MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

PHILIPPINES



The Philippines is a Southeast Asian archipelagic country with a population of more than 112 million people, including more than 34 million adolescent girls and women of reproductive age (10–49 years in 2021). In 2017, 16 per cent of Philippine women aged 15–49 years had an unmet need for contraception. An estimated 74 per cent of schools had access to a basic sanitation service while 61 per cent had a basic hygiene service. An estimated 82 per cent of households had access to at least basic sanitation services and 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.



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

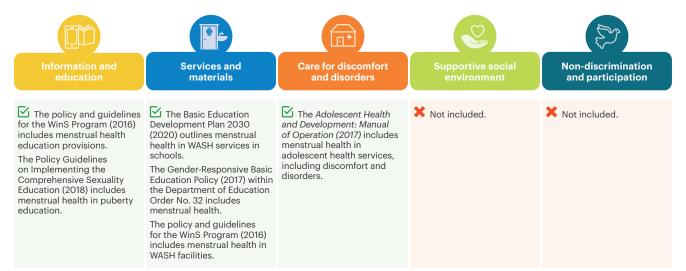
Policies and plans

The Government of the Philippines has made policy progress on menstrual health in the areas of health and education, including water, sanitation and hygiene (WASH) in schools. Menstrual health is explicitly addressed in the following national policies, plans and guidelines:

- Basic Education Development Plan 2030 (2022), which includes a commitment to implement the WASH in Schools policy and guidelines that address menstrual health.
- Policy and guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WinS)
 Program (2016), Order No. 10, which guides schools to meet the Three Star Approach criteria,
 including the provision of menstrual health WASH components and information along with
 education and communication materials for teachers and learners for a healthy and safe learning
 environment at school.
- Gender-Responsive Basic Education Policy (2017), Department of Education Order No. 32,
 which outlines the Department's gender and development mandate. It requires that education
 facilities, including schools, learning centres and workplaces, must comply with genderresponsive criteria by providing women and girls with facilities that meet the standards of
 menstrual health set out in the WinS policy (2016).

- Policy Guidelines on the Implementation of Comprehensive Sexuality Education (2018), Order
 No. 031, which outlines provisions for lessons on the human body and development, reproduction,
 puberty and adolescence, including menstrual health.
- Adolescent Health and Development: Manual of Operation (2017), which guides the
 implementation of the National Policy and Strategic Framework on Adolescent Health and
 Development (2013). It recognizes that adolescent girls may experience menstrual health issues
 and sets out an adolescent health package of services, including fertility awareness, menstrual
 health issues and sexual and reproductive health counselling.

A 2019 a draft legislative bill, the Young Women Kit's Act, was discussed nationally to arrive at provisions for girls' access to menstrual materials, information and their right to live free from menstrual-related stigma and discrimination. However, this remained a draft at the time of this review.



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

The review identified six opportunities to strengthen the linkage between national policies and guidelines and menstrual health.

- National Policy on Responsible Parenthood and Reproductive Health (2012) Republic Act No. 103541, which aims
 to provide universal access to sexual and reproductive health services and sexuality education and recognizes
 reproductive health rights.
- National Policy and Strategic Framework on Adolescent Health and Development (2013), which offers a
 framework to improve adolescents' knowledge on sexual and reproductive health and access to quality and
 adolescent-friendly health care services and information.
- National Policy on the Minimum Initial Service Package for Sexual and Reproductive Health in Health Emergencies and Disasters (2016), which defines the core package that will constitute the minimum initial service package for emergencies and could include menstrual health.
- Philippines Youth Development Plan (2017–2022), which aims to ensure youth participation in healthy living and strengthen youth participation in sexual and reproductive health.
- National Policy and Strategic Framework on the Men's Health Program (2021), which offers a national
 framework to address men's comprehensive reproductive needs and engage men as supportive partner in
 reproductive health.
- Health Promotion Framework Strategy 2030 (2021), which outlines the promotion of positive sexual and reproductive behaviours as one of the priority areas for health promotion.



Lessons and Insights: Apply learning from WASH in Schools progress to menstrual health

Review informants that the success of WASH in Schools initiatives had resulted from sustained, long-term multistakeholder collaboration. These efforts were supported by a firm commitment from the Department of Education and ongoing assistance from development partners, local government units and schools. These learnings could be applied to menstrual health. They offer strong entry points to progress menstrual health further across the Philippines.

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One of the major initiatives for the WinS Program is the intensification of our partnership. We make use of the assistance from the partners and ensure that local government and other officials are assisting our schools in complying with the WinS standard. We recognize that it is challenging to comply. In the beginning, there was only 50 per cent of school participation, but now we can get more than 90 per cent of schools participating in the WinS monitoring system. This has been possible because of the partners that have been with us despite many challenges.

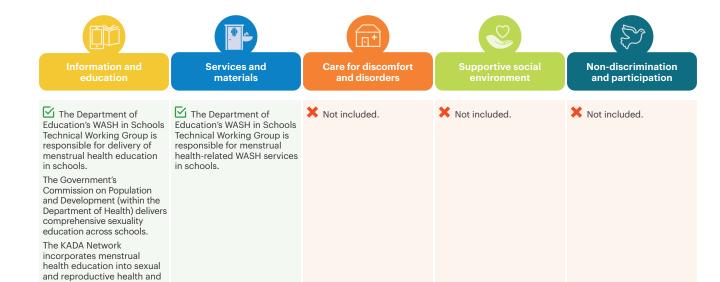
- Review informant

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Implementation arrangements

As a cross-cutting issue, menstrual health is led by various government agencies through technical working groups that coordinate adolescent health, education and WASH services. The Department of Education leads a WASH in Schools Technical Working Group, which operates at the national, regional and division levels of the education system and consists of cross-sector government, non-government organizations, academia and private sector actors. In collaboration with the Department of Education, the Government's Commission on Population and Development has led the comprehensive sexuality education implementation. The Department of Health operates a national Adolescent and Youth Health Development Program, which includes menstrual health. A National Steering Committee on Adolescent and Youth Health Development is led by the National Youth Commission and co-chaired by the Department of Health and oversees implementation of the Adolescent and Youth Health Development programme and provides recommendations. The Department of Health also has an internal Technical Committee for Adolescent and Youth Health Program that provides technical advice and support on adolescent health, from policy development to implementation and monitoring. The Key Assistance for Developing Adolescents (KADA) Network, chaired by the Local Chief Executive, includes menstrual health as part of its mandate to promote adolescent-friendly sexual and reproductive health services at the subnational level.

Plan International has established a national project reference group consisting of representatives from the Department of Education, the Department of Health, the Government's Commission on Population and Development, the National Youth Commission, the Women Councils and Indigenous Peoples and civil society organizations to work on localizing the Oky app to the Philippine context.





rights services.

Lessons and insights: The WASH in Schools policy implementation has been successful at all levels

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.

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There are coordinators and focal persons for WinS designated by [each provincial] governor's secretary at all levels. There is a national, regional and subnational coordinator to provide technical support on WinS implementation and monitoring. The leadership of the school division, central and regional offices, plays a crucial role in ensuring that policy is not just written but communicated and disseminated with capacity-building to ensure its compliance. – Review informant

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Financing

The review found limited evidence of menstrual health funding in the national budget or outlined in policy documentation. According to the WinS policy, the School Maintenance and Other Operating Expense is responsible for funding the maintenance and repair of school WASH facilities. Review informants reported that menstrual health is part of the WinS Program, which is funded by the School Improvement Plan and managed by schools. The Department of Health receives an annual lump sum and decides its allocation across health areas. Menstrual health funding is predominantly provided by development partners, non-government organizations and the private sector. Two private companies, Whisper and Johnson and Johnson, have funded menstrual health campaigns of non-government organizations as well as their distribution of sanitary pads. Review informants reported that COVID-19 had impacted the budget, especially promotional activities.



Lessons and insights: Better articulation of menstrual health in national plans could improve funding

Review informants highlighted that to improve menstrual health investment and budget allocation, both need to be explicitly included in cross-sectoral implementation plans. Clearly outlined aims, targets and accountability mechanisms for menstrual health at all levels of government systems could lead to improved financing.

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Budget for menstrual health does not come automatically, and there are competing interests. We have trained school heads to create a workplan for menstrual health to be integrated into the school improvement plan. If it is in the plan, we ensure it gets a budget for implementation. Some schools even went as far as presenting their draft school plan to the municipal health board to request funds from the local executive chief for the construction of WASH facilities.

- Review informant

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PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Menstrual health has been comprehensively incorporated into delivery of the WASH in Schools programme and within the Department of Health's adolescent health services. Multiple dimensions of menstrual health have been addressed in schools, including information and education, facilities and materials, thus creating a supportive social environment and care for menstrual discomfort. No information was found about programmes addressing non-discrimination and participation.



Information and education: The Government has led menstrual health delivery in schools, and around 60 per cent of schools reported having menstrual health information, education and communication materials available for teachers and learners by 2021.⁶ A cross-government collaboration (the Department of Education, the Department of Health and the Government's

Commission on Population and Development) rolled out comprehensive sexuality education in 2021 into the kindergarten to year 12 curriculum and led advocacy campaigns. These government agencies have collaborated with UNICEF, Plan International, the Center for Health Solutions and Innovation, GIZ, Save the Children and the Philippine Red Cross to develop and disseminate contextualized menstrual health educational materials, including a puberty booklet, posters, videos and a reusable pad production guideline. A peer-to-peer education model is employed by the Department of Education, the Center for Health Solutions and Innovation and Plan International to encourage adolescents to seek information on menstrual health.

Social media and mobile phone applications have gained momentum to provide information and to destigmatize and sensitize the public and actors to tackle the issues. Actors have developed menstrual health campaigns, such as #MeronAko, #MalayaAkong, #MenstruationMatters and #ShareTheConfidence, and have celebrated menstrual health days. The #MeronAko campaign was Government-led, launched by the Department of Education with support from the Center for Health Solutions and Innovation and UNICEF and piloted in Northern Samar Province. The #MalayaAkong campaign is also a marketing tool of the Department of Health in promoting the National Policy and Strategic Framework on Adolescent Health and Development. Plan International Philippines invited Miss Universe 2021 to talk about period equity and her story on menstruation to inspire female adolescents to break the silence and taboos surrounding menstruation. Plan International is localizing the Oky app, which will support girls to track periods and access information.

Services and materials: Significant progress has been made to improve access to menstrual health-friendly WASH facilities and services in schools using the Three Star Approach. In 2021, 82.5 per cent of schools reported provision of emergency sanitary pads and information on proper disposal. Some schools have initiated sanitary pad banks where girls can store their sanitary pads to be used later, and some schools are teaching girls how to sew reusable pads. Provision of sanitary pads is common, with World Vision Philippines donating pads to students as part of the #ShareTheConfidence campaign, and Plan International provides menstrual health care in hygiene kits as part of its humanitarian response.

Care for discomfort and disorders: Care for discomfort and disorders is a growing area of menstrual health efforts in the Philippines. More than 60 per cent of schools reported having a rest place for girls when they experience menstrual discomfort.⁸ At the community level, the Department of Health and KADA Network have included menstrual health in their training programme for primary health care staff to support adolescent-friendly health services. The KADA Network is establishing adolescent-friendly facilities (KADA centres) to provide information and counselling related to adolescent sexual reproductive health, including menstrual health. Plan International has equipped health care facility counsellors to support girls during menstruation.

Supportive social environment: Through the National Policy and Strategic Framework on Adolescent Health and Development, the Department of Health developed a user guide, Healthy Young Ones, incorporating menstrual health for primary health care workers. It aims to guide them in conducting health education sessions among adolescents to generate demand for adolescent sexual and reproductive health services. The Department of Education, the Center for Health Solutions and Innovation and Plan International also engage boys in their menstrual health information and education programme to improve their understanding of girls' situation and to eliminate stigma and bullying. The Center for Health Solutions and Innovation developed a soft learning module to encourage parents to have discussions with girls through the storytelling of their experiences about menstruation.



Lessons and insights: Sustain the menstrual health gains made and leave no one behind

Review informants noted that the successful momentum of change towards menstrual health needs to continue. Some also highlighted the importance of leaving no one behind as a key area to progress, noting gaps in reaching people with disabilities and young people not in school as well as hard-to-reach populations.

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We have to continuously create noise to ensure that every group is providing the same exposure.

- Review informant

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The Philippines is separated by islands, and our programme has not been able to reach out to those in the upland. For some indigenous and religious groups, there are still some harmful cultural beliefs and practices on menstruation. We need to reach those people. – Review informant

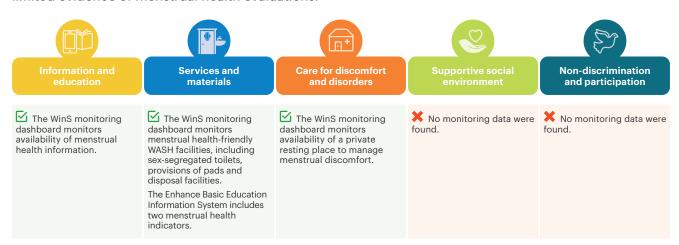
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PROGRESS: MONITORING, EVALUATION AND EVIDENCE

The Department of Education provides a good example of menstrual health monitoring in the region, applying the definition of the World Health Organization and UNICEF's Joint Monitoring Programme. The WinS monitoring system tracks availability of menstrual health and WASH-friendly facilities, the availability of sanitary pads, information and disposal systems and the availability of a resting space for girls with menstrual discomfort. The WinS monitoring system, participated by nearly 93 per cent of all schools, has an interface with the Enhance Basic Education Information System, which includes two menstrual health indicators: availability of single-sex toilets and sanitary pads. Schools annually collect and enter WinS data digitally using a dashboard, which produces an annual report and informs the School Improvement Plan's priorities.

For the health sector, relevant menstrual health indicators were found in the Young Adult Fertility and Sexuality Study,⁹ which is undertaken every five years nationally and includes (i) age of menarche; (ii) menstruation-related complaints; (iii) knowledge between menstruation and pregnancy; and (iv) irregular menstruation period. The review found limited evidence on the monitoring of menstrual health across the National Policy and Strategic Framework on Adolescent Health and Development.

For programme monitoring carried out by non-government organizations, menstrual health indicators are limited within the overall project monitoring at the output level. Approaches include tracking the number of participants reached in campaigns and education sessions, before and after knowledge tests and the number of pads distributed. Data were used for donor reporting and internal learning. The reviews found limited evidence of menstrual health evaluations.





Lessons and insights: Annual menstrual health monitoring has a big impact

Review informants highlighted that while improved menstrual health monitoring was urgently needed, the uptake of some menstrual health indicators had led to a positive impact. They felt this had required minimal investment but led to important and successful changes in schools towards menstrual health.

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We have defined benchmarks for schools with the monitoring system. We just do not only put the indicators but also provide technical support to ensure that standards are met. Improvements have been seen in the annual monitoring results highlighting the use of monitoring to guide schools and allow them to check which aspect needs to be improved. It shows that several indicators do not require big investment by using existing resources but can substantially improve menstrual health in school and make an important change for girls. – Review informant

Review methods

Regional progress review methods



13 policies reviewed across the gender, education, health, adolescent sexual and reproductive health, WASH and youth sectors

5 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

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Endnotes

- 1 Defined as 10–49 years in 2021. See United Nations Population Division Projections, 2022, https://population.un.org/wpp/, accessed 1 December 2022.
- 2 Philippine Statistics Authority and ICF, Philippines National Demographic and Health Survey 2017, 2018, www.dhsprogram.com/publications/publication-fr347-dhs-final-reports.cfm.
- 3 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
- 4 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
- 5 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.
- 6 See WinS Monitoring Results SY2017/2018-2020/2021.
- 7 See WinS Monitoring Results SY2017/2018-2020/2021.
- 8 See WinS Monitoring Results SY2017/2018-2020/2021.
- 9 See the Young Adult Fertility and Sexuality Study 2013 and 2021.





