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Egypt menstrual health and hygiene monitoring assessment summary

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Introduction

Adequate and validated indicators are essential for tracking progress on addressing menstrual health and hygiene (MHH) as an important reproductive health, education, gender equality, water, sanitation and hygiene (WASH), and social protection issue with multiple effects on adolescent girls' and women's wellbeing. Incorporating MHH indicators into national-level monitoring is vital given its influence on meeting a range of outcomes.

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

For UNICEF Egypt it is also an opportunity to complement existing national efforts and look for ways to strengthen its own interventions and provide technical support for national priorities on MHH monitoring. The assessment is also in line with UNICEF Egypt's increased focus on a multisectoral and holistic approach towards MHH, ensuring monitoring tools are in place – or can be developed – to strengthen programme design and implementation. While acknowledging MHH efforts in Egypt, this assessment can be a chance to explore priority indicators aligning with national priorities.

Methodology

This summary note is based on an analysis of existing data, monitoring systems and processes in Egypt for adolescent girls' and women's MHH. It identifies opportunities to strengthen national and governorate monitoring for increased action and to support MHH priorities in Egypt. The study is a collaborative effort between government, country stakeholders, UNICEF, WaterAid and the Global MHH Monitoring Group (Burnet Institute, Columbia University, Emory University, Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, Save the Children and WaterAid). The process included a country-level launch webinar, convened by UNICEF on 13 March 2024, to introduce the project, request stakeholder inputs to the process, and identify data sources and specific partners to involve in the assessment. There followed a desk review as well as remote interviews and a survey with key experts working on monitoring, MHH and WASH. The findings were validated with a webinar convened by UNICEF on 2 June 2024.

Highlights

- Periodic surveys, such as the Egyptian Family Health Survey (EFHS) and the Survey of Young People in Egypt (SYPE) have collected national MHH data.
- Several organizations have initiated activities and campaigns on the topic but with limited scale and duration. Their monitoring efforts are still to be captured.
- Currently data is collected on materials, knowledge (individual level), discomfort/disorders, supportive social environment, and menstrual health impacts. Notable gaps in monitoring refer to WASH and knowledge (school level).

- Forthcoming opportunities for embedding the indicators include the upcoming SYPE. Menstruation questions in both the EFHS and the SYPE together with a forthcoming survey on female genital mutilation (FGM) (led by UNICEF) can be further adjusted to reflect the priority indicators.
- There are also opportunities for strengthening small-scale monitoring on a programme/project basis. Future research studies present a further opportunity to embed the priority indicators.
- Further traction with stakeholders and development partners would encourage uptake of indicators across projects as well as national and governorate-level systems.

Current MHH status

Egypt is home to almost 20 million girls below the age of 19, with approximately 30% having experienced menarche (Roudi, 2016). 17% of girls in Egypt are married by the age of 18 and 2% by the age of 15 (DHS, 2014). Data differs for rural and urban and upper and lower Egypt.

Materials: Adolescent girls and women (aged 15 to 49) in urban areas were more likely to use sanitary pads than those in rural areas, who were more likely to use cloths. Adolescent girls and women living in rural areas were more likely than those living in urban areas to use reusable menstrual materials or no materials at all (DHS, 2014). The cost of menstrual products is considered high after dollar inflation, with a pack of 18 sanitary pads costing approximately 85 EGP (US\$1.70). The majority of female SYPE 2014 respondents (79.1%) reported using sanitary pads while menstruating. This does not capture the frequency of usage or if girls alternate between the use of sanitary pads and cloths. SYPE 2014 reports that in rural areas 74% of respondents use sanitary pads compared with 87% in urban areas.

WASH: Surveys in Giza (Abdelmoty, et al., 2015) found that only 57% of schoolgirls changed materials three or more times per day.

Knowledge: SYPE 2014 collected national data on the proportion of adolescent girls and women who were aware of menstruation at menarche. Only 66% of girls were aware of menstruation before their first period (34% of Egyptian girls did not know what menstruation was before starting their period). In response to a follow-up question asking 'What was your reaction the first time you got your menstrual cycle?' 74% of girls who were unaware of menstruation felt shocked, afraid or cried. Among those already aware, 37% were either happy or indifferent, compared with only 7% of those who were unaware. The 2021 EFHS found that 29% of individuals had menstrual health education provided in school. To improve knowledge, MHH is included in the national curriculum, the National Positive Parenting Committee's toolkit (UNICEF and Family Experts Network, 2021), and a Menstrual Health Management for Adolescent Girls Training Manual (UNFPA and Ministry of Health and Population, 2022).

Menstrual health impacts: 38% of girls (aged 15 to 19) expressed that their menstrual cycles affect their school attendance (EFHS, 2021) with repercussions on their educational outcomes, labour market prospects and, ultimately, their status within society.

Policy: Currently there is no standalone MHH policy, although there are entry points for MHH recognition that are crucial for progress. In 2022 The National Girls' Empowerment Initiative 'Dawwie' and the Noura Framework were placed under the auspices of Ms Entissar El Sisi, two pivotal initiatives focusing on aspects of girls' wellbeing, leadership and enabling environment. The political commitment paves a way towards greater focus on key priority areas – including MHH – as well as linking with national programmes and strategies.

Current status of MHH monitoring

Main actors involved in MHH

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

Government: Ministry of Education and Technical Education (MoETE), Ministry of Health and Population (MoHP), Ministry of Social Solidarity (MoSS), National Council for Childhood and Motherhood (NCCM), National Council for Women (NCW), National Population Council (NPC)

National statistics agencies: Central Agency for Public Mobilization and Statistics (CAPMAS)

Development partners: World Bank, USAID, Canadian International Development Agency, Spanish Agency for International Development Cooperation, Embassy of the Netherlands, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

UN agencies: UNICEF, UNFPA, UN Women, World Health Organization (WHO), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR)

NGOs and social enterprises: Save the Children, Plan International, MotherBeing, LoveMatters, Edraak Foundation for Development & Equality, Aziza (Mobile Application), Population Council, Pathfinder, BeGirl

Companies: Shemsi, P&G, Molped (Hayat Kimya), Private (Sanita)

Coordination: There is no platform or technical working group (TWG) in place to coordinate civil society inputs and members engaged in advocacy, implementation and monitoring.

Management information systems (MIS)

There are currently no MHH-specific indicators included in the regular monitoring systems of the education and health ministries (EMIS, HMIS).

National or nationally representative data on MHH

Periodic surveys such as the Demographic and Health Survey (DHS), EFHS and SYPE have collected national data on MHH. The government department responsible for these surveys is CAPMAS. UNICEF is instrumental in providing technical and financial support for these surveys.

Egypt Demographic and Health Survey (EDHS) 2014

- 233 When did your last menstrual period start?
- 234 From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?
- 235 Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?

Note: EDHS MHH questions cross link to Priority MHH Indicator 10

Egypt Family Health Survey (EFHS) 2021

EFHS is a national survey, a continuation of DHS, and nationally owned. It is performed and analysed by the national counterparts. The survey collects data on the effect of menstruation on school attendance and girls' exposure to messages about signs of menstruation. It assesses knowledge and experience on puberty and whether adolescent girls miss school days.

- More than 89% of young females had their first menstrual cycle between the ages of 11 and 14. The median age at the start of the menstrual cycle was 13.1 years.
- 37% of never-married females aged 15 to 29 reported that their menstrual cycle impacted their school attendance. The percentage increases to 40% in urban areas, compared with 35% in rural areas. Surprisingly, the proportion of females whose menstrual cycle affects their school attendance generally increases with the educational level and wealth quintile.
- Almost half (48%) of never-married females aged 15 to 29 have not been exposed to messages about puberty and menstruation. Among females who have, three quarters reported that they have received these messages from their mothers and around one third reported that they have received information from relatives or friends. School was the source of information for around 29% of females.
- The percentage of knowledge a respondent has about the menstrual cycle from their mother increases with wealth index (83% among those in the highest wealth quintile compared with 61% among those in the lowest wealth quintile).

- 203 How old were you when you had your first menstrual period?
- 204 Have you ever heard, seen or received any information about signs of your menstrual period and puberty before your first menstrual period?
- 205 Where did you hear or see that information?
- 207 Have you ever been absent from school due to your menstrual period?
- 242 When did your last menstrual period start?
- 243 From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?
- 244 Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?
- 245 After the birth of a child, can a woman become pregnant before her menstrual period has returned?

Note: EFHS MHH questions cross link to Priority MHH Indicators 9, 10, 18, 19

Panel Survey of Young People in Egypt (SYPE)

SYPE, conducted in 2009 and 2014 with young Egyptians aged 10 to 29, is one of the surveys in Egypt that explores the topic of MHH. SYPE is a nationally representative survey of adolescents and young people. It is conducted by CAPMAS and the NPC. The third round was held in 2023. The surveys provide a comprehensive profile of Egyptian adolescents and young people and influence national policy and programme design. Questions on MHH have become more extensive over time.

SYPE 2009 (females) questionnaire

Questions on MHH captured the reaction of girls towards menarche and what they know.

- 277 What are the different reasons that caused you to be absent? Illness/menstrual cycle (possible answers)
- 542 Do you have any of the following health conditions? Menstrual problems (possible answer)
- 637 Have you had your first menstrual period?

- 638 How old were you when you had your first menstrual period?
- 639 The first time you got your menstrual cycle, what was your reaction?
- 640 What do you use during your cycle?
- 641 Girls and boys begin to grow and change around age 10–12. Have you ever talked with your parents about these changes, either about changes in your body or menstruation or about your feelings that you have grown up and are not a child anymore?
- 642 In your opinion, at what age is it appropriate for someone to talk with girls and boys about the changes that occur to them at puberty and about child bearing and how it happens?
- 643 What was your source of information about the changes that occur to boys/girls at puberty?

Note: SYPE 2009 MHH questions cross link to Priority MHH Indicators 1, 9, 10, 16, 17, 18, 19

SYPE 2014 individual questionnaire

According to the 2014 SYPE, one third of respondents (34%) who had experienced menarche indicated that prior to menarche they did not know what menstruation was. Although most adolescent girls (aged 13 to 19) reported that they used sanitary pads while menstruating (85%), the survey did not examine frequency of usage of sanitary pads or other aspects of menstrual hygiene that may be compromised among adolescent schoolgirls in rural Egypt where poverty and conservative gender norms are pervasive.

- 4153 Have you had any of the following health conditions during the past six months? (multiple answers allowed) Menstrual problems (possible answer)
- 4254 Have you had your first menstrual period?
- 4256 Did you know prior to having it that there is something called a menstrual period?
- 4257 The first time you got your menstrual cycle, what was your reaction, how did you feel?
- 4258 What do you use during your cycle?
- 4259 Girls and boys begin to grow and change around age 10–12. Have you ever had a discussion with your parents about these changes, either about changes in your body or menstruation or about your feelings that you have grown up and are not a child anymore?
- 4260 If yes, whom did you talk with? (multiple answers allowed)
- 4261 In your opinion, at what age is it appropriate to talk with girls and boys about the changes that occur to them at puberty?
- 4262 What was your main source of information to learn about pubertal changes?
- 4263 Do you think that the amount of information you received was sufficient?
- 4264 Do you think it is important for young people like yourself to receive information about their bodies, pregnancy, childbirth, and husband–wife relationships?

Note: SYPE 2014 MHH questions cross link to Priority MHH Indicators 1, 9, 10, 15, 16, 17, 18, 19

U-Report

UNICEF has conducted several polls using a free SMS social monitoring tool called U-Report. In 2023 UNICEF MENARO launched a regional 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 (UNICEF, 2023). 2,800 people from 17 countries in the region responded to the poll. Only 9% of the respondents (240) were from Egypt.

Therefore, U-Report data is not representative of the population but can identify important insights that can be further validated and triangulated with other data sources. The poll showed that 20% of girls lack the necessary information on menstruation, 30% miss some or all of school during their period, 20% need support to manage menstrual pain, and 20% do not speak to anyone about menstruation.

Note: U-Report MHH questions cross link to Priority MHH Indicators 1, 15, 17, 18, 19

Joint Monitoring Programme

The WHO/UNICEF Joint Monitoring Programme (JMP) reports on WASH in schools. The 2024 JMP report (UNICEF and WHO, 2024) indicates that Egypt had universal coverage in primary schools in 2023 but less than two thirds (63%) of secondary schools had basic sanitation. There are large gaps in coverage of handwashing facilities between secondary and primary schools in Egypt (37 % higher in primary). 82% of secondary schools have a basic water supply (no data is available for primary schools).

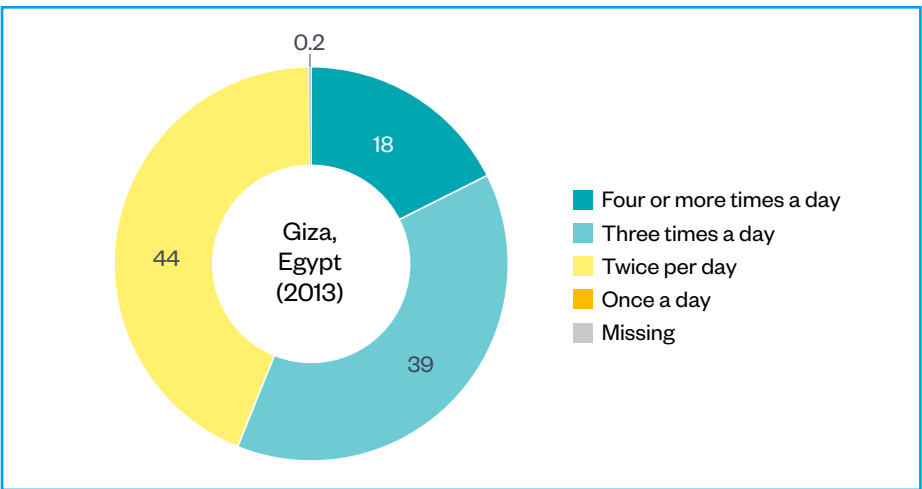
The JMP 2023 progress report (UNICEF and WHO, 2023) included a chapter on MHH, with data from several countries, including Egypt. The four indicators included awareness of menstruation at menarche, the use of menstrual absorbents, access to a private space to wash and change, and participation in activities during menstruation. The data available for Egypt is shown below and is derived from SYPE.

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

Year	Survey	Population of women and girls aged 15-49 (thousands)	% urban (of total population)	Rural					Urban						
				Proportion of women and girls aged 15-49 who have menstruated in the previous year					Proportion of women and girls aged 15-49 who have menstruated in the previous year						
				Awareness of menstruation before menarche	Private place to wash and change	Participation in activities during menstruation	Use of menstrual materials	Use of reusable materials	Use of single-use materials	Awareness of menstruation before menarche	Private place to wash and change	Participation in activities during menstruation	Use of menstrual materials	Use of reusable materials	Use of single-use materials
2009	SYP	22,096	43	-	-	-	98	-	-	-	-	-	>99	-	-
2014	SYP	24,358	43	63	-	-	98	-	-	72	-	-	>99	-	-

The 2024 JMP report states that many adolescent schoolgirls change menstrual materials less frequently than recommended.

Figure 1: Proportion of adolescent schoolgirls by frequency of changing menstrual materials in subnational survey in Giza, Egypt (%)



Small-scale (programme/project) MHH monitoring

Dawwie, the National Girls' Empowerment Initiative

Dawwie, launched in 2019, is a multi-stakeholder initiative to advocate for girls' empowerment and create an enabling environment through enhanced access to quality services, skills development, and opportunities to participate and be heard. Dawwie is led by NCCM and NCW with the support of UNICEF and in partnership with six other ministries and national councils and NGOs. Dawwie includes a focus on girls' physical and mental wellbeing as well as personal hygiene, tapping into MHH based on community feedback with a girls-centric approach. The initiative is closely coordinated with partners engaged with the girls' empowerment agenda, such as UNFPA, UN Women, WHO and others, to leverage synergies and partnerships along three key pillars: 1) enhancing access to age-appropriate skills and opportunities to support a successful transition from learning to earning; 2) improving the quality, offer and demand of services instrumental to girls' empowerment, such as protection, mental health, psychological support and menstrual hygiene; 3) enhancing positive gender socialization and participation opportunities for boys and girls to experience gender equality and enhance agency.

Positive Parenting Toolkit

Under the National Positive Parenting Committee, in which MoSS is taking the lead in partnership with 12 other governmental entities and UNICEF, the Positive Parenting Toolkit disseminates MHH information to service providers (including facilitators, community health workers, faith-based organizations (FBOs), social workers and para-social workers, parents, and parents-to-be) to help equip parents with the skills and knowledge to raise their children. Monitoring knowledge levels of parents and parents-to-be is carried out using pre/post-tests, focus groups and RapidPro.

Noura programme

Through the Noura programme, stakeholders are informing adolescent girls about MHH, raising their awareness of personal hygiene, addressing the price surges on sanitary pads, and busting myths such as girls can't bathe or cut their hair while they're on their period. Monitoring of girls' understanding of their menstrual health is carried out using qualitative methods (mainly focus group discussions and observation).

WASH programme monitoring

Together with WASH programmes in community schools and public schools, agencies such as UNICEF monitor the availability of water, latrines and handwashing stations. UNICEF developed an MHH knowledge pocket guide (based on the principle that all people, including children, have the right to autonomy and self-determination when it comes to their own bodies) designed and tested with girls in refugee community schools. So far, more than 80,000 girls and their families have received the MHH knowledge card through WASH interventions in refugee populations. Finalization of the pocket guide and roll out will be part of the MHH multi-sectoral approach which UNICEF Egypt will commence in mid-2024. UNICEF Egypt is currently working on contextualizing an intervention for adolescent girls (designed by the regional office) that will be rolled out through UNICEF's emergency response in Gaza and Sudan.

Monitoring pad distribution

UNFPA procures and distributes dignity kits (including menstrual pads) at the UNFPA-operated Safe Spaces in Aswan and Giza. The kits target vulnerable girls and women in highly populated areas with disrupted water and sanitation facilities and refugees, asylum seekers and undocumented vulnerable migrants who face challenges accessing menstrual products. The NCW has 21 production hubs for commercial sanitary pads across different governorates and during the COVID-19 pandemic the pads were distributed for free. UNICEF distributes hygiene kits in refugee

communities and community schools which include pads, disposal bags and a pocket card on how to use the products. Girls in some parts of Upper Egypt lack underwear, so workshops have been organized to teach girls how to make their own. The Noura programme (implemented by NCW in collaboration with UNFPA) partnered with Shemsi (a company producing washable, reusable period underwear) to distribute sustainable period underwear but the cost is prohibitive for mass uptake.

Monitoring change in knowledge through MHH training workshops

UNFPA and MoHP produced the first MHH training manual in Egypt, Menstrual Health Management for Adolescent Girls Training Manual, in 2022. The training manual promotes health and social wellbeing through providing adolescent girls with comprehensive, age and gender-sensitive and timely information on menstruation and the menstrual cycle. The manual is used by reproductive health trainers and peer educators to enhance community awareness on menstrual health. Y-PEER – UNFPA’s youth leadership network – has held MHH workshops for girls and young women in the governorates of Sohag and Assiut in cooperation with the Egyptian Family Planning Association using the training manual. The training is assessed by recording levels of knowledge on menstruation before and after the training and awareness-raising sessions.

Online surveys through social medial platforms

Online surveys have been used to ask young people questions on a range of issues including periods to understand levels of menstrual health literacy across the country. The findings are used to demonstrate the need for evidence-based, age-appropriate MHH education and to continue to normalize conversations about periods. For instance, Love Matters Arabic (LMA) is a digital community in Egypt and the Arab World that addresses sexual and reproductive health and rights (SRHR). It has provided young people (aged 18 to 30) in Egypt with information through various online platforms, such as a discussion forum and social media channels, and run polls on topics including period poverty.

Recent research activities

There have been several studies concerning MHH among adolescent girls in Egypt. Most focus on menstruation and school/work absenteeism.

- In research by El-Gilany, Badawi and El-Fedawy (2005) schoolgirls reported not bathing during menstruation because it was taboo.
- Arafa, et al. (2018) performed a cross-sectional study on 4,122 girls (12 to 25 years old) in Beni-Suef City with a structured questionnaire on dysmenorrhea and premenstrual syndrome (PMS). It was evident from the study that dysmenorrhea and PMS are highly prevalent among girls in Beni-Suef City.
- An El-Gilany, et al. (2005) study of 664 schoolgirls aged 14 to 18 in Mansoura asked about type of sanitary protection used, the frequency of changing pads or cloths, the means of disposal, and bathing during menstruation. Data were collected through an anonymous, self-administered, open-ended questionnaire during class time.
- El-Lassy and El-Aziz Madian (2013) conducted an interventional study with 97 adolescents at a secondary technical nursing school in Damanhour City to assess the impact of the Health Educational Program. Post-test, there was a significant difference in students’ level of knowledge and practices.
- Abed, et al. (2015) used a descriptive cross-sectional study to assess menstrual knowledge, attitudes and practices among adolescent girls at Sohag City. A self-administrated questionnaire and Menstruation Attitude Questionnaire (MAQ) were used for data collection with a sample of 100 adolescent girls.

- Abou Hussein and Abdel-Tawab (2023) conducted a qualitative study on menstruation-related attitudes, practices and perceptions that shape adolescent girls' daily routines in rural communities in Assiut and Sohag. The study involved unmarried adolescent girls aged 13 to 16, mothers, fathers, male siblings of adolescent girls, schoolteachers, doctors/nurses, pharmacists, and community leaders.
- Abdelmoty, et al. (2015) performed a cross-sectional survey with 800 questionnaires administered to post-menarcheal adolescents attending secondary schools in Giza. The questionnaire included items on girls' socio-demographic and menstrual pattern characteristics, age at menarche, menstrual cycle length and regularity, duration and amount of flow, type and severity of pain related to menstruation, need for analgesia, and symptoms suggestive of PMS.

Enablers and barriers to monitoring MHH

Enablers

- Governmental (MoHP, NCCM and NCW) and NGO partners have expressed interest and commitment towards expanding work on MHH. There is also a demand at the community level whereby girls have voiced their need for more information on MHH.
- The Middle East and North Africa (MENA) region is the fourth largest market globally for FemTech – software and tech-enabled products that address women's health issues. Companies such as MotherBeing provide content on MHH, bodily autonomy and reproductive health education on TikTok and Instagram and collect data through online surveys and polls.
- MHH is covered in the middle-school curriculum in biology lessons on reproductive health. Along with various training manuals, this provides an opportunity for monitoring knowledge.
- Expanding monitoring through research and programmes (e.g. Dawwie, the Gender-Transformative National Positive Parenting Programme, the Noura programme).

Barriers

- Although things are changing, discussion of MHH is still taboo at the community and political levels.
- Despite widespread in-country efforts to promote girls' empowerment, MHH programmes and interventions are sporadic and lack sustained coordination. Each actor has its own monitoring system and programme-specific indicators.
- MHH is marginalized in reproductive health interventions and there are no specific national programmes that address menstrual health or policies and programmes that allow for MHH-related indicator monitoring.
- Data collection and research entities lack the resources to collect data (data collectors need to be female to ask these types of questions).
- Datasets from national surveys are not always made available for further analysis.

Potential for uptake and improved monitoring

National priorities mapped to domains and indicators

Priorities for MHH monitoring identified by respondents include WASH, knowledge, pain, materials and guidelines as well as adolescent girls' sources of information on MHH, access to menstrual products, types of menstrual products, impact of menstrual cycles on daily activities, and norms around menstruation (see Table 2). More attention is needed to enable public review of and comment on the priority indicators before being finalized.

Opportunities for uptake and how this would support improved MHH

- **WASH:** Putting national-level monitoring in place for WASH in schools (WinS) programming could allow for regular monitoring of MHH indicators. Opportunities exist for leveraging existing national-level WASH data to further assess if needs are being met.
- **Knowledge:** The existing Menstrual Health Management Training Manual (UNFPA and MoHP, 2022) materials could be accompanied by efforts to improve monitoring of knowledge and changes in practice. In addition, UNICEF is working on a manual targeting girls and community workers to integrate MHH into programmes for adolescent girls. The manual will equip frontline workers to cascade awareness-raising sessions on menstruation and the menstrual cycle, enhance the capacity of women and girls to manage menstruation, and address misconceptions.
- **Materials:** Monitoring the affordability of MHH products is critical. Secondary analysis of the EFHS data can be used to address the financial burden and ensure affordable supplies of menstrual products for women and girls (as planned by UNFPA).
- **Supportive social environment:** Existing programmes such as the National Project for the Development of the Egyptian Family, Dawwie, the Gender Transformative National Positive Parenting Programme, and the Noura programme will be channels for structured integration of MHH and engaging girls and communities not only in information sharing but also in overcoming stigma – this could then require a monitoring framework. UNICEF Egypt is currently working on an advocacy note to promote an institutionalized approach to MHH that can institutionalize and strengthen monitoring efforts at the national level.
- Creation of a national partnership/coalition responsible for monitoring and collecting data on MHH in collaboration with CAPMAS is under discussion.
- The forthcoming SYPE is a critical opportunity for expanding monitoring of MHH. Any new intervention that uses advocacy, knowledge generation, capacity building and innovation as tools for improved MHH would also be an opportunity for incorporating the indicators and could be another entry point for cross-agency alignment. Inter-agency collaboration on programming by various ministries is an opportunity to strengthen monitoring using national policies such as the National Strategy for the Empowerment of Egyptian Women 2030 as a point of convergence on MHH.

Stakeholder engagement / sector roles

The engagement of stakeholders including government agencies, NGOs, academic institutions, private sector partners and community-based organizations (CBOs) is critical to pool resources, share expertise and coordinate efforts in MHH monitoring, as well as to support data harmonization. Collaboration across sectors including health, education, water, sanitation and gender equality will also facilitate integrated data collection efforts that capture the multifaceted nature of MHH, while leveraging existing resources and expertise. Coordination structures can provide much needed traction to influence policy/strategy/programme development or the definition of measures, being mindful that monitoring and evaluation (M&E) follows plans and strategies. Likewise, budget for monitoring is linked to investment in programmes, so it is useful to emphasize coordination mechanisms.

Collaboration with local academic institutions would provide an opportunity to explore untapped research areas. MHH research within programmes could pilot outcome-level MHH indicators in conjunction with local academic institutions to sustain monitoring studies. Researchers can integrate the MHH indicators and related measures into primary studies. Longitudinal studies that track changes in MHH practices and outcomes over time will provide valuable insights into the impact of interventions and policies aimed at improving MHH and enable researchers and policymakers to assess trends, identify emerging issues and evaluate the effectiveness of interventions. More qualitative tools may be useful for small-scale assessment of specific project outputs and outcomes.

Resources required for MHH monitoring

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

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

Domain	Level	Indicator	Is there a related indicator in use?	Is this a priority or a future opportunity?
Materials	Individual (outcome indicators)	1. % of girls who reported having enough menstrual materials during their last menstrual period	U-Report SYPE 2014 SYPE 2009	
	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	SYPE 2014 SYPE 2009 EFHS	
		10. % of females with correct knowledge of the fertile period during the ovulatory cycle	SYPE 2014 SYPE 2009 EFHS/EDHS	
	School (output indicators)	11. % of schools where education about menstruation is provided for students from age 9		
		12. Existence of pre-service or in-service teacher training about menstruation at the primary or secondary level		
		13. % of schools that have at least one teacher trained to educate primary/secondary students about menstruation		
Discomfort/ disorders	Individual (outcome indicators)	14. % of countries where national policy mandates education about menstruation at primary and secondary level		
		15. % of girls who report that they were able to reduce their menstrual (abdominal/back/cramping) pain when they needed to during their last menstrual period	U-Report SYPE 2014	
Supportive social environment	Individual (outcome indicators)	16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider	SYPE 2014 SYPE 2009	
		17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	U-Report SYPE 2014 SYPE 2009	
Menstrual health impacts	Individual (outcome indicators)	18. % of girls who report a menstrual period does not impact their day	U-Report SYPE 2014 SYPE 2009 EFHS	
		19. % of girls whose class participation was not impacted by their last menstrual period	U-Report SYPE 2014 SYPE 2009 EFHS	
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 No existing indicators identified

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Annex

Priority List of Indicators for Girls' Menstrual Health and Hygiene

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

Credit: Global MHH Monitoring Group, 2022.



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