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MENSTRUAL HEALTH AND HYGIENE IN FIJI

A LANDSCAPE ASSESSMENT

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ACRONYMS AND ABBREVIATIONS

CBO	Community-based Organization
DFAT	Department of Foreign Affairs and Trade (Australia)
DIVA	Diverse Voices and Action for Equality
ENSO	El Niño-Southern Oscillation
FDPF	Fiji Disabled Peoples Federation
FJD	Fiji Islands Dollar/Fijian Dollar
FWRM	Fiji Women's Rights Movement
GESI	Gender Equality and Social Inclusion
GEDSI	Gender, Equality, Disability, and Social Inclusion
GoF	Government of Fiji
INGO	International Nongovernmental Organization
KII	Key Informant Interview
LGBTQI+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and other identities
MHH	Menstrual Health and Hygiene
MHMS	Ministry of Health and Medical Services
MoE	Ministry of Education
NGO	Nongovernmental organization
PEA	Political Economy Analysis
PMHN	Pacific Menstrual Health Network
RFHAF	Reproductive and Family Health Association of Fiji
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics
SRH	Sexual and Reproductive Health
SSV	Soqosoqo Vakamarama iTaukei
STEM	Science, Technology, Engineering, and Mathematics
TFV	Trade Finance Vehicle
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USD	U.S. Dollar

VAT	Value-added Tax
WASH	Water, Sanitation, and Hygiene
WASHPaLS	Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability

EXECUTIVE SUMMARY

The Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 project conducted a landscape assessment of menstrual health and hygiene (MHH) in Fiji in February and March 2024. The objective was to understand the state of MHH in Fiji. Using the Political Economy Analysis (PEA) approach, the team evaluated the political and economic factors and conditions that influence MHH. This assessment specifically focused on four distinct populations: out-of-school adolescents, working women, gender-diverse individuals, and people living in fragile settings.

Research findings are presented according to the four PEA Pillars: Foundational Factors, Rules of the Game, Here and Now, and Dynamics. *Foundational Factors* speak to embedded structures or systems that are difficult to change, such as geography, class, ethnicity, and gender inequality. *Rules of the Game* addresses laws, commitments, policies, and social norms. *Here and Now* highlights current events and circumstances vis-a-vis MHH. *Dynamics*, the fourth pillar, notes the interplay among the previous pillars.

PEA findings reveal a number of challenges faced by menstruating persons within the assessment's target groups, including barriers to accessing menstrual products due to dispersed populations and rural-urban disparities; water scarcity; environmental shocks and vulnerabilities; population growth straining existing water, sanitation, and hygiene (WASH) infrastructure and systems; economic hardship in the COVID-19 recovery period; and social taboos surrounding menstruation. Despite these challenges, the assessment identified current initiatives and recent advancements that present promising opportunities for future MHH efforts. These include joint initiatives by the Government of Fiji and partners to advance school-based MHH policies; to ensure the nation's functioning emergency response logistics and supply chain systems include menstrual products; to increase awareness of climate change and sustainable products; and to increase use and reliance upon technology for disseminating and receiving MHH information.

The assessment team recommends strategic investment for the U.S. Agency for International Development (USAID) in areas related to policy, advocacy, markets, research, and programming. Pacific Islands Mission-validated recommendations are listed below and grouped according to the estimated timeframe needed for implementation. The full list of recommendations stemming from the study is provided in Appendix 5.

SHORT-TERM RECOMMENDATIONS (1–3 YEARS)

1. Encourage cross-sectoral support of MHH through the development of a national MHH Technical Working Group.
2. Integrate MHH education and support into existing programs that work with out-of-school adolescents, working women, gender-diverse individuals, and people living in fragile settings.
3. Support private sector logistics and supply chain operations, including distribution centers, to increase geographic coverage of menstrual products and supplies.
4. Support national nongovernmental organizations (NGOs) in small-scale, local manufacturing and marketing practices.

MEDIUM-TERM RECOMMENDATIONS (3–5 YEARS)

1. Support WASH and infrastructure initiatives that increase water access in outlying geographic areas, urban informal settlements, and areas prone to climate-related disasters.
2. Invest in private sector workplace MHH programs to improve menstruating employees' experiences at work.

LONG-TERM RECOMMENDATIONS (BEYOND 5 YEARS)

1. Support research to design and implement tailored MHH programs.
2. Advocate for and support the development of a comprehensive, stand-alone MHH policy in Fiji.

I.0 INTRODUCTION

Menstrual health and hygiene (MHH)¹ are fundamental aspects of overall well-being for individuals who menstruate, encompassing a range of factors that contribute to their ability to manage menstruation safely, hygienically, and with dignity. A number of challenges exist for people who menstruate in Fiji. Despite reasonably good access to education and information about menstruation, knowledge gaps exist for many (Huggett & Munro 2022). Access to menstrual products vary based on location and population centers, and recent economic shocks pose barriers to product affordability, especially high-quality products (Criterion Institute 2018; *WaterAid Australia and Pacific Menstrual Health Network: Evaluation Report* 2022). Cultural practices contribute to menstrual social norms, such as menarche ceremonies in which some ethnic groups celebrate and highlight the cultural significance of menstruation in Fiji (Maulingin-Gumbaketi et al. 2022). Even so, society generally considers menstruation as something to hide and many girls report being teased and embarrassed in school (Huggett & Munro 2022). Out-of-school adolescents living on the street and working women in informal settings often lack access to private sanitation facilities, leading to challenges in managing menstruation (Mohamed & Natoli 2017). Climate change and fragility exacerbate challenges related to menstrual health, particularly in emergency situations (Dwyer & Woolf 2018).

To address some of these challenges, the Ministry of Health and Medical Services (MHMS)—in partnership with other government, donor, and implementing partners—has advanced menstruation-related education and policy efforts in recent years, primarily among school-attending girls (Head et al. 2023). Additionally, emergency response programs have proven effective in raising awareness and addressing immediate menstrual health needs, highlighting the importance of integrating menstrual health into broader disaster management and climate resilience efforts (Murphy et al. 2023).

In light of the progress on MHH in Fiji and the need for further efforts, the USAID Asia Bureau requested the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 activity to conduct a landscape assessment of MHH in Fiji. The assessment focused on out-of-school adolescents, working women, gender-diverse (i.e., non-binary, intersex, or trans) people who menstruate, and those living in fragile settings²—populations that would benefit from further MHH efforts. The assessment included specific considerations around target populations to the extent that the data allowed.

¹ MHH includes providing comprehensive support and resources, including information about the menstrual cycle, access to necessary materials, facilities, and services for bodily care, as well as diagnosis, care, and treatment for any discomforts or disorders related to menstruation (Hennegan et al. 2021). Menstrual hygiene management is a critical component of MHH, focusing specifically on the practical aspects of managing menstruation, such as accessing clean menstrual hygiene products, adequate sanitation facilities, and essential information about menstrual health (Sommer et al. 2016).

² Fragile settings include areas affected by acute shocks like natural disasters, conflict, disease outbreaks, and recurrent chronic stresses such as seasonal environmental effects, food insecurity, and political and economic instability (Fragile Settings n.d.).

2.0 RESEARCH OBJECTIVES AND METHODOLOGY

The landscape assessment had the following objectives:

- To understand the state of MHH in Fiji; and,
- To assist the Asia Bureau and Pacific Islands Mission in identifying and prioritizing a list of strategic investments for MHH research and programming.

The assessment team carried out a political economy analysis (PEA) to understand the economic and political context relating to MHH. PEA is a method that seeks to understand the motivations and limitations that influence the actions of stakeholders within a given system. This dynamic approach allows reflection on discoveries and proposing adjustments to programs as circumstances evolve or new insights emerge.

WASHPaLS #2 adapted an existing framework for applied political economy analysis from the 2018 USAID PEA Guide for Practitioners (Menocal et al. 2018) to understand the political and economic context for MHH in Fiji, with a focus on the target populations mentioned above. The team adopted a gender-intentional approach to analyze the intersection of gendered dynamics and determinants with political and economic factors.

The USAID PEA Guide includes a framework with four pillars, designed to understand groups of political and economic factors:

- **Foundational Factors:** Embedded structures that are difficult or impossible to change, such as geography, class, ethnicity, gender inequality;
- **Rules of the Game:** Laws, international commitments, policies, and social norms;
- **Here and Now:** Current events and circumstances; and
- **Dynamics:** Interplay among the other pillars.

The team conducted a desk review using a systematic approach for peer-reviewed literature and comprehensive search for gray literature (working papers, project reports, blogs, websites, etc.). The desk review informed the development of questions for the key informant interview (KII) guide ([Appendix 1](#)); the team gathered insights from the KIIs and triangulated them with desk review findings in the analysis. There are search terms and strategy used for the desk review in [Appendix 2](#).

In February and March 2024, the team conducted in-person interviews with key informants in Fiji, including MHH experts and academics, menstrual product suppliers, government personnel, and representatives from the private manufacturing sector. A list of informants is in [Appendix 3](#).

The following sections present the findings from the interviews and desk review, organized by PEA pillar.

3.0 FOUNDATIONAL FACTORS

This section explores embedded or fixed structures that affect MHH in Fiji. Foundational factors do not quickly change and are constants for consideration in any MHH strategy. Foundational factors play a crucial role in shaping the experiences and challenges that various population groups face in managing menstruation and MHH. Across Fiji, diverse groups encounter unique obstacles related to product access, water availability, survival prioritization, societal taboos, infrastructure shortcomings, workplace dynamics, and knowledge gaps.

3.1 UNIQUE CHALLENGES AFFECT MENSTRUATION IN TARGET POPULATIONS

Target populations in this PEA face unique challenges managing menstruation, yet overall, information on these groups is sparse. Despite high overall school completion rates in Fiji, adolescents in rural or climate-affected areas are more likely to drop out of school (Goundar 2023). Adolescent girls in Fiji who remain in school may miss up to 20 percent of school days due to menstruation (Dutta et al. 2016).

Various factors impact adult women's participation in the workforce in Fiji, including societal expectations regarding gender roles. Women make up only 37 percent of the formal workforce in Fiji (Narsey 2023) and often tend toward work in the informal sector, such as handicraft production for the tourism industry. Additionally, women hold fewer managerial positions than their male counterparts, and the professional field continues to underrepresent them (Boccuzzi 2021).

Gender-diverse individuals face a complex landscape, where ongoing societal challenges juxtaposes any promising legal progress. While Fiji's constitution explicitly prohibits discrimination based on sexual orientation and gender identity, the visibility of gender-diverse individuals remains low. The legal landscape is inconsistent. Private same-gender sexual activity was legalized in 2010; however, same-gender marriage and partnership recognition remain socially unacceptable and so essentially "illegal." This legal ambiguity extends to adoption, in vitro fertilization, and surrogacy services for same-gender couples. At the societal level, Fiji has a traditional third-gender population, known as *vaka sa lewa lewa*, who present themselves and/or identify as women. Still, gender-diverse individuals experience stigma, marginalization, and violence, and development and humanitarian organizations often do not consider this population in programming, especially during or after disasters (Dwyer & Woolf 2018).

Extreme weather patterns (e.g., flooding, droughts) and natural disasters (e.g., cyclones) characterize Fiji's fragility, which climate change significantly impacts. The country's economic reliance on agriculture and tourism increases its vulnerability to such events. Emergencies exacerbate gender norms and structural challenges that limit women's security and toilet access during normal times (Dwyer & Woolf 2018; Kopf et al. 2020). Though humanitarian actors advocate for safety in evacuation centers, some shelters lack privacy, and many toilet facilities lack adequate lighting, locks, and other MHH-friendly specifications. Additionally, evacuation centers typically have limited space to wash and dry reusable pads and disposal options for single-use pads are often minimal or nonexistent. One informant reported an increase in hygiene-related health complications for people who menstruate in fragile settings due to poor water, sanitation, and hygiene (WASH) facilities.

3.2 GEOGRAPHIC ACCESS CHALLENGES FOR PEOPLE WHO MENSTRUATE

Menstrual product access in Fiji varies based on type of product and proximity to an urban distribution center. Disposable menstrual pads are readily available in urban areas, but populations in rural areas (i.e., highlands, outer islands, or what informants referred to as "maritime" areas) often lack access to pads due to limited transportation to these locations and minimal distribution networks. People may need to walk long distances to access a small shop that sells pads; often these shops lack brand and type options

and sell only low-quality products. Under such access challenges, people who menstruate often choose to use cloth, cutting old towels to absorb blood, washing this cloth in the river or other natural water source, and hanging it to dry. Using cloth to manage menstruation was common among “mothers and grandmothers” across Fiji, according to informants, and this older generation reportedly sees disposable pads as “wrong [for the environment],” but younger populations prefer disposables. They simply cannot reliably access them in the market, if not in an urban setting. Additionally, Fiji’s remote island location contributes to challenges importing a number of goods, including reusable menstrual products and materials used to sew pads. Improved reusable products (i.e., cloth pads made for menstruation) are, therefore, very difficult to access in Fiji.

3.3 LIMITED WATER ACCESS AND MHH

People need adequate water to manage menstruation—specifically for bathing, washing hands, and washing reusable pads. Though water surrounds Fiji, many locations across the country lack consistent access to fresh water sources. Challenges arise for households and public buildings in both rural and urban settings, due to the frequent inability to channel water from source to facility, including to sanitation facilities. One informant stated, “The majority of communities lack sanitation. If you don’t have a water structure, hygiene is forgotten... It’s the least of their worries.” Urban growth is on the rise in Fiji, and infrastructure development is not keeping pace with increasing demands, including water access for improved sanitation and MHH-friendly toilet facilities. Changes in weather patterns compound these challenges and climate change increases vulnerability, as one emergency-worker informant conveyed. For example, cyclones occur frequently in Fiji and exacerbate water provision challenges in urban environments; municipalities face strain during times of natural disaster, and structural repairs take more time than usual.

Additionally, one informant noted that drought has affected water access in some communities, referencing an island that had not experienced rainfall in the last seven months. Over the years, the Fiji Meteorological Service, the MHMS, and various international agencies have issued a number of reports highlighting issues such as the impact of El Niño on rainfall and the need for improved water storage (Chapman et al. 2021; ENSO Update: El-Niño Nearing Its End 2024; *Fact Sheet – Drought and Health – MHMS* n.d.; Fiji Meteorological Service 2021; Naikaso 2024). Rural communities face water shortages, requiring long walks to collect water and/or bathe. Implications include safety risks for women and girls in particular, who often bathe in open areas. Limited water access also impedes effective washing and reuse of cloth used for managing menstruation. If reusable pads become available in such settings, limited water access could decrease adoption of these sustainable products.

3.4 COUNTRY-WIDE DISPOSAL CHALLENGES, ESPECIALLY RURAL AREAS

Waste management is a general concern in Fiji and menstrual waste poses additional challenges due to the significant volume of such waste generated over time. Population growth coupled with the increasing preferences for disposable pads over traditional cloth among younger generations contribute to the mounting waste burden. Additionally, rising sea levels due to climate change exacerbates poor disposal practices across the country. Fiji’s limited space for landfills and other waste management facilities further complicates the situation. According to informants, many burn pads in household or community trash piles, while others dispose of pads in the river, bush, or ocean. In urban areas, informants note that menstrual waste is not separated at endpoint and are unsure where or how municipalities treat menstrual waste.

4.0 RULES OF THE GAME

This section explores the formal and informal rules that regulate actions related to MHH among individuals, communities, companies, and governments. It examines national and regional laws and policies, as well as social norms that shape MHH practices in Fiji.

4.1 PROMISING MHH ADVANCES IN FIJI'S POLICY LANDSCAPE

Fiji has elevated MHH and advanced the MHH policy landscape in recent years due to government prioritization and concerted advocacy efforts from several nongovernmental organizations (NGOs), community-based organizations (CBOs), women's rights organizations, and international agencies. The MHMS, for example, has prioritized menstrual waste management and MHH awareness raising across all populations. In partnership with Australia's Department of Foreign Affairs and Trade (DFAT), the MHMS devotes particular attention to the implications of rising sea levels on menstrual waste disposal and investigating innovative approaches to address this complex and dynamic situation. Also, the MHMS and other partners are considering MHH in national health facility guidelines. Relevant to working women, Fiji's Ministry of Employment, Productivity and Industrial Relations is currently reviewing the National Employment Policy, and one CBO informant mentioned that stakeholders may submit MHH-focused recommendations to this Ministry to consider in the Policy's revisions.

Though Fiji does not have a stand-alone MHH policy, MHH features prominently in other policies and guidelines. Primarily, menstrual products and soap benefit from zero rated value-added tax (VAT) (typically 15 percent), with the aim of reducing the price point of menstrual materials and supplies for consumers. Another approach by the Government of Fiji (GoF) to increase access of pads to women is the National Gender Policy's mandate to supply menstrual pads in vending machines in public toilets for women (Ministry for Social Welfare, Women & Poverty Alleviation 2014; Prasad 2022). The increasing school drop-out rate due to menstruation compelled the Ministry of Education (MoE) in 2021 to introduce a voucher scheme that provides menstrual pads to girls in school, from late primary to year thirteen (Prasad 2022). However, several informants pointed out that policy implementation has been challenging and inconsistent, and affordability benefits have not yet been realized by the general population. Nevertheless, the existence of these policies provides a foundation for future efforts. One such initiative underway is the collaborative effort between the United Nations Children's Fund (UNICEF) and the MoE to develop a Teachers' Guide and WASH in Schools Minimum Standards (both in draft form), which, according to informants, would integrate MHH and influence national education guidelines.

4.2 KNOWLEDGE, BELIEFS, AND MENSTRUATION-RELATED SOCIAL NORMS

Fiji is home to a number of ethnic groups, with the iTaukei (Indigenous Fijians, the majority) and Indo-Fijian (Fijians of Indian descent, assimilating since the 1800s) communities the largest (*Fiji Bureau of Statistics - Key Statistics : June 2012 Population* n.d.). Each has its distinct cultural heritage, including differing beliefs and practices related to menstruation.

The iTaukei pass on information and beliefs about menstruation in small gatherings of women. In rural areas, women share important information—including about MHH—while congregating at the river to wash clothes or while carrying out other chores away from the household. Groups naturally form by age, such that women in their 20s and 30s group together, while women over 40 form a separate group for socializing. Women share and learn in these gatherings, and one informant spoke of this phenomenon as a “community referral pathway.” It may be an opportunity to expand knowledge on a topic, such as MHH, and influence practices.

Another iTaukei tradition specific to menstruation is the community's celebration of menarche. When a girl begins menstruating, her family holds a four-day celebration for her, noting menarche as a developmental milestone and significance in her life. This celebration allows women relatives to pass on basic information about menstruation. Informants shared, however, that this practice seems less common in urban settings and among younger generations, and many seem more embarrassed about this tradition. One respondent said that girls do not want others to know they are menstruating, therefore, parents are beginning to minimize the significance of this ceremony or not carry it out at all. As such, information about menstruation is less discussed with adolescents, leading to reduced knowledge. A menstruating girl may shy away from critical information elders share due to her own embarrassment or simply due to a missed opportunity to share and pass down knowledge.

For iTaukei who do celebrate menarche, a shift in social norms reportedly occurs after the ceremony: despite the public nature of the event, the communities socialize adolescent girls to keep menstruation a secret from the end of the celebration onward, especially from brothers, fathers, and other men (except future husbands). This silencing contributes to menstrual shame for adolescents, according to informants—shame which carries on into adulthood. Additionally, women in the community warn adolescent girls about their interactions: they are now seen as a woman and one informant stated, “Women are the rose of the family. It’s basically a protection. It’s a time you have to be very careful.” Conversely, some older women in the iTaukei community see the norms around menstruation as respectful to women going through a difficult time, and that it is women’s responsibility to care for themselves and rest while menstruating. These norms exist to support women, say some.

The Indo-Fijian community does not openly celebrate menarche; in fact, menstruation is not openly discussed at all in this community. Some informants highlighted that for this group of women and girls, menstruation is hidden to a great degree and for the duration of menstrual bleeding there is a perception or belief of being “unclean.” This belief about menstruation influences the level of restrictions imposed on women and girls while menstruating. Social norms do not permit individuals to engage in routine activities—such as attending houses of worship and preparing particular foods—while menstruating. The notion that people should not discuss menstruation fosters shame and social stigma, creating an environment where no one should know that one is menstruating.

Beliefs influence norms related to menstrual product preferences, too. People who menstruate prefer not to use tampons due to cultural and religious perceptions of insertables. One informant highlighted that Christian spaces shun and discourage tampon use as a “no” because of the perception that it will impact the hymen and virginity. Another informant (from the iTaukei community) noted that girls tend to believe that tampons are “not safe and are uncomfortable.” This informant went on to share that “girls in rural communities would never use tampons.”

Overall, in iTaukei and Indo-Fijian communities alike, peers often tease girls when they menstruate, and communities blame women for communal waste. For example, women report verbal harassment at times for contributing to waste piles when they dispose of single-use menstrual pads. Women fear that community members will notice they are menstruating; therefore, they put great effort to conceal leaks and smells associated with menstruation. Such efforts to hide menstruation contribute to menstruation as a taboo topic in Fiji.

5.0 HERE AND NOW

This section examines the current state of affairs surrounding adequate access to MHH, highlighting stakeholders and their roles; describing how political and economic conditions are shaping MHH; and assessing strategic links to related issues.

5.1 ACTORS CURRENTLY AT WORK IN MHH IN FIJI

Many stakeholders have contributed to the advancement of MHH in Fiji (see Appendix 4). Most informants interviewed situated their MHH work under the general program fields of health, sexual and reproductive health (SRH), WASH, and gender equality, disability, and social inclusion. Development actors did not implement large, stand-alone MHH interventions; rather they integrated MHH into larger programs as components of humanitarian action, service provision, and support. Informants expressed interest in expanding MHH related work and programs but highlighted two important barriers to doing so: (1) resource and funding constraints; and (2) the need to build more capacity on MHH within their organizations.

DFAT's growing MHH-focused investment in Fiji highlights Australia's prioritization of this technical issue. International humanitarian actors supporting climate-related emergencies (e.g., those in the United Nations WASH Cluster) as well as local NGOs and CBOs that respond to emergencies, such as the Fiji Disabled Peoples Federation (FDPF), also prioritize MHH in their response efforts. The FDPF provides localized and disability-focused technical assistance to international NGOs (INGOs) responding to emergencies, with a specific focus on SRH (and MHH to a lesser degree). Given the barriers in local manufacturing, one social enterprise (with partial DFAT funding) piloted a trade finance vehicle (TFV) called the Pacific Trade Menstrual Health Finance Vehicle to increase access to affordable fabrics for local reusable menstrual pads manufacturing.

5.2 ECONOMIC HARDSHIP AFFECTING MHH FROM COVID-19, RAPID URBANIZATION, AND CLIMATE-RELATED SHOCKS

Fiji has experienced many shocks in recent years affecting the economy, urban planning, and population's ability to cope financially. The COVID-19 pandemic hit Fiji hard, according to informants, given that the island nation relies on tourism as a primary industry. Many businesses closed and many people lost jobs, a trend that continued until recently. Such a hit to the economy has implications on purchasing power, cost of living prices, and—relevant to MHH—affordability of menstrual pads (Ali, Ahsan, and K 2021; Dean 2020; Gounder 2020). The price of pads increased during the pandemic from FJD 2.00/pack (USD 0.90 /pack) to FJD 2.50 (USD 1.10/pack) for the most popular brand and type, according to one supplier informant. Many now purchase lower-quality pads that reportedly irritate the skin and absorb less blood. Still others report a pressure to prioritize food over other necessities, including menstrual products. Overall, stated one informant, affordability of pads is a bigger issue than accessibility, at least in urban areas.

With the pandemic, urbanization and internal migration to urban and peri-urban areas have been increasing in Fiji, with infrastructure and town planning unable to keep pace with the growth. For instance, densely populated informal settlements sometimes experience flooding and lose access to services for days or even weeks. Informants also highlighted that the absence of a gender perspective in town planning has posed a significant challenge, impacting the design of WASH infrastructure and public facilities. They noted that public toilet facilities, including workplace toilets, generally lack considerations for MHH needs. Toilets may not function or may require payment to use. Still others have a communal disposal bin, rather than one per stall, which “really disturbs women,” according to one informant.

Public and workplace toilets are also too few in urban settings, with an inadequate ratio of person to toilet (based on the WaterAid and UNICEF MHH-friendly toilet recommendations; (Nath et al. 2018).

Despite infrastructure challenges associated with urbanization and emergencies, some actors are working to improve public and institutional toilets. DFAT, for example, partners with the MHMS to improve public health facility toilets nationwide. Though less relevant to the populations under focus in this PEA, DFAT shared in an interview that they also support toilet facility upgrades in schools and the provision of disposal bins, in partnership with the MoE.

5.3 EMERGENCY HYGIENE AND DIGNITY KIT DISTRIBUTION

Several agencies working in Fiji distribute kits in emergencies to support individuals and families in the immediate aftermath of a disaster, such as a cyclone or flood. DFAT supports communities in fragile settings with emergency commodities, inclusive of menstrual products and water through tank installations. The United Nations Population Fund (UNFPA) and the Ministry of Women distribute Dignity Kits: packages containing essential hygiene and menstruation-related items designed to help maintain dignity and health in crisis situations. The Fijian Red Cross distributes Hygiene Packs, which are similar to the Dignity Kits. UNICEF distributes WASH Kits, which include both disposable and reusable menstrual pads, though reportedly the reusable pads lack adequate instruction (i.e., the instruction sheet is in English) for recipients. NGOs, companies, and social enterprises supply the products in each of these emergency kits and import the products through the logistics and supply chain processes of the lead agency. Though humanitarian initiatives in Fiji usually include menstrual products in commodities distributions, emergency responses often lack comprehensive MHH considerations, inclusive of WASH facilities, MHH education, and broader SRH needs.

5.4 DISPOSABLE PRODUCTS DOMINATE MENSTRUAL HYGIENE MARKET THOUGH REUSABLE PRODUCTS SLOWLY GAIN RECOGNITION

Most Fijians prefer single-use, disposable pads to manage menstruation. One informant working in the menstrual product supply chain shared that many purchase thick disposable pads (versus thinner pads with superabsorbent polymer), believing that the thickness correlates with absorbency potential.

Fiji's menstrual product market underrepresents reusable menstrual products (i.e., pads, cups, and period underwear), limiting product choice for menstruating persons. Most shops only sell disposable pads; if shops run out of stock, don't carry one's preferred brand or type, or sell pads at an unreachable price point, women reportedly use household cloth. A select few enterprises make reusable menstrual pads and sell them in Fiji, but these products rarely make it to supermarkets and shops and therefore, often are unknown to the common consumer.

Despite the limited availability of reusable pads, these products are gaining traction among some urban, middle-class populations due to increased attention to climate change and environmental sustainability. People who menstruate are more open to using reusable pads than menstrual cups, and largely, period underwear is unknown. One informant noted overhearing someone say in a conversation about reusable pads: "That's what we always used before! [in generations prior to ours]," acknowledging that promotion of such products in present day Fijian culture may gain popularity. Another informant noted that people who menstruate would receive period underwear well. "How can we get these to Fiji?" she inquired. Another spoke from the position of the menstrual life course, saying that women's product preferences vary depending on whether in puberty or perimenopause, and even throughout each cycle. "Women need product options to support MHH in these various life stages," she said.

The main barrier for acceptability, admitted one social enterprise informant, is the high upfront cost of these products (i.e., FJD 40-50 [USD 17-22] for a three-pad pack). Given that even disposable pads are

often unaffordable for many Fijians (see [Section 5.2](#)), the general population would need to receive free or steeply subsidized reusable pads to significantly increase their acceptability and usage. Some organizations distribute reusable pads at no charge—as observed in emergencies, for example. They, too, acknowledge the high procurement cost of reusable pads, the unknown acceptability of their emergency kit-distributed reusable products, and the need for evidence to better understand whether and how Fijians could begin to accept these products. One humanitarian informant shared that acceptability largely depends on the type and location of the disaster, speaking specifically to the amount of water accessible in times of crisis.

Reusable product distribution also requires greater education. Recipients do not often recognize cloth menstrual pads as products for menstruation. One informant noted that at times, recipients used reusable pads to clean windows, simply due to limited knowledge and visibility of reusable menstrual products in the country.

5.5 UNIQUE MHH-RELATED CHALLENGES FOR WOMEN AND GIRLS WITH DISABILITIES

Women and girls with disabilities in Fiji face challenges managing menstruation. According to one informant, individuals with disabilities, who already struggle to access services due to their lower status in society, experience menstruation as an additional burden. The challenges and type of support that women with disabilities require depends on the type of impairment that they have and the extent of the disability. One informant added, “Most of the street dwellers are those with psychosocial disabilities. It is very challenging. One size does not fit all, some women need 24/7 care and some travel independently and look after themselves.” The level of support someone receives depends on the family or caretaker; those living with extended family or in a shelter will likely not receive any support, says one informant. Adolescents with a disability are often out of school, depending on the specific needs of the child. Relatives sometimes neglect or abandon girls with disabilities, leaving them to become street children. They may receive support from Fiji’s social protection scheme, but no other support exists for these adolescents, including no MHH-specific assistance, according to a local NGO working with persons with disabilities. The largest challenges for people with a disability who menstruate, according to informants, relate to hygiene (i.e., managing menstruation) and social norms (i.e., beliefs and practices around supporting people with disabilities).

5.6 THE STRUGGLE TO MANAGE MENSTRUATION AT WORK

In addition to sanitation-related challenges for menstruating employees (see [Section 5.2](#)), many workers struggle with menstrual pain management and overall menstruation-related discomfort at work. Informants noted the general distress women face to keep menstruation hidden at work, specifically mentioning shame about smell and fear of leaks. One informant highlighted that for managing menstrual pain and ailments, “Women will use traditional remedies until it’s really bad,” pointing to a preference for traditional medicine over pharmaceutical products. Some young women find it difficult to take sick leave because of menstrual pain and they report, according to one informant, needing to “make up other sicknesses to cover it up.” Furthermore, the belief persists that because menstruation is a monthly occurrence, women must be strong and ignore menstrual pain. Women entering perimenopause experience additional challenges, according to one informant, struggling to find information, products, and adequate healthcare to meet their needs. The effort to hide one’s menstruation at work negatively affects women’s overall ability to manage menstruation, in part because they are unable to share and receive support from peers to better manage challenges of menstruation—from pain to perimenopause.

For some groups of working women, the adequacy of WASH facilities and standards to accommodate MHH needs depended on their field of work and often indicated gender inequality. One informant, for example, highlighted this as a challenge for women working in science, technology, engineering, and

mathematics (STEM)—a male-dominated field. The informant noted the need for more gender-responsive MHH-friendly workplace conditions and implementation of standards to match current advocacy efforts that seek to increase the representation of women and girls in STEM studies and careers. Other MHH-specific advocacy efforts among labor groups (e.g., unions, women’s rights groups) are unknown, though one informant noted specific efforts to raise awareness about the International Labor Organization Convention 190, an event that aims to create a safe and healthy working environment free from violence and harassment.

5.7 LIMITED INFORMATION ABOUT GENDER-DIVERSE INDIVIDUALS

Menstruating persons who are not cisgender women may struggle with MHH, though little is known of this population group in Fiji. Informants noted three CBOs in Fiji that work with gender-diverse communities: Diverse Voices and Action for Equality (DIVA or DIVA for Equality), Pacific Sexual Gender Diversity Network, and Rainbow Pride. The assessment team was unable to secure interviews with these organizations, yet other informants highlighted the specialized and sensitive nature of these organizations’ efforts, as well as their commitment to partner with feminist organizations and funding agencies. From a clinical perspective, one informant shared that transgender men have sought out hormone therapy from her private clinic to stop menstruation, yet the clinic did not offer such treatment; it provided pads instead. She added that “many clinics are judgmental, which stops [these individuals] from seeking services altogether.” Another informant clinician shared of an intersex patient who chose to not undergo gender affirming or sex reassignment surgery; this patient routinely visits her clinic to receive Depo-Provera injections and a high dose birth control pill to prevent monthly bleeding and has done so for almost two decades.

6.0 DYNAMICS

This section analyzes the interactions among the previous three pillars of PEA analysis (Foundational Factors, Rules of the Game, and Here and Now), while also noting emerging issues related to progress, obstacles, and levers for change. Areas of progress highlight advancements at the institutional and norms level, while obstacles to progress and levers for change identify obstacles for policy implementation and long-held cultural and social norms that impede progress. Dynamics examine how the pillars interact and present a foundation from which to draw recommendations at policy and programmatic levels.

6.1 AREAS OF PROGRESS

6.1.1 ADVANCEMENTS IN SCHOOL-BASED MHH EFFORTS

The GoF, donors, and implementing partners have given national attention to MHH in recent years through policy and practice. Most of these MHH gains have been observed in school settings, yet other sectors seem open to MHH integration, including health. The MHMS's expression of interest to invest in menstrual education and disposal exemplifies the priority given to MHH by the government, and implementing partners seem interested in growing MHH programming efforts. While populations under study in this PEA have received less attention, recent MHH advances in schools can pave the way for increased efforts affecting these groups.

6.2 OBSTACLES TO PROGRESS

6.2.1 BARRIERS TO LOCAL MENSTRUAL PRODUCT MANUFACTURING

The Fijian marketplace imports all single-use, disposable menstrual pads for sale. The lack of local manufacturing of both reusable and disposable menstrual products is due to many factors. Manufacturers face limited access to raw materials and the necessary production machinery due to high import costs. Quality assurance of products requires specific facility capabilities, including infrared scanning of product imperfections, effective discard procedures for defective products, and climate-controlled warehouses. Informants also noted difficulty in licensing and approval procedures to manufacture in-country. One supplier predicted that local manufacturing of menstrual products would not ensure reduced cost for the consumer, due to these increased manufacturing costs; local production might, in fact, disrupt the market. An alternate view, however, posited that high quality, local manufacturing might encourage competition among companies and ultimately reduce the price to consumers.

Regardless of if local manufacturing begins in Fiji, the current reliance on imported products directly affects product availability and limits purchase options, whether reusable or disposable.

6.2.2 MENSTRUAL TABOOS AND NGO COMMUNITY ENGAGEMENT

Given that menstruation is taboo in Fiji, with social norms that encourage people who menstruate to hide their menstrual status, effective engagement by development actors at the community level can be difficult. Typically, communities do not speak openly about MHH, and MHH is not addressed in community forums with both men and women present. Two informants highlighted men's discomfort talking about menstruation in casual conversations and in their roles as organization staff when providing outreach and advocacy in communities.

In rural areas, community engagement from an outside organization and access to communities involves working through the traditional structure and protocols with the village "headman" and chief, shared one informant. Notably, there are also variations in traditional protocol across provinces in Fiji. One informant observed a challenge: sometimes community authorities will not grant organizations

permission to speak about certain issues or will request that organizations alter their approach to meet community cultural norms. Sensitivities around all SRH-related issues, including MHH, require substantive relational engagement and trust-building prior to commencing activities in these areas.

Engaging with informal, urban settlements may pose alternative challenges for NGOs/CBOs wishing to address MHH. These settings do not have the same structure as rural communities; specifically, these communities do not have a primary point of contact in a village elder, so organizations must seek out and use other structures that can serve as entry points. One CBO informant shared that they work with religious groups in informal settlements and their MHH awareness-raising efforts have been effective under this structural cover.

6.3 LEVERS FOR CHANGE

6.3.1 CLIMATE CHANGE INTERVENTIONS AS AN ENTRY POINT FOR MHH EFFORTS

Increased attention to climate change and environmental sustainability opens opportunities for MHH-related efforts. First, populations are curious about and more open to reusable menstrual products. If the accessibility and affordability issues highlighted above are resolved, informants agree that reusable menstrual products would likely become a viable option for many. However, some emphasized the need for further research to explore menstrual product preferences, along with increased education to inform the public about reusable options and their use.

Second, increased climate-related shocks have contributed to the establishment of formal emergency response mechanisms in Fiji. The humanitarian cluster system allows for government, donors, and implementing partners to coordinate and effectively respond in times of emergency (United Nations Office for the Coordination of Humanitarian Affairs 2023). The WASH Cluster, which addresses issues of MHH in Fiji, can collaborate with the wider humanitarian community to leverage existing systems around commodity logistics: for example, allowing for effective and efficient storage, distribution, and restocking of essential goods (including menstrual products) following a disaster. While not always perfect, admits one informant, actors can leverage these systems in fragile settings to improve the situation for individuals who menstruate. Some informants went even further to say that times of emergencies, compared with what they call “normal times,” might be more effective in increasing MHH-related awareness and influencing social norms, given organizational proximity to communities and population readiness for change.

6.3.2 FULL IMPLEMENTATION OF HUMAN RIGHTS, GENDER EQUALITY, AND SRH COMMITMENTS TO BENEFIT MHH

Progressing the implementation of international and national commitments on gender equality, human rights, and SRH supports the development of a conducive environment for MHH interventions. Fiji is a party to all nine core international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women. The policy basis for integrating MHH into all sectors can be found in policies such as the Fiji National Gender Policy and the Gender Equity and Social Inclusion Policy (Ministry for Social Welfare, Women & Poverty Alleviation 2014; Ministry of Economy 2021). Additionally, framing menstrual health as a human rights issue and prioritizing MHH within gender mainstreaming mandates will support targeted populations to manage menstruation with dignity.

6.3.3 MHH AWARENESS-RAISING OPPORTUNITIES

Fiji’s nation-wide internet access and growing popularity in social media—especially among adolescent and young adult populations—provides a number of MHH awareness-raising opportunities. The top three social media platforms among youth, according to one informant, are TikTok, Facebook, and Instagram. Though global platforms exist to educate about MHH, Fijian-specific messaging is limited.

Advertisers and influencers must localize content, stressed one informant, and ensure messaging is relatable to all demographics. “No one listens to privileged people!” and, “Billboard signs: they’re all white people. Get people who actually live in Fiji,” said one informant when speaking about MHH messaging. Informants recommended other opportunities for educating the public about MHH including billboards, pads dispensers in public toilet facilities (though limited), and disposable pad packaging material.

6.3.4 EXISTING MHH ACTORS OPEN TO PARTNERSHIP

Entering the nation’s MHH partnership landscape would require strategically leveraging partnerships with government agencies, INGOs, other international partners, and national NGOs. DFAT has expressed interest in collaborating with future donors/agencies wishing to partner on MHH. Partnering with the WASH Cluster, as well as other sectoral clusters (e.g., Protection Cluster, Health and Nutrition Cluster), in emergencies would benefit donors/agencies wishing to support MHH in Fiji. Critical partnerships would include the FDPF (for expertise in SRH and disabilities) in addition to other local NGOs such as Live and Learn and the Fiji Women’s Rights Movement (FWRM). Investment in private sector trade and manufacturing initiatives, such as the DFAT-supported TFV, may bode well for Fiji’s menstrual markets and, therefore, for people who menstruate in the country. Overall, investment in MHH programming in partnership with NGOs and donors already engaging in MHH can support greater MHH program comprehensiveness, coherence, and coordination.

A non-exhaustive list of actors working in MHH across Fiji is in [Appendix 4](#).

7.0 RECOMMENDATIONS FOR DONORS

The findings of this landscape assessment provide evidence for the following recommendations, as validated and prioritized by the USAID Pacific Islands Mission ([Appendix 5](#) provides a full list of recommendations presented to the mission). These should be considered options, as a menu of potential responses for USAID and other donors. The recommendations are organized according to the estimated timeframe needed for implementation.

7.1 SHORT-TERM RECOMMENDATIONS (1–3 YEARS)

Encourage cross-sectoral support of MHH through the development of a national MHH Technical Working Group. National level coordination among existing and emerging MHH actors would further advance the policy and advocacy landscape around MHH in Fiji. The MHMS, MoE, and Ministry of Women serve as primary points of contact within the GoF for MHH-related engagement. The inclusion of CBOs and other NGOs working in SRH, disability, and women’s rights (such as the Pacific Menstrual Health Network, FWRM, Reproductive and Family Health Association of Fiji, Fijian Red Cross, and FDPF) is critical for ensuring wide participation and representation of stakeholders working in this area. This inclusion promotes accountability in development results and coordination of efforts. These groups would welcome partnerships with emerging funding partners in MHH, as would key multilateral agencies (i.e., UNICEF and UNFPA) and bilateral donors (i.e., DFAT), expressed informants from these organizations.

Integrate MHH education and support into existing programs that work with out-of-school adolescents, working women, gender-diverse individuals, and people living in fragile environments. Education efforts must address entrenched beliefs and promote accurate and comprehensive information about MHH and products to manage menstruation. Engaging men and boys in MHH initiatives in community settings and providing adequate institutional support and training to male staff of organizations, especially when engaging as community educators with women, girls, and individuals who menstruate, would build confidence and support them to speak more openly and comfortably about MHH. Humanitarian initiatives could increase holistic MHH and reusable product use education to recipients of commodities distribution. Application of the wide-reaching accessibility of mobile phones and social media in Fiji can pave the way for promising dissemination of accurate, helpful, and key population-targeted MHH content, as integrated into existing messaging campaigns and initiatives. Integrating MHH-related support into other international development actors’ initiatives, such as DFAT’s support of the national health system (e.g., MHH-friendly workplace policies, MHH awareness and workplace culture, toilet infrastructure in health facilities, menstrual product access, and SRH support to patients), could provide another suitable entry point.

Support private sector logistics and supply chain operations, including distribution centers, to increase geographic coverage of menstrual products and supplies. Complex regional and socioeconomic factors hinder the equal distribution of goods across Fiji, affecting access to menstrual supplies. Investment in private sector logistics and supply chain networks and industries—as well as leveraging the robust humanitarian system—could improve systems and outcomes for affected regions and people who menstruate in these locations.

Support national NGOs in small-scale, local manufacturing and marketing practices. Given the challenges in local supplies procurement and manufacturing of sustainable menstrual products in Fiji, small companies require start-up capital and trade financing to compete in the national menstrual product market. Investing in local organization that support businesses, and women-own businesses in particular, could contribute to economic growth, in addition to increased access to affordable, sustainable menstrual products in Fiji.

7.2 MEDIUM-TERM RECOMMENDATIONS (3–5 YEARS)

Support WASH and infrastructure initiatives that increase water access in outlying geographic areas, urban informal settlements, and areas prone to climate-related disasters. Interventions serving these communities must consider MHH and utilize a gender lens in design, budgets, and programs, with specific attention to ensuring water accessibility prior to distributing reusable products, coupled with meaningful consultation and engagement with women and girls. Consistent water accessibility would improve MHH-related hygiene practices in these environments and potentially increase reusable products adoption in Fiji.

Invest in private sector workplace MHH programs to improve menstruating employees' experiences at work, drawing on what has worked in other countries. Effective workplace MHH programs in Fiji can support workplaces with MHH-friendly policies, destigmatization trainings, improved toilet facilities, pain and perimenopause information and management support, and increased overall MHH awareness.

7.3 LONG-TERM RECOMMENDATIONS (BEYOND 5 YEARS)

Support research to design and implement tailored MHH programs, with a focus on diversity and cultural variations in menstrual social norms, vulnerabilities, discrimination, MHH knowledge, product acceptability, and water access. Given Fiji does not have a long history addressing MHH, as well as its geographic and ethnic diversity, research from disaggregated data must design targeted interventions and build the foundation for MHH-focused policy change. Specific areas of research needed, as informants noted, include the following:

- Reusable menstrual product preferences and usability to inform and pose solutions for disposal and waste management challenges;
- Costs and accessibility of menstrual commodities to disadvantaged communities, especially due to economic shocks related to climate change (i.e., disasters, re-settlement, people movement and migration, supply chain limitations);
- Menstrual stigma and other social norms to inform and target behavior change opportunities;
- Out-of-school youth vis-à-vis menstrual health to support MoE priorities;
- Workplace MHH in formal and informal workplaces, in partnership with the private sector; and
- MHH in the national health system—with specific attention to gender equality, SRH and menstrual literacy—to inform community health worker training curricula and clinical guidelines.

Advocate for and support the development of a comprehensive, stand-alone MHH Policy, building on existing policy advancements in MHH in schools. An MHH Policy that is based on a respect for human rights and advancing gender equality would allow government actors and implementing partners to strategically integrate MHH across sectors, as well as open the way for MHH representation in other GoF policies. Contextualization of an MHH Policy would be critical, due to the nation's diverse cultural and geographic influences on MHH.

REFERENCES

- Ali, Mohammed Feroz, Mohammad Ahsan, and Prasanna B. K. 2021. “The Effect of COVID-19 Pandemic on the Tourism and Hospitality Industry In Fiji.” *International Conference on COVID -19 Studies Istanbul , Turkey*, January.
https://www.academia.edu/48980254/THE_EFFECT_OF_COVID_19_PANDEMIC_ON_THE_TOURISM_AND_HOSPITALITY_INDUSTRY_IN_FIJI.
- Australian Aid, Pacific Menstrual Health Network, and WaterAid. 2022. “WaterAid Australia Pacific Menstrual Health Network Evaluation Report.” <https://www.wateraid.org/au/pacific-menstrual-health-network-evaluation-report-2022>.
- Boccuzzi, Ellen. 2021. “The Future of Work for Women in the Pacific Islands.” Asia Foundation.
<https://asiafoundation.org/wp-content/uploads/2021/02/The-Future-of-Work-for-Women-in-the-Pacific-Islands.updateMarch1.pdf>.
- Chapman, Alex, William Davies, Ciaran Downey, and MacKenzie Dove. 2021. “Climate Risk Country Profile: Fiji.” Climate Risk Country Profiles. World Bank Group.
https://climateknowledgeportal.worldbank.org/sites/default/files/country-profiles/15854-WB_Fiji%20Country%20Profile-WEB.pdf.
- Criterion Institute. 2018. “Unlocking the Opportunity in the Pacific Menstrual Health Market Lessons Learned from a Workshop of Menstrual Health Actors Working in the Asia-Pacific Region.” Criterion Institute: Criterion Institute and Pacific RISE with support from Australian Department of Foreign Affairs and Trade (DFAT). <https://www.criterioninstitute.org/resources/unlocking-the-opportunity-in-the-pacific-menstrual-health-market>.
- Dean, Mohseen. 2020. “COVID-19 and Fiji- A Case Study.” *Covid-19 and Fiji- A Case Study* 90 (1): 96–106.
<https://doi.org/10.1002/ocea.5272>.
- Dutta, Devashish, Chander Badloe, Hyunjeong Lee, and Sarah House. 2016. “Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, Progress and Opportunities.” Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office (EAPRO).
https://archive.ids.ac.uk/clts/sites/communityledtotalsanitation.org/files/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf.
- Dwyer, Emily, and Lana Woolf. 2018. “Down By The River: Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response.” Rainbow Pride Foundation Fiji, Edge Effect, and Oxfam Australia.
<https://www.preventionweb.net/publication/down-river-addressing-rights-needs-and-strengths-fijian-sexual-and-gender-minorities>.
- Fiji Bureau of Statistics. 2012. “1.2A Census Population of Fiji by Ethnicity, 1.2B Estimated Population of Fiji by Ethnicity.” https://prdrse4all.spc.int/system/files/1.2a_census_pop_by_ethnicity_0.pdf.
- Fiji Meteorological Service. 2021. “Fiji Meteorological Service Early Action Rainfall Watch (EAR Watch).” Fiji Meteorological Service.
https://www.met.gov.fj/aifs_prods/Climate_Products/May%202021ear2021.05.06%2015.41.19.pdf.
- Fiji Meteorological Service: Climate Services Division. 2024. “ENSO Update: El-Niño Nearing Its End.” Volume 17, Issue 01. ENSO Update.
https://www.met.gov.fj/aifs_prods/Climate_Products/March%202024ensoUp2024.03.25%2014.14.43.pdf.
- Fiji Ministry of Health and Medical Services. n.d. “Fact Sheet – Drought and Health – MHMS.” Accessed June 22, 2024. <https://www.health.gov.fj/fact-sheet-drought-and-health/>.
- “Fragile Settings.” n.d. USAID-funded initiative. Momentum: A Global Partnership for Health and Resilience. Accessed June 17, 2024. <https://usaidmomentum.org/what-we-do/strengthening-resilience/fragile-settings/>.

- Goundar, Prashneel Ravisan. 2023. "Underlying Educational Inequalities in the Global and Fijian Context." *Open Education Studies* 5 (1). <https://doi.org/10.1515/edu-2022-0192>.
- Gounder, Rukmani. 2020. "Economic Vulnerabilities and Livelihoods: Impact of COVID-19 in Fiji and Vanuatu." *Economic Vulnerabilities and Livelihoods: Impact of COVID-19 in Fiji and Vanuatu* 90 (1): 107–13. <https://doi.org/10.1002/ocea.5273>.
- Head, A., C. Huggett, P. Chea, H. Suttor, B. Yamakoshi, and J. Hennegan. 2023. "Regional Progress Review: Menstrual Health in East Asia and the Pacific." United Nations Children's Fund, Burnet Institute, and WaterAid. https://washmatters.wateraid.org/publications/menstrual-health-in-east-asia-and-the-pacific?c_src=na-23-bau-ppc&c_src2=ggr-sem&gad_source=1&gclid=Cj0KCQjwtsyIBhD7ARIsAHOi4xZwQczNyfA6GmCpILJo4eluZhUrAWspJHuPhe7kl29JWzlpYyLPJF0aAlyJEALw_wcB.
- Hennegan, Julie, Inga T. Winkler, Chris Bobel, Danielle Keiser, Janie Hampton, Gerda Larsson, Venkatraman Chandra-Mouli, Marina Plesons, and Thérèse Mahon. 2021. "Menstrual Health: A Definition for Policy, Practice, and Research." *Sexual and Reproductive Health Matters* 29 (1): 1911618. <https://doi.org/10.1080/26410397.2021.1911618>.
- Huggett, Chelsea, and Alana Munro. 2022. "Period Poverty in the Pacific: Exploring Opportunities and Barriers to Progress Menstrual Health." *WaterAid Australia*. <https://www.wateraid.org/au/articles/period-poverty-in-the-pacific-exploring-opportunities-and-barriers-to-progress-menstrual#:~:text=In%20honour%20of%20this%20year's,and%20presenting%20key%20findings%20and>.
- Kopf, Andreas, Michael Fink, and Eberhard Weber. 2020. "Gender Vulnerability to Climate Change and Natural Hazards: The Case of Tropical Cyclone Winston, Fiji." In *Mapping Security in the Pacific*, 1st Edition, 14. Routledge. <https://www.taylorfrancis.com/chapters/edit/10.4324/9780429031816-12/gender-vulnerability-climate-change-natural-hazards-andreas-kopf-michael-fink-eberhard-weber>.
- Maulingin-Gumbaketi, Elizabeth, Sarah Larkins, Maxine Whittaker, Gun Rumbeck, Ronny Gunnarsson, and Redman-MacLaren. 2022. "Socio-cultural Implications for Women's Open Access Menstrual Health in the Pacific Island Countries and Territories (PICTs): A Scoping Review." *Reproductive Health* 19 (128). <https://doi.org/10.1186/s12978-022-01398-7>.
- Menocal, Alina Rocha, Marc Cassidy, Sarah Swift, David Jacobstein, Corinne Rothblum, and Ilona Tservil. 2018. "Thinking and Working Politically Through Applied Political Economy Analysis: A Guide For Practitioners." USAID: Center of Excellence on Democracy, Human Rights and Governance. <https://www.usaid.gov/sites/default/files/2022-05/PEA2018.pdf>.
- Ministry for Social Welfare, Women & Poverty Alleviation. 2014. "Fiji National Gender Policy." Government of Fiji. <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.fiji.gov.fj/getattachment/db294b55-f2ca-4d44-bc81-f832e73cab6c/NATIONAL-GENDER-POLICY-AWARENESS.aspx>.
- Ministry of Economy. 2021. "Gender Equity & Social Inclusion Policy 2021-2024 and Action Plan 2021-2022." Government of Fiji. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://fijiclimatechangeportal.gov.fj/wp-content/uploads/2022/01/Fiji_GenderEquitySocialInclusionPolicy_ActionPlan_GESI-Policy.pdf.
- Mohamed, Yasmin, and Lisa Natoli. 2017. "The Last Taboo: Research on Menstrual Hygiene Management in the Pacific - Papua New Guinea | Health and Education Resource Centre." Sydney Department of Foreign Affairs and Trade. <https://healtheeducationresources.unesco.org/library/documents/last-taboo-research-menstrual-hygiene-management-pacific-papua-new-guinea>.
- Murphy, Nabreesa, Tamani Rarama, Alanieta Atama, Ilaisa Kauyaca, Kelera Batibasaga, Peter Azzopardi, Kathryn J. Bowen, and Meghan A. Bohren. 2023. "Changing Climates, Compounding Challenges: A Participatory Study on How Disasters Affect the Sexual and Reproductive Health and Rights

- of Young People in Fiji.” *BMJ Global Health* 8 (Suppl 3): e013299. <https://doi.org/10.1136/bmjgh-2023-013299>.
- Naikaso, Filipe. 2024. “Looming Threat of Drought like Conditions for Fiji.” *Fiji Broadcasting Corporation* (blog). April 3, 2024. <https://www.fbcnews.com.fj/news/looming-threat-of-drought-like-conditions-for-fiji/>.
- Narsey, Wadan. 2023. “Beyond 33%: The Economic Empowerment of Fiji Women and Girls.” Suva, Fiji: Fiji Women’s Rights Movement. https://www.toksavetopacificgender.net/wp-content/uploads/2023/03/Breaking_The_33.pdf?utm_source=website&utm_medium=website&utm_campaign=PDF_Download.
- Nath, Priya, Andrés Hueso, Meghna Malhotra, and Shipra Patel. 2018. “Female-Friendly Public and Community Toilets - a Guide for Planners and Decision Makers.” London, UK: UNICEF, WaterAid and WSUP. <https://washmatters.wateraid.org/publications/female-friendly-public-and-community-toilets-a-guide-for-planners-and-decision-makers>.
- Prasad, Shanelle. 2022. “Ministry Gives 54,767 Sanitary Pad Vouchers.” *The Fiji Times* (blog). May 30, 2022. <https://www.fijitimes.com.fj/ministry-gives-54767-sanitary-pad-vouchers/>.
- Sommer, Marni, Sahani Chandraratna, Sue Cavill, Therese Mahon, and Penelope Phillips-Howard. 2016. “Managing Menstruation in the Workplace: An Overlooked Issue in Low- and Middle-Income Countries.” *International Journal for Equity in Health* 15 (June):86. <https://doi.org/10.1186/s12939-016-0379-8>.
- United Nations Office for the Coordination of Humanitarian Affairs. 2023. “Fiji: Humanitarian Coordination Structure November 2023 | OCHA.” November 2, 2023. <https://www.unocha.org/publications/report/fiji/fiji-humanitarian-coordination-structure-5-october-2023>.

APPENDIX I. KEY INFORMANT INTERVIEW GUIDE

The below questions are intended to guide the assessment team in their interviews with stakeholders; the team will tailor the questions for each participant, ensuring a targeted and time efficient interview.

INTRODUCTION AND VERBAL CONSENT

READ STATEMENT BELOW TO INFORMANTS

Thank you so much for taking the time to speak with us. Iris Group is conducting a political economy analysis on the context surrounding menstrual health and hygiene (MHH) as part of the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 activity funded by USAID. The discussion will last approximately 60 minutes, during which we will ask you to share your perspectives on the political and economic dynamics that shape the current situation for MHH, specifically those affecting out-of-school adolescent girls, working women, other people who menstruate as well as people who live in fragile circumstances.

We will not ask about your personal experience in this discussion, so please do not share this personal information. Please be as open and honest as possible, since your feedback will assist us in understanding the state of MHH in Indonesia and informing future investments by USAID and other donors in MHH.

We do not expect there to be any risks for your participation in this discussion. The information that you share today will not be attributed to you in any way.

It will not cost you anything to participate in this discussion. There will be no benefits to you if you participate, though your responses may lead to improved conditions for people who menstruate.

You can end the discussion at any time, and your participation is voluntary.

INTRODUCTION

Our analysis is interested in looking at out of school adolescents, working people who menstruate (even adolescents), those who don't identify as women and girls but also menstruate, and those who live in fragile contexts.

IMPLEMENTATION EFFORTS

1. Please share your interest and/or professional experience working in MHH and in what capacity/role.
2. What does your organization do to address MHH?
 - What has it done to address MHH amongst our target populations?
 - Have there been any evaluations of the work? Would you be able to share results and/or any reports?
 - Ask program specific questions about how information is shared, with whom, how are products distributed, what kinds, what about disposal, what other aspects of MHH are addressed, who is included/excluded.
3. What other organizations or stakeholders are working in MHH in Fiji?

- Are there any alliances or technical working groups addressing MHH?
- From what lenses/perspectives do these stakeholders work in or advocate for MHH? (e.g., education, women's economic empowerment, health, WASH, humanitarian assistance)

FOUNDATIONAL FACTORS FOR TARGET POPULATION

1. How do **out-of-school adolescents** manage menstruation?
 - What are the unique situations/challenges for these children that might this affect their MHH?
2. How do **working women** manage menstruation at work?
 - What are the main challenges that working women face at work, regarding MHH?
 - Please consider both the formal and informal workplace (e.g., markets, agricultural settings)
3. Based on your knowledge, is there any work (research or programming) on gender-diverse people who menstruate (i.e., not only those who identify as female)?
 - Please explain what is known about how this group manages menstruation.
 - What are the unique situations/challenges for these individuals affecting MHH?
4. What are key MHH challenges for people who menstruate in fragile settings?
 - Please consider relocated villages (due to climate change), informal settlements, rural settings and outer islands.
 - What are the gaps in humanitarian response efforts?

INFORMATION & PRODUCTS

1. How do people receive information about menstruation, including disposal?
 - Generally, pre- and post-menarche
 - Outside of school
 - Within the workplace (formal and informal)
 - In humanitarian settings
 - Role of media (including social media) in disseminating MHH information
2. What is the general perception of various menstrual products on the market in Fiji, by each of our target populations [ask each separately]?
 - What type of menstrual products are most preferred?
 - Does preference/demand vary by geography, age, ethnic group, or otherwise among our four target groups?
 - If so, how and why does preference vary?

3. How has the demand for menstrual products (disposables, reusable) changed over time?
 - What about for [target populations], specifically?
4. Please explain the physical accessibility (or inaccessibility) of various menstrual products in Fiji, specifically for:
 - Out-of-school girls
 - Working women
 - Other people who menstruate
 - People in fragile settings
 - How does availability vary geographically (e.g., urban/rural, islands, etc.)?
5. Please explain the financial accessibility (or inaccessibility) of various menstrual products in Fiji, specifically for:
 - Out-of-school girls
 - Working women
 - Other people who menstruate
 - People in fragile settings

SOCIAL NORMS & SAFETY

- I. What kinds of informal rules (cultural or social norms, political understandings and unwritten arrangements etc.) exist in Fiji about MHH?
 - More specifically, how do these norms manifest/"play out" for:
 - i. Working women
 - ii. Out-of-school girls
 - iii. Other people who menstruate
 - iv. People in fragile settings
 - How have these norms changed over time?
 - What role does culture have on these norms?
 - What role does religion have on these norms?
2. For working women, do these norms (or MHH generally) have any impact on:
 - Women's labor force participation (entering the workforce, choice of employment, tenure)
 - Productivity of people who menstruate while at work (earnings, absenteeism, advancement, job satisfaction)
 - Women's confidence while at work

- How openly women can discuss periods with one another/men/supervisors at work
 - Male/female relations in the workplace setting
3. Does menstruation have an impact on women's safety or susceptibility to harassment?

POLICY LANDSCAPE

1. Please explain the policy landscape in Fiji related to MHH.
 - National, local, other (formal and informal)
 - Workplace policies (formal and informal)

Please share any resources and/or government entities working in these areas.
2. Please explain how people who menstruate access health services for menstruation-related challenges.
3. Who are the major producers/manufacturers of disposable menstrual products in Fiji? Distributors?
4. Who are some producers/manufacturers of reusable menstrual products in Fiji? Distributors?
5. How are menstrual products taxed in Fiji?
 - Import tax on whole product *and* raw materials
 - Value added tax (VAT) on fast-moving commercial goods (i.e., disposable menstrual products *and* reusable menstrual products)
6. How do taxes affect access to menstrual products by our target population?
 - Out-of-school adolescents
 - Working women
 - Other people who menstruate
 - People in fragile settings
7. How is menstrual waste categorized and disposed of in Fiji?

DYNAMICS & MOVING FORWARD

1. What role does geography play in Fiji on MHH?
 - Access to natural resources (e.g., water)
 - Supply chain of menstrual products
 - Ethnicity; possible class implications and/or discrimination
 - Fragility
2. How have climate change, political instability, and other shocks including COVID-19 and natural disasters affected MHH in Fiji, specifically among
 - Out-of-school girls

- Working women
 - Other people who menstruate
 - People in fragile contexts
3. What political or economic trends in Fiji (e.g., policy, market, taxation, etc.) might *support (or have supported in the past)* MHH for [target populations] in Fiji? What trends might *work (or have worked) against* MHH?
 4. Do you have any specific recommendations about how to further invest in and improve MHH for [target populations] in Fiji?

APPENDIX 2. DESK REVIEW SEARCH TERMS AND STRATEGY

The Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 team conducted a thorough search of published and gray literature (including national policies and guidelines) to extract relevant information related to the political economy analysis key questions (including any available data). Based on key recommendations for future areas of study, this search focused on finding evidence related to less-studied population groups for menstrual health and hygiene (MHH) interventions. This screening of evidence attempted to find literature focusing on out-of-school adolescents, working women, and gender-diverse people who menstruate, especially those in fragile settings. The team also collected supporting evidence regarding the working environment for MHH.

SEARCH STRATEGY FOR PEER-REVIEWED LITERATURE

We gathered a broad set of menstrual health-related search terms:

1. Menstruation
2. menstru* OR menses OR catamenia OR menarche OR dysmenor* OR endometrio* OR amenor* OR menorrhagi* OR oligomenor* OR premenstrual syndrome
3. menst* AND (period OR cycle OR disorder* OR pain)
4. Fiji* OR Ra OR Tavua OR Ba OR Nadi OR Nadarivatu OR Keiyasi OR Nausori OR Navua OR Vunidawa OR Suva OR Korovou OR Macuata OR Savusavu OR Bua OR Taveuni OR Seaqaqa OR Saqani OR Tukavesi OR Kadavu OR Rotuma OR Lomaiviti OR Lautoka

SEARCH STRATEGY FOR GRAY LITERATURE

1. Extrapolated a list of the most common variants of the intervention terms based on any scoping work and existing studies for inclusion identified.
 - a. Search terms: “Fiji” AND
 - i. “menstruation” OR “menstrual hygiene” OR “menstrual health and hygiene” OR “menstrual health” OR “period” OR “cycle”
 - b. Year of publication: 2015–2024
2. Searched list of databases.
 - a. Databases included Google Scholar but also gray literature sources of prominent international nongovernmental organizations and other organizations.
3. Reviewed results until a page occurred with no relevant hits.
4. Solicited additional project reports, briefs, and other documents during KII.

Despite the clear criteria and the comprehensive search for relevant literature, certain key populations were notably missing or lacked sufficient information. The most common results in the search showed publications focusing on adolescent girls in primary and secondary school (not included in this analysis) and a general focus on menstruation for adults over the age of eighteen. In Fiji, the analysis revealed a significant gap in studies focusing on women in the workforce, both formal and informal, out-of-school adolescents, and gender-diverse individuals who menstruate.

LIMITATIONS

This synthesis only considered studies published in English, which means that potential government or national organizations that this report did not cover reports published in other languages.

APPENDIX 3. LIST OF KEY INFORMANTS INTERVIEWED FOR THE POLITICAL ECONOMY ANALYSIS

NAME	ORGANIZATION
Chelsea Huggett	WaterAid, Technical Lead – Equality and Rights
Hannah Tamata	Pacific Menstrual Health Network, Coordinator
Nalini Singh	Fiji Women’s Rights Movement, Executive Director
Ro Iva Namela	United Nations Children's Fund (UNICEF), WASH Specialist
Debbie Gray	UNICEF, Gender and Adolescents Specialist
Salote Maramaciriciri	Fiji Red Cross Society, Health Coordinator
Qaayenaat Ali	Fiji Red Cross Society, Climate Change and Gender Officer
Mei Mili	Soqosoqo Vaka Marama, Young Women’s Program Coordinator
Sera Ratu	Reproductive Health Family Association Fiji, Program Manager
Emele Naiceru	Reproductive Health Family Association Fiji, Clinical Manager
Cameron Neil	Red Hat Impact
Joseva Maikitu	Live and Learn, Gender and Resilience Officer
Litiana Dimaopa	Live and Learn, Coordinator WASH
Megan Colquhoun	Earth Sisters Fiji, CEO and Founder
Eldon Eastgate	Essity Australasia, General Manager
Radhika Nair	Essity Australasia, Marketing Manager
Anaseini Vakaidia	Fiji Disabled Peoples Federation Sexual and Reproductive Health and Rights (SRHR) Coordinator
Vuniwai Jikosaya Toga	Ministry of Health and Medical Services, National Water, Sanitation, and Hygiene (WASH) Coordinator
Seema Naidu	Department of Foreign Affairs and Trade (DFAT) Fiji, Program Support Facility, Pacific Senior Gender and Inclusion Advisor
Philip Hulcome	DFAT Fiji, Program Support Facility, Team Leader Health
Josaia Samuela	DFAT Fiji, Program Support Facility

APPENDIX 4. ACTORS WORKING IN MHH IN FIJI

ACTOR	ORGANIZATION TYPE	STRATEGIC MHH ENGAGEMENT
Pacific Menstrual Health Network (PMHN)	Regional alliance	The PMHN coordinates nongovernmental organizations (NGOs)/community-based organizations (CBOs) working on menstrual health and hygiene (MHH) across the Pacific. The PMHN aims to support girls, women, and gender-diverse people's menstrual health, dignity, and participation in education and work. The PMHN members in Fiji include Diverse Voices and Action for Equality (DIVA or DIVA for Equality), the Fiji Women's Rights Movement (FWRM), and the Pacific Disability Forum (PDF).
WaterAid Australia	International NGO (INGO)	WaterAid Australia has supported the establishment of a network of local Pacific actors working together (the PMHN) to strengthen evidence, learning, and influencing of menstrual health since 2019. DFAT's Australian NGO Cooperation Program funds this program. WaterAid Australia supports the PMHN Secretariat and collaborates with the Secretariat to lead the coordination and management of partnerships and the network.
Diverse Voices and Action (DIVA) for Equality	NGO	The organization works through a feminist and human rights lens focusing on a range of sectoral issues, including ecological and climate justice and MHH. Partners with a wide network of organizations and a range of communities in Fiji, focusing on the empowerment of women and girls and sexual orientation, gender identity, gender expression, and sex characteristic (SOGIESC) rights. DIVA is involved in policy influence, research, programs, and community engagement.
Fiji Women's Rights Movement (FWRM)	NGO	The FWRM works through a feminist and human rights lens on development and humanitarian issues and action. Its MHH efforts focus on intergenerational leadership and the menstrual health life cycle in the girls and young women's program. The organization works on legislative and policy reform, advocacy and research, evidence-based action and not specifically on community level engagement.
Reproductive and Family Health Association of Fiji (RFHAF)	NGO	RFHAF works on sexual reproductive health (SRH) service provision through its clinic and outreach. The organization works with a range of partners, including the Ministry of Health and Medical Services, the Ministry of Women, and academic institutions. Its services focus on family planning and outreach in communities, as well as notable projects that provides menstruation kits and SRH services during times of crisis. MHH awareness is one of the services they routinely provide to clients.
Fiji Disabled Peoples Federation (FPDF)	NGO	The FDPF is the umbrella body for four affiliate bodies for persons with disabilities in Fiji: the Spinal Injury Association; the United Blind Persons of Fiji, the Fiji Deaf Association; and the Psychiatric Survivors Association. The FDPF advocates for the rights of persons with disabilities through legislative and policy change, advocacy, and training. Its partners include Medical Services Pacific, RFHAF. DFAT funds FDPF programs. Support for MHH comes through its SRH program, which is a limited area of work.
Pacific Sexual Gender	Regional network	The Pacific Sexual Gender Diversity Network is a regional network of LGBTQI+ organizations and individuals in the Pacific and it has affiliates

ACTOR	ORGANIZATION TYPE	STRATEGIC MHH ENGAGEMENT
Diversity Network		in fourteen Pacific countries. The organization supports SOGIESC advocacy and rights through advocacy, the review of laws and policies, coordination, and capacity development of its member organization.
Rainbow Pride Foundation	NGO	The foundation advocates for LGBTQI+ rights and equality. Its work centers around six areas: policy and research, safety and inclusion support services, HIV and sexual health programs and services, mental health outreach and peer-education, training and capacity building and climate justice advocacy.
Fiji Red Cross Society	NGO	The Fiji Red Cross Society provides humanitarian assistance to people in times of emergencies and conducts a number of programs, including on disaster preparedness, gender equality and social inclusion (GESI), health and care, and community surveillance. Its MHH work includes the provision of dignity kits during emergencies responses and areas of interest include a greater focus on MHH in community-based health work in future and GESI-informed disaster response efforts.
Live & Learn	NGO	Live & Learn Fiji works on sustainable environmental education in communities in Fiji. Its strategic priority areas include disaster risk reduction, WASH, food resilience, climate resilience and environmental protection, gender equality, disability, and social inclusion (GEDSI) and traditional knowledge. MHH work is primarily centered under WASH, GEDSI and climate change and disaster risk reduction. This support to communities includes community outreach and engagement and the procurement and distribution of pads during emergencies such as natural disasters and the COVID-19 response.
Essity Australasia	Private sector	Essity Australasia is a third-party distributor of personal hygiene and MHH products across the Pacific and in Fiji. The company supplies a range of menstrual products to the Fiji market and partners with a range of organizations, including schools, NGOs, and charities, to distribute menstrual products.
Soqosoqo Vakamarama iTaukei (SSV)	CBO	The SSV promotes the rights and development of iTaukei women across Fiji. Through community mobilization, participation and engagement, the young women's program of the SSV promotes MHH and iTaukei culture.
Red Hat Impact	Social enterprise, based in Australia	The DFAT-funded Red Hat Impact is designing and launching the Trade Finance Vehicle (TFV) for Menstrual Health Producers in the Pacific 2.0. The TFV 2.0 is a project and partnership between enterprises, investors, intermediaries, governments, and NGOs which aims to support local manufacturing of MHH products by increasing enterprise access to reusable product materials. Under the mechanism, materials are bought in bulk and shipped in, and this takes on the risk of small, local enterprises needing access to these markets.
Earth Sisters Fiji	Social enterprise, based in Australia	Earth Sisters Fiji produces reusable cloth pads locally in Nadi, Fiji with materials imported from overseas. Its core market is production of bulk for NGOs to purchase. A select amount will be marketed in stores, and the majority are sold online (website and Facebook). Earth Sisters Fiji produces a range of five types of pads and information resources in the form of an online chart on the menstrual cycle.
United Nations Population Fund (UNFPA)	United Nations Agency	UNFPA provides technical assistance and programs to support national action on SRH, young people, human rights and gender equality and population issues. The organization supports the procurement of dignity kits in emergencies.

ACTOR	ORGANIZATION TYPE	STRATEGIC MHH ENGAGEMENT
Plan International Fiji	INGO	Plan International Fiji provides support to communities on responses to disasters and climate change, WASH, and gender equality. One of Plan's focus areas on MHH is under the Adolescent Girls Climate Change and Resilience Project, and the organization partners with Live & Learn Fiji to undertake this work. The project involves working in schools, working with women, and working with the elderly.
The Fiji Program Support Facility DFAT	Bilateral donor	The DFAT-supported Fiji Program Support Facility has the following sector and program focus areas: education, health, governance and emergency preparedness and response. On MHH, the Facility supports emergency commodity access, including audits and providing targeted support in fragile settings, such as water tanks in emergencies. DFAT works in GESI, including MHH training for teachers and heads of schools, and partners with the Ministry of Education (MoE) to conduct facility upgrades and bins for schools. The Facility also supports and strengthens storage and distribution of dignity kits, which are distributed to affected areas in any division nationally.
United Nations Children's Fund (UNICEF)	United Nations Agency	UNICEF supports the protection of children's rights through legislation and policy change, programs, and emergency response. UNICEF partners with stakeholders to complete MHH work that includes support to the Fiji MoE on WASH in schools through infrastructure and materials and supplies, as well as to the WASH Cluster during humanitarian action. This involves supporting evacuation centers and advocating for MHH-friendly facilities and MHH supplies in WASH kits.
Pacific Menstrual Health Network (PMHN)	Regional alliance	The PMHN coordinates NGOs/CBOs working on MHH across the Pacific. The PMHN aims to support girls, women, and gender-diverse people's menstrual health, dignity, and participation in education and work. The PMHN members in Fiji include DIVA for Equality, the FWRM, and the Pacific Disability Forum (PDF).
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APPENDIX 5. FULL RECOMMENDATION LIST

The WASHPaLS team presented the following recommendations to the Pacific Islands Mission on June 10, 2024. In this meeting, representatives from the Mission provided validation and prioritization feedback through a facilitated discussion by the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 team.

POLICY AND ADVOCACY

Partner with the Department of Foreign Affairs and Trade (DFAT), the United Nations Children's Fund (UNICEF), and the Ministry of Health and Medical Services (MHMS) to develop a national menstrual health and hygiene (MHH) Technical Working Group.

National level coordination among existing and emerging MHH actors would further advance the policy and advocacy landscape around MHH in Fiji. The MHMS, Ministry of Education (MoE), and Ministry of Women serve as primary points of contact within the Government of Fiji (GoF) for MHH-related engagement. The inclusion of community-based organizations and other nongovernmental organizations (NGOs) working in sexual reproductive health (SRH), disability, and women's rights (such as Pacific the Menstrual Health Network, Fiji Women's Rights Movement, Reproductive and Family Health Association of Fiji, Fijian Red Cross, and Fiji Disabled Peoples Federation) is critical for ensuring wide participation and representation of stakeholders working in this area. This inclusion promotes accountability in development results and coordination of efforts. These groups would welcome partnerships with emerging funding partners in MHH, as would key multilateral agencies (i.e., UNICEF and United Nations Population Fund) and bilateral donors (i.e., DFAT), as informants from these organizations expressed.

Advocate for and support the development of a comprehensive, stand-alone MHH Policy in Fiji, building on existing policy advancements in MHH in schools. An MHH Policy that is based on a respect for human rights and advancing gender equality would allow government actors and implementing partners to strategically integrate MHH across sectors, as well as open the way for MHH representation in other GoF policies. The GoF must contextualize an MHH Policy, as contextualization is critical to respond to the nation's diverse cultural and geographic influences on MHH.

MARKET

Support private sector logistics and supply chain operations, including distribution centers, to increase geographic coverage of menstrual products and supplies. Complex regional and socioeconomic factors hinder the equal distribution of goods across Fiji, affecting access to menstrual supplies. Investment in private sector logistics and supply chain networks and industries—as well as leveraging the robust humanitarian system—could improve systems and outcomes for affected regions and people who menstruate in these locations.

Consider medium-term, strategic investments in social enterprises to establish sound operations and effective marketing practices. Given the challenges in local supplies procurement and manufacturing of sustainable menstrual products in Fiji, small companies require start-up capital and trade financing to compete in the national menstrual product market. Supporting local private-sector actors in the menstrual product market, and women-owned businesses in particular, could contribute to economic growth, in addition to increased access to affordable, sustainable menstrual products in Fiji.

PROGRAMMING AND RESEARCH

Support WASH and infrastructure initiatives that increase water access in outlying geographic areas, urban informal settlements, and areas prone to climate-related

disasters. Interventions serving these communities must consider MHH and utilize a gender lens in design, budgets, and programs, with specific attention to ensuring water accessibility prior to distributing reusable products, coupled with meaningful consultation and engagement with women and girls. Consistent water accessibility would improve MHH-related hygiene practices in these environments and potentially increase reusable products adoption in Fiji.

Integrate MHH education and support into existing programs that work with out-of-school adolescents, gender-diverse individuals, and people living in fragile environments. Education efforts must address entrenched beliefs and promote accurate and comprehensive information about MHH and products to manage menstruation. Engaging men and boys in MHH initiatives in community settings and providing adequate institutional support and training to male staff of organizations, especially when engaging as community educators with women, girls, and individuals who menstruate, would build confidence and support them to speak more openly and comfortably about MHH. Humanitarian initiatives should increase holistic MHH and reusable product use education to recipients of commodities distribution. Application of the wide-reaching accessibility of mobile phones and social media in Fiji can pave the way for promising dissemination of accurate, helpful, and key population-targeted MHH content, as integrated into existing messaging campaigns and initiatives.

Strengthen local capacity to deliver workplace MHH programs, drawing on what's worked in other countries' initiatives. Effective workplace MHH programs in Fiji can support workplaces with MHH-friendly and inclusive desensitization training, policies, improved toilet facilities, pain and perimenopause information and management support, and increased overall MHH awareness.

Support adequate MHH awareness, provisions, and support within Fiji's national health system, including MHH-friendly workplace policies, MHH awareness and workplace culture, toilet infrastructure in health facilities (including methods for waste disposal), menstrual product access, and SRH support to patients (including contraception-induced menstrual changes). DFAT's support of the national health system could provide a suitable entry into this sector and health facility-focused support.

Support research to design and implement tailored MHH programs, with a focus on diversity and cultural variations in menstrual social norms, vulnerabilities, discrimination, MHH knowledge, product acceptability, and water access. Given Fiji's relatively new entry into MHH, as well as its geographic and ethnic diversity, research from disaggregated data must design targeted interventions and build the foundation for MHH-focused policy change. Specific areas of research needed, as noted by informants, include the following:

- Reusable menstrual product preferences and usability to inform and pose solutions for disposal and waste management challenges in Fiji;
- Costs and accessibility of menstrual commodities to disadvantaged communities, especially due to economic shocks related to climate change (i.e., disasters, re-settlement, people movement and migration, supply chain limitations);
- Menstrual stigma and other social norms to inform and target behavior change opportunities;
- Out-of-school youth vis-à-vis menstrual health to support MoE priorities;
- Workplace MHH in formal and informal workplaces, in partnership with the private sector; and
- MHH in the national health system—with specific attention to gender equality, SRH and menstrual literacy—to inform community health worker training curricula and clinical guidelines.

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