

MENSTRUAL HEALTH

IN EAST ASIA AND THE PACIFIC

REGIONAL PROGRESS REVIEW

SOLOMON ISLANDS

COUNTRY CONTEXT

Solomon Islands is a Pacific Island country made up of six main islands and over 900 small islands, and has a total population of 721,000 people. In 2021, there were approximately 211,000 adolescent girls and women of reproductive age and there is no national data on their unmet need for contraception.¹ Only 17 per cent of schools in Solomon Islands has access to basic sanitation services, and 12 per cent to hygiene services.² Only 35 per cent of households has access to at least basic sanitation services.³

OBJECTIVES

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

This review report assesses the progress and opportunities using five dimensions of the definition of menstrual health.⁴ Menstrual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle throughout their life course can engage in the following five dimensions.



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



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



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



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













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

PROGRESS: ENABLING ENVIRONMENT

Policies and plans

Overall, the Government of Solomon Islands has integrated menstrual health into water sanitation and hygiene (WASH) in schools, with a focus on infrastructure and education. National standards and guidelines in Solomon Islands that address menstrual health are:

- **Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018)**, which contains eight criterion for menstrual hygiene management, including support and guidance from teachers, provision of products, adequate infrastructure that is sex-segregated, and private and proper disposal systems.
- **Strategic Plan Rural Water Supply, Sanitation and Hygiene (2015–2020)**, which outlines provisions for menstrual health in school WASH infrastructure (4.16) and cites requirements for menstrual hygiene management using monitoring criteria from the WHO and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

 Information and education	 Services and materials	 Care for discomfort and disorders	 Supportive social environment	 Non-discrimination and participation
 Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018) contains Standard 2: Teachers are empowered to educate students on menstrual hygiene management.	 Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018) includes eight specific criteria for menstrual hygiene management to be adopted. Strategic Plan Rural Water Supply, Sanitation and Hygiene (2015-2020) includes provisions for menstrual health in school WASH infrastructure.	 Not included.	 Water Supply, Sanitation and Hygiene Standards for Education Facilities in the Solomon Islands (2018) contains Standard 2: Teachers are empowered to guide students on menstrual hygiene management.	 Not included.

Lessons and insights: Opportunities to link existing policies to menstrual health

The review identified six opportunities to strengthen the linkages between national policies and guidelines and menstrual health in Solomon Islands:

- **National Healthy Settings Policy (2021)**: Recognizes the importance of creating healthy villages, schools, marketplaces, workplaces, health facilities and towns through access to proper sanitation and hygiene. It also defines a 'healthy school' (page 10) and acknowledges that more attention must be directed towards gender equality. Menstrual health could be linked to these commitments.
- **National Health Strategic Plan (2022-2031)**: Sets health priorities for the Solomon Islands including sexual and reproductive health, of which menstrual health is one aspect (though not explicitly referenced).
- **National Gender Equality and Women's Development Policy (2015-2020)**: Outcomes 6 and 7 outline access to education and providing a supportive school environment; improving women's right to sexual and reproductive health. Menstrual health could be linked to this right.
- **National Education Strategic Framework (2016-2030)**: Specifies the need for WASH in education to be piloted by 2020, and fully delivered by 2030. This will support menstrual health in schools.
- **National Education Action Plan (2022-2026)**: Provides for WASH facilities to ensure school environment is safe, including sex-segregated sanitation facilities. This is supportive to menstrual health.
- **National Youth Policy (2017-2030)**: Defines youth improved health and holistic well-being with a 'youth-to-youth strategy for health and well-being' (including for youth with disabilities) and better understanding of sexual and reproductive health.

Lessons and insights: Policy dialogue is needed before policy change will be enacted

Stakeholders reported there had been limited progress on menstrual health in policies in Solomon Islands and that policy conversations were just starting to happen. Some felt that the government needed a better understanding of menstrual health before policy changes would happen, and that menstrual health changes in policy to date had been strongly influenced by development partners.











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We need to be clear on whose policy we are implementing. We are implementing on an ad hoc basis, but what policy drives us? – Review informant, Non-governmental organization (NGO)

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Implementation arrangements

The Ministry of Education and Human Resources Development have overall responsibility for policy, strategy and standards setting for WASH in Schools, including monitoring as well as inclusion of WASH into school curriculum. The WASH Standards for Education Facilities in the Solomon Islands (2018) outline the roles of the Environmental Health Department and the Rural WASH Department within the Ministry of Health and Medical Services to advocate for school WASH and ensure compliance with health-based standards. However, the complexity of implementation was noted by stakeholders, with six departments involved in the delivery of WASH alone. Other aspects of menstrual health – health care, supportive social environment and participation – were not clear in government policies, plans and guidance documents.

<div>  </div> <div>Information and education</div>	<div>  </div> <div>Services and materials</div>	<div>  </div> <div>Care for discomfort and disorders</div>	<div>  </div> <div>Supportive social environment</div>	<div>  </div> <div>Non-discrimination and participation</div>
<div>  </div> <div> <p>The Ministry of Health and Medical Services is responsible for health promotion in schools communities and health care facilities.</p> <p>The Ministry of Education is responsible for national curriculum development and assessment and for the Healthy Living Syllabus.</p> </div>	<div>  </div> <div> <p>The Ministry of Education is responsible for WASH in Schools and leads menstrual health activities, including provision of menstrual health materials and facilities.</p> <p>The Ministry of Health and Medical Services is responsible for health promotion and waste disposal in schools.</p> </div>	<div>  </div> <div> <p>No evidence was found.</p> </div>	<div>  </div> <div> <p>The Ministry of Health and Medical Services is responsible for health promotion in schools communities and health care facilities.</p> <p>The Ministry of Education is responsible for national curriculum development and assessment and for the Healthy Living Syllabus.</p> </div>	<div>  </div> <div> <p>No evidence was found.</p> </div>

Some coordination between sectors was happening through the Community-Led Total Sanitation Technical Working Group and the WASH in Schools Technical Working Group, which both address aspects of menstrual health. However, stakeholders noted that coordination on menstrual health needed to be further developed and that coordination and leadership needed significant strengthening.



Financing

The amount of public budget allocated to menstrual health is not known for Solomon Islands. Though menstrual health is included in the WASH Standards for Education Facilities in the Solomon Islands (2018) and Strategic Plan Rural WASH (2015–2020), there were no budget lines or policy requirements for financing found during the review. However, the WASH in Schools Guidance for Designs and Bills of Materials does include costs for a menstrual hygiene-friendly toilet cubicle in schools. This can assist government to develop budgets for facilities for menstrual health at the school level.

Review informants reported that the government expressed willingness to commit budget to WASH in schools, but that most funding of menstrual health came from development partners.



Lessons and insights: Influencing policies will influence government funding

Government funding is determined by priorities established in policies and strategies. Review informants from civil society noted that they are advocating to relevant ministries to strengthen menstrual health in the policy framework and enable greater funding.



The national budget is decided according to the national development strategy. Across the Ministries of Women, Health and Education there is no prioritization of menstrual health. Therefore, there is no real budgeting. Government needs to be aware of policy and priority objectives. – Review informant, NGO



PROGRESS: SERVICE DELIVERY AND PROGRAMMING APPROACHES

Government-led service delivery has focused on WASH in schools. Non-government WASH actors have integrated menstrual health into school programmes, with a focus on school education and infrastructure. No examples of care for menstrual discomfort or disorders, non-discrimination and participation, or a supportive social environment were found. Current service delivery and programming approaches are:



Information and education: Outside of government efforts, external support agencies are providing support. The NGO Live and Learn delivered menstrual health awareness sessions across 13 communities, reaching 2,000 people and 10 schools in Honiara. Collaboration between the NGOs Plan International and Live and Learn and the social enterprise Kaleko Steifree Solomons led advocacy and awareness raising of menstrual health in 30 communities in three wards.



Services and materials: The implementation of the WASH Standards for Education Facilities in the Solomon Islands (2018) are supported by two resources: technical requirements manual for school WASH facilities, and the Three Star Approach for WASH in Schools. Most of the implementation has been supported by development partners. In partnership with the government under the Solomon Islands Better Learning Environment project (2016-2022), UNICEF supported 42 schools in five wards in Guadalcanal Province aimed at reaching 6,500 students and 280 teachers which included functional girl-friendly WASH facilities and services. The NGOs Plan International, Live and Learn and Kaleko Steifree Solomon delivered training on the use and facilitation of menstrual hygiene management through a school WASH programme in West Guadalcanal reaching 22 schools, 60 communities and 8 rural health clinics, and reached approximately 14,575 people. In humanitarian response, CARE Australia's Humanitarian Partnerships programme 'Disaster READY' provided menstrual health supply kits to 200 at-risk women and adolescents who had experienced abuse.

PROGRESS: MONITORING, EVALUATION AND EVIDENCE

Responsibility for monitoring menstrual health is assigned in two policies, and review informants reported that government-led WASH in schools monitoring was working well. The WASH Standards for Education Facilities in the Solomon Islands (2018) established an annual reporting mechanism for each school, using a form from the Ministry of Education and Human Resources Development to report on compliance. The Strategic Plan Rural WASH (2015-2020) includes two indicators on menstrual health: (1) output indicator on the number of schools and clinics with WASH facilities constructed or rehabilitated; and (2) outcome indicator on the number of girls and female teachers with access to basic menstrual hygiene management facilities.

Review informants noted that government monitoring menstrual health at the household level was a gap due to challenges in understanding what should be monitored and the tools that could be used. At the project level, some international NGOs and civil society organizations (CSOs) used a 'ladder of confidence' tool with students to assess the effectiveness of menstrual health education. However, informants noted their own limited capacity to monitor well, and some felt they lacked the right monitoring tools. Some informants also noted the logistical challenges and high costs associated with monitoring geographically remote locations.



Information and education	Services and materials	Care for discomfort and disorders	Supportive social environment	Non-discrimination and participation
✗ No monitoring data were found.	✓ The Ministry Education and Human Resources Development's annual monitoring applied the WASH in Schools' Three Star Approach, with support from UNICEF. Annual reporting mechanism using the appropriate form to report on compliance. Two indicators on menstrual health: <ul style="list-style-type: none"> • number of schools and clinics with WASH facilities constructed or rehabilitated and • number of girls and female teachers with access to basic menstrual health facilities. 	✗ No monitoring data were found.	✗ No monitoring data were found.	✗ No monitoring data were found.



Lessons and insights: Policies and plans set the priority for monitoring

Review informants noted that menstrual health must be included in plans and policies to enable monitoring and evaluation. They noted progress in monitoring WASH in schools due to the existence of standards and WASH in healthcare facilities due to the existence of data. Informants also highlighted that data collected by NGOs and CSOs on menstrual health cannot be reported to the government through existing systems.

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Right now, where menstrual health is being implemented, it is because of support from donors and partners. Something that is really needed now is to see menstrual health coming out in national development plans and policies. If they start implementing, then monitoring systems will be established to monitor the achievement of the required enabling environment for menstrual health including tracking of progress in improving menstrual health services and practices in the country. Like what the Ministry of Human Resources Development have done for their WASH in schools programme and the recently completed assessment done for WASH in healthcare facilities. – Review informant, UNICEF

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Review methods

Regional progress review methods



9 policies reviewed across the gender, education, health and WASH sectors

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

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The *Menstrual Health in East Asia and the Pacific Regional Progress Review* report is available at: <https://washmatters.wateraid.org/publications/menstrual-health-in-east-asia-and-the-pacific>

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Endnotes

¹ Defined as 10–49 years in 2021. See United Nations Population Division Projections, 2022, <<https://population.un.org/wpp/>>, accessed 1 December 2022.

² United Nations Children's Fund (UNICEF) and World Health Organization (WHO), *Progress on drinking water, sanitation and hygiene in schools: 2000-2021 data update*. New York: UNICEF and WHO, 2022. <<https://washdata.org/reports/jmp-2022-wins>>

³ UNICEF and WHO, *Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs*. New York: UNICEF and WHO, 2022. <<https://washdata.org/reports/jmp-2021-wash-households>>

⁴ Hennegan, J., et al., 'Menstrual Health: A definition for policy, practice and research', *Sexual Reproductive Health Matters*, vol. 29, no. 1, 2021: 1911618. doi: 10.1080/26410397.2021.1911618. PMID: 33910492; PMCID: PMC8098749.