



Integrated Menstrual Health Programming in Asia and the Pacific Laws M¹, Kale E¹, Huggett C², Da Costa L², ¹Marie Stopes International, ²Wateraid

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Opportunities and barriers for joint action to holistically address menstrual health in Asia and the Pacific region

In exploring the intersection between menstrual health, water, sanitation and hygiene, and sexual and reproductive health, actors and a desk review identified the following:



Strengthen age-appropriate

puberty education canvassing

both menstrual health and

hygiene and SRH

Develop and deliver education

on menstrual health to those

identified as sources of informa

tion by adolescent girls (such as mothers, older sisters, aunts)

Engage men and boys

Utilize existing SRHR platforms

and services to broaden

menstrual health knowledge

and services

WASH and SRH actors to leverage one another's efforts for a greater impact on improving menstrual health

Develop shared terminology on 'menstrual health'

Establish shared goals, indicators and targets for activities

Strengthen cross-sectoral learning and documentation between WASH and SRH actors

Conduct joint operational research to guide collaborative WASH and SRHR approaches

Design and deliver joint, rights-based menstrual health programming solutions Strengthen education and community awareness of menstrual health and SRH services

> Accessible and inclusive integrated menstrual health, WASH and SRH services that go beyond school settings to reach women and girls with disabilities and other marginalized groups

Background:

- Poor menstrual health and hygiene can impact girls':
 - Educational attainment
 - Social participation
 - · Health and wellbeing
 - Future livelihoods
- There have been few holistic approaches to improving MHH outcomes implemented to date
- The GAP project aims to:
 - Increase uptake and awareness of SRH services and MH practices
 - Improve accessibility of menstrual products
 - Strengthen knowledge and attention to MHH regionally

Results:

37,883 girls, boys, and adults with improved awareness and knowledge of SRHR, and good MH practices

8,239 women and girls using their choice of contraception.

1,710 students accessing MH-friendly, safe and private WASH facilities at school.

Locally produced and appropriate **reusable MH materials** sold through **piloted supply chain development** activities with local women entrepreneurs

Community of practice on integrated approaches to MH in Asia Pacific established



Conclusions:

Cross-sectoral collaboration and evidence-based experimentation can lead to practical, effective approaches to improving a country's menstrual health ecosystem and increasing the reach and quality of education and services available to young people.

