how well MHM is currently integrated into policies, strategies and guidelines. It establishes, with some limitations, how well MHM is integrated into the curriculum, opportunities for teacher training and the availability of IEC materials; and it looks at the availability and affordability of sanitary protection materials, as well as the current status of monitoring and evaluation. The actual situation of practice in schools, communities and other contexts and girls' and women's experiences of the same, are included in subsequent sections of this report.

5.2 Government leadership and commitment

For an overview of examples of government leadership, coordination and supportive policies, strategies and guidelines across the region refer to [Annex VIII](#).

5.2.1 Government engagement and leadership at national level

Government engagement and leadership at national level in the area of MHM varies across the region. It has been challenging to establish the level of government engagement remotely. However, indications have been possible from: the progress in the recognition of the importance of MHM in policies, strategies and associated guidelines; where research or IEC has been approved; and where efforts are being made to integrate MHM into the curriculum and guidance materials for teachers. It should be acknowledged that there may be government representatives who are championing this issue, who are not known by respondents to this study. A few examples have however been shared. One of these countries is the [Solomon Islands](#), where the Director of Environmental Health of the Ministry of Health and Medical Services has championed MHM and has been pushing forward efforts to respond. See the box which follows.

Director of Environmental Health, Tom Nanau, championing MHM in the Solomon Islands ⁶⁶

"The issue of MHM came to my attention when it was identified as a need in schools and other institutions through the work of UNICEF and the Ministry of Health and Medical Services (MHMS). I realized the significance of this issue, particularly to young people and felt the need in schools and communities. I remember from my time teaching over 40 years ago, that girls who were having their periods would reduce their engagement with others, even at break times, because of fear that they had stained their clothes. It was a huge embarrassment for them and also has the potential to impact on their health. There are strong cultural norms that mean people cannot be open about this issue in public. Sometimes culture can suppress people. Even within my own family, I have four now grown-up daughters, but even we had not discussed this issue. I have built my own confidence to be able to speak about MHM by talking with them about it."

"As Director of Environmental Health I see it as an important issue that I have to work on together with the Ministry of Education and Human Resource Development (MEHRD) and the MHMS, to break loose the hurdles and mindset that has previously stopped us addressing it. Previously, I was not aware of MHM being dealt with across the globe, but I can see that there are practical ways we can respond to this issue. We have not gone very far yet but the MEHRD, churches, school headmasters and principals have understood it and taken it well. We will also work on this issue in communities, but we will have to take time to think about the most effective entry points. I believe that it is a moral obligation that the ministries of health in all governments should take this issue seriously and include its consideration in their national strategic plans."

5.2.2 Policies, strategies and guidelines

Consideration of factors that are supportive of MHM are slowly being integrated into national policies, strategies and technical requirements across the region, although the region is still in the early stages of integration, as many still do not specifically recognize the importance of considering the MHM needs of girls and women. Particular progress has been seen in a few countries at the level of norms or technical guidelines for WinS. See the box below.

Integration of MHM into national norms or technical guidelines for WinS

The **Fiji** Ministry of Education 'Minimum Standards on Water, Sanitation and Hygiene in Schools Infrastructure' (2012)⁶⁷ clearly specifies the need to support girls in their MHM to ensure that they have equal learning opportunities. It provides a range of practical guidance to ensure that WASH facilities meet the needs of menstruating girls such as gender-segregated facilities, hooks, bins and shower compartments for girls to be able to change.

In **Mongolia**, the 'Norms and Requirements for WASH in Schools, Dormitories and Kindergartens'⁶⁸ was approved by official decree by three ministries (Education, Health and Finance) in June 2014 and is being distributed throughout Mongolia. It includes a range of practical requirements such as gender-segregated latrines, locks on doors, access for children with disabilities, a washing/changing room for girls, access to clean water, and safe disposal of wastes from the girls' toilets. It also includes counselling for girls and boys.

In the **Solomon Islands**, in response to the findings of the formative research on MHM in 2015, the government's 'WASH for Educational Facilities in the Solomon Islands: Technical requirements for school WASH projects'⁶⁹ has been updated, currently in draft form, to include a comprehensive range of practical guidance to ensure that schools are MHM-friendly. These include those related to undertaking baseline assessments, practical facility requirements, funds for O&M, as well as a supply of emergency pads, the need to ensure staff are trained and confident to talk about MHM, that School Boards regularly discuss MHM, and that schools monitor issues relevant to MHM.

In the **Philippines**, the 'Guidelines for the Implementation of the Water, Sanitation and Hygiene in Schools (WinS) Program' (2014)⁷⁰ issued by Order of the Department of Education has been drafted and once approved will become a policy. It notes that "[e]ffective MHM shall be ensured in all elementary and secondary schools" and includes a number of requirements such as gender-segregated toilets, the importance of O&M, and of having functional hand-washing stations and waste management. But it does not include any specific recommendations only related to MHM, such as the need for emergency supplies of pads.

It is also reported that in **Kiribati**, the new WASH in Schools Policy, approved by the Cabinet in November 2015, includes specific references to MHM; and that the draft national WinS guidelines in Timor-Leste also includes MHM, although it is understood that the **Timor-Leste** WinS guidelines focus on the hardware and not the information that is also required for girls to manage their MHM with confidence. In China it is reported that MHM is already integrated into the School Health Policy and it is already integrated into the 'Guideline on Health Education in Primary and Middle Schools'. **Cambodia** has also reported to be integrating MHM into its 'School Health Policy' which is currently under revision. Others do not specifically mention the importance of considering MHM, but still include some supportive strategies such as the 'National WASH Policy'⁷¹ in **PNG**, which includes requirements for gender-segregated toilets and disabled access. In **PNG** a national WASH in schools training manual is also under development,⁷² which will include MHM as an integral component.

It should be noted that legislation, policies, strategies and technical guidance only tend to be updated every few years; potentially every 5–10 years. If a policy or strategy has already been updated in the past couple of years, it is therefore unlikely that it will be updated again immediately to include the issue of MHM. However, if the momentum continues for learning about the importance of MHM and if MHM champions exist at national level in the government, the United Nations or civil society groups when they are next updated, it is expected that considerations related to MHM will continue to diffuse into policies and strategies across the region over the coming years. There may be a more regular opportunity to input into technical guidance, so this can provide a window of opportunity to start improving the situation in the interim while opportunities arrive to update policies and strategies. This has already been happening, as highlighted by the examples above.

5.2.3 Government support to MHM-related activities implemented by other stakeholders

Where government has not engaged in MHM so much at the national level to-date, a range of examples still exist of positive engagement by government at the sub-national level, such as through their engagement with NGOs who are supporting MHM activities in their programme areas. See the examples in the box below.

Government engagement in MHM at sub-national level

In **Timor-Leste**, WaterAid established a Memorandum of Understanding with the Department of Health and Department of Education in the areas in which they were working. They facilitated workshops to develop IEC materials involving a range of government staff, they trained the government staff and they co-facilitated the sessions in schools. Requests have been made to expand the training. In **Indonesia**, Plan International has engaged with the District Education Office, who is now incorporating indicators related to MHM into their school monitoring routines.⁷³ In **Cambodia**, the Ministry of Education has approved the use of the girls' MHM/puberty book for use in schools as well as an associated puberty reader for boys which includes some information on menstruation;⁷⁴ and in **Lao People's Democratic Republic**, the national Ministry of Information and Culture has approved the girls' puberty/MHM book for use in the country and the Ministry of Education and Sports has approved their use in schools across Luang Prabang Province.

The engagement of non-governmental, United Nations and other actors in the area of MHM is also providing opportunities for government learning and engagement, such as through involving them in formative research or in the processes to develop or approve their programmes. For examples refer to **Sections 5.3.2** and **5.4**.

5.2.4 Government budgets supporting MHM

It has not been possible to establish if any government budget includes a specific allocation to support MHM. It is probably unlikely that a dedicated budget line has been established for MHM. This is unless, as in Kenya, the government has committed to supporting all girls in school with sanitary pads; or if a dedicated budget line is included on advocacy for MHM, such as through Menstrual Hygiene Day, in the same way that governments sometimes include budget lines for advocacy for Global Handwashing Day. What is more likely, however, is that WinS is allocated a specific government budget line. This will contribute to improving the WinS situation in schools and ultimately benefit girls who are menstruating as well as girls in general, boys, teachers and other users. It was not possible to study government budgets for inclusion of WinS as part of this analysis. However, bottleneck analyses of the WinS situation in three countries in 2014, highlighted the inadequacy of the resources available or government budgets at that time. This was included under the heading of 'budget/expenditure' for WinS with the following indicators and scores by country:⁷⁵

- **China** – 'Degree to which the central government allocates designated funds for WinS' = 35 per cent
- **Mongolia** – 'Adequacy of government funding for WinS' = 5 per cent
- **Lao People's Democratic Republic** – 'Adequacy of funds' = 20 per cent.

The percentage scores indicate: Severe bottleneck: 0–29 per cent; Minor bottleneck: 30–69 per cent; Not a bottleneck (on track): 70–100 per cent.

In Fiji, a recent government circular instructed schools to use a proportion of their annual school grant to purchase toilet paper. Whilst this may seem arbitrary, it is a good indication that the Ministry of Education is increasing their attention on WASH in Schools and would like a proportion of the grant to be used on WASH.⁷⁶ Such instructions could also be expanded to include the provision of emergency pads and spare uniforms for MHM.

5.3 Coordination, cross-sectoral engagement and advocacy on MHM

For an overview of examples of coordination across the region refer to [Annex VIII](#). For an overview of who is working on what, where, refer to [Annex XIV](#).

5.3.1 Cross-sectional engagement on MHM

The research behind this synthesis was initiated by both the Education and WASH teams of UNICEF. It is clear from responses that it has most commonly been representatives from the **WASH sector** who have been taking the lead in initiating discussions and raising awareness on the need to consider MHM, including in the school environment. However, the **education sector** has also increasingly started to engage, particularly through the area of WinS, and in some cases both WASH and Education colleagues jointly responded to requests for information and there has been engagement of those working on **school health and nutrition**. It is clear that the Education sector still needs support and encouragement to ensure that MHM becomes a priority within the education system. Until the Education sector takes ownership of this issue and feels accountable for the progress (or lack of progress), there are not likely to be significant improvements at scale across the school environment. At present one of the major challenges is this gap in leadership, which will be critical to ensure a MHM-supportive environment.

Increasingly, professionals working on **adolescence** and on **SRH** are also seen to be engaging in this issue and should be those who would have the most appropriate skills to support learning on the sensitive subjects related to MHM. They should also be those most equipped to respond to other questions related to SRH which may come up as part of the opportunity for learning about MHM. This is an area that the WASH sector is less competent to cover. However, it may be assumed that MHM would already be effectively considered and integrated into the work of the SRH sector; but this has not always been the case, particularly issues around taboos and counteracting myths as well as the hygiene considerations. For example, a study on policies and strategies related to the scaling up of Sexuality Education⁷⁷ (which includes SRH) across the Asia and Pacific region (of more than 100 pages including annexes) did not mention menstruation or MHM once. Hence more work needs to be done to ensure that the different subjects relevant to MHM are covered by the SRH sector where this is an option.

Particular progress seems to have been happening in work with adolescents linked to life skills, puberty education or SRH. Useful examples of this work can be seen from the Philippines in [Annex XVI – Good Practice Case Study 1 \(GPCS1\)](#), where UNICEF and Save the Children have been integrating MHM into their work focusing on adolescents; through their ‘Creating Connections’ life skills training⁷⁸ and through their School Health and Nutrition programme and associated work on adolescent SRH respectively. Increased opportunities for SRH have also occurred due to governments’ recognition of the need to educate their children and youth about HIV and AIDS, which has also offered opportunities for the integration of topics relevant to MHM. This is discussed further in [Section 5.7](#).

However, whilst it is positive that there is increasing action by different sectors, care will still be needed to ensure that each of the components required to ensure a MHM-supportive environment, whether in or outside of the school environment, will still need the attention and support of each sector. For example, the SRH sector may play an important role in integrating MHM into puberty or SRH education, that is, it may cover the provision of information and provide opportunities for dialogue. But those in the SRH sector may not feel it their role or that they have the capacity to encourage appropriate WASH facilities, or to support the facilitation of supply chain opportunities for more affordable sanitary protection products.

Particular challenges of the responsibilities for responding to MHM falling across sectors was clearly highlighted by the challenges during this research of establishing what is and is not currently in the curricula. Refer to **Section 5.7** for more details.

A few examples have been shared where cross-sectoral engagement and communication has been happening in country and where coordination mechanisms have discussed MHM, but the number of examples is limited. This indicates that more work is needed in this area and ensuring that MHM is being discussed at various levels across sectors. See the box which follows.

Coordination and cross-sectoral engagement on MHM

In **Mongolia**, a national technical working group (TWG) on MHM has been formed to support the WinS4Girls project including government officials across departments. These include those with responsibilities for strategic policy and planning, implementation and coordination of Environmental Health, Health Education and IEC, and Child and Adolescent Health Care.⁷⁹ In the **Philippines**, a WinS TWG exists where UNICEF and partners are encouraging the discussion of MHM, and a Reproductive Health Working Group integrates discussions on puberty and reproductive health. In **Cambodia**, there is a national WASH Coordination mechanism where Samaritan's Purse has shared the preliminary findings from their formative research on MHM in WinS. WaterAid has facilitated informal coordination meetings of actors working on MHM and the WASH sector in Cambodia now also has a shared drive, in which a folder on MHM has recently been added.

5.3.2 Partnerships with civil society organizations (CSOs)

A number of CSOs have been active on MHM across the region, which can be seen from the mapping table in **Annex XIV** with examples highlighted in **Section 5.7.2**. Table 6 highlights the advantages and limitations of partnerships between governments, schools and CSOs on MHM.⁸⁰

Table 6: Advantages and limitations of partnerships between governments, schools and CSOs

Advantages	Limitations
<ul style="list-style-type: none"> Where teachers may not feel confident teaching topics because of sensitivity, NGO staff may be more confident to do so. CSOs also have often built up relationships with the local community, community leadership and hence can tackle difficult issues and bring the community on board. Their engagement can be particularly useful in culturally, socially, religiously or politically sensitive environments. CSOs can sometimes be more likely to get to difficult to reach areas where there may be access challenges. They are often able to pilot and innovate approaches and may have more creative ways of delivering programmes. Their experiences can potentially provide 'proof of concept' which may enable the approaches to be scaled up through engagement of the government. 	<ul style="list-style-type: none"> The scale of engagement – as most CSOs work on a geographically limited scale. They may also engage mainly through after-school clubs with the participation of limited numbers of students, relying therefore on peer-to-peer education to reach the majority of students. Their activities may be time-bound.

All of these factors will limit the reach of their work. However, even with these limitations, partnering with CSOs provides the opportunity for the training of teachers and building their confidence in this area, which will hopefully have a roll on effect for continuation of the teaching in subsequent years. It also offers the opportunity for practical learning in the field, which can then be shared with governments and other actors and lead to wider consideration of MHM in national policies and strategies. See the box below.

Civil society engagement in MHM contributing to national guidance in Mongolia

In **Mongolia**, Action Contre la Faim and the national NGO that it has helped to establish, WaSH Action of Mongolia,⁸¹ contributed their experiences of learning on MHM from their projects in the field into the national processes to develop the norms and standards for WinS in dormitories, schools and kindergartens;⁸² and also into a hygiene promotion booklet for boys and girls in dormitories.⁸³ Both have been distributed to schools in 2015. National-level formative research is currently in process in **Mongolia** (2015),⁸⁴ from which new learning will feed into future updates of national guidance and the further development of IEC. But the work of the CSOs has contributed to action starting at an earlier date than would otherwise have occurred.

5.3.3 Partnering with the private sector

Partnering with the private sector offers a number of opportunities for disseminating good practice on MHM to girls and women on a large scale. A number of private sector organizations that work globally producing menstrual hygiene supplies have also produced educational materials. Advantages and limitations of partnering with the private sector on puberty education and MHM⁸⁵ can be seen in Table 7.

Table 7: Advantages and limitations of engagement of the private sector in MHM

Advantages	Limitations
<ul style="list-style-type: none"> • Ability to scale-up and increase sustainability of supply as distribution is based on supply-based approaches. • The private sector may cover the costs for awareness raising. • High demand from governments for support (such as for puberty education) where they do not have resources or capacity to support the same at scale. • They may be able to provide funding to support professionals such as nurses, doctors, teachers or hygienists at scale. • They may have the funding to provide evidence on the proof of the concepts and acceptance of approaches, which can then be used by governments to justify their programmes. • Easy access to social media and other methodologies for mass communication which can be used to influence social norms, including demystifying and reducing taboos. 	<ul style="list-style-type: none"> • Private sector organizations are not accountable to the public and most projects are only available in countries where there is an opportunity to increase market opportunities. • Programmes tend to focus on urban and semi-urban areas; leaving rural and difficult to reach areas underserved. • Materials may focus highly on product promotion with limited information on options.

The following box provides some examples of engagement with the private sector in the EAP region. Further details can be seen in **Annex XVI – GPCS4**.

Engagement with the private sector on MHM in the EAP region

Procter and Gamble and Kimberly-Clark are two of the larger companies which have provided support for puberty education in conjunction with ministries of education.⁸⁶ The Ministry of Education in the **Philippines** has engaged with both of these companies. An initial trial to produce puberty education materials in a small sample of schools was ceased due to heavy product promotion.⁸⁷ Procter and Gamble and local corporations that produce sanitary pads have expressed an interest in pursuing support for MHM and some have engaged with secondary schools.

Following the completion of formative research in **Indonesia**, the Ministry of Health plans to meet with commercial sanitary pad producers to strengthen knowledge on MHM, practice and safe disposal options.⁸⁸ They are also planning to engage with Telkomsel Indonesia, the largest telecommunications company in Indonesia. They will trial and evaluate the effectiveness of including around 100 multimedia billboards in schools in Jakarta with messaging on MHM.

Some engagement has occurred of Colgate-Palmolive and Panamax with schools in Kimbe and Kavieng, **PNG** in either supply products or hygiene promotion activities.

5.3.4 Development partner/donor engagement in MHM

Two major donors are providing key support for MHM-friendly research and interventions across the region. Firstly, DFAT of the Australian Government has supported formative research in **Timor-Leste** in community and household settings through the BESIK programme, a workshop bringing experts together to discuss ‘Menstrual Hygiene Products’ in the Pacific region. DFAT has also funded several CSO programmes through its Civil Society WASH Fund and other funds, including programmes in **Cambodia, Indonesia, Myanmar, PNG, Solomon Islands, Timor-Leste** and **Viet Nam**, and also provided support for separate girls’ toilets in schools in **Fiji** and **Vanuatu**.⁸⁹ Secondly, GAC of the Canadian Government has been funding the global 14 country WinS4Girls programmes, which includes formative research and the development and testing of MHM packages in **Mongolia** and **Indonesia**.

Other activities and programmes have been integrated into existing WinS programmes and/or have been funded by UNICEF, or by global or other funding from a range of CSOs, including programmes funded by other government donors. This includes the Dutch Government which is funding programmes with MHM components of SNV in **Lao People’s Democratic Republic**. UNFPA and Room to Read and some other NGOs have also funded some of the girls’ puberty/MHM books in **Cambodia** and UNFPA along with UNESCO are providing advice for curriculum development. UNESCO also supported a regional workshop on the book for education officers, ministries, local government, school principals and teachers. The above commitments and resources have made a significant difference to the availability of knowledge on MHM practices and in supporting the pilot testing of interventions across the region to-date, although evaluations are not yet available.

5.4 Formative research and learning

For an overview of the formative research and other forms of learning undertaken across the region and the ways that the findings from each have been used to-date, refer to **Annex IX**.

The role of formative research and other forms of learning has been clear in enabling momentum for action. It is valuable to see the opportunities that have come from different types of research and learning, with the added value of each to overall progress across the region:

1. International university or research institution supported formative research activities funded by major donors (such as the research funded by UNICEF in the **Philippines**⁹⁰ and by GAC in **Mongolia** and **Indonesia**⁹¹) have offered opportunities to engage government at national level, providing the opportunity to speed up the integration of recommendations into national strategies, norms or guidelines. The opportunity offered by the GAC funded Win4Girls research, undertaken in 2015, offers additional opportunities to fast-track action at the national level, because it includes a subsequent phase to develop ‘a basic MHM package’ for schools and to pilot it in a number of schools across the country. The research in **Mongolia** is being undertaken by the Centre for Social Work Excellence, a national Mongolian research institution, with training and mentoring support of Emory University. This offers a potential institutional lead in country for continuing MHM research and can offer opportunities to engage national graduate and student academics.
2. Other formative research, which was either less high profile, smaller scale or implemented by the government or other in-country actors without external support (such as in the **Solomon Islands**,⁹² **Cambodia**,⁹³ a situation analysis expanding to additional contexts in the **Philippines**⁹⁴ and **Timor-Leste**⁹⁵) has also had equally significant impacts, particularly

where government has engaged in the processes. This has included integration of MHM into national technical guidelines, national monitoring systems and baseline assessment tools, such as has happened in the **Solomon Islands**. In **Cambodia**, research in just a few schools has led to the development of the girls' puberty/MHM book, 'Growth and Changes'. This has now become a national resource and has enabled multiple actors to utilize this tool in their own work. The study in **Timor-Leste** by the bilateral programme BESIK is likely to influence ongoing national community-focused programmes.

3. Other types of learning including that by practitioners: studies by MSc students (such as by SNV in **Lao People's Democratic Republic** and by Samaritan's Purse in **Cambodia**); Knowledge Attitude Surveys or programme-specific learning from pre-project assessments (such as by Plan in **Indonesia** or WaSH Action of **Mongolia**); baseline data collection or action-learning (such as by WaterAid in **Timor-Leste**); programmatic supported studies (such as by Eau Laos Solidarité in **Lao People's Democratic Republic**); and prototype development (by iDE in Cambodia and Live & Learn International in the **Pacific**);⁹⁶ are also adding opportunities for insights and learning that add great value to ongoing action. The implementation work by Plan **Indonesia** and WaterAid **Timor-Leste** offer insights into the implementation of findings from their research,⁹⁷ and the research by Eau Laos Solidarité in **Lao People's Democratic Republic** and WaSH Action of **Mongolia** has also contributed to the development of a girls' puberty/MHM book,^{98,99} which now offers the opportunity to be used or adapted by multiple actors in their respective countries.

Specific insights from the various types of research and follow on actions influenced by the research and learning can be found in **Annex IX**.

Larger-scale studies supported by international universities or research institutions have great value to add to the global body of evidence; and in particular to offer the opportunity to provide evidence to the decision makers who believe that only rigorous studies supported by international universities can provide 'real evidence'. But at the same time it is useful to observe and important to acknowledge that the observations or recommendations coming out of each of these different types and sizes of learning opportunity are very similar. Issues such as no locks on toilet doors or poor maintenance, shyness of girls using latrines where they are too near boys' latrines, lack of information for girls counteracting local myths, embarrassment of girls when they stain their skirts, girls reporting missing time from school, and concerns of teachers to teach sensitive subjects, are essentially cross-cutting across all of the school-related studies coming out of the region. In reality the evidence of these challenges is coming out of all types, style and size of study.

In addition, there are often many variations in culture and context across individual countries. Once one study of reasonable size or rigor has been undertaken in each country, which has offered the opportunity for national government to recognize MHM as an issue, it is likely that there will only be minor variations in experiences, norms and practices in other areas of the same country. These can relatively easily be picked up in smaller-sized studies or practitioner-based assessments and engagement.

What seems key to providing opportunities to influence impact at scale, is the engagement of government in the processes of learning and that there are avenues for the sharing of learning between stakeholders and across sectors. This can be clearly seen by the research undertaken in the **Solomon Islands**¹⁰⁰ that was undertaken by the government with the support of UNICEF and has already led to practical MHM guidance being integrated into national technical guidance for WinS.¹⁰¹

Qualitative methodologies have enabled girls' voiced experiences to be heard, documented and shared and highlight many of the similarities across countries, as well as occasional differences.

Participatory exercises that involve asking girls to draw their perfect toilet or WASH facilities identifying preferred features have been used in a number of studies. In **Indonesia**,¹⁰² an effort was also made through the use of a questionnaire with large numbers of girls (1,159) to establish the proportion of girls who reported specific experiences or preferences. This has provided an added dimension to the information established and will be useful when prioritizing actions, particularly in the areas where the research has been undertaken. The large number of questionnaires used also provided an interesting insight into the very wide range of food-related taboos and other beliefs. The studies viewed included a number of recommendations from girls as to good practices. The research in the **Solomon Islands**¹⁰³ was particularly clear in the way that it documented specific opinions of girls, teachers and parents and translated them into recommendations. Refer to **Section 6** for examples of findings and quotes from girls, boys and teachers from the various studies.

Support from the global level, through published guidance *‘WASH in Schools Empowers Girls’ Education: Tools for assessing menstrual hygiene management in schools’* by Emory University¹⁰⁴ and an *‘MHM Operational Guideline’* currently being developed by Save the Children,¹⁰⁵ expected to be published in 2016, have also added opportunities to strengthen the quality of smaller-scale learning activities and the programmatic-focused learning undertaken in the region.



Drawing of the perfect WASH facilities in participatory exercise with 12–14 year old girls in Eastern Region, Mongolia

Note the separation of girls’ and boys’ facilities, doors, chairs, hooks, changing rooms, showers, cleaning items, toilet paper, handwashing supply and other features (UNICEF Mongolia/Surenjavin)



12–14 year old schoolgirls participating in a FDG in Eastern Region, Mongolia as part of formative research on MHM (UNICEF Mongolia/Surenjavin)

A number of studies are currently in process across the region or in the later stages of write-up. These include the WinS4Girls supported formative research on MHM linked to WinS in **Mongolia**; as well as research by Samaritan’s Purse on MHM linked to WinS in **Cambodia**; formative research on MHM linked to WinS in **Kiribati** in the Pacific; plans by a number of CSOs to undertake studies in their working contexts; and plans by DFAT to support new research, probably in multi-contexts, related to improving access to affordable menstrual hygiene products across the Pacific.

5.5 Monitoring and evaluation of factors relevant to MHM

For further more details of some of the case studies included in this section related to monitoring and indicators which are currently being used related to MHM, refer to Annex XVI – GPCS7.

A number of examples have been shared where indicators relevant to MHM have been included in national or project-based monitoring systems. See the box below.

Progress on the monitoring and evaluation of factors relevant to MHM in the EAP region

In **PNG**, the Department of Education *'Whole School Assessment'*¹⁰⁶ includes questions related to the practice of hand hygiene and personal hygiene programmes and that safe, hygienic and sanitary conditions exist in schools, that there is water to student toilets and showers, as well as evidence of a dormitory and toilet block cleaning schedule.

In **Fiji**, a range of practical assessment questions have been identified against each standard in the *'Minimum Standards on WASH in Schools Infrastructure'* (2012),¹⁰⁷ focusing on both new designs and construction and also O&M for existing buildings. However, some challenges are being faced because the ministries responsible for health and education are monitoring against different indicators, due to variations in the content of the national WASH standards and what is included in the Public Health Act.

In the **Solomon Islands**, discussions have been ongoing since July 2015 with MEHRD on reflecting MHM in the annual school surveys. MHM-related questions have been integrated into MHMS Rural WASH Baseline Survey for Schools, for which enumerator training is ongoing (October 2015) with data collection beginning in November 2015. So far in **Fiji**, **Kiribati** and the **Solomon Islands**, only project-specific monitoring has been happening in relation to the UNICEF-supported WinS programmes through a number of partners.

In 2015, Plan International supported improvement of the MHM situation in 17 schools in Nagekeo District in **Indonesia**. As part of this process an increased focus has been placed on O&M of school WASH facilities. District Education Officials have included WinS and MHM into the indicators for their regular monitoring of schools in the district.¹⁰⁸

Save the Children globally has prepared a draft *'MHM Operational Guideline'* (2015, expected to be finalized in 2016)¹⁰⁹ which aims to help its country programmes and others to improve the integration of MHM into its School Health and Nutrition programmes. It provides guidance on how to undertake formative research on MHM, decide on programme strategies and undertake baseline assessments. This guideline has been tested in the **Philippines** and in **China** in the EAP region. An evaluation of its MHM programming will be undertaken in 2016. Plan International has also developed a set of suggested indicators related to MHM which are available online.¹¹⁰ The SNV 'Girls in Control' project which will soon be expended to the region has also developed a Performance Monitoring Framework related to MHM which utilizes a scoring system against a number of indicators.¹¹¹

Plan International globally has also developed a useful field-focused *'Gender and WASH Monitoring Tool'* (2014)¹¹² which is being trialled in a number of countries, including those in the region (funded by DFAT). It is not MHM specific but offers opportunities to follow the gender-related impacts of WASH-related programming, including that related to MHM. In addition, whilst also not specifically focused on MHM, other very useful practical guidance on how to involve both women and men in WASH programmes has been developed in the form of the *'Resource Guide: Working effectively with women and men in water, sanitation and hygiene programs'* with associated flash cards and case studies from Fiji and Vanuatu (2010).¹¹³ This has been developed in the Pacific region through a joint venture between the International Women's Development Agency, the Institute for Sustainable Futures of the University of Sydney, World Vision, and Live & Learn Environmental Education.

Not all governments include key indicators in their Education Management Information System (EMIS), such as gender-segregated data on latrines or indicators of their cleanliness and function (see **Annex XIII** for the data available).

At the global level, efforts have been made to advocate for MHM to be included in the SDGs. Whilst MHM has not been explicitly included, it is implied in the Target 6.2 related to sanitation and hygiene. Efforts are ongoing by the JMP of WHO and UNICEF and other actors to encourage the collection of data against additional indicators to those specified in the SDGs, including those relevant to MHM. Initially, the focus is on MHM in institutions, particularly on schools and health facilities, but indicators are still under discussion. The intention is to measure menstrual hygiene using a service ladder of 'basic, unimproved and no facility'. Some indicators are currently being tested (related to access to private places, materials and their disposal) in a Multiple Cluster Indicator Survey in Belize. Refer to **Annex XVI – GPCS7** for more details.

Much of the work in the region on MHM is still in its early stages, with a range of formative research still ongoing (see **Annex IX**). A range of organizations are starting to engage on the issue of MHM in response (see **Annex XIV**), but most at the pilot stage and still at a relatively small scale, versus the scale of need. There are no publically available monitoring or evaluation reports to-date, although an internal evaluation of training is known to have been undertaken in one case and an assessment of the distribution of the girls' puberty/MHM book is currently ongoing supported by UNICEF in Cambodia. There is a need to ensure that MHM efforts in the region are monitored, enabling feedback from the people supported with programmes or interventions, and evaluated where possible, so that this can feedback into the overall process of learning. Ensuring that the monitoring of factors that are supportive of effective MHM are integrated into national monitoring systems, is also an area that will require attention and effort over the coming years.

5.6 Sanitary protection material availability and use

The availability and use of different types of sanitary protection materials was noted in various formative research projects and other learning across the region. There appears to be widespread availability of commercially available pads in most areas of the region, although it was not possible to check that they were available in all rural and particularly remote areas. In some countries, such as **Indonesia**, over 97 per cent of girls in both rural and urban areas reported using commercially available pads,¹¹⁴ whereas in other contexts, girls either used a mixture of products, including both pads and cloth alternatives, because of an inability to afford to use the commercial products full-time. It should be noted that in some cases there can be social biases that may lead girls to say that they are using commercial disposable pads when in fact they can't access them; hence caution needs to be taken to understand data in the specific context. In the Pacific, examples were identified where women reported using cut-up cloth or babies nappies as sanitary protection materials.¹¹⁵ Changing practices across the generations was observed in a community/household study in **Timor-Leste**¹¹⁶ and the practice of washing commercial sanitary pads was observed in **Indonesia**,¹¹⁷ in Muslim communities in the **Philippines**¹¹⁸ and also in the **Solomon Islands**. A few examples were identified of handmade pad products being promoted, which have the particular benefit of having mechanisms to hold them in place unlike cloth that is simply folded. However, the scale of uptake and in how many places across the region that this is practiced was not established. No examples were found where tampons or menstrual cups had been reported to be used in the region. For more details see the box which follows.

Use of commercially available pads, cloth or locally made pads in countries across the EAP region

Observations by WaterAid in **Timor-Leste**¹¹⁹ observed that around 50 per cent of girls use commercial sanitary pads and 50 per cent use cloth or other materials. Formative research by BESIK at household level in Timor-Leste which also involved kiosk owners, highlighted that cost and availability of commercially available pads did not seem to be a major problem; but that women in the study used both commercially available pads and home-made versions and no-one reported using tampons or menstrual cups. Some traditional beliefs about commercial sanitary pads 'sucking up their blood' may have contributed to preferences to use cloth. Variations were seen across the generations, with older women being more likely to use home-made pads and younger women more likely to use commercial sanitary pads. For example, a local home-made pad called 'henna', is made by folding or sewing together several layers of cloth. Commercial pads were seen to be available for on average of between 0.5 to 0.75 USD for a pack of eight pads. *"One organization, Belikria, fills this need by making washable cloths for the Timorese market. Belikria produces attractive menstruation pads (among other products) in a variety of models and sizes that range, depending on the type, from 3 to 10 USD. Distribution of these products is mainly carried out through the development programs of NGOs such as CARE and the Red Cross."*

In **Indonesia**,¹²⁰ the formative study on MHM (2015) indicated that more than 97 per cent of girls in both urban and rural areas use commercially available pads. However, due to local beliefs, girls were also found to be washing their disposable pads before disposal, a practice that is not common in most places and which uses up valuable water resources and the girls' time. Some girls in Papua reported washing and re-using disposable pads to save money. The Ministry of Health in Indonesia plans to host a meeting with the 13 known commercial sanitary pad producers in Indonesia to strengthen knowledge on MHM, practice and safe disposal options.

In the **Philippines**,¹²¹ girls reported rationing their use of commercial pads to heavy days or to one per day because of the costs and when not using them have been using what are known as '*passadors*' made out of folded pieces of cloth or clothing. In **Cambodia**,¹²² girls reported using sanitary pads, rags or tissue paper and in Mongolia girls reported that they could not always afford sanitary napkins, although the percentage of girls using commercial pads versus cloth or other materials is not yet known. A study that consulted women in **Lao People's Democratic Republic** (2013)¹²³ identified that not all women who have access to sanitary pads use them, but some prefer to just wear a *sinh* (a traditional Lao skirt) and they don't go out but just stay around the house. There is a belief that when using a pad not all of the blood leaves the body, as modern pads absorb the blood and hence the volume can appear small. Hence they believe that the rest stays inside of them and gives them headaches and stomach aches.

In recent years there have been some small-scale initiatives to test locally made, reusable sanitary pads in **Pacific** countries, although none have reached a sufficient scale to achieve significant impact. For example in 2012, a collaborative project between the Crimson Campaign¹²⁴ (now ceased) and the Young Women's Christian Association (YWCA) known as the 'Purse Pad Project' designed and tested reusable sanitary pads made from locally available materials in **PNG** and the **Solomon Islands** (see Figure 8). The Purse Pad Project evolved into another project, known as 'Secret Moon' (named after '*sik mun*' the Tok Pisin word for period). From 2013–2014, this project aimed to design an improved reusable cloth

sanitary pad for rural women in **PNG** in partnership with the Singapore University of Design and Technology (SUDT), however the project never proceeded past a prototype. In 2014, the Bougainville Women's Federation in the **Autonomous Region of Bougainville** also began selling and promoting reusable cloth sanitary pads through its networks of rural women, however the project has remained small.

Lav Kokonas Ltd. in collaboration with Days for Girls New Zealand have started a project running as a micro-enterprise in Vanuatu. Reusable pads are made on the Days for Girls International pattern. Workshops were run with Mama Leaf representatives who have sewing skills. Regular sizes are sold at 1,500 vatu and the larger size at 1,650 vatu (see poster below). They are also supporting a resident to investigate the possibility of sewing washable babies nappies to overcome the large problem of rubbish that results from the cheap disposable versions being available.

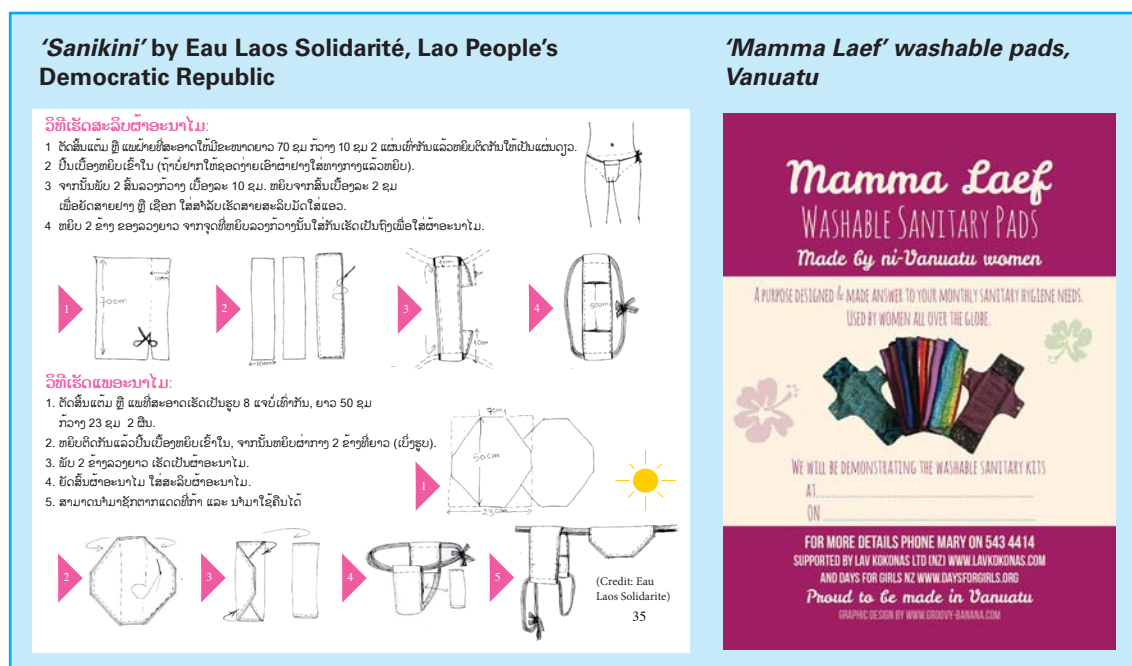
In **Lao People's Democratic Republic**, Eau Laos Solidarité included instructions on how to make 'Sanikinis' into the 'I am a Teenager' girls' puberty/MHM book.¹²⁵ The 'Sanikiki' is a cross between a sanitary pad and underwear in one piece (see Figure 9). Reusable sanitary pads with ties to secure them are also being used in the Philippines.¹²⁶

Figure 8: 'Purse pad' by Crimson Campaign, PNG



The innovationXchange of DFAT recently hosted a meeting of experts and practitioners working in the Pacific focusing on improving access to affordable 'Menstrual Hygiene Products' in the Pacific.¹²⁷ The outcome of the meeting is a proposal to undertake further field studies in the region, possibly with a multi-country, multi-context focus.

Figure 9: ‘Sanikini’, Lao People’s Democratic Republic and ‘Mamma Laef washable sanitary pads’, Vanuatu



5.7 Teaching of MHM in schools

Section 3.4.2 and **Annex IV** provide background on the topics of relevance to MHM and how they may be incorporated into the curriculum as established from the global context. **Annex X** provides information on the typical subjects under which some of these topics are being taught across the EAP region, and some observations on the current effectiveness of integration into each subject.

5.7.1 Integration of MHM in the curriculum

It has proven challenging to establish the exact locations of topics relevant to MHM in the curricula across the region, as well as how well the subject is being taught. This is because:

- Information relevant to MHM includes a range of sub-topics, some of which relate to the biological or physical processes of menstruation, and others which relate to the emotional aspects such as self-esteem, the need to support others and reduce teasing;
- Staff not working directly in education or on the curricula may only have general or anecdotal knowledge on the content of the curriculum and on how well the subject is being taught;
- Reviews of broader subjects such as CSE or life skills across the region,⁶ did not specifically look at the subject of menstruation or MHM as part of their analysis.
- The subjects which tend to have topics of relevance to MHM, such as CSE, adolescence/ puberty education, SRH, biology/science, life skills and health education, have various overlaps and are incorporated into the curriculum in different ways.
- What is covered in the curriculum is quite complex, in that it can vary by subject and across curricula for different school grades. In addition, having an outline curriculum also does not

6 By UNESCO, UNICEF and ESCAP.

guarantee that teachers know how to effectively teach the subject or are willing to teach it (see **Section 5.8** for more details).

The difficulties identifying what exactly is in curricula in countries across the region also highlighted some of the challenges of working on a subject like MHM across sectors. The fact that mostly WASH professionals responded to the request for completion of the questionnaire (although in some cases with inputs from their education counterparts) and because not much analysis has happened to-date on what is actually in the curriculum versus what is needed, both added to the challenges. It should also be acknowledged that details of what should ideally be included in school curricula was also not specified in the country questionnaire, something that should be improved for future research.

Respondents tended to be able to indicate in general terms whether any topics relevant to MHM are already included in their curricula and under which subject, but knowledge was often limited to whether the biology or physiology of menstruation was covered. Even in the formative research that has been undertaken, detailed analysis of curricula has not commonly been documented, although reflection has been made on whether girls held misconceptions or otherwise. In general it was concluded that coverage of the subject of MHM was currently limited in the curriculum. However, on further investigation into the actual content of curricula in a small number of countries (**Thailand, Myanmar** and **Cambodia**), it was established that more of the topics relevant to MHM are included than was assumed (the common assumption being that only the physical/physiology aspects of menstruation is usually covered).

This section documents the information which has been identified, within these limitations. This is clearly an area where consolidated guidance for use across the region could be very useful for the curricula departments of the ministries of education. This would help them to be able to analyse their current situation, to take steps to ensure that the information that is needed to help girls manage their menstruation effectively and with confidence is effectively included, and to provide practical guidance on how the subject can be taught in practice.

Two examples of good practice where a combination of the physical, emotional and practical subjects are incorporated into the curriculum are highlighted in the two boxes below.

MHM in Life-skills Education, Cambodia¹²⁸

Subjects with relevance to MHM are included under the subject of **Life-skills Education on Sexual and Reproductive Health**. Guidance is provided by the Inter-Departmental Committee on HIV/AIDS and Drugs. This is part of the broader **Health Education Policy**. It is currently an optional subject but will become a compulsory subject in 2016. Subjects are included in Grade 5, primary level; and Grade 7, lower secondary level. Subjects include self-esteem and valuing others; body changes during puberty; gender values; body changes, genitals and menstruation. The curriculum is currently under a process of updating. The intention is that menstruation will be included in the curriculum from grade 5 until grade 12.¹²⁹

Data is not available specifically about how well MHM is being taught when it is included in the curriculum, but data on how widely HIV education has progressed provides a useful comparison due to their similar sensitivities. In a UNESCO study of sexuality education across the Asia and Pacific region (2012)¹³⁰ it was noted that the response to HIV was launched 12 years previously in Cambodia and that by 2010, 65 per cent of primary schools and 23 per cent of secondary schools reported implementing the Life Skills HIV Education (LSHE) curriculum. This leaves a significant gap.

MHM in Sexual and Reproductive Health, Thailand^{7,131}

The **'Guideline on Sexuality Education's Learning Activity'** for Grade 1–12 (primary and secondary education) has recently been published by the Child Protection Center (CPC)/Office of the Basic Education Commission in 2015. CPC is disseminating these guidelines to 30,000 schools in Thailand. The guidelines were based on the Basic Core Curriculum, in which sexual education is integrated mainly in the Learning Area of **'Health and Physical Education (HPE)'**.

Subjects are integrated into primary school for Grade 1 (7 years old), Grade 4 (10 years old), Grade 5 (11 years old), Grade 6 (12 years old) and for lower secondary education into Grade 7.

Subjects include a range of topics relevant to MHM including: human growth, taking care of human organs (male and female), physical and mental growth during puberty with special mention of girls' concerns about her period. It also includes relationships between friends, with specific discussions on what you should do if you are teased including about menstruation. It also includes the reproductive system, the sexual organs, menstruation, ejaculation and masturbation, as well as issues around emotional changes and sexual feelings and includes discussion on acceptance towards friends who have a different sexual development and orientation.

Subjects within which it is understood that topics relevant to MHM are being taught across the region⁸ include:

- **Health, sometimes combined with physical education** – previously in **Mongolia** (but dropped from the curriculum in 2015), **China, Myanmar, Philippines, PNG, Thailand**.
- **Biology/science** – **Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Timor-Leste, Viet Nam**.
- **Life Skills education or Home Economics** – **Cambodia, Philippines, Viet Nam**.
- **Sexuality education or Sexual and Reproductive Health** – **Thailand, Cambodia, Indonesia**.
- **Religious education or Values** – **Indonesia, Philippines**.

However, it is clear that even when CSE is in the curriculum, that it is not yet taught throughout and there are still numerous challenges to its teaching.

Teaching of MHM through the curricula in Indonesia¹³²

Menstruation education was delivered by teachers through science, religion and physical education classes. Girls in SMP (junior secondary school) received some teaching on MHM as science and biology lessons were part of the standard curriculum. Girls in SMA (senior secondary school) who were enrolled in predominantly non-science classes had less access to menstruation education. For adolescent boys, teachers were the main source of information. *"All schools included in this study provided education about puberty and reproductive health, however all but one urban school reported that they provided this education to boys only. In contrast, 13/16 schools provided education about menstruation to both boys and girls, and the remaining three to schools to girls only. The emphasis of menstruation-related education provided through school was on the biological aspects of menstruation, and also religious and behavioural restrictions delivered in religious classes. Information about what to expect when menstruating and MHM was lacking."*

7 Sincere thanks to Usasinee Rewthong of the UNICEF, Thailand Office who undertook analysis of these documents which were not available in English.

8 Some subjects are taught 'within' the broader heading of other subjects, for example, SRH may be taught within life skills; and hence why some countries are noted more than once. Other countries teach different topics relevant to MHM under a range of subjects.

5.7.2 Teaching of MHM in schools through extra-curricular activities

A number of NGOs have been supporting the training of teachers or the direct teaching of MHM as an extracurricular activity. A few examples are included in the box below.

Luang Prabang Library Outreach Programme, supported by Eau Laos Solidarité, Lao People's Democratic Republic

Have trained and engaged a team of puberty educators who have been going into schools to run workshops for female pupils of ages 11 to 14. They use their girls' puberty/MHM book '*I am a Teenager*' as well as posters, visual aids such as cloths and the menstrual calendar. They break through the embarrassing feelings with humour using drama and men dressed as women. They also support teaching on how to make a '*Sanikini*', the instructions for which are also included in the girls' MHM booklet. Video of their work by Joua Lee (2015, 6.06 mins) can be seen here – <https://www.facebook.com/Laosgirlsteenproject/>



Figure 10: Use of actors to break taboos related to MHM in schools in Lao People's Democratic Republic (Eau Laos Solidarité/S. Piper Pillitteri)

Plan International, Philippines

Use youth peer education in schools and through the introduction of adolescent and SRH education, raising the awareness of boys as well as girls about MHM.

Save the Children, Philippines

Focus on very young adolescents (VYAs) of 10–14 years old in both school and community settings. Activities include puberty education which also includes MHM. They use their own IEC materials. Raises awareness of teachers through training and involve children's groups in promoting and implementing children's activities. For further details see **Annex XVI** – GPCS1.

WaterAid, Timor-Leste – With the involvement of district officials has been running joint sessions for boys and girls on MHM at primary and secondary levels in schools using IEC developed jointly with the District authorities. The boys have been particularly keen MHM advocates pushing for change within the school environment.

SNV, Lao People's Democratic Republic – Training was developed in June 2015 for both MHM and the O&M of water supply and toilets. Participatory exercises have involved both boys and girls and have included teachers drawing the menstrual wheel. It has also involved getting the children to brainstorm against questions relating to the changes of the body every seven days and the good practices that girls should follow.¹³³

Clear Cambodia, SPLASH and Samaritan's Purse and Plan International, Cambodia – They use participatory exercises using flash cards and group work to prompt discussions, as well as using the girls' puberty/MHM book '*Growth and Changes*'.

The advantage of having external support for the training of teachers, or the teaching of MHM, is that it may help to overcome the sensitivities that may prevent a teacher teaching the subject in the curriculum or cover the subject where it is not in the curriculum in the first place. Another advantage is external support also offers opportunities for learning on teaching approaches that work most effectively and also starts to engage the government at sub-national level when permissions are sought to undertake such training or teaching. The disadvantages are that the programmes are usually limited in scale and are not sustainable.

5.8 Teacher training on MHM and guidance materials for teachers

For a mapping of teacher training on topics relevant to MHM across the region refer to Annex XI.

Gaps in the knowledge of girls across the region (see [Section 6](#) for further details) provides evidence of the gaps in opportunities for learning on MHM through schools, whether this is from gaps in the curriculum or gaps in the way that the subjects are being taught. A range of reasons exist for the inadequacy of teaching, some of which relate to the sensitive nature of the subject of sexuality to which MHM is linked or the optional nature of the subject. Often multiple challenges exist. See the box below for further details.

Reasons for inadequacy of current teaching on MHM in different contexts across the EAP region

- Only the physical processes related to the changing body of the adolescent and/or related to reproduction are included in the curriculum.
- Teachers are frightened of the opinions of parents and the wider community, due to the sensitive nature of sexuality and the linkage of menstruation to this subject.
- They may be embarrassed and lack knowledge and confidence to teach this subject.
- Teachers may not feel the need to prioritize the subject or may not feel that teaching any subject related to SRH is appropriate and hence deliberately leave the subject out.
- Curriculum may be different to local traditions and beliefs.
- Lack of teacher training.
- Lack of availability of teaching and learning materials.
- The subjects may be optional or not assessed.
- Teachers may already feel overwhelmed with existing curricula and hence do not want to take on additional subjects if introduced.

Information on the training of teachers in standard teacher training, whether pre-service or in-service, was not easy to access during the research process. The production of guidance materials for teachers was only mentioned a few times. See the box below.

Student Teacher Course-Book for the 'Health Promoting Schools' Course, PNG¹³⁴	Teachers' manual on 'School-based Healthy Living and HIV/AIDS Prevention (SHAPE)'; Myanmar¹³⁵	'Guideline on Health Education in Primary and Middle Schools', China
The student teacher course book by the Department of Education in PNG , includes some subjects relevant to MHM. It includes a case study for teachers to discuss on a girl staining her uniform in class and then disappearing from the teachers' room before they can get to talk to her. See Annex XII for this case study example.	The Basic Education Department of the Ministry of Education in Myanmar has developed a detailed set of teachers' manuals available for each grade of teaching covering the subjects of school-based healthy living. It includes some subjects on hygiene of the genitals for primary and 5th standard as well as encouraging discussions on sanitation solutions. It goes into more detail on menstruation during the 6th standard, including on emotional issues. It is not clear how widespread the use of this manual is.	China has a guideline on health education and training is available for teachers, some through pre-service training and also through stand-alone or in-service training. Some analysis has, however, shown that the quality of health education can be poor with most teachers not having a health background and health education not always prioritized as a subject.

UNFPA provides support to governments on SRH. However, less attention has been placed on this issue in the EAP region than in the wider Asia region. The EAP United Nations Girls' Education Initiative (UNGEI), involving Plan International, UN Women, UNESCO and UNICEF

has been developing curricula to respond to the issue of school based gender-based violence (GBV).¹³⁶ This has been going through a period of piloting, initially in Thailand and soon also in PNG and Fiji. The curriculum includes guidance for teachers and curriculum tools with 31 lessons designed for secondary education (11–14 years). The materials help teachers know how to spot bullying, harassment and other forms of violence and helps students learn how to respond to it. It includes considerations of violence occurring around the latrines and includes a case study about a girl being teased because of her changing body during puberty. It potentially has great value to preventing harassment due to menstruation.

Including MHM in teacher training in curriculum of the Vanuatu Institute of Technology

Live & Learn Environmental Education International has worked closely with the Vanuatu Institute of Technology to have WASH in Schools included as an elective course for Year 1 teaching students in 2015. Teachers train at this institution for Certificates in Primary Education and Diplomas in Secondary Education. From 2016, following a review of the content and approaches, the WinS elective will be included as a compulsory course in the teachers' training curriculum to align with the school curriculum. Menstrual hygiene is one module of the WinS course, which will be taught to teacher students in training at the institute. It covers issues around MHM for girls and breaking taboos on menstruation. It also covers how male teachers can address menstruation with their girl students, and how teachers and parents can work together to address these issues.



Plan Indonesia's WASH Officer explaining MHM to school teachers during MHM training in Nagekeo (Plan International Indonesia)

Plan trained male and female teachers responsible for school health programmes at a training at district level. The teachers who were trained felt that it was an important subject to be taught in schools.

See **Annex VI – GPCD6** for more details.

Girls commonly report feeling uneasy and uncomfortable discussing menstruation with male teachers, although this is not universal and occasionally male teachers have been preferred. However, whether male teachers teach menstrual hygiene or otherwise, they still need to be aware of good practices related to MHM and also how to ensure that the classroom and school are MHM-friendly.

Male teachers and MHM in the Solomon Islands

*"Across all schools, culture and personal comfort levels restricted girls' ability to discuss menstruation-related challenges or questions with male teachers. This often led to frustration among girls when, for example, they were punished for missing class for going home to change their pad or not excused from school work days when experiencing cramps or headache. Male teachers similarly expressed frustration at punishing girls without realizing that their menses was the cause of absenteeism or low levels of participation."*¹³⁷

In Vanuatu, it has been identified that some schools do not have a female teacher available to be a mentor to girls and to discuss menstruation. In such cases, Live & Learn have worked with the schools to identify a female leader in the community to act as an access point for girls and provide education and guidance on MHM.

5.9 Availability of teaching and learning materials on MHM

For an overview of the availability of teaching and learning materials on topics relevant to MHM, across the region, including images of the same, refer to **Annex XII**.

A selection of teaching and learning materials or IEC materials has been identified across the region. This is an area where more work still needs to be done to expand access to useful materials for all countries and contexts; but materials that exist at present are already proving their value and is being utilized by multiple agencies across the region.

5.9.1 Girls' puberty/MHM books

Girls' puberty/MHM books have been developed in **Cambodia**,¹³⁸ the **Philippines**,¹³⁹ **Lao People's Democratic Republic**,¹⁴⁰ **Indonesia**¹⁴¹ and **Mongolia**¹⁴² and are currently being used by a number of different agencies. So far it is understood that more than 167,500 books have been printed in **Cambodia**, 10,000 in **Lao People's Democratic Republic** and 100,000 printed and distributed during the emergency response to Typhoon Haiyan in the **Philippines**. The girls' puberty/MHM book developed by WaSH Action of Mongolia has only recently been developed and not yet trialled in the field but there are plans to do so soon. The girls' puberty/MHM book developed by Grow and Know has been supported by a non-profit organization to make the book available for e-reader and mobile downloading. In **Cambodia**, The Ministry of Education, Youth and Sport supported by UNESCO ran a regional workshop on the '*Growth and Changes*' book.¹⁴³ This involved education officers from ministries and local government as well as school principals and teachers and offered an opportunity to discuss how to address the issues of puberty and MHM systematically in the school environment.

The value of the girls' puberty/MHM books is very clear. This is particularly important considering the challenges to integrating the topics relevant to MHM into the school curriculum, having teachers with the confidence and willingness to teach it, and also reaching the many out-of-school children and youth. By having a good quality girls' puberty/MHM book with key information on MHM, including that contradicting any dangerous local myths, multiple actors can utilize it as a resource. Girls themselves can read and talk about the information, even if the information provided through other avenues has limitations. The challenge for these books is how to get them out to as many young girls as possible in a way that they will continue to circulate in the community, and be shared between family members, both male and female, as well as neighbours and friends. There is also a need to build in a system for monitoring and feedback to help establish the value of the material and also help to improve it for future versions.

5.9.2 Boys' puberty books

A boys' puberty book developed by Grow and Know Inc. has just recently been approved for use in Cambodia. It includes a section on menstruation and also on respecting girls and women and not teasing each other during puberty.

Figure 11: Extracts from 'To Become a Young Man,' boys' puberty book, Cambodia (Grow and Know Inc.)



5.9.3 MHM integrated into teaching and learning materials on broader topics

Many girls and boys, particularly those from rural areas, from nomadic families or from remote islands stay in boarding schools with dormitory accommodation. Examples of particular challenges for girls who stay in boarding schools were identified in the **Solomon Islands** and in **Mongolia**. Formative research is currently ongoing in **Mongolia**¹⁴⁴ but provisional findings include particular challenges for dormitory students on managing their MHM, particularly in light of the extreme weather conditions and limited privacy (see **Section 7.2** for more details).

The Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia have published a *Good Personal Hygiene Handbook for Dormitory Students*¹⁴⁵ for boys and girls in **Mongolia**, which also includes a short section on menstrual hygiene. The booklet can be seen in Figure 12. Plan International in the **Philippines** also developed IEC materials on hygiene, the '10 WASH Commandments',¹⁴⁶ which has MHM integrated within it. This has been distributed in its programmes during Typhoon Haiyan. See **Annex XVI – GPCS2**.

5.9.4 Other IEC materials on MHM

WaterAid worked with the district government officials to develop IEC materials useful for MHM in **Timor-Leste**¹⁴⁷ and adaption of the Water Supply and Sanitation Collaborative Council's 'menstrual wheel' has been undertaken in **Indonesia** and is being used in the Plan International programme in Nagekeo District. Flip cards for a participatory exercise¹⁴⁸ have been developed and used by Samaritan's Purse, Clear Cambodia and Splash Cambodia in **Cambodia**. See the images in Figure 12. In **Myanmar**, Save the Children has developed a MHM resource kit with stickers,

Figure 12: Teaching and learning materials on MHM from across the EAP region



(Credit: Plan International Indonesia)

Teachers with the 'Menstrual Wheel' teaching aid by Water, Supply and Sanitation Collaborative Council (WSSCC) adapted for Indonesia (Photo: Plan International Indonesia)



(Credit: Eau Laos Solidarité / S. Piper Pillitteri)

Girls in Laos reading the girls' puberty/MHM book 'I am a Teenager' (Photo: Eau Laos Solidarité/S. Piper Pillitteri)



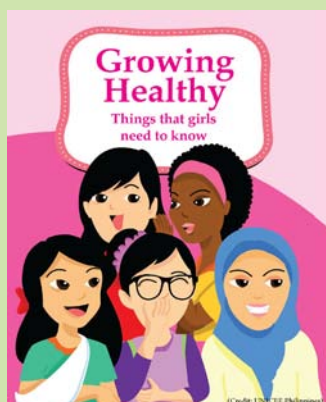
(Credit: WaterAid / T. Greenwood)

Viewing IEC on MHM in Manufahi District, Timor-Leste (Photo: WaterAid/Tom Greenwood)



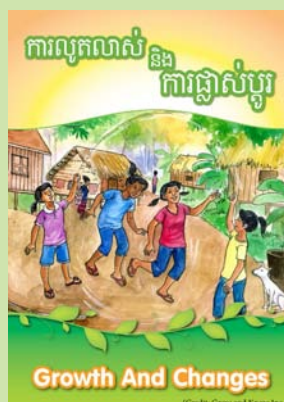
(Credit: WaterAid)

MHM IEC materials, Timor-Leste (Photo: WaterAid)



(Credit: UNICEF Philippines)

Girls' puberty/MHM book, 'Growing Healthy', Philippines (UNICEF, Philippines, developed together with the DepEd Regions 6 and 8 and NGO partners for the Typhoon Haiyan Response)



(Credit: Grow and Know Inc.)

Girls' puberty/MHM book 'Growth and Change', Cambodia (Grow and Know, Inc. USA)



'Good Personal Hygiene Handbook for Dormitory Students', Mongolia (Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia)

posters and pamphlets.¹⁴⁹ Other IEC materials have also been developed by Save the Children in the **Philippines**.

5.9.5 Online or other media materials

A number of online platforms exist which provide information on puberty and MHM. The use of the Internet, mobile phones and social media are areas for increased attention for sharing MHM, especially in countries with wide coverage. See the box below.

Online and mobile information on SRH and MHM

In the global context “[p]rivate sector brands such as Always/Whisper have developed a number of on-line platforms focusing on education, where girls can learn more in an intimate setting (e.g. ‘BeingGirl’); access informational videos (the ‘Always Diaries’); or find mobile phone applications to use, for instance, as period calendars. Engagement via social media is also crucial and platforms such as ‘BeingGirl’ national Facebook pages have been developed to further puberty and menstruation discussion.”¹⁵⁰

“Puberty and menstruation education are part of the eLearning programme to be launched in Cambodia by OneWorld’s partner Butterfly Works, in collaboration with the Reproductive Health Association of Cambodia (RHAC), the People Health Development Association (PHD) and UNESCO. The online materials, based on the national curriculum, will include audio and video content, interactive games, quizzes and other resources adolescents can use as they interact with virtual peer educators. The online platform opens a safe space for students and teachers to feel free to discuss sensitive topics.”¹⁵¹ Butterfly Works website [accessed 6/11/15] notes: This is the fifth contextualized version of the Learning about Living interactive cross media programme on life skills, sexual health, education and creativity, developed with partners, OneWorld UK, RHAC, Women Media Centre and OSD – www.youthchhlat.org

In China, UNESCO in partnership with Baidu and the Communication University of China has developed an online interactive knowledge-sharing platform aimed at improving HIV prevention and sexual and reproductive health education for youth. Baidu is the country’s largest search engine, used by 94 per cent of all Internet users in the country including 80 million adolescents. ‘YouthKnows’, hosted on ‘Baidu Knows’, is an online Q&A platform that collects expert contributions by a network of professionals, and an online educational video channel on health education. A series of 24 video episodes covering a variety of HIV and sexuality-related topics are being developed and will be uploaded onto ‘Youth@Knows’. Both the Q&A channel and the video lessons will be available through mobile applications to cater to young people who use mobile devices to get information. The project was initiated as nearly two out of three young Chinese aged 10 to 29 (232 million) are online and 66 per cent of young males and 54 per cent of young females use the internet to access HIV and sexual health information.¹⁵²

Television is also another channel that has been used in the global arena as a marketing channel for sanitary protection materials, but it is not clear how much it has been used within this region.

6.

MHM-related norms, beliefs, practices and implications across the EAP region

A range of traditional norms, beliefs and cultural practices were identified during research undertaken across the region. Some were common across countries and others were specific to particular countries or cultural groups, or by people who practice specific religions.

<p><i>"When we are menstruating, we must not wash or hair because we could die (we heard this from mommy and teacher)."</i></p> <p><i>"Burning the waste of menstrual pads can break all organs."</i></p> <p><i>"It (pad) should be washed and put in a plastic bag since if there are lizards smelling the menstruation blood then they will not get menstruation again."</i></p> <p>(Female pupils, from rural areas, Indonesia)¹⁵³</p> <p><i>"People would stare at me if there was a stain on my clothes when I went home from school. It would even be a trending topic if it happened."</i></p> <p>(Female pupil, Indonesia)¹⁵⁴</p>	<p><i>"What is known by her parents is that she is studying well, but this is not the truth, because of what is happening to her when she has her period at school."</i></p> <p>(Schoolgirls, Philippines)¹⁵⁵</p> <p><i>"When I was in lower secondary school, I was sitting and doing my exam, and I felt unusually sore on my stomach and lower back. After I finished my exam I went outside and hung out with my friends on a bench. I felt something wet and a little sticky on my trousers, so I stood up and saw a lot of blood on my skirt. I was so afraid, and I didn't know what happened to me. I felt very embarrassed and afraid that someone might see it. After the exam, I rushed home and told my sisters. My sisters told me how to use a pad because I knew nothing about it back then."</i></p> <p>(Schoolgirl, Cambodia)¹⁵⁶</p>	<p><i>"I felt funny when I first heard about menstruation. Funny because it talks about genitals. Yet when the teachers explained about it, I started to understand and I [am] no longer mocking the girls who are having menstruation. It is a natural thing and every woman experience it, including my mother and sister."</i></p> <p>(Schoolboy, 12 years old, Nagekeo District, Indonesia)¹⁵⁷</p>
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In general taboos, norms and practices included menstruation being considered taboo or shameful and that women were considered impure during this time leading to a range of restrictions in their activities and engagement with others. A range of restrictions on food exists, with a particularly extensive and varied list from **Indonesia**.¹⁵⁸ Particularly relevant to the hygiene, health and dignity of women and girls across the region were a range of restrictions and beliefs related to bathing

and washing limiting girls hygiene practices, during a time when additional washing and bathing is good practice. A number of positive practices and attitudes were identified, as were examples of attitudes of men and boys. Although many of these were not positive, it is positive to note that when WaterAid started engaging with boys in **Timor-Leste** they became very supportive and advocates of change for a more supportive school environment for their sisters and peers.

See the **Figure 13** for a sample of these beliefs from across the region. Refer to **Annex VII** for additional examples and references for the information.

The noted norms, beliefs and practices below, combined with a lack of access to appropriate WASH facilities, sanitary protection materials or an unsupportive school environment can have a number of implications. These are identified in **Figure 14**.

Figure 13: Norms, beliefs and practices related to MHM across the EAP region



Boys and men's attitudes to menstruation

A research on boys attitudes to menstruation in **Taiwan**, concluded that boys have misguided knowledge about menstruation which helps to perpetuate the stigma. In **Timor-Leste** words such as “disease”, “spell” and “sickness” were commonly used by the men when describing their wives’ physical state during their menses. They also voiced beliefs about the need to exclude women from family and social activities. But also men and women spoke of husbands carrying water, washing clothes and helping with chores and some men even cooking. Also when boys were involved in awareness raising activities by WaterAid and partners in **Timor-Leste** they became very supportive of their female peers.

Rules on bathing / hygiene, restricting activities and keeping the ‘blood flowing’

In **Cambodia** it is believed that extended bathing can impact negatively on the skin, whereas in **Indonesia** menstruating girls should not wash their hair during their menstrual period (or they would die), take a bath in the evening, dry underwear outside the house, bathe naked, get wet in the rain or enter a mosque or cemetery. In **Lao PDR** approximately 50 percent of girls were believed to not be washing during their menses. In the **Philippines** it is believed that during menstruation girls must reduce or cease bathing for the first three days to prevent sickness, irregularity and cramping or becoming insane, and in **PNG** some women are not allowed to take water from open sources due to concern over contamination.

In **Cambodia** it is believed that girls should stay at home during their first two days of menses to manage the blood. In the **Philippines** they should avoid leaving the house during menses to prevent stepping in animal waste as this will cause the menstrual blood to have a foul odour. In some areas of **PNG** it was reported that women are isolated from their own houses and from men during their menses. In Malaita in the **Solomon Islands** cultural practices have prevented women from preparing food and women are traditionally isolated in special leaf huts for menstruating women and women giving birth.

In **Timor-Leste** beliefs exist about the discharge that women experience during their menstrual cycle, referred to as “white blood” and the need to ensure proper release of white blood lest it travel up to the woman’s head and cause her to go crazy. Once their menses begins, women want blood to be released steadily—neither too quickly, nor too slowly. To avoid heavy blood flow (too much heat) or ‘congealing into a ball in the womb’ and not discharging (too much cold), women practice a number of restrictions.

Use or disposal of soiled sanitary protection items

In **Cambodia** it is believed that girls should keep their first used sanitary protection material to offer protection from others' bad intentions, promote smooth skin or serve as anti-venom from snake bite. In the **Philippines** on menarche girls are instructed to wash their face with their first soiled underwear to prevent acne. In **Indonesia**, in Muslim communities in the **Philippines** and in some areas in the **Solomon Islands**, it is believed that you need to wash disposable sanitary pads before disposal.

Figure 14: Impacts of norms, beliefs, practices and access to facilities and materials across EAP region

Examples and countries where girls reported these implications	
Fear, stress, embarrassment, anger	<ul style="list-style-type: none">• Girls may be feeling ‘disturbed’, embarrassed or angry if they could not attend normal activities because of their period• Girls reported feeling anxiety if they did not have the necessary resources and facilities to effectively manage menses at school• Fear of leaks related to concern about revealing their menstrual status and leaving a permanent stain on their uniform• Girls felt embarrassed and ashamed when teased or when others knew about their menstruation• Menstrual odour, which girls reported as a result of following traditional beliefs about restricted bathing• Girls may be punished as they are too embarrassed to explain why they need to use the toilet <div>Solomon Islands Philippines Vanuatu</div>
Reduced concentration and participation in the classroom	<ul style="list-style-type: none">• Girls sit to the back of the class, sit quietly, may sit only with other girls and would not go up to the front of class during menses• Girls become distracted and have less concentration because of the possibility of a stain, heavy menstrual flow or physical pain• In Mongolia girls from rural areas living in dormitories were most affected <div>Solomon Islands Indonesia Mongolia Philippines</div>
Absence from school	<ul style="list-style-type: none">• Missing classes or entire days from school. Girls went home rather than use the school toilets, when they don’t have sanitary protection materials, due to pain, due to teasing, or because their menstruation started when they did not expect it• In Mongolia it was reported that some girls use toilets outside the school grounds because of lack of privacy in school toilets• 41 percent of the 77 girls in Cambodia said they missed time from school• In Indonesia most girls said they still attended school during menses but 20 percent of girls in rural and 13 percent in urban schools reported ever missing school due to menses; and of these girls they reported that they had missed 1-2 days during their last menses• In Mongolia rural girls requested leave from school more often due to leakage than urban girls <div>Solomon Islands Philippines Cambodia Indonesia Mongolia Kiribati Vanuatu</div>
Modification to normal activities or less engagement with peers	<ul style="list-style-type: none">• Girls do not participate in school physical activities• In Timor-Leste women are often forbidden to cook or bake during their menses for fear they may contaminate the food and women reported being more likely to spend time at home during their menses. Because there is a belief that they may kill the plants they are also frequently prohibited from tending to their gardens• In PNG women identified some positive impacts from taboos such as having days of rest and having contact with other women during times when they are isolated from their own houses and from men <div>Solomon Islands Timor-Leste PNG Kiribati Mongolia Vanuatu Kiribati Lao PDR</div>
Self-reported health impacts	<ul style="list-style-type: none">• Menstrual pain, discomfort and fatigue, including headaches and cramp and a feeling of being ‘lazy’, tired and inactive• In Indonesia almost 25 percent of girls reported experiencing genital itching or pain and 9 percent had experienced pain during urination. Some girls reported genital itching or irritation due to wearing a sanitary pad for prolonged time because they could not change at school. They also reported a range of other physical symptoms, including those that may be consistent with iron-deficiency anaemia such as dizziness (7 percent), fatigue (52 percent) and weakness (61 percent)• In the Solomon Islands girls cited weakness, belly pain, fever, and white or dry eyes as physical effects of menstruation• Participants suggest that there are other risks including nutritional changes and loss of educational attainment <div>Solomon Islands Indonesia Philippines</div>

The level of GBV is known to be high across the EAP region against both women and children and including that based on perceived sexual orientation or gender identity.¹⁵⁹ Thus, risks of violence are clear issues for consideration for women and children in relation to the management of their menses. A study by Amnesty International on violence related to water and sanitation in the Solomon Islands highlighted the risks of violence that women and girls face when undertaking

WASH-related tasks including bathing or going to the toilet, particularly when they have to go outside of their house or use the sea. The same risks also apply for women and girls who have to manage their menses outside of the house. See the box below.

Facing violence when bathing and going to the toilet in the Solomon Islands¹⁶⁰

A woman was raped when she came home late after university classes in September 2008. She had gone for a bath at dusk in a stream about 100 metres from her home: *"The man came from nowhere," she said. "I was quite shocked! I did not have any undergarments and just had my sarong on. I couldn't scream because he warned me not to scream. It was very easy for him to rape me! Mifala crae crae nomo! [I just cried and cried]. I can't believe that it happened to me... I was so stupid to come alone. He was from a neighbouring settlement."* (A 23-year-old woman)

"The two men were standing by the beach when I finished [relieving myself in the sea]. I recognized them immediately from their voices. I knew they were drunk, because I saw them drinking in a dilapidated house close to the road in the early evening. They came and one of them grabbed my arm and one closed his hand over my mouth. They held me down and took my clothes off and raped me. They were very violent and I had bruises all over my body. I wanted to die desperately and I was crying and crying thinking of my children. After they raped me, they warned me that if I told anyone they would cut me up. I was so afraid, but couldn't do anything. I see them around the settlement, but I wouldn't dare tell the police." (A 37-year-old woman)

Impacts of harassment, abuse, rape and other forms of violence can have multiple long-term impacts such as emotions such as fear, stress, shame, loss of self-confidence and self-esteem, or physical injuries, depression, sexually transmitted diseases or unwanted pregnancies, or even may lead to suicide or rejection by family members or the community.¹⁶¹ New guidelines and toolkits are available to help WASH practitioners consider violence in their work, including the new *'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action'*¹⁶² and the *'Violence, Gender and WASH: Practitioner's Toolkit'*.¹⁶³

The formative study by BESIK in **Timor-Leste**, which focused on the experiences of women at household and community level, also identified risks for women and girls when managing their menses. The report commented on how time spent by husbands accompanying their wives to practice open defecation in order to ensure their safety could be used as a motivator for building a latrine at the household. See the box which follows.

Safety and saving time for men and women as motivators for household latrine construction¹⁶⁴

"In the Follow-up phase of PAKSI during which Community Natural Leaders conduct household visits, the benefits of latrines can be marketed to illustrate how they make menstruation easier for the wives—for example, by providing them with a clean, private place for changing, and cleaning. In addition, if their wives have a safe and private place to go for MHM and defecation, then there is less risk of exposure to sexual abuse. This becomes an increased risk when women have to go outside into the woods to defecate or practise MHM. It is often reported that men feel they have to accompany their wives on such visits in the absence of a toilet, to ensure their safety. Therefore having a toilet would clearly be of benefit to men who carry out this ritual every day for their wives' safety."

Live & Learn have also been focusing on the safety of girls and boys when using school latrines in their work in the **Pacific**. See the box below.

Considering safety when sitting and designing latrines¹⁶⁵

With support from DFAT, Live & Learn Environmental Education has been constructing schools and/or toilet facilities in **PNG** and in the **Solomon Islands**, with separate toilet facilities for girls and boys. These consider safety-related issues, including locks on toilet doors and consideration of location so that the toilets are safer. Incinerators are also being provided on site for safe disposal of girls' sanitary items. The teams have worked with UNICEF, the school management, PTAs and WASH committees to ensure that the girls have access to both safe facilities and menstrual hygiene facilities. Teachers and PTA members have been trained in the different needs of girls and how to be an accessible contact for female students.

In **PNG**, the construction of the latrines is funded by DFAT and serves as construction training for the community-based small enterprise in the community. Considerations such as separate facilities for boys and girls, as well as showers for girls, are included. Construction is currently underway. In the **Solomon Islands**, the construction was funded by UNICEF and supported by DFAT through training of teachers and School WASH Committees in O&M, and also in hygiene and girls' needs. The new blocks include a shower for girls and bins for disposal of sanitary items. In one school it was decided that the girls preferred the entrance to the latrine away from the school due to their shyness, but in another school the preference was to have the entrance more visible to the teachers office for safety reasons. In both schools the girls were separated by a wall from the boys and the girls had a screened entrance.¹⁶⁶

7.

MHM in schools across the EAP region

A number of other sections and annexes have already covered a number of topics relevant to the school environment across the EAP region. These include:

- **Section 3.4** – MHM in schools – from the global context
- **Section 5.6** – Sanitary protection material availability and use
- **Section 5.7** – Teaching of MHM in schools
- **Section 5.8** – Teacher training on MHM and guidance materials on MHM
- **Section 5.9** – Availability of teaching and learning materials on MHM
- **Section 6** – Norms, beliefs, practices and implications
- **Annex X** – Provides an overview of how MHM is covered in the curriculum across the region
- **Annex XI** – Provides an overview of how topics relevant to MHM are being included in teacher training
- **Annex XIV** – Provides a mapping of the different stakeholders who are engaging in each country across the region, including in the school context

The sections and annexes noted above have highlighted key global learning on the importance of considering MHM in the school context and the way that these issues are being tackled at national level; including some of the challenges and limitations of implementation at school level and norms, beliefs and practices which exist and implications for women and girls. This section does not intend to duplicate the information already covered, but to supplement it by:

- a. Providing a snapshot of girls', boys' and teachers' knowledge and experiences from school contexts across the region.
- b. Establish the current situation with respect to the availability of operational WASH facilities in schools across the region.

7.1 Knowledge, skills and attitudes to menstruation and MHM

As can be seen from **Section 6**, a range of norms and beliefs exist around menstruation which have a range of implications or impacts leading to fear, stress, embarrassment, anger, reduced concentration and participation in the classroom, absence from school for lessons or whole days, modifications to normal activities and a range of self-reported health impacts.

Girls did not have a source of accurate information in many contexts. Girls, teachers and parents were found to hold misconceptions related to menstrual hygiene. In **Mongolia**, a lack of awareness of MHM was observed in the general population, in the education sector and by school staff. In the **Philippines**, confusion was noted about effective management practices, due to lack of accurate knowledge about MHM practices. In **Cambodia**,¹⁶⁷ most girls reported not receiving any guidance pre-menarche, but subsequently went to their mother or another female relative for guidance. In **Lao People's Democratic Republic**, it was noted that 97 per cent of girls did not know anything about menses before menarche.¹⁶⁸

In **Indonesia**,¹⁶⁹ most girls in both urban and rural areas reported receiving their first information on menses from their mothers (over 57 per cent), their sisters (over 6 per cent), their teachers (over 14 per cent) and from a friend (over 12 per cent). In the adolescent component of the 2012 Indonesia Demographic Health Survey (DHS) female respondents were asked whether they had talked with anyone about menstruation before they had their first period. More than half of the women reported discussing with their friends (53 per cent) or with their mothers (41 per cent). One in four women noted that they had not discussed menstruation with anyone before their first menses.

In the **Solomon Islands**,¹⁷⁰ girls lacked accurate information about menstruation and menstrual hygiene, both before and after menarche. At menarche, two-thirds of girls interviewed had some knowledge of menstruation, though most girls still reported “panic” and low knowledge of how to manage their period. Mothers often do not discuss menstruation with their daughters as it is seen as encouraging girls to engage in sexual experimentation. Some women reported that it is frequently a grandmother's responsibility to discuss reproductive health issues with granddaughters.

Engaging boys in MHM

It was reported that boys often did not understand menstruation or the impacts that their teasing had on girls. However, positive experiences have been reported from **Indonesia** from the Plan International supported programme and from the WaterAid supported programme in **Timor-Leste** where raising awareness of boys about menstruation has resulted in a change of attitude and behaviour towards the girls, with boys starting to be strong advocates for making the school more MHM-friendly.

With the support of Live & Learn Environmental Education in **PNG**,¹⁷¹ 13 students from Maoim Primary School in Kavieng, performed educational drama performances on Menstrual Hygiene Day, addressing teasing about menstruation. This was performed in front of the whole school and international and local guests.¹⁷²

In **Cambodia**, a boys' puberty book has just been approved. It includes information on menstruation and the need for girls and boys not to tease each other related to changes during puberty. See **Section 5.9.2**.

Examples of coping behaviours noted across countries in the region in response to beliefs and the practical challenges involved in managing menstruation include: removing themselves from school, not standing up in class, not involving themselves in physical activity, washing disposable pads (**Indonesia, Philippines, Solomon Islands**), taking used pads home for disposal (**Solomon Islands**) and the use of wet wipes to clean themselves (**Mongolia**).

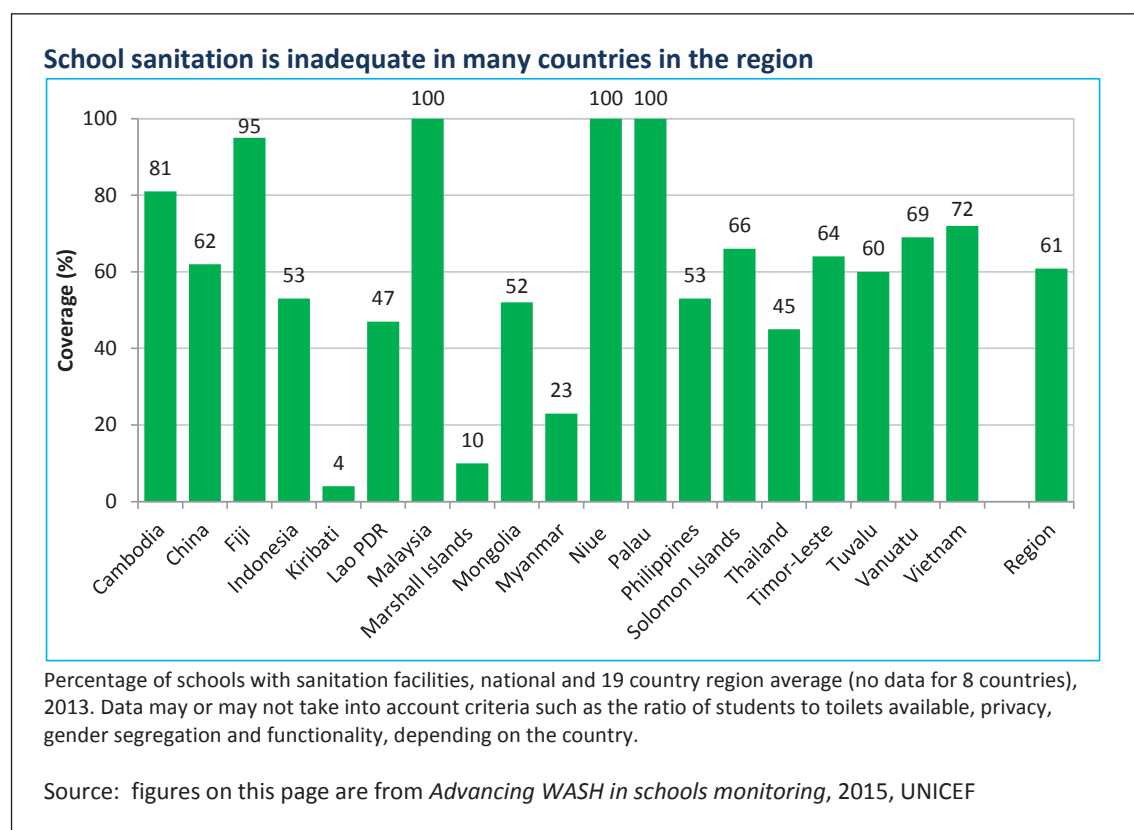
7.2 Current status of WASH facilities in schools

Refer to Annex XIII for an overview of the WASH situation in schools across the region.

Access to water supply and hand-washing facilities – The lack of access to water poses particular problems for girls in managing their menses, because water is needed for cleaning genitals and hands, for washing blood from hands or from reusable pads and for flushing toilets and keeping the facilities clean. The availability of water supply in schools varies dramatically in countries across the region from 29 per cent to 100 per cent of schools.⁹ But the water that is available may be seasonal or of poor quality or the systems may be non-functional due to poor O&M. Some countries face particular challenges due to their specific context. In **Mongolia**,¹⁷³ the extreme cold winters mean that handwashing taps cannot be provided with outside latrines and it has been noted that the lack of access to water in rural areas has led girls to use of wet wipes for cleaning themselves. In **Kiribati**, the water supply comes from rainwater or a fragile groundwater lens and because of the high water table, the fragile groundwater lens has become contaminated from human activity.

Access to gender-segregated private sanitation facilities in schools – **Figure 15** shows the status of coverage of school sanitation across 19 countries in the region. It does not, however, indicate the student to toilet ratio, the level of gender-segregation or privacy, functionality or cleanliness. But already it is clear that there are inadequate numbers (pupil to toilet ratio) of latrines in schools across the region, which will affect the ability of girls to manage their menses.

Figure 15: Coverage of school sanitation across the EAP region, 2013¹⁷⁴



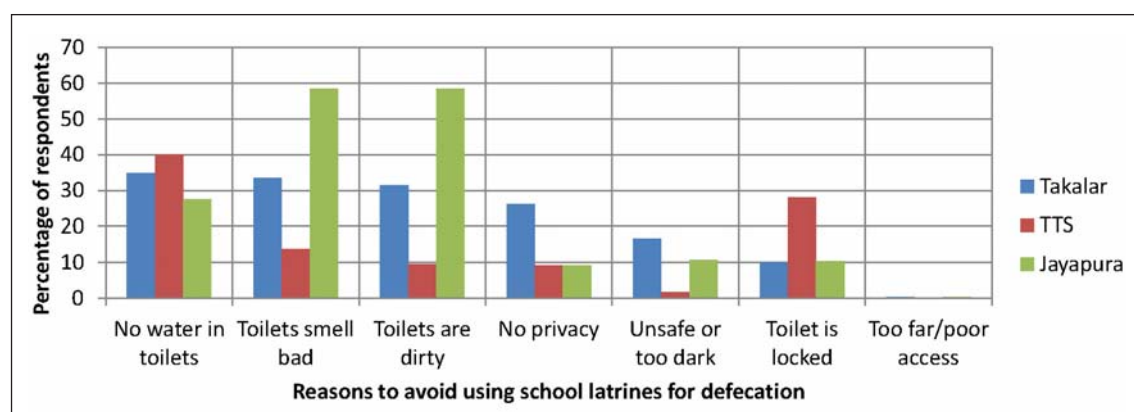
⁹ Kiribati has a noted 2 per cent access to water supply in schools. However, this figure is very low because its standards include a minimum quantity of water per pupil which is not being met.

The issue of light inside the latrine can affect the users willingness to use the latrine. Some efforts are being made globally to maximize the natural light in latrine structures, such as through the use of Perspex roofing materials.

In **Mongolia**, recent research “found large disparities in the quality of WASH facilities between urban schools, which have indoor flushing toilets, and rural village schools, which generally have outdoor unimproved open pit latrines. The schools in provincial capital towns had a mixture of indoor flushing toilets and outdoor latrines. Hygiene can be problematic in rural schools due to water scarcity and lack of bathing facilities, with some girls using wet wipes to clean themselves.”¹⁷⁵ Many children from semi-nomadic herder families attend boarding schools with dormitories. Of these schools and dormitories, 78 per cent have outdoor latrines¹⁰ which may not be in good condition and without doors and the dormitory doors may be locked after 5–6pm for the night, meaning no access to the latrines after this time.¹⁷⁶ See **Figure 17** of images outside latrines in extreme weather conditions (down to minus 40oC in the winter) with no doors in a rural boarding school. In **Cambodia**,¹⁷⁷ girls expressed particular discomfort about the closeness of the boys’ latrines, which has also been expressed in other countries. Toilets in various contexts may also be locked. Globally this is known to sometimes happen because the school is trying to restrict use by the neighbouring community to extend the life of the latrine, or to keep it in a clean condition. But the practice restricts access for both schoolgirls and boys, and girls may be shy to ask for the key for the purpose of managing their menses.

Operation and maintenance of latrines – The poor O&M of latrines is clearly a major problem for girls in schools across the region with dirty toilets, no locks, no doors or other functional problems being regularly reported. In **Cambodia**,¹⁷⁸ it was noted in both the urban and rural secondary schools that the “toilet facilities were not regularly cleaned and lacked a reliable source for hand-washing, flushing, or washing menstrual accident stains.” A study of school WASH facilities in three districts of Indonesia in 2015, identified the reasons why schoolchildren avoid toilets for defecation. See **Figure 16** as well as the box below describing the situation in the **Solomon Islands**.

Figure 16: Reasons that girls and boys avoid school latrines for defecation in three provinces in Eastern Indonesia¹⁷⁹



Access to accessible WASH facilities in schools for people with disabilities – Access to WASH poses multiple challenges for children and adults with disabilities or other mobility limitations. This in turn also poses challenges for the management of menstruation. The experiences for girls and women with disabilities in accessing WASH facilities in the region is covered in **Section 9**.

¹⁰ Note that this data was from a UNICEF survey in 2007 and hence it is expected that there will have been some improvement since this time.

Lack of toilet paper and soap, Solomon Islands¹⁸⁰

"None of the schools had toilet paper – the typical anal cleansing material in Honiara – available in toilet stalls on the day of the visit. At one boarding school, toilet paper is issued to students on a monthly basis. Teachers at two schools said that toilet paper would be given to students upon request but girls reported that this did not happen. School managers cited theft, vandalism, and use of toilets by outsiders as reasons why toilet paper was not available in ablution blocks. For girls, this prevented wrapping used pads before disposal, and personal hygiene. Girls raised lack of toilet paper and lack of pads available in an emergency at school as additional challenges at their schools. None of the schools visited provided handwashing soap in bathrooms or near toilets, though one boarding school had soap available at handwashing taps in the dining hall. Most schools had cleaning supplies available for the students on the duty roster to maintain their bathrooms."

Access to sanitary disposal bins and end disposal mechanisms – Few schools were noted as having covered bins within latrine cubicles. In **Cambodia**,¹⁸¹ it was observed in both the rural and urban schools that covered trash receptacles were missing from inside the toilet stalls, and girls reported never using the trash receptacles placed outside the toilet stalls for disposing of sanitary waste because they were visible to both girls and boys. In **Indonesia**,¹⁸² where waste is mainly collected by municipal waste disposal services, rubbish bins were located outside of latrines or outside of classrooms and many were uncovered. Only one urban school provided means for disposal inside all latrines and two rural schools provided direct chutes to an incinerator. *"Students and teachers described girls being ashamed to dispose of sanitary pads in open bins and those located near to classrooms."* If there is no disposal mechanism pads may be flushed down the toilet and can block the toilet pipes and contribute to the blockage of sewerage systems. If pit latrines are emptied it can also pose challenges for the suction equipment. Pads may also just be left on the floor of the cubicle or disposed of on open ground outside the toilet block.

Access to private showering/bathing rooms for dormitory schools – Lack of privacy for bathing in boarding schools came up in **Mongolia**¹⁸³ and the **Solomon Islands**¹⁸⁴ as a significant issue. **Figure 17** illustrates sleeping arrangements and the showering facilities in schools in the Solomon Islands. Considering that girls are embarrassed to allow others (both boys and girls) know that they are menstruating, the open nature of these shower facilities poses significant problems.

Rooms in which to rest, clean yourself and change – Rooms where girls can rest when facing menstrual pain or change or clean themselves when they are menstruating have been recommended by girls through participatory exercises. It will be important to consult closely with girls when considering the construction of such facilities to make sure that they will be comfortable using stand-alone units, where their use will imply they are menstruating, as girls can often be embarrassed if other girls as well as boys know they are menstruating. It might be possible to make their use multi-functional, for example, including extended latrine cubicles, which can be used both as a latrine as well as a clean changing/cleaning area, which might overcome this problem where it exists.

Functionality of latrines/bathing units/changing rooms – Recommendations made by girls as part of various studies included ensuring that latrines/bathing units/changing rooms are functional by the inclusion of hooks, lighting and mirrors (would need to be full length) with which to check themselves that they do not have a stain. Simple additions like hooks are often overlooked in WASH facilities, but make it much easier to use both hands when using the facility and managing menstruation, as well as keeping personal possessions from the ground and preventing them from being soiled. The addition of small shelves in each unit can also be useful to allow girls (and boys) to place small items like, pens, books or soap on while they are using the unit.

7.3 Experiences of school environment and relationships

Participation in class and absence from school – It is clear from the examples in [Section 6](#) that girls from across the region are missing school for parts of or full days or both during their menses. It is also clear that their concentration and participation is reduced in class due to fear of leaking and staining their uniform, which also restricts their willingness to go to the front of the class. The periods of absence are reported to be higher for rural girls than urban. It is also interesting to note that in [Indonesia](#)¹⁸⁵ where 97 per cent of 1,159 girls in the study reported using commercial sanitary pads and most girls report staying in school, that still 20 per cent of girls in rural areas and 13 per cent in urban areas still noted that they had missed school at least once due to menses, with around 70 per cent of those who had ever missed school noting that they had on average missed 1–2 days during their last menses. In [Cambodia](#),¹⁸⁶ 41 per cent of the 77 girls involved in the study noted that they missed days from school.

School rules and etiquette – Teachers often enforce rules that prohibit students from leaving the classroom during the class. This can be problematic if a girl gets her period mid-lesson. From the global arena it is also known that requiring students to stand up to speak can also lead to girls with their periods not being so willing to participate in class.

Availability of sanitary pads or spare school uniforms – In the [Solomon Islands](#),¹⁸⁷ school canteens mostly sold disposable pads but some barriers prevented girls from accessing them. The majority of school canteens use male teachers or students as shopkeepers, and girls feel embarrassed and uncomfortable purchasing pads from them. While some school canteens sold single pads for SBD 1 each, which is within reach of students, others only sell packets of disposable pads for a minimum of SBD 8, which may not be affordable for a girl at one time. Girls had very concrete and no-cost recommendations for making disposable pads more accessible at schools. All girls cited old pieces of cloth as a back-up option for absorbent materials. No schools provided materials for free in case of an emergency at school. Girls noted that simply by providing back-up uniform skirts for girls to check out, they could avoid missing school if they stained their skirts. In [Indonesia](#),¹⁸⁸ it was reported that half of the schools involved in the research did not keep pads for emergencies. Leaving school to go home if a girl started menstruating was reported from a number of countries, with girls in [Cambodia](#)¹⁸⁹ noting that if they left supplies at home then *“they were in trouble.”*

In Kimbe, [PNG](#), teachers have been seen to be paying for sanitary pads for students out of their own money. To address this with the support of Live & Learn International, Schools WASH Officers are advocating to have WASH needs included in school budgets. In [Fiji](#), this is being done through cooperating with the Asset Management Unit, Ministry of Education, to run a workshop encouraging School Managers to include the management of WASH facilities in their budgets. Another issue raised in the global arena is the issue of the colour of girls' school uniforms.¹⁹⁰ Just changing the colour of the bottom part of a girls' uniform from a light colour to a dark colour could provide girls with another layer of protection against embarrassment from having a leak. However, the process of changing over from one uniform to another may pose some challenges. A flexible uniform policy could also be considered allowing girls to wear dark coloured skirts.

Staff member available for counselling and support – In the [Solomon Islands](#),¹⁹¹ a recommendation made by girls was that the school should nominate a female teacher to be responsible for MHM in the school, who can then provide girls with emergency pads or replacement school uniforms on a loan basis and provide advice. In some schools, such as in [Indonesia](#),¹⁹² around 50 per cent of schools were visited by *‘puskesmas’* (health centre)

Figure 17: Examples of school WASH facilities in the EAP region



Bathing facility with limited privacy at a boarding school in the Solomon Islands¹⁹³ (UNICEF Pacific/B. Yamakoshi)



Photos © UNICEF/Pacific/2014/Yamakoshi

Broken toilet, sleeping accommodation and showers with limited privacy in a boarding school in the Solomon Islands¹⁹⁵ (UNICEF Pacific/B. Yamakoshi)



Outdoor latrines with no doors in extreme climate conditions in a rural boarding school in Mongolia¹⁹⁴ (UNICEF Mongolia/R. Ward)



Waste bin with no lid in a school in Indonesia¹⁹⁶ (Surveyometer, Indonesia)

staff, but their visits were only occasional and these staff identified lack of time, staff shortages and lack of teaching materials related to puberty and menstruation as key factors that prevented them delivering education in schools.

Relationship with teachers, peers and parents – Girls reported feeling shy when they had menstruation, sometimes isolating themselves from their peers, particularly boys. Although menstruation was a taboo subject in most places and many respondents confirmed that they do talk to their mothers or other female relatives. In [Indonesia](#),¹⁹⁷ the teacher in charge of the UKS (School Health Programme) can be a trusted source of information on MHM. In [Indonesia](#), girls reported that their preferred sources of information about menses were from their mothers (over 95 per cent), female relative (over 55 per cent), teachers (over 32 per cent), friends (over 27 per cent) and health workers in school or in a clinic (over 20 per cent); although it should be noted that this is likely to vary between contexts.

Operation and maintenance plans and budgets – From the reported widespread problems with O&M which impact girls' ability to manage their menses, it is clear that adequate funding is not available or prioritized for this critical aspect of school WASH functioning. WinS bottleneck analysis from 2014, indicated that:

- The proportion of schools with a budget for the O&M of their water supply = 45 per cent (China); 30 per cent (Lao People's Democratic Republic); and 5 per cent (Mongolia).
- The proportion of schools with an O&M plan for WASH facilities = 44 per cent (China).
- It is estimated that the proportion of schools maintaining their WASH facilities as per national standards = 38 per cent (Mongolia).¹¹

Involvement of the PTA or Board of Governors in supporting a MHM-friendly environment

– The education of the PTA or Board of Governors in how to ensure that the school is a MHM-friendly environment is thought to be limited across the region. Some examples exist in pilot projects, such as by Plan International in [Indonesia](#),¹⁹⁸ where training/awareness raising has been provided for teachers as well as representatives of the school committee/PTA and some parents. Every Friday parents are being asked to come to the school to provide pads to put into a box for an emergency supply and the system seems to be working so far, and the school has also started allocating budget for this purpose.

Including responsibilities for puberty/MHM education and ensuring a safe and MHM-supportive environment in the job descriptions of teachers and key staff could have a positive impact on staff being more aware of their responsibilities, particularly if they are monitored against the same.

7.4 Recommendations made by girls, teachers or parents for improving the school environment

A wide range of recommendations has been included in the various research reports from across the region. It is positive to acknowledge that within this range of recommendations are those made by girls themselves, the people who know their MHM-related needs the best. A small sample of these is included in the box which follows.

¹¹ Noting that the national standards have since changed.

Examples of recommendations that girls made on improving their ability to manage their menstrual hygiene as part of the research processes across the region

Information and support of teachers:

- Girls should learn about puberty, taught in a compulsory class early enough, at the primary level around the ages of 10–12/grades 5 or 6, before menarche.
- Teachers can help girls by giving them information in an appropriate format. Teaching girls and boys separately will allow students to freely express themselves.
- That female teachers teach MHM.
- Their parents receive training on reproductive health so that they can prepare their children.
- Teachers should allow girls to excuse themselves when they are having their period and provide sick leave when necessary.
- Girls want teachers to teach boys and to advise them not to annoy or tease girls who are menstruating and tell them not to go to the girls' toilet.

WASH facilities design:

- Girls' toilets should be separated from boys' latrines by a considerable distance and also not be located too close to the classrooms, but also not too far to access. Barriers are needed between the girls' and boys' latrines.
- Girls would like a place in the school grounds where they can rest from menstrual pain or change sanitary materials.
- Important features of girls' toilets – private, access to water for washing sanitary pads, a clean and comfortable place to change, adequate space, lockable doors, hooks, lighting and mirrors for checking for stains.
- To maintain cleanliness an officer should be appointed to be responsible for cleaning the latrines.
- Features should be included to make the facilities accessible to students with disabilities, including improving the path, providing a sitting toilet and also a holder or rail and ensuring adequate space inside the latrine.

Availability of sanitary pads and uniforms:

- Parents should provide absorbent materials like pads or cloth monthly or money to buy pads.
- Vendors local to the school keep a stock of sanitary pads for sale in small quantities (i.e., sell by pad).
- The school should nominate one female teacher to be responsible for MHM in school. The teacher can then provide girls with emergency disposable pads and help administer a loan system in case of a uniform stain.

MHM in the community, in emergencies and in the workplace across the EAP region

8.1 Engagement of out-of-school children, the community and youth in MHM

As of 2011, over 57 million primary school aged children remained out of school worldwide,¹⁹⁹ of which the Asia-Pacific's share was 31 per cent of the global number. A report by UNESCO and UNICEF in 2013 provides some examples of the disparities:²⁰⁰ *"In Lao People's Democratic Republic, only 11 to 25 per cent of children from the country's seven poorest provinces are expected to reach and complete grade 11. In Myanmar, only 28 per cent of children from the poorest households are in secondary school, compared to 86 per cent for the richest households."* Sub-regional analysis in UNICEF's *State of the World's Children 2011* report corroborates these findings. According to the report, across South Asia as a whole, children living in the poorest households are three times less likely to receive a secondary education as those living in the richest households.

Most countries in the region recognize the role of non-formal education (NFE) as a key mechanism for reaching marginalized and disadvantaged groups and have put in place NFE frameworks for out-of-school youths and adults. *"However, many countries in the Asia-Pacific region lack standardized quality frameworks for NFE programmes.... Concern about the poor quality of NFE programmes is further exacerbated by insufficient teacher training, funding, and effective quality assurance mechanisms."*²⁰¹

Challenges managing MHM at household level

One formative study undertaken by BESIK in **Timor-Leste**²⁰² focused on women at the household or community levels. They identified a range of challenges related to the management of MHM, some related to the lack of privacy in household facilities. *"We have a toilet but it has only a wall with bamboo. I am worried if people can see and also smell [it]. [I] didn't use it for changing because there is no water..."* (Female, 41, Liquica) And that even though women know that it was unhygienic and feel embarrassed seeing or smelling soiled pads, the practice of throwing pads into the open was not uncommon. *"[I] Throw in the bushes, river [flush through river] because no water in the toilet. [I] do not feel good, we smell it [pad] and it stinks because [we] throw in the open area."* (Female, 32, Liquica)

In 2013, SNV, Netherlands Development Organisation, also supported formative research with women in the community context in **Lao People's Democratic Republic** and revealed interesting findings related to the use or otherwise of sanitary pads. See **Section 5.6** for further details. A few organizations have been engaging in MHM in the community context, such as with youth groups, through health centres or at the household level. See the box below.

MHM linked to Community-Led Total Sanitation programme for out-of-school youth and training for staff of Health Centres

In **Timor-Leste**,²⁰³ MHM has already been integrated into the PAKSI CLTS programme. The BESIK, Be'e, Saneamentu nu Ijene iha Komunitade bilateral programme between the Government of Timor-Leste, Ministry of Public Works, Transport and Communications (MoPTC) and Ministry of Health (MoH) and the Australian Government has also undertaken formative research on MHM at household and community levels (2015). Kiosk owners, midwives and menopausal women were also interviewed.

In **Cambodia**, Plan International through its partners the Khmer Youth Association and Sovanna Phum Organization have been undertaking outreach activities in both communities and schools on the physical changes of boys and girls. They have been facilitating meetings and outreach activities on SRH including MHM during their life skills session. They have prepared seminars and are training girl consultants as peer educators as well as distributing manuals on reproductive health.

The Family Planning Organization of the **Philippines** has been supporting training for adolescent out-of-school youth in life skills as part of the 'Creating Connections' training which includes MHM. Save the Children in the Philippines has also been working with VYAs (10–14 years) both in schools and at community level. Their programme includes the provision of adolescent-friendly health services, improving health-seeking behaviours, puberty education including MHM, and also looking at policies, community support and networking.

Samaritan's Purse in **Cambodia** has been working on a WASH for Health Centres project in Kratie Province where they have been training MHM to Health Centre Directors, staff and Health Centre Management Committee members. Samaritan's Purse also interviewed a relatively large number of men in its studies, a group often excluded from discussion on the issue of menstruation.

UNICEF **Philippines** also supported orientations on MHM at the Department of Education Health Units in Regions 6 and 8 during Typhoon Haiyan; and Plan **Indonesia**²⁰⁴ has also provided training on MHM for local community health centres, 'Puskesmas', in Nagekeo District.

Refer to **Section 5.5** for information on two useful resources for engaging men and women in WASH projects which can be useful for engaging men, women, boys and girls at community and household levels.

8.2 Integration of MHM into emergency responses

The Asia-Pacific region experienced significantly more disasters than any other region in the world from 1980 to 2010, with significant impacts on poverty reduction and sustainable development, particularly in the least developed countries.²⁰⁵ Emergencies are contexts in which women and girls

may lose their normal coping mechanisms for MHM. They may be displaced and living in cramped situations with brothers, fathers, uncles and in some cases strangers, with limited privacy and ability to manage their menses with dignity. They may have limited access to water and sanitation, as well as to their normal sanitary protection materials. All of these challenges makes responding to MHM, a subject that is often taboo and causes feeling of shame and embarrassment, even more difficult. For an overview of good practice in response to MHM in emergencies see [Annex V](#). See the box which follows for suggestions by women facing emergencies on ways that emergency responses can be improved to take account of their MHM needs.

Suggested areas where emergency responses can be improved as identified by women facing an emergency context in the Philippines

UNICEF [Philippines](#) supported fieldwork as part of a three-country study on MHM in emergencies in 2012.²⁰⁶ This identified challenges facing women from peri-urban areas of Mindanao in the [Philippines](#) living in camps for four months after being displaced by floods. Women identified where improvements could be made to the response. These included that some received health information, but it was delivered using one-way communication. They noted that some of them received hygiene kits from UNICEF, but that not everyone received them as they ran out, and in some cases neighbours took them on their behalf, but then didn't pass them on. The kits also did not come with any information. Disposable pads were included in the kits, but they were not enough in number so they were also using cloth. Portable toilets and temporary sanitation facilities were provided, but they were not big enough for managing menstruation and there was a lack of safety at night and a lack of water.

Other issues that were highlighted in the three-country study report included that where water and sanitation facilities are poor it can often be easier to use disposable pads, but then disposal mechanisms need to be in place or else soiled pads are often disposed of on top of piles of rubbish. Respondents noted that toilets were often broken and/or located in areas that were not safe or with poor access. Concern was also raised about the threat of attack and rape if women have to go to the bush (woods). Some women said they would not go to the bush (woods) to bathe as it was too risky and others noted the risk of attack around communal toilet facilities, especially at night.

The following box provides information on ways in which MHM has been considered and responded to in emergency responses in the region.

Responding to MHM in emergencies in the EAP region

In the [Philippines](#), UNICEF worked with the Department of Education in Regions 6 and 8 together with Save the Children and other NGO partners to develop a girls' puberty/MHM book 'Growing Healthy' which was distributed to adolescent girls during Typhoon Haiyan in 2014, along with sanitary pads. It was distributed to 100,000 girls in 40 Haiyan-affected municipalities. Plan International also ensures the supply of adequate feminine materials in the hygiene kits and has also integrated MHM into its '10 WASH Commandments' during emergencies. See [Annex XVI – GPCS2](#) for more details and the leaflet. Plan Health Promoters also give orientations on MHM when distributing the hygiene kits. Oxfam GB worked to improve its communal temporary latrines after receiving feedback from women related to privacy and feelings of safety. They designed spaces between the male and female cubicles to compensate for the thin tarpaulin walls and provided separate entry points. The gender team also provided guidance to their public health promotion teams when they were

preparing draft designs for the bunk house laundry areas and coached them how to consult women on the design and construction of WASH facilities.²⁰⁷

UNFPA aims to ensure that when disaster strikes that the reproductive health needs and protection concerns of women and girls are integrated into the responses. One way in which it does this is by the provision of dignity kits.²⁰⁸ The kits aim to support dignity through contributing to physical and mental health through meeting basic needs. Dignity kits were put together for the response to Cyclone Pam in the Pacific in 2015, as well as in other emergencies in Myanmar, the Philippines and Indonesia. This included underwear, sanitary pads, washing powder, bathing and laundry soap as well as a 'Ziploc' bag; all useful items to assist girls and women to manage their menstruation with dignity. In addition, the kit also included a torch with batteries which aims to enable women to be able to use bathing or toilet facilities more easily and safely at night. See **Annex XVI – GPCS2** for a flyer on the dignity kits.



Dignity kits, Philippines
(UNFPA Philippines)



Contents of dignity kits, Indonesia
(UNFPA Indonesia/Humanitarian Unit)

The WASH Cluster in Myanmar supported by the International Rescue Committee prepared a document providing analysis of the MHM needs of women and adolescent girls in the Kachin and Rakhine Emergency Response in 2014.²⁰⁹ It covered the problems faced by menstruating women, current trends in MHM, key interventions and recommendations for the sector. In addition, fieldwork has recently been undertaken in the Rakhine State of Myanmar, which will contribute to the development of a new global toolkit for MHM in emergencies.²¹⁰ This process is being supported by Columbia University, USA and the International Rescue Committee with funding from R2H2 (research for health in humanitarian crises, a collaboration between the UK Department for International Development [DFID] and the Wellcome Trust), but aims to involve the expertise and experience of as many humanitarian agencies as possible to make the toolkit a cross-agency tool.

The **Asia Pacific** Regional Office of the International Federation of the Red Cross and Red Crescent Societies (IFRC) supported a webinar on MHM in emergencies (audio-visual link to the Webinar).²¹¹ This had speakers from UNICEF, WaterAid Australia, UNFPA and IFRC. In mid-2015 they also initiated a process of mapping who is working on what, where and when (4Ws) across the Asia-Pacific region for the purpose of enabling information sharing between practitioners. The IFRC globally have also developed IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming (pilot version, 2015)²¹² which includes standards related to the provision of culturally appropriate sanitary protection materials and underwear, safe distribution processes, access to gender-segregated and safe latrines and bathing facilities and the provision of appropriate washing and disposal facilities. The IFRC and national Red Cross and Red Crescent societies across the Asia Pacific region are considering how they may take forward MHM in their programming in both development and humanitarian contexts.

The UNICEF global Supply Division has also worked to improve its standby emergency dignity/hygiene kits to include both disposable and reusable sanitary pads and other supporting non-food items.²¹³ Two kits have been developed, one called the 'WASH & Dignity Kit' for immediate response, which includes items relevant to MHM including: soap, bucket with lid, reusable menstrual pads, multi-coloured cloth and a torch. The larger 'Family Hygiene & Dignity Kit', additionally also includes a range of underwear, a clothes line, sanitary napkins with wings and also, for protection purposes, a whistle. These specific kits have not been ordered from Copenhagen for use in emergency responses in the EAP region as of yet. But dignity kits supported by UNICEF in Vanuatu and distributed by their partners included two reusable sanitary pads. Oxfam and UNICEF evaluated the usefulness of the kits and thought they were of good quality. Women were interested in the pads because they were new and not used before. It seemed that women were satisfied with them but further follow up is needed to see whether such a reusable product should be used again in the future.

8.3 MHM in the workplace or as an income generating opportunity

Very little information was available on MHM in the workplace or MHM as an income-generating opportunity. Unlike school settings where the Education sector and WASH sector come together to advocate for and assist in implementation of MHM, no such institutionalized effort currently exists for MHM in the workplace or in other formal or informal institutional settings. 'Menstrual Hygiene Matters' published in 2012²¹⁴ touched on the subject and identified challenges that women may face in the workplace, such as poor access to WASH facilities in the workplace or the accommodation, limited time permitted by employers to attend to their MHM needs and challenges with dealing with menstrual pain when they are working.

Living conditions of garment workers in Cambodia

A study by ActionAid and the Workers' Information Centre, **Cambodia**, looked into the working and living conditions of garment workers, working in factories as part of a larger study looking at the impact of gender and violence against women in urbanized areas.²¹⁵ They note that "[a]round 500,000 workers are employed in garment factories in Cambodia. More than 80 per cent are young women migrated from rural provinces looking for an income to feed their family." They produced a video called 'Beyond the Factory Floor' which documents the challenges they faced in their living conditions <https://vimeo.com/38008499>. Over-cramped living conditions, poor access to WASH facilities, a lack of privacy for undertaking WASH tasks and safety risks were all identified for the women living in the accommodation available for the garment workers. This context potentially poses multiple challenges for the management of MHM.

The formative study by the BESIK programme in **Timor-Leste**²¹⁶ looked into MHM at household and community levels and held interviews with a few kiosk owners. WaterAid in **Cambodia** may start to look into the issue of menstrual hygiene for garment workers but this is still in the early stages of discussion.

DFAT innovationXchange are planning to support new research, possibly on a multi-country, multi-context basis into improving access to 'Menstrual Hygiene Products' across the **Pacific**.²¹⁷ This may include a focus on opportunities for income generation through MHM.

Menstrual hygiene related products integrated into sanitation marketing in the Pacific

Live & Learn have been implementing a civil society WASH Fund Western Pacific Sanitation Marketing and Innovation Project in **Vanuatu, PNG, Solomon Islands** and **Fiji**. The International Women's Development Association has been providing support on gender and inclusion. Questions on MHM were integrated into the baseline survey and asked to focus group discussions (FGDs) of women.

In **Vanuatu**, the Live & Learn WASH Team held a Human Centered Design workshop to determine the types of toilets and products that each community-based sanitation enterprise (CBSE) might sell. During this workshop the women expressed a strong need for toilet designs to include a bin or chamber for the disposal of sanitary items. This is now being incorporated into the toilet designs that will be sold by the CBSE, and will also be included in the demonstration models to be constructed in December 2016 and January 2017. The CBSE will also be selling sanitary pads.

The CBSE to be established in Kulangit, **PNG** and Henderson, **Solomon Islands** have both also included the sale of sanitary pads in their business plans. This will provide an important income stream sold as a high-turnover product for the CBSEs. All CBSEs are still at the early stages of establishment and have not yet begun sales or marketing activities.

9.

MHM for people in special circumstances, people with disabilities, or from minority, indigenous or marginalized communities across the EAP region

People who are from minority or marginalized groups, or who have special circumstances, such as people who have physical disabilities, may face a range of additional challenges in the management of their menstrual hygiene.²¹⁸ Women with disabilities have noted that sometimes others do not think that they also menstruate, but that they face the same challenges as all women and girls, but often with additional challenges. These may be physical challenges of accessing water and sanitation facilities for women and girls with mobility limitations, problems in placing their sanitary protection materials for those who have problems with the function of their arms, or challenges with knowing if they have cleaned themselves fully for women and girls with vision restrictions or who are blind. Women and girls with learning difficulties also need support to learn how to manage their menstruation effectively.

Limited information was available on accessibility of WASH facilities in schools across the region, although based on experiences in most parts of the world, WASH facilities designed without particular attention to accessibility, are likely to pose a major challenge, particularly for those who are unable to squat, see or who use wheelchairs. In **Indonesia**,²¹⁹ it was identified that most schools did not have latrines that were accessible for students with a physical or sensory disability and none provided latrines specifically for students with a disability. Simple modifications such as a seat, more space in the latrine and a handrail can make using a latrine much easier.

Girls from minority or marginalized groups may have less access to income or may live in remote areas, having less access to sanitary protection products. Women and girls living on the streets face significant problems to access water and sanitation facilities and manage their menses with dignity and in safety; and women in prisons and girls in children's homes will face a range of challenges related to accessing money to buy sanitary pads and privacy to manage their menses. Girls who stay in boarding schools also face a number of challenges accessing funds for pads, privacy for using WASH facilities and missing the support of their family members. Also, women and girls, and men and boys with incontinence face particularly serious challenges, an issue which can be highly stigmatizing.

The box which follows provides an overview of some of the challenges that ethnic minority children and children with disabilities face in the EAP region, including in accessing education and also with respect to violence. Whilst this is not MHM specific, it provides an indication of the additional challenges that girls and women from minority groups may face in accessing information or appropriate facilities to manage their menses safely.

Education and risks of violence facing children from ethnic minority groups and children with disabilities in the EAP region ²²⁰

"Many ethnic minorities groups in the region have much lower rates of secondary school enrolment than the majority groups, although this type of information is rarely collected or disaggregated. In Viet Nam, where considerable attention is being placed on ethnic minority education, secondary enrolment rates vary greatly between ethnic groups. While Kind (Viet Nameese) secondary school enrolment rates are above 60 per cent, they are below ten per cent for Hmong boys and below five per cent for Hmong girls. Countries that have successfully promoted ethnic minority education have used a range of approaches: making the curriculum more relevant to ethnic minority environments and cultures, bilingual education or second language education of the national language, training bilingual teachers, or building boarding schools in remote areas to facilitate access. To redress the imbalance in education for ethnic minority children, some countries have programmes providing scholarships to ethnic minority girls who attend accelerated secondary and training courses on state scholarships in return for at least three years of national service as teachers in remote secondary schools."

"Adolescents with disabilities are also grossly under-represented in post-primary education. The World Bank estimates that five per cent of young people in the region live with disabilities. Large numbers of young people are being denied their education rights, often due to relatively minor physical impairment. Some countries do not even include disabled children in the total number of children for the purpose of calculating enrolment rates, making them effectively invisible."

"Children in the EAP region are predisposed to significant demographic risks of abuse and violence. Large numbers of adolescents are facing violence, abuse and exploitation at home, in the school, at the workplace, in institutions (e.g. orphanages, correctional facilities) and in the street." "Adolescents living in the street are vulnerable to abuse and violence from other young people and adults. Other vulnerable groups include migrants, ethnic minorities and adolescents with disabilities."

(UNICEF, 2006)

The implications of the above noted issues include that reaching girls and women from ethnic minorities is likely to be limited through the language of teaching and learning/IEC materials on MHM if they are only developed in the language of the majority and if alternatives are not available in the local language, or if alternatives to written materials are not available for those who are not able to read.

A few organizations have started work focusing on minority groups in the region and with girls and women with disabilities. See the box below.

Working with girls and women from minority groups and women and girls with disabilities on their MHM needs in the EAP region

Women and girls with disabilities:

Handicap International working in **DPRK** are working with six special schools for children with hearing impairments and two for children with visual impairments (in South Pyongan and South Hwanghae). In the renovation of toilets they make sure that girls have appropriate facilities (including enough numbers) and also in their training on mobility they also make sure that the teachers get some ideas on how to support girls during their menses. In 2014, a consultant working with them in the schools for the blind produced a booklet that has been used for the renovation and also ran mobility training sessions segregated by gender.

In **Indonesia**, Plan International has been supporting inclusive WASH in 17 schools in Nagekeo District.²²¹ This has included supporting the training of the PTA with designs for accessible and MHM-friendly latrine blocks that they have subsequently constructed. It has also involved research into the needs of menstruating girls and the development and testing of IEC materials including a menstrual wheel and a girls' puberty/MHM book. **See Annex XVI – GPCS6** for more details.

In **PNG**, WaterAid, Community Based Rehabilitation Nossal Partnership and the International Women's Development Agency (IWDA) have been involved in developing a tool to be used to ensure that the needs of women with disabilities are integrated into WASH projects. Testing of the tool identified some MHM-related issues including the need to be aware of both positive and negative impacts of WASH projects. World Vision has also been supporting latrines in schools and health facilities in **PNG** that are both gender and disability inclusive.

The Water, Engineering and Development Centre (WEDC) of Loughborough University, UK, undertook research on the WASH needs and practices of people with disabilities in **Cambodia** in 2003.²²² Whilst this research was not specifically focused on MHM, it highlighted the challenges being faced and innovative solutions that girls, women, men and boys were using to access WASH. The learning from this research contributed to the WEDC practical guide on WASH for people with disabilities now used globally and has led to a number of follow up actions in country. The iDE in **Cambodia** has been working on developing a latrine shelter that is both accessible and female friendly. Good practice guidance is also available from Australia related to supporting girls with learning disabilities on MHM.²²³

Minority populations, monastic schools and religious guidance on MHM

In the **Philippines**, Save the Children undertook a situational analysis in 2013 that included Muslim and indigenous populations in South Central Mindano and Metro Manila.²²⁴ Practices which varied for the girls included in this study, from the previous formative research undertaken in 2012, were that Muslim girls are washing their disposable pads before disposal, and both Muslim girls and also T'boli girls have stricter restrictions for girls during menstruation, including isolation from other people.

In both the **Philippines** and in **Indonesia**, UNICEF is currently working with Islamic leaders to develop appropriate training materials on SRH and/or MHM for girls from Muslim communities. The training materials for the Creating Connections training was presented to the Darul Iftah of Cotabato City (Muslim religious leaders in the city) and an additional facilitators' guide is being developed for Muslim facilitators implementing in the Autonomous

Region of Muslim Mindanao. Muslim Youth Religious Organization, Inc. and the Muslim Organization for Social and Economic Progress have been reaching children in madrases.

In **Myanmar**, WaterAid and the Burnett Institute are planning to undertake research into MHM in monastic schools which some of the poorest children in Myanmar attend.

Women who have just given birth

WaterAid Australia is also considering supporting their partner to respond to the issue of the WASH and sanitary protection needs of women who have just given birth in **PNG**. They have found that similar taboos exist linked to the body fluids after birth to those for menstruation.

It is clear that much more work is needed in the region on understanding the particular needs of girls and women with disabilities or in other special circumstances and also ensuring that MHM-related interventions respond to their needs.

UNICEF commitment and action on MHM across the EAP region

For an overview of examples of the current commitment and action of UNICEF offices from across the EAP region refer to [Annex XV](#).

MHM is a field where engagement in both the development and emergency sectors has only really started to gain momentum in the past five or so years; so as would be expected, the commitment to MHM and engagement of UNICEF varies between the different offices across the region. At a global level UNICEF has been taking the lead in taking forward MHM in WinS, facilitating global MHM mapping and global virtual conferences for enhancing learning, during which a number of countries in the EAP region have presented. Its Supply Division has also worked to improve its standby emergency dignity/hygiene kits to include both disposable and reusable sanitary pads and other supporting non-food items (see [Section 8.2](#)).²²⁵ UNICEF WASH and gender specialists have been working in partnership with UNGEI and other partners on the

UNICEF Gender Action Plans and Strategies

The global *UNICEF Gender Action Plan, 2014–2017*,²²⁶ focuses on four corporate priorities: a) Promoting gender-responsive adolescent health; b) Advancing girls' secondary education; c) Ending child marriage; and d) Addressing GBV in emergencies. The need to consider menstrual hygiene has been specifically identified under the subject of reproductive health under priority a) and also the need to address it in emergencies under d). Although MHM also contributes to b) it is not specifically mentioned under this priority. It notes that:

- *"Gender and adolescent health issues are addressed across different outcomes and the Strategic Plan including... WASH, in promoting puberty education and MHM..."*
- *"The organization will engage young people and advocates in improving knowledge and awareness about WASH in Schools and MHM."*
- A specific target is included under the priority a), is: *"P3.e.2 – Countries implementing MHM in WinS programmes from the baseline of 39 to increase to 50."*

The *UNICEF EAP Regional Gender Equality Strategy, 2013–2017*,²²⁷ does not mention MHM specifically, but some of the strategies included within it will make contributions to enabling MHM needs to be identified and met, for example the strategy of *"including young boys' and girls' perspectives (particularly those in lower secondary education) in gender audits and reviews"*.

WinS4Girls project which is supporting MHM formative research and the development of a 'MHM basic package' across 14 countries.

UNICEF globally has also increasingly integrated MHM into its strategies and plans, although this has not yet fully trickled down to the EAP regional level in all areas, as is indicated in the case of the UNICEF gender strategies and plans. See the following box.

This research has been initiated and supported jointly by both Education and WASH teams at EAP regional level with inputs from WASH, adolescence, SRH and HIV, and gender specialists. The current EAPRO operational plan which includes the strategies for WASH and Education²²⁸ does not specifically include MHM. But both WASH and Education strategies are due for revision in line with the recent processes updating their associated UNICEF global strategies. There is intention to include MHM in the new strategies, including using the findings and recommendations from this research when framing the contents. This synthesis aims to encourage country-level practitioners to prioritize learning on the country situation on MHM and to integrate it into plans.

The countries across the EAP region also vary significantly in terms of status as middle or lower income countries and in their access to general services, such as water and sanitation or education. The management of menstrual hygiene is likely to pose challenges for women and girls in all countries, particularly as taboos around the subject are almost universal and because of the practicalities of managing the monthly blood flow. However, girls in the lower income contexts are likely to face greater challenges than those in the middle income countries, for example, due to less income to purchase commercial sanitary pads, less access to functional WASH facilities, or less access to information via media such as the Internet. But even within the middle income countries within the region there are likely to be variations in income level and access to services and information, including differences between urban and rural areas.

Three of the countries which are currently most engaged, the **Philippines**, **Indonesia** and **Mongolia** have each been supported with funding to undertake formative research on MHM, supported by an international university and in the case of Indonesia and Mongolia, also supported for activities to develop a 'basic MHM package' and to test it out in a number of schools in the region. This has offered the opportunity for learning in partnership with government and to take forward the issue at national level. Lessons from the formative research in the **Philippines** have clearly been taken up by champions during the Typhoon Haiyan emergency to develop the girls' puberty/MHM book. Also opportunities have been taken up in collaboration between WASH and the adolescent development specialists through the integration of MHM into the life skills curriculum that covers SRH and MHM.

Of the countries most engaged, an exception to this has been the **Pacific Multi-Country Office** based in Suva, **Fiji**, which has been supporting action on MHM in the **Solomon Islands** and other islands without external funding for a major MHM formative research. The motivation behind the action from this office has clearly come from a MHM champion, or champions, who has/have in turn supported local champions from government. This is particularly apparent in the **Solomon Islands**, where research has been undertaken and practical guidance already translated into draft national WinS technical standards and into various assessment tools, which is impressive progress in a short time frame.

Other countries have benefitted from the engagement of other actors and have used their actions as an entry point, such as in **Cambodia** where the USA-based Grow and Know Inc. developed a girls' puberty/MHM book in 2012, that is now being used and distributed by UNICEF, UNFPA and a range of other organizations. A CSO partner (WaterAid) has also recently supported to start coordination between actors working on MHM in **Cambodia**. UNICEF Cambodia is currently undertaking an assessment of its WASH programmes, including a particular focus on MHM.

Responses to the questionnaire have mostly been facilitated by the WASH teams, but with inputs from Education colleagues in a number of countries and also with engagement from adolescent development specialist in some countries. **Mongolia** noted that there was communication across sections in the Inception Meeting for developing the proposal for the WinS4Girls MHM proposal. This meeting included WASH, communication for development (C4D), health, adolescence, child protection, education and monitoring and evaluation (M&E) specialists. The proposal was mainly prepared by the Education Specialist.

In terms of integration of MHM into internal sectoral UNICEF strategies and the Country Programme Document (CPD) or Country Programme Action Plan (CPAP), some progress can also be seen. It should be noted that the CPD/CPAP is only updated every five years, so if the window for influence has passed, then it will be a number of years before the issue can be included. This does not, however, prevent individual sections from integrating the issue into their own sectoral strategies. **Indonesia** has mentioned the importance of MHM in its draft CPAP for 2016–2020 and **Mongolia** has confirmed that it is expected to be integrated into its next CPD, 2017–2021. A number of country offices have mentioned that MHM is included in their UNICEF WASH or WinS strategies, with particular detail and action points in both those for **Mongolia** and for **Indonesia**. The UNICEF **Pacific** WASH Strategy also includes commitments to MHM. Only **Cambodia** specifically mentioned that MHM is acknowledged in its UNICEF Education Strategy. But this strategy was not viewed as part of this process. See the box which follows with examples of MHM noted in UNICEF WASH Strategies.

Inclusion of MHM in UNICEF WASH or WinS strategic documents

UNICEF's 'WASH **Mongolia**'s Programme Strategy, 2015–16'²²⁹ integrates MHM and has clear activities such as to "support in nationwide roll-out of MHM as part of 'minimum requirements' and develop national level indicators for HP" and desired tangible results. It proposes to integrate MHM into the curriculum and to continue to ensure that MHM is integrated into national strategies.

The 'UNICEF **Pacific** WASH Strategy'²³⁰ includes support for MHM in schools in its programme areas, as well as for the development of minimum standards in schools and construction of WASH facilities.

The 'UNICEF WASH in Schools in **Indonesia** – Overview and strategic positioning paper on UNICEF support' (2015) includes MHM-related actions in the proposed next steps: MHM survey results to develop a minimum package to be implemented in all primary schools; strong coordination and technical expertise is needed to implement MHM programme; and advocacy for MHM software component related to reproductive health. It also includes specific actions related to MHM and the 3-star approach; it focuses on equity (most remote schools, poorest districts, marginalized children); working with government to identify and address capacity gaps; and appropriate technology, especially for MHM disposal. It notes that closer collaboration with, for instance, corporate partners and universities, could be developed to overcome this challenge.

Summary of progress, opportunities, gaps and challenges across the EAP region

This section summarizes the key progress/opportunities and gaps/challenges across the EAP region.

Please note that the 'opportunities' in this section here are seen from the perspective of the progress that has already been started or work that is planned. Hence why they have been presented together with the examples of 'progress'. Included (in brackets) are the components from the 'MHM good practice framework' that they relate most closely to.

11.1 EAP – Regional level

Progress/opportunities:

- a. This study on progress on the MHM context across the EAP region has been initiated by both Education and WASH departments of UNICEF (E2).
- b. A number of regional analyses and synthesis have been undertaken on sexuality education and life skills (E5).
- c. From responses to consultations undertaken during this research, it is clear that there is interest in learning more about what others are doing across the region on MHM (E2, E3).
- d. DFAT is planning to support a multi-country, multi-context study in the Pacific on improving access to affordable menstrual hygiene products and has a clear commitment to supporting MHM in the region (E3, E6).
- e. Seven countries in the region have been supported with funds from global and regional level sources for research relating to MHM, including from DFAT, GAC and UNICEF and other sources (E3).

Challenges/gaps:

- a. Regional analysis related to sexuality education and life skills did not specifically include analysis of the inclusion of MHM (E5).
- b. How to effectively engage representatives working across sectors (education, WASH, adolescence, SRH, school health and nutrition, gender, emergency, C4D) in discussions and prioritization on MHM remains a challenge (E2).

- c. As far as can be established, regional educational bodies have not yet been involved in the provision of support for MHM to ministries of education across the region (E1).
- d. Key UNICEF regional strategies do not currently acknowledge the importance of MHM (E1, E2).

11.2 Country – National policy level

Progress/opportunities:

- a. Some governments have recognized the importance of MHM, including some where government is leading the processes, and have started to develop strategies to respond (E1).
- b. More than 15 different examples of formative research or other forms of learning have been undertaken across the region and others are in process. The government has been actively involved in this research in a number of countries (E3).
- c. A number of countries have started to integrate good practice related to MHM into national norms, standards or guidelines related to WinS (E1).
- d. A number of countries have integrated topics relevant to MHM into their curricula, most commonly linked to life skills or puberty education and some have produced guidance materials for teachers (E5).
- e. A few countries have developed teaching and learning materials or IEC materials, either at national or sub-national levels, some involving the government directly and other approved by the government (E5).
- f. A few countries have integrated some indicators supportive of MHM into their school assessments or WinS assessment formats (E4).
- g. The WASH sector still appears to be leading on the advocacy for the support on the issue of MHM, although some examples exist where the Education sector is taking the lead, particularly in the areas of the development of curricula; and some examples exist where the adolescence, school health and nutrition or SRH sectors have integrated MHM into their programmes (E2).

Challenges/gaps:

- a. Data/knowledge gaps in countries that have not undertaken formative research; with limited engagement of girls and boys in their perceptions and solutions and with limited information on the needs, priorities and solutions for women and girls from minority groups or who are in special circumstances, such as girls and women with disabilities (E3, E4).
- b. The Education sector has not yet fully taken ownership of the issue of MHM in schools, which is limiting the scale of response.
- c. Most national Education, WASH and SRH related policies and strategies do not yet recognize the importance of MHM (E1).
- d. The importance and prioritization of WinS in schools and its O&M by ministries of education is still not universal (E1).
- e. Limited budgets for WASH facilities and O&M systems in schools and other institutions (E1).
- f. Very few nationally developed MHM teaching and learning or IEC materials are available (E5).
- g. The variety of languages and cultural contexts, even within a single country, poses challenges to the development of appropriate IEC for all (E5).
- h. The need to incorporate different topics of relevance to MHM, including the hygiene aspect and the need to counteract misinformation is still a gap in the curriculum in most countries (E3, E5).

- i. It is believed that most EMIS and national survey data tools do not yet incorporate many, if any, indicators related to MHM except for a few countries where school latrine data is gender segregated (E4).

11.3 Country – Implementation level and experiences of girls and women

Progress/opportunities:

- a. A range of operational agencies have started to learn about and engage in supporting MHM across the region (E2, I1, I2, I3, I4).
- b. Examples exist of operational agencies supporting participatory engagement in designing inclusive and MHM-friendly school WASH (I2).
- c. Examples exist of innovative and participatory engagement of girls and teachers to overcome taboos, including the use of drama, participatory exercises/games and the use of a range of visual aids (I2).
- d. Girls and teachers have been contributing to learning on their experiences, needs and recommendations related to MHM through a range of research and learning opportunities across the region (E3, I2).
- e. Occasional examples have been documented of celebrations that occur at menarche, supporting the positive nature and importance of menstruation (I1).
- f. In a couple of emergency responses, information on MHM was provided as well as sanitary pads, and underwear was noted to have been included in dignity kits (I2, I4).

Challenges/gaps:

- a. Project implementation is currently mainly small scale and at the level of pilot projects (I1, I2, I3, I4).
- b. MHM remains a taboo subject with many girls having limited access to information at menarche (I2).
- c. Girls, teachers and parents have some misconceptions about MHM based on local traditions or beliefs, some of which are not supportive of effective MHM with dignity (I2).
- d. Girls across countries have voiced concerns about the challenges they face managing their menstruation in schools, which leads them to lose concentration, reduce activities and sometimes be absent from school.
- e. The availability of appropriate WASH facilities and in particular the effective O&M of school WASH facilities remains a major challenge across the region (I3).
- f. Particular challenges are facing girls in boarding schools living in dormitories (I2, I3, I4).
- g. Limited engagement has happened to involve or respond to the needs of women and girls from minority or marginalized groups or who are in special circumstances, including women and girls with disabilities (I1, I2, I3, I4).
- h. A range of barriers are still being faced for the effective teaching of MHM, including the sensitivities of subjects that are linked to SRH, a lack of training for teachers and a lack of access to teaching and learning materials (I2).
- i. There appear to be very few examples of locally made reusable sanitary pad options being promoted in the region (E6, I4).
- j. Only a few examples were shared of emergency responses which included more than the provision of sanitary pads in hygiene kits; only one example was identified related to MHM-friendly WASH facilities (I3).
- k. No information was shared on issues around MHM in the workplace or in institutions other than schools or health facilities (I1, I2, I3, I4).

12.

Recommendations on the way forward across the EAP region

Based on the findings of this synthesis, the recommendations on the way forward on MHM in the EAP region for all stakeholders are included below. Included (in brackets) are the components from the 'MHM good practice framework' that they support.

12.1 Recommendations at EAP regional level

- 1. Guidance for improved regional approaches and country-level actions should be prepared, including practical guidance, ideally supported or co-published by SEAMEO or another regional educational body, on how to ensure that schools and the curricula adequately support girls with their MHM (E1, E5).**

Practical guidance on curricula should include specific information on: a) what sub-topics should be included; b) how to analyse the curricula; c) practical guidance and exercises that can be used by teachers to teach this topic; and d) specific guidance on requirements to make the school MHM-friendly including related to school rules or etiquette and how to overcome stigma and discrimination. A number of useful resources already exist from the global level, but a more practical regional-focused guide with lesson plans and participatory exercises to select from and adapt would be useful. Existing useful publications include those such as the UNESCO publication (2014) on puberty education and MHM; the Menstrual Hygiene Matters training resource (2015); specific practical guidance for teachers such as developed by the USAID supported SPLASH Programme; as well as practical teaching aids developed within the region such as the UNICEF resource 'Creating Connections'; and teachers' guides such as in Myanmar.

- 2. If regional analysis is undertaken of curricula-related subjects such as sexuality education, life skills education, health education or gender policies, or if regional analysis is undertaken of the school environment, school facilities or school WASH, ensure that analysis relevant to MHM is included in the ToR (E1, E2, E3, E4, E5).**

The assumption should not be made that just because SRH or adolescence are included in the curriculum that MHM is adequately covered. Particular attention should be made on the emotional-related and hygiene-related aspects of MHM, as well as counteracting dangerous or unsupportive myths and in normalizing the discussion of menstruation for boys as well as girls. For WASH facilities, analysis should include issues such as: gender segregation of latrines, solid waste disposal, availability of water supply, O&M status of facilities, availability

of emergency sanitary protection materials and school uniforms, and teachers identified and trained in supporting girls on MHM as well as other issues.

- 3. Consider mechanisms and opportunities to engage professionals across United Nations agencies, CSOs, development partners working across sectors (education, WASH, adolescence, SRH, school health and nutrition, gender, and humanitarian emergencies) and regional educational bodies in joint discussions on taking MHM forward across the region (E2).**

Currently, it is not clear that each sector is fully aware of what other sectors are doing; for example, the WASH sector may not be aware of the efforts to include some elements relevant to MHM in the curricula; and those working on the curricula or on SRH agendas may not be aware of the learning on best practice that is coming out of efforts supported by the WASH sector. This is leading to missed opportunities.

- 4. UNICEF strategies across all sectors (particularly education, WASH, adolescence, SRH, gender, emergencies and C4D) should acknowledge the importance of MHM and include strategies to respond to support a MHM-friendly environment (E1, E2).**

12.2 Recommendations for countries

12.2.1 Recommendations – National policy level

- 1. National education, SRH, school health and nutrition, WASH and gender policies and associated strategies and guidelines should acknowledge the importance of supporting adolescent girls and women in their MHM and ensuring that schools, other institutions and workplaces are MHM-friendly and supporting girls and women at community level, including for people with disabilities and mobility limitations (E1, E2).**

Whilst policies may already include some elements that are supportive of MHM, unless MHM is specifically highlighted, it is likely that people will not realize the importance of or their responsibility to respond to this issue. This in turn is likely to lead to other elements not being supported or critical strategies like having gender-segregated toilets with accessible water supply not being prioritized. There is a need to focus both on institutions, but also opportunities outside of the school setting to enable wide-spread improvements in understanding and practice. Particular consideration should be made as to how to reach marginalized or minority groups, including people with disabilities and those living in rural as well as urban areas.

- 2. Education policies should include that education on the topics relevant to MHM should start at primary age before girls start their menses, should be given to both girls and boys and should be continued in ways that are age appropriate, culturally sensitive and interactive throughout primary and secondary school (E5).**

Ideally, the curricula should provide graduated modules on adolescence, puberty and menstruation including menstrual hygiene, by age. If the teaching of any of these subjects, including the elements relating to sexuality are challenging within the particular country or area, consider how the practical aspects of menstruation can still be incorporated into the curriculum in other ways. Particular attention is needed on how to overcome stigma and discrimination and improve self-esteem and support improved gender equality in the school environment.

- 3. Practical ways to ensure that schools have a MHM-friendly environment should be included as a compulsory part of all teachers' pre-service and in-service training for both male and female teachers, with attention on quality of the training and on the provision of teaching and learning materials (E5).**

In many cases, girls feel more comfortable being taught by female teachers or health professionals about MHM, but this is not universal and may vary by context. It is important that male teachers also learn about MHM so that they can ensure a MHM-supportive and gender-equitable classroom and school environment. Consider issuing guidance throughout the country that ideally all girls' school uniform skirts should be of a dark colour, so that if they are stained by blood, it will not be so easy to see. This could be supported by a phased change or flexible uniform policy.

- 4. A national girls' puberty/MHM book should be developed and approved by the Ministry of Education for use in and out of schools as well as other teaching and learning aids. Different media should be considered and regional variations may also be needed depending on the context (E5).**

Such books enable the core information to be shared with girls, boys, their families and peers, overcoming some of the sensitivities around this subject and ensuring the quality of information shared, particularly in overcoming dangerous or problematic local beliefs/practices. The development of a boys' puberty reader booklet is also positive, with information also included on menstruation and the need to support girls and for girls and boys to respect each other. The girls' puberty/MHM book should be translated into local languages as appropriate and also accessible options developed for the use of girls and women with disabilities. Where access to different forms of media is high, consider different options for sharing information including through web pages, mobile phones and youth-focused social media.

- 5. With urgency, resources should be allocated in national budgets for adequate numbers of facilities and the ongoing O&M of school water and sanitation facilities and to provide sanitary pads and spare school uniforms for menstrual emergencies (E1).**

O&M of WASH facilities is a major issue in schools across the region. A lack of access to adequate numbers of operational private gender-segregated WASH facilities affects girls' learning experiences and may result in their absence from school for periods of time. Facilities are also required for female teachers. Budgets for O&M must be prioritized and sustained with urgency.

- 6. The government with support of partners should facilitate opportunities for cross-sectoral communication and coordination on the area of MHM, for increased advocacy, including the use of ambassadors, and to enable the most to be made of resources and ongoing learning at different levels. Consider mechanisms and opportunities to engage professionals across government ministries, United Nations agencies, CSOs and development partners working across sectors (education, WASH, adolescence, SRH, school health and nutrition, gender and humanitarian emergencies) to discuss learning and plan for action on MHM (E2).**

Many different stakeholders can contribute to learning on supporting girls and women, whether from government at different levels, from the United Nations agencies, CSO partners, research institutions or the private sector, as well as schools themselves. Where the government does not have the resources to reach all, the private sector may be able

to assist with puberty education by trained professionals. Use of national champions or ambassadors can support an improved enabling environment and increased allocation of resources.

- 7. Facilitate opportunities for the private sector and/or community-based enterprises or groups to support the improved availability of low-cost sanitary protection material options, including in remote areas (E6).**

More information is needed on the availability of sanitary protection options across the region, particularly in the poorer or more remote areas. In particular the availability of reusable options requires more attention with training for local solutions and supply chain. Also ensure that taxes are not placed on MHM products which are essential and not luxury items.

12.2.2 Recommendations – Research, monitoring, evaluation and advocacy

- 1. Undertake formative research on MHM coordinated at national level with the involvement of the government as an entry point for MHM and to establish the context and priorities and recommendations of girls and women in country, including those from minority or marginalized groups or those in special circumstances such as women and girls with disabilities (E3).**

Where possible involve national research institutions. International good practice guidance is available published by Emory University and is recommended as a useful resource for formative research on MHM.

- 2. Practitioner organizations active across the country should include questions relevant to MHM and the effectiveness of their responses in their programme baseline assessments; and ensure that reviews and evaluations are undertaken on the success or otherwise of MHM related activities, making particular effort to gather feedback from girls and women whom the project is supporting, and to feedback their learning to national coordination mechanisms or learning events (E4).**

Whilst many MHM related challenges and practices will be similar in different areas of the same country, some practices and beliefs may vary. Learning from practitioners offers opportunities to expand the geographical area of learning on MHM across more cultures and community contexts. Establishing qualitative and where possible and appropriate quantitative data as part of baselines will assist effective planning as well as monitoring and evaluation. Learning on what works and does not work in relation to menstrual hygiene is in its early stages. Learning is likely to be iterative. The most effective results are likely to occur when lessons from both successes and failures feed into future programmes.

- 3. Incorporate MHM-related indicators in school assessments and monitoring, the national EMIS, as well as in national and sub-national assessments, surveys and studies and review at national coordination mechanisms or learning events (E4).**

This might include indicators such as the number of gender-segregated latrines; bins with lids in cubicles; an operational solid waste disposal system for sanitary wastes; the O&M conditions of the facilities; availability of water in or near the latrine; availability of emergency sanitary pads and school uniforms; a dedicated teacher or alternative staff member or senior girl mentor that girls know they can go to if they have problems; or the availability of teaching and learning materials.

12.2.3 Recommendations – Implementation level

1. **Learn from organizations that have undertaken formative research on MHM or have started implementing MHM in their programmes in country and from their successes and challenges and learn from girls and women in your programme area as to specific challenges they face and their recommendations in the design stages of new programmes (I1, I2, I3, I4).**

A step-by-step approach of improvement may be most achievable. Quite a few of the actions which improve the environment for MHM are low or minimal cost and easy to integrate into existing institutional actions and programmes. Girls and women are likely to know the challenges that they face the best and have good ideas for what might be the most effective solutions.

2. **Where a girls' puberty/MHM book has been developed nationally and approved by the Ministry of Education, use this as a core part of your interventions. If additional information is needed, such as in response to specific local practices, this can be incorporated as additional information. Consider use of newer information channels such as social media, mobile phones and the Internet where coverage is widespread (I2).**

If the book has been well researched and designed it will provide your programming with easy to access useful information based on the needs of girls in country. Adolescents are particularly active users of social media where they have access to mobile phones and computers.

3. **Ensure both male and female teachers, girls and boys, both in-school and out-of-school, as well as mothers and fathers, including those from minority or marginalized groups, have the opportunity to learn about the practical actions that support MHM (I2).**

For teachers it is especially important to build their confidence to teach this subject, including in relation to any particular local sensitivities and to know how to support girls during their menses. Male teachers may not have had the chance to learn about how to speak about this issue in the past. Parents may also not know the correct information to be able to support their daughters appropriately. Teasing by boys and girls can be significantly reduced if they understand the importance of menstruation and of supporting their sisters and peers.

4. **When working with schools, ensure that the school leadership including the Principal, the School Board, and the PTA are involved in learning about the importance of making the school MHM-friendly and how to practically do this (I1).**

If the school leadership are not aware of the importance of this issue, it is unlikely that they will prioritize the support that is needed, for example, for the maintenance of latrines or availability of soap, water or emergency pads, spare uniforms, or pain medication, or the identification of a female staff member who can provide counselling and advice.

4. **Ensure that WASH facilities are designed to be accessible and MHM-friendly including gender segregated, clean, private and in safe locations with locks, water, lighting, hooks and waste disposal mechanisms. Where possible include girls and children with disabilities in the process of design as well as boys for the design of their facilities (I3).**

Design features should include gender-segregated latrines with easy access to water, covered waste bins, internal lock and hooks. A safe and sustainable waste management system will be needed for sanitary wastes. Where possible adequate light and a full-length

mirror should be provided that enables girls to check for stains. Somewhere for girls to rest or change and bathe to manage their menses may be appreciated, but in some contexts girls may be shy to use such a location, so combining such facilities with another function such as a latrine unit, may encourage more use. Girls should be consulted. Facilities should not be locked and effective O&M including cleaning is essential. Additional considerations are needed for privacy when showering and when washing and drying soiled clothes and sanitary cloths in boarding schools.

- 5. Support capacity building of government, CSO and other actors and awareness raising to staff of health clinics on MHM and where possible ensure that they have access to teaching and learning materials that they can use in their own health education sessions (I1, I2).**

Government and CSO actors may need capacity building to build their confidence and capacity to support others on MHM. Consider the linkages with SRH specialists who should have the most appropriate skills to teach sensitive subjects, but who may benefit from collaboration on the hygiene aspects of menstruation or the learning that other sectors have undertaken on the MHM context. Ideally, it would be positive to support awareness raising on MHM as part of puberty education or SRH awareness raising. However, it may not always be possible, but questions on SRH may still be raised. Hence staff working on MHM need capacity building to know how to effectively respond. Health staff may also have limited knowledge or misconceptions about MHM because of a lack of training or because of local traditions or myths. They may also not realize the importance of raising awareness on this issue.

- 6. Support awareness raising on options for ensuring that girls and women can access adequate sanitary protection materials whether disposable or reusable; as well as considering current supply and income-generating opportunities where appropriate (I2, I4).**

Even simple modifications to cloth with a small amount of sewing can result in pads that remain in place (through ties, buttons or other fixing mechanisms), reducing concerns about leakage or embarrassment from falling pads. Consider opportunities to partner with the private sector including training local community-based enterprises, such as tailors, or other local groups.

- 5. Incorporate the benefits of household toilets and bathing facilities for menstruating women and girls and for their safety into sanitation advocacy campaigns (I2).**

Having sanitary and bathing facilities at household level that offer adequate privacy for managing menses as well as defecation can greatly benefit women and girls and their families. This might be through saving time of going out from the household for defecation or MHM. It can also contribute to the safety of women and girls through decreasing risks of harassment or other forms of violence when practicing open defecation or managing menstruation outside of the house.

- 6. Ensure that women and girls are effectively supported in their MHM in emergency contexts with information, MHM-friendly WASH facilities, adequate numbers of culturally appropriate sanitary protection materials and associated items (I1, I2, I3, I4).**

It is very important to speak with women and girls in emergency situations to establish their needs and priorities with respect to what will help them manage their MHM most effectively. Ensure that emergency preparedness includes investigation into the support that women and girls might need during an emergency response.

Annexes

Annex I: Terms of Reference

Terms of Reference for Consultancy to Synthesise the Situation on MHM with links to WASH in Schools in the East Asia and Pacific Region

Background

As the body of research on the importance of MHM for girls expands, there is a growing interest in exploring and addressing it, especially through WASH in Schools (WinS) Programmes. However, MHM is still a nascent programming area, with relatively few countries addressing it in a comprehensive way.

There is increasing recognition that MHM is an education issue where the lack of facilities and support for schoolgirls and female teachers is a barrier to their full participation in school. Lack of accessibility and availability of affordable female hygiene products is a hidden need of adolescent girls. Girls may miss hours or days from school or in some cases may even contribute to them dropping out of school due to the difficulty of managing their menses. This may be due to lack of sanitary protection materials or due to the non-availability of facilities to change sanitary pads or cloths and the ability to safely dispose them in privacy and with dignity.

Around the globe, UNICEF has increasingly incorporated menstruation and MHM into its WASH and WinS programmes in order to help girls and women overcome the stigma and marginalization associated with hygiene issues. Integrating MHM into WinS has the potential to empower students and teachers, and especially encourages girls and female teachers. Increasing attention has also been made to provide support to MHM in emergency responses, particularly around the provision of non-food items (NFIs).

UNICEF through its global programmes and in the East Asia and Pacific Region has now amassed significant range of experience of developing effective WinS Programmes, based on an understanding of how girls accommodate their menses in school as well as the perceptions of women and girls, men and boys about a sensitive topic. Other sector actors, including from government, non-governmental agencies and schools themselves have also increased their experience and knowledge of how to respond to this issue in the region.

Several countries in this region have initiated either formative research to help increased understanding of current MHM practices and barriers girls face in schools (Philippines, Indonesia and Mongolia), or to increase incorporation of gender sensitive MHM into existing national WinS

programme. Some have also undertaken advocacy actions for increased leadership of Ministries of Education in the area of MHM and to ensure that MHM gets the required attention in planning, monitoring and evaluation.

Purpose of the analysis and synthesis

1. To provide a concise overview of the current status of MHM implemented through WinS programmes in the East Asia and Pacific region.
2. To identify experiences and lessons learned for the use of governments, UNICEF supported programmes, implementing partners and other stakeholders, with the ultimate aim of strengthening commitment and action across the region and beyond.

Scope of works

The scope of works (modified) includes to prepare:

1. Regional Synthesis Report
2. Summary Report/Exec Summary
3. PowerPoint presentation
4. Journal Paper
5. Regional Guidance Note
6. A dissemination strategy with advice on how to disseminate the reports in the region and globally
7. A two page Policy Note
8. A Strategy Note for UNICEF EAPRO purposes
9. A listing of the most useful resources

The scope of works as identified in the ToR includes consideration of the following:

Table 8: Scope of works identified in the original ToR

No	Categories	Sub-categories
1	General MHM evidence, practices and norms	a) Evidence re reproductive tract infections among adolescent girls b) Attitudes towards female puberty and menstruation c) Traditional practices relating to MHM among geographically isolated populations and ethnic minorities
2	MHM activities implemented linked to WASH in schools (WinS)	a) School curriculum - biology, life-skills, sex education and HIV prevention b) Teacher training curriculum
3	Availability of sanitary products	a) Access to female hygiene products and sanitary pads, their cost, quality and availability
4	Coherence of UNICEF's work on MHM in WinS	a) Strengths and good practice case studies b) Recommendations of changes needed in policy and practice

Whilst MHM in other contexts, such as at community level, in emergency contexts or in the workplace are not the main focus of this analysis and synthesis; if examples of good practice are available they will also be considered and included in the analysis.

Annex II: Contributors

Sincere thanks are given to the following people who have contributed to this synthesis by sharing information on the context, good practices and planned activities being undertaken in the EAP region. This may have been through contributing to the completion of the questionnaire, participating in key informant interviews (KIIs) or communication and sharing experiences and documents by email.

Table 9: Contributors to the synthesis

Country	Organisation	Name	Position
UNICEF EAPRO & HQ			
EAPRO	UNICEF	Chander Badloe	Regional Advisor WASH
		Devashish Dutta (Dr)	Youth and Adolescent Development Specialist, Education team
		Gerda Binder	Regional Advisor Gender
		Hyunjeong Lee	Consultant, Education
		Jim Ackers (Dr)	Regional Advisor Education
		Kulanuch Rungnophkunsri	Research Assistant, Child Survival
		Tongchanok Sonsawangphol	Consultant
		Chemba Raghavan	Education Specialist, Focal point for UNGEI
		Eunwoo Kim	Education Officer – Knowledge Management and Communication
USA, HQ		Murat Sahin	Advisor, WinS
		Sue Cavill (Dr)	WASH Specialist
		Robert Bain	Statistics and Monitoring Officer, JMP
Global or regional based contacts			
Australia, Regional Office	WaterAid	Chelsea Huggett	Equity and Inclusion Advisor
		Alison Macintyre	Health Advisor
UK, HQ		Therese Mahon	Regional Programme Manager - South Asia
France	Eau Laos Solidarité	Sally Piper Pillitteri	MHM Consultant, ToT, Project Manager
The Netherlands	Plan International	Sharon Roose	Program Advisor, WASH
Australia		Lee Leong	WASH Manager
USA		Lauren Yamagata	WASH Officer
Asia region		Hilda Winartasaputra	Regional WASH Specialist
Kenya, HQ team	International Rescue Committee	Penninah Mathenge	Technical Advisor, Hygiene and Sanitation
Asia Pacific Regional Office	International Federation of Red Cross and Red Crescent Societies (IFRC)	May Maloney	Gender and Diversity Advisor
USA	Save the Children	Jacquelyn Haver	Specialist, School Health and Nutrition

The Netherlands, HQ	SNV, Netherlands Development Organisation	Gabrielle Halcrow	Programme Coordinator (Rural), Asia
USA	Columbia University	Marni Sommer (Dr)	Associate Professor Socio-Medical Sciences
USA	Emory University	Anna Sofia Swanson Ellis	Research Manager, Department of Environmental Health
Asia and Pacific Regional Office	UNESCO	Justine Sass (Dr)	-
Asia and Pacific Regional Office	UNESCAP	Marco Roncarati	-
France, HQ	UNFPA	Scott Pulizzi (Dr)	Team Leader, School Health Promotion
Asia Pacific Regional Office	UNFPA	Priya Marwah	Humanitarian Response Coordinator
		Anika Bruck	Humanitarian Officer
		Josephine Sauvarin (Dr)	Technical Advisor on Adolescents and Youth
Australia	Live & Learn International	Hannah Snape	Project and Performance Coordinator
		Rob Hughes	WASH Program Manager
Australia, HQ	Department of Foreign Affairs and Trade (DFAT) Government of Australia	Anne Joselin	Assistant Director, Water, Sanitation and Hygiene, WASH Section, Health and Water Branch, Development Policy Division
		Francesca Lawe-Davies	innovationXchange
		Tess Connolly	Pacific Office
		Robyne Leven	WASH Officer, WASH Section, Health and Water Branch, Development Policy Division
Australia, HQ	International Women's Development Agency (IWDA)	Anne-Maree Nobelius (Dr)	Program Manager Gender WASH
UK	Department of Geography, University of Nottingham	Sarah Jewitt (Dr)	Associate Professor of Geography
UK	Water, Engineering and Development Centre, Loughborough University	Hazel Jones	Research Associate
Country based			
Cambodia			
	UNICEF	Erika Boak	Chief Education
		Lisa Kim	Education Officer
		Sam Treglown	WASH Manager
		Yuka Makino	Intern WASH
		Santepheap Heng	WASH Specialist
		Chaing Chanthea	WASH Officer
	Plan International	Hang Hybunna	WASH Specialist
	Splash	Kith Rathamony	Country Director
	Clear Cambodia	Yim Viriya	Executive Director
		Vann Chhorvyvanny	School WASH Manager
	Samaritan's Purse	Ray Cantwell (Dr)	WASH Programme Manager, Cambodia
		Carrie Ripkey	WASH Intern, Cambodia
	WaterAid	James Wicken	Country Representative
	World Vision	Nong Davith	WASH Program Manager
	UNFPA	Vandara Chong	-

China			
	UNICEF	Hao Zhiming	Programme Officer, WASH
	Peking University	Zhang Bing	Professor, School of Medicine
DPR Korea			
	UNICEF	Kabuka Banda	WASH Specialist
	UNFPA	Nam Suk	-
	Handicap International	Carla Vitantonio	Country Director, European Union Program Support, Unit 7
Indonesia			
	UNICEF	Anissa Elok Budiyani	Adolescent Development Officer
		Aidan Cronin (Dr)	Chief WASH
		Claire Quillet	WASH Specialist & WinS Focal Point
	UNFPA	Rosilawati Anggraini	National Programme Officer on Humanitarian
	Plan Indonesia	Wahyu Triwahyudi	WASH Program Advisor
		Herie Ferdian	WASH Knowledge Management and Communication Supervisor
Lao PDR			
	SNV, Netherlands Development Organisation	Aftab Opal	Sector Leader, WASH
Malaysia			
	-	-	-
Mongolia			
	UNICEF	Batnasan Nyamsuren (Dr)	WASH Officer
		Robin Ward	WASH Consultant
	WaSH Action of Mongolia	Battseren Tserendorj	Chief Executive Officer
		Ariunaa Purevchimed	Hygiene Promotion Manager
Myanmar			
	WaterAid	Penny Dutton	Country Representative
	UNFPA	Alexandra Robinson	Programme Specialist, GBV
PNG			
	UNICEF	Kencho Namgyal	WASH Specialist
	Live & Learn International	Marlene Delis	Schools WASH Officer
		Patrick Topital	Hygiene Promotion Officer
Philippines			
	UNICEF	Hideko Miyagawa	Chief Education
		Louise Maule	Chief WASH
		Jon Michael Villasenor	WASH in Schools Officer
		Emee Lei E. Albano- Valdehuesa	Adolescent and HIV Officer Health and Nutrition Section
	UNFPA	Ronnel Tupaz Villas	Humanitarian Coordinator
	Save the Children	Jonathan Valdez	WASH Advisor (also covering School Health and Nutrition)
	Plan Philippines	Edgar Viterbo	WASH Advisor

Thailand			
	UNICEF	Usasinee Rewthong	-
		Rangsun Wiboonupattum	-
		Hugh Delany	Chief Education
Timor-Leste			
	WaterAid	Alex Grumbley	Country Representative
		Gertrudis Mau	Senior Health & Hygiene Officer
	BESIK, Bee, Saneamentu no Ijene iha Komunitade	Heather Moran	Behaviour Change Communications Advisor
	UNICEF	Ramesh Bhusal	Chief WASH
Viet Nam			
	UNICEF	Lalit Patra	Team Leader WASH
		Dinh Phuong Thao	Education Specialist
Fiji			
Pacific Multi Country Office (based in Suva, Fiji)	UNICEF	Brooke Yamakoshi	WASH Specialist
		Waqairapoa Tikoisuva	WASH Specialist
		Iosefo Volau	Education Specialist
	Live & Learn International	Keasi Delana	Schools WASH Officer
Solomon Islands Field Office (Pacific)			
	Government of the Solomon Islands, Ministry of Health and Medical Services	Tom Nanau	Director of Environmental Health
	Think Out Loud International Pty Ltd.	Kiri Dicker	Director
	Live & Learn International	William Chipu	Hygiene Promotion Officer
		Sophie Suia	Schools WASH Officer
Vanuatu Field Office (Pacific)			
	UNICEF	Colleen Peacock-Taylor	Consultant (gender assessment of WASH Sector)
	Oxfam	Danielle Roubin	Gender Lead
		Jake Ward	WASH Team Lead
	Lav Kokonas Ltd (Nz)	Belinda Roselli	-
	Live & Learn International	David-Henri Coulon	Schools WASH Officer
		Iva Koroisamanunu	WASH Project Manager
UNICEF	Andrew Dow	WASH Officer	
Kiribati Field Office (Pacific)			
	Live & Learn International	Bibiana Bureimoa	-
	UNICEF	Brucetta Toatu	WASH in Schools Officer
		Beia Tiim	WASH Community Development Officer
		Cromwell Bacareza	Chief of Field Office

Annex III: Country MHM mapping questionnaire

Synthesis of Menstrual Hygiene Management (MHM) implemented through WASH in Schools (WinS) across the East Asia and Pacific Region (EAPR)

EAPR Country MHM Mapping Questionnaire

Background

As the body of research on the importance of MHM for girls expands, there is growing interest in exploring and addressing it, especially through WASH in Schools (WinS) programmes. However, MHM is still a relatively recent programming area with relatively few countries addressing it in a comprehensive way. UNICEF through its global programmes and in the East Asia and Pacific Region (EAPR) has now amassed a range of experience of developing effective WinS Programmes, which includes increasing understanding of how girls accommodate their menses in school, as well as the perceptions of women and girls, men and boys about this sensitive topic. UNICEF therefore would like to synthesise and document the current situation in the region, identifying examples of good practice and recommendations on the way forward.

Purpose of the analysis and synthesis:

To provide a concise overview of the current status of MHM implemented through WinS programmes in the East Asia and Pacific region. The synthesis will document experiences and lessons learned for the use of governments, UNICEF supported programmes, implementing partners and other stakeholders, with the ultimate aim of strengthening commitment and action across the region and beyond.

Purpose of the questionnaire:

To gather information from each country in the UNICEF East Asia and Pacific Region on the current MHM context, good practices, useful documentation and recommendations for interviewees for the research process. It is hoped that the responses will provide one means of comparing progress across the countries and to assist to identify any strategic gaps that the UNICEF EAPR office can assist the countries within the region to respond to in the future.

Linkages with global MHM mapping process:

As you will hopefully be aware, there is also a global MHM mapping process started relatively recently by UNICEF HQ through the WinS Yammer site. The process of analysis and synthesis

being undertaken in the EAPR region aims to compliment the global process and produce documents that will be of practical use for the EAP region. There is a degree of lap-over between the information requested globally and the information requested in this EAP questionnaire; but there are also some differences, including an attempt to get an overview on the scale of progress.

- If you have already submitted your global MHM survey form and would prefer to share this, rather than respond to the questions in Section C below, then this is also welcome. But for the purpose of comparison across the countries in the EAP region, we would request that part B is completed by all countries.
- If you have not already completed the global MHM survey form and would like the information you provide as part of this EAP questionnaire to be reformatted to submit to the global survey, please let me know. I can take the information you provide here and reformat it into the global survey format and send it back to you for checking / completion before submission.

Who should complete this questionnaire:

- a) It would be much appreciated if at least one questionnaire is completed from each country; and that as a minimum, inputs are provided from colleagues from the Education and WASH sectors. Inputs from colleagues from other sectors, such as those working in adolescence, sexual and reproductive health or HIV prevention would also be welcomed.
- b) The preference would be for each country to complete and submit one questionnaire with inputs from different stakeholders; but alternatively a number of separate questionnaires can also be submitted by individuals, if this makes the process simpler in country.
- c) As a minimum it would be appreciated if the UNICEF Education Section and the staff responsible for WASH in Schools could complete the questionnaire. But where possible it would also be positive if other sector actors active in MHM in the country, for example representing Government, other UN agencies or NGOs, would also be prepared to also complete questionnaires. This would add a wider perspective to the analysis and also encourage a range of key actors to take part in the analysis process and is also an opportunity to promote dialogue on MHM in country.

Time to complete the questionnaire:

It is hoped that it would be possible to complete the questionnaire in 45 minutes or a maximum of one hour.

Date for submission of the questionnaire:

Please return the questionnaire to myself on: sjhouse.majisafi@gmail.com by COB on Wednesday 7 October 2015.

Many thanks for your assistance on this exercise. If you have any questions please do not hesitate to contact me.

Sarah House, Independent Consultant
Email: sjhouse.majisafi@gmail.com - Mobile: +44-743-211 3939 - Skype: [sjhouse.majisafi](https://www.skype.com/people/sjhouse.majisafi)

Structure of the questionnaire:

The questionnaire has three sections:

Section A - Details of the person completing the form

Section B - Scoring against country progress

Section C - Descriptive questions

Section A Details of person(s) completing the form

Name		Country	
Position		Email	
Organisation		Phone number	
Sector/Section/Department		Skype address	
Name		Country	
Position		Email	
Organisation		Phone number	
Sector/Section/Department		Skype address	
Name		Country	
Position		Email	
Organisation		Phone number	
Sector/Section/Department		Skype address	

For UNICEF offices, please also indicate below who is currently acting as the main lead for MHM in your office:

Section B Scoring against country progress

How to use the form:

1. There are five points on the scale - with red being equal to '1' or 'no progress'; orange being equal to '3' or 'reasonable progress' and green being equal to '5' or 'significant progress'.
2. Intermediary scores have also been allowed (scores 2 and 4).
3. There is also an option to indicate 'Don't know' indicated as '0'.
4. Examples of how to interpret the scores for different types of questions have been provided below.
5. In response to each question please indicate an **X in the box** which most fits your country's situation.
6. Please do not worry too much about the accuracy of the scores. This is not an exact science but aims to provide a general picture of progress in the different areas of action across the region.
7. It is expected that the responses to this section will be mostly based on the judgements and perceptions of those completing the questionnaire based on experiences of the realities in country.
8. A space has been left on the right hand side for additional comments if you have time to add them. In a few instances a small request for additional clarification has also been made.

Please be as honest as possible in your responses. This is a positive exercise to find out where the countries in the region are against a series of milestones. Having a realistic picture across the region will help in establishing what support may be useful for the different countries across the region. Please note that as work on MHM is still a relatively new area for many countries, it is expected that most countries will be scoring in the lower, or as a maximum the middle parts of the scale for many of the questions. It is also expected that there will be quite a variation across the countries. In the global context even a score of 2 i.e. 'a start has been made' is positive progress over what was happening in many countries a few years ago.

Scoring system and examples of interpretation:

Traffic light indicator	Red		Orange		Green
	1	2	3	4	5
Description	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Interpretation of scoring for different types of question					
Related to enabling environment	No action has been taken	Some discussions have been held	Changes are in process to respond to this issue at national level (for example draft policies, strategies or curriculum materials have been developed)	Changes are in late stages / clear increases in commitment	Fully implemented / this is now a national requirement
Relating to school practices	No schools have started to engage in this issue	A few schools have started to engage in this issue	The practice is spreading to new schools	Many schools nationally are now engaging in this issue	Most schools nationally are already engaged in this issue
Relating to UNICEF commitment and action	No discussions have been held on this issue	Some discussions have been held on this issue but no specific action to-date	Some UNICEF supported WinS related activities/ proposals/ strategies etc have integrated MHM	Most WinS related activities / proposals / strategies now include MHM as a core component	MHM is clearly identified as a core component of WinS and all staff and partners are expected to engage in the issue

No	Component	Indicator							Comments
			0	1	2	3	4	5	
			Don't know	No progress	A start has been made	Reasonable progress	Good progress	Significant progress	
Enabling environment This section aims to establish milestones to progress in establishing an enabling environment which supports the consideration of MHM in schools.			Example of interpretation of scoring						
			Don't know	No action has been taken	Some discussions have been held	Changes are in process to respond to this issue at national level	Changes are in late stages / clear increases in commitment	Fully implemented / this is now a national requirement	
1	Leadership and commitment of government to MHM (at national or regional levels)	1.1	The Ministry of Education shows clear leadership for and is engaged in the area of MHM in schools						
		1.2	The Ministry responsible for sanitation and hygiene is engaged in MHM						
		1.3	The Ministry departments responsible for adolescence, reproductive and sexual health and HIV/AIDs prevention incorporate MHM into their work						
		1.4	National education policy, strategies and / or guidelines include MHM						Please note which ones:
		1.5	National WASH policy, strategies and / or guidelines include MHM						Please note which ones:
		1.6	National health policy, strategies and or / guidelines include MHM						Please note which ones:
		1.7	3-star approach to WASH in Schools is being implemented - but so far without MHM						
		1.8	3-star approach to WASH in Schools is being implemented - including the MHM component						
		1.9	Sector budgets include an allocation to support MHM						
2	Teaching and learning	2.1	Standard teacher training includes MHM						
		2.2	Training is available on MHM for teachers through stand-alone professional development short courses						
		2.3	School curriculum includes MHM (integrated into subjects such as biology, life-skills, health, HIV)						Please note under which subjects:

No	Component	Indicator							Comments
			0	1	2	3	4	5	
			Don't know	No progress	A start has been made	Reasonable progress	Good progress	Significant progress	
		2.4	National guidance is provided that school health clubs or other out-of-classroom activities are expected to incorporate MHM						
		2.5	Learning and teaching materials on MHM are available in country (for example girls books, videos, posters or interactive aids)						
3	Sectoral and cross-sectoral advocacy and engagement in MHM	3.1	Coordination mechanisms for WinS advocates for, and communicates across sectors on MHM						
		3.2	Some form of working group on MHM exists in country						Please note the name of the group:
		3.3	A number of organisations (other than government and UNICEF) are advocating for and supporting MHM in country						Please also see Section C, question 6.
		3.4	Specific MHM related advocacy events have been held (such as participating in Menstrual Hygiene Day)						
		3.5	Opportunities exist for professionals in country to learn about and gain confidence in supporting MHM						
4	Availability of sanitary protection materials	4.1	Affordable sanitary protection products are available in the local market (re-usable and disposable options)						
		4.2	Knowledge commonly exists on how to make home-made re-usable sanitary pads						
5	Research, monitoring and evaluation	5.1	Formative research or other studies have been undertaken to establish MHM taboos, norms and practices and the priorities of girls and women						Please also see Section C, question 9.
		5.2	A monitoring mechanism exists for tracking progress of good MHM practice at the different levels						Please also see Section C, question 2.

No	Component	Indicator							Comments
			0	1	2	3	4	5	
			Don't know	No progress	A start has been made	Reasonable progress	Good progress	Significant progress	
		5.3	Evaluations of WinS programmes consider MHM						
School practices This section aims to establish the current scale of action on MHM in schools.			Example of interpretation of scoring						
			Don't know	No action has been taken	Some discussions have been held	Changes are in process to respond to this issue at national level	Changes are in late stages / clear increases in commitment	Fully implemented / this is now a national requirement	
6	School leadership, teachers and parents are knowledgeable on MHM	6.1	Teachers have been trained on MHM and how to support female students in MHM						
		6.2	MHM is discussed at the Parents and Teachers Association meetings						
		6.3	Parents have the opportunity to learn about MHM and how to support their children						
7	Girls and boys have opportunities for learning and dialogue on MHM	7.1	MHM learning and teaching materials are available in the school						
		7.2	MHM is taught in the school curriculum to girls and boys						
		7.3	School health clubs or other out-of-classroom activities for girls and boys incorporate MHM						
8	Girls and boys have opportunities for learning and dialogue on MHM	8.1	Girls and female teachers, staff and visitors have a private place to change and bathe in appropriate, accessible and well-maintained WASH facilities						
		8.2	Girls and female teachers, staff and visitors have access to safe, hygienic and discrete locations to wash, dry and / or dispose of sanitary protection materials						
		8.3	A sustainable and safe waste disposal chain exists for the collection and end disposal of sanitary protection materials						

No	Component	Indicator								Comments
				0	1	2	3	4	5	
				Don't know	No progress	A start has been made	Reasonable progress	Good progress	Significant progress	
9	Access to sanitary protection materials	9.1	Poorer girls and women commonly have access to easily available, culturally appropriate and affordable sanitary protection materials and associated items (such as soap and a container for soaking reusable pads or cloth)							
		9.2	Schools keep a supply of sanitary protection materials for emergencies when girls periods start when they do not expect and girls know where they can access them							
UNICEF commitment and action on MHM This section aims to establish the current coherence of commitment and action of MHM across country offices. This section is mainly for completion by the UNICEF country offices; but we would also be interested to hear the perspectives on these questions from other partners where they feel able to complete them.				Example of interpretation of scoring						
				Don't know	No action has been taken	Some discussions have been held	Changes are in process to respond to this issue at national level	Changes are in late stages / clear increases in commitment	Fully implemented / this is now a national requirement	
10	UNICEF country commitment to MHM	10.1	The UNICEF Country Office recognizes MHM as an important issue in its country context and programmes							
		10.2	UNICEF CPD and/or UNDAF specifically mentions MHM in WinS							
		10.3	MHM is reflected in the Country Office results							
		10.4	UNICEF section strategies mention MHM (Education, WASH, Health, Protection)							Please note which ones:
		10.5	UNICEF communicates across sections on the issue of MHM							
11	UNICEF funded programmes include MHM	11.1	UNICEF has prepared WinS funding proposals which include MHM, or specifically on MHM							Please also see Section C, question 9.
		11.2	UNICEF requires partners working on WinS to integrate MHM into their programmes							
		11.3	MHM studies/research have been undertaken with UNICEF funding or inputs							Please also see Section C, question 9.

No	Component	Indicator							Comments
			0	1	2	3	4	5	
			Don't know	No progress	A start has been made	Reasonable progress	Good progress	Significant progress	
12	UNICEF support to enabling environment	12.1 UNICEF has provided support (resources, advice, encouragement) to Government to strengthen the enabling environment related to MHM							
		12.2 UNICEF has supported the use of the WinS bottleneck analysis tool in country							
		12.3 UNICEF advocates for the inclusion of MHM in WinS coordination mechanisms in country							

Section C: Descriptive questions

1	Please describe any examples of progress or good practice related to MHM that has occurred in your country or programmes
2	If monitoring has been undertaken on progress related to MHM please describe where this monitoring has taken place (for example in EMIS, project specific, for annual sector reviews etc) and if possible identify what indicators have been used.
3	Whilst this research is mainly focusing on MHM linked to WASH in Schools, we are also interested to learn about what has been happening in other contexts (such as in humanitarian contexts, at community level, or related to the workplace). If you are aware of any positive efforts that have been undertaken related to these contexts in your country, please provide a brief description here.
4.	Please describe the main challenges faced of integrating MHM into WinS in your country or programmes
5.	What do you think will be needed to be able to improve the scale / quality of progress on MHM in your country?
6.	Please identify the key institutions and organisations working on MHM in your country (government at different levels, non-governmental, research institutions, private sector, donors who support MHM).
7.	<p>Please provide contact details for people you feel it might be useful to interview in relation to MHM progress or activities in your country (please provide: name; position; organisation; email; phone number; a note if a translator would be needed if the interview is in English; and a small note on why you have recommended that they would be useful to speak to).</p> <p>It would be positive to be able to speak to a few Government staff who have been engaging in this issue within the region. The stakeholders you recommend do not however have to be limited to WASH or Education sector. They could also be other partners such as sanitary pad producers, researchers, leading MHM advocates, particularly engaged teachers, etc.</p>
8.	What specific opportunities do you think could be used for disseminating the findings of this analysis a) in-country; b) regionally or globally?
9.	Accompanying this questionnaire is a listing of documentation sought from each country - if possible please could you look down this list and send as many of these documents by email as possible, or indicate where they can be accessed. We are interested in documentation in English and also in the local languages. This is particularly if research or case studies have been undertaken and documented in the local language but not translated into English. Please note below any particularly useful documentation which can be drawn on for interesting case studies .
10.	Any other comments?

Annex IV: Global lessons on integrating MHM into the curriculum

Table 10 provides an overview of the common subjects under which topics relevant to MHM may be incorporated into the curriculum.

Table 10: Options for inclusion of MHM in the curriculum

Subject	Scope and modality of subject in curriculum	Challenges for widespread adoption
Adolescence / puberty education	<p>The following are some of the core subjects which would be good practice to teach under the subject of adolescence or puberty education:²³¹</p> <ul style="list-style-type: none"> • Changes experienced during puberty. • Hormonal, psychological and emotional changes and how to manage them. • The development of knowledge, attitudes, values and skills needed to live a healthy life; aimed at raising self-esteem and confidence. • Male physical changes, ejaculations, wet dreams, male hygiene. • Female physical changes, menstruation, emotional changes, management of menstrual hygiene and menstrual conditions. • Gender roles, privacy, adult perceptions, changing relationships. 	<p>Teaching may be limited to reproductive functions only. Even if in the curriculum it may not be taught in more conservative societies where there are cultural, religious or political sensitivities, or where the teachers do not feel uncomfortable teaching the subject.</p>
Comprehensive Sexuality education (CSE) Sexual and reproductive health (SRH) education HIV/AIDS education	<p>It is suggested that CSE can be split into three main sub-categories,²³² i.e. subjects relating to:</p> <ol style="list-style-type: none"> a. Anatomy, biology and physiology b. Reproduction and the family c. Inter-personal sexual relations <p>In general:</p> <ul style="list-style-type: none"> • 'Sexual and Reproductive Health (SRH)' education refers to a) and b) above²³³ • HIV/AIDS Education is most commonly framed within SRH • 'Sex education' refers to education that focuses on c) interpersonal sexual relations and sexual practice <p>Some of the subjects which may be covered by CSE:²³⁴</p> <ul style="list-style-type: none"> • Processes of reproduction • Sexual health, STIs and pregnancy prevention • Decision-making about sex and relationships and social and emotional issues • Abortion and where to access condoms and sexual health services • Sexual rights, sexual diversity, GBV, intimate partner violence and school safety • Adolescence/puberty education (as above) 	
Skills-based health education	<p>Helps students to acquire knowledge and develop the attitudes and skills required to adopt healthy behaviours. These can include cognitive skills such as problem-solving, creative and critical thinking, and decision-making; personal skills such as self-awareness, anger management and emotional coping; and interpersonal skills such as communication, cooperation and negotiation. For example, skills-based health education can clarify students' perceptions of risk and vulnerability, which can help them avoid becoming infected with HIV or increase their understanding of the importance of washing hands after going to the latrine or before eating.</p> <p>Centred on the behaviour change approach to the promotion of good health, nutrition and hygiene. This should integrate puberty education and MHM.</p>	<p>Health education may be taught using a didactic approach limited to the provision of information.</p>

Subject	Scope and modality of subject in curriculum	Challenges for widespread adoption
Life-skills	<p>Different definitions of life-skills exist. WHO has defined life-skills education as dealing with human <i>'abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life'</i>. It aims to promote the <i>'healthy psychosocial development of the child'</i>. It has also been positioned as a model for imparting a balance of values, information, attitudes and skills. Within the Asia and Pacific region, life-skills programs within schools have typically been developed through partnerships between governments, UN agencies and other international organisations.²³⁵</p> <p>Good practices in life-skills training are suggested as:²³⁶</p> <ul style="list-style-type: none"> • Knowing the situation before designing interventions and ongoing monitoring and following up • Undertaking community based interventions • Engaging youth through peer-to-peer approaches • Linking interventions to other initiatives and the larger social environment • Developing sustainability of interventions • Engaging parents, local authorities and community leaders 	<p>May only be taught as an optional or extra curricula activity.</p> <p>Subjects may be selected locally with limited subject guidance for teachers.</p> <p>Students may be told what to learn rather than allowing them to learn to think for themselves.</p>
Other subjects into which elements of MHM may be integrated	<p>Home economics - this subject is often taught by female teachers who are often preferred by girls to teach on subjects such as MHM</p> <p>Religious studies - likely to focus on morals and practices reinforced by religious teachings</p> <p>Health and sport - incorporated into the health component</p>	Mostly limited to the physical processes of menstruation.

Comprehensive sexuality education

Regardless of its form or emphasis, sexuality and HIV and AIDS-related health promotion in schools has been controversial with some fearing that it might encourage sexual activity among young people who are not sexually active, and increase levels of risk-taking among those who are sexually experienced. Several national and international reviews have examined the relationship between different kinds of education and behavioural outcomes. While these reviews differ from one another in terms of the criteria for study inclusion and focus (on sex education alone, or on sex education and HIV/AIDS), they conclude that most HIV and/or sex education does not increase levels of promiscuity among young people or lead to increased risk of pregnancy and STDs. Moreover, there is evidence that well designed programs of HIV and/or sex education can delay the onset of sexual activity, reduce the number of sexual partners and reduce unplanned pregnancy and HIV/STD rates.²³⁷ However the issue still remains challenging and teachers may be concerned to teach such a subject because of the reactions of parents or because they do not have the confidence to do so. See the box below for an overview of the topics of relevance to MHM in the UNESCO International Technical Guidance on Sexuality Education, 2009.

Life-skills education

In the past ten or more years there has been an increased more to integrate life-skills into integrated into national secondary school curricula. Life-skills education has tended to be delivered in three ways: i) as a stand-alone subject; ii) inserted into a main carrier subject; or iii) infused into several subjects across the curriculum. *'Generally, there exist two modalities in providing life-skills education: the first involves the application of life-skills to a particular thematic issue or discipline, e.g., health education or HIV prevention; while the second integrates life-skills as a broad approach to education'*.²³⁸

The main advantages of the life-skills model over the didactic approach is seen to be that they emphasise interactive learning through role playing, games, debates, small group work and brainstorming. They also open up a dialogue between students and teachers, and between students and their peers. This creates a space for sensitive issues to be raised that might otherwise not be. However, sometimes skills-based learning is sometimes not actually practiced, with students being told what to learn rather than to learn to think for themselves.²³⁹

UNESCO International Technical Guidance on Sexuality Education 2009

UNESCO has published international technical guidance on the sensitive issue of sexuality education (2009).²⁴⁰ It has major focus on the areas of the prevention of HIV, unintended pregnancies and STIs but topics relevant to MHM are included in Volume II on topics and learning objectives. These include:

Key concept 4: Human Development

4.1 - Sexual and Reproductive Anatomy and Physiology

Learning objective for level 1 (5-8 years) - Distinguish between male and female bodies

- Key ideas: Men and women have different bodies which change over time

Learning objective level II (9-12 years) - Describe the structure and function of the sexual and reproductive organs

- Key ideas: Sexual and reproductive anatomy and physiology describe concepts such as the menstrual cycle, sperm production, erection and ejaculation

Learning Objectives for Level III (12-15 years) - Distinguish between biological and social aspects of sex and gender

- Key Ideas: Cultural, traditional and religious practices are an important influence on one's thinking about sex, gender, puberty and reproduction

Learning Objectives for Level IV (15-18 years) - Describe the sexual and reproductive capacity of males and females over the life cycle

- Key Idea: Men and women's bodies change over time, including their reproductive and sexual capacities and functions

4.3 - Puberty

Learning Objectives for Level I (5-8 years) - Describe how bodies change as people grow; Describe the key features of puberty

- Key Idea: Puberty is a time of physical and emotional change that happens as children grow and mature

Learning Objectives for Level II (9-12 years) - Describe the process of puberty and the maturation of the sexual and reproductive system

Key Ideas:

- Puberty signals changes in a person's reproductive capability
- Young people experience a range of social, emotional and physical changes during puberty
- As the body matures, it is important to maintain good hygiene (e.g. washing genitals, menstrual hygiene, etc.)
- During puberty, young women need access to and knowledge about the proper use of sanitary pads and other menstrual aids

4.4 - Body Image

Learning Objectives for Level I (5-8 years) - Recognise that bodies are all different

Key Ideas:

- All bodies (including those with disabilities) are special and unique
- Everyone can be proud of their body

4.5 - Privacy and Bodily Integrity

Learning Objectives for Level II (9-12 years) - Define unwanted sexual attention; Demonstrate ways of resisting unwanted sexual attention

Key Ideas:

- During puberty, privacy about one's body becomes more important
- Private space, including access to toilets and water, becomes more important as girls mature
- Unwanted sexual attention and harassment of girls during menstruation and, indeed, at all other times is a violation of their privacy and bodily integrity
- Unwanted sexual attention and harassment of boys is a violation of their privacy and bodily integrity
- For girls, communicating to their peers, parents and teachers about menstruation is nothing to be ashamed of

Puberty education/menstrual hygiene management

In recognition of the limited systematic guidance on the subject of puberty education for the education sector, UNESCO's Section on HIV and Health Education published a '*Good Policy and Practice in Health Education Booklet on Puberty Education and Menstrual Hygiene Management*'.²⁴¹ UNESCO supports the approach that sexuality education is part of skills-based health education that young people require and that it should not be taught in isolation. It should be delivered '*through an age and developmentally appropriate skills based education framework that starts as early as age five and continues into young adulthood*'.

Teaching topics relevant to MHM across different subject areas

One of the challenges where the different topics relevant to SRH or MHM are taught across a number of different subject areas without a concerted effort to link the information together, may leave girls and boys with fragmented information. One perspective noted in relation to HIV/AIDS education, is that '*the current often somewhat unhelpful positioning of HIV/AIDS-related education as part science, part morality but rarely a personal choice helps most countries deal ideologically with the potential clash between cultural traditions and values, on the one hand, and HIV/AIDS and sexual health education, on the other. The issues faced by many governments – particularly those that seek to promote strong and often conservative religious and moral commitments be these Hindu, Muslim or Christian – are many and varied*'²⁴². Whilst may be the practical realities of managing menstruation that pose the most challenges, the fact that the process of menstruation is part of the reproductive cycle, links it in to the same sensitivities and taboos facing SRH more generally.

Extra curricula activities

In some contexts, issues related to sexuality are taught in after-school clubs or not covered at all in the curricula. After-school clubs may be used as entry points by external actor's such as non-governmental actors who support life-skills related subjects. Whilst after-school clubs offer an entry point to ensure that this subject is covered, the risk is that: a) teachers may spend less time on it because the subject is not likely to be tested²⁴³; and b) often only a small number of the pupils will be involved in the after school clubs, leaving wider dissemination only to peer-to-peer sharing.

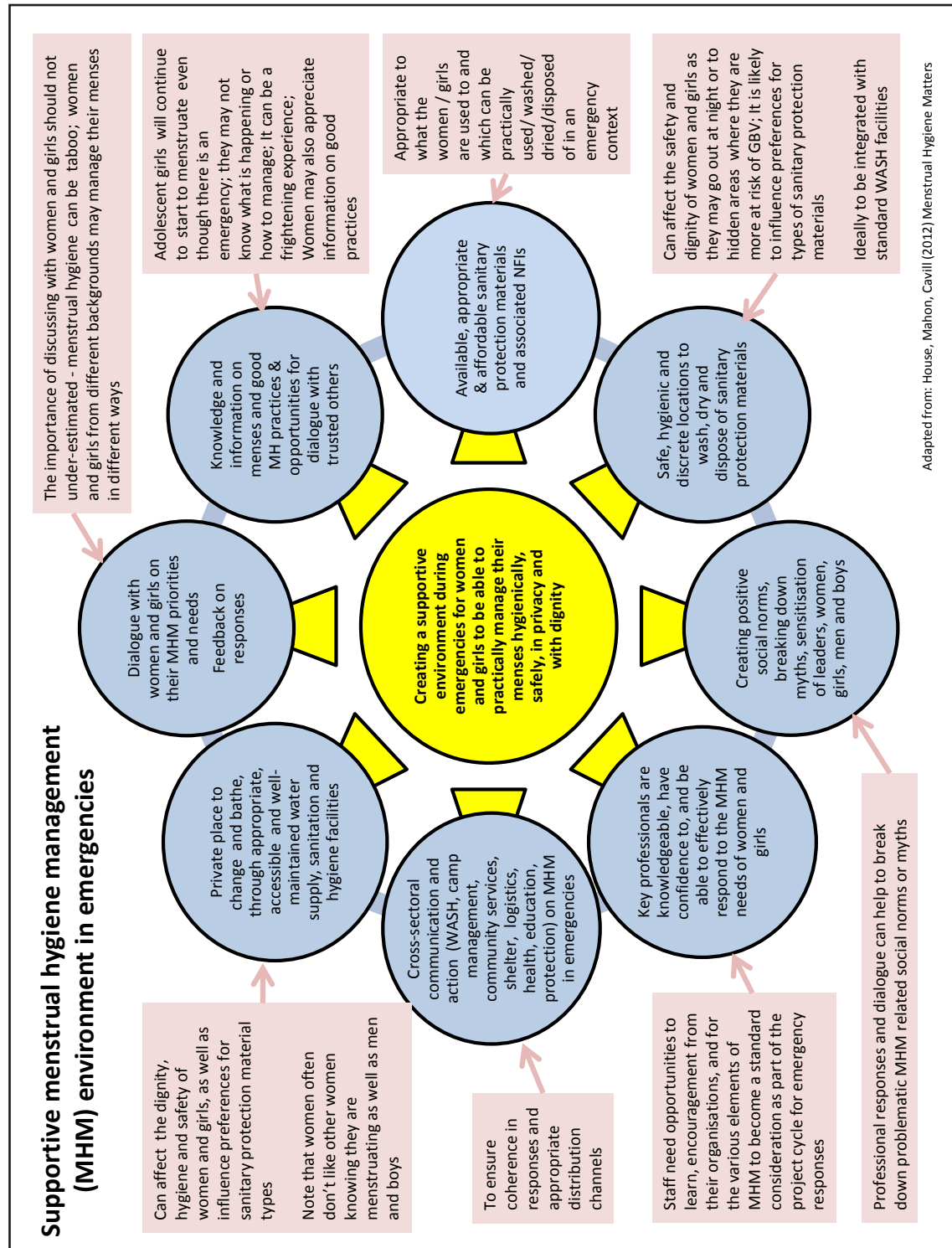
Girls' puberty/MHM books

In a number of countries, girls' puberty/ MHM books have been developed based on the local context and particular beliefs and norms. The advantage of these books is that the information to be shared is consistent, reducing the risk that teachers will skip over information or teach it in a way that reinforces negative practices. In addition if the girls are allowed to take the books home, they can be read by their parents, siblings, peers, friends and neighbours, hence spreading the good practice wider than the classroom.

Annex V: Good practice in responding to MHM in emergencies

Figure 18 provides an overview of good practice in responding to MHM needs in emergencies.²⁴⁴

Figure 18: Good practice in responding to MHM in emergencies



Annex VI: School years/grades and ages across the EAP region

Table 11: School years/grades and ages

Educational stage	Cambodia	China	DPRK	Indonesia		Lao PDR	Malaysia	Mongolia	Myanmar
Nursery Kindergarten Pre-school	Pre-school / kindergarten Grade: - Age: 3-6	Optional kindergarten in some cities Grade: - Age: 3-6	Kindergarten Grade: lower & upper Age: 4-6	Kindergarten Grade: - Age: 3-5		Creche Grade: - Age: 1-3 Kindergarten Grade: - Age: 4-6	Unregulated preschool education Grade: - Age: -	Preschool Grade: - Age: 3+	preschool Grade: - Age: 3-5 Kindergarten Grade: - Age: 5-6
Primary Elementary	Primary Grade: 1-6 Age: 6-12	Primary Grade: 1-6 Age: 6-12	People's school Grade: 1-4 Age: 6-10	Elementary Grade: 1-6 Age: 6-12		Primary Grade: 1-5 Age: 7-11	Primary Grade: 1-6 Age: 7-12	Primary Grade: 1-4 Age: 8-11	Elementary education Grade: 1-5 Age: 6-10
Junior middle Junior high Middle Lower secondary	Lower secondary Grade: 7-9 Age: 13-15	Junior secondary Grade: 7-9 Age: 13-15	Secondary middle Grade: 5-8 Age: 11-14	Middle Grade: 7-9 Age: 13-15		Lower secondary Grade: 6-9 ¹² Age: 12-14	Middle (level one, Tahap Satu) Grade: 1-3 Age: 13-15	Middle secondary Grade: 5-8 Age: 12-15	Intermediate Grade: 6-9 Age: 11-14
Senior middle Senior high High Upper secondary	Upper secondary Grade: 10-12 Age: 16-18	Senior secondary Grade: 10-12 Age: 16-18	Secondary high Grade: 9-10 Age: 15-16	High Grade: 10-12 Age: 16-18		Upper secondary Grade: 10-12 Age: 15-17	Secondary (level two, Tahap Dua) Grade: 4-6 Age: 16-17	Higher secondary (non- compulsory) Grade: 9-10 Age: 16-17/18	Secondary Grade: 10-11 Age: 15-16
Sixth form									
Educational stage	PNG	Philippines	Thailand	Timor-Leste/ East Timor	Viet Nam	Pacific - Kiribati	Pacific - Solomon Islands	Pacific - Vanuatu	Pacific - Fiji
Nursery Kindergarten Pre-school	Elementary Grade: K-2 Age: 6-8	Elementary Kindergarten Grade: - Age: 5-6	Kindergarten Grade: KG1,2,3 Age: 3-5	Preschool Grade: - Age: 4-5	Preschool Grade: - Age: 3-6	Early Childhood Education Grade: - Age: 3-5	Early Childhood Education Grade: - Age: 3-5	Preschool Grade: - Age: 3-5	
Primary Elementary	Primary Grade: 3-8 Age: 9-14	Elementary Grade: 1-6 Age: 6-12	Elementary (Prathom) Grade: P1-6 Age: 6-11	Primary Grade: 1-6 Age: 6/7- 11+ (many older children continue until graduation)	Primary Grade: 1-5 Age: 6-11	Primary Grade: 1-6 Age: 6-11	Primary Grade: Year 1-6 Age: 6-11	Primary Grade: 1-7 Age: 6-12	Primary Grade: 1-6 Age: 6-11+
Junior middle Junior high Middle Lower secondary	Lower Secondary Grade: 9-10 Age: 15-16	Junior High Grade: 7-10 Age: 13- 16/17	Middle/ Secondary Grade: M1-3 Age: 12-14	Junior Secondary/ Pre- secondary Grade: 7-9 Age: 12-14	Secondary Grade: 6-9 Age: 12-15	Junior Secondary Grade: 7-9 Age: 12-15	Junior Secondary Grade: Form 1-7 Age: 12-18	Junior Secondary Grade: 8-10 Age: 13-15	Secondary Grade: Form 1-4 Age: 12-15
Senior middle Senior high High Upper secondary	Upper secondary Grade: 11-12 Age: 17-18	Senior high Grade: 11-12 Age: 16-18	Secondary Grade: M4-6 Age: 15-18	Senior secondary Grade: 10-12 Age: 15-17	High School Grade: 10-12 Age: 16-18	Senior Secondary Grade: 10-11 Age: 16-18		Senior Secondary Grade: 11-13 Age: 16-18	
Sixth form						Post- Secondary Grade: 12-13 Age: 19-20			Grade: Form 5-7 Age: 16-18

12 An alternative source indicated that year 1-4 is used for Lower Secondary Schools in Laos.

It should be noted that ages of students may vary with some starting later than their peers. This table indicates the standard expected ages for each years.

Sources of information for the grades table above:

<http://www.classbase.com/Countries/china/Education-System>
<http://www.classbase.com/Countries/Cambodia/Education-System>
<http://education.stateuniversity.com/pages/1113/North-Korea-EDUCATIONAL-SYSTEM-OVERVIEW.html>
<http://www.classbase.com/countries/indonesia/education-system>
<http://www.classbase.com/countries/Malaysia/Education-System>
http://www.seameo.org/index.php?option=com_content&view=article&id=110&Itemid=527
<http://www.classbase.com/countries/Mongolia/Education-System>
http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Myanmar.pdf
<http://www.uog.ac.pg/glec/Key/Kaleva/thesis/ch1.htm>
<http://www.classbase.com/countries/Papua-New-Guinea/Education-System>
<http://www.classbase.com/Countries/philippines/Education-System>
<http://thailand.angloinfo.com/family/schooling-education/education-system/>
<http://planipolis.iiep.unesco.org/upload/Timor-Leste/Timor-Leste%20Education%20and%20Training.pdf>
<http://vietnam.angloinfo.com/family/schooling-education/school-system/>
http://www.icde.org/projects/regulatory_frameworks_for_distance_education/country_profiles/kiribati/education_system/
http://www.icde.org/projects/regulatory_frameworks_for_distance_education/country_profiles/solomon_islands/education_system/
http://www.icde.org/projects/regulatory_frameworks_for_distance_education/country_profiles/vanuatu/education_system/
http://www.icde.org/projects/regulatory_frameworks_for_distance_education/country_profiles/fiji/education_system/
<http://www.paddle.usp.ac.fj/collect/paddle/index/assoc/fj33.dir/doc.pdf>

Annex VII: Girls' and women's experiences related to MHM across the EAP region

Table 12 provides a snapshot of information which has been identified through the formative research identified in **Annex IX**. Due to limitations in space only examples have been provided here. Refer to the specific references for further details on:

1. Practices and beliefs reported by girls, teachers parents related to MHM
2. Reported experiences and impacts on girls or women related to the management of their menses
3. Recommendations made specifically by girls/women on what would help to improve the situation (please note examples in this table have been selected to provide a range of different recommendations across the countries)

Table 12: Girls' and women's experiences related to MHM across the EAP region

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
Cambodia	245 246 247 248	<ul style="list-style-type: none"> Girls should keep their first used sanitary protection material as it is believed to offer protection from others' bad intentions, promote smooth skin or serve as anti-venom from snake bite. Extended bathing can impact negatively on the skin. Don't eat fish or bad-smelling food as it can make the period smell bad. Don't eat sour fruit as it will give you bad skin. Girls should stay at home during their first two days of menses in order to manage the blood. Most girls reported not receiving any guidance pre-menarche but subsequently went to their mother or other female relatives for guidance. Girls use sanitary pads, rags or tissue paper to manage their monthly menses. 	<ul style="list-style-type: none"> Girls were frequently discomforted by the closeness of girls' and boys' latrines. Female students had difficulty managing at schools because the toilets were dirty or if they left supplies at home they were in trouble. Latrines were often locked and lacked water and trash bins within cubicles. Female students miss classes when they do not have supplies of sanitary protection materials. 41 percent of the 77 girls interviewed reported missing days off of school due to MHM needs and 45 percent reported MHM issues impacting on their participation in school. 	<p>Recommendations from girls:</p> <ul style="list-style-type: none"> Girls should learn about puberty around the age of 10-12 or before menarche. Barriers are needed between girls and boys latrines. Vendors local to the school should sell small quantities of sanitary pads. Girls would like a place in the school grounds where they can rest from menstrual pain or change sanitary materials.
China	249	<ul style="list-style-type: none"> No information available on the experiences of women and girls. Attitudes of pubescent male students in Taiwan's attitudes to menstruation concluded that boys have misguided knowledge about menstruation and this helps to perpetuate the stigma surrounding it. 	No information available.	No information available.

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
DPRK	-	No information available.	No information available.	No information available.
Fiji (Pacific)	-	No information available.	No information available.	No information available.
Indonesia	250 251 252	<ul style="list-style-type: none"> Menstruating girls should not wash their hair during their menstrual period (or they would die), cut their nails or hair, take a bath in the evening, dry underwear outside the house, bathe naked, get wet in the rain or enter a mosque or cemetery. Menstruating girls should not eat a range of different foods, examples including coconut water (causes heavy bleeding or stops menstruation), ice in drinks (can 'freeze' menstrual blood or cause cancer), pineapple (causes pregnancy), sweet food or beverages (causes heavy bleeding), spicy or sour food (causes stomach pain), eggs (increases the odour of menstrual blood), peanuts or bean sprouts (causes acne) or salty food. 41 percent of post-menarche respondents agreed or strongly agreed that menstruation should be kept secret. Soiled disposable sanitary pads should be washed before disposal. Soiled sanitary pads cannot be burnt. Over 97 percent of girls in both rural and urban areas reported using commercial sanitary pads. Half of the schools did not provide menstrual hygiene materials for menstruation related emergencies. 9.6 percent of girls in rural areas also reported using reusable cloth and 5.5 percent in urban areas. Most girls in both urban and rural areas reported receiving their first information on menses from their mothers (over 57 percent), their sisters (over 6 percent), their teachers (over 14 percent) and from a friend (over 12 percent). 	<ul style="list-style-type: none"> Most girls participating in interviews and FGDs said that they still attended school during menstruation. 17 percent reported ever missing school due to menstruation, who reported that they had missed between 1-2 days during their last menses. School absenteeism was more common among rural (20 percent) than urban (13 percent) girls. Pain, feeling unwell, fatigue and fear of staining clothes were the main reasons for absenteeism. Concerns about staining, teasing, and lack of private latrines were more commonly reported by rural girls. Girls also described missing classes because they had to go home to change sanitary pads, because of menstrual pain, or because they began menstruating at school and were not prepared. Many girls described that menstruation limited their participation and performance at school. Fear of leakage also prevented some girls from coming to the front of the class when asked by teachers and prevented them from participating in physical education lessons. Pain contributed to lack of focus and poor performance during lessons, as did heavy menstrual flow. Almost 25 percent of girls reported experiencing genital itching or pain while menstruating and 9 percent had experienced pain during urination. Some girls in FGDs and in-depth interviews reported genital itching or irritation as a result of wearing a sanitary pad for prolonged time because they could not change at school. Girls also reported a range of other physical symptoms during menstruating, including those that may be consistent with iron-deficiency anaemia such as dizziness (7 percent), fatigue (52 percent) and weakness (61 percent). 	<p>Recommendations and preferences of girls:</p> <ul style="list-style-type: none"> Girls preferred sources of information on menses - from their mothers (over 95 percent), female relative (over 55 percent), teachers (over 32 percent), friends (over 27 percent) and health works in school or in a clinic (over 20 percent). The most important characteristics of an 'ideal' girls' latrine related to privacy, access to water for washing sanitary pads, and a clean and comfortable space to change. Girls' toilets should be separated from boys by a considerable distance and should also not be located too close to classrooms but not so far that they were difficult to access. Adequate space, lockable doors and provision of hooks, lighting and mirrors to assist with changing sanitary pads were also commonly suggested. To maintain cleanliness there should be an officer appointed to be responsible for cleaning latrines. Features required to make latrines accessible to students with a disability include improving the path, providing a sitting toilet and also a holder or rail and ensuring adequate space inside the latrine.

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
Kiribati (Pacific)	See next column	<p>No formative research undertaken, but the UNICEF WASH in Schools Officers and Live & Learn WinS Officer identified the following:</p> <ul style="list-style-type: none"> Girls keep it a secret and not discuss when they have their period. Girls are not allowed to prepare and serve food to men (i.e. brothers or father, extended family). Girls (mainly in the outer islands use cloth during their menstruation) and usually told by their mother to wash the used cloth using a separate basin and hang it separate from other washing. Girls cannot dispose of sanitary pads but put them in one bundle and bury them all at end of period. First menstruation of a child is celebrated on the 3rd day of the period. On the three days, the girl is not allowed to go outside the house and confined in a room doing traditional work like making coconut strings or making pillow cases. An old woman (Uniaiini) is to be with her to teach her good behaviour and attitude growing up to be a girl. Washable cloth is commonly used. They are taught how to wash by the old woman. On the 3rd day there is a feast / celebration wherein the eldest boy in the family (brother or cousin or relative) will sit beside the girl on a mat in the hopes that the child will marry a rich / older boy. General assumption in Kiribati is that older men have more money or property. 	<ul style="list-style-type: none"> Girls cannot participate in sport especially swimming during their period. During schools some girls excuse themselves in physical activities and teachers and dormitory matrons allow them. Girls sometimes don't go to school during their period. Girls who attend schools are often asked the teacher to go home / dormitory to change due to stains. Some girls do not know how to dispose the pads. Some just leave it on the shelf. 	<ul style="list-style-type: none"> In government schools there used to be incinerators to make sure that used pads are disposed of and burned. Good to continue with this practice. Put MHM in the curriculum as it is already supported in the community by an old woman, it should also be reinforced in school by a female teacher. Government schools used to provide sanitary pads. Explore ways in which pads can be available in schools. Primary and junior secondary schools shall be provided with emergency supply of pads so that girls will have something to use and no need for her to go home during menstruation. Girl will replace borrowed pad the next day.
Lao PDR	253 254	<ul style="list-style-type: none"> 97 percent of girls did not know anything about menses before menarche. Body image is a significant problem and girls are very shy and do not talk about menstruation. Approximately 50 percent are not washing during their menses. Hair washing during menses stops the blood flow. Girls should not drink iced water, beer, fizzy drinks, pickled food, the Laos fish sauce, papaya salad, or acidic or sweet foods. Not all women trusted the modern sanitary pads and hence prefer not to use them. The modern pads soak up much of the blood and because women cannot see much blood on them they believe that they cause the blood to stay inside the body and cause stomach and headaches. 	<ul style="list-style-type: none"> Women who do not use sanitary pads and prefer to just wear the traditional Laos skirt (sinh) may then stay in the house and not go out. 	<ul style="list-style-type: none"> "The workshop and drama stopped us being shy and then we can talk about our periods to each other." "Every girl should receive the book 'I am a teenager'"

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
Malaysia	-	No information available.	No information available.	No information available.
Mongolia	255 256	<p>The formative research that has been undertaken in 2015 is currently being analysed and written up. Further details will be available once the final report is available. Points noted in this table for Mongolia are from the provisional findings.</p> <ul style="list-style-type: none"> Lack of awareness on MHM in general population, education sector and school staff. Hygiene is problematic for rural villages and schools: water scarcity and lack of bathing/shower facilities; some rural girls use wet wipes to clean themselves. 	<ul style="list-style-type: none"> Large disparities in the quality of WASH facilities between: urban schools (indoor flushing toilets); provincial capital town schools (mixture of indoor flushing toilets and outdoor latrines); and rural village schools (outdoor unimproved open pit latrines). Leakage is more common in rural schools: girls requesting school leave more often; limiting their participation in class. Large inequality/disparities in schoolgirls' MHM experiences, negatively impacting the most remote rural schools and especially the rural school sub-population of dormitory schoolgirls. Rural dormitories in schools (many families are nomadic). 78 percent of schools and dormitories have outdoor latrines¹³. These may not be in good condition or without doors; dormitories may be locked in the evening and nights - after 5-6pm. Inequalities/disparities are exacerbated by extreme cold and prolonged winters. Average winter temperatures are -20 oC (as low as -40 oC). Common barriers exist generally for all school-girls relating to access/ privacy/ boys teasing/ lack of support systems etc. 	<p>Recommendations from the provisional formative research findings:</p> <ul style="list-style-type: none"> Environment: Sector wide prioritisation of dormitories and rural village schools for improvements in WASH and MHM facilities. Knowledge/understanding: "Break the taboo" – raising general public awareness; School health curriculum and/or modules should be developed starting from 6th grade; Boys and male teachers should be sensitised to girls' situation. Support systems: Parents and host families of dormitory girls should know about the girls' specific needs; Schools should organize access to napkins.
Myanmar	-	No information available.	No information available.	No information available.
Philippines	257 258 259	<ul style="list-style-type: none"> Girls can openly discuss and ask questions on menstruation and they receive guidance from family and friends about how they should behave while menstruating, but this frequently includes misinformation about healthy behaviours. They are taught that not following this guidance can result in such consequences as illness, insanity, interruptions to or increases in menstrual flow, and cramps. On menarche girls are instructed to wash their face with their first soiled underwear to prevent ache. On menarche girls are instructed to sit on a coconut shell and move around to ensure uninterrupted menses and regularity. During menstruation girls must reduce or cease bathing for the first three days to prevent sickness, irregularity and cramping or becoming insane. 	<ul style="list-style-type: none"> Girls' self exclusion, reduced participation in school, distraction, missing class and absenteeism. Girls often went home rather than using the school toilets. Participants also suggest that there were additional education and health risks influenced by their inability to manage menstruation, including health and nutritional changes and loss of educational attainment. Confusion about effective management practices, due to lack of accurate knowledge about MHM practices. Anxiety if girls did not have the necessary resources and facilities to effectively manage menses at school. 	<p>Examples of recommendations from the researches:</p> <ul style="list-style-type: none"> Integrate menstruation into graduated modules on adolescence, puberty and menstruation or into reproductive health and hygiene education materials. Parent education sessions should be implemented to counter misinformation that is disseminated through different beliefs. Improve WASH facilities in schools with increased attention on O&M systems. Establish systems that enable girls to access absorbent materials comfortably, discreetly and when in need and to enable girls to get support on health related issues. Create support systems to ensure that girls who miss school due to menstruation-related challenges do not miss out on educational opportunities and advancement.

13 This was based on data from UNICEF in 2007. It is expected that improvements have been made in the intermediate years.

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
Philippines		<ul style="list-style-type: none"> Both boys and girls reported that ghosts occupied toilets which can prevent them using the toilet. Girls are taught to layer underwear, shorts or skirts to prevent accidents. Reduce physical movements to prevent accidents or a passador (cloth) falling from their skirt. Avoid leaving the house during menses to prevent stepping in animal waste as this will cause the menstruation to have a foul odour. Some cultural differences were found: Muslim girls had to wash their menstrual management materials before disposing (sanitary napkins) or using them again (pasadors). T'boli and Muslim beliefs pointed to more stringent restrictions for girls during menstruation, including isolation from other people. 	<ul style="list-style-type: none"> Leaks, stains, and fear of leaks and stains associated with concern about revealing menstrual status by having a leak, and potentially a more permanent stain, on their school uniform. Teasing, shame and embarrassment, which led to not wanting their menstrual status known for fear of being teased. Menstrual odour, which girls reported as a result of following traditional beliefs about restricted bathing. Menstrual pain, discomfort and fatigue, including headaches and cramps. 	<ul style="list-style-type: none"> Anti-bullying campaigns should be integrated into the school curriculum.
PNG	260	<ul style="list-style-type: none"> Women can't take from open water sources due to concern over contamination. Women are isolated from their own houses and from men during their menses. 	<ul style="list-style-type: none"> Women said some positive impacts from taboos having days of rest and having contact with other women during times when they are isolated from their own houses and from men. 	No information available.
Solomon Islands (Pacific)	261 262	<ul style="list-style-type: none"> Menstruation is seen as a "women's problem" and not an issue for discussion with or around men. Cultural practices have prevented women from performing certain behaviours and activities, such as preparing food and walking in front of men, while menstruating. In Malaita, women are traditionally isolated in special leaf huts for menstruating women and women giving birth. In Gilbertese culture, menstruation can be celebrated as a special event marking womanhood. Women observed that the diversity in Honiara and a younger generation raised in the city is presently moving the culture away from that of taboos and towards more open dialogue about menstruation, though this sometimes leads to conflict. Mothers often do not discuss menstruation with their daughters as it is seen as encouraging girls to engage in sexual experimentation. Some women reported that it is frequently a grandmother's responsibility to discuss reproductive health issues with granddaughters. 	<ul style="list-style-type: none"> Girls' relationships with their peers differed between boarding and day schools. At boarding schools, girls reported positive, sharing relationships with their male and female peers, as well as with teachers. Because of the 'family' feeling among students at boarding schools, girls felt more comfortable asking for help when they had their period at school, and did not report as much teasing or harassment by boys. Teachers noticed differences in behaviour when girls are menstruating or when teachers suspect that girls are menstruating. For example, teachers remarked that menstruating girls often choose to sit towards the back of the classroom or will choose to sit close to a girls' group only. Girls will not actively participate in school physical activities and may cancel some of their daily class participation. 	<p>Examples of girls' recommendations:</p> <ul style="list-style-type: none"> That their parents receive training on reproductive health so that they can prepare their children. Parents should provide absorbent materials like pads or cloth monthly or money to buy pads. These subjects should be taught in a compulsory class early enough, at the primary level in grades 5 and 6, before menarche. Teachers can help girls by giving information in an appropriate format. Teaching girls and boys separately will allow students to freely express themselves. Female teachers teach MHM. Teachers should allow girls to excuse themselves when they are having their period and provide sick leave when necessary. The school should nominate one female teacher to be responsible for MHM in school. The teacher can then provide girls with emergency disposable pads and help administer a loan system in case of a uniform stain. Girls want teachers to teach boys and to advise them not to annoy or tease girls who are menstruating and tell them not to go to the girls toilet.

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
Solomon Islands (Pacific)	-	<ul style="list-style-type: none"> Despite cultural taboos, however, girls had generally positive attitudes toward menstruation. Girls lacked accurate information about menstruation and menstrual hygiene, both before and after menarche. At menarche, two-thirds of girls interviewed had some knowledge of menstruation, though most girls still reported "panic" and low knowledge of how to manage their period. 	<ul style="list-style-type: none"> Girls reported that they often become distracted in school, less interested in class, and sit quietly rather than participating. During class, a girl may lack concentration because she is distracted by the possibility of a stain or in physical pain. A menstruating girl may be feeling "disturbed" and is busy with cleaning herself, frequently visiting the ablution block. She may participate less because she feels "lazy," tired, and inactive. She may not be able to socialize normally or play sports. Girls reported feeling embarrassed or angry if they could not attend normal activities because of their period. Girls may miss classes or entire days of school when menstruating. When asking to be excused from class to visit the toilet, girls face punishment and are too ashamed to explain their situation to male teachers. Girls cited physical impacts of menstruation as weakness, belly pain, fever, and white or dry eyes. 	
Thailand	-	No information available.	No information available.	No information available.
Timor-Leste	263 264 265	<ul style="list-style-type: none"> Participants in this study commonly referred to the discharge that women experience during their menstrual cycle as "white blood". Every woman interviewed expressed the need to ensure the downward travel and proper release of "white blood" from the body lest it travel up to the woman's head and cause her to go crazy. Once their menses begin, women want blood to be released steadily—neither too quickly, nor too slowly. To avoid the heavy disbursement of blood (too much heat) or 'congealing into a ball in the uterus' and not discharging (too much cold), women in this study practice a number of restrictions: Avoiding heavy work, such as carrying water or looking for firewood; Reducing exposure to extreme temperatures (e.g., avoiding the sun, avoiding contact with cold water, or abstaining from drinking ice water); Not eating chilli or papaya leaves, as they are believed to be "hot" foods; Avoiding cold baths and abstaining from washing hair, to prevent the onset of headaches and dizziness (i.e. white blood travelling up to the head). 	<ul style="list-style-type: none"> Women are often forbidden to cook or bake during their menses for fear they may contaminate the food. Because they may kill the plants, they are also frequently prohibited from tending to their gardens. Men also voiced beliefs about the need to exclude women from family and social activities such as greeting guests or attending community meetings while menstruating. Boys who were engaged in discussions facilitated by WaterAid in schools, became very supportive of the girls during their menses. 	<p>Recommendation made as part of the research:</p> <ul style="list-style-type: none"> Generate greater demand for toilets using improved MHM as a key entry point. Provide information on the correct O&M of toilets and the safe disposal of pads. Provide women with adequate information on latrine options related to MHM emphasising features beneficial to MHM. Sanitation programmes could as part of their promotional activities organize 'hygiene workshops' at middle schools to encourage mothers and daughters to come and learn about menstruation.

Country	Sources of info.	Examples of practices and beliefs	Examples of reported experiences and impacts on women and girls or women	Examples of recommendations made by girls (where available) or from the research
Timor-Leste	-	<ul style="list-style-type: none"> Despite having access to store-bought pads, many women reported being more likely to spend time at home during their menses. Words such as “disease,” “spell,” and “sickness” were commonly used by the men when describing their wives’ physical state during their menses. Men seemed also to hold strong beliefs about their wives being “contaminated” or “impure”. 	No information available.	No information available.
Vanuatu	-	<p>Findings from investigations in one school by Oxfam on MHM:</p> <ul style="list-style-type: none"> Girls have no knowledge or limited knowledge on MHM. Socially no touching of food nor cooking utensils (if you touch the food then it will only be eaten by females not male). Not allowed to enter into a newly constructed house. Not allowed to enter into a Nakamal - if you attend a meeting the you have to sit outside - they are excluded in social activities. No gardening. No stepping into a new garden especially the yam garden. 	<ul style="list-style-type: none"> Embarrassment especially where there are limited materials, privacy, bathing space. Approx 75 percent of girls at Onesua school noted missing over one to 3 days of school per month. 	<ul style="list-style-type: none"> No open discussions on menstruation, recommendations for the same messages to reach mothers in villages
Viet Nam	-	No information available.	No information available.	No information available.

Annex VIII: Government leadership, coordination and recognition of the importance of MHM in national policies, strategies and guidelines across the EAP region

The government may show its leadership on the issue of MHM in various ways such as through:

- Specific mention of the importance of MHM in its policies, strategies, guidelines and requiring supportive features such as requiring gender-segregated latrines and hand-washing facilities.
- Establishing or engaging in national coordination mechanisms to share experiences on MHM.
- Including MHM in the agenda of other national coordination mechanisms or working groups (such as those related to WinS or Education).
- Approval of formative research and engagement in the same.
- Approval of the engagement of CSOs and the private sector in puberty education or specifically on MHM.

A UNESCO study on sexuality education across the Asia and Pacific region (2012) identified a number of relevant observations on the inclusion of HIV or sexuality education in national strategies and plans. Note that there was no specific mention of menstruation or MHM in this analysis. But the findings still have relevance to MHM as they indicate the limitations related to the teaching of similar SRH related subjects across the region.

- **Education sector policies** – 11 countries out of the 28 studied across the Asia and Pacific region have reference to HIV or sexuality education in their education sector policies.²⁶⁶ It was noted that some of these provide some details, including for Cambodia, China, Indonesia, PNG and Viet Nam. It also noted *‘In some countries more than one policy document might exist covering HIV and sexuality education. For example, Cambodia has a comprehensive school health policy (2006) which covers content related to SRH, HIV, and issues such as stigma and discrimination. Cambodia also has an education sector HIV and AIDS Workplace Policy (2008) which includes, among others, provisions about the content of educational programmes for students and staff’*. It also identified that gender issues do not receive sufficient attention across the different education sector policies, with exceptions in Cambodia and PNG. Cambodia and PNG were the two countries which consistently mainstreamed sexuality education and HIV into its education sector strategies and plans.
- **National HIV strategies and plans** – Some of these include a focus on sexuality education which offers opportunity for its inclusion in the curriculum. But it also highlights the fact that most of the focus on sexuality education is at secondary school level and that this means that *‘opportunities are being missed to work with young people before their attitudes are formed (and before they become sexually active)’*.
- **National population and reproductive health strategies and plans** – 18 countries out of the 28 across the Asia and Pacific region that were studied had population and reproductive health strategies/plans in place. Out of the 13 countries studied, just under half had reference to the education sector including Indonesia, Thailand and Timor-Leste. A

few others, including Indonesia, included education related activities not linked to schools. Of the six that directly mention education, the main focus is on the Ministry of Education to include relevant content in the curriculum, *'often in a multi stakeholder context with other ministries (e.g. Health, Social Affairs, Women and Gender)'*.

- **National youth policies** – 21 out of 28 of the countries studied across the region have a national youth policy, of which 16 have reference to sexuality education. A few provide some detail (such as PNG) and others with few details (such as China, Indonesia, the Philippines, Samoa and Viet Nam).

The following table provides an overview of whether the importance of MHM is recognised in national policies, strategies and guidelines. Where known, it notes whether key elements that lead to a MHM-friendly environment in schools are also supported, in particular, the availability of water supply, gender-segregated latrines and operational hand-washing facilities. It is important to note that policies, strategies and guidelines tended to be shared by the UNICEF country teams, when it was known that an element supportive of MHM was specifically mentioned. There may however be other policies, strategies or guidelines in other sectors which also recognise the importance of MHM, which are not identified here as the consultant did not have access to them.

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to the leadership of government, coordination and the content of policies, strategies and guidelines (noted here as 'policy related documents')	Not enough information available	Government is not engaged in MHM and it is not specifically mentioned in policy related documents	Components that are helpful to effective MHM are included in policy related documents (such as gender-segregated latrines) but no specific recognition of the importance of MHM	Components that are helpful to effective MHM are included in policy related documents (such as gender-segregated latrines) and also at least one specific recognition of the importance of MHM	The importance of MHM is comprehensively recognised in at least one key policy related documents (including those in late draft form). Some form of coordination mechanism exists in country that discusses MHM.	The importance of MHM is recognised in approved key policy related documents and some form of coordination mechanism exists in country that discusses MHM

In relation to the table below and the scoring for this component:

- Inclusion of MHM in the curriculum and engagement of government in formative research, has not been incorporated into this scoring guide, unless it forms part of limited information available, even though these both indicate the commitment of government. Separate scores have been allocated to these issues in **Annex X** and **Annex IX**.
- It should be acknowledged that changes to national policy, strategy and associated documents only happens after a number of years (sometimes 5-10). Hence if the window has passed to integrate new issues it may be a number of years before it is possible, even if the commitment is present.

- c. This scoring reflects government leadership and commitment and the acknowledgement of MHM in national policies and associated documents. It does not reflect the implementation of these requirements.
- d. Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires, from KIs and email communications.

Table 13: Government leadership, coordination and MHM-supportive policies, strategies and guidelines across the EAP region

Country	Score	Examples of government leadership, coordination and MHM supportive policies, strategies and guidelines
Cambodia	2	<ul style="list-style-type: none"> Ministry of Education has requested and distributed large numbers of girls' puberty/ MHM books. They have also approved a boys' puberty book which includes a section on menstruation being normal and supporting girls. They have also supported a regional meeting related to the book for education staff, principals and teachers. Informal information sharing meetings have been facilitated by WaterAid for non-governmental actors engaged in MHM. The existing School Health Policy (2006) mentions the need for sanitation and hygiene and for awareness dissemination on SRH but does not specifically mention MHM or the need for gender-segregated toilets. The School Health Policy is currently being updated. The Education Strategic Plan, 2014-18, mentions the need for clean water, toilets, cleaning facilities and liquid and solid waste management, but does not specifically mention MHM or the need for gender-segregated toilets. A national WinS group exists under the Ministry of Rural Development where MHM is sometimes discussed; Samaritan's Purse reported the preliminary findings of their research to the group. The WASH sector in Cambodia also has a shared drive that has a MHM folder on it.
China	3	<ul style="list-style-type: none"> National policy and curriculum on MHM is noted to be available and the School Health Regulation and the <i>Middle and Long-Term Reform and Development Planning Programme on Education</i> is also noted to include MHM¹⁴. A working group is noted to only be available in MHM demonstration schools.
DPRK	0	<ul style="list-style-type: none"> The Reproductive Health Strategy, 2011-15 includes a section on adolescent health although it does not go into details and does not specifically mention MHM. Menstruation is a sensitive subject in DPRK and hence it was not possible to identify examples of government's engagement and leadership on this issue, although it has been noted that school latrines tend to be gender-segregated.
Fiji (Pacific)	4	<ul style="list-style-type: none"> The Fiji <i>Ministry of Education Minimum Standards on Water, Sanitation and Hygiene in Schools Infrastructure</i> (2012) clearly specifies the need to support girls in their MHM to ensure that they have equal learning opportunities. It also provides specific guidance on practical requirements such as for privacy for girls in sanitation facilities, gender-segregated facilities, hooks to hang items on inside the toilets, the need for shower facilities and a personal hygiene compartment where girls can wash during menstruation as well as the provision of a sanitary bin and sanitary pads for emergencies and safe disposal practices. Whilst no coordination mechanism exists in country, the clear integration of MHM into the minimum standards for WinS since 2012, indicates clear government leadership and warrants a score of 4.
Indonesia	2	<ul style="list-style-type: none"> The Ministry of Health is taking a lead on the issue of MHM and are planning to hold meetings with the private sector in response to the findings of the formative research. The Ministry of Education is wanting to revitalise the School Health Programme (UKS). WinS national coordination mechanisms are discussing MHM. District Education Officers have been engaging with Plan International in their pilot projects on MHM in schools in Nagekeo District, including in relation to school monitoring. There has been some good progress on implementing the 3-Star approach to WinS.

¹⁴ The consultant was not able to see and analyse any of the policy or curriculum related documents from China as they are only in Chinese. Hence these observations and score are based on comments provided in the questionnaire returned by stakeholders in country.

Country	Score	Examples of government leadership, coordination and MHM supportive policies, strategies and guidelines
Kiribati (Pacific)	3	<ul style="list-style-type: none"> There is no mention of MHM in the Education Sector Strategic Plan, 2016-19, the National Infrastructure Standards or the National Health Strategic Plan. Guidance is however provided through the School Improvement Plan that MHM should be included in health clubs or other out-of-classroom activities¹⁵. It is noted that MHM has been mentioned in the recently approved WinS Policy for Kiribati (Nov 2015). The government has introduced the three-star approach to WinS but are still moving from a no to a one-star and hence have not yet started the consideration of MHM. Some monitoring of MHM is being done through the Kiribati WinS project. Multiple stakeholders are engaged in the Adolescent Girls Initiative which is seen as an entry point for MHM but this needs to be re-activated. There is a plan to undertake research on MHM in the near future. Work is planned to develop a MHM workbook based activity and also to include MHM in the Kiribati Teacher's College in their modules for new teacher trainees and qualified teachers as part of their Teacher Professional Development.
Lao PDR	2	<ul style="list-style-type: none"> There is no inclusion of MHM in the National Policy on Health and Hygiene Promotion in Schools, but MHM has been discussed and included in the 'Blue Box' with financial support from UNICEF, which will be ready for application in 2016.¹⁶ The national Ministry of Information and Culture has formally approved the girls' puberty/ MHM book '<i>I am a teenager</i>' by Eau Laos Solidarité, and the Ministry of Education has approved its distribution to schools in Luang Prabang Province.
Malaysia	0	<ul style="list-style-type: none"> The menstrual cycle and the role of hormones is included in the biology curriculum. Other than this no information was available on the government of Malaysia's leadership in the area of MHM.
Mongolia	4	<ul style="list-style-type: none"> MHM is incorporated into a good personal hygiene booklet for boys and girls in dormitory schools published by government, WaSH Action in Mongolia, Action Contre la Faim and UNICEF in 2015. This was distributed by the government in Aug 2015 to all schools with dormitories. The '<i>Norms and Requirements for WASH in Schools, Dormitories and Kindergartens</i>' was approved by official decree by 3 Ministries (Education, Health and Finance) in June 2015 and is being distributed throughout Mongolia. These include norms of gender-segregated latrines, locks on latrine doors, waste bins with lids, latrines must be available for children with disabilities, there must be one washing/changing rooms for girls with privacy door and access to clean water. Counselling for both boys and girls is also included as is safe disposal of wastes from the waste bins in the girls washing/changing rooms. No mention of MHM has however so far been identified in other Education, WASH or Health sector policies, strategies or guidelines. A national TWG on MHM has been formed to support the formative MHM research and government officials across departments (covering responsibilities for strategic policy and planning and implementation and coordination of Environmental Health, Health Education and IEC, and Child and Adolescent Health Care) have been identified.
Myanmar	0	<ul style="list-style-type: none"> Menstrual hygiene is included in the curriculum under reproductive health under life-skills. However other information is not currently available.
Philippines	4	<ul style="list-style-type: none"> The Department of Education (DepED) of the Philippines Government has facilitated MHM research. MHM is included in the draft national Guidelines on WASH in Schools. These are currently in draft as a DepEd Order and once formally approved will become the WASH in Schools Policy. One of its purposes is: '<i>Effective menstrual hygiene management shall be ensured in all elementary and secondary schools</i>'. In terms of the implementing guidelines included within it, general good practice supportive of MHM such as gender-segregated latrines, O&M, availability of soap and water at hand-washing stations as well as waste disposal are included. It does not include any specific recommendations related to MHM such as ensuring the availability of sanitary pads for emergencies. Department of Health (DOH) and the Local Government Units are also active in supporting different elements of WinS although within WinS the DOH hygiene and sanitation unit focused mainly on sanitation and hand hygiene.

¹⁵ The consultant has not seen any of these policy related documents and hence this score is based on information provided in the questionnaire.

¹⁶ The consultant has not seen any of these policy related documents and hence this score is based on information provided in the questionnaires and KIs.

Country	Score	Examples of government leadership, coordination and MHM supportive policies, strategies and guidelines
Philippines	4	<ul style="list-style-type: none"> Discussions on integrating in curriculum have been held. The DepEd has been looking at Comprehensive Sexuality Education (CSE) and HIV/AIDs prevention strengthening in the school curriculum and health services and the DOH has been incorporating the work involving adolescent sexual and reproductive health (ASRH) and HIV/AIDs prevention. The DOH Adolescent Health Unit has drafted materials on MHM for inclusion in the ASRH program. UNICEF Adolescent Development programme has MHM included in its 'Creating Connections' life-skills programme. Some Local Government Units have included 'Creating Connections' into their workplans. A WinSTWG exists and the Reproductive Health Working Group incorporates discussion on puberty and reproductive health. The DepEd for Regions 6 & 8 collaborated with UNICEF and NGOs partners including Save the Children and others, on the production of a girls' puberty/MHM book called '<i>Growing Healthily: Things that girls need to know</i>' during the Typhoon Haiyan and distributed sanitary pads to adolescent schoolgirls. MHM indicators have been included in the institutionalisation of the 3-star approach in regions 6 & 8.
PNG	3	<ul style="list-style-type: none"> The following policy related documents do not specifically mention MHM but include requirements or considerations of features that are supportive of MHM: <i>National WASH Policy</i> includes requirements for gender-segregated toilets and disabled access; the DoE Whole School Assessment includes questions related to hand-washing and personal hygiene programmes and that safe, hygienic and sanitary conditions exist in schools, that there is water to student toilets and showers as well as evidence of a dormitory and toilet block cleaning schedule. The <i>National Education Plan, 2015-19</i>, includes M&E indicators to monitor toilet-pupil ratios by gender and mentions the need for toilets for all including 'for girls' hygiene'. Some discussions have been held on MHM in relation to the '<i>Health Promotion in Schools Guideline</i>'. The National School Health Committee discusses issues related to MHM.
Solomon Islands (Pacific)	4	<ul style="list-style-type: none"> In 2013, MHMS and MEHRD worked with partners to establish technical design standards for school WASH infrastructure for the Solomon Islands - <i>Water Supply, Sanitation & Hygiene for Educational Facilities in the Solomon Islands: Technical requirements for school WASH projects</i>. During the preparation of the guidelines, WASH and health partners identified MHM as a key gap in knowledge and programming guidance by sector stakeholders. To fill this gap, MHMS, MEHRD, and UNICEF conducted a study in four schools in Honiara and Guadalcanal Province in August 2014. Based on the findings of this study the Technical Requirements for WASH in schools has been updated to version 5 (still at draft stage) and now includes detailed guidance on all elements of WASH in schools that need to be included to ensure that schools are MHM-friendly. The technical guidelines are simple and clear and provide a range of practical guidance. MHM is being discussed in the coordination mechanisms for WinS.
Thailand	0	<ul style="list-style-type: none"> MHM is included in the curriculum. But other than this other information on the government leadership was not available.
Timor-Leste	4	<ul style="list-style-type: none"> Draft national WASH in Schools guidelines were developed with MoE, UNICEF and the involvement of other partners including WaterAid. They have MHM in them¹⁷. But they are still awaiting approval after 3 years. <i>'The increased importance of MHM in Timor-Leste is reflected in the National Sanitation Policy and in the current PAKSI [Community Led Total Sanitation, CLTS, Resource Guide] Resource Guide. As mandated within these policy guidelines, sanitation services now must consider the different sanitation needs and hygiene roles of men and women; they must also offer options in sanitation facility design that consider issues of cost, privacy, and accessibility not only for men, but for women and children in the household as well. That women's and girls' privacy and safety are also being addressed is apparent in the proposed implementation of sex-separate institutional and public toilets that include receptacles for the safe disposal of sanitary napkins (National Basic Sanitation Policy Timor-Leste, 2012; p.10) MHM, however, has not yet been addressed through WASH at the implementation level'</i>²⁶⁷.
Vanuatu (Pacific)	1	<ul style="list-style-type: none"> The government of Vanuatu is not yet engaging in MHM.
Viet Nam	0	<ul style="list-style-type: none"> The Ministry of Education and Training included MHM into its lower secondary school curriculum for grades 6-9, ages 12-15 years. It is part of Life-skills which are an extra-curricular subject. Some information is also in the Biology/Science curriculum for grade 4. The MoET is not seen as being particularly strong at supporting the WinS agenda. Other than this no other information was available on the leadership of the government on MHM.

17 Information from KIs, field reports and formative research. The guidelines and policies for Timor-Leste have not been seen by the consultant.

Annex IX: Formative research and other learning on MHM across the EAP region

The table which follows identifies the formative research which has been undertaken on MHM in different countries of the region.

Formative research is the basis for developing effective strategies, including communication channels, for influencing behaviour change. It helps researchers identify and understand the characteristics such as interests, behaviours and needs of target populations that influence their decisions and actions. For the purpose of this section of the analysis the term formative research is sometimes referred to as a 'study' and it includes all research whether small or larger scale, and more or less rigorous.

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to the availability of formative research (noted here as a study)	Information not known	No research has been undertaken	At least one small scale study has been undertaken by practitioners which has been used to influence action or researchers in country or is in the planning process	More than one study of any size or rigour has been undertaken by practitioners or researchers in country which has been used to influence action	At least one study has been undertaken which has engaged the national government and which is being used to influence action	At least one large study using rigorous research methods and engaging the government at national level has been undertaken in country, as well as smaller studies taken in different areas of the country all of which are being used to influence action

Notes:

- Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires and from KIIs and email communications.

Table 14: Formative research and other learning on MHM across the EAP region

Country	Score	Formative research / learning details	Institutions / organisations involved in the research / learning	Year, geographical area and scale of research / learning	Action known to have been influenced by the research / learning or planned use of the information
Cambodia	4	Research with people with disabilities and Disabled Person's Organisations on how they manage WASH and assistive devices / designs. Not specifically on MHM but accessing WASH enables women and girls with disabilities to manage their menstrual hygiene.	Water, Engineering and Development Centre, Loughborough University and the Disability Action Council (DAC), Cambodia.	2003 People met as part of research= 103; Institutions visited = 10; Organisations met = 44	Publication of ' <i>Water and Sanitation for Disabled People and Other Vulnerable Groups</i> ', used globally to improve accessibility of WASH facilities. ²⁶⁸ In 2014, WaterAid Cambodia and the Australian Red Cross conducted a review of accessible WASH in Cambodia to check progress against the 2006 WEDC recommendations. The research also found barrier to inclusive WASH remains the lack of communication and partnership between the WASH, disability and ageing sector. The Cambodia National Guideline on WASH for people with disabilities and older people is currently being developed and tested in partnership with the Ministry of Rural Development (MRD) and in consultation with the disability, WASH and ageing sectors. ²⁶⁹
		Qualitative research with school girls and girls out of education on their MHM knowledge, experiences and recommendations.	Grow and Know, Inc. USA Mailman School of Public Health, USA	2012 Schoolgirls and out-of-school girls = 146; Adults = 15 Urban area of Phnom Penh - a co-ed public school and a private vocational training centre Rural area of Battambang Province - a co-ed public secondary school and a tailoring class at a public vocational training centre	'Growth and Changes' girls' MHM/ puberty book from Tanzania was adapted to the Cambodia context. ²⁷⁰ Approved for use by the Ministry of Education, Cambodia and distributed by a number of agencies. Influenced programming support to schools and health centres such as that by Samaritan's Purse. Two peer reviewed published papers adding to global body of evidence. ^{271,272}
		Qualitative and quantitative research on MHM with schoolgirls and men and schoolboys.	Samaritan's Purse (SP), Cambodia, supported by Yale School of Public Health	2015 5 rural secondary schools in Banteay Meanchey Province 70 schoolgirls ages 10-12; and 100 men and schoolboys.	Results to be published in Jan 2016. ²⁷³ Will be used to strengthen WASH in Schools programming and sharing for wider learning. Will be presented at the Unite for Sight Conference at Yale University, USA, in 2016.
		A Knowledge, Attitude and Practice (KAP) Survey was carried out through conducting focus groups at Health Centers, schools, and villages that are currently engaged in their WASH programming. 1/3 of respondents were male (in order to design future programming to engage males who have historically been disengaged in MHM activities).	A team comprised of a Samaritan's Purse (SP) intern, SP staff and local volunteers in conjunction with staff from both the Water for Kids (WFK) Project and WASH for Health Centres (WHC) projects.	July 2015 Approximately 400 respondents, 1/3 of whom were male.	This will be used to design programming for the SP Water for Families Project in Banteay Meanchey Province and WASH for Healthy Communities (working in homes in Kratie Province) and into existing projects in Health Centres and Schools.

Country	Score	Formative research / learning details	Institutions / organisations involved in the research / learning	Year, geographical area and scale of research / learning	Action known to have been influenced by the research / learning or planned use of the information
		Research into the barriers and facilitators of MHM hygiene promotion related to school WASH	London School of Tropical Medicine, MSc thesis	2015 Study using KIIs from key stakeholder organisations and female teachers from one primary school and one secondary school.	-
		Planning a study for 2016	SNV Netherlands Development Organisation	Planning a study for 2016	-
China	0	No information available	-	-	-
DPRK	1	No information available	-	-	-
Fiji (Pacific)	1	No information available	-	-	-
Indonesia	5	An assessment of the WinS and MHM situation in schools.	Plan International, Indonesia	5 schools in Nagekeo District Findings documented in the Bahasa language.	Designed a girls' puberty/ MHM book ²⁷⁴ and used learning in WASH programme in 7 schools Nagekeo District so far. ²⁷⁵
		Formative research on understanding the practices, determinants and impacts among adolescent schoolgirls, funded by the GAC, Government of Canada under global WinS4Girls 14 country project. Qualitative and quantitative analyses.	UNICEF Indonesia Burnet Institute Survey Meter WaterAid, Australia Aliansi Rem aja Independen	Research was undertaken across in junior and senior secondary schools in four provinces: Papua, East Java, South Sulawesi and Nusa Tenggara Timur (NTT). Sixteen urban and rural public secondary schools were randomly selected from these provinces with over 1,400 participants. 1,159 girls completed a questionnaire. 145 girls, 35 boys and 35 mothers were involved in FGDs; 8 girls were involved in in-depth interviews; 4 KIIs were held with health providers and 16 KIIs with teachers. Plus observations.	Formative research published (2015). ²⁷⁶ Plans to influence government policy and to support the Government of Indonesia to implement the findings, including to discuss possible engagement of the private sector. Will be designing a package of interventions as part of the WinS4Girls programme and will implement in 100 schools initially.
Kiribati (Pacific)	2	A formative study on MHM is being currently planned in a similar model to the formative research in the Solomon Islands.	Led by the Government of Kiribati with support of UNICEF, Pacific	Planned for 2016	To influence government policy and guidelines.

Country	Score	Formative research / learning details	Institutions / organisations involved in the research / learning	Year, geographical area and scale of research / learning	Action known to have been influenced by the research / learning or planned use of the information
Lao PDR	3	Background study on MHM in schools.	Eau Laos Solidarité	Feb 2015 150 schoolgirls Luang Prabang Province.	Development of the girls' puberty/ MHM book which has been approved by the national Ministry of Information and Culture. The Ministry of Education has given permission for it to be distributed in Luang Prabang Province so far. 10,000 copies of the booklet have been printed. So far 3,500 have been distributed by the Library of Luang Prabang in partnership with Eau Laos Solidarité and the Laos Red Cross. It has also influenced the work of the Luang Prabang Library undertaking awareness raising sessions in schools.
		Formative research on MHM in communities and primary schools.	SNV Netherlands Development Organisation with master's student, Liyen Chin	November 2013 Interviews with 375 women from nine different villages, FGDs with 179 women, including some pupils from 9 primary schools.	Results were shared at the SUN-CSA workshop in Vientiane in March 2015.
Malaysia	0	No information available	-	-	-
Mongolia	4	Learning on MHM through a Knowledge, Attitude, Practice Survey at beginning and end of project period. Example of learning from this KAP: 45 percent of girls reported that they won't use their school toilet when they are menstruating as there is no lock. Instead they go to other organisations toilets in the vicinity even if this means paying a little money.	Action Contre la Faim (ACF) and WaSH Action of Mongolia	KAPs done at the beginning of 2012 and the end of 2014 (end of project period)	ACF and WaSH Action contributed to the development of the Government of Mongolia's <i>Norms and Requirements for Water, Sanitation and Hygiene in Kindergartens, Schools and Dormitories (2015)</i> and the <i>Good Personal Hygiene Handbook for Dormitory Students [for boys and girls] (2015)</i> , both of which include good practice related to MHM. Both have been distributed by the Government of Mongolia. Also produced a <i>Menstrual Hygiene Handbook for Girls (2015)</i> , but this has not yet been distributed. Plans to distribute it in new programme in 2016. It may be updated with lessons from the recent formative research (2015).
		Formative research funded by GAC, Government of Canada under global WinS4Girls 14 country project. The research focused on exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions. It aimed to explore and compare MHM experiences of schoolgirls from schools in different	Ministry of Education Culture and Science, Government of Mongolia Center for Social Work Excellence, Mongolia UNICEF, Mongolia Support from Emory University, USA	2015 11 schools: • Capital city – Ulaanbaatar - 3 urban/peri urban schools • Provincial capital town level - 4 schools • Rural village level – 4 schools	Results to be published late 2015. Interim findings presented at 4th Annual Virtual MHM Conference, Oct 2015. ²⁷⁷ Plans to influence government policy and to support the Government of Mongolia to implement the findings updating policies, guidelines and existing IEC materials were needed. Particular focus of action likely to include dormitories

Country	Score	Formative research / learning details	Institutions / organisations involved in the research / learning	Year, geographical area and scale of research / learning	Action known to have been influenced by the research / learning or planned use of the information
Mongolia	4	contexts (urban vs rural / dormitory schoolgirls vs day schoolgirls) across multiple regions.		People whose opinions were sought in the research: 200 girls; 47 boys; 16 mothers; 14 teachers; using FGDs, in-depth interviews, participatory exercises and observations .	in boarding schools in rural contexts.
Myanmar	0	Planning to do a research into research into MHM and broader life-skills curriculum issues, in Monastic schools	WaterAid and the Burnett Institute	2016	-
Pacific	-	Planned formative research on improving access to 'Menstrual Hygiene Products' in the Pacific. ²⁷⁸	innovationXchange of DFAT of the Australian government	It is planned to fund field studies in the region, possibly with a multi-country, multi-context focus.	-
Philippines	5	Research on MHM in emergencies as part of a 3 country study under the UNICEF New York emergency WASH Department.	UNICEF New York Supported by UNICEF Philippines	2012 In the Philippines participants included: 4 FGDs. FGDs were held with three different age groups: 12-18 years; 19-30 years; 30 to 50 years. Kils were also undertaken.	Published report, presented at Emergency Environmental Health Forum, 2012 ²⁷⁹ . Added to body of evidence in emergency sector. FGD guides have been used a source of information by other agencies. Contributed to production of girls' puberty/ MHM book distributed during the Typhoon Haiyan emergency. ²⁸⁰
		Assessment of MHM in schools.	Save the Children Plan International Emory University UNICEF, Philippines	2012 Girls, boys, teachers and mothers at 9 schools in Masbate Province and 1 in the National Capital Region. Students 11 - 18 years old. Mixture of public and private primary and secondary schools and one intermediate 7th grade school. Total participants 132 - including 17 teachers and school administrators, 30 boys and 11 mothers. 49 girls were involved in FGDs and 19 for in-depth interviews.	Research report published (2013) ²⁸¹ and presented at 2012 and 2013 Virtual MHM Conference. Inclusion of MHM by the DepED Health and Nutrition Center in the (pending) "Guidelines for the Implementation of DepED WinS Program". Development of the "Growing Healthy" girls' puberty/ MHM book, the distribution of which, with sanitary pads, to 100,000 grade 4-12 girls was part of the post-Haiyan recovery program for affected- schools in Regions 6 & 8. This has also included orientations on MHM to the Health and Nutrition Units in the noted regions. ²⁸² UNICEF, Save the Children and Plan International have through their various engagement with government at different levels influenced government policy/guidelines and activities linked to WASH and adolescent and SRH. Influenced the WASH and adolescent development and school health and nutrition programming of Save the Children, Plan International and probably other organisations both in the Philippines and globally. ²⁸³ Contributed to the development of Pilot Operational Guidelines for MHM by Save the Children globally . Experience from the three country study of which this was part, is likely to have contributed to the global guidance on tools for undertaking assessments in MHM in schools prepared by Emory University. ²⁸⁴

Country	Score	Formative research / learning details	Institutions / organisations involved in the research / learning	Year, geographical area and scale of research / learning	Action known to have been influenced by the research / learning or planned use of the information
		Situational Analysis of MHM in selected schools.	Emory University Save the Children	2013 Metro Manila and South Central Mindanao. KIs with school administrators and teachers or a guidance counsellor; in-depth interviews with girls; FGDs with girls, boys, fathers and mothers.	Research report published (2013) ²⁸⁵ and presented at 2013 Virtual MHM Conference. Influenced Save the Children's programming. Contributed to the development of Pilot Operational Guidelines for MHM by Save the Children globally. ²⁸⁶
PNG	2	An assessment of WASH in Schools is currently being undertaken which includes MHM.	UNICEF	2015	-
		Learning from trials of a Tool for Gender and Disability. ²⁸⁷	WaterAid, International Women's Development Organisation and CBM Nossal	2015	It is hoped that the tool ²⁸⁸ will be used by practitioners to place higher attention on the needs of women with disabilities.
Solomon Islands (Pacific)	4	Research on MHM in Schools.	Led by the Government of the Solomon Islands with support of UNICEF. Ministry of Health and Medical Services. Ministry of Education and Human Resources Development. UNICEF, Pacific Multi-Country Office & Solomon Islands Field Office. Researchers had previous experience of conducting studies and were affiliated with Ministry of Education or authority and came from a health, education, social welfare or WASH backgrounds.	2014 4 schools in Honiara and Guadalcanal Province including rural, urban, boarding and day schools and schools with both good and poor WASH facilities. 12 in-depth interviews with schoolgirls; 44 schoolgirls and 33 teachers involved in FGDs. Plus structured observations were undertaken.	It has already led to the draft updating of the <i>Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands; Technical requirements for school WASH projects</i> (2015) with comprehensive practical guidance on MHM in schools. ²⁸⁹ Presented at the 4th Virtual MHM Conference, 2015. ²⁹⁰ Indicators have been integrated into the MHMS Rural WASH Baseline Survey (Nov 2015). Save the Children have used the separate practical guidance note on steps that can be taken in schools to respond to MHM in Malaita Province. MHM indicators have been proposed for the annual school survey and for reflection in SIEMIS.
Thailand	0	No information available	-	-	-

Country	Score	Formative research / learning details	Institutions / organisations involved in the research / learning	Year, geographical area and scale of research / learning	Action known to have been influenced by the research / learning or planned use of the information
Timor-Leste	4	Exploratory study of MHM in Timor-Leste, looking at MHM practice at the community / household levels. Included analysis of the changing practices and beliefs between the generations.	BESIK Be'e, Saneamentu nu Ijene iha Komunidade	2013 Undertaken using the SaniFOAM framework. Data collected in Liquica and Bobonaro Districts, which are part of the PAKSI programme area. Thirty one interviews with 62 households (45 women and 17 men); 36 were between the ages of 15-50 and 9 were menopausal. Four individual interviews with kiosk owners in Bobonaro. Two FGDs were also held with midwives.	Research report published (2015). Will influence the work of the bilateral WASH programme of the Government of Timor-Leste and Australian Aid, BESIK Be'e, Saneamentu nu Ijene iha Komunidade, plus also the National Community Action Plan for Sanitation and Hygiene (PAKSI).
		Research on MHM undertaken at community level	WaterAid, Timor-Leste	2015	Report not currently available.
Vanuatu (Pacific)	1	No formative studies are known	-	-	-
Viet Nam	1	None known	-	-	-

Annex X: MHM in the curriculum across the EAP region

This annex provides:

1. An overview of existing analysis of the teaching of sexuality education and life-skills across the region.
2. An overview of how topics relevant to MHM are currently incorporated into the curriculum across the EAP region.

Sexuality and HIV education in EAP Region

Approaches to the delivery of HIV and SRH varies country to country with some focusing predominantly on knowledge, such as in Viet Nam, and others also focusing on skills and behaviour change and have made these compulsory. For example in PNG all primary and secondary schools have to offer 'Personal Development' and it's life-skills based subject includes SRH, sexuality, puberty and relationships.²⁹¹

Two syntheses related to Sexuality Education (2012)²⁹² and HIV and Sexual Health Education (2000),²⁹³ provide useful insights into the progress into the teaching of sexuality across the region and the challenges that are being faced.

Sexuality Education across the EAP Region

The review of Sexuality Education in policies and strategies across the EAP region (2012)²⁹⁴ only took a light touch review of curricula across the region. However it was able to identify a number of findings:

- *'Important progress has been made, with a number of countries adopting sexuality education into formal curricula, and expanding coverage in school.*
- *However, sexuality education is mainly being delivered at secondary level. Only 43 percent of the countries have integrated sexuality education at primary level...Three quarters of countries report integrating / addressing HIV/AIDS and SRH content in education at secondary level'.*
- *'While over half of the countries include sexuality education elements in teacher training, it is often not clear how many teachers are reached, and whether this includes pre- and in-service teacher training. In addition, review of documentation highlights important challenges in ensuring that teachers cover the more sensitive content in classroom settings.*
- *Actions for informal and out-of-school sexuality education are reportedly in place in three out of five countries (17 out of 28), but the scope and nature of these activities is unclear. The documentation consulted provides little information on the coverage of sexuality education for out-of-school populations.*
- *There are considerable differences in the approach and content of sexuality education curricula across countries, and across levels of education. The approaches range from a focus on imparting selected areas of knowledge through one or more (often non-compulsory or extra-curricular) subjects, to comprehensive approaches focusing on knowledge and skills-building and on addressing underlying issues such as gender inequality and poverty'.*

HIV and Sexual Health Education in primary and secondary schools in the Asia and Pacific Region

A study of HIV and Sexual Health Education in primary and secondary schools from selected countries in the Asia Pacific region undertaken in 2000,²⁹⁵ indicated that:

'The education most students receive in most countries is focused upon the biology of sexual reproduction and not upon sexual practice in social context. Where sex is discussed in social terms, the family usually frames it. These emphases are reflected in the titles given to HIV/AIDS and sexual and reproductive health education programs. For example, in Malaysia such work takes place within the context of Family Health Education; in Thailand in Life and Family Education; in Viet Nam in Population Education, and in Indonesia and Mongolia in Adolescent Reproductive Health. That 'sex' is not used in curricula titles points to the sensitivity of the subject matter'.

'The existence of an official curriculum does not ensure that it is taught in schools. In Indonesia, for example, reproductive health is incorporated into health education, which is a compulsory subject. Despite being compulsory, however, it was reported that reproductive health might not be taught because the curricula for health education was already crowded and the subject was not examined. Given that most countries do not examine HIV/AIDS education (or if they do, not in detail), the tendency is to focus upon those subjects that are linked to formal qualifications'.

'At the primary school level, HIV and AIDS appear not [to be] discussed in detail, if at all. Similarly, interpersonal sexual relations, especially in relation to explicit discussion of sexual practice, are not mentioned in any curricula. All sex-related topics focus instead on reproduction, differences in male and female anatomy, and the physical changes at puberty'.

The study also notes that in most countries explicit talk of sexual matters is inappropriate. However as in many countries, not as many students progress to junior or senior secondary school and hence lose the opportunity to learn through secondary education.

It is useful to note that a number of analyses have been undertaken of sexuality and HIV education across the region, but there is an absence of focus on MHM. The most comprehensive synthesis on sexuality education across the region, published in 2012 by UNESCO (100 pages including annexes), did not include the word 'menstruation' or 'menstrual hygiene' once. It did mention and analyse the inclusion of 'reproductive health', but this is not confirmation that menstrual hygiene is adequately covered under this subject¹⁸.

Considering the significant impact of a poor menstrual hygiene environment on the learning of adolescent girls, this subject needs specific attention.

Life-skills education in EAP Region

A review by UNESCO and UNICEF of how life-skills or life-skills education (LSE) has been applied in countries across Asia and the Pacific (published in 2013) revealed three distinct approaches, which are not mutually exclusive.²⁹⁶ These were categorized as:

1. Focus on psychosocial skills, including social-emotional learning, leadership and self-regulation;
2. Focus on income-generation skills and livelihood development;
3. Focus on healthy behaviours and risk reduction for HIV prevention.

¹⁸ Analysis of a UN and INGO supported toolkit (2009) and a distance learning module on adolescent sexual and reproductive health and reproductive health respectively in humanitarian contexts (2006) also did not include reference to menstrual hygiene. With the increasing interest and attention on the issue of MHM over the past few years, it is hoped that if such documents were produced today, it would be included. However for the time-being it is recommended to not make the assumption that MHM is automatically included in SRH; but to double check the detail of such guidance to check that MHM is acknowledged and discussed.

The review identified that LSE programmes have targeted specific learner groups, programme content and delivery methods; and that the content may include health education, HIV prevention, vocational training or income generation. It was also identified that programmes may be delivered in secondary schools or in non-formal, out-of-school settings. LSE is also often integrated into the Child-Friendly Schools (CFS) model, which is being rolled out across Asia with UNICEF support; and that many countries have also developed education and training programmes to deliver life-skills under different names according to their specific contexts.

The study also noted that, *'all LSE programmes, regardless of their approach and focus, face common challenges, including lack of teacher training and capacity, and difficulties associated with assessing programme effectiveness (which would require measuring changes in skills and behaviours).'*

A four-year project by ESCAP entitled 'Strengthening Life-skills for Positive Youth Behaviour' was initiated in 2005 including in three countries in the EAP Region, Cambodia, China and the Philippines.²⁹⁷ The subjects covered did not include MHM or puberty education, but the lessons are still relevant. Lessons learnt included that life-skills education using the peer-to-peer approach was an effective tool to promote positive youth behaviour. The project stakeholders in their evaluations, recognised the life-skills approach with its emphasis on communication and decision-making, can be applied to many subjects and particularly those that are sensitive such as SRH. It also notes that *'Peer education has become one of the most common approaches to addressing adolescent SRH in recent years. It is based on the premise that young people are more inclined to discuss sexual behaviour and other sensitive subjects with their peers than with parents or other adults'*. The lessons also included that information alone on harmful practices is not enough but that young people also need to gain life-skills that will allow them to be able to modify their behaviours and lead a healthy life.

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to topics relevant to MHM being included in the curriculum	Information not known	No topic relevant to MHM is incorporated into the curriculum	At least one topic relevant to MHM is incorporated into the curriculum	Several topics relevant to MHM are incorporated into the curriculum, but the subjects are optional	Most of the key topics relevant to MHM are incorporated into the curriculum, but the subjects are optional	Most of the key topics relevant to MHM are incorporated into the curriculum and the subjects are compulsory

Notes:

- Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires and from KIIs and email communications.
- Please note that respondents in country may vary in their direct knowledge of the subjects that are of relevance to MHM and hence their judgements on whether MHM is included in the curriculum. Analysis of the curriculum is an area that needs more attention after practical guidance has been produced, on what needs to be covered and against which assessments can be made.

Table 15: Topics relevant to MHM in the curriculum across the EAP region

Country	Score	Elements of MHM which are incorporated into the curriculum
Cambodia	3	<p>The Policy for Curriculum Development (2004)²⁹⁸ notes that Life-skills are defined as ‘the intellectual, personal, interpersonal and vocational skills that enable informed decision making, effective communication, and coping and self-management skills that contribute to a healthy and productive life’. The Life-skills Policy (2006) classified life-skills subjects:</p> <ul style="list-style-type: none"> • Basic Life-skills – ‘Basic Life-skills are necessary for all learners to get fundamental skills for their living’: General Life-skills are personal hygiene, safety, planning for daily life, organization, relationship and being good citizens with high morals; and Pre-vocational Skills enable students to be productive contributors to the workforce or their communities including communication and mathematical skills, problem solving and team work. Life-skills such as critical thinking, solving problems, ability to cooperate, etc, are therefore defined as Basic Life-skills and are incorporated into different subjects in the national curriculum. • Career Skills – ‘Career Skills are selected by the learners to study as the stepping stone notion of fundamental vocation to the future specific career’: simple and vocational skills. Local Life-skills (LLS) are defined as Career Skills. A time is allocated to them in the Policy for Curriculum Development but says that ‘schools in partnership with parents, their local community, community organisations and NGOs must develop and administer a Local Life-skills Program of between 2 to 5 lessons per week... to supplement the national curriculum’. It notes that it is the responsibility ‘of the schools, parents, local communities and NGOs to fund, staff and provide equipment for the delivery of these lessons’. <p>Subjects of relevance to MHM are covered in guidance on <i>Life-skills Education on Sexual and Reproductive Health</i> produced by the Inter-Departmental Committee for HIV/AIDS and Drugs for the Ministry of Education, Youth and Sport.²⁹⁹ The subjects come under the Health Policy and are currently an extra curricula activity. From 2016 it will become compulsory. The Health Education Curriculum of which MHM is part is currently under revision.</p> <p>The current relevant topics include:</p> <p><u>Grades 5 - for Primary Education:</u></p> <ul style="list-style-type: none"> • Chapter 2: Value and Rights - covers a lesson on self-esteem and valuing others <p><u>Grade 6 - for Primary Education:</u></p> <ul style="list-style-type: none"> • Chapter 1: Growing Up and Future Goals - covers lessons on happiness and issues that happen during puberty (1 hr) and body changes during puberty (1 hr) • Chapter 2: Gender and Violence - covers a lesson on gender values <p><u>Grade 7 - for Lower Secondary Education:</u></p> <ul style="list-style-type: none"> • Chapter 3: Sexual Health and HIV/AIDS - covers lessons on body changes of adolescents (1 hr), genitals (1 hr) and menstruation (1 hr). <p>Main constraints faced by teachers in teaching life-skills in Cambodia:</p> <ul style="list-style-type: none"> • Shortage of teaching support materials • Shortage of teachers • Lack of appropriate space • Lack of community involvement • No reimbursement of teacher's overtime • Lack of interest from students • Lack of interest from teachers • Lack of interest of School Director • Lack of budget • LLS are not perceived as compulsory
China	4	<ul style="list-style-type: none"> • The school curriculum includes MHM under the subject of ‘Sports and Health’¹⁹. • In China, there is no stand-alone policy, regulation or guideline on MHM, it has been combined with all related documents, such as “guideline on health education in primary and middle schools”. MHM is one of five topics, including healthy activities & lifestyle, disease prevention, psychosocial support, growth & adolescent health (MHM), emergency response & safety. In this guideline, it is divided to different groups (1-2 grade), (3-4 grade), (5-6 grade), (junior secondary), (high school). For each group, it is noted that the guideline listed all the required knowledge which this group of children need to know. MHM is included.

¹⁹ The consultant was not able to see the curriculum from China. Hence the information provided here has been provided by colleagues based in country.

Country	Score	Elements of MHM which are incorporated into the curriculum
		<ul style="list-style-type: none"> Following the national guideline, some curriculums were developed by different publishers, such as the people's education press. And in schools, there is a "Sport and health" class, which will be organized 6-7 hours/semester. The class will cover all health-related topics, including MHM. From national level, there are policy, guidelines etc to support the MHM implementation, there is also curriculum and class to support the education. It is relatively mature in this area. The main gaps are the capacity of teachers, most of teachers in school do not have a health background, so cannot ensure the quality of class. Health education is not the prioritized class. Moreover, the M&E is relatively weak in this area. Analysis from the WinS Bottleneck analysis on the quality of health education³⁰⁰ - Currently, the quality of health education in schools is very poor. While data from China CDC and UNICEF suggest that more than 80 percent of schools have health education classes, it is optional for the schools to offer these classes and the curriculum is generally not adapted to local conditions. Only 10 percent of rural schools have a health education teacher and most schools have no plans to establish this post.
DPRK	0	<ul style="list-style-type: none"> Information not available.
Fiji (Pacific)	1	<ul style="list-style-type: none"> Subjects relevant to MHM are not known to be taught in the curriculum. [note - that it is possible that the physical processes of menstruation or some subjects related to SRH may be included in the curriculum but information was not available on these areas]
Indonesia	3	<p>The recent formative study on MHM identified the following:</p> <ul style="list-style-type: none"> 'MHM in science, religion and physical education classes. Girls in SMA (senior secondary school grades 10-12) who were enrolled in predominantly non science classes had less information to menstruation education than SMP students (junior secondary school, grades 7-9) for whom science and biology lessons were part of the standard curriculum'. 'All schools provided education about puberty and reproductive health, however all but one urban school reported that they provided this education to boys only. In contrast, 13/16 schools provided education about menstruation to both boys and girls, and the remaining schools to girls only'. 'The emphasis was on biological aspects of menstruation and religious and behavioural restrictions in religious classes. Information about what to expect when menstruation and MHM was lacking'.
Kiribati (Pacific)	1	<ul style="list-style-type: none"> An assessment of the Healthy Living curriculum by Live & Learn International supported by UNICEF established that currently elements on MHM are only taught to upper classes. Menstruation is not known to be included in the curriculum before Year 6. In Year 6 it is included in the health component but integrated across the curriculum. The curriculum is currently under review and hence this provides an opportunity to integrate it for younger girls and also teach it to boys.
Lao PDR	2	<ul style="list-style-type: none"> Observations in country are that some subjects relevant to MHM are in the secondary school curriculum, but not yet primary school. The physical aspects are under biology. But it has been observed that some teachers skip over the subjects due to shyness around the sensitive nature of subjects relating to the body. 'To build knowledge and encourage risk avoidance in relation to HIV and AIDS, reproductive health, STIs and drugs, the government introduced a life-skills curriculum to selected primary, lower and secondary schools in seven target provinces in 2003. By 2010, 74 per cent of the nation's secondary schools, located in 11 of its 17 provinces, had followed suit'.³⁰¹ Subjects included HIV and AIDS, STIs, reproductive health, alcohol and drugs. As an indication that the subject was taught the assessment noted that 'An average of 95 per cent of students in curriculum schools said they learned about HIV and AIDS, STIs, reproductive health and drug abuse in school, compared to 77 per cent in non-curriculum schools. Students in curriculum schools were far more likely to discuss the risks of HIV and methods of HIV prevention with a teacher than were students in non-curriculum schools'. It also noted that students said the most difficult part was reproductive health, because there were many lessons and the content was lengthy. It is not clear how much relevant to MHM is included under the Life-skills curriculum although considering the students felt that the topic was long, it may be considered that a portion of this subject would have covered some relevant subjects. However it is understood that only physical aspects may be covered to older children (age 18) and nothing on the management of menstruation.

Country	Score	Elements of MHM which are incorporated into the curriculum
Malaysia	2	<ul style="list-style-type: none"> The physical processes of MHM and the role of the hormone system are covered in the Biology curriculum for Form 5.
Mongolia	1	<ul style="list-style-type: none"> Very limited. The dedicated health subject was abolished in September 2015. [note - that it is possible that the physical processes of menstruation may be included in the curriculum but information was not available on this area]
Myanmar	4	<p>The <i>'Healthy Living and HIV/AIDS, Teacher's Guide'</i> indicates the following subjects are included. It is not clear if these subjects are compulsory or optional:</p> <ul style="list-style-type: none"> <u>Primary level</u> - talks about washing genitals under personal hygiene but no specific mention of menstruation. <u>5th standard</u> - includes information on personal hygiene of the body generally; has participatory activities to consider sanitation problems and solutions; discusses emotions and how to handle them. <u>6th standard</u> - includes information on physical changes in youth of both sexes under the Life-skills, Reproductive Health subject. It includes: Guidance to teach girls and boys separately; Provides info on changes to body for boys and girls during adolescence; a section on menstruation; Focus on it being a normal process; discusses emotions as well as physical (but not about hygiene parts); has questions for discussion including on how to reduce negative impacts; discusses no need to feel shameful or shy.
Philippines	3	<p>Formative research on MHM (2012) notes:</p> <ul style="list-style-type: none"> <i>'The Government of the Philippines has made advancements in girls' education and WASH in Schools, although current education and health policies do not yet specifically address menstrual hygiene.'</i> <i>'Menstrual hygiene management continues to gain attention in the Philippines, particularly within the Department of Education, as well as UNICEF, NGOs and the private sector. The Department of Education is currently reviewing and revising the national school curriculum. It has expressed interest in addressing the topic and intention to include MHM content in the curriculum starting at Grade 4.'</i> The Philippine national education policy includes menstruation education as part of the core curriculum, and the topic is presented in various courses. Nonetheless, girls continually lacked accurate information as several barriers prevented them from learning about menstruation at school. Core courses that include menstruation education: Home economics and livelihood education (EPP); Music, arts, physical education and health (MAPEH); Technology and Livelihood Education (TLE) - also includes sewing; Values; Science. The <i>Essential Health Care Package</i> – is a successful model for oral hygiene and daily hand-washing in the curriculum. Personal safety lessons are run through NGOs and Child Protection at Plan that trains teachers on anti-bullying and teasing. Learning materials were often outdated and were not always available for girls to access themselves. Students lacked textbooks that would allow them to follow lessons, look up information, and think critically about the traditional information they are receiving. Teachers noted that the lack of learning materials for students was also a challenge for them. <p>Observations from in-country (2015):</p> <ul style="list-style-type: none"> Biology and health subjects include menstruation. DoE have been updating the curriculum from Kindergarten to grade 12 - still ongoing - to include comprehensive sexuality education from grade 5 upwards. Some elements of MHM have been included in a number of subjects. It may also include guidance materials. UNICEF has submitted information on MHM to DepED for review and approval for national scale-up. MHM is also integrated into 'Making Connections' training for life-skills a programme for adolescents that is being supported by UNICEF. See the Annex XII on teaching and learning materials to see an example from the resource materials. A girls' puberty/ MHM book has also been developed and is being used as a key resource during this training.
PNG	3	<ul style="list-style-type: none"> The <i>'Health Promoting Schools - Student Teacher Course Book'</i> by the Department of Education in PNG, includes some subjects relevant to MHM including a case study for teachers to discuss (see Annex XI). It aims to help teachers considers the 6 dimensions of health: Physical, social, mental, spiritual, emotional, occupational health. It also includes notes about girls not feeling safe and includes an exercise looking at a range of harmful cultural practices - related to taboos about sex education, menstruation customs, initiation ceremonies etc. It is not clear however, whether these subjects are part of the core curriculum and if they are compulsory or optional.

Country	Score	Elements of MHM which are incorporated into the curriculum
Solomon Islands (Pacific)	1	<ul style="list-style-type: none"> The syllabus on puberty, RSH, and menstruation is only taught at Form 3 and 5 while puberty can begin as early as age 10 while girls are in primary school.
Thailand	5	<p>From a detailed review of MHM in the curriculum kindly undertaken by Usasinee Rewthong from the UNICEF Education team in Thailand which is in the Thai language, the following has been established:</p> <ul style="list-style-type: none"> From the '<i>Guideline on Sexuality Education's Learning Activity</i>' for Grade 1-12 (primary and secondary education), recently published by the Child Protection Center (CPC)/ Office of the Basic Education Commission (OBEC) in 2015. CPC is disseminating these guidelines to 30,000 schools in Thailand. These guidelines were based on the Basic Core Curriculum B.E.2551 (A.D. 2008), in which Sexuality Education (SE) is integrated mainly in the Learning Area of 'Health and Physical Education (HPE).' There is content of MHM or related issues, in part of Sexuality Education, under HPE. The HPE consists of five strands: Strand 1 Human Growth and Development; Strand 2 Life and Family; Strand 3 Movement, Physical Exercises, Games, Thai and International Sports; Strand 4 Health Strengthening Capacity and Disease Prevention; and Strand 5 Safety in Life. The guidance materials include participatory exercises, images and worksheets to discuss on a range of issues. <p>Lessons plans include:</p> <p>Primary education (Prathom Sueksa):</p> <ul style="list-style-type: none"> Grade 1 (7 years old) - Understanding the nature of human growth; explain the methods of taking care of human organs (male and female); and explain the physical and mental growth and development according to age, which includes focus particularly on changes during the ages of 9-12 years during puberty and has specific mention girls concerns around her period and also that it is important to seek accurate information. Grade 4 (10 years old) - Understanding the nature of human growth; explain the physical and mental growth and development according to age, which includes focus particularly on changes during the ages of 9-12 years during puberty and has specific mention girls concerns around her period and also that it is important to seek accurate information. Grade 5 (11 years) - Understanding and self-appreciation; family; sex education; and life-skills; Explain sexual changes and how to conduct themselves appropriately. 'Pay attention in transitional period': In a worksheet it includes 'Exploring how your friend react or behave in these five situations, including 'If you are teased about boy/ girlfriend, pimples, breast, voices, menstruation, what do you do, Grade 6 (12 years) - Explain the importance of reproductive and circulatory systems affecting health, growth and development; and Explain methods of taking care of reproductive, circulatory and respiratory systems for normal functioning. The lesson plan includes: 'Stepping to puberty': Learn four key issues; sexual organs (M/F), female reproductive systems, menstrual cycle and, male reproductive system. <p>Lower secondary education (Mathayom Sueksa):</p> <ul style="list-style-type: none"> Grade 7 - Explain the importance of nervous and ductless gland systems affecting health, growth and development of teenagers. 'Changes and sexual development' learning goes into detail about ovulation, menstruation, ejaculation and masturbation. Also, emotional change and sexual feeling is included in this stage. 'Sexual deviation' is mentioned briefly to promote acceptance toward friends who have different sexual development and orientation. <p>Challenges may exist for teachers to teach some of the subjects in a non-judgemental way.</p>
Timor-Leste	2	<p>Observations from in-country:</p> <ul style="list-style-type: none"> The curriculum teaches on human body/puberty. The physical changes in the body are covered in biology; but not the hygiene aspects and the cultural beliefs around MHM. The subjects is not taught at primary level, but in grade 6 a little is talked about, but just about boys and girls grow up, but small discussion. There may be other opportunities for MHM promotion and menstruation education in schools through the School Health Strategy and in the curriculum through Life-skills based curriculum and Child Friendly Schools initiatives.

Country	Score	Elements of MHM which are incorporated into the curriculum
Vanuatu (Pacific)	2	<ul style="list-style-type: none"> • Live & Learn are currently working with the Vanuatu Institute of Technology to strengthen the module on water and sanitation including MHM. It is understood that this will support the teaching of WinS and MHM in the curriculum although details not known. • [note - that it is possible that the physical processes of menstruation or some subjects related to sexual and reproductive health may be included in the curriculum but information was not available on these areas]
Viet Nam	3	<ul style="list-style-type: none"> • Before 2012, UNICEF assisted Ministry of Education and Training (MOET) to include menstrual hygiene as a part of the lower secondary schools (grades 6-9, with children 12 to 15 years of age). The life-skill programming in schools includes menstrual hygiene but is extra-curricular. Some information is also in the biology/science subject for grade 4.

Annex XI: Teacher training relevant to MHM across the EAP region

A survey of young people aged 15-24 from across the region, called “Speaking Out” published by the UNICEF EAP Regional Office in 2001, asked why they leave school.³⁰² A proportion of young people said that they found it difficult to talk to their teachers about their problems at school, citing that teachers often yell at them (16 percent), that they don’t listen to or treat students well (13 percent) and that they use physical punishment (8 percent). The fact that 16 percent of young people noted that they found it difficult to talk to their teachers about problems, may also pose challenges for the provision of support on the issue of MHM.

The study of HIV and Sexual Health Education in primary and secondary schools from selected countries in the Asia Pacific region undertaken in 2000³⁰³, indicated that teacher training was identified as a fundamental barrier to the delivery of good quality HIV/AIDS and SRH education in schools. It also noted that for some countries such as in Cambodia, that there was a lack of teacher training in general, not just in relation to SRH. Many teachers, especially in remote areas and poorer countries, lack formal training in SRH. SRH pre-service training could only be identified in 3 countries, Thailand, PNG and Viet Nam. But it was not clear how many teachers were trained. But that by contrast, in most countries, some form of short in-service training, which was always skills based and at least partly funded by international organisations and usually disseminated using the cascade model of training.

Key challenges to effective teacher training on sexuality education

A study by UNESCO on sexuality education (2012) identified that key challenges to effective teacher training related to sexuality education and SRH include:

- The status of the curriculum (and the extent to which it is compulsory and implementation is monitored)
- The scope, quality and focus of teacher training and the degree of support provided in the delivery of the content.
- Availability of resources (time and materials).
- Supervision and monitoring of implementation.
- (Perceived degree of) receptiveness by communities and parents.

It notes that *‘there appear to be considerable challenges to providing teacher training on the scale that is required for an effective implementation of sexuality education. The 2010 Viet Nam UNGASS report is also helpful in providing further details on the specific challenges related to scope and coverage of teacher training. The report includes findings from a 2008 survey of over 650 secondary schools. The study reports that only one in five secondary schools have one or more teachers “trained to some degree in life-skills-based HIV education.” Other schools have no teachers trained to deliver this content’*. The study also found that *‘only 4.7 percent of secondary school teachers had the kind of training that is required for them to be able to deliver comprehensive life-skills-based HIV education which focuses on knowledge, behaviour and attitudes (defined as which including five required skills: communication, refusal, decision-making, setting objectives and problem solving)’*. It also identified that a study from the Department of Education in PNG

suggested that ‘as many as 30 percent of teachers skip key parts of the curriculum containing explicit or sensitive content’.

Whilst there is a strong demand for additional teacher training and support, multiple challenges exist to establish appropriate approaches to teacher’s engagement and professional development that go beyond content to a more participatory approach. This is particularly challenging in the context of resource-constrained systems and where more didactic forms of delivery are common.

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to the training of teachers on MHM	Information not known	No training is being provided for teachers on MHM	At least one organisation is providing training for teachers on MHM (even on a limited scale)	Teacher training includes some of the topics relevant to MHM in the standard pre-service training or in-service training and some teachers are receiving it	Teacher training on all of the topics relevant to MHM is included in the standard pre-service training or in-service training and increasing numbers of teachers are receiving it	Teacher training on all of the topics relevant to MHM is included in the standard pre-service training or in-service training and all teachers have received it

Notes:

- Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires and from KIs and email communications.

Table 16: Teacher training on topics relevant to MHM across the EAP region

Country	Score	Elements of MHM which are incorporated into the curriculum
Cambodia	2	<ul style="list-style-type: none"> Information on training for the SRH elements of the life-skills elements of the curriculum is not known although a study of HIV and Sexual Health Education in primary and secondary schools from selected countries in the Asia Pacific region undertaken in 2000³⁰⁴, noted that for some countries such as in Cambodia, that there was a lack of teacher training in general, not just in relation to SRH. Some non-governmental organisations are providing training to teachers on MHM including: Clear Cambodia; Samaritan’s Purse; and Splash (previously) in their programme areas. Feedback from principals and teachers to the Clear Cambodia team after themselves running the MHM sessions included that they found them very interesting as it gave them an opportunity to break the silence on MHM. It was noted that they only told their own children a small amount about MHM and not as much as in the trainings. Teachers trained by Samaritan’s Purse noted that they have increased confidence in raising awareness within their classrooms.
China	3	<ul style="list-style-type: none"> In China MHM is combined with all related documents, such as “<i>guideline on health education in primary and middle schools</i>.” From national level, there are policy, guidelines etc to support the MHM implementation and curriculums and class to support the education.

Country	Score	Elements of MHM which are incorporated into the curriculum
China	4	<ul style="list-style-type: none"> • Training is available for teachers, some through pre-service training and also through stand-alone or in-service trainings (indicated as good or reasonable progress on the questionnaire). • The main gaps are the capacity of teachers, most of teachers in school have no health background, so cannot ensure the quality of class. Health education is not the prioritized lesson. Moreover, the M&E is relatively weak in this area. • Analysis from the WinS Bottleneck analysis on the quality of health education³⁰⁵ notes that currently, the quality of health education in schools is very poor.
DPRK	0	<ul style="list-style-type: none"> • No information available.
Fiji (Pacific)	0	<ul style="list-style-type: none"> • Training for teachers on MHM is not yet available. • [note - that it is possible that the physical processes of menstruation or some subjects related to SRH may be taught in teacher training, but information was not available on these areas]
Indonesia	2	<ul style="list-style-type: none"> • It is understood that MHM is not in the standard teacher training. • <i>'Teachers reported that they knew about the biological aspects of the menstrual cycle and symptoms such as pain; but they did not know what good MHM practices were or what activities they could or could not do and therefore could not advise girls. These issues were not covered by existing curriculum and teaching materials and teachers felt they did not have the medical knowledge to confidently advise girls'. 'Lack of time to teach menstruation, lack of supporting teaching materials, and discomfort discussing sensitive issues were other barriers noted by teachers. Many also described students being embarrassed, disruptive and laughing during these lessons – particularly when boys and girls were taught together. Some teachers felt that health providers were better equipped and should be responsible for delivering MHM education to students'.³⁰⁶</i> • Plan Indonesia has been training teachers on MHM in 7 schools so far in Nagekeo District in conjunction with the Negekeo District PokjaampI (Nagekeo WASH Working Group) supported by Australian Aid through the Civil Society WASH Fund II. They have trained male and female teachers responsible for school health programmes and the teachers on MHM then trained the students. They were also trained on the importance of the WASH facilities. The teachers noted that MHM was taught in primary school but just the biological processes.
Kiribati (Pacific)	2	<ul style="list-style-type: none"> • Training for teachers on MHM is not yet available. The teacher guide is to be developed in December to April 2016. It is in the plan for Ministry of Education under WASH in Schools project supported by New Zealand Aid Programme and UNICEF with Live & Learn as an implementing partner. Training of teachers will happen in June 2016 as part of WINS activities. Curriculum will be implemented in 2017. The Kiribati Teachers College will include MHM in their module for new teacher trainees and qualified teachers as part of their Teacher Professional Development. • [note - that it is possible that the physical processes of menstruation or some subjects related to SRH may be taught in teacher training, but information was not available on these areas]
Lao PDR	2	<ul style="list-style-type: none"> • A study of the life-skills curriculum project supported by UNICEF in Lao PDR³⁰⁷ noted that <i>'Teachers expressed a number of concerns relating to their training and their capacity to effectively deliver the life-skills curriculum. In general, they saw a need for more training and support, better educational materials, and textbooks that were more relevant and accessible to students'</i>. Several days of training was provided. The life-skills curriculum included subjects on reproductive health, but how much was covered on MHM is not known. It is understood that it is only provided to biology teachers. • Training on MHM has been provided by SNV, Netherlands Development Organisation for teachers in Savannakhet Province in June 2015. • Luang Prabang Library with their Outreach Programme with support of Eau Laos Solidarité have been providing some training for teachers on MHM in Luang Prabang Province.
Malaysia	0	<ul style="list-style-type: none"> • No information available.
Mongolia	1	<ul style="list-style-type: none"> • Training for teachers on MHM is not yet available. • [note - that it is possible that the physical processes of menstruation or some subjects related to sexual and reproductive health may be taught in teacher training, but information was not available on these areas]

Country	Score	Elements of MHM which are incorporated into the curriculum
Myanmar	3	<ul style="list-style-type: none"> A detailed teachers manual available for each level of teaching is available on 'School-based Healthy Living and HIV/AIDS Prevention (SHAPE)' from the Government of the Union of Myanmar, Ministry of Education, Basic Education Department. It is not known whether this is accompanied by training or otherwise or the scale if this training, but this score has presumed that as the teacher's manuals are from the Ministry of Education and are in some detail, that some training is also accompanying the guidance. Hence the score. It is possible that the score may in reality be higher.
Philippines	3	<ul style="list-style-type: none"> MHM is linked to curriculum but not comprehensive yet and mainly addresses biological concerns. Teacher training integrates menstruation for science and health majors. There is no stand-alone training on MHM for teachers. UNICEF's "Creating Connections" training on life-skills, which includes MHM, have built capacity in several organizations. The Department of Health (DOH) training for health care providers includes MHM. The UNICEF Adolescent Development Program is working with DOH on enhancing the content on ASRH, including MHM, for its trainings. Save the Children, Philippines, is providing training to teachers as part of its Adolescent Development and School Health and Nutrition programmes, under their Education programme and VYA programming. Plan International, Philippines is planning to provide information on MHM to Plan-sponsored schools in Masabate.
PNG	3	<ul style="list-style-type: none"> Information is not available on the current scale or content of teacher training. But the existence of the 'Health Promoting Schools - Student Teacher Course Book' by the Department of Education in PNG, which has some subjects relevant to MHM including a case study for teachers to discuss, indicates that at least a proportion of teachers are probably being trained on some elements of MHM.
Solomon Islands (Pacific)	1	<ul style="list-style-type: none"> Training for teachers on MHM is not yet available. [note - that it is possible that the physical processes of menstruation or some subjects related to SRH may be taught in teacher training, but information was not available on these areas]
Thailand	4	<ul style="list-style-type: none"> Details are not known of the scope or scale of teacher training in Thailand. However, the 'Guideline on Sexuality Education's Learning Activity' for Grade 1-12 (primary and secondary education), recently published by the Child Protection Center (CPC)/OBEC in 2015, which includes MHM, is going to be disseminated to 30,000 schools in Thailand. This will provide a practical resource at scale and hence building the capacity of teachers on this issue is assumed to be a priority of the Government of Thailand and hence the score.
Timor-Leste	1	<p>Observations from in-country include:</p> <ul style="list-style-type: none"> Teachers are not trained in MHM or how to teach on the human body / puberty.
Vanuatu (Pacific)	3	<ul style="list-style-type: none"> The Vanuatu Institute of Technology now has WASH in Schools included as an elective course for Year 1 teaching students in 2015, with support from the NGO Live & Learn. The WinS course will target both primary and secondary teachers- in-training, and the name of the qualifications are Certificate in Primary Education and Diploma in Secondary Education. From 2016, following a review of content and approaches, the WinS elective will be included as a compulsory course in the teacher's training curriculum to align with the national school curriculum. Menstrual hygiene is one module of the WinS course, which will be taught to teaching students, covering issues around MHM for girls and breaking traditional taboos on menstruation. It also covers how male teachers can address menstruation with their girl students, and how teachers and parents can work together to address these issues. [note - that it is possible that the physical processes of menstruation or some subjects related to SRH may be taught in teacher training, but information was not available on these areas]
Viet Nam	1	<ul style="list-style-type: none"> Only for the science part but very generic.

Annex XII: Teaching and learning materials with relevance to MHM across the EAP region

The following box provides examples of newer information, communication, technologies being used to provide opportunities for learning about SRH and MHM in the EAP region.

On-line and mobile information on SRH and MHM

“Private sector brands such as Always/Whisper have developed a number of on-line platforms focusing on education, where girls can learn more in an intimate setting (e.g. ‘BeingGirl’); access informational videos (the ‘Always Diaries’); or find mobile phone applications to use, for instance, as period calendars. Engagement via social media is also crucial and platforms such as ‘BeingGirl’ national Facebook pages have been developed to further puberty and menstruation discussion’.

See also the examples related to the on-line platform in China and Butterfly works in Cambodia below.

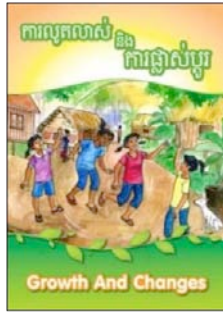
The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to availability of teaching and learning materials on MHM	Information not known	No teaching and learning materials are available on topics relevant to MHM	At least one organisation has produced learning and teaching materials relevant to MHM which it is using in its activities	As a minimum a girls MHM information booklet and one other learning and teaching material or tool are available	A girls MHM booklet is available or other key IEC materials approved by the ministry of education and a number of other teaching and learning materials are available	A girls MHM booklet is available approved by the ministry of education and a comprehensive set of other teaching and learning materials are available







Notes:



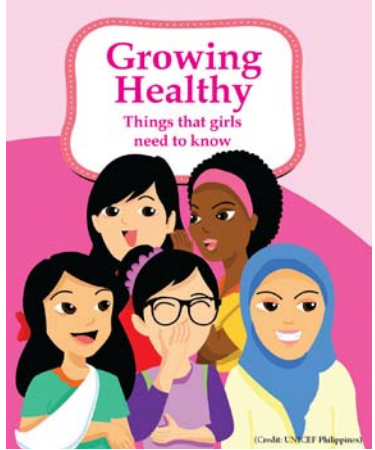
1. Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires and from KIIs and email communications.



Table 17: Availability of teaching and learning materials with relevance to MHM across the EAP region

Country	Score	Teaching and learning materials related to MHM	
Cambodia	4	<ul style="list-style-type: none"> A girls' puberty/ MHM book, <i>Growth and Changes</i>, has been produced in 2012 by Grow and Know Inc. It has been approved by the Cambodian Ministry of Education. A boys' puberty book is also under finalisation which has some information on menstruation (if it follows the basic model of the boys reader in Tanzania). It has also been approved by the Government for use in Cambodia. The Ministry of Education, with support from UNICEF published 120,555 copies of the girls' puberty/ MHM book and UNFPA published 20,000, adding to the over 27,000 copies already published with support from Grow and Know, Save the Children and Room to Read. UNICEF supported the publishing of the books on behalf of the School Health Department of the Ministry of Education, Health and Sport. They have been distributed to girls of grades 5 to 8 across 5 provinces by the government and UNICEF. It is understood that Clear Cambodia, Splash and Samaritan's Purse have also been distributing the girls' book as part of their trainings for teachers and lessons and also that CARE and Plan International may also be distributing the books. The MoEYS supported by UNESCO ran a regional workshop for government education officers, school principals and teachers on the Growth and Changes book. Samaritan's Purse developed a MHM lesson based on UNICEF's WASH in Schools in Emergencies publication format and also developed some true/false flash cards to correct MHM misconceptions. Clear Cambodia also uses the flash cards along with pictures, some posters and the use of short stories, as part of its lessons. Splash train students through a children's club and has its own curriculum. It is not clear whether IEC materials are available to support the SRH, life-skills lessons taught as extra curricula activities supported by the Ministry of Education. 'Puberty and menstruation education are part of the eLearning programme to be launched in Cambodia by OneWorld's partner Butterfly Works, in collaboration with the Reproductive Health Association of Cambodia (RHAC), the People Health Development Association (PHD), and UNESCO. The online materials, based on the national curriculum, will include audio and video content, interactive games, quizzes and other resources adolescents can use as they interact with virtual peer educators. The online platform opens a safe space for students and teachers to feel free to discuss sensitive topics.'³⁰⁸ Butterfly Works website [accessed 6/11/15] notes: This is the fifth contextualized version of the Learning about Living interactive cross media programme on life-skills, sexual health, education and creativity, developed with partners, OneWorldUK, RHAC, Women Media Centre and OSD - www.youthchhlat.org 	 <p>Girls' puberty/MHM book, Cambodia (Grow and Know, Inc. USA)</p>
China	4	<ul style="list-style-type: none"> Good progress is reported in the availability of IEC related to MHM in China²⁰. In China, UNESCO in partnership with Baidu and the Communication University of China has developed an online interactive knowledge-sharing platform aimed at improving HIV prevention and sexual and reproductive health education for youth. Baidu is the country's largest search engine, used by 94percent of all internet users in the country including 80 million adolescents. 'YouthKnows', hosted on 'Baidu Knows', is an online Q&A platform that collects expert contributions by a network of professionals, and an online educational video channel on health education. A series of 24 video episodes covering a variety of HIV and sexuality-related topics are being developed and will be uploaded onto 'Youth@Knows'. Both the Q&A channel and the video lessons will be available through mobile applications to cater to young people who use mobile devices to get information. The project was initiated as nearly two out of three young Chinese aged 10 to 29 (232 million) are online and 66percent of young males and 54percent of young females use the internet to access HIV and sexual health information.'³⁰⁹ 	
DPRK	0	No information available.	
Fiji (Pacific)	1	None are known to exist.	

20 None of the IEC from China has been seen as part of the process of the analysis and hence this score is based fully on the assessment made in the questionnaire.

Country	Score	Teaching and learning materials related to MHM
Indonesia	3	<ul style="list-style-type: none"> Plan International working in Nagekeo District has developed a girls' puberty/ MHM book and also adapted the Water, Supply and Sanitation Collaborative Council (WSSCC) 'Menstrual Wheel' as a teaching aid.  <p>Teachers with the 'Menstrual Wheel' teaching aid by WSSCC adapted for Indonesia (Plan International Indonesia)</p>  <p>Girls' puberty/MHM book, Indonesia (Plan International Indonesia)</p>
Kiribati (Pacific)	1	None known to exist.
Lao PDR	3	 <p>Girls in Laos reading the girls' puberty/ MHM book 'I am a Teenager' (Eau Laos Solidarité/S. Piper Pillitteri)</p>  <p>I am a Teenager, girls puberty/ MHM book, Lao PDR (Eau Laos Solidarité)</p> <ul style="list-style-type: none"> Development of the girls' puberty/ MHM book which has been approved by the national Ministry of Information and Culture. The Ministry of Education has given permission for it to be distributed in Luang Prabang Province so far. 10,000 copies of the book have been printed. So far 3,500 have been distributed by the Library of Luang Prabang in partnership with Eau Laos Solidarité and the Laos Red Cross. They have also developed posters with their own funds for the school workshops run by the Luang Prabang Library and use other visual aids such as sanitary pads and menstrual calendars as well as pictures of the reproductive system. Video of their work by Joua Lee (2015) - 6.06 mins - https://www.youtube.com/watch?v=NJNG2CLREj8
Malaysia	0	No information available.
Mongolia	3	<ul style="list-style-type: none"> A 'Good Personal Hygiene Handbook for Dormitory Students' [for boys and girls] booklet by the Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia, 2015 is available and has been distributed by the government in Aug 2015 to all schools with dormitories. It has a section on MHM. WaSH Action of Mongolia have also developed a menstrual hygiene handbook for girls. The information was identified by a medical doctor and based on learning from their KAP surveys. It has not yet been piloted and used, except on an informal basis. It is hoped to start using the booklet as part of programmes in 2016. The booklet may also be updated with new information that comes out of the formative research in 2015.  <p>'Good Personal Hygiene Handbook for Dormitory Students' [for boys and girls], Mongolia (Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia, 2015)</p>  <p>'Menstrual Hygiene Handbook' for Girls, Mongolia (WaSH Action of Mongolia)</p>

Country	Score	Teaching and learning materials related to MHM
Myanmar	4	<ul style="list-style-type: none"> A detailed teachers manual available for each level of teaching is available on 'School-based Healthy Living and HIV/AIDS Prevention (SHAPE)' from the Government of the Union of Myanmar, Ministry of Education, Department of Education. It includes a number of subjects relevant to MHM, including the emotional or softer aspects. Save the Children has developed a resource kit for MHM including IEC such as posters, stickers and pamphlets.
Philippines	4	<p>Hygiene and Personal Care Products There are some products that can be used to catch the blood as it leaves the uterus. The most common products available are sanitary pads and cloths. If a girl has just started menstruation and is not regular yet, she may want to a pad or cloth with her in her hand-bag. If menstruation comes unexpectedly and she does not have one of these products, she can use a clean piece of cloth or tissue for the same purpose.</p> <p>Sanitary pads Sanitary pads are rectangular pieces of material worn in the underwear to absorb menstrual blood flow. Sometimes they have 'wings', pieces that fold around the underwear and/or a sticky backing to hold the pad in place. These pads should be changed regularly and thrown out after use. Sanitary pads come in many sizes and thicknesses—each girl will be able to find one that is comfortable for her. Girls should remember to change pads about every four hours and be careful about washing their hands afterwards.</p>  <p>Reusable rag or cloth: "Pasador" Cloths or rags can be made using layers of old fabric. It is essential that these are changed regularly and kept clean. After each use, cloths need to be washed properly with water and soap. Once they are washed, it is important to dry them properly as if they are damp, they may cause infection. The best place to dry them is in the sun. Using cloths that are not washed and dried correctly can cause infection.</p>  <p>(Credit: UNICEF Philippines)</p> <p>Extract from training materials from 'Creating Connections' training on life-skills for adolescents (UNICEF, Philippines)</p>  <p>Girls' puberty/MHM book, Philippines (UNICEF, Philippines, developed together with the DepEd Regions 6 & 8 and NGO partners for the Typhoon Haiyan Response)</p> <p>The following IEC relevant to MHM is known to be available in the Philippines:</p> <ul style="list-style-type: none"> Girls' puberty/ MHM book, Philippines, developed by UNICEF Philippines, together with the DepEd Regions 6 & 8 and NGO partners for the Typhoon Haiyan Response). Emergency leaflet on the '10 WASH commandments' for emergencies by Plan International, Philippines (see Annex XVI - GPCS2) Modules / IEC materials have been developed and tested by Save the Children, Philippines to use on puberty and MHM. Training materials and handouts as part of the 'Creating Connections' life-skills training for adolescents. IEC materials / methods used during these training sessions include the girls' MHM booklet, samples of sanitary pads and handouts / discussion exercises.
PNG	2	<ul style="list-style-type: none"> The 'Health Promoting Schools' Student, Teacher Course Book', includes a case study about a girl who has a leak and then gets upset and scared (see opposite). Work is ongoing to develop the National Hygiene Education Training Manual. <p>HPS case study (from Health Promoting Schools' Teacher's Coursebook</p> <p><i>Kila is a Grade 5 student. She is 11 years old. She lives at Laloki and comes to school by a PMV Bus. One day while in class, her class teacher (male) asked her to stand up and answer a health question. When she stood up to answer the question, a boy sitting behind her saw red blood stains on the back of her skirt and started laughing. He began to tell other boys sitting next to him about the stains. They also started laughing. The class teacher told the boys to stop laughing. But the boys continued to laugh but, this time, giggling and looking down to the floor.</i></p> <p><i>The girls sitting next to her told her to sit down. Kila was upset and scared about her period because no-one had told her. During morning break, the girl went and told Mrs Boga, a female teacher, about the incident. Mrs Boga told Kila to sit in her office and wait for her till she finishes her morning duty. However, while Mrs Boga was still out on the field, supervising the children, Kila left. When Mrs Boga came back, Kila's friends told her that she had gone. Kila never came back to her school.</i></p> <ol style="list-style-type: none"> 1) Why did Kila leave the school without seeing Mrs Boga? 2) Who should have helped Kila? Why? Why didn't they? 3) What strategies should be used by the class teacher? 4) What will be the impact on Kila's health and life? 5) Why didn't Kila come back to school? 6) What would you do, if you were Kila's teacher? 7) What strategies would a health promoting school have in place to help Kila?

Country	Score	Teaching and learning materials related to MHM
Solomon Islands (Pacific)	1	<ul style="list-style-type: none"> The girls' puberty/ MHM book from Sierra Leone is being used for providing information in the Solomon Islands after the MHM study. No locally developed IEC materials are known to be available.
Thailand	4	<p>IEC material in the form of worksheets and graphics are available in the '<i>Guideline on Sexuality Education's Learning Activity</i>' for Grade 1-12 (primary and secondary education), recently published by the Child Protection Center (CPC)/Office Basic Education Curriculum in 2015. CPC is disseminating these guidelines to 30,000 schools in Thailand.</p> <ul style="list-style-type: none"> Images include those of the menstrual cycle and changes in sexual development. Worksheets are included related to how to clean 10 of the bodies organs including sexual organs (male and female) and also group discussions are included on body changes and concerns of girls about her period. There is also a worksheet on exploring what you should do if your friend reacts or behaves in these five situations - if you are teased about boy/girlfriend, pimples, breast, voices or menstruation - and what you should do.
Timor-Leste	3	<p>WaterAid and partners collaborated with the Department of Health and the Department of Education to develop a set of IEC materials to use in education sessions with girls and boys in schools.</p> <p>The IEC materials were locally designed and tested based on rural Timor-Leste context.</p> <div>  <p>Viewing IEC on MHM in Manufahi District, Timor-Leste (Photo: WaterAid/Tom Greenwood)</p> <p>The IEC materials specifically addressed the following cultural barriers & taboos:</p> <ul style="list-style-type: none"> Not to be showered with cold water & not washing hair No cooking or eating acidic foods Not being near or interacting with boys or men </div> <div>  <p>MHM IEC materials, Timor-Leste (Photo: WaterAid/Tom Greenwood)</p> </div>
Vanuatu (Pacific)	1	None are known to exist.
Viet Nam	0	No information.

Annex XIII: Availability of school WASH facilities across the EAP region

The school WASH bottleneck analyses that have been undertaken in a number of countries as part of the Emory / UNICEF WASH in Schools Distance-Learning Course provide a very useful overview of the status of school WASH in the particular country. The bottleneck analyses provide an overview of the status of the enabling environment, the supply and demand sides of school WASH in the country. However this level of analysis is only available for a few countries in the region (China, Mongolia and Lao PDR) and hence it has not been possible to provide a compilation across all of the countries in the EAP. However by using compiled data from an analysis of WASH in primary schools in South-East Asian countries from 2013 and some individual sources of data, the following compilation has been possible relating to the availability and functionality of school WASH facilities across the region. An attempt has also been made to provide a subjective scoring as a comparison across the countries.

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to School WASH facilities across the country	Information not known	Most schools have no water and sanitation facilities	Schools generally have less than 25 percent functioning WASH facilities	Schools generally have 25-50 percent functioning WASH facilities — Or it is not known if school latrines are gender-segregated	Schools generally have 50-75 percent functioning WASH facilities + School latrines are gender-segregated	Schools generally have 75-100 percent functioning WASH facilities + School latrines are gender-segregated

Notes:

- Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires and from KIIs and email communications.
- Note that there was very little information on pupil-latrine cubicle ratios so it has not been possible to consider this point in the scoring system.
- The following key documents were used as the main source for the data:
 - A. Sinden, J (Ed.) (2014) *WASH in Schools, Distance-Learning Course; Learnings from the Field 2014*, Rollins School of Public Health, Emory University and UNICEF.
 - B. UNICEF (2013) *A Snapshot of Water and Sanitation in the Pacific, 2013 Sub-Regional Analysis and Update*, UNICEF
 - C. UNICEF (2013) *Water, Sanitation and Hygiene in Primary Schools in South-East Asian Countries, Realities, needs and recommendations*, UNICEF East Asia and Pacific Regional Office.
 - D. UNICEF (2015) *A Snapshot of Sanitation and Hygiene in East Asia and the Pacific, 2015 Regional Analysis and Update*, UNICEF and Australian Aid

Table 18: Availability of school WASH facilities across the EAP region

Country	Score	Access to water supply	Access to sanitation	Functioning hand-washing facilities	Examples of challenges faced for the provision of functioning school WASH	EMIS latrines data is gender-segregated?	References for data
Cambodia	3	<ul style="list-style-type: none"> Rural schools constitute 90 percent of all schools, and only 56 percent of the rural population have access to safe/improved water sources (no specific data available for schools). Wells and pumps are the most common water sources. 	<ul style="list-style-type: none"> 81 percent of public primary schools are considered to have adequate sanitary facilities (2013 data). Flush toilets are common. Some rural schools have installed but unusable toilets due to lack of water source. 	<ul style="list-style-type: none"> Around half of primary schools do not have handwashing facilities. Proper practices not often followed. 	<ul style="list-style-type: none"> Budget constraints and lack of allocated funding for WASH. Poor understanding of and commitment to WASH interventions at all levels. Capacity challenges and institutional weaknesses, such as poor compliance and enforcement of national policies. 	Yes but not publically available	<p>UNICEF (2013) WASH in Primary Schools:</p> <ul style="list-style-type: none"> WHO (2010) <i>Sanitation and Hygiene in East Asia</i> Ministry of Rural Development, referencing the EMIS 2010–2011. '<i>The WASH in Schools Situation across the East Asia Pacific Region: A Preliminary Look</i>' <p>UNICEF (2015) snapshot</p>
China	3	<ul style="list-style-type: none"> 48 percent of rural and 88 percent of urban primary schools have access to the centralized water supply system. 45 percent of rural schools (no school type specified) have a budget for the O&M of water supply. 45 percent of rural schoolchildren drink treated/boiled water. Many schools in remote rural areas provide no access to drinking water. In a 2007 study sampling 800 schools, water at over 63 percent of schools did not meet national drinking water standards. However, there has been recent, significant increase in standards. 	<ul style="list-style-type: none"> 49 percent of rural and 91 percent of urban primary schools have access to sanitary latrines. Of 908 rural schools studied: Only 45 percent met the guidance of at least 1 latrine per 15 schoolgirls; 75 percent met the requirement for at least 1 latrine per 30 boys and at least 1 metre of urinal per 40 boys; "most" latrines were found to be significantly lower quality than national standards. A survey of new school designs found 12.5 percent had no plans for any latrines and more opting for cheaper, unsanitary designs without consideration for gender or disability. 	<ul style="list-style-type: none"> 50 percent of rural school children self-reported handwashing after using the toilet, but the true proportion is expected to be lower. 	<ul style="list-style-type: none"> Only 90 percent of rural schools are expected to be able to procure appropriate construction materials for WASH facilities. Poor health education – only 10 percent of schools have a health education teacher. Various guidelines regarding provision and quality of facilities are poorly enforced. Poor coordination between governmental departments for water, health and education. Hygiene and sanitation are low governmental and public priorities. 	on w	<p>Emory (2014) Learning from the Field:</p> <ul style="list-style-type: none"> Chinese Center for Disease Control and Prevention, <i>Study on WASH in Schools in Rural Schools</i>, China, 2007 WHO/UNICEF, <i>Progress on drinking water and sanitation: Joint Monitoring Programme update 2012</i>, Geneva: WHO/UNICEF, 2012 Ministry of Health (China), Ministry of Education (China), <i>Guidance on Rural School Latrine Construction</i>, 2004 Ministry of Health (China), UNICEF, Chinese Center for Disease Control and Prevention, <i>Technical Guidelines for Rural School Sanitary Latrines</i>, 2007 UNICEF, China Country Office, '<i>Baseline Survey on UNICEF WASH in Schools Project</i>', 2011

Country	Score	Access to water supply	Access to sanitation	Functioning hand-washing facilities	Examples of challenges faced for the provision of functioning school WASH	EMIS latrines data is gender-segre-gated?	References for data
DPRK	0	No data	No data, but girls and boys latrines are reported to be separate in schools.				
Fiji (Pacific)	3	<ul style="list-style-type: none"> 95 percent - data is self-reported and facilities are frequently under-performing or broken. Whilst most schools have an improved water source, reliability is low. A baseline survey undertaken in 2014 identified that less than 10 percent of the 50 schools visited had a working water supply on the day of the visit. 	<ul style="list-style-type: none"> 95 percent - data is self-reported and facilities are frequently under-performing or broken. The baseline survey in 2014 of 50 schools found that all schools had gender-segregated toilets and only two did not have the standard ratio of student to toilet ratio. But 36 percent of schools had less than 75 percent of the toilet units operational. 56 percent were assessed to have sufficient privacy. 		<ul style="list-style-type: none"> Shortage of water Improper structures being built and structural damage Building pour-flush latrines but with poor access to water supply Lack of maintenance 	No	<ul style="list-style-type: none"> Data noted in UNICEF (2013) Snapshot in the Pacific: from government institutional sources and collected by UNICEF
Indonesia	3	<ul style="list-style-type: none"> The primary water source in schools is the supply from the Local Government Water Supply Company, called as PDAM. 72.7 percent of the schools are connected to pipe network. Only 9.1 percent of PDAM supply is functioning all year long with water lacking in the dry season. (UNICEF, 2014) 18.2 percent schools school children bring their own drinking water from home as only 4 percent schools provide drinking water for school children. (UNICEF, 2014) Percentage of fully functioning water facilities = between 28-44 percent (UNICEF/TANGO, 2015) 	<ul style="list-style-type: none"> Primary schools in Indonesia have more than 250,000 toilets. Of them, only 58 per cent are in good condition, 19 per cent are slightly damaged and 21 per cent are heavily damaged, and 2 percent not part of school property. 45 percent of boys toilets are reported to be functional and 75 percent of girls' toilets (2012, EMIS) Percentage of fully functioning sanitation facilities = between 72-96 percent for a min. of 1 per facility (UNICEF/TANGO, 2015) 	<ul style="list-style-type: none"> Percentage of fully functioning hand-washing facilities = between 32-52 percent (UNICEF/TANGO, 2015) 	<ul style="list-style-type: none"> Shortage of water Improper structures being built and structural damage Building pour-flush latrines but with poor access to water supply Lack of maintenance Poor O&M mechanisms, dependent on the head to allocate funds. Poor hygiene awareness and education. Poor community and local government interest. Lack of sufficient funding. Lack of guidelines for sanitation despite national strategy. <p>WinS functionality - ESMIS 2014:</p> <ul style="list-style-type: none"> 23 percent - good condition 63 percent - light damage 14 percent - heavy / damage / not usable 	Yes since 2012	<ul style="list-style-type: none"> UNICEF WinS Strategy, Indonesia (2015) - EMIS data UNICEF survey on drinking water and waste management in 2 schools in NTT province (2014) UNICEF (2013) WASH in Primary Schools - UNICEF data Burnet Institute et al (2015) formative research on MHM UNICEF (2015) Snapshot EAP Region UNICEF/TANGO WinS study, 2015 - in three districts

Country	Score	Access to water supply	Access to sanitation	Functioning hand-washing facilities	Examples of challenges faced for the provision of functioning school WASH	EMIS latrines data is gender-segre-gated?	References for data
Kiribati (Pacific)	1	<ul style="list-style-type: none"> 2 percent - data is self-reported and facilities are frequently under-performing or broken. Kiribati's low figures are because the standards include minimum water quantity per student. Poor sanitation practices and overcrowding in the capital island have resulted in contamination of fragile groundwater lens. Schools and clinics in the outer islands rely on unsafe drinking water from open wells or unprotected rainwater harvesting. 	<ul style="list-style-type: none"> 3 percent - data is self-reported and facilities are frequently under-performing or broken. Kiribati's low figures are because the standards include minimum toilets per student. Around half of people on outer islands practice open defecation. 		<ul style="list-style-type: none"> Minimal participation from school committees/weak school committees Water and soap and infrastructure not present Stakeholders not familiar on WinS Social norms support open defecation 	Yes	<ul style="list-style-type: none"> UNICEF (2013) Snapshot in the Pacific: from government institutional sources and collected by UNICEF Kiribati delegation (2015) presentation at 4th WinS learning exchange
Lao PDR	3	<ul style="list-style-type: none"> 56 percent of schools have functional water supply (2012/13). Higher in urban than rural areas. 43 percent of primary schools (2012/13) have access to functional water and toilets. Rainwater is the most common source, only readily available at certain times of year, mostly delivered via hand pumps and taps. 	<ul style="list-style-type: none"> 53 percent of schools (2012/13) have functional toilets. Higher in urban than rural areas. Only 24 percent of public primary schools are considered to have adequate sanitation facilities. 43 percent of primary schools (2012/13) have access to functional water and toilets. Only 30 percent of rural primary schools with no road access have access to WASH facilities. 	<ul style="list-style-type: none"> Hand-washing facilities tend to be a tap outside of a latrine. Soap not commonly seen. 	<ul style="list-style-type: none"> Virtually no teachers training in O&M of WASH facilities. 30 percent of schools have resources for the O&M of WASH facilities. Only 35 percent of schools have teachers trained in hygiene. Rural communities do not have enough funds for facility maintenance. Only 25 percent of rural children use latrines when they are available. 		<p>Emory (2014) Learning from the Field:</p> <ul style="list-style-type: none"> EMIS, 2012/13 <p>UNICEF (2013) WASH in Primary Schools</p>
Malaysia	4	<ul style="list-style-type: none"> All primary schools have WASH facilities Universal coverage of improved water sources 86 percent of water in primary schools is sourced from local water utilities or piped. Remaining schools use: bottled water – 14 percent; rainwater – 1 percent; well – 1 percent 	<ul style="list-style-type: none"> All primary schools have WASH facilities. Almost 100 percent coverage of improved sanitation facilities: flush toilet – 97 percent; water-sealed latrine – 2 percent; pit latrine – 1 percent 	<ul style="list-style-type: none"> All primary schools have WASH facilities. 37 percent of schools had no soap available for handwashing (2005-8) 	<ul style="list-style-type: none"> Budget constraints and lack of 		<p>UNICEF (2013) WASH in Primary Schools:</p> <ul style="list-style-type: none"> Ministry of Education (Malaysia) Malaysia Education for All Mid-Decade Assessment Report 2000-2007, Sept 2008 SEAMEO and UN-HABITAT, Survey, 2005-2008

Country	Score	Access to water supply	Access to sanitation	Functioning hand-washing facilities	Examples of challenges faced for the provision of functioning school WASH	EMIS latrines data is gender-segre-gated?	References for data
Mongolia	3	<ul style="list-style-type: none"> Water wells and lakes/ rivers are most common water sources. Transport of water can take a long time. All schools and kindergartens have access to drinking water, but quantity and quality are often poor; 54 percent of schools have water supply systems that meet hygiene standards. Water treatment is reported by all schools, but water quality at point of use is not commonly tested. Boarding schools are common for rural children due to nomadic lifestyle of many of the rural population. Only 29 percent of schools and kindergartens have access to functional WASH facilities. 	<ul style="list-style-type: none"> Coverage of sanitation = 52 percent of schools (2013 data) Many boarding schools have unhygienic outdoor pit latrines, situated far from other school buildings and therefore not always used (11/12 schools assessed in 2012 had outdoor facilities). 0 percent of schools have improved, gender-segregated indoor toilets. Only 29 percent of schools and kindergartens have access to functional WASH facilities. 	<ul style="list-style-type: none"> None of the outdoor latrines (present in 11/12 schools) or dining rooms had handwashing facilities. 30 percent of schools and kindergartens with soap available at hand-washing facilities. 	<ul style="list-style-type: none"> Environment (e.g. permafrost) makes building and maintenance expensive and difficult. 38 percent of schools are maintaining WASH facilities as per the national standards. Inadequacy of government funding for WinS. Lack of a dedicated budget for the O&M of WASH facilities represents a severe bottleneck. 		<p>UNICEF (2015) Snapshot EAP Region</p> <p>Emory (2014) Learning from the Field:</p> <ul style="list-style-type: none"> UNICEF (Mongolia) <i>WASH in Schools and Kindergarten Inception Report to the Australian Government</i> (Ulaanbaatar, 2012). Badloe, C. and Sahin, M. (2013) <i>Mongolia Mission Exit Brief - WASH in Schools</i> Ministry of Education and Science, <i>Mongolia, Statistical Yearbook</i> (2012-3). Ministry of Health (Mongolia), Centers for Disease Control and Prevention, World Health Organization (2010) Millennium Challenge Account and Public Health Institute (2010) <i>Global School-based Student Health Survey, Mongolia Country Report</i>, 2010.
Myanmar	0	<ul style="list-style-type: none"> Common water sources for schools: Rainwater collection, open wells, unprotected areas and hand pumps 	<ul style="list-style-type: none"> Coverage of sanitation = 52 percent of schools (2013 data) Flush toilets are common in schools. 		<ul style="list-style-type: none"> Sanitation is not considered a priority. Local and national bodies are poorly resourced. 		<p>UNICEF (2015) Snapshot EAP Region</p> <p>UNICEF (2013) WASH in Primary Schools</p>
Philippines	3	<ul style="list-style-type: none"> 86 percent of public primary schools (2011/12) have access to local piped/well/rain/natural water: local piped – 33 percent; well – 25 percent; rainwater – 4 percent; natural water – 9 percent; combination – 8 percent 	<ul style="list-style-type: none"> Coverage of sanitation = 53 percent of schools (2013 data) Schools commonly have squat pots, urinals and pour-flush toilets. Average toilet to pupil ratio in public elementary schools was 1:28 (2011/12) 		<ul style="list-style-type: none"> Inadequate human capacity to operate and maintain facilities No specific budget for construction / repair of facilities Poor coordination and understanding of responsibility Poor utilisation of monitoring tools; no useful reviews of coverage, government not required to report on WinS. Regulatory standards vary. 		<p>UNICEF (2015) Snapshot EAP Region</p> <p>UNICEF (2013) WASH in Primary Schools:</p> <ul style="list-style-type: none"> Manila Declaration on the Advancement of Sustainable Sanitation and Wastewater Management in the Philippines, signed 5 July 2006

Country	Score	Access to water supply	Access to sanitation	Functioning hand-washing facilities	Examples of challenges faced for the provision of functioning school WASH	EMIS latrines data is gender-segregated?	References for data
PNG	0					Yes	
Solomon Islands (Pacific)	3	<ul style="list-style-type: none"> • Latest estimate 43 percent - SIEMIS. Difficult to categorize them as improved or unimproved. • The vast majority of schools (82 percent) have access to more than one source of water and likely manage their use either conjunctively or based on availability. 18 percent relied on only one water source. 45 percent reported using streams or rivers for some portion of their school water supply. • Currently, functionality, proximity, quantity, and accessibility are not monitored 	<ul style="list-style-type: none"> • According to SIEMIS data in 2015 – 78 percent of schools reported that they had toilets of some type while 22 percent of schools had no facilities. • No data is available about the functionality or condition of the toilets • Average school toilet-to-student ratio - 1:65 (community high schools 1:126; and 1:65 for primary schools) 	<ul style="list-style-type: none"> • Most do not have any hygiene facilities, including spaces for hand-washing 	<ul style="list-style-type: none"> • Insufficient or unsafe water supply facilities for growing school populations • Many toilet facilities are inappropriate, poorly constructed, not maintained, or ultimately abandoned. • Lack of funding available or allocated to O&M • Lack of involvement of school committees in WinS activities 	Not in 2015 but will be in the future (2016 school surveys)	<p>UNICEF (2013) Snapshot in the Pacific: from government institutional sources and collected by UNICEF</p> <p>Government of Solomon Islands & UNICEF (2015) formative research on MHM</p> <p>Government of Solomon Islands (2015, v5) Technical requirements for WinS</p>
Thailand	0	<ul style="list-style-type: none"> • Common sources: rainwater, hand pumps, tap water. 	<ul style="list-style-type: none"> • Coverage of sanitation = 45 percent of schools (2013 data) • Common facilities are squat pots and urinals 				<p>UNICEF (2015) Snapshot EAP Region</p> <p>UNICEF (2013) WASH in Primary Schools</p>
Timor-Leste	3	<ul style="list-style-type: none"> • Common sources: tap water, hand pumps, unprotected sources. • 43 percent of schools in a study of more than 1000 country-wide had WASH facilities. 	<ul style="list-style-type: none"> • Coverage of sanitation = 64 percent of schools (2013 data) 		<ul style="list-style-type: none"> • Lack of comprehensive policy. • Sanitation is not a government or public priority. • Proposed sanitation facility designs are expensive and insufficient financial resources for construction and O&M. • Poor coordination of monitoring leads to conflicting data. 		<p>UNICEF (2015) Snapshot EAP Region</p> <p>UNICEF (2013) WASH in Primary Schools</p>

Country	Score	Access to water supply	Access to sanitation	Functioning hand-washing facilities	Examples of challenges faced for the provision of functioning school WASH	EMIS latrines data is gender-segregated?	References for data
Vanuatu (Pacific)	3	<ul style="list-style-type: none"> 81 percent - data is self-reported and facilities are frequently under-performing or broken. 	<ul style="list-style-type: none"> 70 percent - data is self-reported and facilities are frequently under-performing or broken. Coverage of sanitation = 69 percent of schools (2013 data) 			Yes	<p>UNICEF (2013) Snapshot in the Pacific: from government institutional sources and collected by UNICEF</p> <p>UNICEF (2015) Snapshot EAP Region</p>
Viet Nam	3	<ul style="list-style-type: none"> From GDPM study 84 percent of primary schools had access to water sources (2007). Water is most commonly piped (33 percent) or from wells (25 percent). Rainwater, rivers, lakes and ponds and drilled wells are minor sources. 69 percent of schools have WASH facilities (2010). 66 percent of schools have WASH facilities (2010). 	<ul style="list-style-type: none"> Coverage of sanitation = 69 percent of schools (2013 data) From GDPM study 80 percent of schools had latrines (2007) but less than 12 percent of schools had latrines conforming to the sanitation standards. Schools had the following sanitation facility (2007): septic tank – 45.9 percent; pour flush – 14.6 percent; double pit – 2 percent 	<ul style="list-style-type: none"> About 35 percent of primary schools have handwashing areas, but only 27 percent have adequate clean water for handwashing Not quite 5 percent of schools had soap available for handwashing 	<ul style="list-style-type: none"> Lack of sufficient funds and mechanisms to ensure the construction and O&M of facilities. Monitoring systems not well coordinated resulting in conflicting information. Little importance given by local governments to sanitation improvements. 		<p>UNICEF (2013) WASH in Primary Schools:</p> <ul style="list-style-type: none"> WHO (2010) <i>Sanitation and Hygiene in East Asia</i>, 2010. General Department of Preventative Medicine (GDPM) study (2007)

Annex XIV: Stakeholders pro-actively engaged in MHM in countries across the EAP region

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to the engagement of stakeholders in MHM in country	Information not known	In this case: very limited progress Only one or two organisations are engaging in this issue but in a limited way to-date	A minimum of two organisations are actively engaging in MHM in the country	Three or more organisations are actively engaging in MHM in the country	The government is engaging in this issue at national level and more than 5 other organisations are known to be engaged in MHM in country, efforts are being made to coordinate efforts	The government is providing clear leadership on this issue at national level and more than 10 other organisations are known to be engaged in MHM in country, efforts are being made to coordinate in country

Notes:

- Evidence for the examples in this table was taken from the policy related documentation by country included in [Annex XVII](#), from the questionnaires and from KIIs and email communications.
- This table identifies the institutions/organisations that it was possible to identify that are pro-actively engaged in any element of work supportive of improving the MHM situation in the particular country. There are likely to be others that were not identified during the research, particularly those supporting the development and teaching of curriculum where elements relevant to MHM are already included. The table does not take into account commercial sanitary pad producers or suppliers who are active in every country, unless information is available on them being active in puberty or MHM education.
- It was not possible to be in touch with all organisations noted in this table to confirm the details of their activities. Hence some have been entered after another organisation in country has noted that they believe they are also engaged, or where their work has been mentioned in published documents.
- Refer to other annexes for further details of: government leadership and commitment, coordination, policies, strategies & guidelines ([Annex VIII](#)); formative research ([Annex IX](#)); teaching and learning materials ([Annex XII](#)); and UNICEF engagement including internal strategic commitments ([Annex XV](#)).

Table 19: Stakeholders pro-actively engaged in MHM in countries across the EAP region

Country	Score	Organisations	Activities
Cambodia	4	Butterfly Works; Reproductive Health Association of Cambodia (RHAC); Women Media Centre; & OCD	<ul style="list-style-type: none"> Produced a Learning for Living interactive cross-media programme on life-skills, sexual health, education and creativity. www.youthchhlat.org
		CARE	<ul style="list-style-type: none"> It is believed that they have printed and distributed Growth and Changes booklet [not confirmed directly].
		Clear Cambodia	<ul style="list-style-type: none"> Have been doing trainings / awareness raising sessions with schoolgirls on MHM since 2014, as one of four lessons of the hygiene activities. Have been using true-false flashcards, 'Growth and Changes' girls' puberty/ MHM book and getting the girls to talk about their experiences. They train female staff who run the sessions with the girls, or their own staff also engage where needed. They are working in 6 provinces: Svay Rieng, Prey Veng, Tbong Khmum, Kompong Cham, Kompong Speu and Battambang; and have been engaging closely with the Department of Education, Youth and Sport at District and Provincial levels.
		Government of Cambodia	<ul style="list-style-type: none"> The MoH/MoE are currently updating the School Health Policy which will incorporate MHM. MoE approved the girls' puberty/ MHM book, 'Growth and Changes' and requested printing of copies funded by UNICEF and it distributed the booklets. MOEYS, under the support of UNESCO, launched a regional workshop on "Growth and Changes," which provided a platform for education officers, including ministries and local governments, school principals and teachers, to engage in discussions related to the puberty of adolescents and the role of education and schools in addressing these issues systematically in a safe learning environment. The workshop also identified approaches for all partners in the education sector to work together on puberty education and MHM starting in primary school. http://www.unescobkk.org/education/news/article/cambodia-regional-workshop-on-growth-and-changes/ MHM is already incorporated in the MoE guidance on SRH as part of the Life-skills curriculum. Various government departments at sub-national level have been engaging with partners involved in MHM activities (refer to other entries in this table).
		Grow and Know, Inc.	<ul style="list-style-type: none"> Undertook formative research and developed the girls' puberty/ MHM book, 'Growth and Changes' , which has been used and distributed by various other organisations noted in this table. Together with Save the Children and Room to Read, funded the first print of 27,000 copies.
		iDE Cambodia	<ul style="list-style-type: none"> With support from DFAT they have been developing a latrine shelter that takes into account the specialised needs of women and / or users with physical challenges. They have 1) completed menstrual hygiene research and gathering insights from women and girls regarding their preferences in latrine shelters; 2) Hosting a workshop with disabled users and a disabled person's organisation to review the shelter design; and 3) exploring opportunities to integrate findings into the shelter design .
		Plan International; Khmer Youth Association; and Sovanna Phum	<ul style="list-style-type: none"> Plan and partners are undertaking outreach activities in communities and schools on physical changes of boys and girls. They are facilitating meetings and outreach activities on reproductive and sexual health including menstrual hygiene and MHM in life-skills sessions. They have prepared seminar and training for girl consultants and peer educators and distributed manuals on reproductive health.
		Organisation	<ul style="list-style-type: none"> Plan are also believed to have distributed the girls' puberty/ MHM book.
		Room to Read	<ul style="list-style-type: none"> Co-funded the first print of 27,000 of the girls' puberty/ MHM book, 'Growth and Changes'.

Country	Score	Organisations	Activities
Cambodia	4	Samaritan's Purse	<ul style="list-style-type: none"> Has been integrating MHM into its work since 2014. The WASH for Health Centers (WHC) Project in Kratie Province, has provided training on MHM to Health Center Directors and Staff along with Health Center Management Committee (HCMC) members. The Water For Kids (WFK) Project, which works in rural schools in Banteay Meanchey Province, also includes training on MHM. Developed training materials including flash cards and uses the girls' puberty/MHM book, 'Growth and Changes'. Hardware for latrines and bathing facilities in schools and Health Centers are being designed to ensure adequate privacy, water access and allow for waste disposal. A KAP survey was carried out in July in conjunction with both the WHC and WFK teams and lessons will be integrated into community, health centre and schools projects in both Banteay Meanchey and Kratie Provinces. They regularly engage in the national WASH coordination mechanism and shared the preliminary results of their survey.
		Save the Children	<ul style="list-style-type: none"> It is believed that they have distributed and paid for the <i>Growth and Changes</i> book [not confirmed directly].
		SNV Netherlands' Organisation	<ul style="list-style-type: none"> Planning a study on MHM for next year.
		Splash	<ul style="list-style-type: none"> Have been integrating MHM into their health and hygiene programme since 2015. They have been using the girls' puberty/ MHM book, 'Growth and Changes', flash cards and discussion exercises to engage girls. Plus they have been training teachers and caretakers. They have been working in Siem Riep and Pehnom Penh Provinces, city and provincial governments to agree to the subject of MHM being included.
		Swedish Red Cross	<ul style="list-style-type: none"> Interested to learn on MHM and currently considering whether to incorporate it into their projects.
		UNFPA	<ul style="list-style-type: none"> Funded the printing of 20,000 copies of the girls' puberty/MHM book, 'Growth and Changes'. MOEYS, under the support of UNESCO, launched a regional workshop on "Growth and Changes", which provided a platform for education officers, including ministries and local governments, school principals and teachers, to engage in discussions related to the puberty of adolescents and the role of education and schools in addressing these issues systematically in a safe learning environment. The workshop also identified approaches for all partners in the education sector to work together on puberty education and MHM starting in primary school. http://www.unescobkk.org/education/news/article/cambodia-regional-workshop-on-growth-and-changes/ Supports the government in strengthening their SRH and HIV curricula.
		UNICEF	<ul style="list-style-type: none"> Supported the printing of 120,555 copies of the girls' puberty/ MHM book, 'Growth and Changes' on behalf of the Ministry of Education, distributed by the Government. In the process of planning a review of their WinS projects including from a MHM perspective. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		WaterAid	<ul style="list-style-type: none"> Keen to support MHM in Cambodia to move forward and supported an informal meeting of stakeholders in Cambodia to discuss activities and plans on MHM and establishment of a folder for sharing MHM documents on the sector shared drive. Considering looking at MHM in hospitals/health care centers and also looking at MHM for garment workers in the work environment, but this is just at the idea stage at present. Together with UNICEF Cambodia, WaterAid will be conducting a review of the schools WASH work they have supported the last few years – looking at a) disability inclusion and b) MHM.
		World Vision	<ul style="list-style-type: none"> Long history of working on WASH in Cambodia in primary schools in ten provinces of Cambodia. Have just started thinking about MHM. Have started undertaking the assessment for a new project that they hope will integrate MHM and are learning from others with existing experience.

Country	Score	Organisations	Activities
China	3	Government of the Republic of China	<ul style="list-style-type: none"> Education and Health ministries at different levels are understood to be engaged in MHM. MHM is noted to be well integrated into the curriculum in China which are also supported by policies and guidelines. Toilets are segregated by gender in schools.
		Peking University	<ul style="list-style-type: none"> Worked on the MHM questionnaire with UNICEF.
		Save the Children	<ul style="list-style-type: none"> Previously did a situation analysis of MHM in China with funding support from Procter and Gamble. Worked with the District and Provincial levels to develop puberty books for girls and for boys. Piloted the global Save the Children 'MHM Operational Guideline'.
		UNESCO; Baidu; and Communication University of China.	<ul style="list-style-type: none"> Developed an online interactive knowledge-sharing platform aimed at improving HIV prevention and sexual and reproductive health education for youth. Baidu is the country's largest search engine, used by 94 percent of all internet users in the country including 80 million adolescents. A series of 24 video episodes covering a variety of HIV and sexuality-related topics are being developed and will be uploaded onto 'Youth@Knows'³¹¹.
		UNICEF	<ul style="list-style-type: none"> UNICEF has supported the use of the WinS bottleneck tool and some internal discussions have been held on MHM, but actions on MHM in its wider programmes are not known. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		<p>It is understood that Plan International, some universities, research institutes and enterprises such as P&G are also engaged in MHM but details not known.</p> <p>This has been scored a 3 because details of who is doing what are not known. However it is probable that China should score a 4 or above.</p>	
DPRK	0	Handicap International	<ul style="list-style-type: none"> They are working with 6 special schools - 4 for children with hearing impairments and 2 for children with visual impairments (in South Pyongan and South Hwanghae). In the renovation of toilets they make sure that girls have appropriate facilities (including enough numbers) and also in their training on mobility they also make sure that the teacher's get some ideas on how to support girls during their menses. In 2014 a consultant working with them in the schools for the blind produced a booklet that has been used for the renovation, did a mobility training segregated by gender.
		UNFPA	<ul style="list-style-type: none"> Have supported the government with the national SRH strategy.
		UNICEF	<ul style="list-style-type: none"> Has had some initial discussions within UNICEF, but because MHM is a sensitive issue in DPRK the discussions are still at early stages. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		<p>Scored 0 as although there has been some engagement by the partners above, the engagement is still at small scale. As the subject is still sensitive in DPRK it has not been possible to establish the full situation, although it is noted that latrines are gender-segregated in schools in DPRK which is a positive indicator.</p>	
Fiji (Pacific)	3	Fijian Teacher's Association	<ul style="list-style-type: none"> The UNICEF/Fijian Teacher's Association project has integrated MHM in 15 schools in Nausori District.
		Government of Fiji	<ul style="list-style-type: none"> MHM is well integrated into the Ministry of Education's 2012 Minimum Standards for WASH in Schools Infrastructure and some progress also reported related to the health policies, strategies and guidelines.
		Live & Learn International	<ul style="list-style-type: none"> Live & Learn's WASH in Schools work through the CS-WASH Fund Western Pacific Sanitation Marketing and Innovation Project has to-date mainly focused on completing baseline research, establishing Schools WASH Committees and conducting preliminary training in hygiene promotion. Recently completed bottleneck analyses will inform the focus of these committees for 2016 and onwards. Integrating MHM into their programmes in 10 schools in informal settlements in Fiji. Constructing separate toilets for boys and girls in schools with support from DFAT³¹².

Country	Score	Organisations	Activities
Fiji (Pacific)		Live & Learn International	<ul style="list-style-type: none"> Live & Learn are currently reviewing and revising their WASH resources to strengthen the MHM components and undertaking hygiene promotion training including MHM for school and health workers. In Fiji Live & Learn conducted a curriculum inventory of the Healthy Living course. Supporting a WASH sanitation marketing project in the informal settlements on the outskirts of Suva. Baseline questions include those on MHM and some community based small businesses have decided to sell MHM related products.
		UNICEF	<ul style="list-style-type: none"> The UNICEF / Fijian Teacher's Association project has integrated MHM in 15 schools in Nausori District.
		Project Heaven are also understood to be engaging in MHM but details are not known of their activities.	
Indonesia	3	Burnet Institute, Sydney, WaterAid Australia and Aliansi Rem aja Independen	<ul style="list-style-type: none"> Undertook formative research on MHM in 2015, funded by UNICEF. Not engaged on MHM in country in other areas.
		Government of Indonesia	<ul style="list-style-type: none"> The Ministry of Health at national level is taking a lead on the issue of MHM and are planning to hold meetings with the private sector in response to the findings of the formative research and the Ministry of Education is wanting to revitalise the School Health Programme (UKS). WinS national coordination mechanisms are discussing MHM and there has been some good progress on implementing the 3-star approach to WinS. District Education Officers have been engaging with Plan International in their pilot projects on MHM in schools in Nagekeo District, including in relation to school monitoring.
		Plan International; and Nagekeo District Pokjaampl (Nagekeo WASH Working Group)	<ul style="list-style-type: none"> Piloting MHM project started in Aug 2014. Originally designed project to be WASH inclusive / accessible WASH then after 4-5 months started integrating MHM. Supported by Australian Aid through the CS WASH Fund II. First undertook assessment in 5 schools but realised all schools did not have systems and the subject was taboos so expanded implementation to 17 schools in Aesesa Sub-District and South Aesesa Sub-District. Developed IEC materials of a girls MHM booklet and a menstruation wheel (see Annex XII) and tested them. Provided training at district level for male and female teachers responsible for school health programs. Teachers and PTA members were trained then teachers trained students. Did training on design of latrines and then PTA manages the process. Include waste bins with lids. Teachers do Friday slots as extra-curricular activities and parents bring pads for emergency supply. Every Friday teachers have a slot for extra curricula activities so can talk about different issues - encouraged teachers to talk about this each week. Programme has included focus on O&M and District Education Officers have included WinS and MHM as indicators. Also provided training for local community health centres (<i>Puskesmas</i>). See Annex XVI-GPSC6 for more details.
		UNFPA	<ul style="list-style-type: none"> Have supported interventions with the design, procurement and distribution of dignity kits in emergencies. Around 8,700 have been distributed between 2008-15 in response to earthquakes, flooding, volcanoes, conflict and migrants. Each hygiene kit distributed to each woman of reproductive age includes 3 packs of sanitary napkins for 3 months.
		UNICEF	<ul style="list-style-type: none"> Have supported a formative research on MHM (2015) and will continue to support the Government of Indonesia with implementing the findings including through the development of a standard MHM package which will be piloted through 100 schools. Supporting the Ministry of Health to engage with the private sector to strengthen MHM knowledge, practice and safe disposal issues and also with a telecommunications company, Telkomsel, to trial the use of 100 multi-media signboards in schools in Jakarta. Planning to facilitate participatory designs to respond to the challenges of disposal of pads.

Country	Score	Organisations	Activities
Indonesia	3	UNICEF	<ul style="list-style-type: none"> Supporting the Ministry of Health to engage with the private sector to strengthen MHM knowledge, practice and safe disposal issues and also with a telecommunications company, Telkomsel, to trial the use of 100 multi-media signboards in schools in Jakarta. Planning to facilitate participatory designs to respond to the challenges of disposal of pads. Have developed an advocacy document on MHM for policy makers at different levels. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		It is understood that SNV, Netherlands Development Organisation are relatively new in country and are working to understand the MHM situation. Likewise Save the Children are also starting a programme in country and are participating in action learning and hoping to get engaged in MHM linked to their School Health and Nutrition programming.	
Kiribati (Pacific)	2	Aia Maea Ainen Kiribati (AMAK)	<ul style="list-style-type: none"> AMAK (Women of Kiribati Organisation) is known to be engaging in MHM, but details not available of their specific activities.
		Government of Kiribati	<ul style="list-style-type: none"> Has plans for formative research on MHM in 2015/16. Has started the 3-star approach to WinS. Allowing the review of the teacher training curriculum including MHM.
		Live & Learn International	<ul style="list-style-type: none"> Supporting the MOE and UNICEF in integrating MHM in schools. Starting with resource development, workshop with teachers and roll out to outer islands. Has been undertaking an assessment of the Healthy Living curriculum with the support of UNICEF, which includes review of the MHM components.
		UNICEF	<ul style="list-style-type: none"> Has plans for formative research on MHM planned for 2015/6. Have supported the Government of Kiribati to start the 3-star approach to WinS but it is still in the early stages. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		It is noted that a number of other organisations who are working in WinS are advocating for and supporting MHM but details are not known. In addition it is noted that multiple stakeholders are also engaged in the Adolescent Girls' Initiative, which involves discussions with girls and boys 13-19 years. This has been identified as an entry point for MHM work but needs to be re-activated.	
Lao PDR	3	Laos Red Cross; and Grow and Know Inc. USA	<ul style="list-style-type: none"> The Laos Red Cross and Grow and Know Inc. co-funded the publishing and distribution of the girls' puberty/ MHM book '<i>I am a Teenager</i>'. Laos Red Cross Society are interested in get involved in MHM in a couple of years.
		Luang Prabang Library Outreach Programme; supported by Eau Laos Solidarité	<ul style="list-style-type: none"> Girls' puberty/MHM book, '<i>I am a Teenager</i>', developed by Eau Laos Solidarité for Lao PDR has been approved by the Ministry of Information and Culture for use in Lao PDR. The Ministry of Education has approved its use so far for Luang Prabang Province. They have also developed posters with their own funds for the school workshops run by the Luang Prabang Library. Funded the distribution of the girls' puberty/ MHM book. Trained puberty educators and have run workshops in schools and distributed the book to 3,500 girls. Workshops are participative and fun and break through the embarrassing feelings with drama and humour. Have supported the use of the girls calendar and also demonstrate the '<i>sanikini</i>' (a cross between a sanitary pad a knickers) for which instructions are included in the book. See Section 5.6. Video of their work by Joua Lee (2015) - 6.06 mins - https://www.youtube.com/watch?v=NJNG2CLREj8
		Grow and Know Inc.	<ul style="list-style-type: none"> Funded and supported the development of the girls' puberty/ MHM book.
		SNV, Netherlands Organisation	<ul style="list-style-type: none"> Undertook a study on MHM at both community and school levels in Lao PDR in Nov 2013. The SNV SSH4A programme implements in Savannaketh province. Funded by SNV core funding from the Dutch Government ministry of foreign affairs, the Directorate General for International Cooperation (DGIS).

Country	Score	Organisations	Activities
Lao PDR	3	SNV, Netherlands Organisation	<ul style="list-style-type: none"> School principals and teachers were trained on integration of MHM in school hygiene-based-activity in May 2015. Monitoring was being conducted in August 2015. Training was developed for both MHM and O&M of water supply and the toilets. Participatory exercises have involved both boys and girls and have included teachers drawing the menstrual wheel and get the children to brain storm against questions such as: a) what are the symptoms in every 7 days of the cycle?; and b) what should every girl do?³¹³
		UNICEF	<ul style="list-style-type: none"> Supports a large WinS programme but activities on MHM are currently not known.
		There is also the possibility of interest from Save the Children who are exploring possibilities to engage.	
Malaysia	0	UNICEF	<ul style="list-style-type: none"> Activities are currently not known.
		Scored 0 as not enough known about actors engaged in MHM in Thailand.	
Mongolia	4	UNICEF	<ul style="list-style-type: none"> Have been supporting the Government of Mongolia with formative MHM research (2015) funded under the WinS4Girls programme and as part of this have also supported the formation of an inter-Ministerial national TWG on MHM. Have incorporated some considerations of MHM into previous funding programmes and have also contributed to the integration of MHM into the 'Norms and standards for WinS in dormitories, schools and kindergartens' and hygiene materials for the same. Will be working to help the government implement the findings and recommendations from the research over the coming years including through piloting a package of interventions as part of the WinS4Girls funding. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		Government of Mongolia	<ul style="list-style-type: none"> MHM was incorporated into a good personal hygiene booklet for boys and girls in dormitory schools published by government, WaSH Action in Mongolia, Action Contre la Faim and UNICEF in 2015. This was distributed by the government in Aug 2015 to all schools with dormitories. The 'Norms and Requirements for WASH in Schools, Dormitories and Kindergartens' was approved by official decree by three ministries (Education, Health and Finance) in June 2015 and is being distributed throughout Mongolia. These include norms of gender-segregated latrines, locks on latrine doors, waste bins with lids, latrines must be available for children with disabilities, there must be one washing/ changing rooms for girls with privacy door and access to clean water. Counselling for both boys and girls is also included as is safe disposal of wastes from the waste bins in the girls washing/changing rooms. No mention of MHM has however so far been identified in other Education, WASH or Health sector policies, strategies or guidelines. A national TWG on MHM has been formed to support the formative MHM research and government officials across departments (covering responsibilities for strategic policy and planning and implementation and coordination of Environmental Health, Health Education and IEC, and Child and Adolescent Health Care) have been identified.
		WaSH Action of Mongolia; and Action Contre la Faim	<ul style="list-style-type: none"> Action Contre la Faim (ACF) was working in Mongolia until 2015. The National Staff of ACF formed WaSH Action of Mongolia. WaSH Action of Mongolia/ACF undertook a KAP survey at the beginning and end of their project (2012 and 2015) where they included MHM. Lessons from these KAPs and through their project engagement convinced them of the need to engage in MHM in their WASH projects. They have contributed to the norms and requirements for WASH in schools, dormitories and kindergartens which include MHM and have been distributed by the government to schools across Mongolia, as well as developing a hygiene booklet for dormitory students, boys and girls together with the Ministry of Education and UNICEF, which has included MHM. In addition they have also developed a girls MHM booklet although this has not yet been distributed. They are hoping to pilot its use in the coming few months.

Country	Score	Organisations	Activities
Mongolia	4	Centre for Social Work Excellence	<ul style="list-style-type: none"> Have been the national research institution involved in undertaking the formative research into MHM (2015).
		ACF Mongolia, Well Spring (NGO), the Institute of Education, the National Centre for Maternal and Child Health and the Public Health Professionals Association all had the opportunity to participate in the e-learning course on MHM run by Emory University for the WinS4Girls programme.	
Myanmar	2	Columbia University; International Rescue Committee	<ul style="list-style-type: none"> Have recently undertaken fieldwork on the Rakhine refugee camps to learn about MHM as part of research to develop a cross-sectional MHM toolkit for emergency actors. Funded under R2HC (research for health into humanitarian crises, a collaboration between DFID and the Wellcome Trust). IRC supported the WASH Cluster to develop guidance on MHM for the emergency in Kachin & Rakhine State and have also been doing advocacy with NGOs to ensure that MHM is taken care of in the camps.
		Save the Children	<ul style="list-style-type: none"> Under funding by DFAT, MHM education has been disseminated to school children/girls and women. Have developed a MHM resource kit and IEC materials. Includes stickers, pamphlets and posters. These include a range of topics about menstruation and the good practices associated with it. Disposal units are being procured for 8 secondary schools³¹⁴.
		UNFPA	<ul style="list-style-type: none"> Have supported interventions with the design, procurement and distribution of dignity kits for conflict and disaster related emergencies. In 2015 distributed approximately 20,000 dignity kits in Kachin, Rakhine and flood and landslide affected areas. As part of the learning in 2015 and after discussions with the International Rescue Committee they are starting a database which will be circulated to international and national organisations who distribute dignity kits and work on MHM in Myanmar to determine best practices and identify gaps.
		UNICEF	<ul style="list-style-type: none"> Activities are currently not known.
		WaterAid; Burnet Institute	<ul style="list-style-type: none"> WaterAid are starting to work in Myanmar. Planning to undertake research into MHM and broader life-skills curriculum issues, in Monastic schools.
		WASH Cluster	<ul style="list-style-type: none"> The WASH Cluster supported by the International Rescue Committee prepared a document on MHM for the Kachin & Rakhine Emergency Response in 2014, identifying MHM related challenges and recommendations for practical actions.
Philippines	5	Emory University, USA	<ul style="list-style-type: none"> Supported the formative research on MHM in 2012 and Situation Analysis in 2013 and supporting Save the Children in refining their baseline data tools in the Philippines.
		Family Planning Organisation of the Philippines	<ul style="list-style-type: none"> Involved in training adolescent out of school youth in life-skills as included in the 'Creating Connections training, which includes MHM.
		Government of the Philippines	<ul style="list-style-type: none"> Engaged in the MHM formative research (2012). Department of Education in Regions 6&8 and NGO partners to develop a girls' puberty/ MHM book '<i>Growing Healthy</i>' which was distributed to adolescent girls during Typhoon Haiyan. DepED Health and Nutrition Centre has included MHM in the draft guidelines for the implementation of the DepED WinS program. These will eventually become a policy when approved. The DepED has also been looking at the Comprehensive Sexuality Education and HIV/AIDS prevention strengthening in the school curriculum and health services and the Department of Health has been incorporating work on ASRH and HIV prevention. The Department of Health Adolescent Health Unit has drafted materials on MM for inclusion in its ASRH programme and some local government units have participated in '<i>Creating Connections</i>' Life-skills training for adolescents. A WinS TWG exists as does a Reproductive Health Working group which incorporates discussions on puberty and RH.

Country	Score	Organisations	Activities
Philippines	5	Kimberly Clarke, Procter & Gamble, Modess and Whisper	<p>Noted in the report of the 2012 formative research:</p> <ul style="list-style-type: none"> Kimberly Clarke had engaged with the Ministry of Education to pilot some puberty materials in schools, but the Ministry of Education ceased their distribution because of too heavy product promotion. Procter and Gamble was expressing an interest in engaging with the WASH sector and two local corporations that manufacture pads including Modess and Whisper have visited secondary schools to provide hygiene education and promote their products.
		Oxfam-GB	<ul style="list-style-type: none"> Oxfam-GB worked to improve its communal temporary latrines after receiving feedback from women related to privacy and feelings of safety. The gender team also provided guidance to their public health promotion teams when they were preparing draft designs for the bunk houses laundry areas and coached them how to consult women on the design and construction of WASH facilities.³¹⁵
		Muslim Youth Religious Organisation, Inc.; Muslim organisation for Social and Economic Progress	<ul style="list-style-type: none"> Involved in training adolescent out-of-school youth in life-skills as included in the '<i>Creating Connections</i>' training, which includes MHM with focus on youth in Madrases.
		Plan International	<ul style="list-style-type: none"> Were involved in undertaking the formative MHM study in 2012. The Plan WASH team with the support of the Gender Advisor and the Because I Am A Girl (BIAAG) https://plan-international.org/what-we-do/because-i-am-girl campaign have served as venues for the introduction of MHM. MHM has also been integrated into their WinS activities through ensuring the correct student-toilet ratio support for girl-friendly toilets (availability of water, private space for washing, supply of pads, toilet is apart from boys toilet, waste disposal), youth peer education and through the introduction of ASRH education including awareness raising for boys as well as girls on MHM. Some programme units have also included girl-friendly units to complement the Department of <i>Education's Essential Health Care Package</i>. Their programme of Inter-Village Local Health Zones will support through ASRH education on MHM. In emergencies Plan ensures the supply of adequate feminine materials in the hygiene kits and has also integrated MHM into its '10 WASH Commandments' during emergencies. See Annex XVI-GPCS2 for more details. Plan Health Promoters also give orientation on MHM when distributing the hygiene kits. Plan is developing a proposal to include girl-friendly toilets and providing information on MHM in Plan-sponsored schools in Masbate Province.
		Save the Children	<ul style="list-style-type: none"> Were involved in undertaking the formative MHM study in 2012 and also a follow up situational analysis study in 2013 in South Central Mindanao and Metro Manila. This involved undertaking baseline research with Muslim and indigenous populations. Contributed at earlier stages to the development of the girls' MHM booklet reader '<i>Growing Healthy</i>' with UNICEF and the government and other partners during the Typhoon Haiyan response. It has been distributed to 100,000 girls in 40 Haiyan-affected municipalities. A situational analysis and pilot of operational guidelines has been done on MHM under the School Health and Nutrition (SHN) programming and a few session guides or modules (IEC) have been developed and piloted for discussion on puberty and MHM. These are mainly flip books. The Adolescent Development (AD) and SHN (under Education Program) teams are working closely in the Philippines to look at VYA programming which covers 10 to 14 years old. The Adolescent Development (AD) programming of Save the Children which covers VYA complements MHM interventions both in school and community level. This includes advocating for adolescent-friendly health services, improving health seeking behaviors, puberty education (including MHM) and looking also at policies, community support and networking.

Country	Score	Organisations	Activities
Philippines	5	Save the Children	<ul style="list-style-type: none"> A few interventions piloted in schools that have worked and are currently being managed included the: availability of extra uniforms, skirts, underwear, sanitary pads and pain medications in school clinics or first aid kits accessible in times of emergency, looking at O&M of WASH facilities including budgeting to ensure functionality especially for girl school children, advocating for separate toilets for female ages 9 and above and for teachers in schools; raising awareness of teachers on MHM through trainings being provided; children's groups participation in promoting and implementing MHM activities. Have trialled the use of the Save the Children global 'MHM Operational Guidelines' in doing a baseline.
		Philippines Red Cross Society	<ul style="list-style-type: none"> Include menstrual items in hygiene kits and dignity kits for humanitarian responses. Menstrual and maternal related topics integrated in hygiene promotion sessions and WASH trainings related to emergency response, PHAST and CHAST.
		UNFPA	<ul style="list-style-type: none"> Have supported interventions with the design, procurement and distribution of dignity kits in typhoon related emergencies. Approximately 34,800 have been distributed between 2013-15 in response to earthquakes, armed conflicts, typhoons and volcanoes.
		UNICEF	<ul style="list-style-type: none"> Supported the Government of the Philippines with a formative study on MHM (2012) and also supported field work for a study on MHM in emergencies (2012). Worked with the Department of Education in Regions 6&8 and NGO partners to develop a girls' MHM booklet reader 'Growing Healthy' which was distributed to adolescent girls during Typhoon Haiyan along with sanitary pads. MHM has been incorporated into work by the Adolescent Development (AD) programme and the WinS programmes. MHM is integrated into its Life-skills for adolescents training 'Making Connections'. Working with Islamic religious leaders to develop modified Making Connections materials for use with Muslim communities. AD programme is also working with Out-of-School Youth. See Annex XVI-GPCS1 for more information. Has been advocating for MHM to be incorporated into national coordination mechanisms, the WinS TWG and the School Health and Nutrition Network. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		Human Development and Empowerment Services, Inc; Consortium of Bangsamoro Civil Society; Health Organisation in Mindanao; and the Institute of Autonomy and Governance are also understood to be involved in MHM but details not known.	
PNG	3	Young Women's Christian Association (YMCA) / Crimson Campaign	<ul style="list-style-type: none"> Student led action to trial and support the making of the 'Pocket Pad' reusable pad in PNG. No longer running.
		Singapore University of Design & Technology (SUDT)	<ul style="list-style-type: none"> Worked on a prototype for a reusable pad. But it didn't move past the prototype stage.
		Bougainville Women's Federation	<ul style="list-style-type: none"> In Autonomous Region of Bougainville. Selling reusable cloth sanitary pads.
		Government of PNG	<ul style="list-style-type: none"> National Department of Health, National Department of Education and the Provincial and District Health and Education Offices are noted to be engaged in MHM. The National Hygiene Education Training Manual is being developed at present. The 'Health Promoting Schools - Student Teacher Course Book' integrates MHM and provides participatory activities for use in schools. See Annex XII for a case study example. The National Hygiene Education training module is referring to the 3-star approach to WinS which includes MHM. It is planned to expand the module on WASH in EMIS next year. The WinS census is capturing information on separate toilets for boys and girls.

Country	Score	Organisations	Activities
PNG	3	International Women's Development Agency (IWDA) and CBR Nossal	<ul style="list-style-type: none"> Working with WaterAid, the International Women's Development Agency (IWDA) and Community Based Rehabilitation (CBR)-Nossal Have been involved in developing a tool to be used to ensure that the needs of women with disabilities are integrated into WASH projects. Testing of the tool identified some MHM related issues. Have been supporting Live & Learn on their sanitation marketing activities in an advisory capacity on gender and social inclusion.
		Live & Learn International	<ul style="list-style-type: none"> With support from DFAT, have been supporting 3 schools with construction of separate toilet facilities for girls and boys with consideration of safety related issues, including locks on toilet doors and consideration on the location. Incinerators are also being provided on site for safe disposal of girls sanitary items. Training is being provided for 9 schools managers and 130 PTA members. Female teachers are assisting the girls at the school with safe sanitation and MHM. Some schools have celebrated Menstrual Hygiene Day. In Maoim Primary School in Kavieng, 13 students performed educational drama performances addressing teasing about menstruation. This was performed in front of the whole school and international and local guests³¹⁶. Live & Learn are currently reviewing and revising their WASH resources to strengthen the MHM components and undertaking hygiene promotion training including MHM for school and health workers. Supporting a WASH sanitation marketing project in the informal settlements on the outskirts of Kavieng, NiuAilan, Daru in Western Province and Kimbe New West Brittain, with support of IWDA providing support on Gender and Social Inclusion. Baseline questions include those on MHM and some community based small businesses have decided to sell MHM related products.
		UNICEF	<ul style="list-style-type: none"> An assessment on WinS is currently being supported which includes MHM and demonstration projects have been implemented in two provinces with girl-friendly toilets and changing rooms. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		WaterAid	<ul style="list-style-type: none"> With the support of DFAT, there are plans to train teachers in MHM outlining and identifying the current barriers to girls attending school³¹⁷. See also the entry for IWDA and CBR Nossal above.
		World Vision Australia	<ul style="list-style-type: none"> With support from DFAT, 50 teachers will be trained on the needs for privacy and basic MHM services to be provided in schools³¹⁸. 800 girls will be supported through this programme to have access to menstrual hygiene services in the schools. Latrines include a separate space for females to manage their MHM. Also supported with funding from DFAT includes 16 aid posts/ health centres with gender and disability inclusive sanitation facilities.
Solomon Islands (Pacific)	4	Government of the Solomon Islands	<ul style="list-style-type: none"> The Ministry of Health and Medical Services, Environmental Health team is providing strong leadership on MHM in technical support to the Ministry of Education and Human Resources Development. Following the MHM formative research, is in the process of updating the national technical requirements for school WASH projects. This Ministry has overall responsibility for both WASH as well as reproductive/adolescent health. The Ministry of Education and Human Resources Development is also active in taking forward MHM in schools. The formative MHM research was undertaken jointly by both Ministries with the support of UNICEF.
		International Women's Development Agency	<ul style="list-style-type: none"> Advising Live & Learn International on gender and social inclusion issues in its social marketing programme including MHM.

Country	Score	Organisations	Activities
Solomon Islands (Pacific)	4	Live & Learn International	<ul style="list-style-type: none"> With UNICEF funding, have been supporting toilet facilities in the Solomon Islands, with construction of separate toilet facilities for girls and boys with consideration of safety related issues, including locks on toilet doors and consideration of location. The teams have worked with UNICEF, the school management, PTAs and WASH committees to ensure that the girls have access to both safe facilities and menstrual hygiene facilities. Teachers have been trained on the different needs of girls and how to be an accessible contact for female students. Facilities are being designed involving the girls in the schools³¹⁹. Live & Learn are currently reviewing and revising their WASH resources to strengthen the MHM components and undertaking hygiene promotion training including MHM for school and health workers. Supporting a WASH sanitation marketing project in the informal settlements on the outskirts of Henderson in the Solomon Islands. Baseline questions include those on MHM and some community based small businesses have decided to sell MHM related products.
		Save the Children	<ul style="list-style-type: none"> Supports a large education support programme in Malaita Province. Have used the separate guidance note on practical ways that MHM can be integrated into WASH programmes in its programme.
		Young Women's Christian Association (YMCA) / Crimson Campaign	<ul style="list-style-type: none"> Student led action to trial and support the making of the 'Pocket Pad' reusable pad in PNG. No longer running.
		Think Out Loud International Pty Ltd.	<ul style="list-style-type: none"> Undertook some work on sanitary protection absorbents in Western Province, several years ago.
		UNICEF	<ul style="list-style-type: none"> Supporting the Government of the Solomon Islands in its efforts to learn about and take forward MHM through integrating lessons from the research into its strategies, technical guidance, national assessments and the Solomon Islands EMIS. Funded and supported the formative research on MHM and supported the government to develop a guidance note on practical ways that MHM can be integrated into WASH programmes. Integrating MHM into its programmes in Temotu, Isabel, Makira, Malaita and Guadalcanal Provinces. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		Caritas and World Vision are also understood to be involved in MHM but details are not known.	
Thailand	2	Child Protection Centre and the Office of the Basic Education Commission	<ul style="list-style-type: none"> Have developed a guideline on sexuality education's learning activity publication for grade 1-12 (primary to secondary education). This includes subjects relevant to MHM. This is going to be provided to 30,000 schools across Thailand.
		UNICEF	<ul style="list-style-type: none"> Undertaking a review on how Sexuality Education is being implemented in Thai schools. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		Scored 2 as although not enough is known about actors engaged in MHM in Thailand, MHM is integrated into the national curriculum and practical guidance is being sent to 30,000 schools and UNICEF are involved in reviewing the sexuality education in the country.	
Timor-Leste	2	Belikria	<ul style="list-style-type: none"> Belikria is making washable cloths for the Timorese market. Belikria produces attractive menstruation pads (among other products) in a variety of models and sizes that range, depending on the type, from 3 to 10 USD. It is understood that distribution of these products is mainly carried out through the development programs of NGOs such as CARE and the Timor-Leste Red Cross Society.

Country	Score	Organisations	Activities
Timor-Leste	2	Department of Foreign Affairs and Trade, Australian Government through BESIK, Be'e, Saneamentu nu Ijene iha Komunitade	<ul style="list-style-type: none"> Bilateral project between the Government of Timor-Leste, Ministry of Public Works, Transport and Communications (MoPTC) and Ministry of Health (MoH) and the Australian Government. Have supported the integration of MHM into the national PAKSI/CLTS programme. Have undertaken formative research at household/community level and involving some kiosk holders and midwives.
		Government of Timor-Leste	<ul style="list-style-type: none"> Ministry of Education, Youth and Sport and MoH are engaged in WASH in Schools. MHM is included in the National Sanitation Policy and the current PAKSI (CLTS) Resource Guide. A WASH in Schools guideline was developed by the Ministry of Education, Youth and Sport, UNICEF and other partners a few years ago and some elements of MHM were integrated (facilities). They are still in draft format. Government has been engaging at district levels (see the entry for WaterAid below). See also BESIK below.
		Marie Stopes	<ul style="list-style-type: none"> Working on puberty education.
		UNICEF	<ul style="list-style-type: none"> Supports the School Health Programme. Has supported the piloting of a couple of latrines that are MHM-friendly. MHM is an area that the office intends to support partners on in the future. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		WaterAid	<ul style="list-style-type: none"> Supporting MHM interventions in 4 schools in Manufahi District and 3 schools in Liquica District. MHM facilities in 4 sub-district schools in Liquica includes one MHM facility, including demonstration menstrual pad incinerator in collaboration with the social committee to stimulate greater user demand³²⁰. Have been engaging both boys and girls and working with both primary and secondary schools. The boys were particularly supportive of the girls and their MHM. Funding provided by DFAT through their Australian NGO Cooperation Programme (ANCP) and the Civil Society WASH Fund (CS WASH Fund). Collaborated with the Department of Health and the Department of Education to develop a set of IEC materials on MHM for use with girls and boys. They ran two workshops with the Departments and their local NGO partners to design, develop and test the IEC materials. Staff from the government departments then co-facilitated the activities in the schools. Ran a workshop for district government education, water, health and administration staff in Liquica District. The participants recommended that the training is done for teachers from all primary schools in the district.
		World Vision; and Alola Foundation	<ul style="list-style-type: none"> Have provided sanitary pads but details are not known.
		It is understood that Plan may also be integrating MHM into their work in Timor-Leste but details are not known.	
Vanuatu (Pacific)	3	Live & Learn International	<ul style="list-style-type: none"> Constructing separate toilets for girls and boys³²¹. Assisting MOE in developing their WinS Policy, 2016. Live & Learn are currently reviewing and revising their WASH resources to strengthen the MHM components and undertaking hygiene promotion training including MHM for school and health workers.

Country	Score	Organisations	Activities
Vanuatu (Pacific)	3	Live & Learn International	<ul style="list-style-type: none"> In Vanuatu Live & Learn have worked closely with the Vanuatu Institute of Technology to have WASH in Schools included as an elective course for Year 1 teaching students in 2015. From 2016, following a review of content and approaches, the WinS elective will be included as a compulsory course in the teacher's training curriculum to align with the national school curriculum. Menstrual hygiene is one module of the WinS course, which will be taught to teaching students, covering issues around MHM for girls and breaking traditional taboos on menstruation. It also covers how male teachers can address menstruation with their girl students, and how teachers and parents can work together to address these issues. Supporting a WASH sanitation marketing project in the informal settlements on the outskirts of Port Villa. Baseline questions include those on MHM and some community based small businesses have decided to sell MHM related products. In Vanuatu the Live & Learn WASH Team held a Human Centered Design workshop, to determine the types of toilets and products that each CBSE might sell. During this workshop the women expressed a strong need for toilet designs to include a bin or chamber for the disposal of sanitary items. This is now being incorporated into the toilet designs that will be sold by the CBSE, and will also be included in the demonstration models to be constructed. The CBSE will also be selling sanitary pads. All CBSEs are still at the early stages of establishment and have not yet begun sales or marketing activities.
		International Women's Development Association	<ul style="list-style-type: none"> Advising Live & Learn International on gender and social inclusion issues in its social marketing programme including MHM.
		Lav Kokonas Ltd (Nz) & Days for Girls	<ul style="list-style-type: none"> Lav Kokonas Ltd. in partnership with Days for Girls New Zealand have started a project running as a micro-enterprise. Re-usable pads are made on the Days for Girls International pattern, but only supply two shields and eight liners in the pads they are selling. Workshops were run with Mama Leaf representatives who have sewing skills. Regular sizes are sold at 1500 vatu and the larger size at 1650 vatu. Also supporting a resident to investigate the possibility of sewing washable babies nappies to overcome the large problem of rubbish that result from the cheap disposable versions being available.
		Oxfam	<ul style="list-style-type: none"> Implementing MHM activities through WinS programmes in 10 schools in SHEFA province, beginning with one boarding school. Activities included celebration of Global Menstrual Hygiene Day, student role plays, awareness on MHM, distribution of menstrual hygiene kits. Undertook research on MHM in one school.
		Government of Vanuatu	<ul style="list-style-type: none"> It is understood that the Department of Women is involved in MHM but details of their activities are not known. It is also understood that the Health Promoting School group, formed by the MoH and MoET also discusses MHM. Has enabled Live & Learn to support it in strengthening WASH including MHM in its teacher training.
		UNFPA	<ul style="list-style-type: none"> Have supported interventions with the design, procurement and distribution of dignity kits in cyclone related emergencies.
		UNICEF	<ul style="list-style-type: none"> Active WinS programme in Tropical Cyclone Pam emergency response and recovery activities from March 2015 to present. UNICEF has supported a TA in the Department of Geology, Mines and Water Resources to support on WASH institutional strengthening. A consultant recently undertook a gender assessment.
		CARE not currently active in WinS or MHM but new partnership to be signed with UNICEF Pacific in December 2015 will include a WinS component with MHM integrated within it. The Vanuatu Red Cross and CARE is also believed to be planning or interested to work on MHM.	

Country	Score	Organisations	Activities
Viet Nam	2	Government of Viet Nam	<ul style="list-style-type: none"> The Ministry of Education and Training included MHM into its lower secondary school curriculum for grades 6-9, ages 12-15 years. It is part of Life-skills which are an extra-curricular subject. Some information is also in the Biology/Science curriculum for grade 4. Ministry of Agriculture and Development (MARD) is the lead agency for WinS in cooperation with the Ministry of Education and Training.
		Plan International	<ul style="list-style-type: none"> Plan was working on MHM in Ha Gang province, but it is not clear if they continued in this area. With DFAT support, have supported 4,200 boys and girls from 30 primary schools with hygiene promotion including one component on MHM³²².
		Save the Children	<ul style="list-style-type: none"> Have developed puberty books for boys and girls. Not clear if this is with District Education Authorities or at another level. Have been doing teacher trainings (ToTs) as a component of their School Health and Nutrition programming work.
		UNICEF	<ul style="list-style-type: none"> Not currently engaged in WinS but undertaking assessment of the WinS status with the plan to re-engage. Before 2012 supported the government to integrate MHM into its school curriculum. For further details of UNICEF engagement and internal commitments, refer to Annex XV.
		It is understood that Procter & Gamble, Unilever and the Water and Sanitation Programme of the World Bank and possibly also other NGOs are also engaging in the area of MHM but details are not known. Scored 2 because details of activities of the organisations noted for Viet Nam are not known. However in reality the score may be higher.	

Annex XV: UNICEF engagement in MHM across the EAP region

The table which follows provides an overview of the current UNICEF engagement in MHM in countries across the region. Reasons for limited engagement may include the current focus of the country programme, limited knowledge or commitment of the team on the issue of MHM / lack of a MHM champion, or an understanding or belief that MHM is already adequately covered within the school curriculum.

The following scoring scheme has been used as a means of comparison across the countries.

Traffic light indicator	Grey	Red	Orange		Green	
	0	1	2	3	4	5
Description	Not known	No progress	A start has been made	Reasonable progress	Good progress	Significant progress
Indicative interpretation of scoring						
Relating to UNICEF commitment and action	Information not known	No discussions have been held on this issue	Some discussions have been held on this issue but no specific action to-date	Some UNICEF supported related activities/ proposals/ strategies etc have integrated MHM	Most WinS related activities / proposals / strategies now include MHM as a core component. MHM is mentioned in country office strategic documents such as the CPD (including draft versions)	MHM is clearly identified as a core component of WinS and all staff and partners are expected to engage in the issue. MHM is mentioned in country office strategic documents such as the CPD

Notes

- a) Evidence for the examples in this table was taken from the policy related documentation by country included in **Annex XVII**, from the questionnaires and from KIIs and email communications

Table 20: UNICEF engagement in MHM across the EAP region

Country	Score	Examples of UNICEF engagement in MHM
Cambodia	3	<ul style="list-style-type: none"> UNICEF Education and WASH strategies mention MHM. Some discussions have occurred within UNICEF with some communication across sections. UNICEF has funded a print of 120,555 copies of the girls' puberty/ MHM books, 'Growth and Changes'. Currently undertaking an assessment of their WinS programmes considering MHM.
China	3	<ul style="list-style-type: none"> A start has been made with some discussions occurring within UNICEF and across sections. It is noted that UNICEF section strategies mention MHM [but not seen and details not known]. UNICEF has used the WinS bottleneck analysis tool in country.

Country	Score	Examples of UNICEF engagement in MHM
DPRK	2	<ul style="list-style-type: none"> Some initial discussions have been held within the UNICEF office, but due to the sensitive nature of the subject, no discussions have yet been held outside of the UNICEF team.
Indonesia	4-5	<ul style="list-style-type: none"> UNICEF Indonesia has applied for and supported a large scale formative research on MHM (2015) funded by GAC under the WinS4Girls 14 country MHM programme. UNICEF Indonesia has been active in WinS and supporting the government of Indonesia at policy level. UNICEF is planning to support the government to undertake actions in response to the findings of the MHM formative research including the engagement with the private sector. Have developed an advocacy document on MHM for policy makers at different levels. The UNICEF WASH in Schools in Indonesia - overview and strategic positioning paper on UNICEF support (2015) includes MHM related actions in the proposed next steps: MHM survey results to develop minimum package to be implemented in all primary schools; strong coordination and technical expertise is needed to implement MHM program; advocacy for MHM software component related to reproductive health. It also includes specific actions related to MHM and the 3-star approach: Focusing on equity (most remote schools, poorest districts, marginalized children); working with Government to identify and address, from the system, capacity gaps; appropriate technology, especially for MHM disposal. Closer collaboration with for instance with corporate partners and universities could be developed to overcome this challenge. MHM is mentioned in the draft CPAP, 2016-2020. UNICEF has also made some progress in advocating for MHM in coordination mechanisms in country.
Lao PDR	0	<ul style="list-style-type: none"> Lao PDR has a large WinS programme. Information not known on UNICEF Lao PDR's engagement in MHM as no information provided by the UNICEF Lao PDR office. No examples have been identified of UNICEF engagement in MHM in Laos from other sources.
Malaysia	0	<ul style="list-style-type: none"> Information not known. UNICEF Malaysia does not have a WASH programme.
Mongolia	4-5	<ul style="list-style-type: none"> Successful project proposal developed in 2014 and funding secured from the GAC (Canada) funded UNICEF HQ led 14 country WinS4Girls project. Project implemented from late 2014 until now and will continue until Sept 2016. Following the research findings UNICEF will support piloting of MHM Programming for the first time through implementing partners. MHM is planned to be an integral part of UNICEF's WASH Programming from this point forward. Other funding proposals including one on WASH in Schools and Kindergartens, 2012-2015 also acknowledged the issue of MHM. UNICEF Mongolia has been active in WinS and in supporting the government of Mongolia at policy level and in the development of the national norms and requirements for 'Water, Sanitation and Hygiene in Kindergartens, Schools and Dormitories' which includes basic requirements for girls to be able to manage their MHM. UNICEF has also supported hygiene related materials which include considerations related to MHM such as the 'Good Personal Hygiene Handbook for Dormitory Students' (2015) in collaboration with the Ministry of Health and Sports, Action Contre la Faim and WaSH Action of Mongolia. UNICEF is planning to support the government to undertake actions in response to the findings of the MHM formative research which may include updating various IEC and policies, strategies based on the findings from the formative research. It is expected to feature in the next CPD, currently under development for 2017-2021. It is not in current outcome/output statements or indicators related to MHM. UNICEF Mongolia's WASH Programme Strategy, 2015-16 integrates MHM and has clear activities (such as to 'support in nationwide roll-out of MHM as part of 'minimum requirements' and develop national level indicators for HP') and desired tangible results (such as integrating MHM into the curriculum). It is not believed that sections other than WASH have explicit mention of MHM in their strategies, but there has been communication across sections (C4D/Health/ Adolescent/Child Protection/Education/M&E) in the project inception meetings for the WinS4Girls project and the proposal document was mainly prepared by an Education Specialist.
Myanmar	0	<ul style="list-style-type: none"> Information not known as no information has been provided by the UNICEF Myanmar office.

Country	Score	Examples of UNICEF engagement in MHM
Pacific Multi Island Office (based in Suva Fiji) And Field Offices in the Solomon Islands, Kiribati and Vanuatu	Fiji: 4-5 Solomon Islands: 3 Kiribati: 3 Vanuatu: 2	<ul style="list-style-type: none"> WASH team has been very active in supporting the Pacific Islands where they have a programmatic focus in investigating MHM in their own contexts through formative research (such as in the Solomon islands and planned for Kiribati). UNICEF programmes focus on three countries with the worst access to water and sanitation (Solomon Islands, Kiribati and Vanuatu) and also some ad hoc support to Fiji due to the high number of people without access to sanitation. Support has been given to government leadership to take the issue forward through integrating MHM into national technical guidelines (such as in the Solomon Islands) and also to integrate MHM into national surveys, the Solomon Islands EMIS and WASH baseline data survey tools being used in 2015. The UNICEF Pacific WASH Strategy includes support for MHM in schools in its programme areas, as well as for the development of minimum standards in schools and construction of WASH facilities. It also acts as the Cluster coordinator during emergencies and highlights the need for user-friendly and gender-appropriate toilets. At field office level, WASH, Education, Health and Nutrition and Community Development Specialists were involved in providing information on the MHM context were indicated for further interviews. More work has been undertaken to-date by the Field Offices in the Solomon Islands and Kiribati than in Vanuatu.
Philippines	4-5	<ul style="list-style-type: none"> UNICEF Philippines supported field work for a three country study related to MHM in emergencies (2012). UNICEF supported the government with a formative MHM study (2013) by Emory/Save/Plan/UNICEF. In collaboration with the Department of Education (DepEd) in Regions 6&8 and NGO partners including Save the Children, UNICEF supported the development of the girls' puberty/ MHM book '<i>Growing Healthy: Things that girls need to know</i>' that accompanied the distribution of sanitary protection materials during Typhoon Haiyan. MHM has been taken up as part of WinS and Adolescent Development Programs (ADP) and is included in its Life-skills training 'Making Connections' which is being supported for Local Government Authorities, teachers and other actors. In UNICEF strategies - WASH and ADP programmes include MHM and WASH and ADP programs are collaborating on MHM. WASH Programme Cooperation Agreements (PCAs) include MHM components. UNICEF is working with DepED and Department of Health (DOH) to enhance MHM in their respective programs and UNICEF WinS has advocated for MHM as key agenda of WinS TWG (DepED-led) and SH&N network (joint DepED and DOH). WinS bottleneck analysis used in formulation of DepED WinS guidelines. MHM is not included in the CPD or the Country Office results but discussions have been started.
PNG	3	<ul style="list-style-type: none"> As assessment on WinS is being supported which includes MHM. A demonstration project has been supported in two provinces of girl-friendly toilet facilities and changing room. The 3-star approach to WinS is being developed in country. It is reported that UNICEF section strategies mention MHM [but not clear which ones]. Supporting the development of a WASH in schools manual and training on WASH which includes MHM.
Thailand	2	<ul style="list-style-type: none"> UNICEF Thailand does not have a WASH programme. The Education team are currently undertaking a review on how Sexuality Education is being implemented in Thai schools.
Timor-Leste	2	<ul style="list-style-type: none"> Involved in supporting the School Health Programme. Have supported two trial MHM-friendly latrines and are planning to start to support partners in considering MHM in their work.
Viet Nam	2	<ul style="list-style-type: none"> UNICEF Viet Nam does not currently have a WinS programme but is starting to collect data with the plan to start re-engaging in WinS. Prior to the year 2012, WASH in Schools was part of UNICEF's programming focus, when they assisted the Ministry of Education and Training (MOET) to include menstrual hygiene as a part of the lower secondary schools (grades 6-9, with children 12 to 15 years of age). The life-skill programming in schools includes menstrual hygiene.

Annex XVI: Good practice case studies

MHM in East Asia and Pacific Region – Good practice case study

GPCS1: Philippines – “Creating Connections” – Reaching adolescents in and out of school through incorporating MHM into adolescent sexual and reproductive health

Institutions / organisations involved	<ul style="list-style-type: none"> • The Department of Health, Government of the Philippines, in Regions 6 and 8. • UNICEF Philippines Adolescent Development and WASH teams. • CSOs including Save the Children, Philippines, Family Planning Organizations of the Philippines (FPOP), Muslim Youth Religious Organization, Inc. and Muslim Organization for Social and Economic Progress.
Description of good practice	<p>“Creating Connections” training on life-skills - The Adolescent Development (AD) program of UNICEF Philippines has integrated MHM as a key component. Its “Creating Connections” life-skills training includes MHM, and has adopted the girls’ puberty/ MHM book <i>“Growing Healthy: Things that a girl needs to know”</i> as a key material. The AD program supports the Department of Health in developing adolescent development training and IEC materials, which include MHM and the WASH and AD units of UNICEF provide technical guidance to the Department of Health’s (DOH) projects. Capacity for conducting “Creating Connections” training is being built in a number of NGOs and government agencies that cover adolescents in the community setting. Through this, MHM is carried through by the DOH Adolescent Program, the Family Planning Organizations of the Philippines (FPOP), and by Muslim groups. The training includes specific sessions and exercises on menstruation as well as on changing bodies and the positives and challenges of growing up. They use visual aids including samples of sanitary pads and do body mapping exercises. They also cover subjects such as inter-personal violence and stress and emotions and mental well-being and self-care as well as peer-support and help-seeking. Fact sheets are available on changing boys and girls bodies and also on menstruation. The materials include information on myths and facts on menstruation as well as on how to use and change sanitary pads and how to dry them most effectively. This information is integrated into the broader life-skills training.</p> <p>Support for Very Young Adolescents - The AD and School Health and Nutrition Programmes (under the Education Program) of Save the Children are working closely in the Philippines to look at VYA programming which covers 10 to 14 years olds. The AD programming which covers VYA supports MHM interventions both in school and community levels. This includes advocating for adolescent friendly health services, improving health seeking behaviours, puberty education (including MHM) and looking also at policies, community support and networking. A few interventions have been piloted in schools which are currently being effectively managed – availability of an extra uniform, skirts, underwear, sanitary pads and pain medications in school clinics or first aid kits accessible in times of emergency, looking at O&M of WASH facilities including budgeting to ensure functionality especially for girl school children, advocating for separate toilets for female ages 9 and above and for teachers in schools, raising awareness of teachers on MHM through trainings and support for children’s groups participation in promoting and implementing MHM activities.</p>
Resources / links for further information	<ul style="list-style-type: none"> • See Annex XII - for an image of one of the pages on menstrual hygiene from the training • UNICEF (2015) <i>Creating Connections Master Training</i>, Agenda, May 26-29, 2015 • UNICEF (no date) <i>Activity Design: Region IV Creating Connections Coaching and Mentoring + USAP TAYO + POPCOM U4U</i>, UNICEF Philippines • UNICEF (no date) <i>Connections Philippines, Monitoring Toolkit</i>, UNICEF Philippines • UNICEF (no date) <i>Creating Life-skills for Adolescents</i> • UNICEF (no date) <i>Growing Healthy, Things that girls need to know</i>, UNICEF, Philippines • UNICEF (no date) <i>Myths and Facts</i> [on MHM sheet], UNICEF Philippines

MHM in East Asia and Pacific Region – Good practice case study

GPCS2: Philippines, Myanmar and the Pacific – Integrating MHM into emergency responses

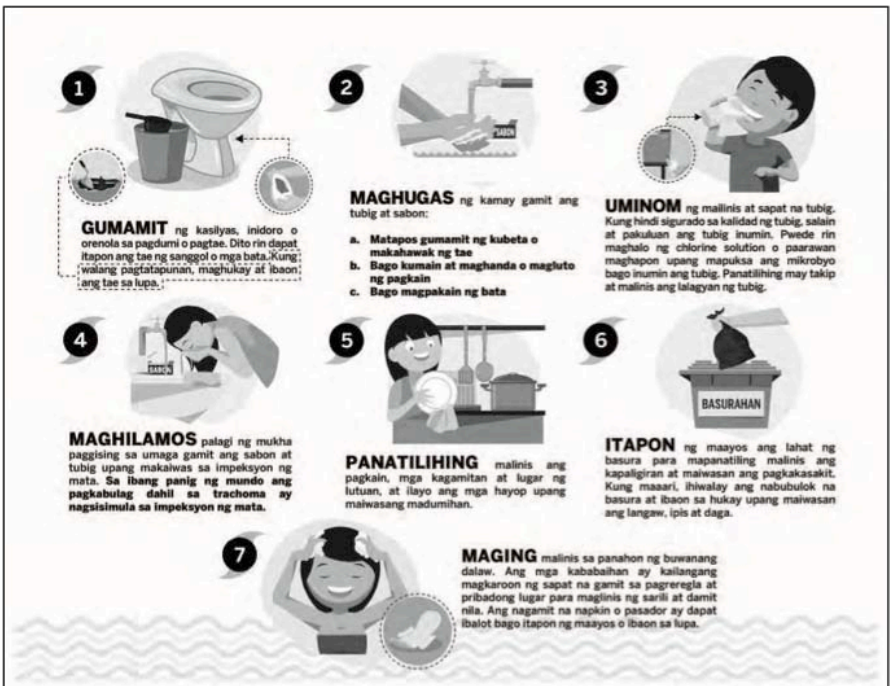
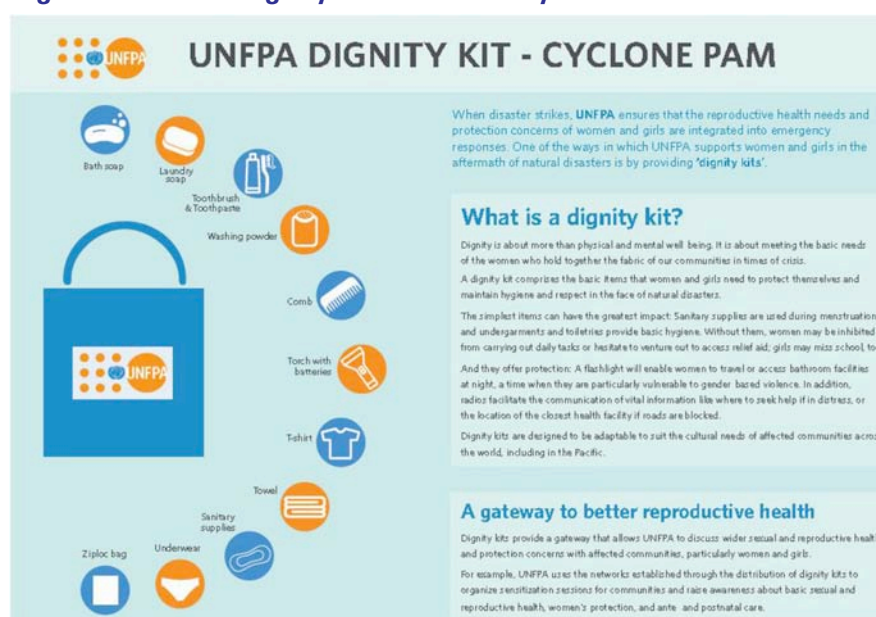
Institutions / organisations involved	<ul style="list-style-type: none"> Plan International, UNICEF and Save the Children, Philippines and UNFPA WASH Cluster and International Rescue Committee, Myanmar IFRC, Asia Regional Office
Description of good practice	<p>Integration of MHM into hygiene promotion in emergencies</p> <p>Plan International, Philippines, ensures a supply of feminine materials in their emergency hygiene kits. The Plan hygiene promoters encourage discussions on MHM whilst distributing the kits and provide education on proper disposal of waste materials. MHM is included in the 10 WASH commandments in their IEC materials during emergency situations (see Figure 19, commandment 7).</p> <p>Figure 19: 10 WASH Commandments in Emergencies, Plan International, Philippines</p>  <p>UNFPA dignity kits in Cyclone Pam in the Pacific, Myanmar, the Philippines and Indonesia</p> <p>UNFPA aims to ensure that when disaster strikes that the reproductive health needs and protection concerns of women and girls are integrated into the responses. One way in which it does this is by the provision of dignity kits. The kits aim to support dignity through contributing to physical and mental health through meeting basic needs. The flyer on the following page provides an overview of the kits that were put together for the response to Cyclone Pam in the Pacific in 2015. They include underwear, sanitary pads, washing powder, bathing and laundry soap as well as a Ziploc bag; all useful items to assist girls and women to manage their menstruation with dignity. In addition the kit also includes a torch with batteries which aims to enable women to be able to use bathing or toilet facilities more easily and safely at night. Numbers of kits distributed over the past few years to various types of emergencies: Indonesia (8,700 - between 2008-15); Philippines (34,800 - between 2013-15); and Myanmar (20,000 - 2015).</p>

Figure 20: UNFPA dignity kits leaflet for Cyclone Pam in the Pacific



Girls' puberty/ MHM book 'Growing Healthy'; Typhoon Haiyan response, Philippines

UNICEF, Philippines, developed a girls' puberty/ MHM book together with the DepEd Regions 6 & 8, Save the Children and other NGO partners for the Typhoon Haiyan Response. The booklet 'Growing Healthy, Things girls need to know' was distributed to 100,000 girls accompanying the distribution of sanitary pads.



Figure 21: Girls' puberty/MHM book 'Growing Healthy'; Typhoon Haiyan response, Philippines

MHM guidance on MHM in emergencies & coordination, Myanmar

A note on MHM in emergencies was been prepared by the WASH Cluster with the support of the International Rescue Committee for the Kachin & Rakhine Emergency Response in 2014. It identified MHM related challenges and recommendations for practical actions. UNFPA is planning to establish a mapping of actors supporting dignity kits and working on MHM in the camps in 2016.

Research and information sharing on MHM in emergencies

The UNICEF WASH in Emergency programme in the Philippines also supported field work for a 3 country research on MHM in emergencies in 2012. Findings are reported in the main report in Section 8. The IFRC Asia Regional office supported a webinar in July 2015 to enable the sharing of MHM in emergencies with stakeholders working across the region.

Resources / links for further information

- Hayden, T (Oct 2012) 'Menstrual Hygiene Management in Emergencies: Taking stock of support from UNICEF and partners', UNICEF Programme Division, WASH Emergencies, RedR Australia.
- UNFPA (no date) UNFPA: *Dignity kits in emergencies*, PowerPoint presentation and distribution data from Indonesia, Myanmar and the Philippines.
- UNICEF (no date) *Growing Healthy, Things that girls need to know*, UNICEF, Philippines.
- International Red Cross and Red Crescent Societies, Asia and Pacific Regional Office (2015) *MHM in Emergencies*, Webinar, 1 July 2015
- WASH Cluster (2014) 'Menstrual Hygiene Management, Kachin & Rakhine Emergency Response', WASH Cluster & International Rescue Committee

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GPCS3: Solomon Islands – Integrating MHM into Technical School WASH Guidelines

Institutions / organisations involved	<ul style="list-style-type: none"> • MHMS • MEHRD • UNICEF and multiple other sector stakeholders working in the Solomon Islands
Description of good practice	<p>In 2013, MHMS and MEHRD worked with partners to establish technical design standards for school WASH infrastructure for the Solomon Islands. These standards titled <i>Water Supply, Sanitation & Hygiene for Educational Facilities in the Solomon Islands: Technical requirements for school WASH projects</i>.</p> <p>During the preparation of the guidelines, WASH and health partners identified MHM as a key gap in knowledge and programming guidance by sector stakeholders. To fill this gap, MHMS, MEHRD, and UNICEF conducted a study in four schools in Honiara and Guadalcanal Province in August 2014. The study was based on the Emory University and UNICEF <i>Tools for Assessing MHM in Schools</i> publication, adapted to the Solomon Islands context. The purpose was to understand the challenges that girls face during menstruation, and make recommendations for addressing them through WASH in schools programmes and specifically better facility designs.</p> <p>Guidance on MHM has now been incorporated into the <i>'Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands; Technical requirements for school WASH projects'</i>, draft updated in July 2015. The guidance on MHM has been integrated into each element - water, sanitation and hygiene sections, as well as having a stand-alone section providing guidance on MHM. It also includes:</p> <ul style="list-style-type: none"> • A checklist for building school capacity on MHM. • Guiding design principles. • Facilities checklist. • Materials checklist. • Management checklist. • References and resources.
Resources / links for further information	<ul style="list-style-type: none"> • Ministry of Education and Human Resources Development, Solomon Islands Government (2015) <i>'Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands; Technical requirements for school WASH projects'</i>, July 2015, Version 5 • Ministry of Education and Human Resources Development, Solomon Islands Government, WaterAid and UNICEF (2015) <i>Rural WASH Baseline - School Survey</i> • Ministry of Health and Medical Services, Ministry of Education and Human Resources Development and UNICEF (2014) <i>'Main Report, Case study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province'</i>, Aug 2014 • Ministry of Health and Medical Services, Ministry of Education and Human Resources Development and UNICEF (2014) <i>'School Report, Case study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province'</i>, Aug 2014 • Yamakoshi, B (2015 draft) <i>'Solomon Islands; Incorporating MHM into national WASH in schools policies and guidelines'</i>, PowerPoint Presentation, <i>4th Annual MHM in WinS Virtual Conference, New York, 22 Oct 2015</i>, UNICEF Pacific

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GPCS4: EAP region – Engagement of the private sector

Institutions / organisations involved	<ul style="list-style-type: none"> • Procter & Gamble; Ministries of Education • Ministry of Education, Philippines • Ministry of Health and Ministry of Education, Indonesia
Description of good practice	<p>Always/whisper campaign³²³</p> <p><i>'One example is Always/Whisper, a global brand present in more than 120 countries and currently reaching about 230 million women. Always/Whisper has developed a puberty education programme which provides sensitive, scientific and age appropriate information about menstruation and puberty in a variety of different formats. It is active in 65 countries in North America, Europe, the Middle East, Africa, Asia and China, reaching between 17 and 20 million girls a year between the ages of 10 and 15, at the threshold of their first period.'</i></p>

	<p>The programme goals are to (a) expand access to sanitary pads, particularly in countries where these were not available previously; (b) provide in accessible ways the most up-to-date scientific information and hygiene best practices related to menstruation, primarily to girls but also to boys; (c) support educators and health workers by providing supplementary materials about puberty and menstruation they can use in their work; (d) address stigma by actively challenging myths and misconceptions about menstruation, particularly with mothers and influential stakeholders in the wider community; (e) reach out to senior policy makers in education and health ministries to develop long-term sustainable programmes that benefit all concerned.</p> <p>Always/Whisper has more than 30 public/private national partnership agreements with ministries of education to facilitate its entry and implementation in their countries. It is developed in partnership with professionals, and delivered by well-trained professional nurses, doctors and school teachers or hygienists. In addition, teaching aids have been developed to strengthen teachers' capacity to engage with their local curriculum on menstruation. More than half a million professional educators and health care workers around the world are now using materials from the Always/Whisper programme.</p> <p>Additionally, a mass communications campaign is implemented that helps to demystify and reduce the taboos around menstruation, as well as enable a dialogue between the various stakeholders in society – girls, mothers, teachers and peers, including boys.</p> <p>Private sector engagement in MHM in the Philippines³²⁴</p> <p>'In the private sector, both Kimberly-Clark and Procter & Gamble have increased their attention to menstruation in schools. Kimberly-Clark, in conjunction with the Department of Education, piloted puberty learning materials in a small sample of schools, although the Department of Education has ceased distribution of these materials due to heavy product promotion within the publications'. 'Procter & Gamble Philippines has expressed interest in pursuing MHM through the WASH sector, though activities are not yet under way. Local corporations that manufacture sanitary pads, including Modess and Whisper, have visited secondary schools to provide hygiene education and promote products such as sanitary pads and deodorants'.</p> <p>Plans for engagement with the private sector in Indonesia³²⁵</p> <p>'To help address the widely held misconception about the need to wash disposal pads, UNICEF is working with the Ministry of Health to organize a meeting with private sector companies who produce and distribute sanitary napkins. The idea is to inform the companies about the research findings and to collectively discuss how they might help improve the situation. For instance, could pad producers include information on how to dispose of pads on packaging? Could the white wrappers that pads are currently packaged in, which allow the blood to be shown when thrown out, be replaced with black paper, which would provide additional privacy for girls? How could their distribution network and advertising be used to improve knowledge around proper MHM?'...</p> <p>'Third, together with UNICEF's Communications for Development Unit, we are working with Telkom Indonesia, the largest telecommunications company in the country, to place large multi-media billboards in seven schools in Jakarta. Over the course of 12 months, the billboards will display videos and messages about MHM up to 15 days a month, two hours a day. Messages will include evidence-based information, such as the fact that one in seven girls miss school due to menstruation, and behavior change communication messages to help dispel misconceptions, such as the idea that menstruating girls shouldn't take painkillers. We will assess the effectiveness of the messages after three months and update them accordingly'. 'Together with the results of the research, these activities will inform the development of a basic MHM package that will be piloted in 100 schools. The package will focus mostly on communication and will include messages for a number of important stakeholders, including local mayors, who have significant influence around health and development projects in their districts'.</p>
<p>Resources / links for further information</p>	<ul style="list-style-type: none"> • Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman (2013) 'WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools', United Nations Children's Fund, New York, November 2013 • Kettaneh, A, Pulizzi, S and Todesco, M (2014) 'Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education', Booklet 9, United Nations Educational, Scientific and Cultural Organisation (UNESCO) • UNICEF Indonesia (2015) <i>WinS4Girls: Voices from the field; Improving menstrual hygiene management in schools</i>, 30 Sept 2015, UNICEF Indonesia, http://unicefindonesia.blogspot.co.id/2015/11/wins4girls-voices-from-field-improving.html

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GPCS5: Thailand and Cambodia – Integrating MHM into the curriculum

Institutions / organisations involved	<ul style="list-style-type: none"> Ministry of Educations in Cambodia and Thailand Child Protection Centre and the Office of the Basic Education Commission, Thailand
Description of good practice	<p>MHM in Life-skills Education in Cambodia</p> <p>Subjects with relevance to MHM are included under the subject of Life-skills Education on Sexual and Reproductive Health. Guidance is provided by the Inter-Departmental Committee on HIV/AIDS and Drugs. This part of the broader Health Education Policy. It is currently an optional subject but will become a compulsory subject in 2016.</p> <p>Subjects include:</p> <ul style="list-style-type: none"> Grade 5, Primary - Under the subject of Values and Rights it covers self-esteem and valuing others (1 hr). Grade 5, Primary - Under the subject of Growing up and Future Goals covers lessons on happiness and issues that happen during puberty (1 hr) and body changes during puberty (1 hr); and under the subject of Gender and Violence it covers a lesson on gender values (1 hr). Grade 7, Lower Secondary - Under the subject of Sexual Health and HIV/AIDS it covers lessons on body changes of adolescents (1hr), genitals (1 hr) and menstruation (1hr). <p>In a UNESCO study of sexuality education across the Asia and Pacific region (2012)³²⁶ it was noted that the response to HIV was launched 12 years previously and that in 2010, 65 percent of primary schools and 23 percent of secondary schools reported implementing the Life-skills HIV Education curriculum.</p> <p>MHM in Sexual and Reproductive Health in Thailand</p> <p>The following has been established from the ‘<i>Guideline on Sexuality Education’s Learning Activity</i>’ for Grade 1-12 (primary and secondary education), recently published by the Child Protection Center (CPC)/Office of the Basic Education Commission in 2015. CPC is disseminating these guidelines to 30,000 schools in Thailand. These guidelines were based on the Basic Core Curriculum, in which Sexuality Education is integrated mainly in the Learning Area of ‘<i>Health and Physical Education (HPE)</i>.’</p> <p>Lessons plans include:</p> <p>Primary education (Prathom Sueksa):</p> <ul style="list-style-type: none"> Grade 1 (7 years old) - Understanding the nature of human growth; explain the methods of taking care of human organs (male and female); and explain the physical and mental growth and development according to age, which includes focus particularly on changes during the ages of 9-12 years during puberty and has specific mention girls concerns around her period and also that it is important to seek accurate information. Grade 4 (10 years old) - Understanding the nature of human growth; explain the physical and mental growth and development according to age, which includes focus particularly on changes during the ages of 9-12 years during puberty and has specific mention girls concerns around her period and also that it is important to seek accurate information. Grade 5 (11 years) - Understanding and self-appreciation; family; sex education; and life-skills; Explain sexual changes and how to conduct themselves appropriately. ‘Pay attention in transitional period’: In a worksheet it includes ‘Exploring how your friend react or behave in these five situations, including ‘If you are teased about boy/girlfriend, pimples, breast, voices, menstruation, what do you do. Grade 6 (12 years) - Explains the importance of reproductive and circulatory systems affecting health, growth and development; and explains methods of taking care of reproductive, circulatory and respiratory systems for normal functioning. The lesson plan includes: ‘Stepping to puberty’: Learn four key issues; sexual organs (M/F), female reproductive systems, menstrual cycle and, male reproductive system. <p>Lower secondary education (Mathayom Sueksa):</p> <ul style="list-style-type: none"> Grade 7 - Explains the importance of nervous and ductless gland systems affecting health, growth and development of teenagers. “Changes and sexual development” learning goes into detail about ovulation, menstruation, ejaculation and masturbation. Also, emotional change and sexual feeling occurs in this stage. ‘Sexual deviation’ is mentioned briefly to promote acceptance toward friends who have different sexual development and orientation.

Resources / links for further information	<ul style="list-style-type: none"> • Inter-Departmental Committee for HIV/AIDS and Drugs, Ministry of Education, Youth and Sport (2013) <i>Life-skills Education on Sexual and Reproductive Health for Grade 5-6 for Primary Education</i>, Kingdom of Cambodia • Inter-Departmental Committee for HIV/AIDS and Drugs, Ministry of Education, Youth and Sport (2013) <i>Life-skills Education on Sexual and Reproductive Health for Grade 7-8 for Lower Secondary Education</i>, Kingdom of Cambodia • Child Protection Center (CPC)/Office of the Basic Education Commission (2015) <i>Guideline on Sexuality Education's Learning Activity for Grade 1-12 (primary and secondary education)</i>
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GPCS6: Indonesia – Integrating accessibility and MHM into school WASH

Institutions / organisations involved	<ul style="list-style-type: none"> • Plan International, Indonesia and Nagekeo District Pokjaampl (Nagekeo WASH Working Group) • District Education Office and Puskemas (Community Health Centre)
Description of good practice	<p>Plan Indonesia has undertaken this project in collaboration with Nagekeo District Pokjaampl (Nagekeo WASH Working Group). It has been supported by Australian Aid through the CS WASH Fund II of DFAT, Australian Government. MHM has so far been implemented in 7 schools in Aesesa Sub-District and South Aesesa Sub-District. Originally the project was designed project to be WASH inclusive (accessible for people with disabilities) then after 4-5 months started integrating MHM. Piloting of the project started in Aug 2014.</p> <p>Initially a MHM assessment was undertaken in 5 schools and awareness raising was done on the project. But it was realised that all schools didn't have effective systems and the subject was taboo; so it was decided to do the project in all 17 schools. The IEC materials were developed and tested. These were adapted from those of the Water Supply and Collaborative Council, such as the Menstrual Wheel. Plan undertook training at district level of male and female teachers who are responsible for school health programs. The teachers then trained their students. The importance of WASH facilities was also covered.</p> <p>Half-day awareness raising events were held at schools for representatives of the school committee, PTA and randomly selected interested parents. This was on hand-washing with soap; use of toilet; and then MHM message with different messages for boys and girls. Training was also given on the appropriate design of latrines and then gave money to the PTA to manage the process of construction. The latrines included washing basin and waste bin with lids. The schools have municipal waste collection and a janitor. In each block there are two normal stances and two that were inclusive along with MHM features such as the washing basin and bins. These were available for all girls to use.</p> <p>Every Friday teachers have a slot for extra-curricula activities so they can talk about different issues. They have encouraged teachers to talk about MHM each week for 6 months spending 10 to 15 minutes on MHM issues out of each 3 hour slot. The target grades of the children are 4-6 grade (9 to 12 years old). A few teachers said that menstruation was taught in primary school but just the biological processes, not how to manage and how to treat girls. This project has been breaking taboos and building trust including both girls and boys.</p> <p>Every Friday parents have been asked to come and provide pads and put into a box for an emergency supply. Now the 7 participating schools have secured funds from their school operational budgets to procure sanitary napkins. School work plan and annual work plan also include WinS and MHM. The district monitoring team were involved in the project and the District Education Office have included WinS and MHM as indicators to be monitored and reported during visits. Local community health centres (<i>Puskemas</i>) staff also received training on MHM through the programme and now also include 4 compulsory topics in their annual visits to schools - MHM, defecating only in toilets, always drinking safe water, handwashing with soap. The centre staff received MHM training through the programme.</p>
Resources / links for further information	<ul style="list-style-type: none"> • Plan Indonesia (2015) <i>Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights</i>, July 2015 • See the following sections for photographs from this programme: Section 5.8 - Photo of teachers being trained in MHM; Annex XII - Photos of the 'menstrual wheel' teaching aid adapted for Indonesia and the girls' puberty/ MHM book

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GPCS7: Monitoring and evaluation of progress on MHM and of interventions

Institutions / organisations involved	<ul style="list-style-type: none"> • Various stakeholders involved in research, learning and the establishment of indicators in technical related guidelines across the region • JMP of WHO and UNICEF at global level • Save the Children, SNV and Plan International
Description of good practice	<p>Indicators being established at global level linked to the Sustainable Development Goals (SDGs):</p> <p>At the global level efforts have been made to advocate for MHM to be included in the SDGs. Whilst MHM has not been explicitly included, it is implied in the wording of Target 6.2:</p> <p><i>Target 6.2 - 'By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations'</i></p> <p>The normative interpretation of: <i>'paying special attention to the needs of women and girls'</i> is <i>'Implies reducing the burden of water collection and enabling women and girls to manage sanitation and hygiene needs with dignity. Special attention should be given to the needs of women and girls in 'high use' settings such as schools and workplaces, and 'high risk' settings such as health care facilities and detention centres'</i>³²⁷.</p> <p>Efforts are also ongoing by the JMP of the WHO and UNICEF and other actors to encourage the collection of additional indicators to those specified in the SDGs, some of which are relevant to MHM. Initially the focus is on MHM in institutions, particularly on schools and health facilities, but indicators are still under discussion. The intention is to measure menstrual hygiene using a service ladder of 'basic, unimproved and no facility'. Some indicators are currently being tested out (related to access to private places, materials and their disposal) in a Multiple Cluster Indicator Survey (MICS) in Belize.</p> <p>Discussions are ongoing³²⁸ about how best to utilise 'official statistics' such as national surveys, as well as 'unofficial data' such as business data and global and national polling and efforts being made to try and balance ambition, achievability and measurability. They also need to be politically compelling, universally relevant and simple enough for non-specialists to understand.</p> <p>The zero draft of the JMP Green Paper on the global monitoring of water, sanitation and hygiene, provides initial thoughts on indicators for the monitoring of MHM in institutions. These include:</p> <p>Normative definition: Basic menstrual hygiene management facilities in schools and health facilities: <i>'Separate sanitation facilities for females that provide privacy; soap, water and space for washing hands, private parts and clothes; and places for changing and disposing of materials used for managing menstruation'</i>.</p> <p>Indicator: <i>'Percentage of primary and secondary schools with basic separated sanitation facilities for females that provide privacy; soap, water and space for washing hands, private parts and clothes; and places for changing and disposing of materials used for managing menstruation'</i>.</p> <p>In addition MHM-supportive school environments will also need to be considered for: <i>SDG 4a - Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violence, inclusive and effective learning environments for all.</i></p> <hr/> <p>A number of international CSOs have also been working on developing indicators for their MHM programmes. These include:</p> <ul style="list-style-type: none"> • SNV Netherlands Development Organisation for their 'Girls in Control' Project • Save the Children in their 'MHM Operational Guidelines' which support their work in School Health and Nutrition • Plan International through their document 'Suggested indicators for MHM programming'. <p>Indicators will vary depending on the programming focus that is being undertaken. More work will be needed over the coming years on practical and measurable indicators for MHM.</p>

	<p>MHM-related indicators for possible use across the EAP region</p> <p>The following indicators could be considered for use across the EAP Region. These indicators need further discussion and development, but this list provides examples for discussion. They include examples of indicators with different levels of complexity and would need to be adapted to each context: whether institutional, community/household focused or in development or humanitarian contexts.</p> <p><u>MHM-supportive environment:</u></p> <ol style="list-style-type: none"> 1. Staff in positions of responsibility [<i>teachers, the institution's management, parents, health staff, employers and / or humanitarian workers</i>] have received training or awareness-raising on how to ensure a MHM-friendly environment. 2. Girls and women have access to somewhere they can rest if feeling unwell and to access pain medication. 3. Staff job-descriptions include responsibilities for puberty / MHM education and ensuring a safe and MHM-friendly environment. 4. Schools rules and etiquette ensure that girls and boys can go to the toilet at any time during the school day as needed and that pupils do not need to stand up to answer questions. <p><u>WASH facilities:</u></p> <ol style="list-style-type: none"> 5. Access to adequate number of gender-segregated institutional or public latrines for women and girls of age 9 and above. 6. Access to adequate numbers [adequate numbers would need to be defined] of accessible gender-segregated public or institutional latrines which provide privacy and an easy access to water. 7. Access to household latrines and bathing facilities which provide adequate privacy. 8. Water is accessible for cleaning bodies, flushing toilets and cleaning facilities. 9. Existence of a functional and discrete disposal mechanism for soiled sanitary protection materials. <p><u>Information, dialogue and feedback on menstruation and MHM:</u></p> <ol style="list-style-type: none"> 10. Information and opportunities for dialogue are available for girls, boys, women and men on menstruation and MHM, including correcting local misconceptions and good practices and which promote the self-esteem of girls and women. 11. Girls and women have been consulted on their MHM needs and have had the opportunity to input into solutions and designs and to provide feedback on interventions. <p><u>Availability of sanitary pads or other products:</u></p> <ol style="list-style-type: none"> 12. Availability of sanitary pads and spare uniforms [in the case of schools] for menstrual hygiene emergencies are accessible in the institution's grounds. 13. Girls and women of all income groups are able to access culturally appropriate sanitary protection materials and products.
<p>Resources / links for further information</p>	<ul style="list-style-type: none"> • Section 5.5 - on monitoring and evaluation • Annex IX - with links to formative research and other learning across the region • Haver, J and J.L. Long (2015, draft) Menstrual Hygiene Management Operational Guidelines, Save the Children • Roose, S and Rankin, T. (2015) Suggested Indicators for MHM programming, August 2015, Plan International • SNV Netherlands Development Organisation (no date) <i>WASH in Schools - MHM component 'Girls in Control' Project Performance Monitoring Framework</i>, SNV • WHO & UNICEF (2015) WASH Post-2015, <i>Proposed indicators for drinking water, sanitation and hygiene</i>, Joint Monitoring Programme, WHO & UNICEF • WHO & UNICEF (2015, draft) <i>JMP Green Paper: Global monitoring of water, sanitation and hygiene post-2015</i>, Joint Monitoring Programme, WHO & UNICEF

Annex XVII: References

Part A Global

WASH, WinS and MHM

ActionAid, *Women and the City II: Combating violence against women and girls in public spaces – The role of public services*, 71, South Africa: ActionAid International, 2013, <http://www.actionaid.org/sites/files/actionaid/women_and_the_city_ii_1.pdf>

Adukia, Anjali, *Sanitation and Education*, Harvard University, May 2014, <http://scholar.harvard.edu/files/adukia/files/adukia_sanitation_and_education.pdf>

Amnesty International, *Where is the Dignity in that? Women in the Solomon Islands slums denied sanitation and safety*. London, UK: Amnesty International, 2011b, <http://www.amnistia-internacional.pt/files/Relatoriosvarios/SolomonIslands_Women_in_Solomon_Islands.pdf>,

Bhakta, A., J. Fisher and B. Reed, WASH for the Perimenopause in Low-Income Countries: Changing women, concealed knowledge? *Sustainable Water and Sanitation Services for all in a Fast Changing World*, 37th WEDC International Conference, Hanoi, Viet Nam, 2014, <<http://wedc.lboro.ac.uk/resources/conference/37/Bhakta-1909.pdf>>

Caruso, Bethany A., *WASH in Schools, Empowers Girls' Education: Tools for assessing menstrual hygiene management in schools*, UNICEF & Emory University, 2013.

Columbia University and UNICEF, *MHM in Ten: Advancing the MHM Agenda in WASH in Schools*, Columbia University and UNICEF, 2014, <http://www.unicef.org/wash/schools/files/MHM_in_Ten_2014_Meeting_Report.pdf>

Das, P., K. K. Baker, A. Dutta, T. Swain, S. Sahoo, B. S. Das, B. Panda, A. Nayak, M. Bara, B. Bilung, P. R. Mishra, P. Panigrahi, S. Cairncross and B. Torondel, Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India, 2015, *PLoS ONE* 10(6): e0130777. doi:10.1371/journal.pone.0130777.

Ferron, S., and M. Khan, eds., *Hygiene Promotion in Emergencies*, No 6. MHM and HP innovation, July 2015.

Freeman, M., and M. Sahin, *WASH in Schools, Distance-Learning Course: Learnings from the Field 2014*, Rollins School of Public Health, Emory University and UNICEF, 2014, <http://www.unicef.org/wash/schools/files/WinS_Distance_Learning_Course_-_Learnings_from_the_Field.pdf>

Gakidou, Emmanuela, Krycia Cowling, Rafael Lozano and Christopher L. J. Murray, 'Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: A systematic analysis', *The Lancet*, vol. 376, September 18, 2010, pp. 959–974.

Garn, J.V., B. A. Caruso, C. D. Drews-Botsh, M. R. Kramer, B. A. Brunback, R. D. Rheingans and M.C. Freeman, 'Factors Associated with Pupil Toilet Use in Kenyan Primary Schools', *International Journal Environmental Research and Public Health*, 2014, 11, pp. 9694–9711; doi:10.3390/ijerph110909694.

Giles-Hansen, C. *Hygiene Needs of Incontinence Sufferers: How can water, sanitation and hygiene actors better address the needs of vulnerable people suffering from urine and/or faecal incontinence in low and middle income countries*, WaterAid/SHARE, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Hygiene_needs_of_incontinence_sufferers.pdf>

Grow and Know, *Annual Report, 2014*, Grow and Know Ltd, 2014, <http://www.growandknow.org/Annual_Report_2014.pdf>

Grow and Know (2015) Website including examples of menstrual hygiene books for girls from a number of countries <www.growandknow.org/books.html>[accessed 15 October 2015]

Haver, J., and J. L. Long, *Menstrual Hygiene Management Operational Guidelines* (draft), Save the Children, 2015.

House, Sarah, Thérèse Mahon and Sue Cavill, *Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world*, WaterAid (co-published by 18 organizations), 2012.

House, Sarah, and Sue Cavill, 'Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence', *Frontiers of CLTS: Innovations and Insights*, no. 5, Brighton, IDS, 2015, <<http://www.communityledtotalsanitation.org/resources/frontiers/making-sanitation-and-hygiene-safer-reducing-vulnerabilities-violence>>

House, S., S. Ferron, M. Sommer and S. Cavill, *Violence, Gender & WASH: A practitioner's Toolkit – Making water, sanitation and hygiene safer through improved programming and services*. London, UK: WaterAid/SHARE (co-published by 27 organizations), 2014, <<http://violence-wash.lboro.ac.uk/>>

International Federation of Red Cross and Red Crescent Societies, Asia Pacific Region Office, *MHM in Emergencies*, webinar, 2015 (audio-visual link to the Webinar).

Jasper, Christian, Thanh-Tam Le and Jamie Bartram, 'Water and Sanitation in Schools: A systematic review of the health and educational outcomes', *International Journal of Environmental Resources and Public Health*, 2012, 9, pp. 2772–2787, doi:10.3390/ijerph9082772.

Jewitt, Sarah and Harriet Ryley, 'It's a Girl Thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya', *Geoforum*, 56, 2014, pp. 137–147, <<http://www.sciencedirect.com/science/article/pii/S0016718514001638>>

Klasing, A., H. Neumeyer, E. Wilson-Smith and I. Winkler, 'Menstrual Hygiene and Human Rights: A bloody road to a more equal road', PowerPoint presentation at the *4th Annual MHM in WinS Virtual Conference*, New York, 22 Oct 2015, UNICEF Pacific, 2015.

Leong, L., K. Nicholson, D. Elkington and E. Hogan, *Gender and WASH Monitoring Tool*, Plan International Australia, 2014. Mahon, Thérèse and Maria Fernandes, 'Menstrual Hygiene in South Asia: A neglected issue for WASH programmes', *Gender & Development*, 18:1, pp. 99–113, 2010, DOI: 10.1080/13552071003600083.

Mahon, Thérèse, and Sue Cavill, *Menstrual Hygiene Matters: Training guide for practitioners*, WaterAid and SHARE, 2012.

Mahon, Thérèse, Anjali Tripathy, and Neelam Singh, 'Putting Men into Menstruation: The role of men and boys in community menstrual hygiene management', *Waterlines*, 34.1, 2015, <<http://www.developmentbookshelf.com/doi/pdf/10.3362/1756-3488.2015.002>>

Njugna, V, B. Karanja, M. Thurania, K. Shordt, M. Snell, S. Cairncross, A. Biran, A. and W.P. Schmidt, *The Sustainability and Impact of School Sanitation, Water and Hygiene Education in Kenya*, UNICEF. Plan International, *Menstrual Hygiene*, May 2015, <<https://www.planusa.org/docs/wash-compilation-2015.pdf>>

Roose, Sharon, and Tom Rankin, *Suggested Indicators for MHM programming*, August 2015, Plan International. Roose, Sharon, Tom Rankin and Sue Cavill, 'Breaking the Next Taboo: Menstrual hygiene within CLTS', *Frontiers of CLTS: Innovations and Insights*, no. 6, July 2015.

SNV Netherlands Development Organisation, *WASH in Schools – MHM component 'Girls in Control' Project Performance Monitoring Framework*, SNV, no date.

Sommer, M. E. Cherenack, S. Blake, M. Sahin and L. Burgers, *WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2014*, United Nations Children's Fund and Columbia University, New York, 2014, <www.unicef.org/wash/schools/files/MHM_vConf_2014.pdf>

Sommer, M. E. Vasquez, N. Worthington and M. Sahin, *WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012*, United Nations Children's Fund and Columbia University, New York, 2012, <http://www.unicef.org/wash/schools/files/WASH_in_Schools_Empowers_Girls_Education_Proceedings_of_Virtual_MHM_conference.pdf>

Sommer, M., E. Vasquez, N. Worthington, M. Sahin and T. Dooley, *WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2013*, United Nations Children's Fund and Columbia University, New York, 2013, <http://www.issue4lab.org/resource/wash_in_schools_empowers_girls_education_proceedings_of_the_menstrual_hygiene_management_in_schools_virtual_conference_2013>

SPLASH, *Menstrual Hygiene Management Toolkit*, USA, Washington D.C., USA, USAID/WASHplus Project, 2015, <http://www.washplus.org/sites/default/files/mhm_toolkit2015.pdf>

Sumpter, Colin, and Belen Torondel, B, 'A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management', *PLOS ONE*, April 2013, vol. 8, no. 4, <<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0062004>>

Taylor, A. *Women and the City I: Combating violence against women and girls in public spaces – The role of public services*. South Africa: ActionAid International, 2011, <<http://www.actionaid.org/publications/women-and-cityexamining-gender-impact-violence-and-urbanisation>> [accessed 11 October 2013]

UNICEF and GIZ, *Field Guide: The three star approach for WASH in Schools*, GIZ and UNICEF, 2013, <http://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_Star-Guide.pdf>

Ward, J., J. Lafreniere, S. Coughtry, S. Sami and J. Lawry-White, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, Inter Agency Standing Committee (IASC), 2015, <<http://www.alnap.org/resource/21722>>

WASHplus/SPLASH, Website with links to tools and materials, 2015, <www.washplus.org/countries/zambia>

WaterAid (2005) *Schoolgirls: Towards health, dignity and wellbeing*, Briefing Note, Ethiopia, WaterAid Ethiopia.

WHO and UNICEF, *WASH Post-2015, Proposed indicators for drinking water, sanitation and hygiene*, Joint Monitoring Programme, WHO and UNICEF, 2015, <http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-WASH-Post-2015-Brochure.pdf>

WHO and UNICEF, *JMP Green Paper: Global monitoring of water, sanitation and hygiene post-2015* (draft), Joint Monitoring Programme, WHO and UNICEF, 2015, <http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Green-Paper-15-Oct-2015.pdf>

Winkler, I. T., and V. Roaf, 'Taking the Bloody Linen out of the Closet: Menstrual hygiene as a priority for achieving gender equality', *Cardozo Journal of Law and Gender*, vol. 21, no. 1, 19 March 2015, pp. 1–39.

WSSCC and SHARE, *Social and Psychological Impact of Limited Access to Sanitation: The link between MHM and reproductive tract infections, and between WASH practices and pregnancy*, Research Briefing Note 4, October 2014, Water and Sanitation Collaborative Council and Sanitation and Hygiene Applied Research for Equity, <<http://genderandenvironment.org/resource/briefing-note-4-social-psychological-impact-limited-access-sanitation-link-mhm-reproductive-tract-infections-wash-practices-pregnancy/>>

Education and curriculum

Kettaneh, A., S. Pulizzi and M. Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education*, Booklet 9, UNESCO, 2014.

UNESCO and UNAIDS, *International Technical Guidance on Sexuality Education, An evidence-informed approach for schools, teachers and health educators; Volume I, the rationale for sexuality education*, UNESCO and UNAIDS, 2009, <<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>>

UNESCO and UNAIDS, *International Technical Guidance on Sexuality Education, An evidence-informed approach for schools, teachers and health educators; Volume II, Topics and Learning Objectives*, UNESCO and UNAIDS, 2009, <http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_2_en.pdf>

UNESCO, *Education for All Global Monitoring Report 2013/4, Summary*, Paris, UNESCO, 2014.

Gender

International Federation of Red Cross and Red Crescent Societies, *Minimum Standard Commitments to Gender and Diversity in Emergency Programming*, Pilot Version, Geneva, 2015, <<http://www.ifrc.org/Global/Photos/Secretariat/201505/Gender%20Diversity%20MSCs%20Emergency%20Programming%20HR3.pdf>>

UNICEF, *UNICEF Gender Action Plan, 2014-2017*, UNICEF Executive Board, Annual Session 2014, E/ICEF/2014/CRP.12, <http://www.unicef.org/esaro/UNICEF_Gender_Action_Plan_2014-2017.pdf>

Part B Regional

WASH, WinS and MHM

Department for Foreign Affairs and Trade, Government of Australia, DFAT supported projects database, 2015.

Department for Foreign Affairs and Trade, innovationXchange, Government of Australia, *Scoping Workshop: The Last Taboo; Improving Access to Menstrual Hygiene Products in the Pacific*, 2 September 2015, Sydney Australia.

Department for Foreign Affairs and Trade, innovationXchange, Government of Australia, *Workshop Notes - The Last Taboo*, 22 September 2015.

Halcrow, G., C. Rowland, J. Willetts, J. Crawford and N. Carrard, *Resource Guide: Working effectively with women and men in water, sanitation and hygiene programmes*. Sydney, Australia: International Women's Development Agency, Institute for Sustainable Futures, University of Technology – resource guide; flashcards; case study snapshots from Fiji and Vanuatu; poster of principles and practices, 2010, <www.genderinpacificwash.info>

International Red Cross and Red Crescent Societies, Asia and Pacific Regional Office, *MHM in Emergencies*, Webinar, 1 July 2015.

Parry, J. K. Shordt, D. Cousineau and J. Wicken, eds., *Sharing Experiences: Effective hygiene promotion in South-East Asia and the Pacific*, WaterAid, International Water Centre and International Resource Centre, Australia, 2010, <<http://www.watercentre.org/portfolio/attachments/SustainableHygiene.pdf>>

Pedi, D., ed., *Sharing Experiences: Sustainable sanitation in South East Asia and the Pacific*, WaterAid Australia and International Water Centre, Australia, 2010.

UNFPA, *UNFPA: Dignity Kits in Emergencies*, PowerPoint presentation, in International Federation of Red Cross and Red Crescent Societies, Asia Pacific Region Office, 2015, *MHM in Emergencies*, webinar <audio-visual link to the Webinar>

UNICEF, *A Snapshot of Sanitation and Hygiene in East Asia and the Pacific: 2103 regional analysis and update*, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, 2013.

UNICEF, *A Snapshot of Water and Sanitation in the Pacific, 2103 sub-regional analysis and update*, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, 2013, <http://www.unicef.org/eapro/snapshot_water_and_sanitation_in_pacific.pdf>

UNICEF, *Water, Sanitation and Hygiene in Primary Schools in South-East Asian Countries, Realities, needs and recommendations*, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, 2013. UNICEF, *Office Management Plan and Integrated Budget, 2014-17, Revised Version (as per DPS procedure, 1 July 2014)*, UNICEF EAPRO, 2014.

UNICEF, *A Snapshot of Sanitation and Hygiene in East Asia and the Pacific, 2015 Regional Analysis and Update*, UNICEF and Australian Aid, 2015.

UNICEF, *A Snapshot of Water and Sanitation in the Pacific, 2015 Regional Analysis and Update*, UNICEF and Australian Aid, 2015.

UNICEF, *A Snapshot of Water Supply in East Asia and the Pacific, 2015 Regional Analysis and Update*, UNICEF and Australian Aid, 2015.

UNICEF, *Presence of WinS Indicators in National-level Surveys Pacific Island Countries*, August 2015.

Willets, J., G. Halcrow, N. Carrard, C. Rowland and J. Crawford (2010) 'Addressing Two Critical MDGs Together: Gender in water, sanitation and hygiene initiatives', *Pacific Economic Bulletin*, 25(1), The Australian National University, pp. 162–176.

Education and curriculum

Association of Southeast Asian Nations and Southeast Asian Ministers of Education Organisation, *Asean Curriculum Sourcebook: A teaching resource for primary and secondary schools to foster and outward-looking, stable, peaceful and prosperous Asean community*, ASEAN and SEAMEO, 2012, <http://www.asean.org/storage/images/2012/publications/ASEAN%20Curriculum%20Sourcebook_FINAL.pdf>

East Asia and Pacific United Nations Girls Education Initiative, *Respectful Relationships: Preventing and addressing gender-based violence in schools: Introduction and Guidance Note for Teachers and Classroom Programme for Students in Early Secondary School (ages 11-14)*, EAP UNGEI, 2015.

ESCAP, *Strengthening Life-skills for Positive Youth Health Behaviour: An overview and discussion paper*, UNESCAP, Economic and Social Commission for Asia and the Pacific (ESCAP), 2009, <<http://www.unescap.org/resources/strengthening-life-skills-positive-youth-health-behaviour-overview-and-discussion-paper>>

Meyers, C., G. Carl, C. Madriñan, J. Upadhyay and J. Theis, *Adolescent Development in East Asia and the Pacific: Realizing their potential – A summary of trends, programming and policy experiences*, Nov 2006, Adolescent Development and Participation Unit, Programme Division, UNICEF, 2006, <http://www.unicef.org/ADAP_series_2.pdf>

Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.

UNESCO and UNICEF, *Asia-Pacific, End of Decade Notes on Education for All, EFA Goal, Life-skills and Lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013.

UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <http://hivhealthclearinghouse.unesco.org/sites/default/files/resources/Resized_Review_policies_in_AP.pdf>

UNESCO, *Regional Report on Progress Towards Education for all in Asia and the Pacific*, UNESCO Bangkok, 2014.

UNESCO and UNFPA, *HIV/AIDS Teaching/Learning Materials in Asia and the Pacific: An inventory*, issue 1, 2002, UNESCO, <<http://unesdoc.unesco.org/images/0012/001293/129389e.pdf>>

Gender

UNICEF, *Mainstreaming Gender Equality into UNICEF's Work in EAP Region: A Regional Gender Equality Strategy, 2013-2017*, UNICEF EAPRO, 20 March 2013.

Part C Country specific

Cambodia

Clear Cambodia, *Topic Three: Menstrual Hygiene Management, Activity: Talking and Learning Together (girls in grade 5 and older)* and associated exercise cards, no date.

Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School', *Journal of Water, Sanitation and Hygiene for Development*, 03.4, 2013.

Daniels, G. *Investigating the Perceptions and Barriers to Menstrual Hygiene Management (MHM) in Rural Cambodia*, Yale School of Public Health - research note, findings to be published December 2015.

Daniels, G. J., K. Leap, D. Humphreys and R. Cantwell, *Investigating Menstrual Hygiene Management in Rural Cambodia: Opportunities for Improving Health Education*, Abstract submission for Unite for Sight Conference, Abstract submitted 30 September 2015.

Inter-Departmental Committee for HIV/AIDS and Drugs, Ministry of Education, Youth and Sport, *Life-skills Education on Sexual and Reproductive Health for Grade 5-6 for Primary Education*, Kingdom of Cambodia, 2013.

Inter-Departmental Committee for HIV/AIDS and Drugs, Ministry of Education, Youth and Sport, *Life-skills Education on Sexual and Reproductive Health for Grade 7-8 for Lower Secondary Education*, Kingdom of Cambodia, 2013.

Jones, H., R. A. Reed and S. J. House, *Water Supply and Sanitation Access and Use by Physically Disabled People: Report of field-work in Cambodia*, WEDC, Loughborough University and DFID, UK, 2003.

Kingdom of Cambodia, *Child Friendly School Policy, December 2007*, 2007, <http://planipolis.iiep.unesco.org/upload/Cambodia/Cambodia_PolicyonChildFriendlySchools.pdf>

Kingdom of Cambodia, *National Strategy for Rural Water Supply, Sanitation and Hygiene, 2011-2025*, 2012, <https://www.humanitarianresponse.info/system/files/documents/files/KHM_0201_RWSSH2011-2015_0.pdf>

Kingdom of Cambodia, Ministry of Education, Youth and Sport, *School Health Policy*, 2006.

Makino, Y., *Barriers and Facilitators of School-Based Menstrual Hygiene Promotion in Cambodia: Policy, implementation and water, sanitation and hygiene (WASH) school environment*, MSc Project Report, 2014-2015, London School of Hygiene and Tropical Medicine, UK, 2015.

Massa, Paola, Ali Lane and Kurt Bredenberg, *Life Skills Practices in Cambodia: A review of implementation by NEP [NGO Education Partnership] Members*, Kampuchean Action for Primary Education, 2012, <http://kapekh.org/images/book/pdf/Life%20Skills%20Practices%20in%20Cambodia_KAPE_NEP_final.pdf>

Ministry of Education, Youth and Sport, Kingdom of Cambodia, *Policy for Curriculum Development, 2005-2009 [grades 1-12]*, 2004.

Ministry of Education, Youth and Sport, Kingdom of Cambodia, *Education Strategic Plan, 2014-2018*, March 2014.

Sommer, M., and S. Connolly, *Growth and Changes*, Grow and Know, Inc, 2012, <<http://www.susana.org/en/resources/library/details/1571>>

Sommer, M., N. Ackatia-Armah, S. Connolly and D. Smiles, 'A Comparison of the Menstruation and Education Experiences of Girls in Tanzania, Ghana, Cambodia and Ethiopia', *Compare: A Journal of Comparative and International Education*, 2014.

UNESCO, *Cambodia Regional Workshop on 'Growth and Changes'*, 2014, <<http://www.unescobkk.org/education/news/article/cambodia-regional-workshop-on-growth-and-changes/>> [accessed 30 Dec 2015]

UNICEF, *Country Program Document*, UNESC, 15 June 2015; E/ICEF/2015/P/L.21 Clear Cambodia, no date; *Topic Three: Menstrual Hygiene Management, Activity: Talking and Learning Together (girls in grade 5 and older)* and associated exercise cards.

UNICEF (2015) *Country Program Document*, UNESCO, 15 June 2015, E/ICEF/2015/P/L.21

WaterAid, *Informal meeting at WaterAid* [on MHM in Cambodia], 8 June 2015.

China

He, Jinglin, *HIV/AIDS Prevention Education, Teacher's Guide*, UNICEF, no date.

No author, *Innovation on Science Curriculum in China*, 2006.

No author, *Application of Equity Principles - BAT and MoRES in WASH in Schools (WinS)*, P. R. China, no date.

Yu-Ting Chang, Y-T, M. Hayter and Lin, ML, 'Pubescent Male Students' Attitudes towards Menstruation in Taiwan: Implications for reproductive health education and school nursing practice', *Journal of Clinical Nursing*, 2011.

DPRK

Ministry of Public Health, Democratic People's Republic of Korea (Juche 101) *National Reproductive Health Strategy for Democratic People's Republic of Korea (2011-2015)*, 2012.

Fiji (Pacific)

Ministry of Education, National Heritage, Culture and Arts, Government of Fiji, *Minimum Standards on Water, Sanitation and Hygiene (WASH) in Schools Infrastructure*, 2012.

UNICEF Pacific, *UNICEF Pacific WASH Strategy, 2014-2017*, Suva, Fiji Islands, October 2014.

Willets, J., N. Carrard, G. Halcrow, C. Rowland and J. Crawford, *Fiji Case Study: How do we better address gender in Pacific water and sanitation initiatives*, International Women's Development Agency, Inc. Institute for Sustainable Futures/University of Technology, Sydney, Live & Learn Environmental Education, World Vision, 2009.

Indonesia

PlanIndonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights*, July 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>

Plan Indonesia, Photo of teachers with their menstrual wheels based on the design of the WSSCC, 2015.

Plan International, *Buku Mengenal, Saku Menstruasi* [girls book on MHM, Indonesia], no date.

Quillet, C, *WASH in Schools in Indonesia - Overview and Strategic Positioning of UNICEF Support*, Version 1.0, UNICEF Indonesia, 2015.

UNFPA Indonesia, *Hygiene Kit Content List*, 2015.

UNFPA Indonesia, *Hygiene Kit Distribution in Indonesia, Year: 2013-2015*, 2015.

UNICEF Indonesia, *Menstrual Hygiene Management and Gender* [in Bahasa language, note for policy makers], 2015.

UNICEF Indonesia, *WinS4Girls: Voices from the field; Improving menstrual hygiene management in schools*, 30 Sept 2015, UNICEF Indonesia, 2015, <<http://unicefindonesia.blogspot.co.id/2015/11/wins4girls-voices-from-field-improving.html>>

UNICEF Indonesia, *Country Programme Action Plan, 2016-2020* (draft), 2015. UNICEF Indonesia and TANGO International, *UNICEF WASH in Schools Eastern Indonesia Study*, UNICEF Indonesia, 2015.

UNICEF Indonesia, Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report, Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015.

Kiribati (Pacific)

Kiribati Delegation, Kiribati, *Country Updates on WASH in Schools, 4th WASH in Schools International Learning Exchange, 12-16 October 2015*, Colombo, Sri Lanka, 2015.

Live & Learn Environmental Education, *Kiribati WASH Curriculum Inventory report: Final report with recommendations*, Research Report, No. 1, 2015. UNICEF Pacific, *UNICEF Pacific WASH Strategy, 2014-2017*, October 2014, Suva, Fiji Islands, 2014.

Lao People's Democratic Republic

Lee, J. Laos Girls Team Project (longer version) of the work of Eau Laos Solidarité on MHM in Laos, 2015, <<https://www.facebook.com/Laosgirlsteenproject/>> [accessed 30 December 2016]

Ministry of Education, Lao People's Democratic Republic and UNICEF, *Assessment, Life-skills Based Curriculum Project in Lao PDR*, Ministry of Education, Lao People's Democratic Republic and UNICEF, 2009.

Sihavong, *Management of Reproductive Tract Infections Among Health Providers and in the Community in Lao People's Democratic Republic*, Division of International Health, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden, 2007, <<https://openarchive.ki.se/xmlui/bitstream/handle/10616/38567/thesis.pdf?sequence=1>>

SNV Netherlands Development Organisation, *#MenstruationMatters because...*, 2015, <<http://www.snvworld.org/en/girls-in-control/news/menstruationmatters-because>> [accessed 14 Nov 2015]

SNV Netherlands Development Organisation, *Women's Business: Inside SNV's efforts to improve menstrual hygiene in Lao PDR*, 2015, <<http://www.snvworld.org/en/girls-in-control/news/womens-business-inside-snvs-efforts-to-improve-menstrual-hygiene-in-lao-pdr>> [accessed 14 Nov 2015]

Sommer, M., and S. Piper Pillitteri, *I am a Teenager*, Eau Laos Solidarité, 2015.

UNICEF, *Application of Equity Principles - BAT and MoRES in WASH, Lao PDR*, no date.

Vasques, C., Sanitation and Hygiene at Scale, WASH in Schools, Lao PDR, PowerPoint presentation, *EAPRO Health/Nutrition/HIV-AIDS/WASH Network Meeting*, Bangkok, August 18-22, no date.

Malaysia

Ministry of Education, Malaysia, *Integrated Curriculum for Secondary Schools, Curriculum Specifications, Biology, Form 4*, Curriculum Development Centre, Ministry of Education, Malaysia, 2006.

Ministry of Education, Malaysia, *Integrated Curriculum for Secondary Schools, Curriculum Specifications, Biology, Form 5*, Curriculum Development Centre, Ministry of Education, Malaysia, 2006.

Mongolia

Government of Mongolia and UNICEF, *Mongolia: WASH in Schools & Kindergartens, Project Design Document, AusAid Funding Proposal, 2012-2015*, 2011, <<https://dfat.gov.au/about-us/publications/Documents/wash-design-document-pd.pdf>>

Minister of Education, Culture & Science, Minister of Health and Sport, Minister of Finance, *Approving Norms and Requirements for Water, Sanitation and Hygiene in Kindergartens, Schools and Dormitories*, Joint Decree of the Minister of Education, Culture and Science, Minister of Health and Sport, and Minister of Finance, 29 June 2015 (unofficial translation).

Ministry of Education, Culture and Science, Government of Mongolia and Ministry of Health and Sports, Memos identifying representatives for the WinS4Girls Technical Working Group, 2015 (unofficial translations).

Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia (2015) *Good Personal Hygiene Handbook for Dormitory Students* [for boys and girls], no date.

Mongolia, *National Curriculum for Basic Education in Mongolia*, no date.

UNICEF and United Nations Girls' Education Initiative, *WinS for Girls - Mongolia: Advocacy and Capacity Building for Menstrual Hygiene Management through Water, Sanitation and Hygiene (WASH) in Schools Programmes*, UNICEF and UNGEI, no date.

UNICEF, *WinS for Girls - Mongolia: Advocacy and Capacity Building for Menstrual Hygiene Management through Water, Sanitation and Hygiene (WASH) in Schools Programmes*, UNICEF, *Quarterly Progress Report*, 15 February 2015.

UNICEF, Photographs of girls in Mongolia undertaking participatory exercises related to MHM, no date.

UNICEF, *WinS Country Profile – Mongolia*, no date.

UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time' (draft), PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015.

UNICEF Mongolia, *WASH Programme Strategy, 2015-16*, 2015. WaSH Action of Mongolia, *Menstrual Hygiene Handbook for Girls*, 2015.

WaSH Action of Mongolia, *Strategic Plan, 2015-2017*, 2015. WaSH Action of Mongolia, *WaSH Action of Mongolia*, Leaflet, no date.

WaSH Action of Mongolia website, <<http://washaction.mn/wp/>>

Myanmar

Ministry of Education, Basic Education Department, Government of the Union of Myanmar, *School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE), Primary Level, Teachers' Manual*, Ministry of Education, no date.

Ministry of Education, Basic Education Department, The Government of the Union of Myanmar, *School-based Healthy Living and HIV/AIDS Prevention Education For Middle and High Schools (Teachers Guide), SHAPE, Revised Lessons*, Ministry of Education, no date.

UNESCO and International Bureau of Education, *Myanmar, World Data on Education*, 7th edition, 2010/11, 2011, <<http://www.ibe.unesco.org/en/document/world-data-education-seventh-edition-2010-11>>

WASH Cluster, *Menstrual Hygiene Management, Kachin and Rakhine Emergency Response*, WASH Cluster & International Rescue Committee, 2014.

PNG

Department of Education and Department of Health, Government of Papua New Guinea, Water PNG, EDA Ranu, WaterAid, The World Bank and Water and Sanitation Program (WSP), *Water Supply and Sanitation in Papua New Guinea: Turning Finance into Services for the Future, Service Delivery Assessment July 2013*, 2013, <https://www.wsp.org/sites/wsp.org/files/publications/WSP_EAP_SDA_PNG_Report.pdf>

Department of Education, Government of Papua New Guinea, *Whole School Quality Assessment (WSQA) Form (Part 1), Financial Assessment Form (Part 2) for Elementary and Primary Schools, For use by S&G Division Officers, Regional Directors, SSOs and District SOs*, 2014.

Department of Education, Government of Papua New Guinea, *National Education Plan, 2015-19, Quality learning for all*, 2015.

Department of Education, Teacher Education Division, Government of Papua New Guinea, *Student Teacher Course Book, Health Promoting Schools Course*, Department of Education and Department of Health, Government of Papua New Guinea, 2009, first edition.

Department of National Planning and Monitoring, Government of Papua New Guinea, *Development Strategic Plan, 2010-2030: Our guide to success*, 2010.

Government of Papua New Guinea, *National Quality School Standards Framework, 2013-2020*, 2013. Government of Papua New Guinea, *National Water, Sanitation and Hygiene (WASH) Policy, 2015-2030*, 2015.

Kilsby, Di, *Trip Report*, Consultant, IWDA GenderWise, 2015. No author, *Wokabaut, Lukluk na Skelim, Tool for Gender and Disability in WASH Planning* [authors not specified but the tool was developed by partners International Women's Development Association and CBM Nossal in discussion with SSEC after a visit to WaterAid PNG in Wewak], 2015.

Valley, A., P. Page, S. Dias, P. Siba, T. Lupiwa, G. Law, J. Millan, D. P. Wilson, J. M. Murray, M. Toole and J. M. Kaldor, 'The prevalence of sexually transmitted infections in Papua New Guinea: A systematic review and meta-analysis', *PloS One*, December 2010, vol. 5, no. 12, e15586.

Water and Sanitation Program, World Bank, *Papua New Guinea, Sanitation, Water Supply and Hygiene in Urban Informal Settlements: Social research findings and recommendations*, 2014, <http://www-wds.worldbank.org/external/default/WDSPContentServer/WDSP/IB/2014/10/03/000470435_20141003135420/Rendered/PDF/911650WSP0P15002010020140compressed.pdf>

Willets, J., G. Halcrow, N. Carrard, C. Rowland and J. Crawford, 'Addressing Two Critical MSGs Together: Gender in water, sanitation and hygiene initiatives', *Pacific Economic Bulletin*, vol. 25, no. 1, The Australian National University, 2010.

Philippines

Cahill, H. and S. Beadle, *Creating Connections, Life-skills for Adolescents*, PowerPoint presentation, no date.

Haver, J., *Philippines Situational Analysis: Menstrual Hygiene Management (MHM) in Metro Manila and South Central Mindanao*, Save the Children and Centre for Global Safe Water, Emory University (research undertaken by A. Ellis, Emory University), no date.

Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15_Nov_1010_Single_Philippines.pdf>

Hayden, Timothy, *Menstrual Hygiene Management in Emergencies: Taking stock of support from UNICEF and partners*, UNICEF Programme Division, WASH Emergencies, RedR Australia, October 2012, <<http://water.care2share.wikispaces.net/file/view/Hayden++MHM+in+Emergency+report+FINAL++UNICEF++2012+copy.pdf>>

Office of the Secretary, Department of Education, Republic of the Philippines, *Guidelines for the Implementation of the Water, Sanitation and Hygiene in Schools (WinS) Program*, DepEd Order No s. 2014, November 2014.

Plan Philippines, *10 WASH Commandments for Emergencies*, no date.

UNFPA Philippines, *Dignity Kits Released by Philippine Country Office, Period: 2013-2015*, 2015.

UNICEF, *Creating Connections Masters Training*, Agenda, The Ritz Hotel, Davao City, May 26-29, 2015.

UNICEF, *Activity Design: Region IV Creating Connections Coaching and Mentoring + USAPTAYO + POPCOM U4U*, UNICEF Philippines, no date.

UNICEF, *Connections Philippines, Monitoring Toolkit*, UNICEF Philippines, no date.

UNICEF, *Creating Life-skills for Adolescents*, no date.

UNICEF, *Growing Healthy, Things that girls need to know*, UNICEF, Philippines, no date.

UNICEF, *Myths and Facts* [on MHM sheet], UNICEF Philippines, no date. Solomon Islands (Pacific)

Solomon Islands (Pacific)

Ministry of Education and Human Resources Development, Solomon Islands Government, *Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands; Technical requirements for school WASH projects*, July 2015, Version 5.

Ministry of Education and Human Resources Development, Solomon Islands Government, WaterAid and UNICEF, *Rural WASH Baseline - School Survey*, 2015.

Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Solomon Islands Government and UNICEF, *Main Report, Case study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014.

Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Solomon Islands Government and UNICEF, *School Report, Case study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>

Ministry of Health and Medical Services, Solomon Islands Government, *The Solomon Islands, Rural Water Supply, Sanitation and Hygiene Policy*, Final, February 2014.

Solomon Islands Government, *Strategic Plan, Rural Water Supply, Sanitation and Hygiene, 2015-2020*, Final, March 2015, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_rwash_strategic_plan_final_march_2015.pdf>

UNICEF Pacific, *UNICEF Pacific WASH Strategy, 2014-2017*, Suva, Fiji Islands, October 2014.

Yamakoshi, B., 'Solomon Islands; Incorporating MHM into national WASH in schools policies and guidelines', PowerPoint Presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 Oct 2015*, UNICEF Pacific, 2015.

Thailand

Child Protection Center (CPC)/Office of the Basic Education Commission, *Guideline on Sexuality Education's Learning Activity for Grade 1-12 (primary and secondary education)*, 2015.

Ministry of Education, Royal Thai Government, *The Basic Education Core Curriculum, B.E. 2551 (A.D. 2008)*, 2015, <<http://www.act.ac.th/document/1741.pdf>>

Timor-Leste/East Timor

Mahon, T., *Timor Leste, Visit Report: 31 March to 4 April, 2014*, WaterAid, 2014.

Mau, N., 'Piloting Menstrual Hygiene Management in WASH in School WASH in rural Timor-Leste', PowerPoint presentation, WaterAid, 2015.

Nguyen, N.K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu Ijene iha Komunitade and Australian Aid, 2015.

WaterAid, Timor-Leste, *WaterAid in Timor-Leste Country Strategy 2010-2015*, 2010.

Vanuatu (Pacific)

Oxfam, 'WASH in Schools, Oxfam in Vanuatu, 2015-16', PowerPoint presentation, 2015.

UNICEF Pacific, *UNICEF Pacific WASH Strategy, 2014-2017*, October 2014, Suva, Fiji Islands, 2014.

Willems, J. N. Carrard, G. Halcrow, C. Rowland and J. Crawford, *Vanuatu Case Study: How do we better address gender in Pacific water and sanitation initiatives*, International Women's Development Agency, Inc. Institute for Sustainable Futures/University of Technology, Sydney, Live & Learn Environmental Education, World Vision, 2009.

Viet Nam

—

Endnotes

- 1 Association of Southeast Asian Nations and Southeast Asian Ministers of Education Organisation, *Asean Curriculum Sourcebook: A teaching resource for primary and secondary schools to foster and outward-looking, stable, peaceful and prosperous Asean community*, ASEAN and SEAMEO, 2012, <http://www.asean.org/storage/images/2012/publications/ASEAN%20Curriculum%20Sourcebook_FINAL.pdf>
- 2 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15_Nov_1010_Single-Philippines.pdf>
- 3 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 4 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 5 Daniels, G. J., K. Leap, D. Humphreys and R. Cantwell, *Investigating Menstrual Hygiene Management in Rural Cambodia: Opportunities for Improving Health Education*, abstract submission for Unite for Sight Conference, abstract submitted 30 Sept 2015.
- 6 Burnet Institute, Survey Meter, WaterAid and Aliansi Remaja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 7 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 8 UNICEF, *Mainstreaming Gender Equality into UNICEF's Work in EAP Region: A regional gender equality strategy, 2013-2017*, UNICEF EAPRO, 20 March 2013.
- 9 UNDP, *Human Development Report 2015, Work for Human Development*, UNDP, New York, 2015, <http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf>
- 10 *ibid.*
- 11 Meyers, Cliff, Greg Carl, Carmen Madriñán, Junita Upadhyay and Joachim Theis, *Adolescent Development in East Asia and the Pacific: Realizing their Potential – A summary of trends, programming and policy experiences, November 2006*, Adolescent Development and Participation Unit, Programme Division, UNICEF, 2006, <http://www.unicef.org/ADAP_series_2.pdf>
- 12 *ibid.*
- 13 *ibid.*
- 14 UNESCO and UNICEF, *Asia-Pacific End of Decade Notes on Education for All, EFA Goal 3: Life skills and lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013, <<http://unesdoc.unesco.org/images/0022/002250/225027e.pdf>>
- 15 International Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of all Forms of Discrimination against Women; Convention on the Rights of Persons with Disabilities; and Convention on the Rights of the Child; noted in: House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 16 Klasing, Amanda, Hannah Neumeyer, Emily Wilson-Smith and Inga Winkler, 'Menstrual Hygiene and Human Rights: A bloody road to a more equal road', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, UNICEF Pacific, 2015, <http://www.unicef.org/wash/schools/files/Global_-_Menstrual_Hygiene_and_Human_Rights.pdf>
- 17 Winkler, Inga T., and Virginia Roaf, Taking the Bloody Linen out of the Closet: Menstrual hygiene as a priority for achieving gender equality, *Cardozo Journal of Law and Gender*, vol. 21, no. 1, 2014, pp. 1–39, <http://www.academia.edu/11342192/Taking_the_Bloody_Linen_out_of_the_Closet_Menstrual_Hygiene_as_a_Priority_for_Achieving_Gender_Equality>

- 18 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 19 *ibid.*
- 20 Jewitt, Sarah, and Harriet Ryley, 'It's a Girl Thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya', *Geoforum*, 56, 2014, pp. 137–147, <<http://www.sciencedirect.com/science/article/pii/S0016718514001638>> [accessed November 2015]
- 21 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 22 Jewitt, Sarah, Personal communication, 2015, <<http://www.sciencedirect.com/science/article/pii/S0016718514001638>> [accessed November 2015]
- 23 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 24 Jewitt, Sarah, and Harriet Ryley, 'It's a Girl Thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya', *Geoforum*, 56, 2014, pp. 137–147, <<http://www.sciencedirect.com/science/article/pii/S0016718514001638>> [accessed November 2015]
- 25 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 26 Adukia, Anjali, *Sanitation and Education*, Harvard University, May 2014, <http://scholar.harvard.edu/files/adukia/files/adukia_sanitation_and_education.pdf>
- 27 Garn, Joshua V. Bethany A. Caruso, Carolyn D. Drews-Botsh, Michael R. Kramer, Babett A. Brumback, Richard D. Rheingans and Matthew C. Freeman, 'Factors Associated with Pupil Toilet Use in Kenyan Primary Schools', *International Journal of Environmental Resources and Public Health*, 2014, vol. 11, no. 9, 2014, pp. 9694–9711; doi:10.3390/ijerph110909694.
- 28 Njuguna, V., B. Karanja, M. Thuranira, K. Shordt, M. Snell, S. Cairncross, A. Biran and W.-P. Schmidt, *The Sustainability and Impact of School Sanitation, Water and Hygiene Education in Kenya*. UNICEF and IRC International Water and Sanitation Centre and Delft, 2008.
- 29 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 30 Geodata, Tanzania, Personal communication, 2010.
- 31 Tadesse, Shibabaw, *Schoolgirls: Towards health, dignity and wellbeing*, Briefing Note, Ethiopia, WaterAid Ethiopia, 2005.
- 32 Adukia, Anjali, *Sanitation and Education*, Harvard University, May 2014, <http://scholar.harvard.edu/files/adukia/files/adukia_sanitation_and_education.pdf>
- 33 Jewitt, Sarah, and Harriet Ryley, 'It's a Girl Thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya', *Geoforum*, 56, 2014, pp. 137–147, <<http://www.sciencedirect.com/science/article/pii/S0016718514001638>> [accessed November 2015]
- 34 Njuguna, V., B. Karanja, M. Thuranira, K. Shordt, M. Snell, S. Cairncross, A. Biran and W.-P. Schmidt, *The Sustainability and Impact of School Sanitation, Water and Hygiene Education in Kenya*. UNICEF and IRC International Water and Sanitation Centre and Delft, 2008.
- 35 House, S., S. Ferron, M. Sommer and S. Cavill, *Violence, Gender & WASH: A practitioner's toolkit – Making water, sanitation and hygiene safer through improved programming and services*, London, UK, WaterAid/SHARE, 2014, <<http://www.susana.org/en/resources/library/details/2098>>
- 36 Jewitt, Sarah, and Harriet Ryley, 'It's a Girl Thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya', *Geoforum*, 56, 2014, pp. 137–147, <<http://www.sciencedirect.com/science/article/pii/S0016718514001638>> [accessed November 2015]
- 37 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 38 Caruso, B., R. Dreibelbis, S. Kulkarni and K. O'Reilly, 'No Relief: Stress, distress and sanitation', presentation, World Water Week, Stockholm, 2015, <www.worldwaterweek.org>
- 39 Bhakta, A., J. Fisher, and B. Reed, 'WASH for the Peri-menopause in Low-Income Countries: Changing women, concealed knowledge?' *Sustainable Water and Sanitation Services for all in a Fast Changing World, 37th WEDC International Conference*, Hanoi, Viet Nam, 2014, <<http://wedc.lboro.ac.uk/resources/conference/37/Bhakta-1909.pdf>>

- 40 Giles-Hansen, C., *Hygiene Needs of Incontinence Sufferers: How can water, sanitation and hygiene actors better address the needs of vulnerable people suffering from urine and/or faecal incontinence in low and middle income countries*, WaterAid/SHARE, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Hygiene_needs_of_incontinence_sufferers.pdf>
- 41 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 42 *ibid.*
- 43 Sumpter, Colin, and Belen Torondel, 'A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management', *PLOS ONE*, vol. 8, no. 4, 2013, doi:10.1371/journal.pone.0062004.
- 44 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 45 Das Pama, Kelly K. Baker, Ambarish Dutta, Topoja Swain, Sunita Sahoo, Bhabani Sankar Das, Bijay Panda, Arati Nayak, Mary Bara, Bibiana Bilung, Prava Ranjan Mishra, Pinaki Panigrahi, Sandy Cairncross and Belen Torondel, 'Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India', *PLoS ONE*, vol. 10 no.6, 2015, doi:10.1371/journal.pone.0130777.
- 46 WSSCC and SHARE, *Social and Psychological Impact of Limited Access to Sanitation: The link between MHM and reproductive tract infections, and between WASH practices and pregnancy*, Research Briefing Note 4, Water and Sanitation Collaborative Council and Sanitation and Hygiene Applied Research for Equity, October 2014, <<http://reliefweb.int/report/bangladesh/share-wsscc-research-briefing-notes-impact-inadequate-access-water-sanitation-and>>
- 47 Sihavong, Amphoy, *Management of Reproductive Tract Infections Among Health Providers and in the Community in Lao People's Democratic Republic*, Division of International Health, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden, 2007, <<https://openarchive.ki.se/xmlui/bitstream/handle/10616/38567/thesis.pdf?sequence=1>>
- 48 International Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of all Forms of Discrimination against Women; Convention on the Rights of Persons with Disabilities; and Convention on the Rights of the Child; noted in: House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 49 Klasing, Amanda, Hannah Neumeyer, Emily Wilson-Smith and Inga Winkler, 'Menstrual Hygiene and Human Rights: A bloody road to a more equal road', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, UNICEF Pacific, 2015, <http://www.unicef.org/wash/schools/files/Global_-_Menstrual_Hygiene_and_Human_Rights.pdf>
- 50 Winkler, Inga T., and Virginia Roaf, Taking the Bloody Linen out of the Closet: Menstrual hygiene as a priority for achieving gender equality, *Cardozo Journal of Law and Gender*, vol. 21, no. 1, 2014, pp. 1–39, <http://www.academia.edu/11342192/Taking_the_Bloody_Linen_out_of_the_Closet_Menstrual_Hygiene_as_a_Priority_for_Achieving_Gender_Equality>
- 51 Gakidou, Emmanuela, Krycia Cowling, Rafael Lozano and Murray and Christopher J. L. Murray, 'Increased Educational Attainment and its Effect on Child Mortality in 175 Countries between 1970 and 2009: A systematic analysis', *The Lancet*, vol. 376, no. 9745, 2010, pp. 959–974, <<http://can-mnch.ca/wp-content/uploads/2012/06/5.-EducationandChildSurvivalLancet.pdf>>
- 52 Klasing, Amanda, Hannah Neumeyer, Emily Wilson-Smith and Inga Winkler, 'Menstrual Hygiene and Human Rights: A bloody road to a more equal road', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, UNICEF Pacific, 2015, <http://www.unicef.org/wash/schools/files/Global_-_Menstrual_Hygiene_and_Human_Rights.pdf>
- 53 Winkler, Inga T., and Virginia Roaf, Taking the Bloody Linen out of the Closet: Menstrual hygiene as a priority for achieving gender equality, *Cardozo Journal of Law and Gender*, vol. 21, no. 1, 2014, pp. 1–39, <http://www.academia.edu/11342192/Taking_the_Bloody_Linen_out_of_the_Closet_Menstrual_Hygiene_as_a_Priority_for_Achieving_Gender_Equality>
- 54 WHO and UNICEF, *WASH Post-2015: Proposed indicators for drinking water, sanitation and hygiene*, Joint Monitoring Programme, WHO and UNICEF, 2014.
- 55 Adapted from: Caruso, Bethany, *WASH in Schools, Empowers Girls' Education: Tools for assessing menstrual hygiene management in schools*, Emory University and UNICEF, 2013, <[http://www.ungei.org/resources/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet\(1\).pdf](http://www.ungei.org/resources/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet(1).pdf)>
- 56 Adapted from: House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>

- 57 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9* (draft), United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 58 Haver, J., and J. L. Long, *Menstrual Hygiene Management Operational Guidelines*, Save the Children, 2015.
- 59 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 60 *ibid.*
- 61 Adapted from: Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014; and House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 62 Adapted from: Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 63 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 64 UNESCO and UNICEF, *Asia-Pacific End of Decade Notes on Education for All, EFA Goal 3: Life skills and lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013, <<http://unesdoc.unesco.org/images/0022/002250/225027e.pdf>>
- 65 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 66 Nanau, T., Personal communication through KII, 2015.
- 67 Ministry of Education, National Heritage, Culture and Arts, Government of Fiji, *Minimum Standards on Water, Sanitation and Hygiene (WASH) in Schools Infrastructure*, 2012.
- 68 Minister of Education, Culture and Science, Minister of Health and Sport, Minister of Finance, Government of Mongolia, *Approving Norms and Requirements for Water, Sanitation and Hygiene in Kindergartens, Schools and Dormitories*, Joint Decree of the Minister of Education, Culture and Science, Minister of Health and Sport, and Minister of Finance, 29 June 2015 (unofficial translation).
- 69 Ministry of Education and Human Resources Development, Solomon Islands Government, *Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands: Technical requirements for school WASH projects*, July 2015, Version 5.
- 70 Office of the Secretary, Department of Education, Republic of the Philippines, *Guidelines for the Implementation of the Water, Sanitation and Hygiene in Schools (WinS) Program*, DepEd Order No 12, s. 2014, November 2014 (DO 10, s. 2016 available at <<http://www.deped.gov.ph/orders/do-10-s-2016>>
- 71 Department of Education, Government of Papua New Guinea, *National Education Plan, 2015-19: Quality learning for all*, 2015.
- 72 UNICEF, *Terms of Reference: Consultancy on WASH promotion in schools*, UNICEF PNG, 2015, <http://www.unicef.org/about/employ/files/ToR-WASH_Promotion_in_Schools-Advertisement.pdf>
- 73 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 74 Sommer, M., and S. Connolly, *Growth and Changes [Cambodia]*, Grow and Know, Inc, Cambodia, 2012, <<http://www.susana.org/en/resources/library/details/1571>>
- 75 Sinden, Jeff, ed., *WASH in Schools, Distance-Learning Course: Learnings from the Field 2014*, Rollins School of Public Health, Emory University and UNICEF, 2014, <http://www.unicef.org/wash/schools/files/Learnings_From_the_Field_2014.pdf>
- 76 Yamakoshi, Brooke, Personal communication, 2015.
- 77 UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <<http://hivhealthclearinghouse.unesco.org/library/documents/review-policies-and-strategies-implement-and-scale-sexuality-education-asia-and>>
- 78 UNICEF, *Creating Life-skills for Adolescents*, UNICEF, no date.

- 79 Ministry of Education, Culture and Science, and Ministry of Health and Sports, Government of Mongolia, Memos identifying representatives for the WinS4Girls Technical Working Group, 2015 (unofficial translations).
- 80 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 81 WaSH Action of Mongolia, *WaSH Action of Mongolia*, Leaflet, no date.
- 82 Minister of Education, Culture and Science, Minister of Health and Sport, Minister of Finance, Government of Mongolia, *Approving Norms and Requirements for Water, Sanitation and Hygiene in Kindergartens, Schools and Dormitories*, Joint Decree of the Minister of Education, Culture and Science, Minister of Health and Sport, and Minister of Finance, 29 June 2015 (unofficial translation).
- 83 Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia, *Good Personal Hygiene Handbook for Dormitory Students* [for boys and girls], 2015.
- 84 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 85 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 86 *ibid.*
- 87 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15_Nov_1010_Single-Philippines.pdf>
- 88 UNICEF Indonesia, 'WinS4Girls: Voices from the field – Improving menstrual hygiene management in schools', UNICEF Indonesia, 2015, <<http://unicefindonesia.blogspot.co.id/2015/11/wins4girls-voices-from-field-improving.html>>
- 89 Department for Foreign Affairs and Trade, Government of Australia, DFAT supported projects database, 2015.
- 90 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15_Nov_1010_Single-Philippines.pdf>
- 91 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 92 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 93 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 94 Research led by Ellis, A., summarised in: Haver, J., *Philippines Situational Analysis: Menstrual Hygiene Management (MHM) in Metro Manila and South Central Mindanao*, Save the Children and Centre for Global Safe Water, Emory University, no date.
- 95 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu Ijene iha Komunitade and Australian Aid, 2015.
- 96 Department for Foreign Affairs and Trade, Government of Australia, DFAT supported projects database, 2015.
- 97 Mau, N., 'Piloting Menstrual Hygiene Management in WASH in School WASH in rural Timor-Leste', PowerPoint presentation, WaterAid, 2015.
- 98 Sommer, Marni, and Sally Piper Pillitteri, *I am a Teenager*, Eau Laos Solidarité, 2015, <http://www.growandknow.org/Laosbook/I_am_a_teenager_Laos_book.pdf>

- 99 WaSH Action of Mongolia, *Menstrual Hygiene Handbook for Girls*, 2015.
- 100 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 101 Ministry of Education and Human Resources Development, Solomon Islands Government, *Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands: Technical requirements for school WASH projects*, July 2015, Version 5.
- 102 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 103 Ministry of Education and Human Resources Development, Solomon Islands Government, *Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands: Technical requirements for school WASH projects*, July 2015, Version 5.
- 104 Caruso, Bethany, *WASH in Schools, Empowers Girls' Education: Tools for assessing menstrual hygiene management in schools*, Emory University and UNICEF, 2013, <[http://www.ungei.org/resources/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet\(1\).pdf](http://www.ungei.org/resources/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet(1).pdf)>
- 105 Haver, J., and J. L. Long, *Menstrual Hygiene Management: Operational guidelines* (draft), Save the Children, 2015.
- 106 Department of Education, Government of Papua New Guinea, *Whole School Quality Assessment (WSQA) Form (Part 1), Financial Assessment Form (Part 2) for Elementary and Primary Schools, For use by S&G Division Officers, Regional Directors, SSOs and District SOs*, 2014.
- 107 UNICEF Pacific, *UNICEF Pacific WASH Strategy, 2014-2017*, Suva, Fiji Islands, October 2014.
- 108 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 109 Haver, J., and J. L. Long, *Menstrual Hygiene Management: Operational guidelines* (draft), Save the Children, 2015.
- 110 Roose, Sharon, and Tom Rankin, *Suggested Indicators for MHM Programming*, Plan International, August 2015.
- 111 SNV Netherlands Development Organisation, *WASH in Schools – MHM Component 'Girls in Control' Project Performance Monitoring Framework*, no date.
- 112 Leong, L., K. Nicholson, D. Elkington and E. Hogan, *Gender and WASH Monitoring Tool*, Plan International Australia, 2014.
- 113 Halcrow, G., C. Rowland, J. Willetts, J. Crawford and N. Carrard, *Resource Guide: Working effectively with women and men in water, sanitation and hygiene programmes*, International Women's Development Agency and Institute for Sustainable Futures, University of Technology Sydney, Australia, 2010 – resource guide; flashcards; case study snapshots from Fiji and Vanuatu; poster of principles and practices, <www.genderinpacificwash.info>
- 114 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 115 Decker, K., Personal communication, 2015.
- 116 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu ljene iha Komunitade and Australian Aid, 2015.
- 117 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 118 Research led by Ellis, A., summarised in: Haver, J., *Philippines Situational Analysis: Menstrual Hygiene Management (MHM) in Metro Manila and South Central Mindanao*, Save the Children and Centre for Global Safe Water, Emory University, no date.

- 119 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu ljene iha Komunitade and Australian Aid, 2015.
- 120 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 121 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15_Nov_1010_Single-Philippines.pdf>
- 122 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 123 SNV Netherlands Development Organisation (2015) *Women's Business: Inside SNV's efforts to improve menstrual hygiene in Lao PDR*, 2015, <<http://www.snvworld.org/en/girls-in-control/news/womens-business-inside-snvs-efforts-to-improve-menstrual-hygiene-in-lao-pdr>>
- 124 Kissling, Elizabeth, 'Purse Pads, Halakhic Infertility, Nail Polish for Periods, and More Weekend Links', Society for Menstrual Cycle Research, 2012, <<http://www.menstruationresearch.org/2012/06/30/purse-pads-halakhic-infertility-and-more-weekend-links/>>
- 125 Sommer, Marni, and Sally Piper Pillitteri, *I am a Teenager*, Eau Laos Solidarité, 2015, <http://www.growandknow.org/Laosbook/I_am_a_teenager_Laos_book.pdf>
- 126 UNICEF, *Creating Life-skills for Adolescents*, UNICEF, no date.
- 127 Department for Foreign Affairs and Trade, innovationXchange, Government of Australia, 'Scoping Workshop: The Last Taboo – Improving Access to Menstrual Hygiene Products in the Pacific', 2 September 2015, Sydney Australia; and Workshop Notes, The Last Taboo, 22 September 2015.
- 128 Inter-Departmental Committee for HIV/AIDS and Drugs, Ministry of Education, Youth and Sport, *Life-Skills Education on Sexual and Reproductive Health for Grade 5-6 for Primary Education*, Kingdom of Cambodia, 2013.
- 129 Noted by the Ministry of Education as part of a key informant interview as part of an assessment of the distribution of the girls' MHM/puberty book, 2015.
- 130 UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <<http://hivhealthclearinghouse.unesco.org/library/documents/review-policies-and-strategies-implement-and-scale-sexuality-education-asia-and>>
- 131 Child Protection Center (CPC)/Office of the Basic Education Commission, *Guideline on Sexuality Education's Learning Activity for Grade 1-12 (primary and secondary education)*, 2015.
- 132 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 133 Phetmany Cheuasongkham, *Email on the BCC, Behaviour Change Communication for WASH, email exchange group*, 3 November 2015.
- 134 Department of Education, Teacher Education Division, Government of Papua New Guinea, *Student Teacher Course Book, Health Promoting Schools Course*, Department of Education and Department of Health, Government of Papua New Guinea, 2009 (first edition), <http://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_health_promoting_schools_course_student_teacher_course_book.pdf>
- 135 Ministry of Education, Department of Basic Education, Government of the Union of Myanmar, *School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE), Primary Level, Teachers' Manual*, Ministry of Education, 2002; and Ministry of Education, Department of Basic Education, Government of the Union of Myanmar, *School-Based Healthy Living and HIV/AIDS Prevention Education For Middle and High Schools (Teachers Guide)*, SHAPE, Revised Lessons, Ministry of Education, 2002.
- 136 East Asia and Pacific United Nations Girls Education Initiative, *Respectful Relationships: Preventing and addressing gender-based violence in schools*; Introduction and Guidance Note for Teachers and Classroom Programme for Students in Early Secondary School (ages 11–14), 2015.

- 137 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 138 Sommer, M., and S. Connolly, *Growth and Changes [Cambodia]*, Grow and Know, Inc, Cambodia, 2012, <<http://www.susana.org/en/resources/library/details/1571>>
- 139 UNICEF, *Growing Healthy: Things that girls need to know*, UNICEF, Philippines, no date.
- 140 Sommer, Marni, and Sally Piper Pillitteri, *I am a Teenager*, Eau Laos Solidarité, 2015, <http://www.growandknow.org/Laosbook/I_am_a_teenager_Laos_book.pdf>
- 141 Plan International, *Buku Mengenai, Saku Menstruasi* [girls book on MHM, Indonesia], no date.
- 142 WaSH Action of Mongolia, *Menstrual Hygiene Handbook for Girls*, 2015.
- 143 UNESCO, *Cambodia Regional Workshop on 'Growth and Changes'*, 2014, <<http://www.unescobkk.org/education/news/article/cambodia-regional-workshop-on-growth-and-changes/>> [accessed 30 Dec 2015]
- 144 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 145 Ministry of Health and Sports, Action Contre la Faim, UNICEF and WaSH Action of Mongolia, *Good Personal Hygiene Handbook for Dormitory Students* [for boys and girls], 2015.
- 146 Plan Philippines, *10 WASH Commandments for Emergencies*, no date.
- 147 Mau, N., 'Piloting Menstrual Hygiene Management in WASH in School WASH in rural Timor-Leste', PowerPoint presentation, WaterAid, 2015.
- 148 Clear Cambodia, *Topic Three: Menstrual Hygiene Management, Activity: Talking and Learning Together (girls in grade 5 and older)* and associated exercise cards, no date.
- 149 DFAT, DFAT supported projects database, 2015.
- 150 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 151 *ibid.*
- 152 *ibid.*
- 152 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 154 *ibid.*
- 155 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15_Nov_1010_Single-Philippines.pdf>
- 156 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 157 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 158 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 159 UNICEF, *Mainstreaming Gender Equality into UNICEF's Work in EAP Region: A regional gender equality strategy, 2013-2017*, UNICEF EAPRO, 20 March 2013.
- 160 Amnesty International, 'Where is the Dignity in That?' *Women in the Solomon Islands Slums Denied Sanitation and Safety*, London, UK, Amnesty International, 2011b, <<https://www.amnesty.org/en/documents/ASA43/001/2011/en/>>

- 161 House, S., S. Ferron, M. Sommer and S. Cavill, *Violence, Gender & WASH: A practitioner's toolkit – Making water, sanitation and hygiene safer through improved programming and services*, London, UK, WaterAid/SHARE, 2014, <<http://www.susana.org/en/resources/library/details/2098>>; and House, Sarah, and Sue Cavill, 'Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence', *Frontiers of CLTS: Innovations and Insights*, no. 5, Brighton: IDS; <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Frontiers5_Gender_Violence_WASH.pdf>
- 162 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, <www.gbvguidelines.org>
- 163 House, S., S. Ferron, M. Sommer and S. Cavill, *Violence, Gender & WASH: A practitioner's toolkit – Making water, sanitation and hygiene safer through improved programming and services*, London, UK, WaterAid/SHARE, 2014, <<http://www.susana.org/en/resources/library/details/2098>>
- 164 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu Ijene iha Komunitade and Australian Aid, 2015.
- 165 DFAT, DFAT supported projects database, 2015.
- 166 DFAT, DFAT supported projects database; and clarifications from the project team, 2015.
- 167 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 168 Piper Pillitteri, Sally, Personal communication, 2015.
- 169 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 170 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 171 DFAT, DFAT supported projects database, 2015.
- 172 *ibid.*
- 173 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 174 UNICEF, *A Snapshot of Sanitation and Hygiene in East Asia and the Pacific, 2015 Regional Analysis and Update*, UNICEF and Australian Aid, 2015.
- 175 UNICEF Mongolia, 'Improving Menstrual Hygiene Management in Schools', 2015, <<http://unicefmongolia.blogspot.com/2015/11/improving-menstrual-hygiene-management.html>>
- 176 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 177 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 178 *Ibid.*
- 179 UNICEF Indonesia and TANGO International, *UNICEF WASH in Schools Eastern Indonesia Study*, UNICEF Indonesia, 2015.
- 180 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 181 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.

- 182 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 183 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 184 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 185 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 186 Daniels, G., *Investigating the Perceptions and Barriers to Menstrual Hygiene Management (MHM) in Rural Cambodia*, Yale School of Public Health – research note, findings expected to be published December 2015.
- 187 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 188 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 189 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 190 Jewitt, Sarah, 'Kenyan schoolgirls dread their periods, but simple changes could help', 2015, <<https://theconversation.com/kenyan-schoolgirls-dread-their-periods-but-simple-changes-could-help-48528>> [accessed 10 November 15]
- 191 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 192 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 193 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 194 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 195 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>

- 196 Burnet Institute, Survey Meter, WaterAid and Aliansi Remaja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 197 *ibid.*
- 198 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 199 UNESCO, *Education for All Global Monitoring Report 2013/4, Summary*, Paris, UNESCO, 2014, noted in: UNESCO, *Regional Report on Progress Towards Education for all in Asia and the Pacific*, UNESCO Bangkok, 2014.
- 200 UNICEF, *The State of the World's Children, 2011: Adolescence, an age of opportunity*, New York, UNICEF, <http://www.unicef.org/sowc2011/pdfs/SOWC-2011-Main-Report_EN_02092011.pdf> noted in: UNESCO and UNICEF, *Asia-Pacific End of Decade Notes on Education for All, EFA Goal 3: Life skills and lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013, <<http://unesdoc.unesco.org/images/0022/002250/225027e.pdf>>
- 201 UNESCO and UNICEF, *Asia-Pacific End of Decade Notes on Education for All, EFA Goal 3: Life skills and lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013, <<http://unesdoc.unesco.org/images/0022/002250/225027e.pdf>>
- 202 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu ljene iha Komunitade and Australian Aid, 2015.
- 203 *ibid.*
- 204 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 205 UNESCO, *Regional Report on Progress Towards Education for all in Asia and the Pacific*, UNESCO Bangkok, 2014.
- 206 Hayden, Timothy, *Menstrual Hygiene Management in Emergencies: Taking stock of support from UNICEF and partners*, UNICEF Programme Division, WASH Emergencies, RedR Australia, 2012, <<http://water.care2share.wikispaces.net/file/view/Hayden+++MHM+in+Emergency+report+FINAL++UNICEF++2012+copy.pdf>>
- 207 House, Sarah, *Humanitarian Quality Assurance: Philippines – Evaluation of Oxfam's humanitarian response to Typhoon Haiyan (Yolanda) in the Philippines, Effectiveness Review Series 2014/15*, Oxfam GB, 2016, <<http://reliefweb.int/sites/reliefweb.int/files/resources/er-humanitarian-philippines-effectiveness-review-060116-en.pdf>>
- 208 UNFPA, 'UNFPA: Dignity Kits in Emergencies', PowerPoint presentation, 2015.
- 209 WASH Cluster, *Menstrual Hygiene Management, Kachin and Rakhine Emergency Response*, WASH Cluster and International Rescue Committee, 2014.
- 210 Ferron, S., and M. Khan, eds., *Hygiene Promotion in Emergencies*, No 6. MHM and HP innovation, July 2015.
- 211 International Red Cross and Red Crescent Societies, Asia and Pacific Regional Office (2015) *MHM in Emergencies*, Webinar, 1 July 2015
- 212 International Federation of Red Cross and Red Crescent Societies, *Minimum Standard Commitments to Gender and Diversity in Emergency Programming*, Pilot Version, Geneva, 2015, <<http://www.ifrc.org/Global/Photos/Secretariat/201505/Gender%20Diversity%20MSCs%20Emergency%20Programming%20HR3.pdf>>
- 213 Ferron, S., and M. Khan, eds., *Hygiene Promotion in Emergencies*, No 6. MHM and HP innovation, July 2015.
- 214 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 215 ActionAid International, *Women and The City II: Combating violence against women and girls in urban public spaces – the role of public services*, February, 2013, <<http://www.actionaid.org/publications/women-and-city-2>> [accessed 9 November 2015]
- 216 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu ljene iha Komunitade and Australian Aid, 2015.

- 217 Department for Foreign Affairs and Trade, innovationXchange, Government of Australia, Workshop Notes – The Last Taboo, 22 September 2015.
- 218 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 219 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 220 Meyers, Cliff, Greg Carl, Carmen Madriñan, Junita Upadhyay and Joachim Theis, *Adolescent Development in East Asia and the Pacific: Realizing their Potential – A summary of trends, programming and policy experiences, November 2006*, Adolescent Development and Participation Unit, Programme Division, UNICEF, 2006, <http://www.unicef.org/ADAP_series_2.pdf>
- 221 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 222 Jones, H. E., R. A. Reed and S. J. House, S. J., *Water Supply and Sanitation Access and Use by Physically Disabled People: Report of field-work in Cambodia*, WEDC and Loughborough University, UK, December 2003, <http://wedc.lboro.ac.uk/resources/books/WSfDP_-_Cambodia_fieldwork_report.pdf>
- 223 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 224 Haver, J., *Philippines Situational Analysis: Menstrual Hygiene Management (MHM) in Metro Manila and South Central Mindanao*, Save the Children and Centre for Global Safe Water, Emory University, no date.
- 225 Ferron, S., and M. Khan, eds., *Hygiene Promotion in Emergencies*, No 6. MHM and HP innovation, July 2015.
- 226 UNICEF, *UNICEF Gender Action Plan, 2014-2017*, UNICEF Executive Board, Annual Session 2014, E/ICEF/2014/CRP.12, 2014, <http://www.unicef.org/esaro/UNICEF_Gender_Action_Plan_2014-2017.pdf>
- 227 UNICEF, *Mainstreaming Gender Equality into UNICEF's Work in EAP Region: A regional gender equality strategy, 2013-2017*, UNICEF EAPRO, 20 March 2013.
- 228 UNICEF, *Office Management Plan and Integrated Budget, 2014-17, Revised Version (as per DPS procedure, 1 July 2014)*, UNICEF EAPRO, 2014.
- 229 UNICEF Mongolia, *WASH programme Strategy, 2015-16*, 2015.
- 230 UNICEF Pacific, *UNICEF Pacific WASH Strategy, 2014-2017*, Suva, Fiji Islands, October 2014.
- 231 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 232 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 233 *ibid.*
- 234 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 235 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 236 ESCAP, *Strengthening Life Skills for Positive Youth Health Behaviour: An overview and discussion paper*, UNESCAP, Economic and Social Commission for Asia and the Pacific (ESCAP), 2009, <http://www.unescap.org/sites/default/files/PUB_2542-Life-Skills-DP.pdf>
- 237 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.

- 238 UNESCO and UNICEF, *Asia-Pacific End of Decade Notes on Education for All, EFA Goal 3: Life skills and lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013, <<http://unesdoc.unesco.org/images/0022/002250/225027e.pdf>>
- 239 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 240 UNESCO and UNAIDS, International Technical Guidance on Sexuality Education, An evidence-informed approach for schools, teachers and health educators: Volume I, the rationale for sexuality education, UNESCO and UNAIDS, 2009, <<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>>; and UNESCO and UNAIDS, International Technical Guidance on Sexuality Education, An evidence-informed approach for schools, teachers and health educators: Volume II, topics and learning objectives, UNESCO and UNAIDS, 2009.
- 241 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 242 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 243 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 244 House, Sarah, Thérèse Mahon and Sue Cavill, 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world', WaterAid (co-published by 18 organizations), 2012, <www.wateraid.org/mhm>
- 245 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 246 Sommer, Marni, Nana Ackatia-Armah, Susan Connolly and Dana Smiles, 'A Comparison of the Menstruation and Education Experiences of Girls in Tanzania, Ghana, Cambodia and Ethiopia', *Compare: A Journal of Comparative and International Education*, vol. 45, no. 4, 2014, pp. 589–609.
- 247 Daniels, G. J., K. Leap, D. Humphreys and R. Cantwell, *Investigating Menstrual Hygiene Management in Rural Cambodia: Opportunities for improving health education*, abstract submission for Unite for Sight Conference, abstract submitted 30 September 2015.
- 248 WaterAid, Informal meeting at WaterAid [on MHM in Cambodia], 8 June 2015.
- 249 Yu-Ting, Chang, Y-T, Mark Hayter and Mei-Ling Lin, 'Pubescent Male Students' Attitudes towards Menstruation in Taiwan: Implications for reproductive health education and school nursing practice, *Journal of Clinical Nursing*, 21, 2012, pp. 513–521.
- 250 Burnet Institute, Survey Meter, WaterAid and Aliansi Rem aja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 251 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 252 UNICEF Indonesia, 'WinS4Girls: Voices from the field – Improving menstrual hygiene management in schools', UNICEF Indonesia, 2015, <<http://unicefindonesia.blogspot.co.id/2015/11/wins4girls-voices-from-field-improving.html>>
- 253 Piper Pillitteri, Sally, Personal communication, 2015.
- 254 SVN, 'Girl's in Control: Women's business inside SNV's efforts to improve menstrual hygiene in Lao PDR', no date, <<http://www.snvworld.org/en/girls-in-control/news/womens-business-inside-snvs-efforts-to-improve-menstrual-hygiene-in-lao-pdr>>; and SVN, 'Girls in Control', no date, <<http://www.snvworld.org/en/girls-in-control/news/menstruationmatters-because>>
- 255 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 256 WaSH Action, Personal communication, 2015.

- 257 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15__Nov_1010_Single_-_Philippines.pdf>
- 258 Haver, J., *Philippines Situational Analysis: Menstrual hygiene management (MHM) in Metro Manila and South Central Mindanao*, Save the Children and Centre for Global Safe Water, Emory University, no date.
- 259 Hayden, Timothy, *Menstrual Hygiene Management in Emergencies: Taking stock of support from UNICEF and partners*, UNICEF Programme Division, WASH Emergencies, RedR Australia, 2012, <<http://water.care2share.wikispaces.net/file/view/Hayden++MHM+in+Emergency+report+FINAL++UNICEF++2012+copy.pdf>>
- 260 Kilsby, Di, *Trip Report*, Consultant, International Women's Development Agency (IWDA) GenderWise, 2015.
- 261 Ministry of Health and Medical Services, Ministry of Education and Human Resources Development, Government of Solomon Islands, and UNICEF, *Main Report, Case Study of Menstrual Hygiene Management in Schools in Honiara and Guadalcanal Province*, August 2014, <http://sirwash.weebly.com/uploads/4/2/7/6/42764129/si_2014_mhm_main_report.pdf>
- 262 Yamakoshi, Brooke, 'Solomon Islands; Incorporating MHM into national WASH in schools policies and guidelines' (draft), PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 Oct 2015*, UNICEF Pacific, 2015.
- 263 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu Ijene iha Komunitade and Australian Aid, 2015.
- 264 Mau, N., 'Piloting Menstrual Hygiene Management in WASH in School WASH in rural Timor-Leste', PowerPoint presentation, WaterAid, 2015.
- 265 Mahon, Thérèse, *Timor Leste, Visit Report: 31 March to 4 April, 2014*, WaterAid, 2014.
- 266 UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <<http://hivhealthclearinghouse.unesco.org/library/documents/review-policies-and-strategies-implement-and-scale-sexuality-education-asia-and>>
- 267 Nguyen, N. K., *An Exploratory Study of Menstruation Management in Timor-Leste, June 2015*, BESIK Be'e, Saneamentu nu Ijene iha Komunitade and Australian Aid, 2015.
- 268 Jones, H. E., R. A. Reed and S. J. House, S. J., *Water Supply and Sanitation Access and Use by Physically Disabled People: Report of field-work in Cambodia*, WEDC and Loughborough University, UK, December 2003, <http://wedc.lboro.ac.uk/resources/books/WSfDP_-_Cambodia_fieldwork_report.pdf>
- 269 Pheng, P., Contribution to Equity and Inclusion D-Group discussion under the Rural Water Supply and Sanitation Network, 17 November 2015, WaterAid Cambodia, 2015.
- 270 Sommer, M., and S. Connolly, *Growth and Changes [Cambodia]*, Grow and Know, Inc, Cambodia, 2012, <<http://www.susana.org/en/resources/library/details/1571>>
- 271 Connolly, S., and M. Sommer, 'Cambodian Girls' Recommendations for Facilitating Menstrual Hygiene Management in School, *Journal of Water, Sanitation and Hygiene for Development*, vol. 3, no. 4, 2013, pp. 612–622.
- 272 Sommer, Marni, Nana Ackatia-Armah, Susan Connolly and Dana Smiles, 'A Comparison of the Menstruation and Education Experiences of Girls in Tanzania, Ghana, Cambodia and Ethiopia', *Compare: A Journal of Comparative and International Education*, vol. 45, no. 4, 2014, pp. 589–609.
- 273 Daniels, G., *Investigating the Perceptions and Barriers to Menstrual Hygiene Management (MHM) in Rural Cambodia*, Yale School of Public Health – research note, findings expected to be published December 2015.
- 274 Plan International, *Buku Mengenai, Saku Menstruasi* [girls book on MHM, Indonesia], no date.
- 275 Plan Indonesia, *Menstrual Hygiene Management (MHM) Implementation in Nagekeo District, Indonesia, Project Highlights, July 2015*, 2015, <http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Kabar_STBM_July2015_MHM.pdf>
- 276 Burnet Institute, Survey Meter, WaterAid and Aliansi Remaja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>

- 277 UNICEF Mongolia, 'Reaching the Unreached: Exploring Mongolian schoolgirls' MHM experiences in extreme cold and isolated conditions, for the first time', PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 October 2015*, 2015, <http://www.unicef.org/wash/schools/files/Mongolia_-_Reaching_the_Unreached_-_MHM_in_extreme_cold_conditions.pdf>
- 278 Department for Foreign Affairs and Trade, innovationXchange, Government of Australia, 'Scoping Workshop: The Last Taboo – Improving Access to Menstrual Hygiene Products in the Pacific', 2 September 2015, Sydney Australia; and Workshop Notes, The Last Taboo, 22 September 2015.
- 279 Hayden, Timothy, *Menstrual Hygiene Management in Emergencies: Taking stock of support from UNICEF and partners*, UNICEF Programme Division, WASH Emergencies, RedR Australia, 2012, <<http://water.care2share.wikispaces.net/file/view/Hayden+++MHM+in+Emergency+report+FINAL++UNICEF++2012+copy.pdf>>
- 280 UNICEF, *Growing Healthy: Things that girls need to know*, UNICEF, Philippines, no date.
- 281 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15__Nov_1010_Single-Philippines.pdf>
- 282 UNICEF, *Growing Healthy: Things that girls need to know*, UNICEF, Philippines, no date.
- 283 Haver, J., and J. L. Long, *Menstrual Hygiene Management: Operational guidelines* (draft), Save the Children, 2015.
- 284 Caruso, Bethany, *WASH in Schools, Empowers Girls' Education: Tools for assessing menstrual hygiene management in schools*, Emory University and UNICEF, 2013, <[http://www.ungei.org/resources/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet\(1\).pdf](http://www.ungei.org/resources/files/WinS_Empowers_Girls_Education_Tools_For_MHM_Booklet(1).pdf)>
- 285 Haver, J., *Philippines Situational Analysis: Menstrual Hygiene Management (MHM) in Metro Manila and South Central Mindanao*, Save the Children and Centre for Global Safe Water, Emory University, no date.
- 286 Haver, J., and J. L. Long, *Menstrual Hygiene Management: Operational guidelines* (draft), Save the Children, 2015.
- 287 Kilsby, Di, *Trip Report*, Consultant, International Women's Development Agency (IWDA) GenderWise, 2015.
- 288 No author, *Wokabaut, Lukluk na Skelim, Tool for Gender and Disability in WASH Planning*, 2015 [authors not specified but the tool was developed by partners International Women's Development Association and CBM Nossal in discussion with SSEC after a visit to WaterAid PNG in Wewak].
- 289 Ministry of Education and Human Resources Development, Solomon Islands Government, *Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands: Technical requirements for school WASH projects*, July 2015, Version 5.
- 290 Yamakoshi, Brooke, 'Solomon Islands; Incorporating MHM into national WASH in schools policies and guidelines' (draft), PowerPoint presentation, *4th Annual MHM in WinS Virtual Conference, New York, 22 Oct 2015*, UNICEF Pacific, 2015.
- 291 UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <<http://hivhealthclearinghouse.unesco.org/library/documents/review-policies-and-strategies-implement-and-scale-sexuality-education-asia-and>>
- 292 *ibid.*
- 293 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 294 UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <<http://hivhealthclearinghouse.unesco.org/library/documents/review-policies-and-strategies-implement-and-scale-sexuality-education-asia-and>>
- 295 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 296 UNESCO and UNICEF, *Asia-Pacific End of Decade Notes on Education for All, EFA Goal 3: Life skills and lifelong Learning*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education and UNICEF, 2013, <<http://unesdoc.unesco.org/images/0022/002250/225027e.pdf>>

- 297 ESCAP, *Strengthening Life Skills for Positive Youth Health Behaviour: An overview and discussion paper*, UNESCAP, Economic and Social Commission for Asia and the Pacific (ESCAP), 2009, <http://www.unescap.org/sites/default/files/PUB_2542-Life-Skills-DP.pdf>
- 298 Ministry of Education, Youth and Sport, Kingdom of Cambodia, *Policy for Curriculum Development, 2005-2009* [grades 1-12], 2004.
- 299 Inter-Departmental Committee for HIV/AIDS and Drugs, Ministry of Education, Youth and Sport, *Life-Skills Education on Sexual and Reproductive Health for Grade 5-6 for Primary Education*, Kingdom of Cambodia, 2013.
- 300 Sinden, Jeff, ed., *WASH in Schools, Distance-Learning Course: Learnings from the Field 2014*, Rollins School of Public Health, Emory University and UNICEF, 2014, <http://www.unicef.org/wash/schools/files/Learnings_From_the_Field_2014.pdf>
- 301 Ministry of Education, Lao PDR and UNICEF (2009) *Assessment, Life-skills Based Curriculum Project in Lao PDR: Scaling up the response for children*, Ministry of Education, Lao PDR and UNICEF, 2009, <http://www.unicef.org/eapro/Assessment_of_the_lifeskills.pdf>.
- 302 Meyers, Cliff, Greg Carl, Carmen Madriñan, Junita Upadhy and Joachim Theis, *Adolescent Development in East Asia and the Pacific: Realizing their Potential – A summary of trends, programming and policy experiences, November 2006*, Adolescent Development and Participation Unit, Programme Division, UNICEF, 2006, <http://www.unicef.org/ADAP_series_2.pdf>
- 303 Smith, G., S. Kippax and P. Aggleton, *HIV and Sexual Health Education in Primary and Secondary Schools: Findings from selected Asia-Pacific Countries*, Monograph 10/2000, National Centre in HIV Social Research, Faculty of Social Sciences, The University of New South Wales, 2000.
- 304 *ibid.*
- 305 Sinden, Jeff, ed., *WASH in Schools, Distance-Learning Course: Learnings from the Field 2014*, Rollins School of Public Health, Emory University and UNICEF, 2014, <http://www.unicef.org/wash/schools/files/Learnings_From_the_Field_2014.pdf>
- 306 Burnet Institute, Survey Meter, WaterAid and Aliansi Remaja Independen, *Menstrual hygiene management in Indonesia, Final Report: Understanding practices, determinants and impacts among adolescent school girls*, UNICEF Indonesia, February 2015, <https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf>
- 307 Ministry of Education, Lao PDR and UNICEF (2009) *Assessment, Life-skills Based Curriculum Project in Lao PDR: Scaling up the response for children*, Ministry of Education, Lao PDR and UNICEF, 2009, <http://www.unicef.org/eapro/Assessment_of_the_lifeskills.pdf>.
- 308 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 309 *ibid.*
- 310 DFAT, DFAT supported projects database, 2015.
- 311 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 312 DFAT, DFAT supported projects database, 2015.
- 313 Phetmany Cheuasongkham, *Email on the BCC, Behaviour Change Communication for WASH, email exchange group*, 3 November 2015.
- 314 DFAT, DFAT supported projects database, 2015.
- 315 House, Sarah, *Humanitarian Quality Assurance: Philippines – Evaluation of Oxfam’s humanitarian response to Typhoon Haiyan (Yolanda) in the Philippines, Effectiveness Review Series 2014/15*, Oxfam GB, 2016, <<http://reliefweb.int/sites/reliefweb.int/files/resources/er-humanitarian-philippines-effectiveness-review-060116-en.pdf>>
- 316 DFAT, DFAT supported projects database, 2015.
- 317 *ibid.*
- 318 *ibid.*
- 319 *ibid.*
- 320 *ibid.*
- 321 *ibid.*
- 322 *ibid.*

- 323 Kettaneh, Audrey, Scott Pulizzi and Marina Todesco, *Puberty Education & Menstrual Hygiene Management, Good Policy and Practice in Health Education, Booklet 9*, United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2014.
- 324 Haver, Jacquelyn, Bethany A. Caruso, Anna Ellis, Murat Sahin, Jonathan Michael Villaseñor, Karen L. Andes and Matthew C. Freeman, *WASH in Schools Empowers Girls' Education in Masbate Province and Metro Manila, Philippines: An assessment of menstrual hygiene management in schools*, United Nations Children's Fund, New York, November 2013, <http://www.unicef.org/wash/schools/files/Philippines_MHM_Booklet_DM_15__Nov_1010_Single_-_Philippines.pdf>
- 325 UNICEF Indonesia, 'WinS4Girls: Voices from the field – Improving menstrual hygiene management in schools', UNICEF Indonesia, 2015, <<http://unicefindonesia.blogspot.co.id/2015/11/wins4girls-voices-from-field-improving.html>>
- 326 UNESCO, *Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific*, UNESCO Bangkok, Asia and Pacific Regional Bureau for Education, 2012, <<http://hivhealthclearinghouse.unesco.org/library/documents/review-policies-and-strategies-implement-and-scale-sexuality-education-asia-and>>
- 327 WHO and UNICEF, *WASH Post-2015: Proposed indicators for drinking water, sanitation and hygiene*, Joint Monitoring Programme, WHO and UNICEF, 2014.
- 328 WHO and UNICEF, *JMP Green Paper: Global monitoring of water, sanitation and hygiene post-2015* (draft), Joint Monitoring Programme, WHO and UNICEF, October 2015, <http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Green-Paper-15-Oct-2015.pdf>



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UNICEF East Asia and Pacific Regional Office (EAPRO)
19 Phra Atit Road
Bangkok 10200 Thailand
Tel: +(66 2) 356 9499 Fax: +(66 2) 280 3563
Email: eapro@unicef.org
www.unicef.org/eapro