

MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

PAPUA NEW GUINEA

COUNTRY CONTEXT

Papua New Guinea is a Pacific Island country with a population of 9.3 million people, including 3 million adolescent girls and women of reproductive age (10-49 years in 2021).¹ An estimated 26 per cent of women aged 15-49 years had an unmet need for contraception in 2018. Only 46 per cent of schools in Papua New Guinea had access to basic sanitation services and 12 per cent had basic hygiene services.² Only 19 per cent of households had access to at least basic sanitation services and 30 per cent had basic hygiene services.³

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.⁴ 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.



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



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



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



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



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

PROGRESS: ENABLING ENVIRONMENT

Policies and plans

The government has integrated menstrual health into water, sanitation and hygiene (WASH) in schools standards and guidelines. There is a focus on facility design, as well as building a supportive social environment for students through support to and from teachers. Menstrual health is explicitly addressed in the following national policies, plans and guidelines:

- **Policy and Standards for WASH in Schools 2018-2023**, objective 5.3, which includes provisions for menstrual health education for girls and boys, provisions for menstruation-friendly WASH infrastructure and services, and training of teachers and staff to supplement menstrual health education. The National Department of Education is responsible for implementation of WASH in schools.
- **National WASH Policy (2015-2030)**, which specifies that sanitation subsidies can be targeted to improve menstrual hygiene and mentions sex-segregated toilets in public settings.
- **National Health Sector Gender Policy (2014)**, which acknowledges menopause as a critical life stage, and objectives for men and women to have equal access to and use of health information.
- **National Education Plan (2020-2029)**, which states the importance of gender-sensitive WASH facilities to address menstrual health, linked to school retention, and women's representation on WASH committees and WASH facilities in girls' dormitories.
- **National Health Plan (2011-2020)**, which promotes 'Healthy Islands' as the national approach to community health, which contains menstrual health education guidance for communities.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ Policy and Standards for WASH in Schools 2018–2023 include menstrual health education in schools.</p> <p>National Health Plan (2011–2020) includes community menstrual health education through ‘Healthy Islands’.</p> <p>National Health Sector Gender Policy (2014) acknowledges menopause as a critical life stage, and objectives for men and women equal access to and use of health information.</p>	<p>✓ National WASH Policy (2015-2030) states there can be subsidies for improved menstrual hygiene.</p> <p>Policy and Standards for WASH in Schools 2018-202 provides for menstrual health supportive WASH services.</p> <p>National Education Plan (2020-2029) provides for WASH in dormitories and gender-sensitive WASH facilities in schools.</p>	<p>✗ Not included.</p>	<p>✓ Policy and Standards for WASH in Schools 2018-2023 provides training of teachers and staff to supplement menstrual health education.</p>	<p>✗ Not included.</p>



Lessons and insights: Several policy opportunities offer a way to strengthen menstrual health

The review identified four national policies, plans or guidelines which currently do not include menstrual health where there could be opportunities to make a link to menstrual health:

- **Health and Physical Education Syllabus (2018):** The syllabus for Grades 6 to 8 specifies that 180 minutes per week should be designed to enhance personal health and well-being. The unit on ‘growth and development’ includes a ‘human development and sexuality’ unit, and another area of ‘individual and community health’ includes ‘personal health and hygiene’. Menstrual health could be included under these relevant areas during implementation.
- **National Adolescent Health Policy (2014):** The policy recognizes the importance of accessible sexual and reproductive health information and informed choices. Menstrual health is a vital area of puberty education and could be linked to the implementation of this policy.
- **National School Health Policy (2015):** The policy places importance on teaching sexual and reproductive education through the Personal Development Curriculum in upper-primary and secondary schools could be inferred to include menstrual health.
- **National Sexual and Reproductive Health Policy (2015-2030):** The policy aims to ensure equal access among all genders to quality sexual and reproductive health services, which could be inferred to include menstrual health services.



Lessons and Insights: Two government departments are building support for menstrual health policy action

Review informants praised Papua New Guinea’s WASH Programme Management Unit and National Department of Education for leading work on menstrual health and suggested that the inclusion of menstrual health in the Policy and Standards for WASH in Schools 2018–2023 had led to greater action. Review informants from government, civil society organizations (CSOs) and UN agencies suggested that a more holistic menstrual health strategy, guideline or policy would be needed for further progress, with a call for greater leadership from across government.



We have the National WASH Policy and it acknowledges menstrual hygiene. However menstrual hygiene is incorporated under hygiene and sanitation components and thus not given specific prominence to the topic in the policy. – Review informant, national government



Implementation arrangements

The National Department of Education is responsible for school-based WASH and menstrual health education, according to the Policy and Standards for WASH in Schools 2018–2023. Outside of schools, responsibilities are not clear. The Department of National Planning and Monitoring is responsible for planning, monitoring and coordinating financing directed across all line ministries. It hosts the WASH Programme Management Unit, which is responsible for ensuring WASH is planned, costed, coordinated and delivered across funding support mechanisms, development partners and stakeholders. The National Department of Health and National Department of Education also have programme management units with similar coordination responsibilities within the Department of National Planning and Monitoring. Review informants noted there is a lack of clarity across the National Department of Health roles and responsibilities for progressing menstrual health. The review found that formal coordination between sectors on menstrual health could be strengthened.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ National Department of Education's Curriculum Division is responsible for health promotion syllabus and curriculum.</p> <p>National Department of Health is responsible for Healthy Islands delivery.</p>	<p>✓ National Department of Education is responsible for WASH in Schools.</p> <p>WASH Programme Management Unit oversees all WASH service delivery and coordination in PNG.</p>	<p>✗ No evidence was found.</p>	<p>✓ National Department of Education is responsible for menstrual health training of teachers and school staff.</p>	<p>✗ No evidence was found.</p>



Lessons and insights: Stronger coordination is needed for menstrual health

Review informants noted that coordination of menstrual health was weak due to a lack of clarity on roles and responsibilities. Review informants reported that government needed stronger systems in place to drive ownership, coordination and accountability for improving menstrual health services.



There are not clear roles and responsibilities. Menstrual health does not sit with any particular partner. It could come under PMU, health or schools. There's no clear system and it doesn't have a home. That's what makes monitoring difficult, where does it fit? – Review informant, international non-governmental organization (NGO)



Financing

The review did not find evidence of the amount of public budget allocated to menstrual health. Though menstrual health is included in the WASH in Schools Policy, the review found no budget lines or subsequent policy requirements or guidance for funding implementation.



Lessons and insights: Limited policy commitment hinders menstrual health funding

Review informants observed that a lack of national menstrual health policy commitments resulted in lack of funding allocation for menstrual health. Review informants were not aware of government funding for menstrual health and noted that efforts to date had mostly been funded by development partners.

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One of the challenges in implementing programmes is lack of funding. I'm sure NGOs have their funding and their budget to address menstrual health and their annual activities. But government does not have funding allocation. – Review informant, government

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

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PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Government-led service delivery has focused on WASH in schools. Some international NGOs and CSOs have integrated menstrual health into WASH and education programmes in schools. Reusable pad production is growing, particularly by women-led local enterprises. No information was found about programmes creating a supportive social environment, providing care for menstrual discomfort, or addressing non-discrimination and participation.



Information and education: Reaching adolescent girls with menstrual health information through schools was common by NGOs, with WaterAid and Marie Stopes International collaborating with the National Department of Education in 2018 to develop a training guide for teachers to deliver menstrual health education. Australian Awards Alumni led training in East New Britain schools in 2020 and local business QueenPads deliver ongoing education in schools. While there is less focus on reaching adolescents beyond school settings, one forthcoming initiative is UNICEF's country localization of the Oky App, a girl-led period tracker in 2022. Menstrual health information targeting communities is supported by Plan International and World Vision's WASH programmes; while QueenPads also delivers education to communities, workplaces and delivers online campaigns such as 'No Shame' Campaign aiming to normalize menstrual conversations.



Services and materials: WASH service delivery was the most common intervention to support menstrual health. Plan International, World Vision and the local CSO AT Projects delivered menstrual health through WASH in Schools programmes in the Islands region, Morobe and Western Provinces. Local businesses QueenPads and Meri Dei, as well as individual entrepreneurs, have been producing and disseminating reusable pads since 2017.



Lessons and insights: Not all programmes are reaching people with disabilities

Some informants reported that their menstrual health projects were reaching people with disabilities by providing accessible WASH services and access to reusable pads. But some felt that the menstrual rights of girls and women with disabilities were not sufficiently part of advocacy efforts yet. The national Organisation of Persons with Disabilities had engaged with the menstrual health community of practice, which review informants reported was a valuable way to strengthen disability inclusion.



At the moment, we see women and girls living with disabilities experience a greater challenge managing their periods. There should be information that is accessible to women and girls, also men, as well as menstrual health resources such as sanitary pads. – Review informant, government



Capacity

Review informants noted that capacity for quality menstrual health service delivery was challenging for government at the sub-national level due to rural and remote geography of Papua New Guinea. Capacity was reported to be strongest in WASH in schools, but fairly limited beyond that.

Review informants noted that establishing a community of practice on menstrual health made up of government and non-government development actors had led to increased dialogue, coordination and shared learning. Attention to menstrual health in schools has mobilized donor funding and attention, but sexual reproductive health and rights efforts focused on menstrual health were lacking.



Lessons and insights: The menstrual health community of practice contributed to success

Both government and non-government review informants noted that having a menstrual health community of practice was a key success factor, leading to joint advocacy, strengthened coordination and shared learning between government and non-governmental actors.



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



PROGRESS: MONITORING, EVALUATION AND EVIDENCE

Overall, monitoring evaluation and evidence to inform menstrual health has gaps. Some NGOs are engaged in programmatic monitoring, for example, monitoring the effectiveness of menstrual health education in schools by assessing number of participants and pre/post-tests of menstruating individuals' knowledge and practices. Monitoring tools to assess teachers' knowledge were developed with recommendations on use, but it is unclear how these were applied to monitoring ongoing projects. Local pad producers monitoring strategies were to count pads distributed and then revisit users for their feedback.

The review showed that government monitoring systems were not capturing comprehensive information on menstrual health. The WASH Project Management Unit and the National Department of Education are responsible for monitoring WASH in schools, which is outlined in the WASH in Schools policy as being 'key indicators on WASH standards' as part of the national school census. For menstrual health, the indicators are WASH-infrastructure related such as sex-segregated toilets, changing rooms and disposal facilities. The national WASH management information system uses the mWater survey application tool to collect data on WASH in households, schools and healthcare facilities. Household surveys do not include menstrual health measures, but healthcare facilities and schools monitor facilities for menstrual health. National health monitoring of the Healthy Islands approach do not capture menstrual health data.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✗ No monitoring data were found.</p>	<p>✓ WASH Project Management Unit and the National Department of Education WASH in Schools 2018–2023 monitoring undertaken annually using mWater survey application tool.</p>	<p>✗ No monitoring data were found.</p>	<p>✗ No monitoring data were found.</p>	<p>✗ No monitoring data were found.</p>

Lessons and insights: A call for long-term monitoring of menstrual health outcomes

Monitoring and evaluation of menstrual health is limited in Papua New Guinea. Review informants reported it is predominantly within individual projects and used for internal learning or donor reporting. Review informants felt there were some examples of monitoring happening, but no system in place to integrate data across sectors and build a more complete picture of menstrual health progress nationwide.

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At individual project level, the right data is being collected, but there's different things being done and captured by different partners...it's bringing it together to make it meaningful.
 – Review informant, international NGO

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Monitoring outcomes is hard, as our projects are time bound, we have one-year projects and we move onto the next infrastructure. Monitoring long-term outcomes is our challenge.
 – Review informant, international NGO

Review methods

Regional progress review methods



9 policies reviewed across the gender, education, health and WASH sectors

8 informants participated in interviews and surveys capturing programme and policy action

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The *Menstrual Health in East Asia and the Pacific Regional Progress Review* report is available at: <https://washmatters.wateraid.org/publications/menstrual-health-in-east-asia-and-the-pacific>

Citation and references

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Endnotes

1 United Nations Population Division Projections, 2022, <<https://population.un.org/wpp/>>, accessed 1 December 2022.

2 United Nations Children's Fund (UNICEF) and World Health Organization (WHO), *Progress on drinking water, sanitation and hygiene in schools: 2000-2021 data update*. New York: UNICEF and WHO, 2022. <<https://washdata.org/reports/jmp-2022-wins>>

3 UNICEF and WHO, *Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs*. New York: UNICEF and WHO, 2022. <<https://washdata.org/reports/jmp-2021-wash-households>>

4 Hennegan, J., et al., 'Menstrual Health: A definition for policy, practice and research', *Sexual Reproductive Health Matters*, vol. 29, no. 1, 2021: 1911618. doi: 10.1080/26410397.2021.1911618. PMID: 33910492; PMCID: PMC8098749.