Pakistan menstrual health and hygiene monitoring assessment summary

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Contents

Cover photo:
Taniya conducts an awareness session with her class fellows regarding MHM and the facilities available at school for them in Muzaffargarh District, Pakistan. March 30, 2022.

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 provincial-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 Pakistan for adolescent girls' and women's MHH. It identifies opportunities to strengthen national and provincial monitoring for increased action and to support MHH priorities in Pakistan. 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 UNICEF on 25 April 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 remote interviews and a survey with key experts working on monitoring, MHH and WASH. The findings were validated with a webinar convened by UNICEF and WaterAid on 7 June 2024.

Highlights

- Periodic surveys such as the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) have collected national and provincial 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: materials, WASH, knowledge, menstrual health impacts, and policy.

- Respondents to this study identified several opportunities for improving MHH monitoring relating to: materials, WASH, knowledge, supportive social environment, and policy. Forthcoming opportunities for embedding the indicators include the MICS7 and DHS8 household questionnaires. There are also opportunities for strengthening small-scale monitoring on a programme/project basis. Future research studies present a further opportunity to embed the priority indicators.

- Further traction with stakeholders and development partners – including through the various platforms, networks and technical working groups that currently coordinate work on MHH at federal and provincial levels – would encourage uptake of indicators across projects as well as at national and provincial levels.

Current MHH status

Materials: 89% of women and girls aged 15 to 49 used menstrual materials during their last menstruation, of which 53% used reusable materials and 35% used non-reusable materials (UNICEF and WHO, 2023). One estimate suggests around 12% of the population uses commercially manufactured products (UNICEF, 2024).

WASH: By 2023 in Pakistan 21 million children still had no drinking water service at their school and 15 million children had no sanitation service at their school (UNICEF and WHO, 2024). A U-Report poll (Lihemo and Hafeez-Ur-Rehman, 2017) found that 44% of respondents did not have basic facilities or products to manage menstruation. 88% of women reported having a private place to wash and change while at home (UNICEF and WHO, 2023).

Knowledge: 41% of adolescent girls had no knowledge of menstruation prior to their first period (Lihemo and Hafeez-Ur-Rehman, 2017).

Menstrual health impacts: An estimated one out of five girls miss school because of their menstrual cycle, which adds up to missing a minimum of one year's worth of education (Lihemo and Hafeez-Ur-Rehman, 2017). 79% of women reported not being able to participate in social activities, school or work during their last menstruation (UNICEF and WHO, 2023).

Policy: There is no national policy/plan/strategy for MHH. Only two federal policy documents expressly mention MHH:

- Adolescent Nutrition Supplementation Guidelines for Pakistan (Nutrition Wing, Ministry of National Health Services, Regulation and Coordination, 2020) refers to 'building capacity of community workers, conducting awareness activities in schools and communities, providing private, easily accessible and friendly package of services to adolescents; encouraging peer-to-peer education etc.'

- Pakistan Adolescent Nutrition Strategy (Nutrition Wing, Ministry of National Health Services, Regulation and Coordination, et al., 2020) states that 'the Health, Education, WASH, and Social Protection Sectors can ensure access to nearby safe, separate and private sanitation facilities, waste disposal, safe drinking water and the dignity, comfort and health of adolescent girls for MHM [menstrual hygiene management] in schools and other places where adolescents gather.' The strategy recommends the use of formal and informal education systems and madrassahs to advocate for hygiene education, clean drinking water, gender-segregated toilet facilities and MHH for adolescent students.

MHM is included in the Pakistan National Strategic Plan on WASH in Schools developed by UNICEF in collaboration with sector partners and endorsed by the national and provincial government (Government of Pakistan and UNICEF, 2017). The Pakistan National Strategic Plan on WASH in Schools was integrated into provincial WASH in Public Sector Schools Strategic Plans, such as the WASH in Public Sector Schools Strategic Plan for Sindh 2017–2022 (Government of Sindh and UNICEF, 2017) as well as the Punjab WASH Sector Development Plan 2014–2024 (Housing, Urban Development & Public Health Engineering Department, 2014) and Balochistan Education Sector Plan 2020–2022 (Government of Balochistan and UNICEF, 2017), together with the Pakistan WASH in Schools Manual with standards, indicators, bills of quantities and drawings.

MHH is not currently included in provincial and district WASH and education budgets.

Current status of MHH monitoring

Main actors involved in MHH

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

Ministries and institutions: Relevant federal ministries of the Government of Pakistan and provincial departments include the Ministry of Climate Change and Environmental Coordination; the Ministry of Federal Education and Professional Training; the Ministry of Human Rights; the Ministry of National Health Services Regulations and Coordination; the Ministry of Planning, Development and Special Initiatives; the Ministry of Religious Affairs and Inter-faith Harmony; and the Ministry of Water Resources. At the provincial level, the Public Health Engineering Department (PHED), Health, Social Welfare, Women's Development and Education sectors and their related departments are key, although planning frameworks vary.

Other stakeholders: Bill & Melinda Gates Foundation; CARE; Doaba Foundation; Foreign, Commonwealth and Development Office (FCDO), UK; Global Affairs Canada (GAC); Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); HANDS; Initiative for Development & Empowerment Axis (IDEA); International Rescue Committee (IRC); Japan International Cooperation Agency (JICA); Muslim Hands; Sarhad Rural Support Programme (SRSP); Sindh Agricultural and Forestry Workers Coordinating Organization (SAFWCO); Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON); Strengthening Participatory Organization (SPO); UN High Commissioner for Refugees (UNHCR); UN Population Fund (UNFPA); UN Women; UNICEF; WaterAid; and Welthungerhilfe (WHH).

Coordination: There is currently no federal-level government-led mechanism in place to plan MHH investments and coordinate multiple stakeholders working on MHH. Health, as the lead agency, has the mandate to form a national-level technical working group (TWG) (under process). MHH TWGs are operational at provincial levels, led by different departments.

- TWG on WASH/MHM Sindh, led by School Education Department, Government of Sindh
- MHM Secretariat, Balochistan, led by Health Department, Government of Balochistan
- MHM Working Group, Khyber Pakhtunkhwa, led by WatSan Cell, Local Council Board, Local Government and Rural Development Department, Government of Khyber Pakhtunkhwa
- MHM Working Group, Punjab, led by Education Department, Government of the Punjab

Management information systems (MIS)

There is no national WASH MIS. At the federal level, the Education MIS (EMIS) collects provincial data on water and toilet facilities in schools but does not monitor MHH.

Provincial WASH MIS are established and functional. Sindh has incorporated MHM indicators into its Sindh Education Management Information System (SEMIS). In 2018 the School Education and Literacy Department in Sindh included WASH-related indicators, including MHH, into SEMIS to monitor and improve WASH facilities and hygiene practices. SEMIS supports the activities of the Education Department, including management, planning and decision making. SEMIS includes:

- **Annual school census:** The School Education and Literacy Department in Sindh added a WASH monitoring indicator to the annual census for all public sector schools, covering the functionality of water and sanitation facilities, and the presence of handwashing facilities, gender-separated toilets and MHH facilities in schools (further details not available) and aggregated by taluka, district and division.

- **Geographic information system:** Public sector schools are being geographically tagged.
- **Data consolidation:** The annual SEMIS profile (School Education and Literacy Department, Government of Sindh) provides insights for decision makers across the education sector.

SEMIS is being used to collect data on the presence of MHM facilities within government schools. The indicator in Sindh's WASH in Schools Strategy is 'percentage of school children using safely managed sanitation services including MHM' (Government of Sindh and UNICEF, 2017). However, there is no definition for 'facilities for MHM'.

Similarly, Punjab province included key indicators (e.g. sufficiency of toilets, drinking water and hygiene of schools; availability of soap; existence and functionality of WASH clubs) into the periodic reporting of the Chief Minister's Roadmap for Education (Government of the Punjab) and Punjab Education MIS. The same indicators were made an integral part of periodic household surveys under MICS or school censuses from 2020. It is uncertain whether the Punjab EMIS is currently collecting MHH data.

National or nationally representative data on MHH

There has been important progress made beyond schools in relation to menstruation data, such as the inclusion of questions on menstruation and menarche in national-level surveys (MICS and DHS).

Multiple Indicator Cluster Survey 2018–19, Round 6 Pakistan
MICS surveys are carried out at the provincial level.

2018 questionnaire for individual women

- UN14. When did your last menstrual period start?
- UN15. Check UN14: Was the last menstrual period within last year?
- UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?
- UN17. During your last menstrual period, were you able to wash and change in privacy while at home?
- UN18. Did you use any materials such as sanitary pads, tampons or cloth?
- UN19. Were the materials reusable?

Note: MICS MHH questions cross link to Priority MHH Indicators 1, 18, 19

DHS 2017–18 Pakistan Demographic and Health Survey (PDHS) (NIPS and ICF, 2019)

- 304: Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?
- 305: Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?
- 306: After the birth of a child, can a woman become pregnant before her menstrual period has returned?
- 239: When did your last menstrual period start?

The following questions have been included in the 8th Phase of the Demographic and Health Surveys (DHS):

- 240: From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?
- 241: Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?
- 242: 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 Indicator 10

U-Report

UNICEF has conducted several polls using a free SMS social monitoring tool called U-Report. UNICEF Pakistan held a U-Report poll on MHM in February 2017 targeting 3,800 females aged between 10 and 35 using the U-Report platform. Four questions were polled on MHM using the U-Report platform:

- How would you like to learn about menstrual hygiene?
- Who told you about menstruation when you first got it?
- Does your school, home, workplace have basic facilities or products to take care of your periods?
- How often have you missed school or work due to menstruation? And why?

Note: U-Report MHH questions cross link to Priority MHH Indicators 4, 5, 8, 9, 18, 19

The Government of Pakistan's Pakistan Social & Living Standard Measurement (PSLM) district and provincial-level survey collects information on hygiene from households, for example on the presence of handwashing facilities, the availability of soap and/or detergent. However, MHH is not currently included.

Joint Monitoring Programme

The WHO/UNICEF Joint Monitoring Programme (JMP) reports progress on WASH in households and WASH in schools. The 2023 JMP report (UNICEF and WHO, 2023) included a chapter on menstrual health, with data from several countries (including Pakistan) on the four indicators they prioritized – 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. The data from the report, presented below, is a population-weighted average from the four provincial surveys: Balochistan (2019/20), Khyber Pakhtunkhwa (2019), Sindh (2019) and Punjab (2017/18). National data coverage is equal to 95%.

Table 1: Menstrual health data for Pakistan 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
2020	MICSprov	55,856	37	-	88	80	89	63	25	–	89	78	90	36	53

Small-scale (programme/project) MHH monitoring

NGOs (such ACTED, IRC, Muslim Hands and WaterAid) and UN agencies (UNICEF), particularly those that work on WASH in schools or in girls' education, have MHH incorporated in their programmes. Core components of menstrual health programming have focused on: the provision of women-friendly sanitation facilities in public buildings and toilets that are suitable for managing menstruation and disposing of menstrual materials; social support mechanisms and puberty education in schools and communities through the formation of WASH and MHH clubs, women's groups, and involving local community health workers; promoting the supply, use and safe disposal of appropriate and affordable menstrual materials; and systems strengthening work with departments of health and education, school management committees and WASH group members to build their knowledge and skills. Additionally, UNICEF works with sector partners to make MHH products more affordable and accessible through measures such as advocating for tax reforms, innovation, product development, and government-led distribution programmes.

The Pakistan National Strategic Plan on WASH in Schools (Government of Pakistan and UNICEF, 2017) follows the Three Star Approach, an incremental approach, with schools graduating from one to three stars. The approach includes standards for girl-friendly school toilet facilities, including a wash basin for handwashing, a toilet, a mirror, an incinerator for proper disposal of used sanitary pads, and MHH spaces. The Three Star Approach allows for systematic monitoring of WinS for advocacy and the prioritization of investments. WinS minimum standards and indicators have been developed and provincial WinS strategies formulated, aligned with the Three Star Approach.

Recent research activities

A variety of quantitative, cross-sectional, quasi-experimental, and qualitative primary research studies relating to menstruation literacy, attitudes and practices have involved adolescents in secondary schools or tertiary institutions. For instance, UNICEF has supported formative research on MHH in the country to investigate knowledge, attitudes and practices using data collected from focus group discussions in Balochistan and Punjab provinces. Other examples include:

- WaterAid Pakistan (2022) Policy Gap Analysis on MHH – which includes a recommendation to 'promote development and use of monitoring frameworks for MHM/MHH at the provincial and federal level'.

- UNICEF (2024) Policy Brief: Tax Reforms on Menstrual Health and Hygiene Products in Pakistan – which indicates the need to track the impact of taxation on period poverty and tax reforms to make menstrual products more affordable.

Enablers and barriers to monitoring MHH

Enablers

- NGOs have developed a range of indicators to monitor MHH activities at programmatic or sub-national levels, which inform and enhance their MHH programming.

- Innovative technology-based systems such as RapidPro, the Aurat Raj period app and U-Report have been used to galvanize community/youth-based networks and promote the engagement of young people on MHH.

- A surveillance dashboard has been set up for the Pakistan Health Information System (PHIS) (Ministry of National Health Services, Regulations and Coordination). The dashboard includes District Health Information System (DHIS) dashboards as well as national, provincial and district-level health and social sector surveys (e.g. MICS, National Nutrition Survey (NNS), PDHS, PSLM) and information systems of health programmes such as the Lady Health Workers programme.

- Sindh is an example where the provincial SEMIS now includes indicators that track the status of WASH and MHH in schools. These data are expected to inform investments in new and existing school WASH plans and budgets. Advocacy with other provincial governments could ensure the inclusion of an MHH indicator in other EMIS.

- DHS data can be leveraged for further analyses, for instance to assess if girls have access to WASH environments to support MHH.

- Existing data have been used for policy advocacy/influencing, social mobilization, programme proposals and planning (see Recent research activities section).

Barriers

- MHH is not routinely included in national and provincial policies and plans or the accompanying monitoring frameworks. Moreover, there is often no resource allocation to meet existing commitments.

- Few agencies collect MHH data on groups with specific vulnerabilities, including out-of-school girls, women with disabilities, homeless women and girls, and displaced women and girls.

- Lack of effective monitoring mechanisms means data on MHH can be insufficient, inconsistent or unreliable; for instance is there a consensus or shared definition of MHH facilities in schools?

- Existing data are typically not shared beyond the organization and evidence is not compiled for use at national or provincial level to inform policy and planning.

- Social taboos and embarrassment can make monitoring MHH embarrassing for data collectors and responders.

Moomal, 14, has taken a leading role in educating her female classmates on personal hygiene at a government school in Badin, Sindh, Pakistan.

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Potential for uptake and improved monitoring

National priorities mapped to domains and indicators

Priorities for monitoring include WASH, policy/strategy/guidelines and budgets, as well as knowledge, supportive social environment and menstrual materials. See Table 2 for the priority indicators identified by the respondents to this study. More attention is needed to enable public review of and comment on the priority indicators before being finalized.

Opportunities for uptake and how this would support improved MHH

Materials: The supply and distribution of menstrual materials in schools could be monitored in conjunction with private sector manufacturers (e.g. Butterfly, P&G, Santex, Unilever) and techprenuers (e.g. period trackers).

WASH: Large-scale WASH programme monitoring provides opportunities to identify issues related to the insufficiency of WASH facilities for girls in school. Further monitoring of social and behaviour change interventions is required to track positive behaviours around MHH and changes in social norms.

Knowledge: MHH has been integrated into the teacher-training curriculum at the national and provincial levels (pre-service). The School Education and Literacy Department in Sindh includes MHH in the province-wide WASH teacher training manual, which presents an opportunity for monitoring knowledge levels. Lady Health Workers (LHWs) have an important role to play in supporting MHH knowledge and practice. LHWs report monthly to Lady Health Supervisors and in Sindh these reports are entered into the LHW MIS system. An indicator on MHH could be included in LHW activity reporting data.

Supportive social environment: The Non-Formal Education Management Information System (NFEMIS) could provide an opportunity to track MHH for girls in non-formal education in Pakistan. In Punjab, Literacy & Non-Formal Basic Education Centres have a special focus on reaching adolescent girls with the knowledge, skills and means to manage their menstruation.

Policy: Revising or updating policies and plans at the federal and provincial levels could address MHH needs and provide an opportunity to incorporate indicators for monitoring frameworks. This might include updates to the provincial WASH in Public Sector Schools Strategic Plan (2017–2022).

Budget/tax reforms is another promising area for monitoring. For instance, the PSLM, as well as district and provincial-level surveys could collect information from households on the costs of menstrual products. Budget tracking would be supported if MHH could be fully integrated into the National Accounts of Pakistan.

Stakeholder engagement / sector roles

The engagement of stakeholders, including government agencies, NGOs, academic institutions, private sector partners and community-based organizations, 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.

Coordination structures can provide much needed traction to influence policy/strategy/programme development or the definition of measures, being mindful that monitoring and evaluation (M&E) follows plans and strategies. Likewise, budget for monitoring is linked to investment in programmes, so it is useful to emphasize coordination mechanisms. Provincial MHH working secretariats have been established to roll out MHH in education, health, child protection and welfare departments, as well as local government and advocate for better MHH with government and other stakeholders. These working groups provide a potential convergence opportunity for monitoring MHH with WASH, education, health, nutrition and child protection, adolescent girl empowerment, disaster risk reduction, and programmes working on similar initiatives targeting children and adolescents.

Collaboration with local academic institutions would provide an opportunity to explore untapped research areas. MHH research within programmes could pilot outcome-level MHH indicators in conjunction with local academic institutions to sustain monitoring studies. Researchers could integrate the MHH indicators and related measures into primary studies. Longitudinal studies that track changes in MHH practices and outcomes over time could 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.

Resources required for MHH monitoring

- Data: stakeholders already collect data at scale and plan for regular data collection in the future. Researchers can integrate the MHH indicators and related measures into primary studies. 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.

- 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 the dissemination of findings.

- Interactive digital engagement with young people: such as polls and menstrual tracking apps will enhance the breadth and depth of data collected on MHH. Animated chatbots, online portals, Android MH mobile applications, E-Health online clinics and the Oky period tracker mobile app could be used to poll awareness in schools and communities. 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	MICS	Second tier monitoring priority
	School (output indicators)	2. % of schools with menstrual materials available to girls in case of an emergency		First tier monitoring priority
WASH	Individual (outcome indicators)	3. % of girls who reported changing their menstrual materials during their last menstrual period when at school		Not selected as a priority for monitoring
		4. % of girls who changed their menstrual materials at school in a space that was clean, private and safe during their last menstrual period	U-Report	First tier monitoring priority
	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	U-Report	Second tier monitoring priority
		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		Second tier monitoring priority
		7. % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation		First tier monitoring priority
Knowledge	Individual (outcome indicators)	8. % of students (male/female) who have ever received education about menstruation in primary and secondary school	U-Report	First tier monitoring priority
		9. % of females that know about menstruation prior to menarche	U-Report	Second tier monitoring priority
		10. % of females with correct knowledge of the fertile period during the ovulatory cycle	DHS	Not selected as a priority for monitoring
	School (output indicators)	11. % of schools where education about menstruation is provided for students from age 9		Second tier monitoring priority
		12. Existence of pre-service or in-service teacher training about menstruation at the primary or secondary level		Not selected as a priority for monitoring
		13. % of schools that have at least one teacher trained to educate primary/secondary students about menstruation		First tier monitoring priority
		14 % of countries where national policy mandates education about menstruation at primary and secondary level		Not selected as a priority for monitoring
Discomfort/ disorders	Individual (outcome indicators)	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		Not selected as a priority for monitoring
		16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider		First tier monitoring priority
Supportive social environment	Individual (outcome indicators)	17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation		First tier monitoring priority
Menstrual health impacts	Individual (outcome indicators)	18. % of girls who report a menstrual period does not impact their day	U-Report MICS	Not selected as a priority for monitoring
		19. % of girls whose class participation was not impacted by their last menstrual period	U-Report MICS	Not selected as a priority for monitoring
Policy	Policy	20. % of countries with policies or plans that include menstrual health and hygiene		Not selected as a priority for monitoring
		21. National budget is allocated to menstrual health and hygiene; funds are dispersed to the schools in a timely and efficient manner		First tier monitoring priority
		22. % of provincial and district budget allocated to MHH		First tier monitoring priority
		23. # of donors and partners providing budget support to MHH		First tier monitoring priority

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

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Acknowledgements

Annex

Priority List of Indicators for Girls' Menstrual Health and Hygiene

MATERIALS	*Individual*	1	% of girls who reported having enough menstrual materials during their last menstrual period.
	School	2	% of schools with menstrual materials available to girls in case of an emergency.
WASH	*Individual*	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.
	School	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.
		7	% of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation.
KNOWLEDGE	*Individual*	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.
	School	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.
	Government / National	14	% of countries where national policy mandates education about menstruation at primary and secondary level.
DISCOMFORT/ DISORDERS	*Individual*	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	*Individual*	17	% of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation.
MENSTRUAL HEALTH IMPACTS	*Individual*	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	*Government / National*	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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