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Nigeria menstrual health and hygiene monitoring assessment summary

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Cover photo:

Dorcas, 14, Veronica, 14, and Mary Ann, 15, at their school, Agidingbi, Nigeria.

Introduction

Adequate and validated indicators are essential for tracking progress on addressing menstrual health and hygiene (MHH) as an important reproductive health, education, gender equality, and water, sanitation and hygiene (WASH) issue. Incorporating MHH indicators into national and state-level monitoring is vital given its influence on meeting a range of outcomes.

This note provides a rapid assessment of the national landscape for existing monitoring priorities and systems for adolescent girls' MHH. It is part of a four-country initiative led by WaterAid and UNICEF to support the roll out and uptake of the Priority List of Indicators for Girls' Menstrual Health and Hygiene (Global MHH Monitoring Group, 2022) by assessing the country status, priorities, enablers, barriers and opportunities for monitoring MHH. It also aims to contribute towards improved MHH by assessing the feasibility and relevance of applying the priority indicators for national monitoring of MHH. These indicators can be used to monitor MHH across priority domains (materials, WASH, knowledge, discomfort/disorders, supportive social environment, menstrual health impacts, and policy) and are intended to enable comparability across countries and over time. It is expected that each country will apply the assessment findings for programming and policy decisions aligned to national priorities in a number of sectors, such as education, reproductive health and WASH.

Methodology

This summary note is based on an analysis of existing data, monitoring systems and processes in Nigeria for adolescent girls' and young women's MHH. It identifies opportunities to strengthen national and state monitoring for increased action and to support MHH priorities in Nigeria. The study is a collaborative effort between government, country stakeholders, UNICEF, WaterAid and the Global MHH Monitoring Group (Burnet Institute, Columbia University, Emory University, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, Save the Children and WaterAid). The process included a country-level launch webinar, convened by WaterAid and UNICEF on 28 March 2024, to introduce the project, request stakeholder inputs to the process, and identify data sources and specific partners to involve in the assessment. There followed a desk review as well as consultation with the technical working group (TWG) (2 May 2024) and key experts working on monitoring, MHH and WASH. Written inputs from the TWG were also provided. The findings were validated with a webinar convened by WaterAid and UNICEF on 7 June 2024.

Highlights

Nigeria has extensive experience of monitoring MHH at different levels.

- In 2020 the Federal Ministry of Women Affairs, Water Supply and Sanitation Collaborative Council (WSSCC) and the Gender and Environmental Risk Reduction Initiative (GERI) carried out a comprehensive survey, stakeholder analysis and mapping on awareness and knowledge levels, attitudes and practices of MHH among menstruating girls and women (Federal Ministry of Women Affairs, WSSCC and GERI, 2020). They identified key actors and mapped previous and ongoing interventions on MHH. The analysis found an urgent need to develop a monitoring and evaluation (M&E) framework on MHH. Furthermore, Focus Area 5 in the Zero Draft National Strategic Framework on Menstrual Health and Hygiene Management in Nigeria (2022–2026) (Federal Ministry of Women Affairs, 2021) sets out the elements of country priorities for an improved monitoring system.
- The Menstrual Health and Hygiene Management (MHHM) TWG provides a strong coordination mechanism of MHH actors and champions and is a platform to engage in advocacy and coordinated efforts to implement the National Strategic Framework and related monitoring.

- Periodic surveys such as the Multiple Indicator Cluster Survey (MICS), Demographic Health Survey (DHS) and Performance Monitoring for Action (PMA2020) have collected national and state-level MHH data.
- The MHH indicators in these national data and monitoring systems fall under priority domains as set out by the Global MHH Monitoring Group including: materials, WASH, supportive social environment, and policy.
- Forthcoming opportunities for embedding the indicators include the MICS7 and DHS8 household questionnaires, the WASHNORM survey, the monitoring plan for the Strategic Framework, as well as state-level action plans. There are also opportunities for strengthening small-scale monitoring on a programme/project basis (including changes in MHH knowledge and distribution from pad banks at public schools).
- Future research studies present a further opportunity to embed the priority indicators.
- Further traction with stakeholders and development partners would encourage uptake of indicators across projects as well as national and state-level systems.

Current MHH status

Overall, there are large variations in status between states. 85% of women in Lagos reported having everything they need to manage their menstruation, while in Kaduna state this figure was only 37% (PMA2020, 2018). Adolescent schoolgirls are likely to find it especially difficult to manage menstruation in these regions.

Materials: In the WASHNORM survey (2019) 6% of schools reported menstrual materials were made available; 3.8% of schools provided materials for free and 1.8% made them available to purchase. According to MICS (2021) 41% of women and girls use reusable menstrual materials and 56% use disposable materials – the data show a drop in the use of disposable materials between 2018 and 2021. In 2024 UNICEF carried out a survey to assess the user experience for pads in the six local government areas (LGAs) under the Accelerated Sanitation and Water for All (ASWA) II programme in the Northeastern Nigeria states of Adamawa, Borno and Yobe. It found that around 62% of women and girls reported a lack of money to buy menstrual materials during their last period.

WASH: In 2021 the WASHNORM survey found that 10% of adolescent schoolgirls often lack a clean and private toilet or space with water and soap to change materials. 30% reported that schools do not have private latrines or spaces for girls to change materials and only 9% reported that bins are available for menstrual waste in girls' toilets. Just 10% of schools reported having disposal mechanisms for menstrual waste collected from bins. Similarly, in MICS (2021) 7% of women reported lacking adequate privacy for MHH. In a U-Report poll in 2024 48% of respondents said it is not convenient for them to change materials, especially when away from home – at school or in public places. PMA2020 (2018) found that 52% of adolescent girls and women aged 15 to 49 who mainly used single-use menstrual materials during their last period disposed of them in a waste bin, 22% disposed of them in a latrine, 13% flushed them down the toilet, 7% disposed of them in a bush, and 10% burned them.

Knowledge: In 2021 the WASHNORM survey found that 19% of respondents received MHH education in school. Secondary schools (29%) are much more likely to offer MHH education than primary schools (16%). A U-Report poll in 2024 found that 26% of respondents did not know about menstruation and how to manage it hygienically before they started menstruating (3,696 responded out of 31,242 polled). In 2022 the United Nations Population Fund (UNFPA) supported Lagos state in conducting a state-wide assessment on MHH across its secondary schools. Around 57% of girls had poor knowledge about MHH, and over 77% reported re-using their menstrual materials (not designed for reuse).

Supportive social environment: A U-Report MHH poll in April 2023 revealed that only 42% of female respondents could openly speak to family members about menstruation. A U-Report poll in 2024 found that among those respondents uncomfortable in discussing challenges with their father, their concerns were that they don't feel listened to (28%), their father doesn't understand what they are talking about (47%), or their father dismisses their worries (25%) (3,126 responded out of 4,674 polled).

Menstrual health impacts: MICS (2021) found that 17% of adolescent schoolgirls do not participate in activities during menstruation. PMA2020 (2018) showed that 77% of adolescent schoolgirls reported that menstruation does not impact their school performance or attendance.

Policy: Currently, coverage of MHH in policies and plans is low. There is a National Policy on the Health and Development of Adolescents and Young People in Nigeria: 2020–2024 (Federal Ministry of Health, 2019) which includes language on MHH as part of the broader sexual and reproductive health and rights (SRHR) agenda and specific MHH targets. The National Policy on Gender in Education and its Implementation Guide (Federal Ministry of Education, 2021) does not refer specifically to MHH but there is a reference to gender-friendly infrastructure, including WASH facilities. Other national policies of relevance, but which do not refer to MHH, include the Revised 2021–2026 National Gender Policy (Federal Ministry of Education, 2021), the Draft Final National Water Sanitation Policy (Federal Ministry of Water Resources, Department of Water Supply and Quality Control, 2004), the Policy Guidelines on School Sanitation (Federal Ministry of Environment, 2005), and the National Action Plan for Revitalization of Nigeria's WASH Sector (Federal Ministry of Water Resources, 2018).

The School Health Policy and Implementation Guidelines (Federal Ministry of Education, 2006) require that primary and secondary school toilets must be gender-segregated and have water and soap for handwashing, with covered bins. UNFPA developed the Guidelines For Menstrual Hygiene Management in Nigeria (Lagos State Government, 2022), the first-ever state-level guidelines for MHH produced in Nigeria.

A **draft National Action Plan for Institutionalization of MHH in Nigeria** (developed by WSSCC with the Federal Ministry of Women Affairs) is an operational road map for MHH.

The **(draft) National Strategic Framework on MHHM** (Federal Ministry of Women Affairs, 2021) provides guidelines and an action plan for all Nigerian girls and women to have improved MHHM. The priorities include: 1. providing women, girls, men and boys with access to information on menstruation; 2. access to safe and hygienic menstrual products, services and facilities; 3. effective disposal of menstrual waste management; 4. legal instruments for promoting MHHM. Of particular relevance is Strategic Focus Area 5: Monitoring and Evaluating Systems for Accountability and Learning which refers to:

- the development of an MHHM M&E framework.
- MHHM indicators being developed, routinely measured and reported as part of MHHM activities.
- federal and state MHHM data and information-sharing platforms, including MHHM indicators.
- strengthening staff capacity at national and state level to use MHHM M&E tools in the collection, collation, reporting and use of MHHM data to inform policy changes.

The Council of Women Affairs has approved the development of a national policy for MHHM. A national dialogue on MHHM was held in 2023 followed by a zonal consultation, supported by members of the TWG.

Current status of MHH monitoring

Main actors involved in MHH

MHH is a priority for several government and development partner stakeholders.

Government: Federal Ministry of Women Affairs, Federal Ministry of Water Resources and Sanitation, Federal Ministry of Health and Social Welfare, Federal Ministry of Environment, Federal Ministry of Education

UN agencies: UN's Sanitation and Hygiene Fund, UNICEF, UNFPA, UN Women and UNESCO

CSOs and NGOs: African Environmental Health Organisation, Anorag Foundation, Centre for Family Health Initiative, Citizens Rights and Participation, FORI Foundation, Gender and Environment Risk Reduction Initiative, Goals Prime Organisation, Plan International, Population Services International, Society for Water & Sanitation (NEWSAN), Tabitha Cumi Foundation, VeVe, WaterAid, Yagazie Foundation

Technical Working Group: The Health Desk Unit of the Federal Ministry of Women Affairs established a TWG for MHHM. The group hosts quarterly coordination meetings. Priority topics for engagement on MHH include knowledge of menstruation among adolescent girls, quality of menstrual products, availability of water and decent toilets, disposal of used sanitary materials, norms and taboos, and taxation of menstrual products. Menstrual Hygiene Day has been celebrated across the country by TWG members and government parastatals.

Management information systems (MIS)

The Federal Ministry of Water Resources and UNICEF developed the WASH Information Management System (WASHIMS) to collect, organize and process sector data. However, it doesn't currently include MHH data. Furthermore, there are no MHH-specific indicators in the regular monitoring systems of the Education and Health ministries (EMIS, HMIS).

National or nationally representative data on MHH

Surveys already in use include the DHS and MICS household questionnaires and PMA2020. The data these indicators have already generated are being leveraged for advocacy and adopted by other data collection efforts to enable regular reporting in the future.

Demographic and Health Survey (DHS)

The DHS Woman's Questionnaire 2012, 2018 and 2023 included menstruation-related questions to monitor menstrual health at the population level. Questions from DHS 2023 include:

- 236 When did your last menstrual period start?
- 237 Was your last menstrual period within the last year?
- 238 During your last menstrual period, what did you use to collect or absorb your menstrual blood?
- 239 During your last menstrual period, were you able to wash and change in privacy while at home?
- 240 How old were you when you had your first menstrual period?
- 241 From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?
- 242 Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?

- 243 After the birth of a child, can a woman become pregnant before her menstrual period has returned?

Note: DHS MHH questions cross link to Priority MHH Indicators 1, 3, 10

Multiple Indicator Cluster Survey (MICS)

MICS contains questions on: women's use of menstrual materials; whether they used reusable materials; whether they were able to wash and change in privacy while at home; and if there were any social activities or school or work days that they did not attend during their last menstrual period. In 2021 MICS revealed that a quarter of adolescent girls and women aged 15 to 49 missed work or school during menstruation. Indicators in 2021 include:

- Women aged 15–49 years reporting menstruating in the last 12 months and using menstrual hygiene materials with a private place to wash and change while at home
- Women aged 15–49 years reporting menstruating in the last 12 months who did not participate in social activities, school or work due to their last menstruation
- Women aged 15–49 years by use of appropriate materials including reusable and non-reusable materials during last menstruation

Note: MICS MHH indicators cross link to Priority MHH Indicators 1, 15, 17, 18, 19

Water Sanitation and Hygiene National Outcome Routine Mapping (WASHNORM) survey

WASHNORM is a collaboration between the Federal Ministry of Water Resources and the National Bureau of Statistics with support from UNICEF, the World Bank, the World Health Organization (WHO) and other development partners. WASHNORM uses a set of indicators that track access to WASH services in the household and in schools, health care facilities and public places (e.g. markets and transportation hubs). The WASHNORM survey was carried out in 2018, 2019 and 2021. In 2019 WASHNORM revealed that 3 in 10 schools have separate blocks of improved toilets for males and females, while 8% of schools have girls' toilet compartments that have provisions for MHM. In 2021 only 3% of schools had basic gender-sensitive sanitation and hygiene services, that is useable improved toilets with separate blocks for males and females, available at all times during the school day and facilities for handwashing and MHH. Access was twice as low in rural areas than in urban areas.

Indicators in the WASHNORM survey (2021) are:

- Percentage distribution of education facilities based on provision for menstrual hygiene management in school's toilet/latrine including: covered bins for menstrual hygiene management in girls' toilets/latrines [available/not available]; disposal mechanism for menstrual hygiene waste [available/not available]; are menstrual hygiene materials (e.g. pads) provided by the school? [yes, for free; yes for purchase; no]
- Estimate number of schools with at least one latrine/toilet usable [yes, water and soap; yes, water but no soap; yes, no water; no girls in school]

Note: WASHNORM survey MHH questions cross link to Priority MHH Indicators 3, 4, 5, 6, 7

Performance Monitoring and Accountability 2020 (PMA2020)

The PMA2020 survey programme was the first to provide large-scale data on aspects of MHH. It is a smartphone-based population survey collecting population-level data on family planning, WASH and menstrual hygiene, with state-representative household and female questionnaires. In Nigeria the survey is endorsed and supported by the Federal Ministry of Health, the National Population Commission and the National Bureau of Statistics. PMA 2020 survey findings revealed a marked difference between MHH in Kaduna and Lagos. 85% of women in Lagos reported having everything they need to manage their menstruation (e.g. clean materials, a facility, pain medication, places to dispose of used products) while in Kaduna state this figure was only 37%.

Additionally, rural women were consistently less likely to have safe, clean and private MHH facilities compared with those in urban areas.

- PMA surveys include nine questions on women's last menstrual period, including identifying the location and facilities used when changing menstrual materials, the materials used to collect or absorb menstrual blood, washing and drying practices for reusable materials, material disposal, and a question asking women if there is anything else they need to manage their periods that they do not usually have.

Note: PMA2020 MHH questions cross link to Priority MHH Indicators 1, 2, 3, 4, 5, 6, 7

U-Report

UNICEF has conducted several polls using a free SMS social monitoring tool called U-Report. MHH has been the subject of several U-Reports in Nigeria. While they are not nationally representative, the findings do offer an interesting snapshot of the population's general perceptions of MHH. The most recent poll in 2024 asked:

- Did you know about menstruation and how to manage it hygienically before you started menstruating? (3,696 responded out of 31,242 polled)
- If you are not very comfortable discussing your challenges with your father, what are your concerns?
- What material or product do you use during your menstruation/period, to contain the flow of menstrual blood? (2,650 responded out of 3,389 polled)
- How convenient is it for you to change the menstrual material, especially when you are outside your home – in school, public places such as markets and commercial transport hubs, the office, etc.? (2,497 responded out of 2,799 polled)
- What priority action (list at least three) would you recommend the Government and good willed people take to support a comfortable experience of menstruation? (1,786 responded out of 2,571 polled)

Note: U-Report MHH questions cross link to Priority MHH Indicators 1, 3, 4, 9, 17

Joint Monitoring Programme

The WHO/UNICEF Joint Monitoring Programme (JMP) reports on WASH in households and schools in Nigeria. In 2023 29 million children had no drinking water service at their school, 32 million had no sanitation service, and 47 million had no hygiene service (UNICEF and WHO, 2024).

The 2023 JMP report included a chapter on menstrual health, with data from several countries including Nigeria. The four indicators it prioritized are awareness of menstruation at menarche, the use of menstrual absorbents, access to a private space to wash and change, and participation in activities during menstruation. Data from Nigeria on disposal of materials were also presented.

Table 1: Menstrual health data for Nigeria presented in the 2023 JMP report

Year	Survey	Population of women and girls aged 15–49 (thousands)	% urban (total population)	Rural						Urban					
				Proportion of women and girls aged 15–49 who have menstruated in the previous year						Proportion of women and girls aged 15–49 who have menstruated in the previous year					
				Awareness of menstruation before menarche	Private place to wash and change	Participation in activities during menstruation	Use of menstrual materials	Use of reusable materials	Use of single-use materials	Awareness of menstruation before menarche	Private place to wash and change	Participation in activities during menstruation	Use of menstrual materials	Use of reusable materials	Use of single-use materials
2018	PMA	45,305	50	-	67	79	95	43	51	-	90	74	96	11	85
2021	MICS	49,296	53	-	93	83	97	58	39	-	93	84	97	23	74

Small-scale (programme/project) MHH monitoring

Recent assessments commissioned on MHH notably include:

- The Empowering Women for Excellence Initiative (EWEI) carried out an MHH survey in Dan Hono community, in Chikun LGA, Kaduna (EWEI, 2020). Mobile data were collected through one-on-one interviews with 103 girls aged 14 to 19. Questions included: How old were you when menstruation started? From whom did you learn about menstruation? Is menstruation a biological process or a disease? How do you feel about having a period? What are the physical effects of a period? What is your preferred material to use? What are your topmost needs during menstruation? What kinds of problems do you face during menstruation?
- In 2024 UNICEF carried out a survey to assess the user experience of pads in the six LGAs under the ASWA II programme in the Northeastern Nigeria states of Adamawa, Borno and Yobe (UNICEF, 2024). Around 62% of women and girls reported a lack of money to buy menstrual materials during their last period. The sample included 65 trained producers of the reusable pads and 57,000 respondents. Questions included: Did you miss out on social, school or work activities during your last menstruation? Do you know about locally produced reusable pads? Have you ever used the locally made reusable pads? How often are the locally made reusable pads washed during menstruation? Where are the locally made reusable pads dried after washing?

Recent research activities

Quantitative studies on MHH have addressed awareness and knowledge levels of MHH practices in all geo-political regions of Nigeria. In 2015 UNICEF carried out the first national-level formative research on MHH in the country, investigating the knowledge, attitudes and practices of 394 participants. Qualitative and quantitative data were collected in 12 schools from both rural and urban communities in three geo-political zones in Nigeria. Since then, a variety of quantitative, cross-sectional, quasi-experimental and qualitative primary research studies relating to the menstruation literacy, attitudes and practices of adolescents have been conducted in Nigeria (Uzoечи, et al., 2023). Research has been focused on secondary schools (Aluko, et al., 2023; Onubogu, et al., 2024) and tertiary institutions (Ayamolowo, et al., 2023, Esan, et al., 2024).

Enablers and barriers to monitoring MHH

Enablers

- There is clear momentum behind MHH programming across government ministries, development partners and other stakeholders.
- There is a TWG in place to coordinate inputs, convene members and ensure diverse representation across sectors.
- The MHHM Strategic Framework emphasises the importance of monitoring MHH.
- Nigeria has experience of large-scale (state-level) survey data collection involving large samples of women across locations. It also has experience of smaller-scale MHH monitoring in research- and programme-level surveys focused on urban and rural residences as well as schools.
- MHH technological innovations, including period tracker apps like Flo and My Calendar, provide opportunities for MHH monitoring.

Barriers

- A lack of funding and trained human resources are challenges.
- The multi-ethnic, religious and cultural nature of Nigeria may make it difficult to achieve consensus on agreed-upon MHH indicators.
- Weak MHH M&E systems is identified as a threat in the SWOT in the Strategic Framework.
- Currently, stakeholders have their own monitoring systems and programme-specific indicators, which can make joint monitoring and data harmonization difficult.
- Insecurity affects people's ability to perform data validation exercises.

Potential for uptake and improved monitoring

National priorities mapped to domains and indicators

Prioritization is necessary as stakeholders are already engaged in extensive data collection and reporting and do not have the capacity to assess all indicators. Data collected on MHH should inform the development of evidence-based policies and programmes at the local, state, national and international levels. Priority areas identified include materials, WASH, supportive social environment, and policy. More attention is needed to enable public review of and comment on the priority indicators before being finalized.

There are currently no indicators to prioritize tracking disparities in MHH across geographical zones and demographic groups including age, socioeconomic status, location, disability status and ethnicity to ensure interventions are equitable and inclusive. Prioritizing these key areas would help stakeholders to better understand the challenges and needs related to MHH and develop targeted interventions to address them effectively.

Opportunities for uptake and how this would support improved MHH

Adoption of (some of) the indicators by nationally representative surveys, as members of the TWG collect data from different projects and initiatives, may support their uptake through national monitoring systems in the longer term. These surveys could be used to collect data on progress to delivering the National MHH Strategy, the costed action plan, and to show the contributions made by various organizations.

- The (draft) National Strategic Framework on Menstrual Health and Hygiene Management in Nigeria (2022–2026) (Ministry of Women Affairs, 2021) requires:
 - the development of an MHHM M&E framework
 - MHHM indicators to be developed, routinely measured and reported on
 - federal and state MHHM data and information sharing platforms
 - National and state-level staff with capacity to use MHHM M&E tools in collection, reporting and use of MHHM data
- The Gender in WASH Policy has been in draft since 2020. There may still be an opportunity to relaunch the review process to ensure appropriate integration of MHH and integrate priority indicators in any accompanying monitoring framework/costed action plan.
- A selection of priority indicators could be integrated in the next round of WASHNORM (currently being planned) and/or an MHH module could be included in the next MICS round.
- The WASHIMS or a national MHH dashboard would be useful to track and update progress made by each organization working on MHH.
- Concern for period poverty and the need for national standards for the quality of menstrual products provide an opportunity to assess menstrual products, including affordability, availability in local markets, distribution channels, and the adequacy of supplies in schools and communities. Manufacturers have the potential to collect anonymized data on product use and preferences through market surveys or app integrations. This can inform product development and identify areas of unmet need (e.g. through data on product use and preferences, disparities in accessing products).
- MHH research within programmes could pilot outcome-level MHH indicators in conjunction with local academic institutions.

Stakeholder engagement / sector roles

The TWG supports synergy and working relationships among stakeholders, including government agencies, NGOs, academic institutions, private sector partners, and community-based organizations. This is critical to pool resources, share expertise, and coordinate efforts in MHH monitoring as well as to support data harmonization. Collaboration across sectors, including health, education, water, sanitation, and gender equality, will also facilitate integrated data collection efforts that capture the multifaceted nature of MHH, while leveraging existing resources and expertise. Researchers can integrate the MHH indicators and related measures into primary studies. Longitudinal studies that track changes in MHH practices and outcomes over time will provide valuable insights into the impact of interventions and policies aimed at improving MHH and enable researchers and policymakers to assess trends, identify emerging issues, and evaluate the effectiveness of interventions. There are more sub-national-level (including research and programme) data which may be more feasible and appropriate for programme monitoring to assess. For instance, more qualitative tools may be useful for small-scale assessment of specific project outputs and outcomes.

Resources required for MHH monitoring

- Budgets: including data collection tools (e.g. phones, tablets), data management systems (for storing and processing M&E information), logistics (for visiting programme locations); project management budgets (for the salaries of M&E staff, development of data collection tools, monitoring/supervisory visits for data collection); training budget (for training, workshops or conferences and knowledge management).
- Capacity building: strengthening the skills and competencies of data collectors, researchers and frontline workers in MHH monitoring and dissemination of findings.
- Innovative data collection methods: such as polls and menstrual tracking apps will enhance the breadth and depth of data collected on MHH. These technologies offer new opportunities for real-time monitoring at the individual level and data-driven decision making.

Table 2: Priorities for national monitoring of adolescent girls' MHH mapped to domains and indicators as determined by study respondents

Domain	Level	Indicator	Is there a related indicator in use?	Is this a priority or a future opportunity?
Materials	Individual (outcome indicators)	1. % of girls who reported having enough menstrual materials during their last menstrual period	DHS MICS U-Report	
	School (output indicators)	2. % of schools with menstrual materials available to girls in case of an emergency	PMA2020	
WASH	Individual (outcome indicators)	3. % of girls who reported changing their menstrual materials during their last menstrual period when at school	DHS WASHNORM PMA2020 U-Report	
		4. % of girls who changed their menstrual materials at school in a space that was clean, private, and safe during their last menstrual period	WASHNORM PMA2020 U-Report	
	School (output indicators)	5. % of schools (primary/secondary) with improved sanitation facilities that are single-sex and usable (available, functional, and private) at the time of the survey	WASHNORM PMA2020	
		6. % of schools (primary/secondary) with improved sanitation facilities that are single-sex, usable (available, functional, and private), lockable from the inside, have covered disposal bins, and have discreet disposal mechanisms at the time of the survey	WASHNORM PMA2020	
		7. % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	WASHNORM PMA2020	
Knowledge	Individual (outcome indicators)	8. % of students (male/female) who have ever received education about menstruation in primary and secondary school		
		9. % of females that know about menstruation prior to menarche	U-Report	
		10. % of females with correct knowledge of the fertile period during the ovulatory cycle	DHS	
	School (output indicators)	11. % of schools where education about menstruation is provided for students from age 9		
		12. Existence of pre-service or in-service teacher training about menstruation at the primary or secondary level		
		13. % of schools that have at least one teacher trained to educate primary/secondary students about menstruation		
Discomfort/ disorders	Individual (outcome indicators)	14. % of countries where national policy mandates education about menstruation at primary and secondary level		
		15. % of girls who report that they were able to reduce their menstrual (abdominal/back/cramping) pain when they needed to during their last menstrual period		
Supportive social environment	Individual (outcome indicators)	16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider		
		17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	MICS U-Report	
Menstrual health impacts	Individual (outcome indicators)	18. % of girls who report a menstrual period does not impact their day	MICS	
		19. % of girls whose class participation was not impacted by their last menstrual period	MICS	
Policy	Policy	20. % of countries with policies or plans that include menstrual health and hygiene		
		21. National budget is allocated to menstrual health and hygiene; funds are dispersed to the schools in a timely and efficient manner		

Key: First tier monitoring priority Not selected as a priority for monitoring No related indicator identified

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Acknowledgements








Federal Ministry of Women Affairs (FMWA) (Mariam F. Shaibu, Osaro Osa-Jarikre, Gloria T. Michael, Idode O. Ruth, Okolo Kingsley Obioha, Ishaku Bitrus); Federal Ministry of Education (FME) (Akinba O. Aduke, Peter Ojonuba); Federal Ministry of Water Resources and Sanitation (FMWR&S) (A.I. Kogbara); Maryam Babangida National Centre for Women Development (MBNCWD) (Nneka Eloru); Federal Ministry of Health & Social Welfare (FMOH&SW) (Adaeza Ike); Standards Organisation of Nigeria (SON) (Dr Zainab Umar); National Youth Service Corps (NYSC) (Cordellia Ogwuagu); UN Women (Elizabeth Okon); Population Services International (Dr Fatima M. Bunza); UNICEF (Job Ominyi); UNFPA (Jachi Ojukwu); UNESCO (Oye Tomori-Adelaye); Fori Foundation (Ruth During); Focusing on Women and Girls Initiatives for Positive Change (Loveth Ijah); Adinya Arise Foundation (Mabel A. Ade); African Artists' Foundation (AAF) (Owuza B. Lawan); Yagazie Foundation (Ezirim Chinedu Kennedy); Plan International (Chinelo Amaechina, Zagi Gift); Society for Water and Sanitation (NEWSAN) (Bibian Ama); Strong Women Network (Ekeh Jace); Centre for Family Health Initiative (Chinonyarem Ezekwe); Anorag Foundation (Ann O. Ajii); WaterAid Nigeria (Emmanuel Iorkumbur); Tabitha Cumi Foundation (Abiola Olorukoba); VeVe; Africa Environmental Health Organisation (Adeniran Adefunke).



Chioma washes her hands in the female-friendly school toilet, Agidingbi, Nigeria. ©WaterAid/ Tom Saater

Annex

Priority List of Indicators for Girls' Menstrual Health and Hygiene

 MATERIALS	<i>Individual</i>	1 % of girls who reported having enough menstrual materials during their last menstrual period.
	<i>School</i>	2 % of schools with menstrual materials available to girls in case of an emergency.
 WASH	<i>Individual</i>	3 % of girls who reported changing their menstrual materials during their last menstrual period when at school.
		4 % of girls who changed their menstrual materials at school in a space that was clean, private, and safe during their last menstrual period.
	<i>School</i>	5 % of schools (primary/secondary) with improved sanitation facilities that are single-sex and usable (available, functional, and private) at the time of the survey.
		6 % of schools (primary/secondary) with improved sanitation facilities that are single-sex, usable (available, functional, and private), lockable from the inside, have covered disposal bins, and have discreet disposal mechanisms at the time of the survey.
 KNOWLEDGE	<i>Individual</i>	7 % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation.
		8 % of students (male/female) who have ever received education about menstruation in primary and secondary school.
		9 % of females who know about menstruation prior to menarche.
		10 % of females with correct knowledge of the fertile period during the ovulatory cycle.
	<i>School</i>	11 % of schools where education about menstruation is provided for students from age 9.
		12 Existence of pre-service or in-service teacher training about menstruation at the primary or secondary level.
		13 % of schools that have at least one teacher trained to educate primary/secondary students about menstruation.
 DISCOMFORT/ DISORDERS	<i>Government / National</i>	14 % of countries where national policy mandates education about menstruation at primary and secondary level.
	<i>Individual</i>	15 % of girls who report that they were able to reduce their menstrual (abdominal/back/cramping) pain when they needed to during their last menstrual period.
		16 % of girls who would feel comfortable seeking help for menstrual problems from a health care provider.
 SUPPORTIVE SOCIAL ENVIRONMENT	<i>Individual</i>	17 % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation.
 MENSTRUAL HEALTH IMPACTS	<i>Individual</i>	18 % of girls who report a menstrual period does not impact their day.
		19 % of girls whose class participation was not impacted by their last menstrual period.
 POLICY	<i>Government / National</i>	20 % of countries with policies or plans that include menstrual health and hygiene.
		21 National budget is allocated to menstrual health and hygiene; funds are dispersed to the schools in a timely and efficient manner.

Credit: Global MHH Monitoring Group, 2022.



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