



U.S. Agency for International Development Report to Congress 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 the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024, (Div. F, P.L. 118-47) and House Report 118-146, which states:

WASH.—The Committee directs the Administrator of USAID, not later than 45 days after the date of enactment of this Act, to update USAID’s report required in House Report 117–401 and submit to the appropriate congressional committees, detailing progress of WASH services in healthcare facilities for quality health systems, including the number of healthcare facilities where USAID provided support, especially as related to promoting infection prevention and control, strengthening pandemic preparedness and response, and reducing maternal and child deaths. The report should also include progress made in providing comprehensive WASH access to women and girls, including frontline health workers, to adequate sanitation facilities and feminine hygiene products.

Increasing Commitment to Sanitation and Hygiene for Women and Girls

Worldwide, nearly two billion women and girls do not have access to a safe, hygienic toilet, while approximately one billion cannot wash their hands with soap and water at home. Women and adolescent girls are responsible for collecting water in seven out of ten households that do not have water on premises,¹ and nearly one-fourth of all females aged 12 to 50 years old do not have the information, products, and basic services they need to manage their menses.² Lack of access to sanitation and hygiene facilities is among the most significant barriers to achieving menstrual health and hygiene (MHH). Taken together, this disproportionate impact of poor water, sanitation, and hygiene (WASH) on women and girls results in lost educational and economic opportunities, heightened risk of gender-based violence, and poor physical and mental health outcomes, and contributes to keeping people in poverty. Further, inadequate access to WASH impacts public health writ large, by reducing infection prevention and control (IPC), compromising pandemic preparedness, and contributing to undernutrition, neglected tropical diseases, and preventable infant and maternal mortality. Despite significant progress,

¹ UNICEF/WHO Joint Monitoring Programme on Water Supply, Sanitation and Hygiene. Progress on Household Drinking Water, Sanitation, and Hygiene. 2023.

² FSG. Advancing Gender Equity by Improving Menstrual Health: Opportunities in Menstrual Health and Hygiene. 2020.

achieving Sustainable Development Goal targets for sanitation access will require a fivefold increase over the current rate of progress.³ In addition to lack of WASH, poor access to accurate information and harmful gender norms persist in preventing women, especially those who are menstruating, from fully engaging in family, community, educational, economic, and social life.

In Fiscal Year (FY) 2022, the most recent year for which quantitative standard indicator data are available due to annual reporting cycles, USAID helped 2.7 million women and girls gain access to safe drinking water, and more than 2 million women and girls gain access to improved sanitation. This includes increased investments in MHH, social and behavior change, and research in the water and sanitation sectors that benefit women and girls. Further, in FY 2022, USAID mobilized more than \$133 million in additional funding for WASH programs from public and private sources, increasing the durability of USAID's investments in women and girls. USAID's programmatic highlights from (FY) 2023 follow (results data will be available in 2024). In FY 2023, USAID support also increased WASH access in healthcare facilities (HCFs) across 21 countries, providing a total of 85 HCFs with basic sanitation access and 108 with basic drinking water access.⁴

Leveraging the Private Sector to Expand Access to Menstrual Hygiene Products

Emerging evidence indicates that a strong local market is a key factor for increasing access to and affordability of menstrual hygiene products. This, in turn, can bolster mental health, increase worker productivity, and prevent school absenteeism and drop out. Many of USAID's activities support local menstrual hygiene entrepreneurs, increasing access to products and driving economic growth. For example:

- In Ghana, the USAID Health Marketing activity signed an agreement with a local private sector partner to secure local manufacturing of disposable menstrual pads, and supported efforts to reform the tax structure for menstrual hygiene materials.
- In Kenya, the Western Kenya Sanitation Project supported three new, locally manufactured menstrual products to enter the market in FY 2023, while the Kenya Sanitation Enabling Environment activity supported an established local manufacturer of reusable menstrual pads to expand production and increase training and retention of under-employed or at-risk young women. Both activities paired menstrual products access initiatives with information and education for underserved males and females in informal settlements near Nairobi, as well as in rural and peri-urban Western Kenya, together reaching more than 200,000 people last year with in-person MHH and handwashing information and more than one million people on social media. Kenya's portfolio of MHH activities has also supported the establishment of eight

³ UNICEF/WHO 2023.

⁴ Starting in FY 2023, OUs report on a new indicator capturing the number of HCFs getting access to basic sanitation. Additionally, reporting will be required for indicators capturing both water and sanitation in HCFs.

multi-stakeholder, government-led MHH steering committees at the county level, pursuant to the national menstrual hygiene policy.

- In India, Project Baala, a USAID-supported enterprise under USAID's MOMENTUM Country and Global Leadership activity, was recognized as the first runner-up 'Champion of the Year' in Menstrual Hygiene Management at the Third Menstrual Hygiene Management Conference-cum-Awards 2024, organized by the Associated Chambers of Commerce and Industry of India. Project Baala addresses menstrual health in rural India, Nepal, Ghana, and Tanzania by producing reusable sanitary pads, reducing non-biodegradable waste and empowering rural women as menstrual health advocates and entrepreneurs.
- The Asia Bureau supported a landscape analysis in Fiji, Bangladesh, and Indonesia to look at access to menstrual health products for out of school girls and marginalized women. The work was completed between March and July 2024 and resulted in increased awareness and interest in addressing the issue. The government in Fiji is now supporting expanded access and in Bangladesh and Indonesia, nascent private sector activities have been boosted. All three countries intend to continue efforts in this area.

Changing Norms for Improved Menstrual Wellness

In schools, workplaces, health facilities, and communities, USAID's MHH investments increasingly incorporate social and behavior change (SBC) into activities that aim to reach males and females in schools, communities, healthcare facilities, and workplaces worldwide.

- In the Democratic Republic of Congo, USAID's Breakthrough Action activity supported the Ministry of Health to develop and validate its first-ever large-scale SBC strategy on MHH. The strategy is being rolled out in Kinshasa to a population of 17 million people. Breakthrough Action also reached more than six million people with electronic messages about menstruation, designed to increase knowledge and challenge stigma.
- In Niger, the Grow Up Smart activity reached more than 6,000 male and female students with information and education about MHH best practices and reducing menstruation stigma in FY 2023. The Kulawa activity utilized a mobile money platform to reach adolescents with messages about menstrual health and hygiene across three districts in five different languages, reaching more than 10,000 people, which was an increase of 110 percent from those reached the year before. The majority of those reached are under the age of 25.

Improving Girls' Education about Sanitation and Hygiene

Up to 80 percent of adolescent girls in lower- and middle-income countries report limited knowledge and understanding about menstruation prior to reaching menarche (the first

occurrence of menstruation).⁵ As of 2021, 540 million children attended schools without basic sanitation facilities worldwide,⁶ often resulting in girls' absenteeism or drop-out as a result of menstruation. In FY 2023, USAID continued long-standing efforts to increase access to WASH in schools and provide information and education on WASH behaviors and menstrual health to both boys and girls.

- In Guatemala, USAID's Safe Return to School Plus activity renovated WASH facilities in 164 schools and delivered hygiene and menstrual health information and social and behavior change activities to 134 schools in FY 2023. More than 34,000 male and female students have benefited to date, most of whom are Indigenous Peoples.
- In FY 2023, USAID's Uganda Sanitation for Health Activity (USHA), in collaboration with Rotary International, supported 30 schools across the Central East and Central West regions to become "WASH friendly," by providing 15 new disability-accessible latrine blocks, 14 group handwashing facilities, and supplies, such as soap and reusable menstrual pads, in schools. USHA also supported identification of an employee dedicated to cleaning and maintaining latrines, school health clubs, and WASH information and behavior change.
- In Zambia and Malawi, USAID Youth Excel supported five local youth-led and youth-serving organizations to conduct implementation research on existing school-based MHH programs. In FY 2023, these organizations synthesized their research in knowledge products, and shared their findings and recommendations at a data summit and via webinars.

Supporting Women and Girls with WASH in Emergencies

In FY 2023, USAID's Bureau for Humanitarian Assistance (BHA) provided MHH support in more than 30 countries experiencing humanitarian crises, including Afghanistan, Ethiopia, Ukraine, Yemen, Somalia, Burma Central African Republic, Nigeria, Democratic Republic of Congo, Kenya, Madagascar, South Sudan, Sudan, and Syria. Humanitarian contexts make managing menses even more difficult, as access to menstrual hygiene materials and WASH facilities become much more limited and markets often stop functioning. BHA prioritizes support to vulnerable populations to manage MHH primarily through programs implemented under the WASH sector.

- During FY 2023, BHA provided almost 30 million people, including 13.5 million internally displaced persons, with WASH relief supplies, including MHH materials; and supported menstruating individuals through protection and health activities, including the distribution of dignity kits for survivors of gender-based violence and health education.

⁵ Chandra-Mouli, V. and Patel, S.V. (2017). Mapping the Knowledge and Understanding of Menarche, Menstrual Hygiene and Menstrual Health among Adolescent Girls in Low- and Middle-Income Countries. *Reprod Health* 14(1):30.

⁶ UNICEF/WHO 2022.

- BHA also constructed safe places to privately dispose of or wash used materials, educated school children through menstrual health clubs and community groups on improving hygiene behaviors, addressed stigma around menstruation, and increased access to water supplies for cleaning and bathing.
- To ensure cost-effective and timely distribution of appropriate MHH materials, BHA initiated an 18 month operational research project in FY 2023. This project, led by Tufts University, is examining MHH material distributions with the goal of improving targeting, coordination, selection of materials appropriate for the context, and distribution, to better meet the needs of menstruating people in emergencies. Findings will be disseminated throughout the global humanitarian community to support effective programming in this area.

WASH in Healthcare Facilities

Less than half of HCFs have access to basic WASH services. Globally, 857 million people access HCFs with no water and 780 million use healthcare facilities with no toilets.⁷ WASH access is critical in achieving adequate IPC in order to decrease the large rates of healthcare acquired infections in the least developed countries, and drive improved global health security. WASH access is a basic criteria on which to evaluate quality of care, but is equally essential to patient dignity. Approximately 35 activities in 21 countries implemented integrated health programming, which included support for improved access to WASH in HCFs. In total, these efforts, spanning several regions, shows that WASH in HCF programming is quickly becoming a priority. Examples of USAID WASH in HCF programming include:

- In Nigeria, USAID is supporting a rigorous study on the costs and benefits of access to improved WASH services in HCFs, to better understand the costs of strategic and sustained WASH facilities management in achieving the benefits of lower health care acquired infections. USAID is also conducting a global landscape assessment of management models across national health systems, focused on scale, process and protocols, including innovative models for operations and maintenance of WASH facilities in HCFs. Results for both research studies are expected in fall of 2024.
- In Malawi, USAID supported the MOMENTUM II activity to train 560 medical staff and nearly 900 non-medical staff from 72 HCFs in critical IPC and WASH guidelines. Areas that initially exhibited weaknesses have shown significant improvements, highlighting the transformative power of targeted training interventions. In addition, as part of the emergency response to the year long cholera outbreak, USAID supported the rehabilitation of 18 community boreholes which will safeguard the health of more than 4,500 residents.

⁷ WHO/UNICEF 2023.

- In Madagascar, USAID supported the ACCESS activity to train 418 health workers in WASH, and constructed or rehabilitated 180 hygienic toilets and 100 drinking water points resulting in 107 HCFs having successfully met the criteria as WASH-friendly. The success of this activity to accelerate training and rehabilitation will lead to an increase in quality health services for the Malagasy people.