

U.S. Agency for International Development Report to Congress on The Empowerment of Women through Sanitation, and Hygiene Programs

The U.S. Agency for International Development (USAID) submits this report, pursuant to Section 7019(e) of Division F of P.L. 117-103, the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2022, which incorporates by reference the requirements of House Report 117-84, on the design and implementation of WASH programs:

The Committee directs the USAID Administrator, not later than 45 days after enactment of this Act, to update the report to the Committees on Appropriations on how women's access to adequate sanitation facilities and feminine hygiene products are included in the design and implementation of the Agency's WASH programs, especially for frontline health workers. The report should also include recommendations for how USAID could improve its management of investments in this area, including through targeted program definitions

A Changing Global Context for Sanitation and Hygiene for Women and Girls

Worldwide, access to safe drinking water, sanitation and hygiene, and menstrual health and hygiene (MHH) remains insufficient to meet the needs of all women and girls equitably and sustainably. While access to water, sanitation and hygiene have improved globally, significant inequalities remain, between rural and urban, ethnic minorities and majorities, those living in fragile versus stable contexts, the wealthiest and the poorest. Those living in least-developed countries and fragile contexts are most likely to lack access. The COVID-19 pandemic, rapid urbanization, weak governance, and low financing have led to decreased access to basic sanitation in sub-Saharan Africa and the Pacific, despite gains in other regions. Climate change continues to exacerbate these challenges.

Demographic-related inequalities compound the marginalization many women and girls face due to harmful gender norms, imbalances in power and access to decision making roles, and their outsized role in family and community WASH. Investing in sanitation, hygiene, and MHH can create opportunities for women. Research has shown that households with piped water spent 80 percent less time collecting water. These time savings are then spent in kitchen gardens, caring for children, or working outside the home. Families with piped water also reported improved psycho-social well-being.¹ Sanitation in schools provides girls better access to education and mitigates the risk of gender-based violence,² and makes girls feel safer and more confident attending and staying in school. Improved access to menstrual hygiene supplies can reduce the

¹ James C. Winter, Gary L. Darmstadt, Jennifer Davis, [The role of piped water supplies in advancing health, economic development, and gender equality in rural communities](#), Social Science & Medicine, 2021, 113599, ISSN 0277-9536.

² USAID. [The Safe Schools Program: A Qualitative Study To Examine School-related Gender-based Violence In Malawi](#). 2008.

likelihood of sexual exploitation in exchange for these goods.³ A holistic approach to menstrual health that confronts stigma and taboos can alleviate negative mental health outcomes.

Between Fiscal Years 2017 and 2019, USAID helped 4.2 million women and girls gain access to safe drinking water, and 6.9 million women and girls gain access to improved sanitation. This includes increased investments in MHH, social and behavior change, and women's economic empowerment through employment in the water and sanitation sectors. Programmatic highlights from Fiscal Year 2021 (FY 21) are below.

Improved Understanding of Menstrual Health and Hygiene

In FY 21, USAID and partners contributed to an improved understanding of global MHH trends and efforts to add to the evidence base about how to improve menstrual health worldwide.

With USAID support, the UNICEF/WHO Joint Monitoring Programme on Water Supply and Sanitation (JMP) released the first global MHH monitoring data in 2021. While only 42 countries were able to report national data on one or more of the four standard monitoring indicators used by JMP, this data set marks a notable step forward in efforts to understand the gaps in MHH and effectively prioritize resources to address them. The majority of the countries that were able to report against MHH indicators were low- and middle-income countries and nearly half were in sub-Saharan Africa. This demonstrates a significant opportunity to support these countries in improving both data collection and investment in MHH initiatives, and to collaborate with governments that were unable to report to build their capacity to monitor elements of MHH in the future.

It is estimated that approximately 500 million people worldwide - equivalent to nearly one-fourth of all females aged 12-50 years old - do not have what they need to manage their menses.⁴ To help close these gaps, USAID's Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) partnered with Emory University to test and validate indicators that can provide a more detailed picture of menstruation-related outcomes (e.g., health, well-being, economic engagement) and other determinants, including at the workplace and individual needs among women who are working outside the home. A final set of 21 indicators has been proposed for further testing and refinement, with the objective of prioritizing a short set that can inform more national household surveys in the near future.

³ Phillips-Howard, Penelope A et al. "Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence." *Journal of women's health* (2002) vol. 24,10: 801-11. doi:10.1089/jwh.2014.5031. 2015.

⁴ FSG. *Advancing Gender Equity by Improving Menstrual Health: Opportunities in Menstrual Health and Hygiene*. 2020.

Economic Empowerment through Sanitation and Hygiene

USAID support for women's and girls' leadership through sanitation and hygiene investments and partnerships includes support to increase their meaningful participation in decision-making, access to financing for household latrine upgrades or to start sanitation- or hygiene-related businesses, and workplace programs to improve businesses' ability to meet female employees' sanitation and hygiene needs.

In FY 21, USAID's WASHPaLS activity concluded action research to assess the benefits and costs of improved MHH in the workplace, both for women workers and the enterprises that employ them. Through the Menstruation in the Workplace activity, USAID helped two textile factories in **Nepal**, and two in **Kenya**, to upgrade their latrines and improve workplace culture and human resources policies to protect women's ability to manage their menstruation while working. Across all workplaces, women's job satisfaction increased by an average of 33 percent; women missed up to 24 percent fewer days of work; and feelings of being supported by colleagues and supervisors improved by nearly 20 percent. A cost-benefit analysis to measure the benefits to employers of investing in creating a more menstruation-friendly workplace found that over two years, every \$1 invested in workplace MHH interventions returns \$2.19 in benefits. Upgrading latrine infrastructure was a particularly strong driver of the accrued benefits.⁵

In FY 21, USAID's Engendering Industries activity supported leadership from water utilities in **Benin, the Dominican Republic, Mongolia, and Nigeria** to participate in the Gender Equity Executive Leadership Program, which directly increases opportunities for women within companies. For example, the Imo State Water and Sewerage Corporation (ISWSC) in **Nigeria** hired three females into technical positions within the Water Services Department increasing the number of female technicians from two to five and bringing the overall representation of women in the Department to 41%.

In FY 21, USAID launched a new partnership with LIXIL, a global sanitation company, to extend market-based solutions for sanitation and hygiene to underserved communities and those in vulnerable situations. The partnership builds on previous collaboration between LIXIL and USAID and will scale to 11 countries across sub-Saharan Africa and Asia. Future activities will expand business opportunities for women entrepreneurs and small and medium-sized enterprises in emerging economies. As women increase purchase of sanitation products from other women, supporting female sanitation entrepreneurs will positively impact household access to latrines and contribute to inclusive economic growth.

Expanding Access to Menstrual Hygiene Products

In FY 21, USAID continued efforts to better understand the barriers women face in accessing and using menstrual hygiene materials, and to increase the affordability and accessibility of these

⁵ USAID. Cost-Benefit Analysis Of Menstrual Hygiene Management In The Workplace. January 2021.

products. In **Mali**, USAID is conducting a rapid assessment of menstrual hygiene product pricing. Activities in the **Democratic Republic of Congo** and **Nepal** are improving environmentally responsible disposal of menstrual hygiene products through awareness-raising, provision of disposal bins, policy reforms nationally and at the institutional level, and contracting waste collection. Other investments pair women's economic empowerment with efforts to increase access to locally-produced menstrual hygiene products:

- In **Nepal**, USAID's Suaahara II activity trained and supported 402 local women tailors in 35 districts to produce high quality reusable sanitary pads, along with providing skills in marketing, branding the product as the "Sangi" ('Friend') pad in local shops. Suaahara II established linkages between shops, tailors, local governments, and community groups, which resulted in municipalities allocating budgets to provide MHH training to additional local tailors to produce and sell reusable sanitary pads. Some municipalities distributed free reusable sanitary pads to women from poor families.
- In **Madagascar**, USAID's Rural Access to New Opportunities in WASH activity worked with seamstresses in six regions to make, market, and sell washable sanitary pads to augment business efforts, and meet this critical need for women and girls. USAID worked with village savings and loan institutions to create lending products for the seamstresses.

Access to sanitary products and safe hygienic spaces are essential for female frontline health workers. An estimated 400 million global healthcare workers, many of whom are on the frontline of providing basic care, are women, but many lack the necessary resources to balance managing menstruation and their workloads. According to a survey by Plan International, 73 percent of health professionals in 30 countries reported restricted access to products and intentionally disrupting a menstrual cycle in order to avoid having to remove scarce personal protective equipment (PPE) during COVID-19. USAID will explore opportunities to expand access to menstrual products as part of PPE requirements for frontline health workers.

Supporting Women in Emergencies:

USAID's Bureau for Humanitarian Assistance (BHA) continues to distribute key menstrual health and hygiene products (sanitary pads, soft dark cloth, soap, and underwear) in natural disasters and complex emergencies. In FY 21, BHA provided more than 23 million people with WASH-Non Food Items (NFIs), including MHH materials. Nine million of these were internally displaced people. Most hygiene kits are procured locally by USAID partners, to provide culturally appropriate and familiar items and packaging. However, BHA does procure a limited stock for rapid deployment in sudden onset emergencies, such as **Ukraine**. For example, in FY21, BHA provided 3,800 hygiene kits for 19,000 people affected by natural disasters in **Haiti** and **St. Vincent**. MHH materials remained a core item of hygiene kits, even when focused on handwashing and COVID-19 prevention. USAID updated the specifications for menstrual hygiene materials procured directly by the Agency, creating better options to increase comfort

and dignity without sacrificing absorptive capacity. BHA programming is informed by consultations with women and girls to ensure that sanitation facilities are safe and accessible and that hygiene messaging and program design consider cultural norms, myths and taboos surrounding menstruation.

Institutionalizing Investments in Sanitation and Hygiene for Female Empowerment

Co-Chaired by the Gender and Development Hub (GenDev) in USAID's Bureau for Development, Democracy, and Innovation, and the Center for Water Security, Sanitation (CWSSH) and Hygiene in the Bureau for Resilience and Food Security, USAID's MHH Working Group took significant steps in institutionalizing menstrual health as a key USAID priority in FY 21. USAID launched its first Standard Definition of Menstrual Health and Hygiene, which establishes expectations and standardization for USAID's approach and programming. Secondly, in collaboration with the Department of State, USAID added a new Key Issue narrative on MHH, which is available for all USAID Missions and Operating Units to use in reporting planned or concluded menstruation-related activities. USAID is currently revising the U.S. Global Water Strategy (together with the Department of State). The new Strategy and associated USAID Plan will increase their focus on equity, particularly for women and girls, leadership of marginalized groups, and menstrual health as a component of USAID's work.