

Jordan MHH Monitoring Assessment Summary

Jordan Country Office
June, 2024



List of Acronyms and Abbreviations

ACF	Action Contre La Faim
CWD	Children with Disabilities
EMIS	Education Management Information System
GAGE	Gender and Adolescence: Global Evidence
GIZ	Gesellschaft für Internationale Zusammenarbeit (German Development Agency)
IFH	Institute for Family Health
ITS	Informal Tented Settlements
JMP	Joint Monitoring Programme
KAP	Knowledge, Attitudes, and Practices
KIIs	Key Informant Interviews
MHH	Menstrual Health and Hygiene
MoE	Ministry of Education
MoH	Ministry of Health
MWI	Ministry of Water and Irrigation
RHAS	Royal Society for Health Awareness
SDGs	Sustainable development goals
SRGBV	School-related Gender-based Violence
SRHR	Sexual Reproductive Health and Rights
TVET	Technical Vocational Education Training
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WASH	Water, Sanitation and Hygiene

Highlights of the Study

In 2024, UNICEF Jordan Country Office collaborated with the [Ministry of Education, WaterAid](#) and the Global Menstrual Health and Hygiene (MHH) Monitoring Core Group, including [Columbia University, the Burnet Institute, Emory University, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine](#) and [Save the Children](#), and national stakeholders, on a Global MHH Monitoring Initiative.

The study was commenced with an inception workshop on February 26, 2024, with a kick-off meeting co-hosted by the Ministry of Education and UNICEF. This was followed by desk review, survey and select interviews with key informants. Subsequently, a validation workshop was convened on June 12, 2024, on the findings of the study. This paper provides a summary of the key findings and agreed next steps that will lay the foundations for coordinated work on Menstrual Health and Hygiene, including local players on [WASH, Education, Reproductive Health, and Gender Equality](#).

The Menstrual Health and Hygiene Monitoring Assessment is part of a four-country initiative ([Nigeria, Egypt, Bangladesh, and Jordan](#)) initiated to support the roll out and uptake of the “Priority Indicators for National Monitoring of Adolescent Girls’ MHH” (consisting of [twenty-one indicators](#) under [seven domains](#)) 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 [seven priority domains](#) (including [Materials, WASH facilities, Knowledge, Discomfort/Disorders, Supportive social environment, Menstrual Health Impacts, and Policy](#)) and are intended to enable comparability across countries and over time.

The review study found MHH is still not fully embedded in national policy and strategy. Prominently, there is a gap in Systems and Policy level data [i.e., curricula, student education and teacher capacity strengthening among other areas]. Nationally representative, Government-led data is scant. The Ministry of Education is not tracking MHH while each actor has their own monitoring system and programme-specific indicators. Gaps in policy and strategy mirror thin data on budget allocation for MHH. At community and individual level, MHH is still a taboo topic which makes monitoring difficult. More gender responsive monitoring, data collection and research is needed e.g., entities need more female staff to collect data on such sensitive matter. It was also found that individual knowledge gaps in material use in schools and on dealing with “discomfort and disorders” exist, that evolving studies such as UNICEF’s behavioural study can address.

Several enablers however exist to advance monitoring gaps, mindful monitoring is inextricably linked to programme implementation. There is Governmental and NGO interest and commitment towards expanding work on MHH. Girls have voiced their need for more information on menstrual health. The climate for discussing MHH is beginning to change. Combatting period poverty is a key issue for better monitoring in the Jordanian context. MHH tracking is key for tracking adolescent girl and boy wellbeing; implicit in this is positive outcomes to be gained for reproductive health and gender equality. Also, regionally, Jordan is the fourth largest market globally for FemTech – software and tech-enabled products that address MHH, bodily autonomy and reproductive health education. It was found that there were several entry points to address monitoring gaps, as follows:

- **Knowledge:** innovative digital tools e.g., using U-report or Oky Home (okyapp.info) and invest in MHH digital awareness and education.
- **Policy:** Priority Indicators could be used to progress in implementing **National SRH Strategy** and the **MoE Gender Action Plan**.
- **WASH:** expanding the **3-star criteria** to include the Priority Indicators and report on the MHH criteria into the EMIS.
- Pilot outcome-level MHH indicators in MHH research in conjunction with local academic institutions such as the **King Hussein Foundation**, building on UNICEF's ongoing study on WASH behaviours.
- Continued **collaboration with the GAGE** Management and Country Research Teams would sustain monitoring studies.

In addition, during the Validation meeting, participants recommended current positive developments to influence policy through the **Universal Periodic Reviews**, as Jordan develops its action plan in August to implement recommendations. The Gender Directorate (MoE) will integrate MHH in the forthcoming **capacity building of the 73 Gender Focal Points**, linked to safe environments and gender-based violence. It will also include MHH in the **gender analysis of the TVET study**, as well as in the other upcoming studies (**Education Sector Analysis** and the **Right to Education Review**), while sensitizing concerned divisions in the educational directorate, such as the counselor, protection, and the nutrition and health division. Ongoing efforts at reviewing **standards for adolescent and youth services** and **school curricula review** was also considered as positive developments. A **cross-sectoral** and **integrated approach** to MHH was seen as important with the entry-point to **budget lines to allocate funds**, within sectors. The need for a **coordination structure** to advocate, collate and track MHH was also highlighted. On curricula, it was thought that separating puberty/physical development from broader reproductive health (e.g., pregnancy, sexuality that carry taboo) and aligning to age of menstruation could be a good practice. A **life cycle, age-appropriate approach** through positive parenting approaches was also mentioned as a good practice. Also, this work carries importance in contributing to advocacy for tracking of MHH related measures in the SDGs (there is not yet a concrete indicator on MHH).



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UNICEF, together with its global and national partner continues to be committed to addressing data gaps but also to supporting policy reform and programming work. UNICEF will continue to focus on ensuring vulnerable children and adolescents, especially girls and children with disabilities, live in an improved physical environment (including in schools) that is safe and resilient to the impacts of climate change and use improved WASH services while adopting appropriate hygiene behaviours and care practices.

UNICEF will support within the framing of gender equality outcome and positive reproductive health outcome for adolescent girls, including personal hygiene, agency, bodily integrity, and safety from gender-based and intimate partner violence.

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Introduction

Adequate and validated indicators are essential for tracking progress on addressing (MHH) as an important reproductive health, education, gender equality, and (WASH) issue with multiple effects on adolescent girls' and women's wellbeing. Incorporating MHH indicators into national level monitoring is essential 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 girls' MHH. It is part of a four-country initiative led by WaterAid and UNICEF and the MHH monitoring Core Group (WaterAid, Columbia University, the Burnet Institute, Emory University, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, and Save the Children) to support the roll out and uptake of the Priority Indicators for National Monitoring of Adolescent Girls' MHH 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 ([Including Materials, WASH Facilities, Knowledge, Discomfort/Disorders, Supportive Social Environment, Enabling Systems, 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 e.g., education, reproductive health, WASH.

Methodology

This summary note is based on an analysis of existing data, monitoring systems and processes in Jordan 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 Jordan. The study is a collaborative effort between government, country stakeholders, UNICEF country office and the Global MHH monitoring Core Group. A country level launch webinar, was convened by Ministry of Education and UNICEF on [February 26, 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 on June 12, 2024.

Highlights of Key Findings

- The Jordan Population and Family Health Survey, GAGE Survey, UReport, National WASH in Schools standards/ Three Star Baseline for WASH in Schools (2017) and KAP surveys for refugees collect national level MHH data.
- The MHH indicators in these national data and monitoring systems fall under a number of Priority MHH Domains as set out by the Global MHH monitoring Core Group namely: **Materials, WASH facilities, Knowledge, Discomfort/Disorders, Supportive Social Environment, Impact and Policy**.
- **Knowledge** and **policy/budget** are notable gaps in national MHH data and monitoring systems and areas where the relevant MHH indicators and measures could be included.
- Respondents to this study identified **several opportunities for improving MHH monitoring** relating to: WASH, knowledge, supportive social environment and monitoring allied policies.
- 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 e.g., an ongoing UNICEF behavioural study and forthcoming studies commissioned by partners.
- Further traction with **stakeholders and development partners, to coordinate and collaborate**, would encourage uptake of indicators across projects as well as national and governorate level systems.

Current MHH status according to the priority domains

Policy and budgets: There is currently no dedicated national policy/plan/strategy for MHH, albeit some entry points for recognition and crucial for progress. The MoE, the MWI and MoH have sector strategies, which recognise the role of WASH in schools. The MoE Gender Equality Action Plan 2023 – 2025 implicitly underlines capacity building on gender responsive learning environments (e.g., WASH facilities, SRGBV, safety, privacy, facilities for CWD, first aid), under Strategic Objective 3: Ensure safe, healthy, and enabling learning environments for girls and boys and reduce the risk of SRGBV. Explicit mention of MHH is referenced in the national WASH in Schools Standards (2017) where MHH is included in the targets or guidelines. Jordan's National Strategy Reproductive and Sexual Health (2020 – 2030) focuses on youth SRHR in schools and public services but has no explicit reference to MHH.

WASH: There are national standards for WASH in schools which include four criteria on MHH. According to the latest baseline (i.e., 2017) only 20 per cent of assessed schools met two out of the criteria within the standards. At the time, no school met all four criteria on MHH. The impact of menstruation on girls' daily activities is partly due to the reality that not all schools have accessible and/or functional MHH facilities. Among adolescent girls who are enrolled in school, just over half (57 per cent) reported that their school has such facilities ([GAGE assessment](#) 2023). The midline GAGE survey found that girls and young women with disabilities are less likely to have access to menstrual hygiene management facilities at school (44 per cent) than their peers without disabilities.

Knowledge: Girls and young women were more likely to have had a source of information about puberty than boys and young men (93 per cent versus 72 per cent), primarily because mothers (43 per cent)—and not fathers (9 per cent)—talk to their children about pubertal changes ([GAGE assessment](#) 2023).

Impact: The [GAGE assessment](#) (2023) found that menstruation negatively impacts the daily activities of over half of young females (56 per cent).

Supporting social environment: Nearly two-fifths of females surveyed (39 per cent) reported that they were embarrassed to ask family members for support with menstrual hygiene. A further 14 per cent reported being fearful to ask ([GAGE assessment](#) 2023). [UNFPA](#) report that parents of girls with learning disabilities parents may resort to hysterectomies or drugs to suppress and delay the menstrual cycle. Marriage can make it more difficult for girls and young women to approach family members for support with MHH. Whereas unmarried girls can talk to their mother, married girls must approach their husband ([GAGE assessment](#) 2023).

Menstrual materials: All girls and young women (100 per cent) reported using sanitary pads (either purchased or home-made) to manage their periods ([GAGE assessment](#) 2023). However, qualitative research suggests that the effects of menstruation on girls' and young women's lives is primarily the result of the cost of period products, particularly in marginalised and refugee populations.

These findings allude to barriers to information and services not only in MHH but also more broadly on SRHR issues, agency, equality, and male engagement.

Current status of MHH monitoring

Main sectors involved in MHH

- Ministries and institutions: Ministries of Health, Education, Environment, Culture, Social Development, General Budget Department, media municipalities.
- MHH stakeholders: UNESCO, UNICEF, WHO, UNFPA, UNRWA, Royal Society for Health Awareness, Institute for Family Health (IFH), Jordan River Foundation, GIZ, Higher Population Council, Plan International, ACF, National Committee for Women's Affairs, Family Protection/Supreme Family Council [not exhaustive].
- There is no government-led national level mechanism exist to coordinate the work on MHH, however MHH may feature in WASH Working Group as well as an SRH working group (coordinated by UNFPA).

Management Information Systems

Currently, WASH indicators are included in the Education sector's management information system (EMIS), but there are no MHH indicators.

National or nationally representative data on MHH

Jordan Population and Family Health Survey (run in 2017/18 & 2023)

The Women's (aged 15 to 49) Questionnaire includes questions on MHH:

- 239 - When did your last menstrual period start?
- 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:

Jordan Population and Family Health Survey Women's Questionnaire questions 240 and 241 cross link to [Priority MHH Indicator 10](#).

The Gender and Adolescence: Global Evidence (GAGE) Survey

GAGE is a nine-year (2015-2024) mixed-methods longitudinal research programme conducted in partnership with UNICEF Jordan. GAGE explores the gendered experiences of young people aged 10-19 years including adolescent refugees (Syrians in host communities and in Azraq and Za'atari camps, Palestinian refugees without national documentation in Gaza Camp, as well as vulnerable Jordanians), adolescents with disabilities, those out of school, married girls, and adolescent mothers. In Jordan, the survey reached 4,000 people in addition to 250 qualitative interviews and 50 participatory activities. The Core Respondent Module in the Jordan baseline survey 2017/2018 asks questions such as:

- Why did you miss school? (options include menstruation)
- Does your school have facilities or resources that girls can use when they are menstruating?
- What are these facilities or resources? (options include special room, toilets, spare uniform, menstrual hygiene products, bins, washing facilities for hands/body, Other (specify))

Questions on MHH are also included in the qualitative interviews (interview questions not available).

Note:

GAGE Survey MHH questions cross link to [Priority MHH Indicators 1, 5, 6, 7, 16, 17, 18, 19](#).

The **National WASH in Schools standards (2017)** has six service domains: **1) water, 2) sanitation, 3) hygiene, 4) menstrual health and hygiene, 5) operation & maintenance, 6) environment**. The standards use quantitative and qualitative indicators, to monitor each of the service domains.

Indicator:

Proportion of girls and mixed schools with private, safe, and hygienic facilities for menstrual hygiene management and disposal of menstrual hygiene waste

Standard:

1. A disposal bucket/bin with a lid, lined with a plastic bag, is provided inside a toilet cubicle reserved for girls.
2. Buckets/bins are emptied once a day/twice daily in double-shift schools by designated staff according to the guidelines for safe waste disposal.
3. The school administration provides essential 'emergency' menstrual hygiene materials for girls who require them during school hours (available upon request and privately to avoid stigmatization)
4. If it is not part of the regular curriculum, education material is available for use by girls and boys alike. Education related to MHH is part of the regular health and hygiene curriculum for girls and boys.

Optional:

- A changing room is available in each toilet block for girls.
- There is a useable washbasin inside the changing room, including water, soap, mirror, and a clothes hook/line.

UNICEF and MoE produced a baseline for **Three Star Approach** Master Data from a WASH in Schools baseline in 2017/8. The baseline found 1,874 schools were zero star (i.e., may not have WASH infrastructure and no hygiene promotion) and 456 met the criteria for one star (i.e., that meets key minimum standards for a healthy, hygiene-promoting school). The baseline shows that no school met all four national standard criteria on MHH and 20 per cent of schools met only two criteria on safe disposal and on information materials.

Note:

National WASH in Schools MHH standards cross link to **Priority MHH Indicators 5, 6, 7**.

UNICEF (2016) Nationwide Assessment in Public Schools for Strategic Planning.

An assessment of 3,681 basic (Primary) and intermediate (Secondary) schools was conducted between 2014 and 2015. It covered all 89 districts in all 12 governorates. Data was collected through surveyors' field inspection as well as in-person interviews with school principals, based on the questionnaires. In this assessment, some schools highlighted the need for provision of hygiene sessions on menstruation for adolescent girl students as at the time girls are not sufficiently provided with information on menstruation.

UReport

In 2023, UNICEF MENARO launched a regional poll on aspects of MHH including awareness, challenges, usage of menstrual supplies, strategies to manage the menstrual cycle, and the significance of speaking openly about menstruation. Only 1 per cent of the respondents were from Jordan. Thus, U-report data is not representative of the countries' population but can identify important insights that can be further validated and triangulated with other data sources. However, among the findings, 20 per cent of girls lack necessary information on menstruation; 30 per cent of girls missed some or all of school during their period; 20 per cent of girls experienced the need of support to manage menstrual pain and 20 per cent of girls do not speak to anyone about menstruation.

Note:

UReport MHH questions cross link to [Priority MHH Indicators 1, 15, 17, 18, 19](#).

Joint Monitoring Programme

WHO & UNICEF Joint Monitoring Programme monitors the progress of WASH in schools, using global indicators to measure the progress against the SDGs as part of the JMPs global reporting mandate. WASH in schools is an essential precondition for MHH. In 2024, JMP progress report on WASH in schools (2015-2023) indicates >99 per cent coverage for drinking water but doesn't report for sanitation and hygiene for secondary schools in Jordan but based on a 2015 survey in Jordan finds that school toilets were more than twice as likely to be usable (86 per cent) than single sex (39 per cent). The same survey found that only 40 per cent of schools hosting Syrian refugees report having bins in girls' toilets for menstrual waste.

Smaller scale (i.e., project and programme level) MHH monitoring

Monitoring by NGOs and INGOs in collaboration with the government and UN agencies offer valuable supplementary data and insights on MHH, complementing national systems.

MHH monitoring for WASH in Schools

UNICEF in partnership with the Ministry of Education, has implemented the WinS National Standards in tandem with the Three Stars Approach in more than 41 schools across Jordan. MHH is one of the six domains of the Three Star Approach for WASH in schools. Monitoring is performed at the school level through the Three Stars baseline and the Nationwide Assessment in Public Schools for Strategic Planning, as well as KAP surveys. UNICEF and partners also conduct a variety of MHH related interventions at community level including reaching adolescent girls with comprehensive education and distribution of supplies of menstrual products.

MHH monitoring for humanitarian response.

UNICEF works on MHH both in refugee camps and ITSs.

- In ITSs, UNICEF together with an implementing partner (Mateen) has developed a Hygiene Promotion booklet that includes a section on MHH. Female volunteers promote messages on MHH, and every 3 months UNICEF provides the population with menstrual product supplies as part of unconditional cash support for ITSs.
- In refugee camps, the WASH sector collaborates with Education, Social Protection, and implementing partners to deliver MHH services. The primary objective is to ensure that WASH facilities are functional, usable, and accessible. This is achieved through providing operation and maintenance (O&M) for shared sanitation facilities in Azraq, as well as in institutions such as schools and Makani centres within the camps. Additionally, WASH programmes in Azraq and Za'atari camps focus on enhancing MHH knowledge and practices at the community level and within institutions like schools and Makani centers. Data collection has been conducted through KAP surveys at the camp level. Hygiene kits have been distributed in the past, most recently as part of the COVID-19 response, though no in-kind materials have been distributed since.

WASH Knowledge, Attitudes and Practices Study (KAP) 2021 in Za'atari camp/ Azraq Camps:

Annual WASH KAP assessments track progress and provide WASH implementing partners in Za'atari and Azraq Camps with evidence to improve their programming. For the quantitative part, phone surveys are conducted with camp residents. Qualitative in-person focus groups discussions are conducted with male and female camp residents, in addition to online KIs conducted with central stakeholders working on WASH in the camp. Data is disaggregated on district, household size, gender, and age. Several questions on MHH are posed on the female respondents of the survey.

- What type of feminine hygiene products do you use during menstruation?
- How do you dispose of the feminine hygiene products?
- Do you prefer disposing of your feminine hygiene products in another way?
- How would you prefer to dispose feminine hygiene products?
- Do you face any other challenges with menstrual hygiene management (i.e., safety concerns; quality of pad, cost of material; lack of availability of materials; lack of messages spread relating to feminine hygiene care; lady does not use them; There are no challenges)

Findings show that when it comes to feminine hygiene products, the vast majority (87 per cent) of female respondents use sanitary pads, 83 per cent of female respondents dispose of the pad by putting it in a bag before disposal in the household waste. In refugee camps in Jordan, where conditions are particularly challenging, 40 per cent of females identify the cost of sanitary menstrual products as their primary obstacle.

Note:

KAP survey MHH questions cross link to [Priority MHH Indicators 1, 3](#).

WASH in Schools Infrastructure Assessment and KAP Survey Azraq and Za'atari Overview, September 2018:

UNICEF WASH in Schools KAP surveys aim to measure changes in students' KAP inside and outside the school regarding a range of personal and general hygiene topics (including MHH), in addition to the usage of schools' facilities (toilets, taps, and sinks). The survey was conducted at schools that implemented the WASH project for the academic years 2019/2020 (only female schools) and 2020/2021 (for male and female schools). The sample was from 1237 students.

- During the last three menstrual cycles, the percentages for who changes the sanitary pad (females)
- During the past week, during period, the percentages for who close the sanitary pad tightly before throwing it in the trash (female)
- During the past week, the percentage for who take a bath during menstrual period.

The KAP score related to MHH was similar pre and post (pre 69 per cent, post 71 per cent), however, girls reported not showering during their period, and there is still a belief that this could be harmful for their bodies.

Note:

WINS survey MHH questions cross link to [Priority MHH Indicator 1](#).

In 2023, UNFPA Jordan piloted a [3-month intervention](#) in East Amman, Madaba and Karak combining awareness sessions on MHH with conditional cash assistance. The goal was to increase the level of knowledge of MHH of the targeted beneficiaries (both Syrian refugees and Jordanian nationals) and their parents, helping to curb harmful practices toward persons with disabilities and to support vulnerable women and girls in reproductive age and their families with MHH products and information. 647 women, men and girls were involved in MHH awareness activities and 477 participants (including married adolescent girls, girls with disabilities and their caregivers, with priority given to large families with at least 3 women and girls of reproductive age) benefited from the conditional cash assistance, including 33 adolescent girls with disabilities and their caregivers.

Vulnerability Assessment Framework (VAF) survey which is a bi-annual population study used by humanitarian and development organizations to assess the vulnerability of refugee populations of all nationalities in Jordan across a number of themes and sectors including WASH. However, data on MHH is not collected. UNHCR collects quarterly data on the 'Socio-economic situation of refugees in **Jordan**' which has a section on WASH expenditure, but this does not include MHH related spending.

Recent research activities

- Qasass (2023) performed a descriptive cross-sectional study with a sample of 550 girls aged 12 to 18 years from six schools for girls in the Badia region using a questionnaire that assessed knowledge and practices of the menstrual cycle.
- UNFPA (2020) Policy Paper on 'Period Poverty: Menstrual Hygiene Management and Access in Jordan' was based on the consultation with 171 participants including women and girls, experts on gender and sexual and reproductive health matters, as well as several national and international key stakeholders. Questions referred to the ability of women and girls to access menstrual products and information and the impact of the legislative, economic, and social gaps. Study findings reveal that:
 - 95 per cent of respondents do not feel comfortable declaring that they are menstruating.
 - Most women respondents in host communities send their male relatives (father, brother, or son) to buy menstrual products.
 - 100 per cent of women respondents who live in low-income living situations in host-communities tend to use child diapers or maternity pads instead of menstrual pads due to their lower price.
 - Parents of women with mental or physical disability tend to give their daughters medicines to delay their menstrual cycle or to enforce hysterectomies to lighten the burden of managing their MHH.

Questions to participants:

- When was the first time you got your period? How was that experience for you? [9]
- Who was the first person you told about your period? Do you remember the experience? [17]
- Do you feel that when you get your period you can say it out loud? [17]
- What products do you use when you get your period? [1]
- How do you feel when you buy these products? [1]
- How often do you get periods? and how heavy is it? [15]
- Did you suffer from any complications during Menstrual Cycle? [15]
- How do you dispose of the products you use during the period? [3]
- When you face any issues, complications?
- Do you use public bathrooms when you get your period? [4]
- Do you have any irregular periods? [15]
- What challenges have you faced specifically after the COVID19 pandemic?
- What type of support is needed to implement these solutions on a Policy level?
- What type of support is needed to implement these solutions on donors and funding level?

- What type of support is needed to implement these solutions on non-governmental organizations and community-based organizations?
- If products were provided by MOH for free, or at the schools, would that make you more comfortable using them? [1]

Note:

UNFPA survey MHH questions cross link to [Priority MHH Indicator 1, 3, 4, 9, 15, 17](#).

N.B. questions for decision makers and consultants are not directly relevant.

Enablers and barriers to monitoring MHH

Enablers

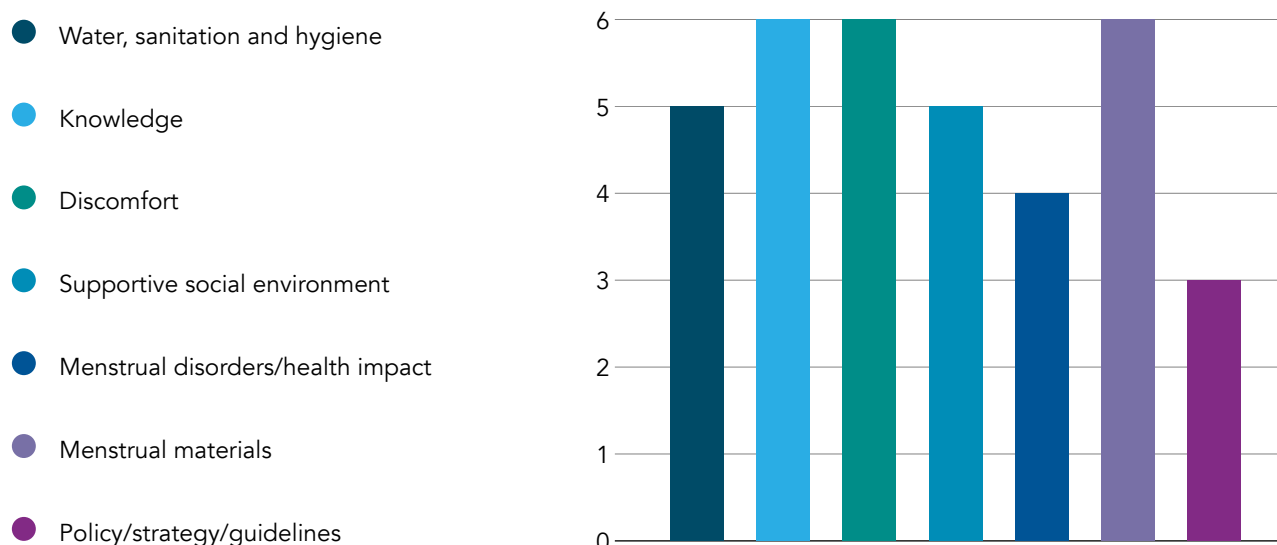
- Jordan has experience of monitoring MHH at the school level. Moreover, periodic national surveys and specific assessments in the context of research (in self-assessment and participatory monitoring) has also contributed to strengthening the available data on MHH information together with safe, usable, and functional WASH facilities in schools.
- Budgets for MHH would support a systematic approach to governmental leadership and ownership especially by the Ministry of Education.
- Increasing commitment to MHH-related activities including practice-focused trainings on MHH-related knowledge, which is an opportunity for the elimination of stigma and cultural/religious taboos and beliefs.
- The region is the fourth largest market globally for FemTech – software and tech-enabled products that address MHH, bodily autonomy and reproductive health education.

Barriers

- MHH is a political issue: changes in leadership and management at government or organisational level, impacts the quality and consistency of MHH services and affects the interest and willingness of stakeholders to participate in MHH programmes.
- There is no explicit reference to MHH in key sectoral policy, strategy documents and no funding allocation or a national coordinating structure or Technical Working Group.
- The topic remains sensitive. There are deep-seated gender inequality issues, with effects on agency, access to information and services, at individual and institutional levels. Personal hygiene is embarrassing for young people, communities, and service providers. The lack of documentation, guidelines, and resources limits MHH awareness raising.
- WASH in schools' national standards is not fully adopted or monitored by MoE and national actors. Along with a lack of harmonized and comprehensive MHH indicators, there are human and resources barriers to collecting information on the topic.
- Currently DHS questions focus on married women of reproductive age – married women – with no inclusion of unmarried adolescents. School-based instruction on comprehensive sexuality education/ puberty education classes is not provided until later grades (from the sixth grade), by which time many young people have already left school.

Potential for uptake and improved monitoring

National priorities mapped to domains and indicators



The survey found that indicator of most interest and priority for MHH monitoring related to: **menstrual materials**, **knowledge**, and **discomfort** – in interviews these indicators were also noted as a suitable measure to track progress. The impact of poverty on safe MHH was noted whereby low-income households with several daughters can quickly struggle to provide adequate menstrual hygiene products for all. During the validation meeting, participants debated on the importance of Policy vs Individual level data weighing the pros and cons where understanding stigma continues to be a challenge. It was also noted that it was not a question of one or the other and that there is a middle ground on Systems – where national ownership remains to be addressed e.g., school level curricula, teacher capacity on educating students.

Opportunities for uptake and how this would support improved MHH

Knowledge

Consider innovative digital tools e.g., using U-report or OKY and invest in MHH digital awareness and education providing access to trusted resources on MHH and creating virtual safe environment for women and girls to discuss MHH.

Policy:

The National SRH Strategy has an indicator “Develop a unified reproductive and sexual health services package. It covers approved reproductive and sexual health components the life cycle includes (age groups)”, similarly there could be an opportunity to monitor this progress with reference to the Priority Indicators.

WASH:

Consider expanding the Three star criteria to include the Priority Indicators and report on the MHH criteria currently in EMIS. Such data has been used for evidence-based planning, resource mobilization, budgeting and allocation and informed decision on WASH intervention to accelerate results.

Supporting social environment:

Adoption of the priority indicators could potentially track the progress towards the MoE Gender Action Plan ambitions and focuses on inequalities in the learning environment in relation to age, disability and other characteristics. UNICEF will also be undertaking an in-depth gender analysis, on correlations between women's empowerment and adolescent girls' health amongst other issues.

Fewer opportunities were found for monitoring related to **discomfort, menstrual disorders**, and **menstrual materials**.

Stakeholder engagement / sector roles

Stakeholders' engagement, 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 definition of measures, mindful that M&E follows plans and strategies. Likewise, budget for monitoring is linked to investment in programmes, so useful to emphasize coordination mechanisms.

MHH research within programmes could pilot outcome-level MHH indicators in conjunction with local academic institutions such as the King Hussein Foundation, building on UNICEF's ongoing study on WASH behaviours. Continued collaboration with the GAGE Management and Country Research Teams would sustain monitoring studies. Longitudinal studies that track changes in MHH practices and outcomes over time, such as GAGE, 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. 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 (like phones, tablets), data management systems (for storing and processing M&E information), logistics (for visiting field 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 trainings, knowledge management, workshops, or conferences).

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. Monitoring tools would also need to be adapted for innovative MHH programming such as evaluating conditional cash assistant for families or awareness among men and boys.

Planned Actions

During the validation meeting, participants recommended current positive developments to influence policy through the [Universal Periodic Reviews](#), as Jordan develops its action plan in August to implement recommendations. The Gender Directorate (MoE) will integrate MHH in the forthcoming [capacity building of the 73 Gender Focal Points](#), linked to safe environments and gender-based violence. It will also include MHH in the [gender analysis of the TVET study](#), as well as in the other upcoming studies ([Education Sector Analysis](#) and the [Right to Education Review](#)), while sensitizing concerned divisions in the educational directorate, such as counselor, protection, and the nutrition and health division. Ongoing efforts at reviewing standards for adolescent and youth services and school curricula review was also considered as positive developments. [A cross-sectoral and integrated approach](#) to MHH was seen as important with the entry-point to [budget lines to allocate funds](#), within sectors. The need for a coordination structure to advocate, collate and track MHH was also highlighted. On curricula, it was thought that separating puberty/ physical development from broader reproductive health (e.g., pregnancy, sexuality that carry taboo) and aligning to age of menstruation could be a good practice. A [life cycle, age-appropriate approach](#) through positive parenting approaches was also mentioned as a good practice. Also, this work carries importance in contributing to advocacy for tracking of MHH related measures in the SDGs (there not yet a concrete indicator on MHH).



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Table 1:

Prioritisation of indicators for national monitoring of adolescent girls' MHH mapped to domains and indicators as determined by study respondents.

			Is there an existing or similar indicator in use?	Is this a priority or a future opportunity?
Materials	Individual (outcome indicators)	1. per cent of girls who reported having enough menstrual materials during their last menstrual period.	GAGE Survey Camp KAP surveys MENA UReport	
	School (output indicators)	2. per cent of schools with menstrual materials available to girls in case of an emergency.		
	Individual (outcome indicators)	3. per cent of girls who reported changing their menstrual materials during their last menstrual period when at school	Camp KAP surveys for WASH in Schools	
WASH Facilities	Individual (outcome indicators)	4. per cent of girls who changed their menstrual materials at school in a space that was clean, private, and safe during their last menstrual period		
	School (output indicators)	5. per cent of schools (primary/secondary) with improved sanitation facilities that are single-sex and usable (available, functional, and private) at the time of the survey	National WASH in Schools standards / Three Star Approach GAGE Survey	
	School (output indicators)	6. per cent 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	National WASH in Schools standards / Three Star Approach GAGE Survey	
WASH Facilities	School (output indicators)	7. per cent of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	National WASH in Schools standards / Three Star Approach GAGE Survey	

			Is there an existing or similar indicator in use?	Is this a priority or a future opportunity?
Knowledge	Individual (outcome indicators)	8. per cent of students (male/female) who have ever received education about menstruation in primary and secondary school		
		9. per cent of females that know about menstruation prior to menarche.		
		10. per cent of females with correct knowledge of the fertile period during the ovulatory cycle.	Jordan Population and Family Health Survey	
	School (output indicators)	11. per cent 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. per cent of schools that have at least one teacher trained to educate primary/secondary students about menstruation.		
		14 per cent of countries where national policy mandates education about menstruation at primary and secondary level		
	Individual (outcome indicators)	15. per cent of girls who report that they are able to reduce their menstrual (abdominal/back/ cramping) pain when they needed to during their last menstrual period	MENA UReport	
		16. per cent of girls who would feel comfortable seeking help for menstrual problems from a health care provider.	GAGE Survey	
	Individual (outcome indicators)	17. per cent of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation.	GAGE Survey MENA UReport	

			Is there an existing or similar indicator in use?	Is this a priority or a future opportunity?
Impact	Individual (outcome indicators)	18. per cent of girls who report a period does not impact their day.	GAGE Survey MENA UReport	
		19. per cent of girls whose class participation was not impacted by their period.	GAGE Survey MENA UReport	
Policy	Policy	20. per cent 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
	Second tier monitoring priority
	No existing indicators identified

