

Assessing national monitoring of menstrual health and hygiene

Synthesis of learning from four countries



Contents

Introduction	3
Highlights	3
Current status of MHH monitoring	4
Stakeholders in monitoring MHH	4
Policies and guidelines	4
Management information systems (MIS)	4
National or nationally representative data on MHH	5
Existing indicators for national monitoring of MHH mapped to the priority indicators for girls' MHH	6
Small-scale MHH monitoring	8
WASH monitoring tools	8
Recent research activities	9
Enablers and barriers to monitoring MHH	9
Potential for uptake and improved monitoring	10
Prioritization of indicators for national monitoring of adolescent girls' MHH	10
Opportunities for uptake of indicators to support improved MHH	12
Stakeholder engagement / sector roles	12
Resources required for MHH monitoring	13
References	14
Acknowledgements	16
Annex	17
Priority List of Indicators for Girls' MHH	17

Cover photos, clockwise from top-left:

Egypt

In Egypt, three-quarters of girls and women who had received information about signs of puberty and menstruation reported that they have received those messages from their mothers (Egyptian Family Health Survey 2021).

Jordan

Suzan, 14, takes part in a session on sustainable water, sanitation and hygiene practices as part of the Climate Action Club's activities at her school.

Pakistan

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

Nigeria

(L-R) 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 health, education, gender equality, and water, sanitation, and hygiene (WASH) issue. Incorporating MHH indicators into national-level monitoring is vital given its influence on meeting a range of outcomes.

This note provides a summary of learning from an initiative to support the roll out and uptake of the Priority List of Indicators for Girls' Menstrual Health and Hygiene (Global MHH Monitoring Group, 2022) in four countries (Egypt, Jordan, Nigeria and Pakistan). A rapid assessment was undertaken in each country considering the country status, priorities, enablers, barriers, and opportunities for monitoring MHH. This note 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.

The initiative is a collaborative effort between government, country stakeholders, UNICEF, WaterAid and the Global MHH Monitoring Group. The process included a country-level launch webinar 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 in a subsequent country webinar.

Highlights

- Periodic nationally representative surveys, such as the Multiple Indicator Cluster Survey (MICS), Demographic Health Survey (DHS), Performance Monitoring for Action (PMA2020) (for individual data) and the Three Star Approach Baseline for WASH in Schools (for school data), have collected national MHH data.
- The most obvious gaps in national monitoring according to the domains and the priority indicators are those related to changing materials at school, menstrual education at school, discomfort/disorders, and policy.
- Forthcoming opportunities for embedding the indicators include updates to the education sector management information system (EMIS), along with MICS and DHS questionnaires, although these target an older age bracket (15 to 49 years).
- Future surveys targeted at young adolescents, research studies and small-scale monitoring on a programme/project basis present further opportunities to embed the priority indicators.

Current status of MHH monitoring

Stakeholders in monitoring MHH

Stakeholder mapping in Egypt, Jordan, Nigeria and Pakistan showed that a variety of government and development partner stakeholders have a role in MHH.

Table 1: Stakeholders with a role in MHH

Stakeholders	Examples
Ministries and institutions	Ministries of Education, Health, WASH, Women's Affairs / National Council for Women. At the state/provincial level Public Health and Engineering, Health, Women's Development and Education are key, although planning frameworks vary.
UN agencies	UNICEF, UNFPA, UN Women, UNHCR
INGOs, NGOs and CSOs	International non-governmental organizations (INGOs) such as WaterAid, Plan International, Population Services International, Save the Children as well as national non-governmental organizations (NGOs) and civil society organizations (CSOs)
Monitoring entities	Central Agency for Public Mobilization and Statistics (CAPMAS) in Egypt, National Bureau of Statistics in Nigeria and Pakistan, and the Department of Statistics in Jordan
Coordination mechanisms	In Egypt, Jordan and Pakistan there is no national-level government-led mechanism in place to plan MHH investments and coordinate multiple stakeholders working on MHH. In Pakistan MHH technical working groups (TWGs) are operational at provincial levels, led by different departments. In Nigeria a national Menstrual Health and Hygiene Management (MHHM) TWG supports synergy and working relationships among stakeholders.

Policies and guidelines

There are opportunities for monitoring policies and guidelines. Nigeria has (draft) MHHM policy frameworks while Egypt, Jordan and Pakistan have a limited yet increasing focus on MHH in national policies and programmes in relevant fields, such as education as well as adolescent, sexual and reproductive health. Jordan has national WASH in Schools Standards (Ministry of Education and UNICEF, 2017) where MHH is included in the targets and guidelines. In Pakistan MHH is included in the National Strategic Plan on WASH in Schools (Government of Pakistan and UNICEF, 2017) and integrated into provincial WASH in the Public Sector Schools Strategic Plans, such as the WASH in Public Sector Schools Strategic Plan for Sindh (Government of Sindh and UNICEF, 2017) and other provincial plans. In the context of inflation, period poverty is a priority for all countries with advocacy for governments to waive taxes on sanitary pads and make them available to schoolgirls.

Management information systems (MIS)

- In Egypt there are currently no MHH-specific indicators in the regular monitoring systems of the Education and Health Ministries (EMIS, HMIS).
- In Jordan the MHH indicators in the Three Star Approach are not integrated in the EMIS.
- Nigeria has a WASH Information Management System (WASHIMS) as well as EMIS and HMIS, but they do not currently report on MHH data.
- Pakistan does not have a WASH MIS (at national, provincial or district levels). At the federal level the EMIS does not monitor MHH. But at the provincial level, notably in Sindh and Punjab, the EMIS has incorporated MHH indicators (although the details are not available regarding if/ what data are collected).

National or nationally representative data on MHH

The surveys already in use include variations of nationally representative household surveys, including the DHS and MICS household questionnaires. National surveys typically refer to (married) women aged 15 to 49, for statistical purposes, rather than adolescent girls (10 to 19 years old). In Egypt and Jordan surveys have been conducted to capture adolescent girls' ability to manage menstruation in school (Panel Survey of Young People in Egypt, 10–35 years and Gender and Adolescence: Global Evidence, GAGE, age 10–19 years, respectively).

- **Demographic and Health Surveys (DHS)** The DHS Woman's Questionnaire (USAID, 2023) includes menstruation-related questions about materials (what women used to collect or absorb menstrual blood during their last menstrual period, whether they were able to wash and change in privacy while at home) and knowledge-based questions on the menstrual cycle and pregnancy risk.
- **Multiple Indicator Cluster Survey (MICS)** MICS contained four questions that were included in the Questionnaire for Individual Women in round six (UNICEF, 2020): use of menstrual materials; whether women 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 they did not attend during their last menstrual period. In 2023 the WHO/UNICEF Joint Monitoring Programme (JMP) revised its MHH indicators for household surveys and adapted a subset of the priority indicators for a new complementary module on MHH in the 7th round of UNICEF supported MICS. Hence, more MHH data is expected in future JMP progress updates on WASH in households.

Other national tools include:

- **Egypt:** The Egypt Demographic and Health Survey (2014 EDHS), Egyptian Family Health Survey (2021 EFHS) and the Panel Survey of Young People in Egypt (SYPE, 2009, 2014, 2023) have collected national data on MHH. Online surveys via social media platforms have been used to ask young people questions on a range of issues including periods.
- **Jordan:** The Population and Family Health Survey was held in 2017/18 and 2023. The GAGE Survey (2015–2024) Core Respondent Module in the Jordan baseline survey 2017/18 asks questions on MHH. The UNICEF and Ministry of Education (MoE) WASH in Schools baseline in 2018 and the Nationwide Assessment in Public Schools for Strategic Planning (2014/5) also collected data on MHH at scale. In 2023 UNICEF MENARO (Middle East and North Africa Regional Office) launched a regional U-Report (free SMS social monitoring tool) poll on aspects of MHH including awareness, challenges, use of menstrual supplies, strategies to manage the menstrual cycle, and the significance of speaking openly about menstruation.
- **Nigeria:** The Water, Sanitation and Hygiene National Outcome Routine Mapping (WASHNORM) survey uses a set of indicators that track access to MHH in schools. Performance Monitoring and Accountability 2020 (PMA2020) was the first survey to provide large-scale data on menstrual product use, facilities used for MHH, self-reported unmet needs, and school and work absenteeism due to menstruation. UNICEF has conducted several MHH polls using U-Report (including in 2017 and 2024). While the results are not nationally representative, they do offer an interesting snapshot of the population's general perceptions of MHH.
- **Pakistan:** MHH questions are included in the MICS Round 6, implemented at the provincial level between 2017 and 2020, and 2017–18 Pakistan Demographic and Health Survey (PDHS). UNICEF Pakistan held a U-Report poll on MHH in February 2017.

Table 2: Existing indicators for national monitoring of MHH mapped to the priority indicators for girls' MHH

Domain	Level	Indicator	Surveys with related indicators			
			Egypt	Jordan	Nigeria	Pakistan
Materials	Individual (outcome indicators)	1. % of girls who reported having enough menstrual materials during their last menstrual period	SYPE 2014/2009 U-Report	GAGE Survey MENA U-Report	DHS MICS PMA2020	DHS MICS
	School (output indicators)	2. % of schools with menstrual materials available to girls in case of an emergency		GAGE Survey National WASH in Schools Standards / Three Star Approach	PMA2020 WASHNORM	U-Report
WASH	Individual (outcome indicators)	3. % of girls who reported changing their menstrual materials during their last menstrual period when at school			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			PMA2020 U-Report	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		GAGE Survey National WASH in Schools Standards / Three Star Approach	WASHNORM	
		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		GAGE Survey National WASH in Schools Standards / Three Star Approach	WASHNORM	
		7. % of schools (primary/ secondary) that have water and soap available in a private space for girls to manage menstruation		GAGE Survey National WASH in Schools Standards / Three Star Approach	WASHNORM	

Continued on next page

Knowledge	Individual (outcome indicators)	8. % of students (male/female) who have ever received education about menstruation in primary and secondary school	EFHS			
		9. % of females that know about menstruation prior to menarche	EFHS SYPE 2014 U-Report		U-Report	U-Report
		10. % of females with correct knowledge of the fertile period during the ovulatory cycle	EDHS EFHS	Jordan Population and Family Health Survey	DHS	DHS
	School (output indicators)	11. % of schools where education about menstruation is provided for students from age 9		National WASH in Schools Standards / Three Star Approach	WASHNORM	
		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				
		14. % of countries where national policy mandates education about menstruation at primary and secondary level				
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	SYPE 2014 U-Report	MENA U-Report		
		16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider		GAGE Survey		
Supportive social environment	Individual (outcome indicators)	17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	SYPE 2014/2009 U-Report	GAGE Survey MENA U-Report	U-Report	
Menstrual health impacts	Individual (outcome indicators)	18. % of girls who report that a menstrual period does not impact their day		GAGE Survey MENA U-Report		
		19. % of girls whose class participation was not impacted by their last menstrual period	EFHS U-Report	GAGE Survey MENA U-Report	MICS PMA2020	MICS U-Report
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				

Table 2 shows that the most obvious gaps in national monitoring indicators and domains are changing materials at school, menstrual education at school, discomfort/disorders, and policy.

Small-scale monitoring

In the four countries, a substantial number of smaller-scale monitoring frameworks are in place to capture menstrual experiences and needs at the programme level, including menstrual product use, facilities used for MHH, and school absenteeism due to menstruation. This type of monitoring by NGOs, INGOs and UN agencies in collaboration with government offers valuable supplementary data and insights on MHH, complementing national systems. Tools include Three Star Approach monitoring for WASH in schools, interviews, WASH assessment profiles, knowledge, attitude and practices (KAP) surveys, project baseline and endline surveys, focus group discussions, as well as school and household surveys.

Women and girls in vulnerable settings: In Egypt, Jordan and Pakistan, UNICEF has experience in monitoring MHH with refugees and internally displaced people in a variety of settings, including host communities, camps and informal tented settlements. Activities include promoting MHH messages, distribution of menstrual products (often part of dignity kits) and evaluating arrangements for washing and disposal. Monitoring data are typically collected through KAP surveys involving questionnaires, interviews and focus group discussions.

WASH monitoring tools

The World Health Organization (WHO) and UNICEF Joint Monitoring Programme (JMP) monitors the progress of WASH in schools, using global indicators to measure progress against the Sustainable Development Goals (SDGs) as part of the JMP's global reporting mandate. The JMP reports coverage for drinking water, sanitation and hygiene for schools in Egypt, Jordan, Nigeria and Pakistan. Recent progress reports have included data on MHH and indicators such as awareness of menstruation at menarche, the use of menstrual materials, access to a private space to wash and change, and participation in activities during menstruation. The 2024 JMP report on WASH in schools (UNICEF and WHO, 2024) has a chapter on menstrual health. It highlights currently available national data and examples of subnational data related to each of the domains of the priority indicators for girls' MHH. This includes data from the following sources in the four countries.

Table 3: Sources of national data for MHH from the four countries used in recent JMP reports

	Progress on Household Drinking Water, Sanitation and Hygiene 2000–2022: Special focus on gender	Progress on Drinking Water, Sanitation and Hygiene in Schools 2015–2023: Special focus on menstrual health
Egypt	SYPE (2009 & 2014)	Abdelmoty, et al. (2013) EFHS 2021
Jordan	N/A	Ministry of Education and UNICEF (2015)
Nigeria	MICS (2021) PMA2020 (2018)	PMA2020 (2018) WASHNORM (2019 & 2021)
Pakistan	MICS 2019–20	N/A

The UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS) questionnaire tool collects data on the investments and enabling environment for sanitation, drinking water and hygiene. The country GLAAS questionnaire also contains questions on MHH, but it is not possible to view if data are available from Egypt, Jordan, Nigeria and Pakistan on the dashboard.

Recent research activities

In the focus countries a variety of quantitative, longitudinal, cross-sectional, quasi-experimental, and qualitative primary research studies relating to menstruation knowledge, attitudes and practices have involved adolescents in secondary schools or tertiary institutions. Formative research has also been performed in Nigeria and elsewhere, with the data collected intended to inform programme design. Future (longitudinal) studies present an opportunity to embed the priority indicators in questionnaires and qualitative questions.

Enablers and barriers to monitoring MHH

Enablers

Common enablers for improved MHH monitoring across the focus countries include:

- There is clear momentum and buy-in behind MHH programming across different government ministries and stakeholders. Governmental and NGO partners have expressed interest and commitment towards expanding MHH monitoring.
- All countries have valuable experience of periodic national-scale survey (DHS and MICS) data collection involving large samples of women across locations.
- MHH data is already being collected at programmatic or sub-national levels. NGOs have developed a range of indicators to monitor MHH activities at these levels, which is used to inform and enhance their own MHH programming. There is also a demand at the community level – girls voiced their need for more information on menstrual health.
- Nigeria and Pakistan have a TWG in place (at various levels) to coordinate inputs and convene members across diverse sectors, potentially on monitoring too.
- Countries have rich experience of smaller-scale MHH monitoring in research and programme-level surveys that focus on urban and rural households and schools.
- Research (in self-assessment and participatory monitoring) has contributed to strengthening the available data on MHH information.
- Countries have recent experience with innovative monitoring, including use of technology-based systems or social media to galvanize community/youth-based networks and promote the engagement of young people in MHH.

Barriers

Several barriers to improved monitoring emerged through the study:

- In Egypt, Jordan and Pakistan MHH is not routinely included in national and provincial policies and plans or accompanying monitoring frameworks. MHH-relevant policies and programmes are often not harmonized and efforts on monitoring lack sustained focus.
- Stigma and shame around MHH are a considerable challenge for monitoring. Not least because of the embarrassment for data collectors and responders (e.g. DHS or census data collectors must be female to ask these types of questions).
- The multi-ethnic, religious and cultural nature of countries makes it difficult to achieve consensus on agreed-upon indicators on MHH.
- Each stakeholder (e.g. NGO, government, research organization) has its own monitoring system and programme-specific indicators.
- Existing data is typically not shared beyond the organization, compiled for use at national or provincial level or routinely used for policy advocacy/influencing, social mobilization, programme proposals and planning.

Given these barriers, jointly monitoring the priority indicators – across stakeholders – on materials or WASH facilities at the school and individual levels might provide an uncontroversial entry point (and embedding these indicators in the EMIS) with a view to monitor indicators in the other domains (including school-based instruction on puberty education) longer term. TWGs have an important role in supporting such efforts.

Potential for uptake and improved monitoring

Prioritization of indicators for national monitoring of adolescent girls' MHH

Table 4 shows future priorities for monitoring MHH identified by stakeholders in each country. More attention is needed to enable public review of and comment on the priority indicators before they are finalized.

Table 4: Priorities for national monitoring of adolescent girls' MHH mapped to domains and indicators as determined by study respondents

			Egypt	Jordan	Nigeria	Pakistan
Materials	Individual (outcome indicators)	1. % of girls who reported having enough menstrual materials during their last menstrual period				
	School (output indicators)	2. % of schools with menstrual materials available to girls in case of an emergency				
WASH	Individual (outcome indicators)	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 (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				
		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 (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				
		10. % of females with correct knowledge of the fertile period during the ovulatory cycle				
	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				
		14. % of countries where national policy mandates education about menstruation at primary and secondary level				
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				
		16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider				
Supportive social environment	Individual (outcome indicators)	17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation				
Menstrual health impacts	Individual (outcome indicators)	18. % of girls who report that a menstrual period does not impact their day				
		19. % of girls whose class participation was not impacted by their last menstrual period				
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
■ Second tier monitoring priority
■ Not selected as a priority for monitoring

Opportunities for uptake of indicators to support improved MHH

In most cases, nationally representative surveys such as the MICS and DHS would enable regular, widespread data collection for the 15 to 49 age group. Collaboration with local academic institutions would provide another opportunity to pilot outcome-level MHH indicators monitoring in research.

Country-specific opportunities include:

- **Egypt:** The forthcoming SYPE could be further adjusted to reflect the priority indicators. Monitoring changes in knowledge and changed practice linked to existing MHH training manual materials would be another opportunity. Creation of a national coalition responsible for monitoring MHH in collaboration with CAPMAS.
- **Jordan:** The priority indicators could be included in the Three Star Approach criteria as well as embedded in EMIS. They could potentially also be used to monitor progress in implementing the National SRH (Sexual and Reproductive Health) Strategy and Gender Equality Action Plan (GEAP). MHH priority indicators could be integrated into digital tools such as U-Report or OKY and investment could be made in MHH digital awareness and education.
- **Nigeria:** Priority indicators could potentially be integrated in the monitoring framework for the National Strategic Framework on Menstrual Health and Hygiene Management in Nigeria (2022–2026) and the next round of the WASHNORM survey. The WASHIMS dashboard would be a useful way to track and update progress made by organizations working in this area. Monitoring distribution of menstrual materials from school pad banks may also be a possibility. Further consultation with the MHHM TWG is recommended.
- **Pakistan:** MHH indicators could be integrated into all provincial EMIS as well as any updates to national and provincial strategic plans on WASH in schools. Monitoring changes in knowledge and changed practice of teachers and students in Sindh (linked to existing MHH training manual materials) could be another opportunity. Further consultation with provincial TWGs is recommended (as well as the forthcoming federal TWG).

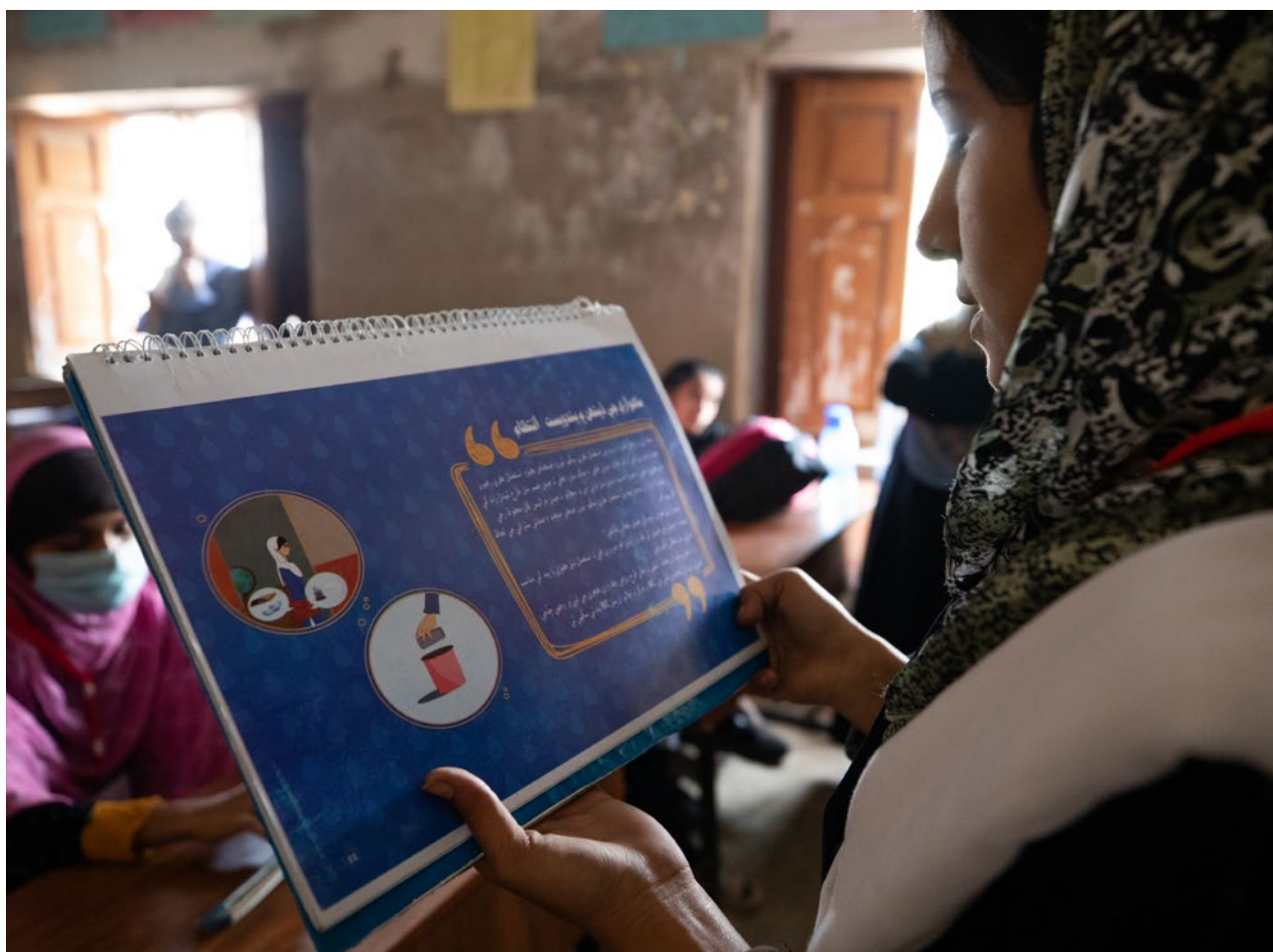
Stakeholder engagement / sector roles

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 education, water, sanitation, health, and gender equality is necessary given the multifaceted nature of MHH. TWGs are an important forum to pool resources, share expertise, and coordinate efforts in MHH monitoring as well as to support data harmonization. Further traction with national and sub-national stakeholders would encourage uptake of indicators, while also facilitating integrated data collection efforts and leveraging existing resources and expertise.

Resources required for MHH monitoring

Regular MHH monitoring requires attention at the strategic, financial and personnel levels:

- **Budgets:** including data collection tools (e.g. phones, tablets), data management systems (for storing and processing monitoring and evaluation (M&E) information and displaying information, such as through dashboards and MIS) and logistics (for visiting programme locations); project management (for the salaries of M&E staff, development of data collection tools, monitoring/supervisory visits for data collection); training (for training, workshops, conferences and knowledge management); and supporting governmental leadership and ownership especially by the MoE and those charged with policy implementation on MHH.
- **Capacity strengthening:** ensuring there are enough female enumerators; improving the skills and competencies of data collectors, researchers and frontline workers in MHH monitoring, as well as enhancing their capacity to use the findings.
- **Innovative data collection methods:** using methods such as social media or menstrual tracking apps to increase the breadth and depth of MHH data. These technologies offer new opportunities for real-time monitoring at the individual level and crowd sourcing data for evidence-driven decision making.



Moomal has taken a leading role in educating her female classmates on personal hygiene at a government school in Badin, Sindh, Pakistan. ©WaterAid/ Khaula Jamil

References

- Abdelmoty, Hatem I., Youssef, M.A., abdallah, Shimaa, et al., 'Menstrual Patterns and Disorders Among Secondary School Adolescents in Egypt: A cross-sectional survey', *BMC Women's Health*, vol.15(1), no.70, 2015. DOI: 10.1186/s12905-015-0228-8.
- Baird, S., Hicks, J., Jones, N., et al., *Jordan Baseline Survey 2017/18*, Gender and Adolescence: Global Evidence, London, 2019. www.gage.odi.org/publication/jordan-baselinesurvey-2017-18.
- Bureau of Statistics, Planning & Development Board, *Multiple Indicator Cluster Survey Punjab, 2017–18, Survey Findings Report*, Government of the Punjab, Lahore, 2018. <https://washdata.org/reports/pakistan-punjab-2018-mics-report>.
- Bureau of Statistics, Planning & Development Board, *Sindh Multiple Indicator Cluster Survey 2018–19, Survey Findings Report*, Government of Sindh, Karachi, 2020. <https://washdata.org/reports/pakistan-sindh-2018-19-mics-report>.
- Bureau of Statistics, Planning & Development Department, *Khyber Pakhtunkhwa Multiple Indicator Cluster Survey, 2019, Survey Findings Report*, Government of Khyber Pakhtunkhwa, Peshawar, 2021. <https://washdata.org/reports/pakistan-khyber-pakhtunkhwa-2019-mics-report>.
- Central Agency for Public Mobilization and Statistics, *Egypt Family Health Survey 2021*, CAPMAS, Cairo, 2022. <https://censusinfo.capmas.gov.eg/Metadata-ar-v4.2/index.php/catalog/1843/download/6603>.
- Centre for Population and Reproductive Health, University of Ibadan, Centre for Research, Evaluation Resources and Development, et al., *Performance Monitoring and Accountability 2020 (PMA2020) Nigeria Round 5: Household and Female Survey (Version 5.0), PMA2018/NG-R5-HQFQ*, PMA2020, Nigeria and USA, 2018. <https://datalab.pmadata.org/dataset/doi%3A1034976b5eg-a867>.
- Department of Statistics and DHS Program, *Jordan Population and Family and Health Survey 2017–18*, DOS and ICF, Amman and Rockville, USA, 2019. <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>.
- Department of Statistics and DHS Program, *Jordan Population and Family Health Survey 2023*, DOS and ICF, Amman and Rockville, USA, 2023. https://dosweb.dos.gov.jo/product/dhs_2023.
- DHS Program, *Demographic and Health Survey 8: Model Woman's Questionnaire*, ICF, Rockville, USA, 2023. https://dhsprogram.com/pubs/pdf/DHSQ8/DHS8_Womans_ QRE_EN_14Feb2023_DHSQ8.pdf.
- Federal Ministry of Water Resources, National Bureau of Statistics and United Nations International Children's Emergency Fund, *Water, Sanitation and Hygiene: National Outcome Routine Mapping (WASHNORM) 2019: A Report of Findings*, Government of Nigeria, NBS and UNICEF, Abuja, 2020. www.unicef.org/nigeria/media/3576/file/WASH%20NORM%20Report%202019.pdf2019.
- Federal Ministry of Water Resources, National Bureau of Statistics and United Nations International Children's Emergency Fund, *Water, Sanitation and Hygiene: National Outcome Routine Mapping (WASHNORM) 2021: A Report of Findings*, Government of Nigeria, NBS and UNICEF, Abuja, 2022. www.unicef.org/nigeria/media/5951/file/2021%20WASHNORM%20Report%20.pdf.

- Global MHH Monitoring Group, *Priority List of Indicators for Girls' Menstrual Health and Hygiene: Technical guidance for national monitoring*, Global MHH Monitoring Group, Columbia University, New York, 2022. www.publichealth.columbia.edu/file/8002/download?token=AViwoc5e.
- Government of Balochistan and United Nations International Children's Emergency Fund, *Water, Sanitation & Hygiene (WASH) in Public Sector Schools Strategic Plan for Balochistan 2017–2022*, Government of Balochistan and UNICEF, Quetta, Pakistan, 2017. <http://emis.gob.pk/Uploads/Balochistan%20Strategic%20Plan%20for%20%20%20WinS-Final-16-01-2018.pdf>.
- Government of Pakistan and United Nations International Children's Emergency Fund, *Pakistan National Strategic Plan on Water, Sanitation & Hygiene (WASH) in Schools 2017–2022*, Government of Pakistan and UNICEF, Islamabad, 2017. <https://washbat.org/map-admin/uploads/14/721/National%20WinS%20Strategic%20Plan%20on%20Water, Sanitation%20&%20Hygiene.pdf>.
- Higher Population Council in cooperation with the United Nations Population Fund, *National Sexual and Reproductive Health (SRH) Strategy*, Higher Population Council and UNFPA, Amman, 2021. www.hpc.org.jo/sites/default/files/JORDAN%27S%20NATIONAL%20STRATEGY.pdf.
- MICS, *Questionnaire for Individual Women*. https://mics.unicef.org/sites/mics/files/MICS6_Questionnaire_for_Individual_Women_20200617.docx.
- Ministry of Education and United Nations International Children's Emergency Fund, *Assessment Findings of Schools Hosting Syrian Refugee Students in Jordan Governorates*, 2015. [referenced in United Nations Children's Fund and World Health Organization, *Progress on Drinking Water, Sanitation and Hygiene in Schools 2015–2023: Special focus on menstrual health*, UNICEF and WHO, New York, 2024. <https://data.unicef.org/resources/jmp-wash-in-schools-2024>.
- Ministry of Education and United Nations International Children's Emergency Fund, *National Standards for Water, Sanitation and Hygiene (WASH) in Schools in Jordan*. Unpublished.
- Ministry of Education and United Nations International Children's Emergency Fund, *Three Star Approach for WASH in Schools in Jordan: Facilitating implementation of the National Standards for WASH in Schools through the Three Star Approach for WASH in Schools in Jordan*. Unpublished.
- Ministry of Education, United Nations International Children's Emergency Fund, Japan International Cooperation Agency, et al., *Jordan Nationwide Assessment in Public Schools for Strategic Planning 2015–2016*, JEN, Amman, 2017. <https://library.alnap.org/help-library/jordan-nationwide-assessment-in-public-schools-for-strategic-planning-2015-2016>.
- Ministry of Health and Population, El-Zanaty and Associates and DHS Program, *Egypt Demographic and Health Survey 2014*, Ministry of Health and Population, El-Zanaty and Associates and ICF, Cairo and Rockville, USA, 2015. <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>.
- National Bureau of Statistics and United Nations Children's Fund, *Multiple Indicator Cluster Survey 2021, Survey Findings Report*, NBS and UNICEF, Abuja, 2022. https://mics.unicef.org/sites/mics/files/Nigeria%202021_MICS_SFR_English.pdf.
- National Institute of Population Studies and DHS Program, *Pakistan Demographic and Health Survey 2017–18*, NIPS and ICF, Islamabad and Rockville, USA, 2019. <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>.








- Planning & Development Department, *Multiple Indicator Cluster Survey 2019–20, Survey Findings Report*, Government of Balochistan, Quetta, Pakistan, 2022. <https://washdata.org/reports/pakistan-balochistanprovince-2019-20-mics-report>.
- Population Council, *Survey of Young People in Egypt (SYPE) 2009 – Final Report*, Population Council, Cairo, 2011. https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/654.
- Roushdy, Rania and Sieverding, Maia, *Panel Survey of Young People in Egypt (SYPE) 2014: Generating evidence for policy evidence for policy, programs, and research*, Population Council, Cairo, 2015. https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/650.
- School Education Department and United Nations Children’s Fund, *Water, Sanitation & Hygiene (WASH) in Public Sector Schools Strategic Plan for Sindh 2017–2022*, Government of Sindh and UNICEF, 2017. www.sindheducation.gov.pk/Contents/Menu/WASH%20in%20Public%20Sector.pdf.
- U-Report, ‘Nigeria Menstrual Hygiene Poll April 25, 2024’. <https://nigeria.ureport.in/opinion/6950>.
- UN-Water, ‘Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS) data portal’. <https://glaas.who.int>.
- United Nations Children’s Fund, ‘U-Report Reaches 2 Million Nigerian Responders’, UNICEF, 2017. www.unicef.org/innovation/U-Report/social-media-platform-reaches-2-million-Nigerian-responders.
- United Nations Children’s Fund and World Health Organization, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2020: Five years into the SDGs*, UNICEF and WHO, New York, 2021. <https://data.unicef.org/resources/progress-on-household-drinking-water-sanitation-and-hygiene-2000-2020>.
- United Nations Children’s Fund and World Health Organization, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2022: Special focus on gender*, UNICEF and WHO, New York, 2023. <https://data.unicef.org/resources/jmp-report-2023>.
- United Nations Children’s Fund and World Health Organization, *Progress on Drinking Water, Sanitation and Hygiene in Schools 2015–2023: Special focus on menstrual health*, UNICEF and WHO, New York, 2024. <https://washdata.org/reports/jmp-2024-wash-schools>.
- United Nations Children’s Fund Middle East and North Africa, *Period Poverty: Impact of taboos and barriers on information and resources for menstrual health and hygiene*, UNICEF, Amman, 2023. www.unicef.org/mena/reports/period-poverty#:~:text=Highlights,males%20across%20the%20MENA%20region.

Acknowledgements

This report was commissioned by UNICEF and WaterAid. It was written by Sue Cavill, and reviewed by Thérèse Mahon (WaterAid), Maria Hyttel Storrusten (UNICEF) and Marije Broekhuijsen (UNICEF). It was edited by Richard Steele and designed by Tom Aspel. This report would not have been possible without the contributions of UNICEF and WaterAid staff at country offices, who facilitated country consultations with national stakeholders and identified relevant data and documents.

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.	
		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.	
 KNOWLEDGE		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.	
	<i>Government / National</i>	14 % of countries where national policy mandates education about menstruation at primary and secondary level.	
	 DISCOMFORT/ DISORDERS	<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.



WaterAid
6th Floor, 20 Canada Square,
London, E14 5NN, United Kingdom

www.wateraid.org



United Nations Children's Fund
3 United Nations Plaza,
New York, NY 10017, USA

www.unicef.org