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World Water Week
27 August 2024

WASH and menstrual health for girls' education and sustainable development

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Splash | Swiss Water & Sanitation Consortium | Columbia University | Emory University | Save the Children

WASH and menstrual health for girls' education and sustainable development

World Water Week 2024

Tuesday 27 August

11:00	Welcome and session overview
11:05	Scene setting (BMZ)
11:10	Global progress on WASH in schools with a special focus on MH (JMP)
11:25	Panel discussion – *What should we focus on to improve WASH & MH in schools?*
	11:30 Global review of WASH in schools impacts in LMICs (LSHTM)
	11:40 Global efforts to strengthen MH monitoring (Global MHH Monitoring Group)
	11:50 Adoption of global priority indicators for girls' MH (SWSC)
	12:00 In-depth evaluation of WASH and MH programme in Ethiopia (Splash)
	12:10 Panel Q&A
12:25	Wrap up
12:30	End

Objectives of this session

1. Learn the global situation for WASH and other menstrual health (MH) related needs at schools

2. Gain awareness of resources available to support improved monitoring of WASH and MH in schools

3. Understand what some countries are already monitoring for WASH and MH

4. Be inspired to improve monitoring and programming for WASH and MH in schools based on experiences at global, national, and sub-national levels

WHO UNICEF JMP

Global progress update on WASH in schools with a special focus on menstrual health

World Water Week 2024
WHO/UNICEF Joint Monitoring Programme (JMP)
www.washdata.org

OUTLINE

1

What proportion of schools have **basic WASH services**?

2

Are countries **on track to meet the SDGs** for WinS by 2030?

3

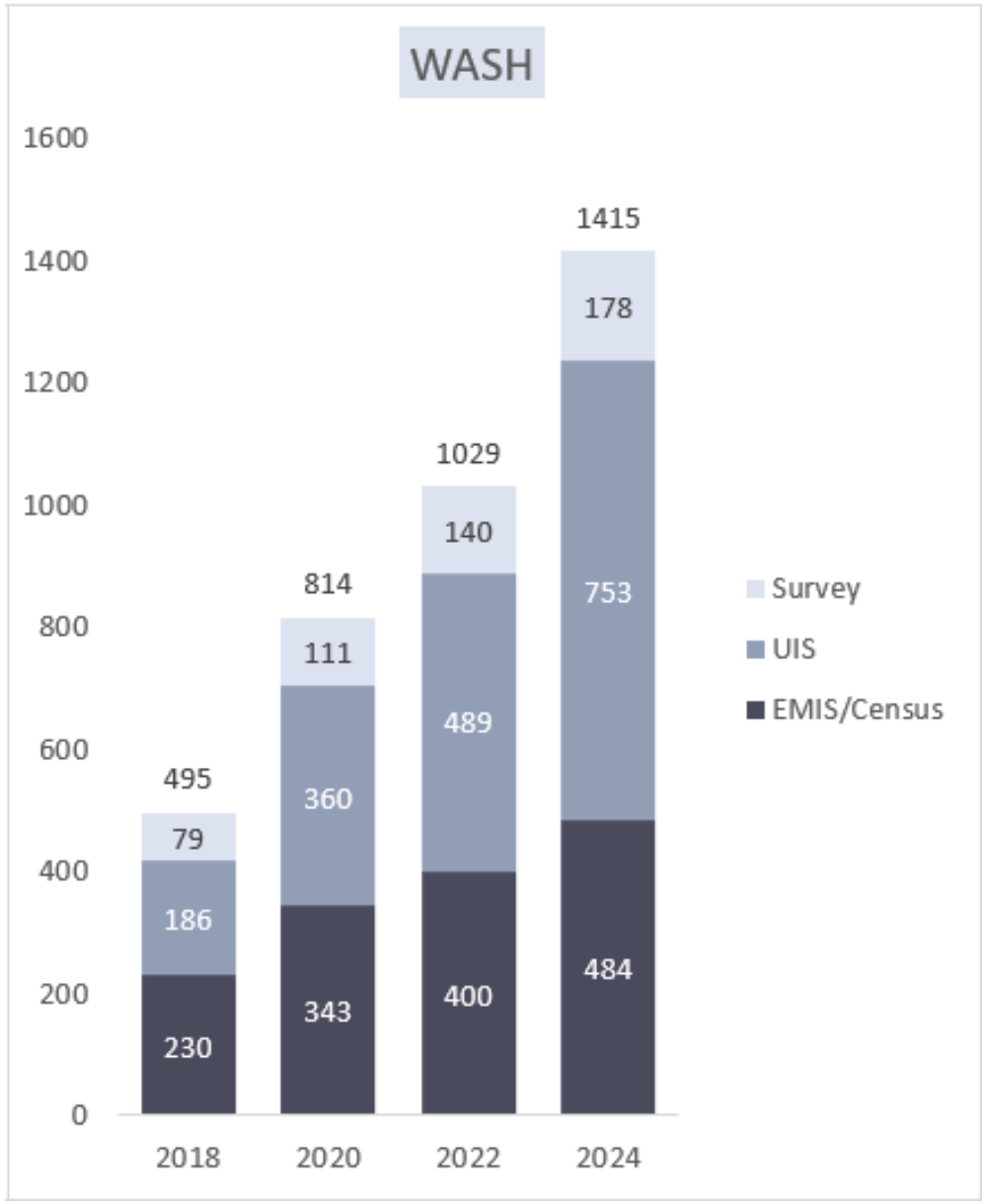
What proportion of schools have **menstrual health** services?

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide **safe,** nonviolent, inclusive and effective learning environments for all

4.a.1 *Proportion of schools with: …**(e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities** (as per WASH indicator definitions)*

SERVICE LEVEL	DRINKING WATER	SANITATION	HYGIENE
BASIC SERVICE	Drinking water from an improved source and water is available at the school at the time of the survey	Improved sanitation facilities at the school that are single-sex and usable (available, functional and private) at the time of the survey	Handwashing facilities with water and soap available at the school at the time of the survey
LIMITED SERVICE	Drinking water from an improved source but water is unavailable at the school at the time of the survey	Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey	Handwashing facilities with water but no soap available at the school at the time of the survey
NO SERVICE	Drinking water from an unimproved source or no water source at the school	Unimproved sanitation facilities or no sanitation facilities at the school	No handwashing facilities or no water available at the school

NATIONAL DATA SOURCES USED IN THE JMP 2024 REPORT

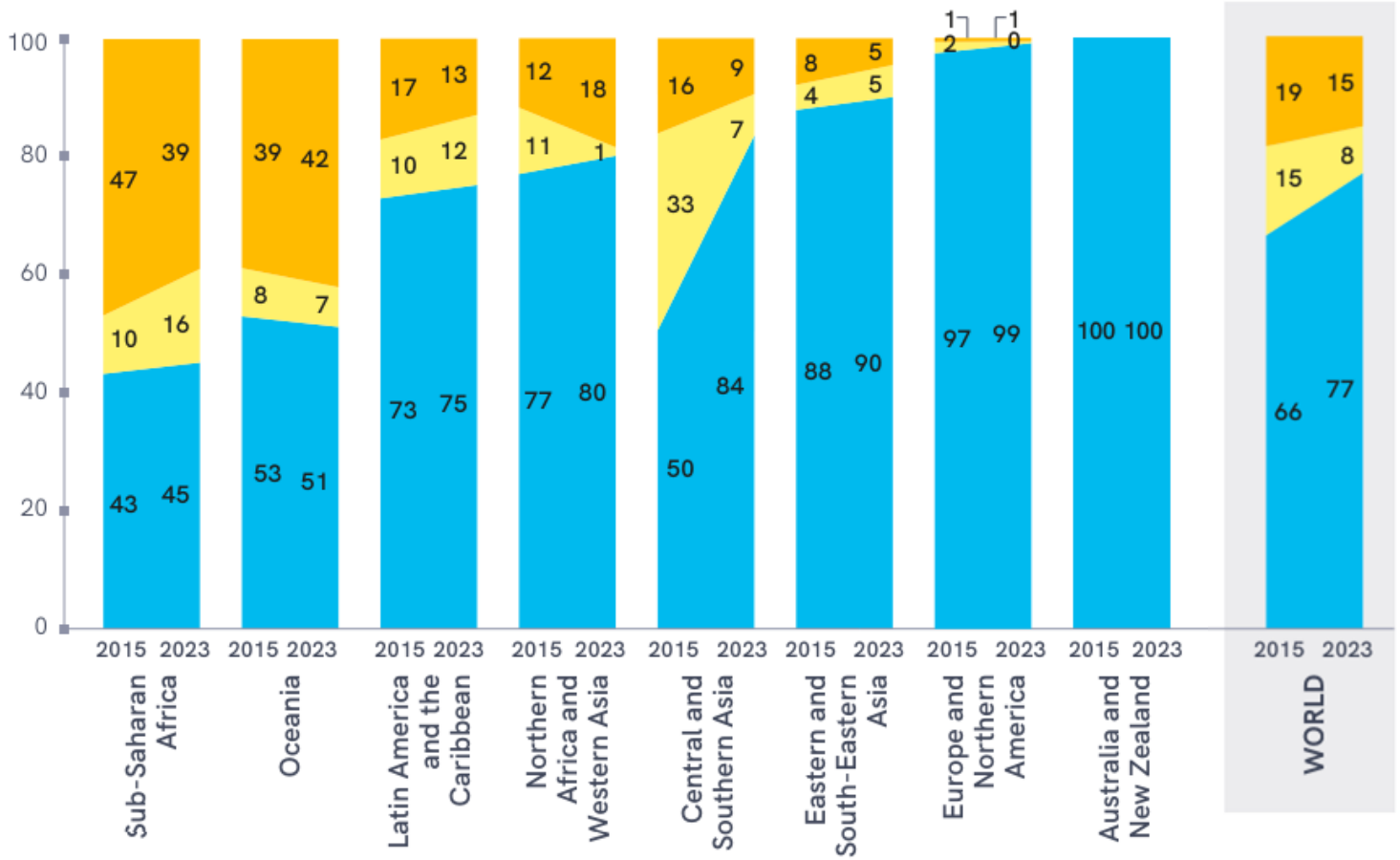


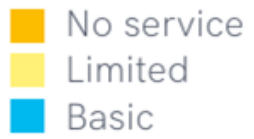
The JMP produces updated estimates on WASH in schools every 2 years

A total of **1,415** national data sources were used in the 2023 update

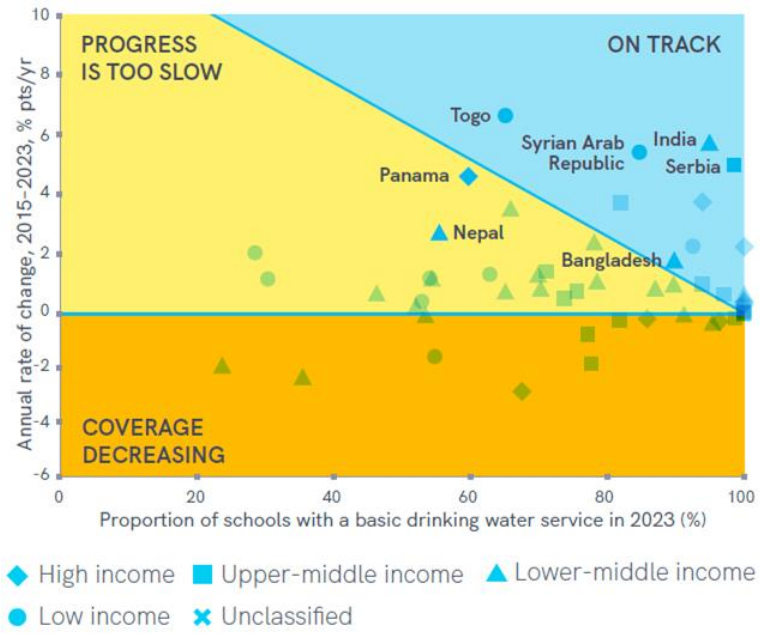
Many data are from national Education Management Information Systems (EMIS)

BASIC DRINKING WATER IN SCHOOLS (2023)

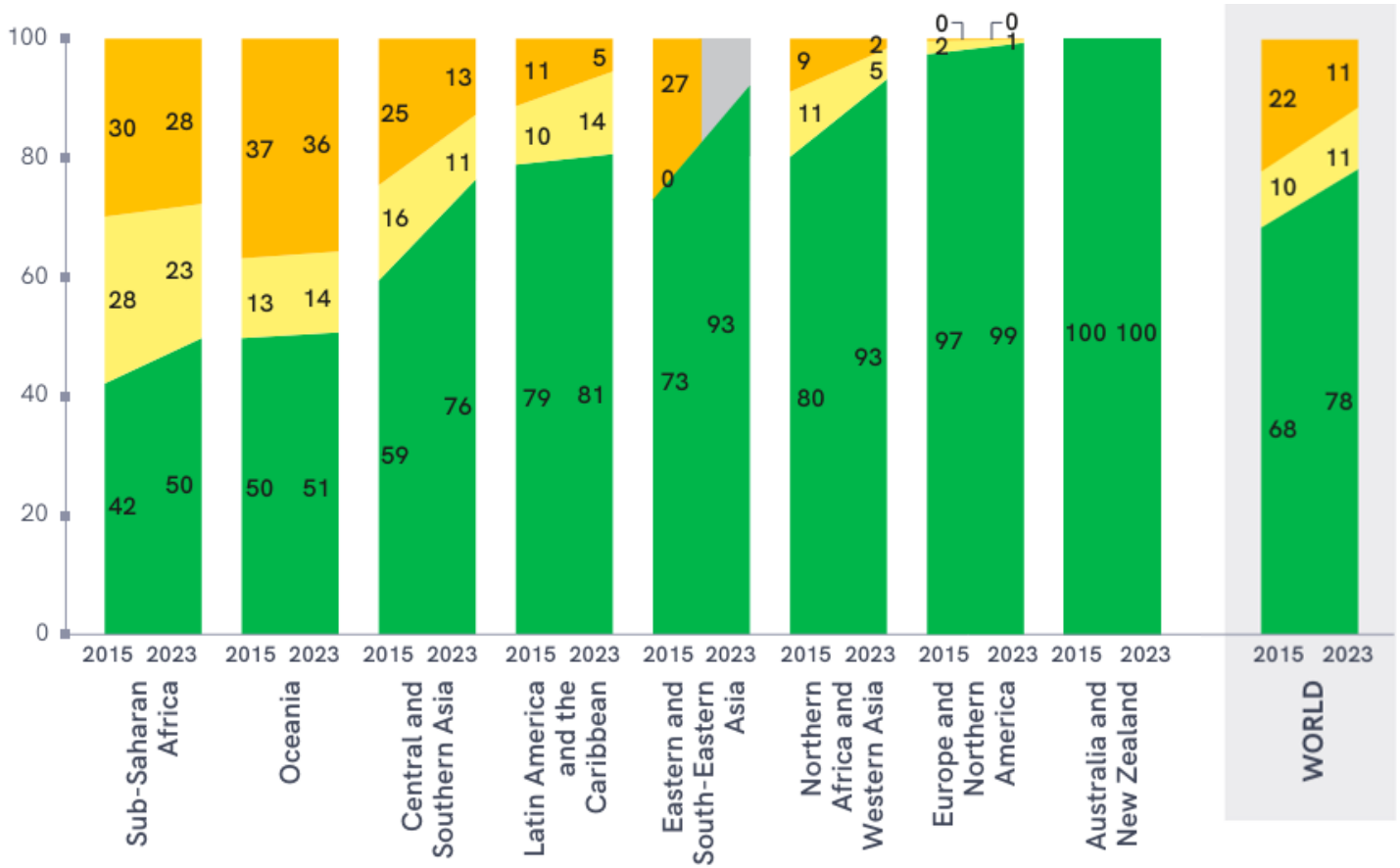




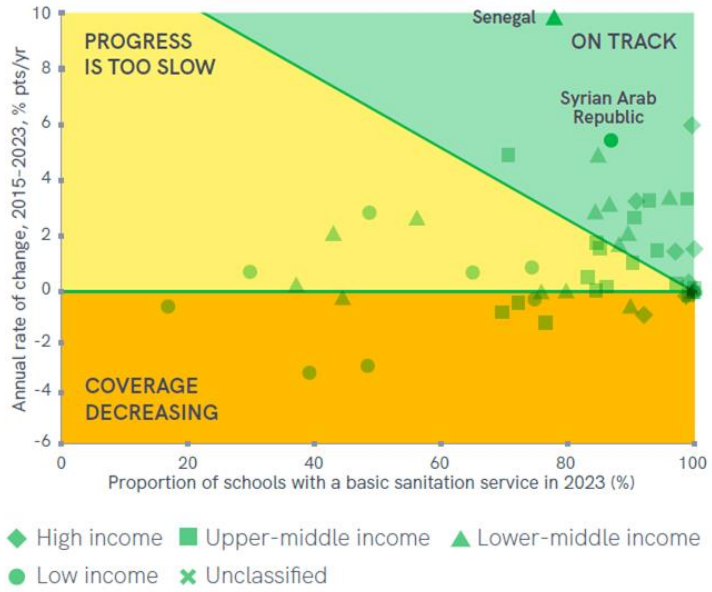
- **77%** of schools globally had basic service
- **447 million** children lacked basic service
- 19 of 53 countries with trend data are on track



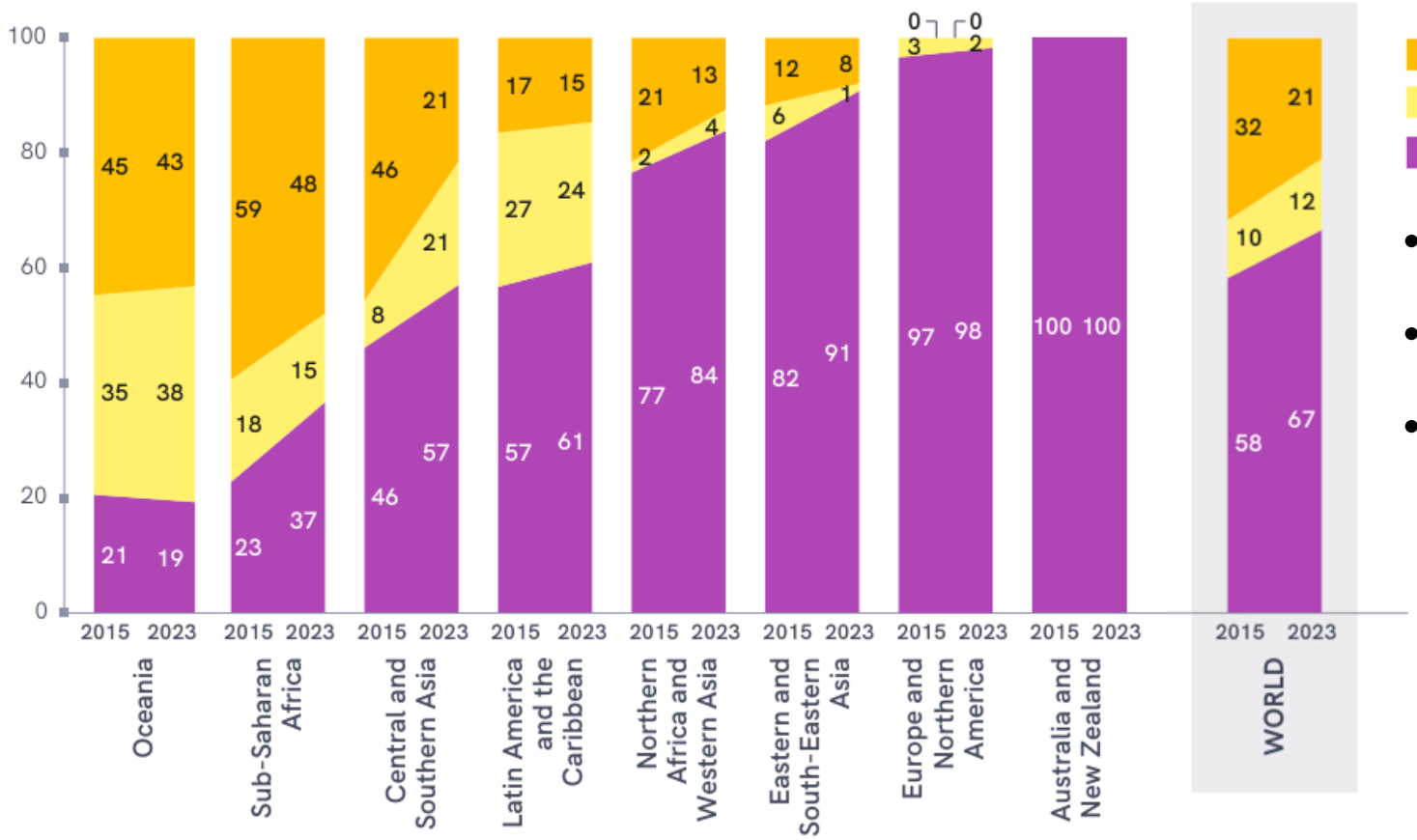
BASIC SANITATION IN SCHOOLS (2023)



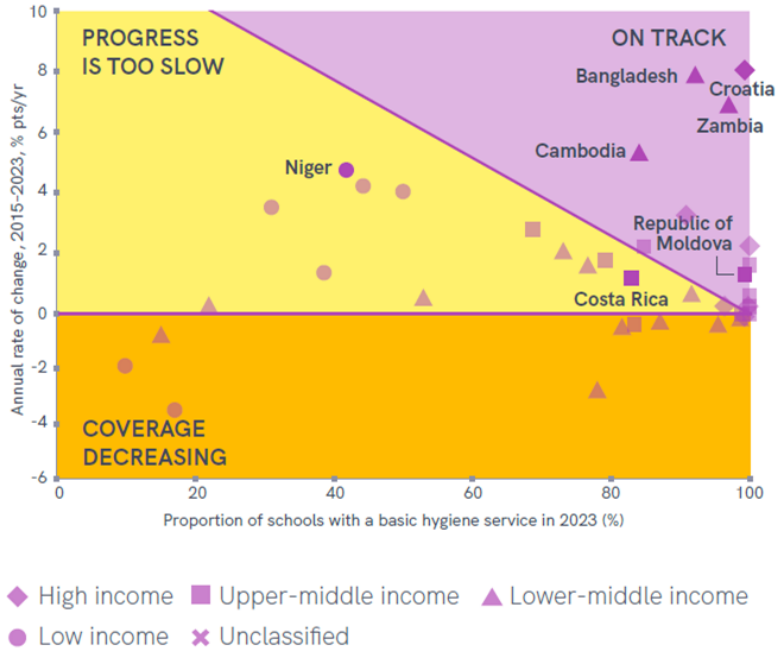
- **78%** of schools globally had basic service
- **427 million** children lacked basic service
- 24 of 51 countries with trend data are on track



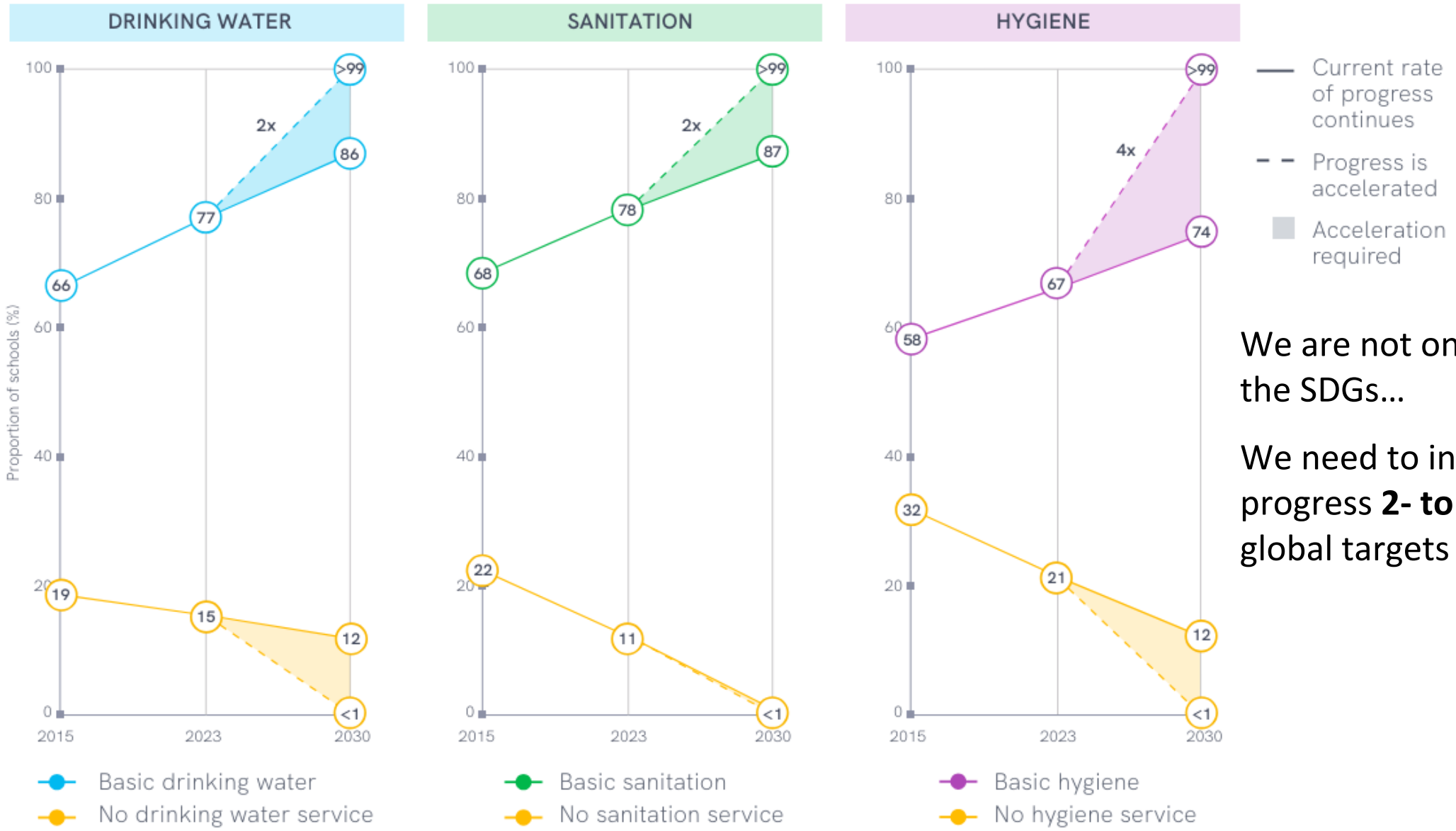
BASIC HYGIENE IN SCHOOLS (2023)



- **67%** of schools globally had basic service
- **646 million** children lacked basic service
- 13 of 38 countries with trend data are on track



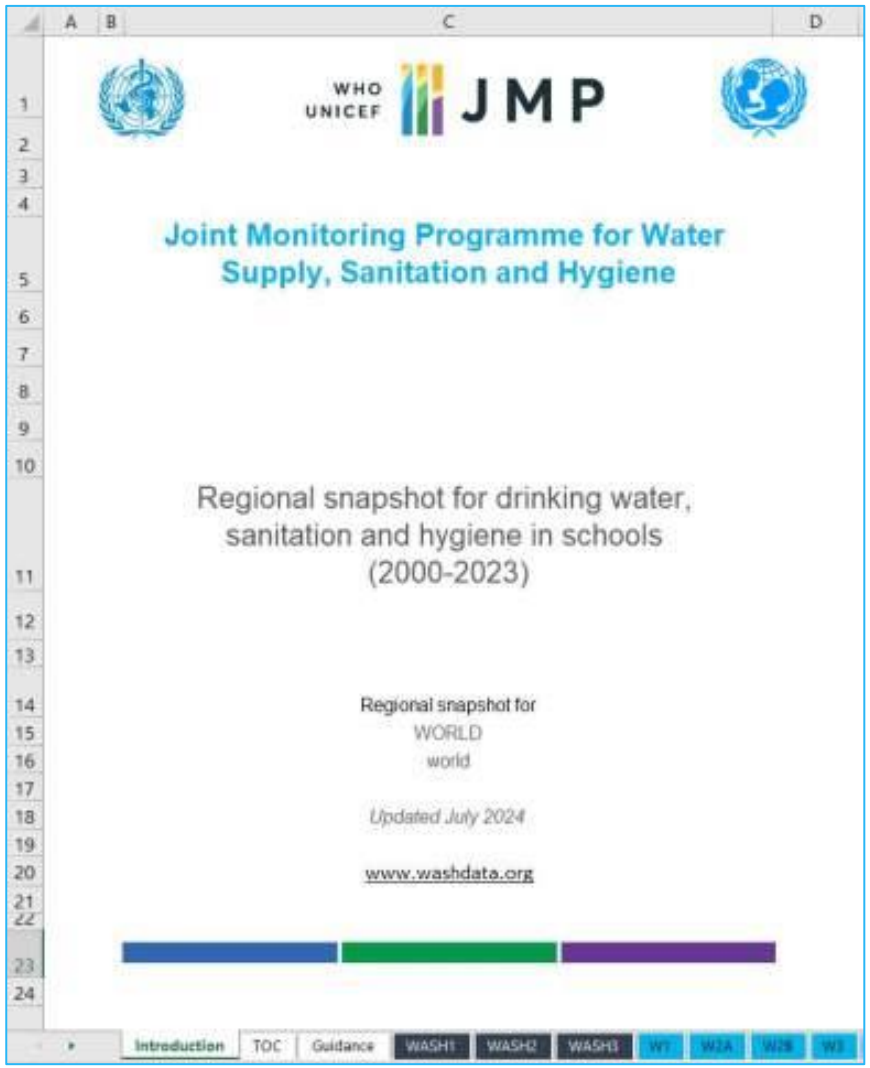
TRENDS IN BASIC WASH IN SCHOOLS (%), 2015 – 2023 – 2030



We are not on track to meet the SDGs…

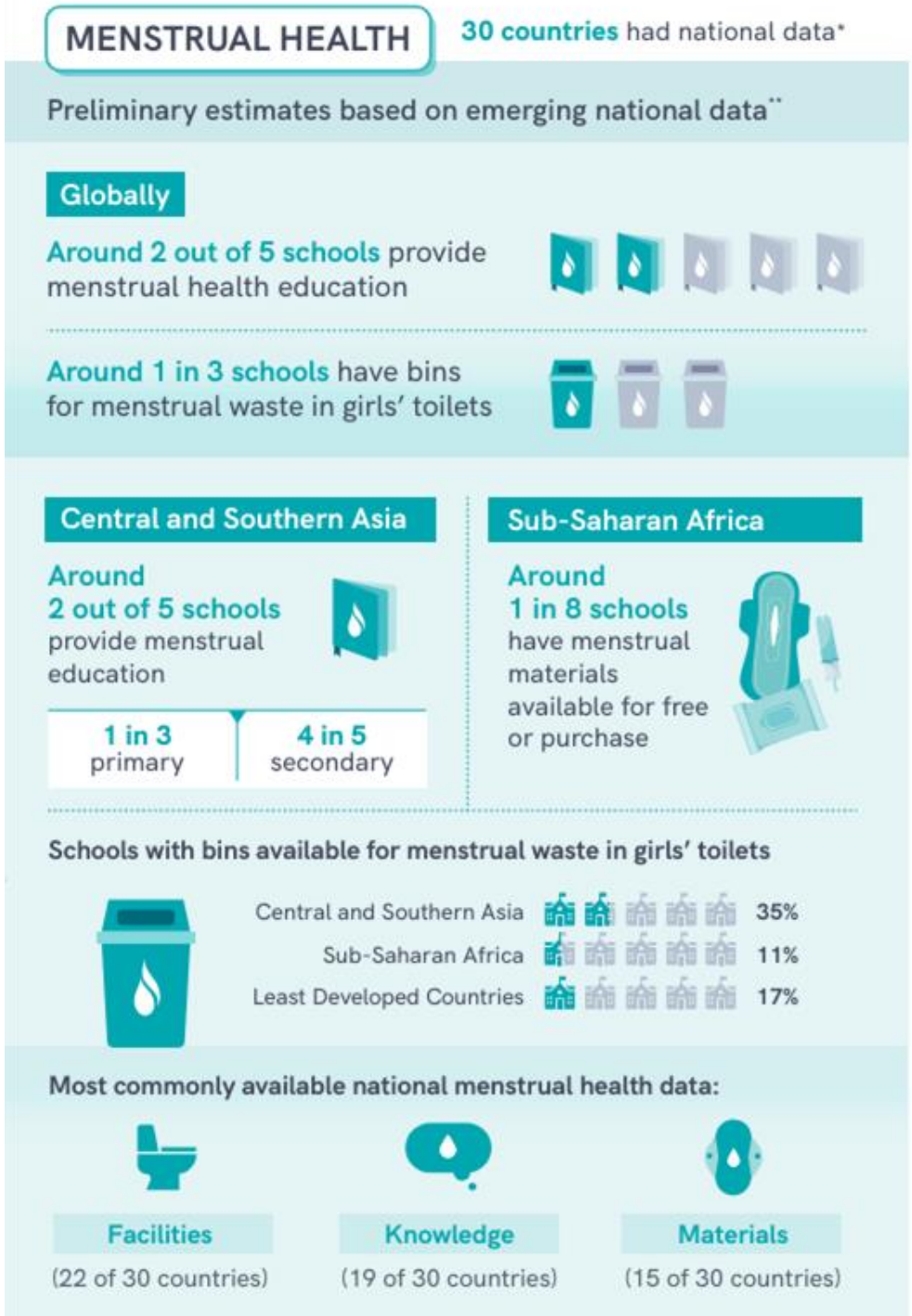
We need to increase rates of progress **2- to 4-fold** to reach global targets by 2030!

See the national estimates and data used for generating them in JMP WinS Country Files *(in multiple languages)*:
washdata.org/data/downloads
washdata.org/reports/statistical-snapshots-jmp-2024-progress-update-wash-schools



JMP SERVICE LADDERS FOR WASH IN SCHOOLS

DRINKING WATER	SANITATION	HYGIENE
Advanced service: Additional criteria may include quality, quantity, continuity, and accessibility to all users	**Advanced service**: Additional criteria may include student per toilet ratios, menstrual hygiene facilities, cleanliness, accessibility to all users, and excreta management systems	**Advanced service**: Additional criteria may include hygiene education, group handwashing, menstrual hygiene materials, and accessibility to all users
Basic service: Drinking water from an improved source and water is available at the school at the time of the survey	**Basic service:** Improved sanitation facilities at the school that are single-sex and usable (available, functional and private) at the time of the survey	**Basic service:** Handwashing facilities with water and soap available at the school at the time of the survey
Limited service: Drinking water from an improved source but water is unavailable at the school at the time of the survey	**Limited service:** Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey	**Limited service**: Handwashing facilities with water but no soap available at the school at the time of the survey
No service: Drinking water from an unimproved source or no water source at the school	**No service**: Unimproved sanitation facilities or no sanitation facilities at the school	**No service:** No handwashing facilities available or no water available at the school



SPECIAL FOCUS ON MENSTRUAL HEALTH

- Topics covered:
  - Data availability
  - Materials
  - Facilities
  - Knowledge
  - Discomfort/disorders
  - Supportive social environment
  - MH impact
  - Policy
- Domains based on the globally recommended priority indicators:

Priority Indicators for girls' MHH, Global MHH Monitoring Group (2022): https://tinyurl.com/ytyxd2e9

- 30 countries have nationally representative data on at least one of the priority indicators for schools or schoolgirls
- Few countries have national data related to MH impacts (9), discomfort/disorders (5), a supportive social environment (2)
- Definitions vary widely between countries and data sources – **indicator harmonization is needed**, including adoption of globally recommended priority indicators

TABLE 1 Priority list of indicators for monitoring girls' menstrual health and hygiene and number of countries with related national data[15]

DOMAIN	DENOMINATOR	INDICATOR	TOTAL NUMBER OF COUNTRIES IDENTIFIED WITH RELATED NATIONAL DATA	FIGURE/BOX NUMBER
Materials	Individuals	1. % of girls who reported having enough menstrual materials during their last menstrual period	4	Figure 39
	Schools	2. % of schools with menstrual materials available to girls in case of an emergency	13	Figure 40
Facilities	Individuals	3. % of girls who reported changing their menstrual materials during their last menstrual period when at school	2	Figure 43
	Individuals	4. % of girls who changed their menstrual materials at school in a space that was clean, private and safe during their last menstrual period	13	Figures 46-48
	Schools	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	165	Figure 17
	Schools	6. % of schools (primary/secondary) with improved sanitation facilities that are single-sex, usable (available, functional and private), have covered disposal bins, and have discreet disposal mechanisms at the time of the survey	17	Figures 50 and 52
	Schools	7. % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	10	Figure 54
Knowledge	Individuals	8. % of students (male/female) who have ever received education about menstruation in primary and secondary school	17	Figure 56
	Individuals	9. % of females who know about menstruation prior to menarche	4	Figure 59
	Individuals	10. % of females with correct knowledge of the fertile period during the ovulatory cycle	1	Figure 60
	Schools	11. % of schools where education about menstruation is provided for students from age nine	17	Figure 56
	Schools	12. % of schools with pre-service or in-service teacher training about menstruation at the primary or secondary level	0	N/A
	Schools	13. % of schools that have at least one teacher trained to educate primary/secondary students about menstruation	0	N/A
	Countries	14. % of countries where national policy mandates education about menstruation at primary and secondary level	**	Box 4
Discomfort/ Disorders	Individuals	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	4	Figure 61
	Individuals	16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider	1	Figure 63
Supportive social environment	Individuals	17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	2	Figure 64
Menstrual health impacts	Individuals	18. % of girls who report that a menstrual period does not impact their day	3	Figure 67
	Individuals	19. % of girls whose class participation was not impacted by their last menstrual period	9	Figure 65
Policy	Countries	20. % of countries with policies or plans that include menstrual health and hygiene	**	Box 4
	Countries	21. % of countries where national budget is allocated to menstrual health and hygiene; funds are dispersed to the schools in a timely and efficient manner	**	Box 4

*Total includes countries with national data on indicators that are related but not fully harmonized. In subsequent figures indicators that are harmonized with or correspond closely to the list of priority indicators are noted with a 'P'.
**National data on policy were not compiled for this report.

SUMMARY

- Many countries have national data on basic WASH in schools services
- Globally, we are <u>not</u> on track to meet the SDGs for WinS. We need to increase the rate of progress 2- to 4-fold.
  - Improved monitoring can inform and motivate faster progress
- Some countries already have data on the emerging MH indicators
  - Greater indicator harmonization is needed and adoption of globally recommended priority indicators

The full report is available here:
<u>https://washdata.org/reports/jmp-2024-wash-schools</u>

Thank you!

info@washdata.org

washdata.org/monitoring/schools

WASH and menstrual health for girls' education and sustainable development

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What reflections do you have on this presentation?
(a separate response can be submitted for each presentation)

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WINS evidence in low- and middle-income countries: a scoping review

Bick S, Davies K, Mwenge M, Macleod C, Chipungu J, Chidziwisano K, Dreibelbis R

OSF Pre-
r

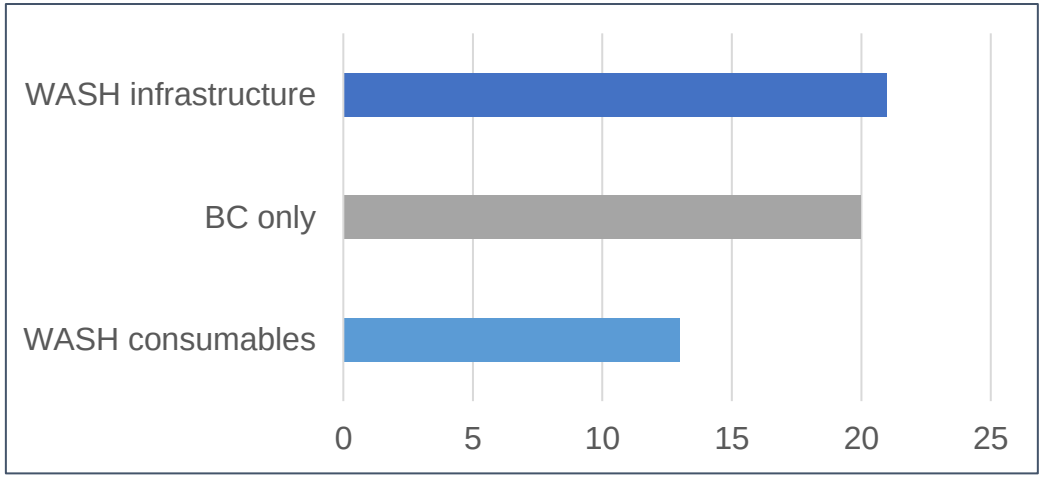
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Overview

- Last comprehensive review of WINS studies published in 2019

- Identified 83 studies evaluating WASH intervention in schools in LMICs (33 countries) measuring outcomes among school pupils
- 65 not included in previous systematic reviews specific to WASH in schools,
- 34 published since 2019
- 36 studies (43%) excluded, measured only pupil behavioural or knowledge

- <u>Final results:</u>
- 47 studies with health or educational outcomes
- 54 distinct intervention arms / comparisons,



Understanding WINS outcome measures

Outcome domain	Unique studies	Measurement approaches
Absence (all-cause)	7	5
Absence due to illness (all-cause illness)	4	3
Absence due to gastrointestinal illness	4	4
Absence due to respiratory illness	3	7
Absence due to other symptomatic illness	2	4
Gastrointestinal illness	9	15
Respiratory illness	5	11
Other symptomatic illness	4	8
Infection status / intensity	13	36
Anthropometric	8	25
Hydration	3	7
Other health	3	7
Neuro-cognitive	2	8

Among studies providing WASH infrastructure or supplies:

- 144 distinct outcome measures (249 comparisons) identified across 14 domains
- Measures varied by definition and assessment methods
- 100/144 (69%) were unique to a single study
- 14 (10%) assessed similarly across at least 3 studies

Understanding WINS outcome measures

Outcome domain	Unique studies	Measurement approaches
Absence (all-cause)	**7**	**5**
Absence due to illness (all-cause)		
Absen		
Absen		
Absen illness		
Gastro		
Respir		
Other		
Infection status / intensity	13	36
Anthropometric	8	25
Hydration	3	7
Other health	3	7
Neuro-cognitive	2	8

Among studies providing WASH infrastructure or supplies:

- 144 distinct outcome measures (249 comparisons) identified

Outcome name	*Definition*	*Initial data type*	*Follow-up / analytical approach*
Absence (all-cause)			
Roll-call absence	Absence at roll-call on day of data collection	Binary	Assessed at several points and data aggregated
Pupil-reported absence	Any absence in past 2 weeks	Binary	Single endline measurement
Combined pupil-reported or roll-call absence	Half-day or more absence in past week, or absence on day of data collection	Binary	Assessed at several points and data aggregated
Roster-recorded absence	School-level absence rates	Count	Absence rates calculated over follow-up period
Roster-recorded absence	Any absence in past week	Binary	Single endline measurement

Understanding WINS outcome measures

Outcome domain	Unique studies	Measurement approaches
Absence (all-cause)	7	5
Absence due to illness (respiratory illness)		
Absence due to gastrointestinal illness		
Absence due to respiratory illness		
Absence due to other illness		
Gastrointestinal illness		
Respiratory illness		
Other symptomatic illness		
Infection status / interim		
Anthropometric		
Hydration		
Other health		
Neuro-cognitive		

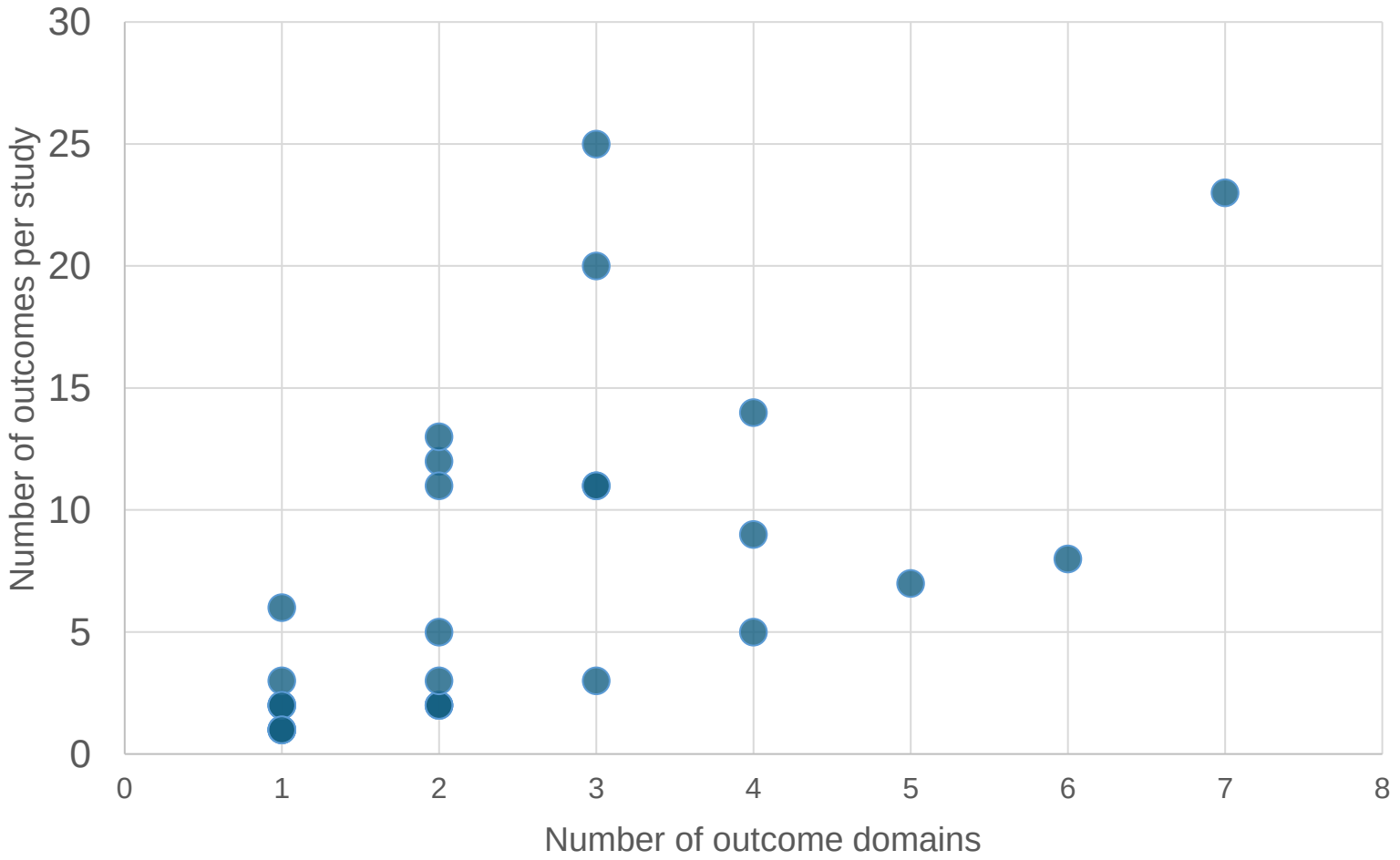
Among studies providing WASH infrastructure or supplies:

- 144 distinct outcome measures

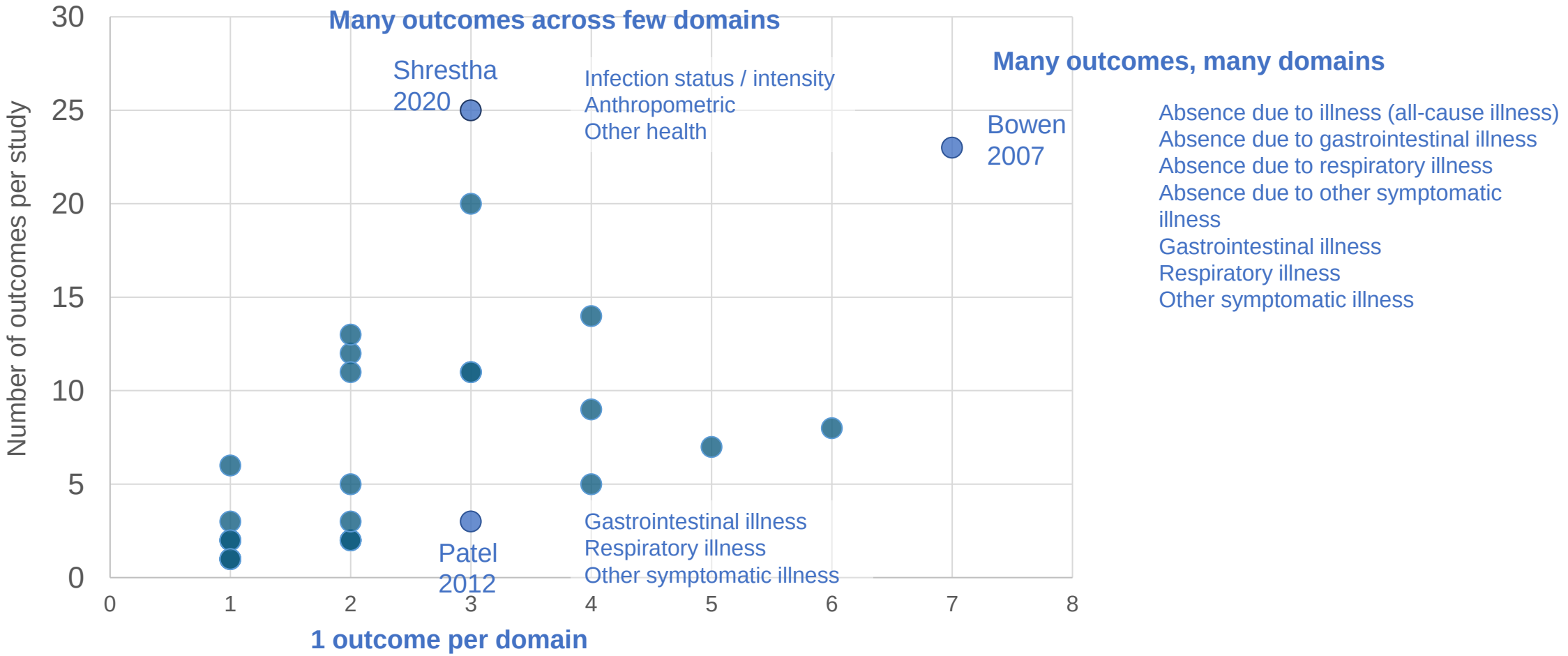
Respiratory illness			
Pupil-reported respiratory illness (7-day)	Any episode of cough, rhinorrhoea, coryza, or sore throat in past 7 days	Binary	Assessed at several points and analysis adjusted for repeated measures
Pupil-reported acute respiratory illness (1-day)	Any episode of fever and cough or difficulty breathing in past 1 day (24h)	Binary	Rates of illness calculated over follow-up period
Pupil-reported and confirmed influenza-like illness (daily)	Occurrence of measured fever over 38°C or subjective fever and cough, reported daily and verified through home visits	Count	Rates of illness calculated over follow-up period
Laboratory-confirmed influenza (daily)	Detection of influenza A or B from nasal swab following pupil-reported influenza-like illness	Count	Rates of illness calculated over follow-up period
Teacher-reported upper respiratory illness (active episode)	A current episode of conjunctivitis, otalgia, rhinorrhoea, sore throat, or cough observed in class or reported by pupil	Binary	Rates of illness calculated over follow-up period
Observed rhinorrhoea (active episode)	Rhinorrhoea observed during interview	Binary	Assessed at several points and analysis adjusted for repeated measures
Teacher-reported rhinorrhoea (active episode)	Report of runny/congested nose or observation of 2 episodes of blowing or wiping nose during single school day	Binary	Rates of illness calculated over follow-up period
Pupil-reported cough (1-day)	An episode of cough in past 1 day (24h)	Binary	Assessed at several points and analysis adjusted for repeated measures
Teacher-reported cough (active episode)	≥ 2 episodes of coughing during a single school day observed in class or reported by pupil	Binary	Rates of illness calculated over follow-up period
Pupil-reported difficulty breathing (1-day)	An episode of difficulty breathing in past 1 day (24h)	Binary	Assessed at several points and analysis adjusted for repeated measures
Teacher-reported sore throat (active episode)	A current episode of sore throat observed in class or reported by pupil	Binary	Rates of illness calculated over follow-up period

Broad vs. specific focus

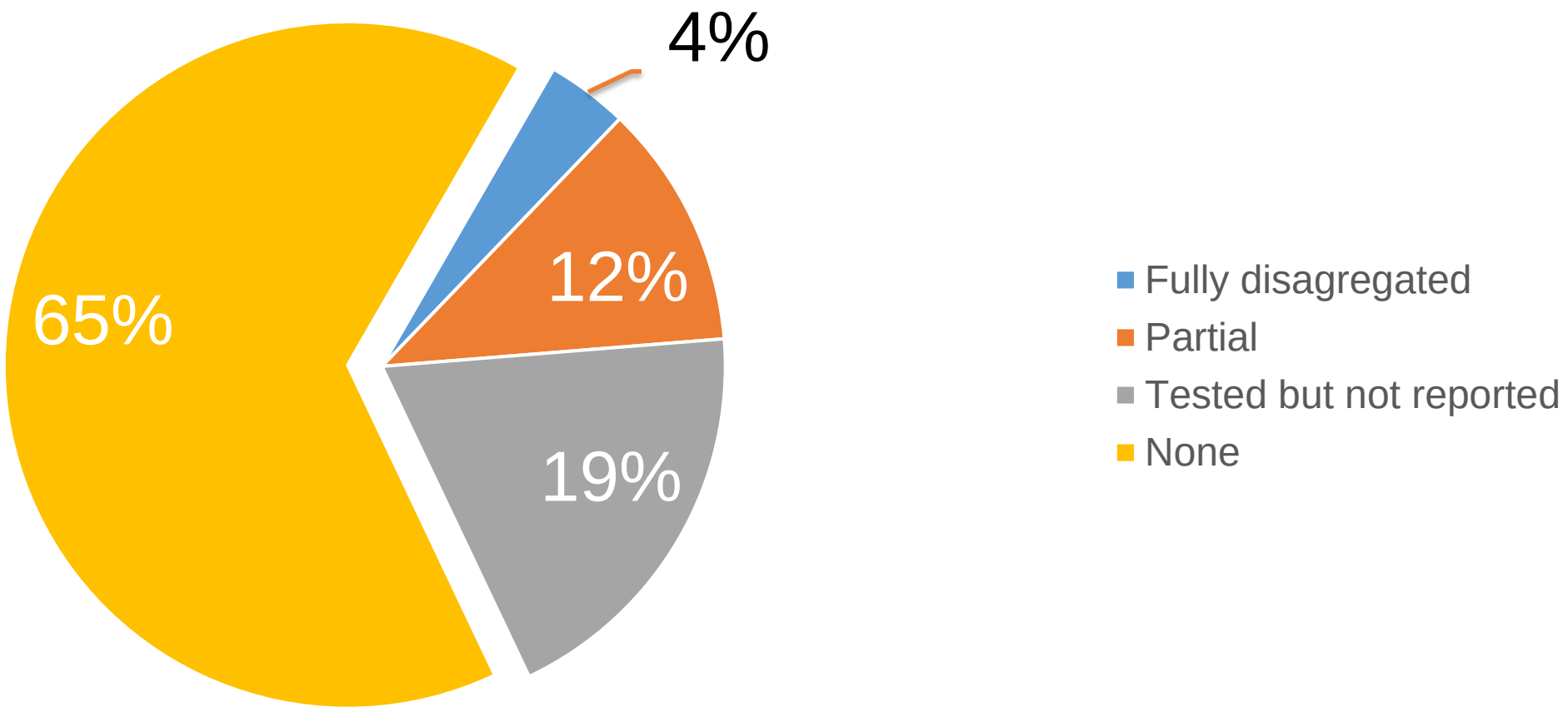
(data points are studies)



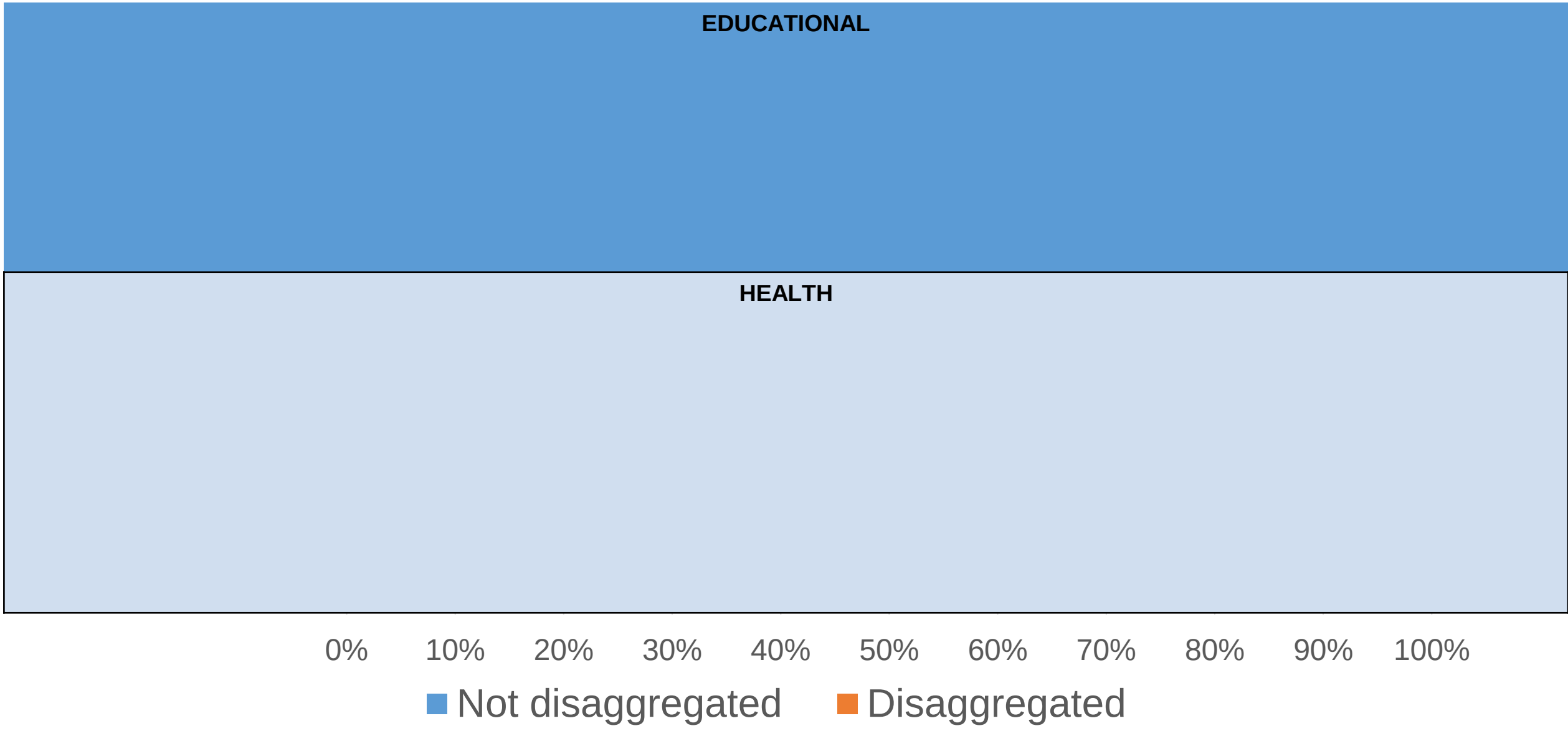
Broad vs. specific focus



Gender-disaggregated outcome reporting



Gender-disaggregated impacts by domain (n = 246)



Conclusions

- Understanding the impact of WINS interventions is important
- Identify effective intervention strategies
- Inform policy decisions and resource allocation

- Evidence base for WINS impact suffers from too many non-standardized outcomes

- Very limited reporting of gender-disaggregated outcomes

OSF PROTOCOL

https://doi.org/10.17605/OSF.IO/AQHNF

What reflections do you have on this presentation?
(a separate response can be submitted for each presentation)

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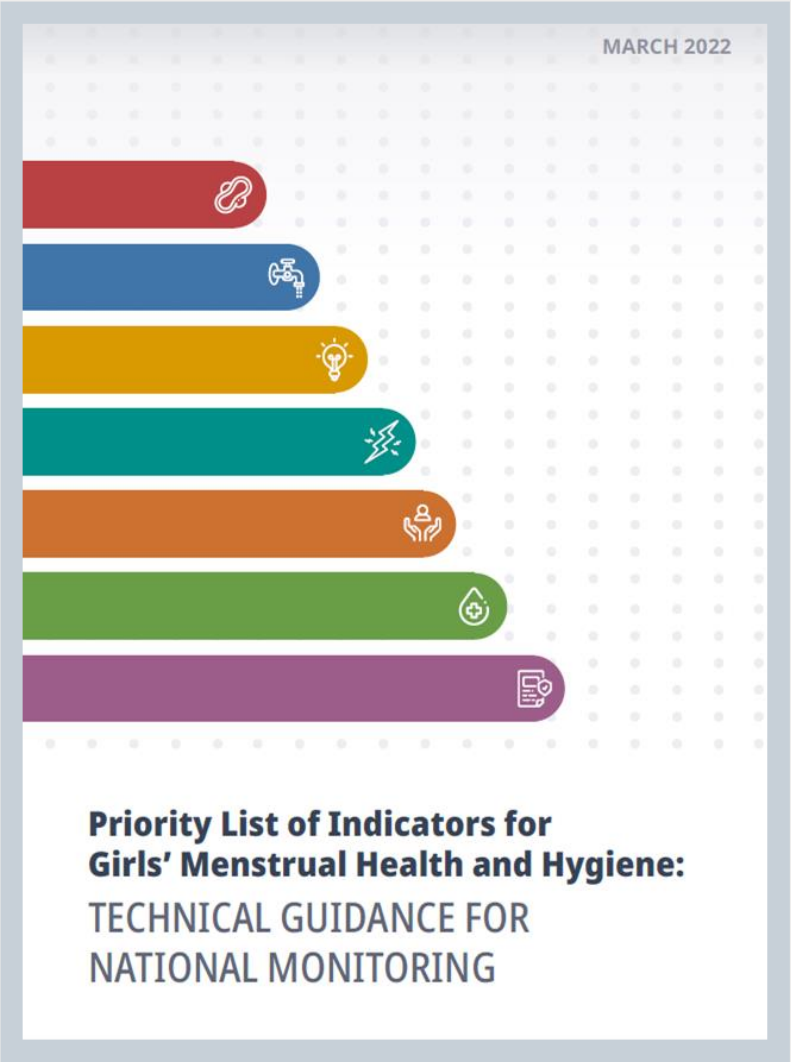
Priority MHH Indicators for National Monitoring: Introduction, Key Learning, and Next Steps



Stockholm Water Week
Bethany Caruso, Emory University
on behalf of the Global MHH Monitoring Group

Global MHH Monitoring Group (alphabetical): Bethany Caruso (Emory), Jackie Haver (STC), Julie Hennegan (Burnet), Therese Mahon (WaterAid), Penelope Phillips-Howard (LSTM), Marni Sommer (Columbia), Belen Torondel (LSHTM), Garazi Zulaika (LSTM).

Making menstrual health and hygiene count.

Why a global indicator shortlist?

To make MHH more visible: What we measure is what we pay attention to

To provide targets for action and facilitate stakeholder accountability

To track progress towards improving MHH as policies and programs are implemented

To use MHH evidence to spur action and investment at national and subnational levels

To monitor MHH progress across priority domains and enable comparability across countries and over time

MHH is relevant across all 17 SDGs

What This Is

01

A short list of indicators and related measures, based on evidence, for countries to get started

02

Intended for adolescent girls, but some indicators and measures can be adapted and tested with adult women

03

Aligned to existing national monitoring tools such as JMP/ DHS/ MICS where possible

What This Is Not

01

A comprehensive list of MHH indicators and measures

02

Detailed technical guidance on data collection methodology

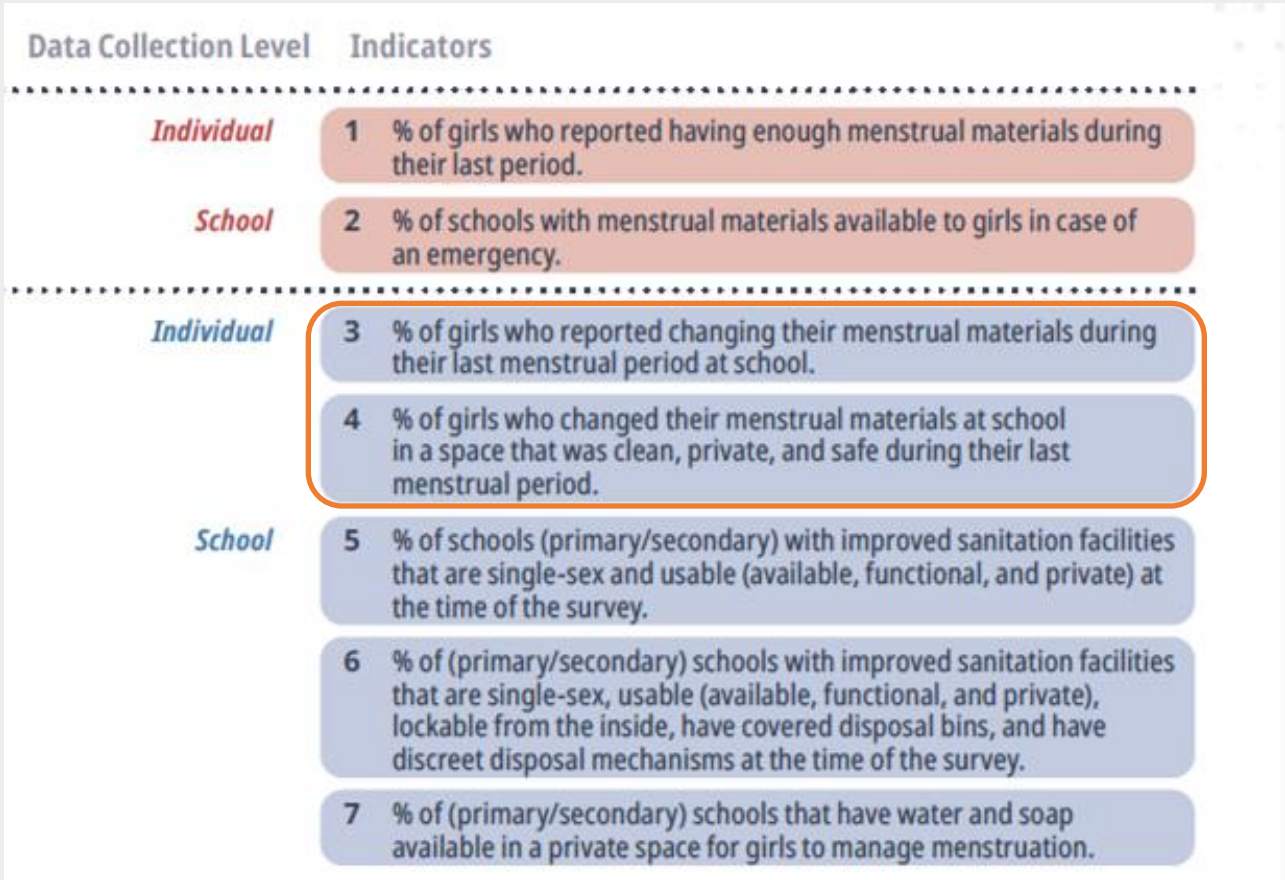
03

A fully validated, definitive list of indicators; testing is required to assess validity and adaptation may be needed based on context

Table 1: Short List / Priority MHH Indicators[a]

MHH Domain	Data Collection Level		Indicators
MATERIALS	*Individual*	1	% of girls who reported having enough menstrual materials during their last period.
	School	2	% of schools with menstrual materials available to girls in case of an emergency.
WASH FACILITIES	*Individual*	3	% of girls who reported changing their menstrual materials during their last menstrual period 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 (primary/secondary) schools 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 (primary/secondary) schools that have water and soap available in a private space for girls to manage menstruation.
KNOWLEDGE	*Individual*	8	% of students (male/female) who have 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 period does not impact their day.
		19	% of girls whose class participation was not impacted by their last 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.

a. See **Annex 2** for explanation of indicator levels.



Data Collection Level	Indicators
Individual	1 % of girls who reported having enough menstrual materials during their last period.
School	2 % of schools with menstrual materials available to girls in case of an emergency.
Individual	3 % of girls who reported changing their menstrual materials during their last menstrual period 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 (primary/secondary) schools 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 (primary/secondary) schools that have water and soap available in a private space for girls to manage menstruation.

Each domain laid out with same information:

- Indicator
- Purpose
- Survey question(s)
- Evidence and Considerations

MHH DOMAIN: WASH

Indicator 3	% of girls who reported changing their menstrual materials during their last menstrual period when at school.
Indicator 4	% of girls who changed their menstrual materials at school in a space that was clean, private, and safe during their last menstrual period.

Purpose

MHH requires access to supportive facilities for caring for the body during menstruation, including having access to clean, private and safe spaces to change menstrual materials. Access to supportive spaces in the school environment is a priority for ensuring girls' MHH at school. Indicators #3 and #4 work together to describe the girls' access to supportive spaces at school. Indicator #3 captures the proportion of girls who change their materials at school, while Indicator #4 shows if the space they used met their needs. They are relevant for girls who are post-menarche (those who have started menstruating), with "menarche" being the onset of menstruation in a given individual.

INDICATOR #3	
DEFINITION	The proportion of post-menarcheal girls who report they changed their menstrual materials at school during their last period, based on girls' self-report.
NUMERATOR	Number of post-menarcheal girls surveyed who reported that they changed their menstrual materials at school during their last menstrual period.
DENOMINATOR	Total number of post-menarcheal girls surveyed who attend school

Survey Question/s

3 a) The last time you attended school during your menstrual period, did you change your menstrual materials at school?
YES
NO

INDICATOR #4	
DEFINITION	The proportion of post-menarcheal girls who reported that the location where they changed their menstrual materials at school was clean, private and safe during their last period, based on girls' self-report.
NUMERATOR	Number of post-menarcheal girls surveyed who reported that they changed their menstrual materials at school in a space that was clean, private, and safe during their last menstrual period.
DENOMINATOR	Total number of post-menarcheal girls surveyed who reported changing their menstrual materials at school during their last menstrual period.

Survey Question/s

4 a) If yes (to changing at school); Was the place that you changed your menstrual materials clean?
YES
NO
4 b) If yes (to changing at school); Did you worry [translation note: were you concerned] that someone would see you while you were changing menstrual materials?
YES
NO
4 c) If yes (to changing at school); Did you feel safe while you were changing your menstruation materials?
YES
NO

INDICATORS #3 AND #4	
PREFERRED DATA SOURCE /ALTERNATIVE DATA SOURCE	Nationally representative school-based survey. *(alternative: household survey of girls)**
INDICATOR TYPE	Outcome
METHOD OF MEASUREMENT	Individual self-report. To capture individuals' own perspectives requires responses from the target population.

Evidence and considerations

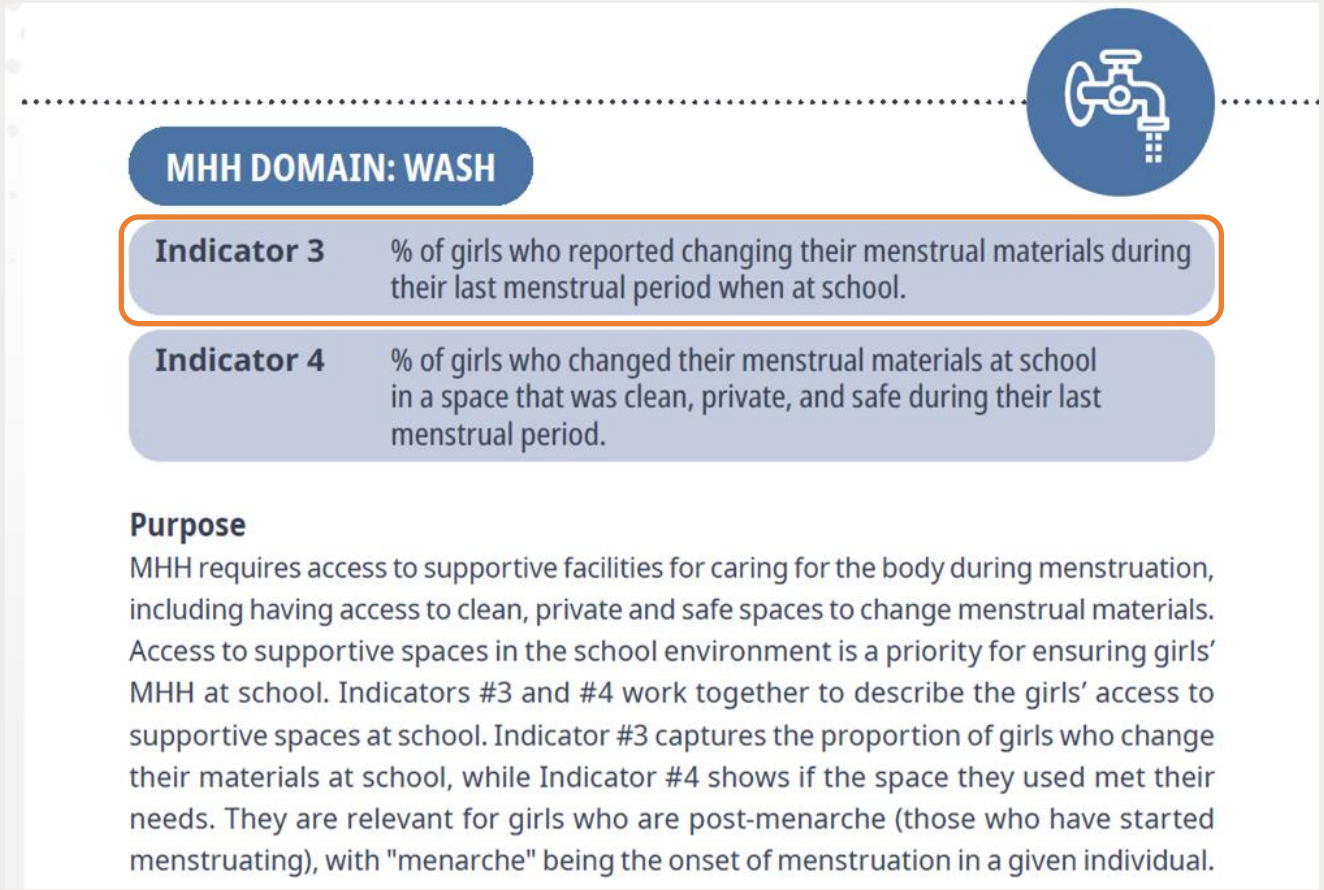
Indicator #3 was developed by the core group based on experiences implementing questions capturing the quality of school facilities. This indicator serves to outline the denominator for Indicator #4. Further, it highlights the proportion of girls who may not need, or are unwilling, to change materials at school or are without a facility to change at school. This indicator captures the last menstrual period experienced at school to avoid issues in the timing of survey data collections, where surveys undertaken immediately following school holidays may mean many respondents would not be at school during their last menstrual period. Girls who never attend school during their period may require a further 'Not applicable' response option.

Indicator #4 is drawn from the Performance Monitoring and Accountability (PMA)[15] 2020 survey program and JMP[16,17] which included the cleanliness, privacy and safety of locations used to change menstrual materials. However, questions used to construct this indicator have been drawn from the Menstrual Practice Needs Scale (MPNS).[11] The questions modify those originally used in PMA and JMP to avoid the use of terms such as "privacy" which can be difficult to translate consistently[18,19], and focus on the respondent's experience of the environment used to change their menstrual materials.

* School going girls should be defined within the country context, example eligibility questions are provided in Annex 3

Each domain laid out with same information:

- Indicator
- Purpose
- Survey question(s)
- Evidence and Considerations



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Survey Question/s

3 a) The last time you attended school during your menstrual period, did you change your menstrual materials at school?
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NO

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* School going girls should be defined within the country context, example eligibility questions are provided in Annex 3

Linkages to global level monitoring

WHO/UNICEF Joint Monitoring Programme is progressively incorporating

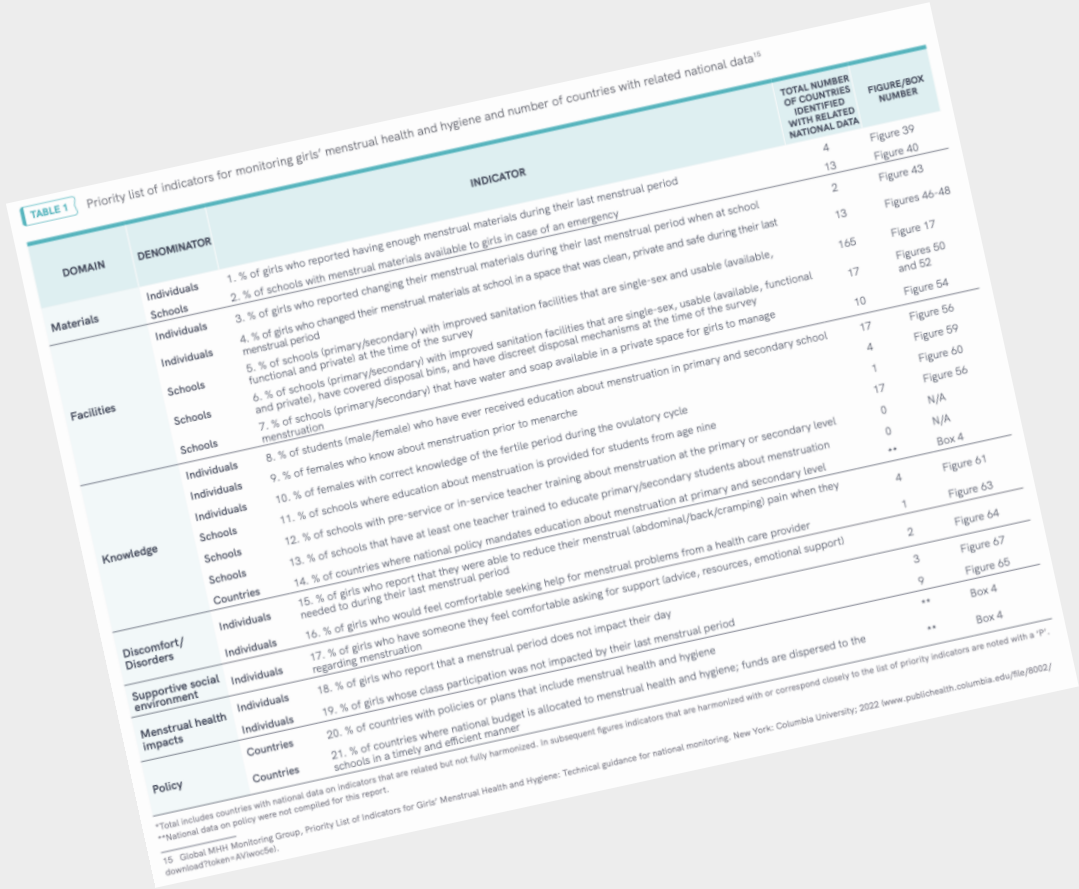

TABLE 1 Priority list of indicators for monitoring girls' menstrual health and hygiene and number of countries with related national data[15]

DOMAIN	DENOMINATOR	INDICATOR	TOTAL NUMBER OF COUNTRIES IDENTIFIED WITH RELATED NATIONAL DATA	FIGURE/BOX NUMBER
Materials	Individuals	1. % of girls who reported having enough menstrual materials during their last menstrual period	4	Figure 39
	Schools	2. % of schools with menstrual materials available to girls in case of an emergency	13	Figure 40
Facilities	Individuals	3. % of girls who reported changing their menstrual materials during their last menstrual period when at school	2	Figure 43
	Individuals	4. % of girls who changed their menstrual materials at school in a space that was clean, private and safe during their last menstrual period	13	Figures 46-48
	Schools	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	165	Figure 17
	Schools	6. % of schools (primary/secondary) with improved sanitation facilities that are single-sex, usable (available, functional and private), have covered disposal bins, and have discreet disposal mechanisms at the time of the survey	17	Figures 50 and 52
	Schools	7. % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	10	Figure 54
Knowledge	Individuals	8. % of students (male/female) who have ever received education about menstruation in primary and secondary school	17	Figure 56
	Individuals	9. % of females who know about menstruation prior to menarche	4	Figure 59
	Individuals	10. % of females with correct knowledge of the fertile period during the ovulatory cycle	1	Figure 60
	Schools	11. % of schools where education about menstruation is provided for students from age nine	17	Figure 56
	Schools	12. % of schools with pre-service or in-service teacher training about menstruation at the primary or secondary level	0	N/A
	Schools	13. % of schools that have at least one teacher trained to educate primary/secondary students about menstruation	0	N/A
	Countries	14. % of countries where national policy mandates education about menstruation at primary and secondary level	**	Box 4
Discomfort/ Disorders	Individuals	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	4	Figure 61
	Individuals	16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider	1	Figure 63
Supportive social environment	Individuals	17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	2	Figure 64
Menstrual health impacts	Individuals	18. % of girls who report that a menstrual period does not impact their day	3	Figure 67
		19. % of girls whose class participation was not impacted by their last menstrual period	9	Figure 65
	Countries	20. % of countries with policies or plans that include menstrual health and hygiene	**	Box 4
Policy	Countries	21. % of countries where national budget is allocated to menstrual health and hygiene; funds are dispersed to the schools in a timely and efficient manner	**	Box 4

*Total includes countries with national data on indicators that are related but not fully harmonized. In subsequent figures indicators that are harmonized with or correspond closely to the list of priority indicators are noted with a 'P'.
**National data on policy were not compiled for this report.

15 Global MHH Monitoring Group, Priority List of Indicators for Girls' Menstrual Health and Hygiene: Technical guidance for national monitoring. New York: Columbia University; 2022 (www.publichealth.columbia.edu/file/8002/download?token=AVIwoc5e).

Linkages to global level monitoring

UNICEF/JMP is aiming to progressively incorporate into their own guidance

TABLE 1 Priority list of indicators for monitoring girls' menstrual health and hygiene and number of countries with related national data[15]

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	Schools	7. % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	10	Figure 54

Strengthening national monitoring for action on MHH:

Bangladesh, Kenya and the Philippines (exemplars), and recently with Nepal, Pakistan, Egypt, Jordan, Nigeria, Mexico, El Salvador and Indonesia.

- Existing national MHH related policies, strategies, and guidelines highlight the need to strengthen MHH monitoring.
- Periodic national-level surveys (e.g. MICS and DHS), are opportunities for MHH data collection.
  - *But, data on very young adolescents is missing*.
- School-level indicators more readily adopted, may be easiest where systems already exist.
- Monitoring by NGOs, INGOs and researchers in collaboration with government and UN agencies offer valuable supplementary data complementing national systems.
- Capacity and allocating sufficient resources for monitoring is a key challenge. Digitalisation is an opportunity.

COLUMBIA | MAILMAN SCHOOL OF PUBLIC HEALTH
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE
WaterAid
Save the Children
Burnet
125 YEARS 1898 - 2023 | LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE
EMORY | ROLLINS SCHOOL OF PUBLIC HEALTH

Key Lessons Supporting Uptake

Integration will take time, consensus, and ownership per topics

Essential to bring together diverse stakeholders from the start

Sharing examples from country utilization facilitates usage

Countries need clarity on roles, responsibilities, and technical support on data collection & analysis

What now?

Data needed!

- **Without data, indicators cannot come alive, cannot do what intended to do**
- **MICS module will provide some data. But: module optional, costs extra, misses those <age 15**
- **Advocating for indicator uptake so there is**

What we are doing now…

- **Continuing to support country uptake**

- **Tracking uptake of indicators, by indicator, by country**

Connect with us if you are using the indicators and measures!

- **Advocating for investment to support countries to collect and report nationally-representative indicator data**

What you can do now...

Donors:

- **Ask for indicator strengthening in work you support**
- **Fund uptake, testing & use**

National Governments:

- **Review indicators & what you measure**
- **Consider adding 1-2 indicators**

NGOs/INGOs:

- **Review indicators to consider using those most relevant to your programming**

Download

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Thank you!

What reflections do you have on this presentation?
(a separate response can be submitted for each presentation)

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waterconsortium.ch
swsc@caritas.ch
Rahel Künzle

SWSC adoption of priority indicators for girls' MHH

Baseline 2024 (Jun-Sep)

9 countries ~300 schools

Bénin - Burkina Faso - Cambodia - Ethiopia
Madagascar - Mali - Nepal - Niger - South Sudan

Completed 5 countries: 130 schools*

Burkina Faso	Plateau Central / Ganzourgou
Cambodia	Banteay Meanchey and Prey Veng
Ethiopia	South Ethiopia, Somali Ethiopia and Oromia
Niger	Dosso and Zinder
South Sudan	Central Equatoria

*No prior intervention

«MHH Priority List» in 2024 Baseline

2	% of schools with menstrual materials available to girls in case of an emergency.
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.
7	% of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation.
11	% of schools where education about menstruation is provided for students from age 9.
13	% of schools that have at least one teacher trained to educate primary/secondary students about menstruation.

Baseline 2024

Country (schools)		Basic Sanitation*	Private Space**	Discrete Disposal	Emergency MHH Material	Dedicated MHH Budget
Burkina Faso	(19)	57%	0%	0%	14%	5%
Cambodia	(25)	52%	0%	0%	4%	8%
Ethiopia	(53)	53%	19%	17%	45%	26%
Niger	(23)	0%	0%	0%	0%	0%
South Sudan	(10)	40%	30%	30%	20%	10%

* JMP

** With soap and water

Baseline 2024

Country (schools)		Assigned Teacher	MHH Education in Schools			
			Boys and girls	Girls only	From 12 years	From 9 years
Burkina Faso	(19)	42%	37%	11%	42%	0%
Cambodia	(25)	16%	32%	44%	60%	20%
Ethiopia	(53)	94%	40%	51%	11%	4%
Niger	(23)	0%	0%	4%	0%	0%
South Sudan	(10)	60%	10%	40%	20%	10%

How this data informs advocacy

Some level of menstrual education in most countries, but education starting at age 9 a priority

Continue to push for improvement in access to infrastructure and MHH materials; dedicated budgets

What about the individual questions?

Institutional WASH InSecurity Experience Scales (INWISE)

Set of globally suitable experiential scales that assess whether WASH services meet the diverse needs of students, patients, and staff in schools and health care facilities

Like versions for individuals (IWISE) and households (HWISE), **INWISE** complements indicators on infrastructure availability by assessing whether WASH services are safe, accessible, and acceptable.

Water InSecurity Experiences Scales
www.WISEscales.org

MHH: currently testing 11 INWISE candidate items

1 % of girls who reported having enough menstrual materials during their last menstrual period.

INWISE Candidate Item example: How often do you not have materials to absorb your period while 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.

INWISE Candidate Item ex.: How often are you unable to wash yourself after changing your menstrual materials/absorbent while at school?

19 % of girls whose class participation was not impacted by their last menstrual period.

INWISE Candidate Item ex.: How often do you miss class or school because you are having your period?

Water InSecurity Experiences Scales
www.WISEscales.org

1 % of girls who reported having enough menstrual materials during their last menstrual period.

INWISE: *How often do you not have materials to absorb your period while at school?*
Eawag:
- Easily understood
- Reflects **personal preparedness of the students** rather than school services
- Useful to get an overview of the community's possibilities

INWISE*: How often are you worried that materials to absorb your period are not available at the school in case of an emergency?*
Eawag:
- Well understood
- Reflects the **possibilities at the school** in case of an emergency.

Water InSecurity Experiences Scales
www.WISEscales.org

Contribute to INWISE: **josh.miller@unc.edu** **christina.barstow@helvetas.org**

What reflections do you have on this presentation?
(a separate response can be submitted for each presentation)

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WASH AND MENSTRUAL HEALTH IN SCHOOLS TO SUPPORT GIRLS' EDUCATION AND SUSTAINABLE DEVELOPMENT

Splash

SCHOOL CENTERED W/ CITYWIDE SCALE

Splash's WASH solution is based on a simple fact: **There is no faster way to reach the highest concentration of poor urban children than through city schools**. Our WASH in Schools approach has five cascading components.

Safe water – Ensure access to water that is purified to meet or exceed WHO standards; provide water storage and child-friendly drinking stations.

Hygiene – Deploy child-friendly handwashing stations and conduct hygiene education training and soap donation drives to ensure soap at every handwashing station.

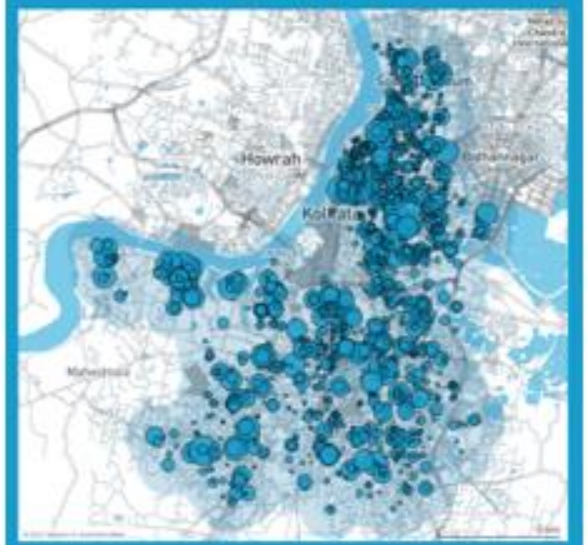
Behavior change – Implement education and training focused on handwashing with soap and proper use and maintenance of WASH infrastructure.

Menstrual health – Deliver menstrual health and puberty education to all children and parents to increase knowledge, empower girls, and reduce stigma around menstruation.

Sanitation – Improve school toilets to ensure that they are hygienic and child-friendly; integrate incentives and training for their long-term cleanliness and maintenance.

But we don't just do this at ten schools, or a hundred schools. **We do this at hundreds of schools reaching full coverage** to ensure sustainability and so other cities can see, learn and copy.

KOLKATA



ADDIS ABABA

PROJECT WISE OVERVIEW

Better health and school attendance through WASH in schools (WinS)

GEOGRAPHY

Addis Ababa, Ethiopia
Bahir Dar, Ethiopia
Kolkata, India

KEY METRICS

2
COUNTRIES

3
CITIES

898
SCHOOLS

854,000
STUDENTS & STAFF BENEFITTED

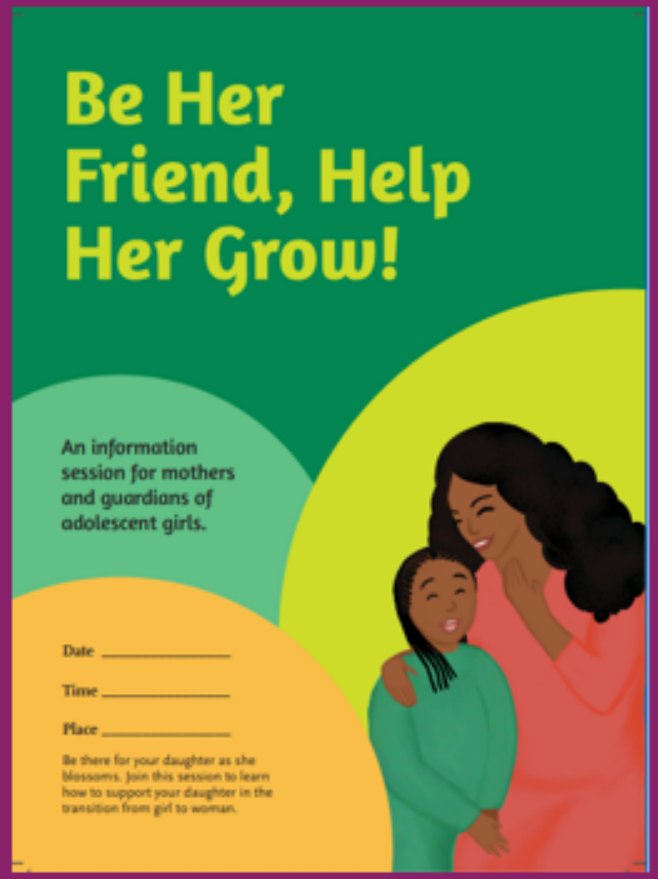
TRANSFORMATIVE PROPOSITION

Splash is transforming WASH conditions at public schools across three cities in Ethiopia and India – serving 800,000 children and providing an affordable, proven, and replicable model for national coverage of all schools for all students. Working in kindergarten, primary, and secondary schools, this project provides improved water, sanitation, and hygiene infrastructure; behaviour change programs for kids and adults; and strengthened menstrual health services for girls aged 10 and above.

VISION

Splash's vision is to create a sustainable Menstrual Health Program that transforms the physical and social environment to improve the lived experience of girls during menstruation and throughout puberty.

MH PROGRAMS



1. Core curriculum for girls 2. Peer mentoring program 3. Boys puberty workshop 4. Parent workshop

MH INFRASTRUCTURE

Through a government funded collaboration, school toilets are outfitted with durable hardware to meet global standards for safety, privacy, cleanliness, and accessibility

MENSTRUAL HEALTH (MH) RESEARCH SUMMARY

Research Design: Mixed methods longitudinal research with repeated cross-sectional data from three points in time - baseline, nine months post implementation (midline), and one-year post-implementation (endline).

Sample size: 200 girls, 100 boys, 100 mothers from 10 randomly selected schools

Objectives:

- Assessing the impact of a **boy-facing puberty workshop** in increasing rates of empathy and allyship for menstruating female peers.
- Assessing the impact of a **parent support and education group** in increasing parent knowledge, addressing stigma and misinformation, and increasing self-efficacy to support their children during puberty and menstruation.
- Assessing the impact of a **peer mentoring program** in building leadership skills for girls, addressing social taboos related to puberty and menstruation, and creating a supportive peer network among girls.

We can calculate most of the priority indicators for government funded schools in Addis Ababa using our MH Research Study or routine monitoring data

MATERIALS

		Baseline	Endline
Individual	% of girls who reported having enough menstrual materials during their last menstrual period	**85%**	**90%**
School	% of schools with menstrual materials available to girls in case of an emergency	**n/a**	**94%**

WASH

Individual	% of girls who reported changing their menstrual materials during their last menstrual period when at school	**64%**	**87%**
School	% of girls who changed their menstrual materials at school in a space that was clean, private and safe	**28%**	**37%**

KNOWLEDGE

		Baseline	Endline
Individual	% of students who have ever received education about menstruation in primary and secondary school	*Primary* **83%** *Secondary* **7%**	*Primary* **98%** *Secondary* **42%**
	% of females who know about menstruation prior to menarche	**80%**	**90%**
	% of females with correct knowledge of the fertile period during the ovulatory cycle	**57%**	**71%**
School	% of schools where education about menstruation is provided for students from age 9.	**n/a**	**89%**
	% of schools that have at least one teacher trained to educate students about menstruation	**n/a**	**89%**

DISCOMFORT/ DISORDERS

		Baseline	Endline
Individual	% of girls who report they were able to reduce their menstrual pain when the needed to	**50%**	**63%**
	% of girls who would feel comfortable seeking help for menstrual problems from a health care provider	**54%**	**87%**

SUPPORTIVE SOCIAL ENVIRONMENT

Individual	% of girls who have someone they feel comfortable asking for support regarding menstruation.	**84%**	**97%**

MENSTRUAL HEALTH IMPACTS

		Baseline	Endline
Individual	% of girls who report a menstrual period does not impact their day	**60%**	**95%**
	% of girls whose class participation was not impacted by their last menstrual period.	**71%**	**77%**

POLICY

		Baseline	Endline
Government/ National	Policies that include menstrual health and hygiene.	**Yes**	**Yes**

FURTHER INSIGHTS

- Leveraging the key indicators as a tool for program improvement
- Look at the relationships between the indicators so we can gain deeper insight into the future of menstrual health research

MEGAN WILLIAMS

MEGAN@SPLASH.ORG

Splash would like to thank Osprey Foundation for supporting our sessions at World Water Week this year!

What reflections do you have on this presentation?
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ⓘ Start presenting to display the poll results on this slide.

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WHO UNICEF JMP

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giz

Splash

Swiss Water & Sanitation Consortium

Columbia University

Emory University

Save the Children