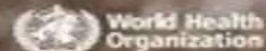


**PROGRESS ON  
DRINKING WATER,  
SANITATION  
AND HYGIENE IN  
SCHOOLS 2015-2023**

Special focus on menstrual health

WHO/UNICEF JOINT MONITORING PROGRAMME FOR WATER SUPPLY, SANITATION AND HYGIENE





Rc.14090

**Bread of  
Life Dev.  
Foundation**

*Water, Sanitation, and Hygiene (WASH) non-governmental organization (NGO)  
In Special Consultative Status with UN's Economic and Social Council (ECOSOC)*

Progress on Drinking Water, Sanitation, and  
Hygiene in Schools 2015-2023, Special Focus on  
Menstrual Health: WHO/UNICEF Joint  
Monitoring Programme (JMP) for Water Supply,  
Sanitation and Hygiene (WASH)  
**A review**

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# Why WHO/UNICEF JMP report is important

- Monitoring of the SDG targets related to WASH.
- SDG 4 aims to ensure inclusive and quality education for all.
- Goal 5 aims to realize gender equality and empower all women and girls.
- Goal 6 aims to ensure the availability and sustainable management of water and sanitation for all.
- To reflect on growing attention to the links between WASH and menstrual health
- To examine the availability of national data corresponding to internationally recommended priority indicators for girls' menstrual health and hygiene.
- Released May 27, 2024

**TABLE A1** JMP classification of improved and unimproved facility types

	DRINKING WATER	SANITATION
<b>Improved facilities</b>	<p><b>Piped supplies</b></p> <ul style="list-style-type: none"> <li>• Tap water in the dwelling, yard or plot, including piped to a neighbour</li> <li>• Public taps or standpipes</li> </ul> <p><b>Non-piped supplies</b></p> <ul style="list-style-type: none"> <li>• Boreholes/tubewells</li> <li>• Protected wells and springs</li> <li>• Rainwater</li> <li>• Packaged water, including bottled water and sachet water</li> <li>• Delivered water, including tanker trucks and small carts/tanks/drums</li> <li>• Water kiosks</li> </ul>	<p><b>Networked sanitation</b></p> <ul style="list-style-type: none"> <li>• Flush and pour-flush toilets connected to sewers</li> </ul> <p><b>On-site sanitation</b></p> <ul style="list-style-type: none"> <li>• Flush and pour-flush toilets or latrines connected to septic tanks or pits</li> <li>• Ventilated improved pit (VIP) latrines</li> <li>• Pit latrines with slabs (constructed from materials that are durable and easy to clean)</li> <li>• Composting toilets, including twin-pit latrines with slabs and container-based systems</li> </ul>
<b>Unimproved facilities</b>	<p><b>Non-piped supplies</b></p> <ul style="list-style-type: none"> <li>• Unprotected wells and springs</li> </ul>	<p><b>On-site sanitation</b></p> <ul style="list-style-type: none"> <li>• Flush and pour-flush toilets or latrines flushed to elsewhere*</li> <li>• Pit latrines without slabs, or slabs constructed from materials that are not durable and easy to clean</li> <li>• Open pits</li> <li>• Hanging toilets/latrines</li> <li>• Bucket latrines, including pans, trays, or other unsealed containers</li> </ul>
<b>No facility</b>	<p><b>Surface water</b></p> <ul style="list-style-type: none"> <li>• Open water sources located above ground, including rivers, lakes, ponds, streams, canals, reservoirs, and irrigation channels</li> </ul>	<p><b>Open defecation</b></p> <ul style="list-style-type: none"> <li>• Defecation in the bush, field or ditch</li> <li>• Defecation into surface water, including beach, river, stream, sea, or drainage channel</li> </ul>

\* A survey response of 'Flush/pour-flush to elsewhere' suggests that excreta are not being discharged into a sewer, septic tank or pit latrine but into the local environment, and that the facility should therefore be classified as unimproved.

**TABLE A2** JMP primary indicators for WASH in schools

Proportion of schools with:		
DRINKING WATER	SANITATION	HYGIENE
<ul style="list-style-type: none"> <li>• Any water facility</li> <li>• An improved water source</li> <li>• A basic water service</li> </ul>	<ul style="list-style-type: none"> <li>• Any sanitation facility</li> <li>• An improved sanitation facility</li> <li>• A basic sanitation service</li> </ul>	<ul style="list-style-type: none"> <li>• Any handwashing facility</li> <li>• A handwashing facility with water</li> <li>• A basic hygiene service</li> </ul>





# Key global WASH findings

**Access to drinking water:** 447 million children (23%) do not have access to drinking water at school.

**Sanitation facilities:** 427 million children (22%) do not have access to sanitation services that are single-sex and usable at school.

**Hygiene:** 646 million children (33%) lack a basic hygiene service at school

## **Menstrual health management:**

- Only 2 out of 5 schools (39%) provide menstrual health education.
- Less than 1 in 3 schools (31%) globally have bins for menstrual waste in girls' toilets.

# HIGHLIGHTS

## WASH IN SCHOOLS IN 2023

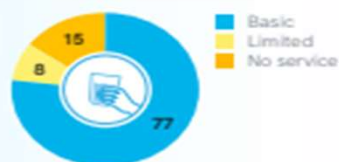
■ Drinking water    ■ Sanitation    ■ Hygiene    ■ Menstrual health  
■ Limited service    ■ No service

### DRINKING WATER

138 countries had national estimates

77% of schools

had a basic drinking water service



Secondary 81%

Primary 75%

2x increase acceleration needed for universal access by 2030

#### Coverage of basic services

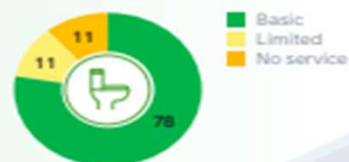
Low income countries 49%  
High income countries >99%

### SANITATION

144 countries had national estimates

78% of schools

had a basic sanitation service



Secondary 83%

Primary 75%

2x increase acceleration needed for universal access by 2030

#### Coverage of basic services

Low income countries 49%  
High income countries >99%

BASIC SERVICES

LIMITED/NO SERVICE

447 million children

lacked a basic drinking water service at their school



293 million

unimproved or no water source

153 million

improved source but no water available

427 million children

lacked a basic sanitation service at their school



222 million

unimproved or no sanitation facility

205 million

improved facilities, but not single-sex or not usable



## HYGIENE

134 countries had national estimates

67% of schools had a basic hygiene service



Secondary 67%  
Primary 65%

4x increase acceleration needed for universal access by 2030



### Coverage of basic services

Low income countries 28%  
High income countries >99%

646 million children

lacked a basic hygiene service at their school



406 million

no handwashing facility or no water

240 million

handwashing facilities with water but no soap

# Key WASH findings-Nigeria

- In 2023, 29 million Nigerian children still had no drinking water service at their school.
- In 2023, 32 million Nigerian children still had no sanitation service at their school
- In 2023, 47m Nigerian children had no hygiene service in Schools
- Disparities were observed in basic sanitation, which ranged from 90% in Lagos to 9% in Gombe in Nigeria (81%) in 2021
- Fewer than half the schools in FCT, (47%) had access to basic WASH in



# Defining Menstrual Health

## Definition

- Menstrual health was defined by the report as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity, to the menstrual cycle.
- In other words, it means access to information, materials and facilities, free from discomforts/disorders, a positive and respectful environment and participation in all spheres of life during the menstrual cycle.

# Key global findings on Menstrual Health

- Worldwide, only 2 out of 5 schools (39%) provide menstrual health education.
- Less than 1 in 10 schools (11%) have bins for menstrual waste in girls' toilets in sub-Saharan Africa.
- Menstrual products are not always readily available, with many unable to afford them
- Millions around the world are unaware or unprepared for menstruation before having their first period
- Adolescents often feeling ashamed or unable to openly discuss the topic.
- No national datasets were identified on how many teachers are trained to teach about menstrual hygiene



## MENSTRUAL HEALTH

30 countries had national data\*

Preliminary estimates based on emerging national data\*\*

### Globally

Around 2 out of 5 schools provide menstrual health education



Around 1 in 3 schools have bins for menstrual waste in girls' toilets



### Central and Southern Asia

Around 2 out of 5 schools provide menstrual education



1 in 3 primary

4 in 5 secondary

### Sub-Saharan Africa

Around 1 in 8 schools have menstrual materials available for free or purchase



### Schools with bins available for menstrual waste in girls' toilets



Central and Southern Asia	     	35%
Sub-Saharan Africa	     	11%
Least Developed Countries	     	17%

### Most commonly available national menstrual health data:



Facilities

(22 of 30 countries)



Knowledge

(19 of 30 countries)



Materials

(15 of 30 countries)

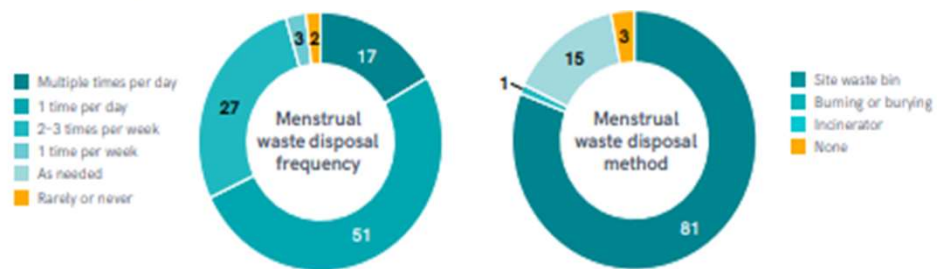
\*Nationally representative data for at least one of the internationally recommended Priority List of Indicators for Girl's Menstrual Health and Hygiene (2022) (<https://www.publichealth.columbia.edu/research/programs/gate/monitor-mhh/monitoring-resources>)

\*\*Nationally representative data for menstrual health indicators remain limited and indicator definitions vary making cross-country comparison difficult. Preliminary regional and global aggregates should therefore be treated with caution.



In Addis Ababa (Ethiopia), 81% of schools disposed of menstrual waste with general waste, while 15% used incinerators (Figure 53). The frequency of menstrual waste disposal was also reported and varies from multiple times per day to less than one time per week, with over half of schools emptying menstrual waste once per day.

**In Addis Ababa, Ethiopia, most schools dispose of menstrual waste once per day and in the school general waste bin**



**FIGURE 53** Proportion of schools by method and frequency of menstrual waste disposal in Addis Ababa, Ethiopia, 2019-2022 (%)

## **Key finding on Menstrual Health-Nigeria**

**In Nigeria, 3.8% of schools provided menstrual materials for free. Implies 96% pupils have to purchase**

# Priority list of indicators for monitoring girls' menstrual health and hygiene

DOMAIN	DENOMINATOR	INDICATOR	NUMBER OF COUNTRIES IDENTIFIED WITH RELATED NATIONAL DATA
Materials	Individuals	1. % of girls who reported having enough menstrual materials during their last menstrual period	4
	Schools	2. % of schools with menstrual materials available to girls in case of an emergency	13
Facilities	Individuals	3. % of girls who reported changing their menstrual materials during their last menstrual period when at school	2
	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
	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
	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
	Schools	7. % of schools (primary/secondary) that have water and soap available in a private space for girls to manage menstruation	10
Knowledge	Individuals	8. % of students (male/female) who have ever received education about menstruation in primary and secondary school	17*
	Individuals	9. % of females who know about menstruation prior to menarche	4
	Individuals	10. % of females with correct knowledge of the fertile period during the ovulatory cycle	1
	Schools	11. % of schools where education about menstruation is provided for students from age 9	17*
	Schools	12. % of schools with pre-service or in-service teacher training about menstruation at the primary or secondary level	0
	Schools	13. % of schools that have at least one teacher trained to educate primary/secondary students about menstruation	0
	Country	14. % of countries where national policy mandates education about menstruation at primary and secondary level	**
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
	Individuals	16. % of girls who would feel comfortable seeking help for menstrual problems from a health care provider	1
Supportive social environment	Individuals	17. % of girls who have someone they feel comfortable asking for support (advice, resources, emotional support) regarding menstruation	2
Menstrual health impacts	Individuals	18. % of girls who report that a menstrual period does not impact their day	3
	Individuals	19. % of girls whose class participation was not impacted by their last menstrual period	9
	Country	20. % of countries with policies or plans that include menstrual health and hygiene	**



# Challenges of Menstrual Health in Nigeria

- Nationally representative **data** for **menstrual health** indicators remain **limited**.
- Limited Access to Menstrual Hygiene Products.
- Impact on Education
- Health and Hygiene Concerns
- Gender Inequality
- Inadequate WASH Facilities
- Social and Cultural Stigma
- Policy and Funding Gaps

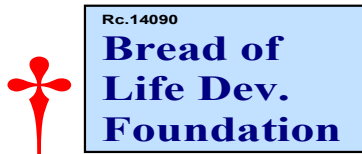
# Ideas for Advocacy-Way Forward

- Comprehensive Policy Implementation
- Increased Funding and Resources
- Education and Awareness Campaigns
- Partnerships with NGOs and the Private Sector
- Community Engagement

# Discussion: Session

# Topic for discussion

Share your experiences in implementing WASH and Menstrual health management in Schools: Success stories, challenges, and lessons learned.



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