

MENSTRUAL HEALTH IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

FIJI

COUNTRY CONTEXT

Fiji is an archipelago consisting of hundreds of islands and a population of nearly 1 million people.¹ Of the 282,000 adolescent girls and women of reproductive age (10–49 years), 26 per cent had an unmet need for contraception in 2021.² Fewer than half of the country's schools had access to a basic sanitation service, while 66 per cent of them had a basic hygiene service.³ Around 99 per cent of households had access to at least basic sanitation services.⁴

OBJECTIVES

1. Document the state of policy and programming to support menstrual health. Collate lessons learned and stakeholders' insights on barriers and enablers to effective action.
2. Review the evidence for menstrual health interventions across the region. Document lessons learned and the barriers as well as the enablers of high-quality monitoring and evaluation.

This review report assesses the progress and opportunities using five dimensions of the definition of menstrual health.⁵ Menstrual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle throughout their life course can engage in the following five dimensions.



Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life course, as well as related self-care and hygiene practices.



Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials.



Access timely diagnosis, treatment and care for menstrual cycle-related discomfort and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care.



Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.



Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstruation-related exclusion, restriction, discrimination, coercion and/or violence.






PROGRESS: ENABLING ENVIRONMENT

Policies and plans

There is strong government recognition of the importance of menstrual health and an appetite for policy engagement in Fiji. Many ministries have acknowledged the importance of menstrual health in their education, WASH, gender and child protection policies.

- **National Gender Policy (2014)** outlines the requirements for women's reproductive health and menstrual materials in public spaces and workplaces. It also acknowledges a need for provision of sanitary facilities for men and women in all worksites as part of occupational health and safety for gender equality. The Ministry for Social Welfare, Women and Poverty Alleviation is responsible for the policy's implementation.
- **Minimum Standards on WASH in Schools Infrastructure (2012)** outlines the requirements for (i) a washing space for girls, including a shower; (ii) provision of menstrual products in schools; and (iii) facilities for safe pad disposal, including one sanitary bin per girls' toilet. The Ministry of Education, Heritage and Arts is responsible for delivery of the Minimum Standards.
- **National Child Protection Strategic Plan (2022–2027)** outlines an objective for at-risk children to have access to dignity kits, stating these should be available in all police stations. The Ministry of Women, Children and Poverty Alleviation's Department of Social Welfare is responsible for the policy's implementation.

- **Family Life Education curriculum (2010)** contains puberty and menstruation education. The Ministry of Education, Heritage and Arts is responsible for Family Life Education implementation across schools.
- **National WASH Cluster Standards (2020)** contains provisions for a minimum standard of hygiene kit with menstrual materials as a requirement in emergency response and a requirement for appropriate disposal mechanisms. The Ministry of Health (Environmental Health) is responsible for cluster standards, with UNICEF as the co-lead agency.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ The Ministry of Education, Heritage and Arts' Family Life Education curriculum includes menstruation education.</p>	<p>✓ The National Gender Policy (2014) outlines the requirements for menstrual health in workplaces.</p> <p>The Minimum Standards on WASH in Schools Infrastructure (2012) defines requirements for menstrual health-friendly facilities.</p> <p>The National WASH Cluster standards (2020) define provisions for menstrual health kit distribution in emergency responses and safe disposal mechanisms.</p> <p>The National Child Protection Strategic Plan (2022–2027) outlines an objective for at-risk children to have access to dignity kits, stating these should be available in all police stations.</p>	<p>✗ Not included.</p>	<p>✗ Not included.</p>	<p>✓ The National Gender Policy (2014) outlines the requirements for menstrual health in the workplace.</p>



Lessons and insights: Several policy opportunities offer a way to strengthen menstrual health

The review identified four opportunities to include menstrual health and hygiene in national policies, plans or guidelines:

- **Reproductive Health Policy (2009)**, which indicates training of staff and community health workers on sexual and reproductive health and strengthening of youth-friendly services.
- **National Youth Policy (2011)**, which supports adolescent and reproductive health education in schools.
- **National School Health Policy (2016)**, which requires school health teams to conduct assessments of schools' compliance with sanitary requirements.
- **Rural Water and Sanitation Policy (2021)**, which defines rural WASH service delivery.



Lessons and insights: Now is the opportune time to capitalize on the momentum

Review informants highlighted positive government engagement and policy willingness. The need for cross-sectoral and cross-government dialogue was emphasized. Review informants also noted that WASH in schools has been the key entry point for attention to menstrual health and for government engagement, along with a growing focus from humanitarian responses.



The space for policy engagement is right this time and policy wise there is appetite.






– Review informant, United Nations agency



Implementation arrangements

The Ministry of Education, Heritage and Arts is responsible for addressing menstrual health in schools and administers a menstrual pad voucher scheme that is supported by a technical working group comprising United Nations agencies and government ministries. However, the review found no policy provisions guiding their services, and the scope of the working group is unclear. The Ministry for Social Welfare, Women and Poverty Alleviation's Department of Social Welfare is responsible for ensuring that dignity kits are available in Fijian police stations for girls who are victims of violence. The National WASH Cluster for humanitarian response is led by the Ministry of Health and Medical Services and co-led by UNICEF and is responsible for meeting the standards on menstrual health in humanitarian response.

Responsibilities for the different aspects of menstrual health were not always clear in the government policies, plans and guidance documents.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ The Ministry of Education, Heritage and Arts is responsible for the Family Life Education curriculum.</p>	<p>✓ The Ministry of Education, Heritage and Arts is responsible for the WASH in Schools programme.</p> <p>The Ministry for Social Welfare, Women and Poverty Alleviation is responsible for the National Gender Policy workplace provisions on menstrual health. It is also responsible for the provision of dignity kits to police stations under the Child Protection Strategy.</p> <p>The National WASH Cluster is led by the Ministry of Health and Medical Services.</p>	<p>✗ No evidence was found.</p>	<p>✗ No evidence was found.</p>	<p>✗ No evidence was found.</p>

Coordination within sectors, such as the cluster system, has been growing. However, coordination between sectors has been fairly weak, and many review informants raised the need for cross-sector and cross-government dialogue.

Lessons and insights: Holistic menstrual health requires a coordination mechanism

Review informants noted that a technical working group comprising United Nations and government agencies guides the Government's school sanitary pad voucher programme. But beyond this, the review informants expressed concern that there is insufficient coordination across multiple aspects of menstrual health, which is leading to the lack of monitoring data sharing and other challenges.

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A barrier is an operational coordination among key players. There is a need to demonstrate coherence [between stakeholders]. The different pillars [of menstrual health] need to have a more comprehensive approach. – Review informant, United Nations agency

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Financing

The review found news reports of the Ministry of Education, Heritage and Arts' menstrual product provision scheme and its budget allocation of 1.5 million Fijian dollars. No specific amount of public budget allocated for menstrual health and hygiene was found in the policy documents. Presumably, there is an allocation for menstrual health in schools through the WASH in Schools programme, but the review found no budget line or guidance for implementation.

PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Menstrual health and hygiene activities have been implemented as part of the WASH in Schools programme, with emphasis on improved access to information, material and facilities. The review found little progress that directly supports the right to participate, social environments and menstrual health care. Current service delivery and programming approaches are as follows.



Information and education: The Reproductive and Family Health Association of Fiji, in collaboration with the Ministry of Health and Medical Services, conducts school visits to provide education on puberty, menstruation and sexual and reproductive health to teachers and students. They have reached more than 3,000 persons per year since 2019. The education programme includes nurses who accompany team members to all school education sessions to provide health advice and undertake consultations with women and girls if needed. Non-government organizations take peer-led training approaches, with the Fiji Women's Rights Movement (2021–2022) training girls, including those with disabilities, in menstrual health education and skills to share with their communities. Similarly, the Adventist Development and Relief Agency International (ADRA) provides mentorship to young girls and leadership skills for advocacy.



Services and materials: The Ministry of Education, Heritage and Arts has implemented a menstrual product provision scheme aiming to provide menstrual products to all girls in grades 7–13 in schools. The budget of 1.5 million Fijian dollars funds a voucher system that girls can exchange at vendors for products. In the Government's 2021/2022 fiscal year, approximately 64,000 students received vouchers, and the Ministry estimated that 65,000 girls benefited in 2022/2023. UNICEF's Reach for the Stars WASH in Schools Project (2017–2020) supported schools to improve WASH infrastructure and education using the Three Star Approach and developing WASH guidelines. The Three Star Approach includes one criteria specific to menstrual hygiene management: improved sanitation facilities, supplies and education. UNICEF is undertaking a review as the lead-up to full inclusion of menstrual hygiene management in the review of the WASH in School Minimum Standards and Guidelines. Many international organization-led WASH projects, such as by Habitat for Humanity, Plan International and the Red Cross, incorporate menstrual health. For example, Save the Children's WASH Project reached 5,000 girls with menstrual cycle and hygiene education. Non-government organization programming has also included menstrual product provision. For example, Save the Children distributed 5,000 menstrual kits across 26 schools from 2018 to 2022, and the Reproductive and Family Health Association of Fiji provides menstrual products to girls accessing sexual and reproductive health services.

Menstrual health in emergencies has received attention, such as when Cyclone Harold and the COVID-19 pandemic spurred disaster-related provisions. ADRA supplied 5,000 dignity kits, while the Pacific Disability Forum and UNFPA collaborated to design dignity kits for women with disabilities. There were also grass-roots efforts distributing dignity kits, with corporate donations of pads also provided.



Care for discomfort and disorders: In 2018, the Ministry of Health and Medical Services and UNICEF developed a community health worker training manual that includes attention to menstruation to improve awareness among care providers.



Supportive social environment: In 2017, the Ministry of Education, Heritage and Arts and UNICEF are developed a teachers' guidebook on menstrual health management to provide a resource to educate teachers and support them to provide information to students and to correct misperceptions surrounding menstruation. Efforts to destigmatize menstruation have focused on education. When finalized, the teachers' guidebook on menstrual health management will serve as an educational resource and help empower teachers to provide accurate information, support and education for girls. Similarly, the Reproductive and Family Health Association provides education to girls and boys through integrated sexual and reproductive health and rights training in schools. Where possible, its programme includes support for young girls with disabilities and teacher training to support more positive environments in schools. Responses to Cyclone Harold also prompted education during WASH in Schools training for teachers and school managers.



Lessons and insights: Several policy opportunities offer a way to strengthen menstrual health

Momentum towards menstrual health has been mostly led by humanitarian response efforts focused on WASH. Actors have focused on integrating menstrual health as a central component in their emergency response, and this has led to menstrual health being taken up across other sectors and beyond emergencies. While many review informants saw this as a key achievement, others highlighted that it risks compromising a deeper focus on shifting harmful gender norms and longer-term gender equality goals.



The progress in the humanitarian space has encouraged donors. After sharing the initial results... donors are encouraged by this acceptance and are willing to scale up. Generally, there is increased interest, and this has resulted in more funding. – Review informant, United Nations agency



Often the menstrual health conversation is pushed to disasters and WASH, but we need to have [civil society organizations that are] doing rights-based menstrual health to be monitoring the progress of menstrual health programmes from the needs on the ground so we can influence the formal and informal structures. – Review informant, Fiji Women's Rights Movement



Lessons and insights: Attention is needed to marginalized communities

Review informants highlighted the importance of disability and LGBTQI+ inclusion in menstrual health responses. The review of programming and policy found attention to menstrual health in specific non-government organizations' programmes. But review informants expressed concern that larger-scale education and school WASH and product provision programmes may not be sufficiently inclusive. There is a need for consultation with marginalized communities and ensuring representation in decision-making, the informants said.








Women and girls with disabilities are not being reached in menstrual health efforts. They have limited access to information about services and facilities that they can access for safe, better menstrual health. They are not included in spaces where they can advocate for their issues.

– Review informant, Pacific Disability Forum



PROGRESS: MONITORING, EVALUATION AND EVIDENCE

Review informants highlighted a lack of data to monitor policy or programming reach and impacts. Capacity and funding gaps for evaluation were noted. Government education monitoring systems were identified as an opportunity, although the review informants pointed out that this data are not available and that it is unclear how current data are used.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
<p>✓ The Fiji education management information system collects data on whether menstruation is taught at school.</p>	<p>✓ The Fiji education management information system collects data on (i) bins for menstrual waste; (ii) showers and changing rooms for girls in schools; and (iii) toilet doors with hooks for clothes.</p>	<p>✗ No monitoring data were found.</p>	<p>✗ No monitoring data were found.</p>	<p>✗ No monitoring data were found.</p>

Lessons and insights: No evidence was found that captures progress or informs on changes

Few programmes have monitoring in place for menstrual health outputs, outcomes or impacts. The review did not find any evaluations. Review informants highlighted that before and after knowledge tests are implemented, but little other evaluation is done. And menstrual health is often poorly monitored in broader WASH programmes.

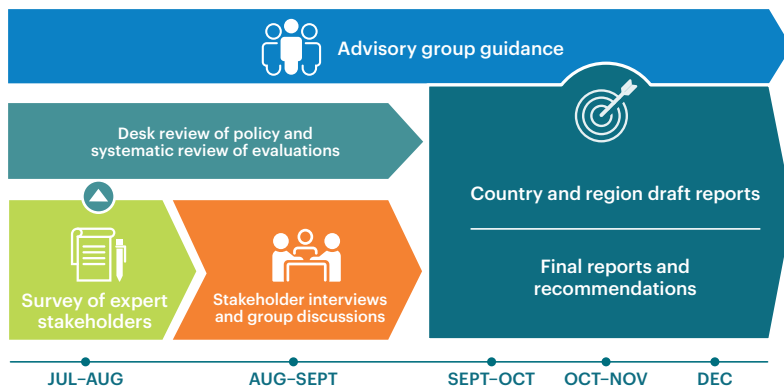
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We at the best of times are flying blind. We don't know how these decisions are made. We don't know how to support the ministries because...we need data to make sound decisions based on evidence. – Review informant, Fiji Women's Rights Movement

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Review methods

Regional progress review methods



17 policies reviewed across the gender, WASH, health, education and emergency response sectors

9 informants participated in interviews and surveys capturing programme and policy action

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The *Menstrual Health in East Asia and the Pacific Regional Progress Review* report is available at:

<https://washmatters.wateraid.org/publications/menstrual-health-in-east-asia-and-the-pacific>

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Endnotes

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