IN EAST ASIA AND THE PACIFIC
REGIONAL PROGRESS REVIEW
CAMBODIA

COUNTRY CONTEXT

The Kingdom of Cambodia is a Southeast Asian country with a population of more than 17 million people, including more than 5.5 million adolescent girls and women of reproductive age. In 2021, 11.8 per cent of Cambodian women aged 15–49 years had an unmet need for contraception, and an estimated 32 per cent of schools in the country had access to a basic sanitation service, while 68 per cent of them had a basic hygiene service. Around 69 per cent of households had access to at least basic sanitation services, and 74 per cent had access to basic hygiene service.

OBJECTIVES

1. Document the state of policy and programming to support menstrual health. Collate lessons learned and stakeholders’ insights on barriers and enablers to effective action.

2. Review the evidence for menstrual health interventions across the region. Document lessons learned and the barriers as well as the enablers of high-quality monitoring and evaluation.
This review report assesses the progress and opportunities using five dimensions of the definition of menstrual health. Menstrual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle throughout their life course can engage in the following five dimensions.

**PROGRESS: ENABLING ENVIRONMENT**

**Policies and plans**

The Cambodian government has integrated menstrual health into national guidelines and action plans for school water, sanitation and hygiene (WASH) facilities and for health care facilities. Policy and plans for menstrual health beyond schools have been limited. Current Cambodian policies incorporating menstrual health entail:

- **Minimum Requirement Guidelines on Water, Sanitation and Hygiene in Schools (WASH in Schools) (2016)**, which guides schools using the Three Star Approach to meet essential menstrual health criteria, including menstrual health-friendly WASH facilities for a healthy and safe learning environment at school.

- **National Guidelines for Water, Sanitation and Hygiene in Health Care Facilities (2018)**, which guides health care facilities to provide sex-segregated toilets, with facilities to manage menstrual health and hygiene needs.

- **National Action Plan on Rural Water Supply, Sanitation and Hygiene 2019–2023**, which integrates menstrual health requirements into the criteria of hygiene and basic sanitation services for health care facilities and requirements for menstrual health behaviour change campaigns in communities.

- **National School Health Policy (2019); National Action Plan on School Health 2021–2030; and Standard Operating Procedures on School Health (2022)**, which together provide the legal framework to set up fundamental health care services for learners at school and alignments with the menstrual health provisions of the WASH in Schools guidelines.
National menstrual health promotion guidelines are under draft by the Ministry of Rural Development, with support from Plan International. They are expected to be approved within 2023.

Lessons and insights: Opportunities to link existing policies to menstrual health

The review identified five opportunities to strengthen the linkage between national policies and guidelines and menstrual health in Cambodia:

• National Policy on School Health (2019), which provides a framework to set up health care service at school
• Child-Friendly Policy (2007), which aims to develop a learning environment for children and effective learning quality according to children’s current and future needs
• National Strategy for Rural Water Supply, Sanitation and Hygiene (2014–2025), which sets the target to ensure that all rural population will have access to improved water and sanitation and practice basic safe hygiene behaviours by 2025
• National Strategy for Reproductive and Sexual Health in Cambodia (2017–2020), which aims to ensure that a full range of reproductive health care services and information are accessible, affordable and acceptable to all users
• Neary Rattanak V (2019–2023), which is a five-year strategic Plan for Strengthening Gender Mainstreaming and Women’s Empowerment

Lessons and insights: Greater resource allocation is required for effective menstrual health implementation

While the inclusion of menstrual health in the policies and plans reflects a strong government commitment, resource allocation is lagging. Review informants reported it is required to ensure more effective implementation.

“There is no dedicated budget or a stand-alone programme for menstrual health. Menstrual health is part of a wider approach to enhancing hygiene and knowledge on sexual reproductive health. Support from development partners and non-governmental organizations play a critical role in enabling the Government’s engagement for deliveries on the menstrual health policies framework.”

~ Review informant
Implementation arrangements

The review found three Cambodian ministries responsible for menstrual health: Ministry of Rural Development; Ministry of Education, Youth and Sport; and Ministry of Health. However, the review did not find strong coordination on menstrual health between these ministries. The Ministry of Rural Development has a mandate to promote WASH improvements and has created a menstrual health subgroup within its WASH working group. The Ministry of Education, Youth and Sport has a WASH in Schools Technical Working Group that is responsible for menstrual health, and the School Health Committee coordinates and leads the school health programme. The Ministry of Health is responsible for implementation of the national guidelines on WASH in health care facilities, which contain menstrual health provisions. And the Ministry of Rural Development provides technical WASH support, including quality control and monitoring. Review informants emphasized the need to have the Ministry of Women’s Affairs engage with the menstrual health agenda at the national level due to it being a cross-cutting issue and relevant to gender issues.

Lessons and insights: Intersectoral coordination is necessary to capitalize on and share resources

Review informants highlighted the importance of having a sector coordination unit on menstrual health that brings stakeholders together, including the relevant ministries, development partners and non-government organizations, to drive momentum, capitalize resources, share knowledge and harmonize tools.

“[There is] lack of a national coordination unit on menstrual health to share knowledge, drive the momentum and investment and converge the existing tools into national standard that everyone can use. Menstrual health is an issue, but it has not been openly discussed due to the social stigma and norms. – Review informant, WaterAid Cambodia"
Financing

The review did not find a funding allocation for menstrual health in Cambodia's national budget or outlined in the policy documents. However, resources from other government programmes have contributed indirectly to the progress. For example, the Ministry of Education, Youth and Sport has a budget allocation to construct school WASH facilities, including sex-segregated toilets, with menstrual health facilities. The Ministry drafted a comprehensive sexuality education package and roll-out through teacher training, with support from the United Nations Population Fund (UNFPA). But, according to the review informants, there has been limited budget allocation to train teachers due to budget constraints. Development partners and non-government organizations have an important role in funding menstrual health activities through partnerships with the Government, but the review informants reported reduced funding for menstrual health during the COVID-19 response.

Lessons and insights: WASH investments have contributed to menstrual health improvements

The review informants highlighted that menstrual health is mainstreamed across school WASH service improvements, and therefore it is difficult to track investment (and progress) towards menstrual health.

“We have data on WASH facilities at school using Three Star categorization that we can use to demonstrate to the Ministry of Economy and Finance, which has allocated the national budget to the Ministry of Education, Youth and Sport for school WASH facilities for the past six years. We aim to ensure that all schools meet at least the ‘one star’ requirements [schools have at least one latrine for girls and one latrine for boys] by 2025.” – Review informant

PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Menstrual health activities have been integrated into wider education and school WASH programmes, focusing on improved access to information, materials and facilities. There was little progress found on the provision of a supportive social environment and care for menstrual-related disorders and non-discrimination and participation.

Information and education: In 2022, the Ministry of Education, Youth and Sport launched a comprehensive sexuality education curriculum for grades 5–12, with support from UNFPA. Comprehensive sexuality education includes age-appropriate menstrual health education, and teachers are being trained. Youth-friendly information, education and communication materials on menstrual health have been developed by the Ministry of Education, Youth and Sport, UNICEF and WaterAid. Many local and international non-government organizations (Plan International, Clear Cambodia, Cambodia Organization for Children and Development, WASH Skills Development Organization and Days for Girls) are delivering menstrual health education in schools through the capacity development of staff, teachers and communities. WaterAid recently piloted menstrual health awareness-raising with garment workers using the training of trainers model.
Services and materials: Progress to improve menstrual health, WASH infrastructure and inclusive design features has been led by many organizations (such as UNICEF, Plan International, World Vision and the Bremen Overseas Research and Development Association), in collaboration with Ministry of Education, Youth and Sport and through the Three Star Approach within the WASH in Schools programme. Some of these organizations, such as the Asia Development Bank, have focused on improving menstrual health support in WASH services for students with disabilities. Focusing on disposal issues, Clear Cambodia installed 455 incinerators in schools. Some pilot and small-scale projects have focused on the production of reusable pads, including: the United Nations Development Programme and Life with Dignity’s collaboration supporting microbusinesses; Days for Girls training in Siem Reap Province; and UNFPA piloting reusable pad production with youths in two remote provinces.

Care for discomfort and disorders: The Ministry of Education, Youth and Sport and UNFPA are piloting the establishment of health care services in eight schools where students can temporarily rest or seek for support if they are not well.

Supportive social environment: Menstrual health education activities by UNICEF, Plan, WaterAid, World Vision, BORDA, Cambodia Organization for Children and Development, Clear Cambodia and others aim to equip school management, teachers and local authorities with improved awareness of menstrual health. The youth networks and social influencers, such as the United Nations Youth Advisory Panel Cambodia, Green Lady and Dose of Cath, have started to promote open discussions to break the stigma and taboos surrounding menstruation.

Lessons and insights: Girls in schools have raised menstrual health concerns through WASH consultations

Review informants reported that the need to address menstrual health emerged through discussions about WASH, which identified menstrual health as a key gap, particularly for girls in school. Consultations in schools to understand the WASH gaps and needs of students led to greater visibility of their unmet menstrual health needs and challenges.

“Through our WASH programme at school, we have learned from teachers that some girls are absent from class due to period. We conducted a small study confirming the need to include menstrual health into our programme to increase girls’ participation in school. – Review informant

“We found that there is a gap in menstrual health knowledge and facilities, which was confirmed by the WASH [knowledge, attitudes and practices] survey conducted in 2016 indicating that some girls drop out of class due to a lack of WASH facilities and low knowledge of menstrual health. We have incorporated menstrual hygiene management activities in our WASH programme and advocated at the national level to develop a national guideline on menstrual hygiene management, which is in the preparation stage. – Review informant
PROGRESS: MONITORING, EVALUATION AND EVIDENCE

There is limited monitoring of menstrual health in Cambodia. Cambodia's national education management information system tracks the percentage of schools achieving the ‘three star’ level (measuring sex-segregated toilets) and the number of beneficiaries receiving training on comprehensive sexuality education. A one-off survey in 2016 by the Ministry of Rural Development explored menstrual health knowledge. However, it is unclear how it has been integrated into national monitoring systems. Cambodia’s 2021 Demographic and Health Survey, which informs the annual health congress report, did not collect menstrual health information.

At the project level, non-government organizations have reported that menstrual health indicators are limited to tracking the number of participants in training sessions, before and after knowledge tests and the number of menstrual pads distributed. Non-government organizations reported using data for donor reporting and internal use.

Lessons and insights: More progress on monitoring of menstrual health is needed

Review informants highlighted that often menstrual health is not a focus in WASH monitoring and evaluation because menstrual health activities are a small component of the WASH or education outcomes. Many programme officers think that this limited monitoring of impact is hindering progress towards improved menstrual health.

“Our monitoring system includes WASH in general. We record the number of teachers receiving training of trainers on menstrual health. The knowledge of students is not tracked because we do not provide direct training to students. Knowledge of students might be measured by pre- and post-testing in menstrual health lessons, conducted by trained teachers. The test is for teachers’ reference and is not tracked in our system or at school.” – Review informant
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Bibliography

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Endnotes