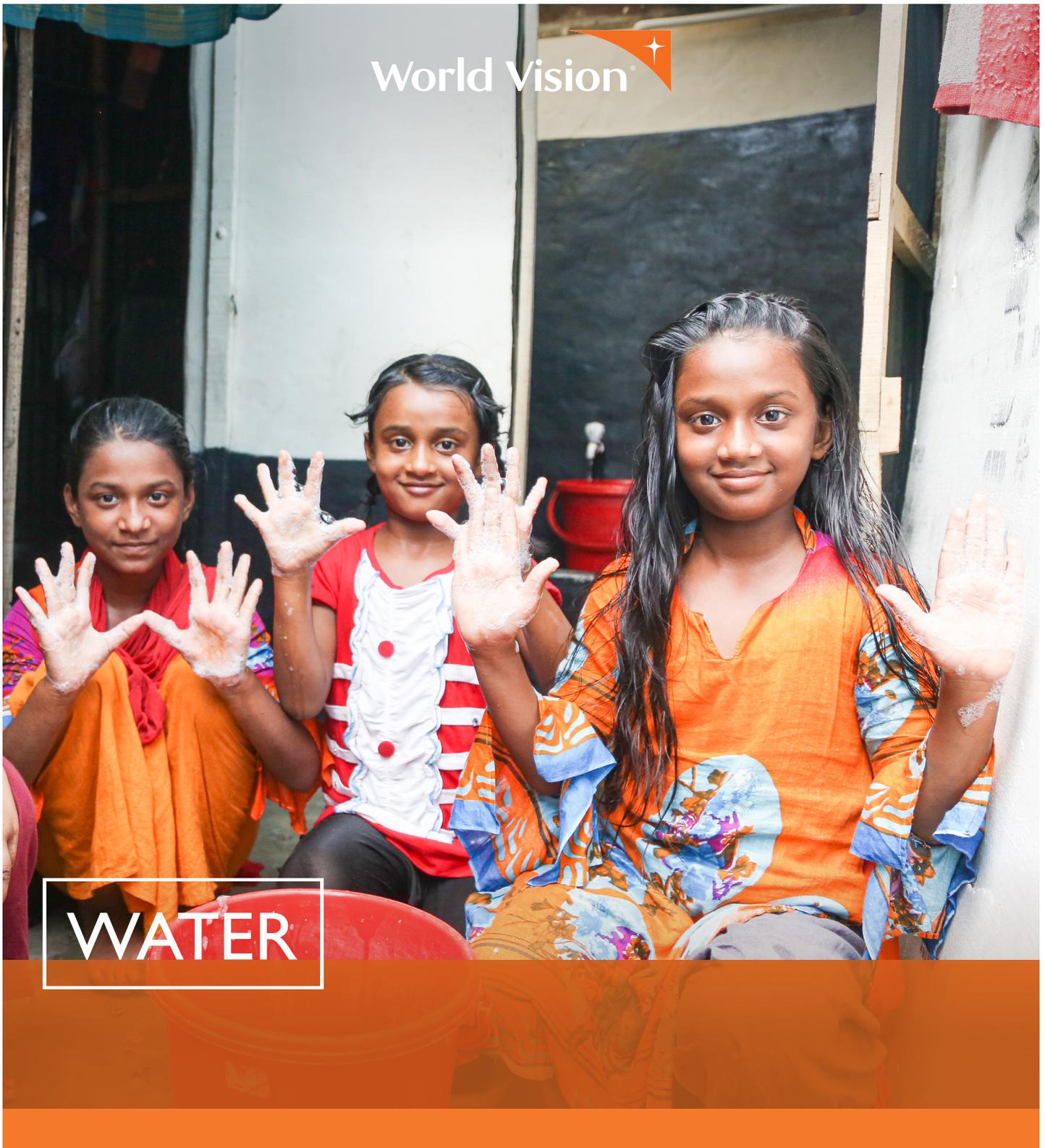




World Vision



WATER

GLOBAL WATER FUND »

SEMIANNUAL REPORT: October 2019 through March 2020

Prepared July 2020

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GLOBAL SUMMARY

Dr. Greg Allgood, Vice President WASH, World Vision U.S.

While the COVID-19 pandemic created programming and funding challenges toward the end of this reporting period, it also provided opportunities to emphasize to all stakeholders the importance of WASH programming. In the first half of FY20, World Vision's Global Water, Sanitation, and Hygiene (WASH) Program reached 920,000 people with clean drinking water (119% of target), 952,000 with improved latrines (127% of target), and 1.9 million people with hygiene education (128% of target).

Having reached 17 million people with clean water to date, we remain on track to reach 20 million people between 2016 and 2020. We also are on track to reach everyone, everywhere we work—about 50 million people—by 2030, despite challenges due to COVID-19 that may impact our programs.

Because of our supporters' investments to build World Vision into a world-class WASH organization, we are uniquely equipped to help mitigate potential impacts of COVID-19, particularly through our ongoing work promoting handwashing and WASH in healthcare facilities, and training frontline healthcare workers on infection prevention and control.

Fortunately, our water provision work has continued in most countries as an essential service, and we pivoted our behavior-change efforts by working with local partners (such as faith leaders and community health workers), using radio, and rapidly incorporating education on preventing the spread of COVID-19, among other WASH messages. While we are grateful the pandemic has not greatly disrupted our WASH work thus far, we are monitoring its impact as the year progresses.

WASH programming during emergencies remains a significant part of our efforts. The pandemic has made this aspect of our work even more important, since the spread of the virus is a concern in refugee camps and for displaced people due to the inability to practice social distancing and adequate hygiene. During this reporting period, we reached more than

1 million people with emergency drinking water supplies and nearly 300,000 people with both emergency hygiene supplies and sanitation systems.

Only about half of the healthcare facilities where we work have clean water on premises and 84% lack basic hand-washing facilities. This is why World Vision has committed to reach 800 rural healthcare facilities with clean water on premises between 2019 and 2021, serving an estimated 7.2 million people. By the end of this reporting period, we had achieved 84% of our target, reaching 672 healthcare facilities.

The Global WASH Program provided 8,324 new and rehabilitated water points during this period. To ensure sustainability of the water points, 2,091 WASH committees were formed or reactivated with a mechanism to collect fees for ongoing maintenance and repair.

We also continued providing more solar-powered mechanized water systems with multiple water collection points (rather than handpumps) because they increase sustainability, reduce collection time, and reduce water contamination during transport. A case study in Zambia by Stanford University examined the potential gains from mechanized systems versus hand pumps, with preliminary results showing that time spent collecting water decreased by 3.8 hours per week, consumption of water increased by 32%, fee collection increased from 11% to 80%, people were four times more likely to have a garden, and the gardens were 140% larger.

Over the next six months, World Vision will develop a new five-year plan to cover our work through 2025, and prepare to celebrate providing 20 million people with access to clean water. In the following pages, you will learn more about our progress in each of the six regions in which World Vision is providing WASH.

We are thankful to our donors for being part of this journey with us. Together, we are transforming millions of lives.

GLOBAL REACH

966,656 PEOPLE

*provided with access to clean drinking water**

952,420 PEOPLE

gained access to improved household sanitation

1.9 MILLION PEOPLE

reached with hygiene behavior-change programming



2020 SEMIANNUAL ACCOMPLISHMENTS

9,392 water points built

2020 semiannual (SA) target: 7,572

124%

165,644 sanitation facilities built

2020 SA target: 129,266

128%

233,766 household hand-washing facilities built

2020 SA target: 160,765

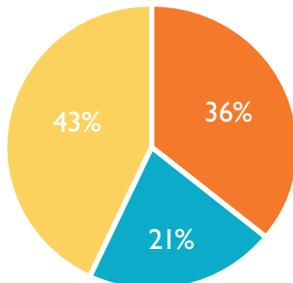
145%

2,091 WASH committees formed

2020 SA target: 1,807

116%

2020 SEMIANNUAL SPENDING



\$63.8 MILLION spent on global WASH programs during the first half of fiscal year 2020.

- World Vision U.S. – Private Funding and Sponsorship (\$22.9 million)
- Other World Vision Offices – Private Funding and Sponsorship (\$13.2 million)
- Government, International, Local – Grants & Resource Development (\$27.7 million)

* This figure includes rural community water beneficiaries (920,986) and municipal water beneficiaries (45,670). Of these, 288,419 were reached with World Vision U.S. private funding. These 288,419 people with access to water represent many of the same beneficiaries who received access to sanitation facilities and behavior-change programming. Since FY16, more than 17 million people have accessed clean drinking water, including nearly 5 million reached with World Vision U.S. private funding.

GLOBAL ACHIEVEMENTS

2020 Semiannual Achievements	Global Semiannual Target	East Africa	Southern Africa	West Africa	Asia-Pacific	Latin America	Middle East	Global Semiannual Achieved	Global Achieved vs. Target
OUTCOME: Access to Clean Water									
People who gained access to a clean drinking water source in communities	774,333	374,703	166,659	169,604	141,002	19,292	49,726	920,986	119%
Children who gained access to a clean drinking water source at school	211,362	62,449	25,091	23,952	18,721	5,463	19,546	155,222	73%
Schools with a clean drinking water source installed	360	117	35	63	71	22	20	328	91%
Health centers with a clean drinking water source installed	137	64	16	55	126	3	9	273	200%
Successful boreholes completed and commissioned in communities, schools, and health centers	1,054	134	232	143	623	-	-	1,132	107%
Taps installed from successful water supply systems in communities, schools, and health centers	5,632	1,319	695	736	2,089	1,421	842	7,102	126%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	886	328	194	89	485	40	22	1,158	131%
Households equipped with water-treatment products to disinfect drinking water	126,437	44,813	85,970	40,918	12,846	2,401	994	187,942	149%
OUTCOME: Access to Sanitation									
People who gained access to household sanitation	750,618	360,968	372,307	148,444	53,742	16,876	83	952,420	127%
Children who gained access to sanitation facilities at schools	112,467	26,322	23,726	20,191	28,021	1,882	19,546	119,688	106%
Household sanitation facilities constructed	127,303	74,441	55,488	19,949	10,328	3,550	13	163,769	129%
Communities certified as free from open defecation	876	387	455	82	259	42	2	1,227	140%
Improved, sex-separated sanitation facilities built at schools	1,579	344	245	272	233	49	160	1,303	83%
Schools that gained access to improved sanitation for children/youth with limited mobility	226	74	42	54	38	10	10	228	101%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	230	90	35	41	34	8	11	219	95%
Improved, sex-separated sanitation facilities built at health centers	384	201	25	137	168	3	38	572	149%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	110	73	8	42	37	1	9	170	155%
OUTCOME: Improved Hygiene Practices									
People who benefited from hygiene behavior-change promotion in communities	1,508,719	801,792	359,296	407,671	310,152	21,125	32,355	1,932,391	128%
Children who gained access to hand-washing facilities at schools	231,381	90,217	54,920	58,070	31,446	3,082	19,546	257,281	111%
Households that gained access to hand-washing facilities	160,765	70,843	70,193	37,375	50,206	4,206	943	233,766	145%
Schools that gained access to hand-washing facilities	1,810	253	91	318	261	14	20	957	53%
Health centers that gained access to hand-washing facilities	186	155	31	130	73	1	9	399	215%
OUTCOME: Improved Community Capacity for Sustainability									
WASH committees formed or reactivated with a financing system for maintenance and repair	1,807	500	431	706	332	57	65	2,091	116%
People trained in repair, maintenance, and construction of WASH facilities	2,621	473	423	920	873	29	-	2,718	104%
Functional Citizen Voice and Action (CVA) groups focused on WASH	346	36	72	178	84	33	-	403	117%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	2,786	1,322	1,042	865	82	427	55	3,793	136%
School WASH clubs or programs established	1,253	567	229	288	99	25	36	1,244	99%
OUTCOME: Access to WASH in Urban Settings									
People with access to municipal water supply systems	224,400	-	-	-	-	-	45,670	45,670	20%
People with access to municipal sewage systems	21,540	-	-	-	-	-	-	-	0%
People with access to municipal solid waste disposal	51,250	-	-	-	-	-	3,466	3,466	7%
OUTCOME: Access to WASH in Emergency Settings									
People with access to emergency drinking water supplies	47,907	54,776	-	-	-	-	974,553	1,029,329	2149%
People with access to emergency sanitation systems	36,404	11,046	-	2,264	9,400	-	277,245	299,955	824%
People with access to appropriate solid-waste disposal facilities	40,554	15,897	-	2,500	-	-	293,625	312,022	769%
People with access to emergency hygiene supplies	73,212	117,133	-	5,864	-	31,242	182,713	336,952	460%

GLOBAL MAP

WORLD VISION'S GLOBAL WASH PROGRAM REGIONS & COUNTRIES* IN 2020:



ASIA-PACIFIC

BANGLADESH
CAMBODIA
INDIA
INDONESIA
MYANMAR
NORTH KOREA
PAPUA NEW GUINEA
PHILIPPINES
SRI LANKA

LATIN AMERICA & CARIBBEAN

BOLIVIA
HAITI
HONDURAS
NICARAGUA

MIDDLE EAST

AFGHANISTAN
IRAQ
JORDAN
LEBANON
SYRIA

EAST AFRICA

BURUNDI
ETHIOPIA
KENYA
RWANDA
SOMALIA
SOUTH SUDAN
SUDAN
TANZANIA
UGANDA

SOUTHERN AFRICA

ANGOLA
D.REPUBLIC OF CONGO
ESWATINI**
LESOTHO
MALAWI
MOZAMBIQUE
SOUTH AFRICA
ZAMBIA
ZIMBABWE

WEST AFRICA

CENTRAL AFRICAN
REPUBLIC
CHAD
GHANA
MALI
MAURITANIA
NIGER
SENEGAL
SIERRA LEONE

** Formerly Swaziland

PARTNERSHIPS UPDATE



charity: water

charity: water

- Partner since 2012
- Areas of focus: WASH infrastructure, sanitation, and hygiene promotion
- Locations: Malawi, Mali, Mozambique, and Niger

All four countries are currently implementing WASH grants, totaling \$5.5 million in funding. All countries have the goal of reaching universal WASH coverage within their selected district or commune in the next three to five years. The Mali, Mozambique, and Niger WASH teams completed charity: water grants this reporting period, providing water to more than 128,000 children and adults through 228 water points. The Malawi team will close out their current grant in August 2020. Unfortunately, due to the COVID-19 pandemic, charity: water is anticipating a significant decrease in annual revenue, resulting in a 50% decrease in World Vision's portfolio for FY21. World Vision submitted four grant proposals and anticipates receiving \$2.85 million in FY21.



Conrad N. Hilton Foundation

- Partner since 1990
- Areas of focus: universal WASH coverage, WASH in healthcare facilities, sanitation and hygiene promotion
- Locations: Ethiopia, Ghana, Mali, Niger

In FY20, we supported participants from woreda/district health offices and healthcare centers to implement the government of Ethiopia's Clean and

Safe Health Facility program standards in 82 healthcare facilities. Two sessions were held to advocate partners at woreda, regional, and national levels to focus more on resource prioritization to WASH in healthcare facilities.

In Ghana, 40 participants of the Global WASH Forum visited the Hilton-funded Asutifi North Universal WASH Coverage project, hosted by the Asutifi-North District Assembly. The visit revealed the importance of a district-led and -owned process in achieving long-term full and sustainable WASH coverage. The visitors also were able to see increased learning and new ideas, including the one hub cost-saving initiative that promotes collaboration and synergy among partners.

The Centers for Disease Control and Prevention (CDC) completed its final evaluation of the WASH in healthcare facilities program in Mali. In July 2020, a national virtual learning event will be held with all partners to discuss findings and recommendations and make improvements where needed.

We met with the Niger Ministry of Health and World Health Organization in January 2020 to identify partners and plan for the project launch in Niamey (CDC is one of World Vision's subgrantees). Currently, the partners meet monthly on progress and strategic response to COVID-19 in Niger.

Golf Fore Africa



- Partner since 2012
- Areas of focus: WASH infrastructure, sanitation, and hygiene promotion
- Locations: Zambia and Zimbabwe

Golf Fore Africa (GFA) has committed to supporting 14 healthcare facilities in Zambia with full WASH packages this year, and is providing water to communities through 60 hand pumps—giving access to water essential for drinking and practicing healthy hygiene behaviors. In addition, GFA is funding WASH infrastructure in 24 schools in Zimbabwe, which were part of the Sesame Workshop's Girl Talk program. Each school will receive a block of toilets suitable for children with limited mobility and a room for female students to safely manage menstrual hygiene. Hand-washing stations are also provided. In addition, the 12 schools that lack water will gain clean water access through six solar mechanized systems and six hand pumps.



Grundfos

- Partner since 2015
- Area of focus: water infrastructure technology (such as solar-powered submersible water pumps)
- Locations: DRC, Ethiopia, Ghana, India, Kenya, Mali, Mozambique, Niger, Rwanda, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

All 15 country WASH Programs (see locations above) purchased almost 200 Grundfos pumps for mechanized piped-water systems built in either FY19 or FY20. This has led to fulfilling the goal of reaching 2 million program participants through World Vision's partnership with Grundfos. They provide World Vision an exclusive, exceptionally deep discount on all of their products, which enables World Vision WASH countries to do substantially more work with the same amount of funding. Grundfos also provides technical support and training.

PARTNERSHIPS UPDATE, CONT'D



Procter & Gamble

- Partner since 2007
- Areas of focus: water treatment/purification, hygiene promotion, emergency response
- Locations: Africa (Ghana, Kenya, Niger, Somalia, Zimbabwe), Asia (Cambodia, India, Indonesia, Myanmar, Philippines), Middle East (Afghanistan, Iraq)

World Vision continues to provide P&G household water purification (Purifier of Water) packets and filtration materials to ensure families have clean drinking water in humanitarian emergencies and as a bridge solution while communities wait for a permanent source of clean water. During the first half of FY20, P&G provided 6 million water treatment packets along with materials for water storage and handling, as well as training on clean drinking water treatment, household hygiene, and water safety.

World Vision completed P&G-funded bridge solution projects in Somalia, Indonesia, and the Philippines, and submitted proposals for new projects in Afghanistan, Senegal, Zimbabwe, Zambia, and India. During the semiannual period, we secured \$738,000 in funding for new projects, further deepening our impact and community engagement.

In response to the COVID-19 crisis, we also obtained emergency funding for projects in Kenya and Indonesia and will see an increased focus during the rest of FY20 on how to better integrate household water treatment and hygiene education with national office COVID-19 response and recovery programs.



Sesame Workshop

- Partner since 2015
- Area of focus: child-focused sanitation and hygiene promotion
- Locations: Africa (Ghana, Malawi, Mali, Niger, Rwanda, Zambia, Zimbabwe), India, Honduras, Middle East (Afghanistan, Iraq, Jordan, Lebanon, Syria)

With Stanford University, World Vision India engaged in initial research on how WASH UP! messages shared in school are transferred to home through the use of a specifically designed WASH UP! take-home tool to help influence adoption of key WASH behaviors. Once schools reopen after COVID-19, this research will continue. Stanford is also conducting research to develop a strong operations and maintenance strategy to strengthen the sustainability of WASH in Schools programs. Learnings from this research will be translated to projects outside India.

Sesame Workshop and World Vision teams in Ghana and Niger are developing an adaptation to WASH UP! to include content to address neglected tropical diseases (NTDs). Addressing NTDs helps to broaden the impact of WASH interventions to have a larger positive impact on child health and disease prevention.

In Rwanda, we completed the majority of the WASH UP! pilot implementation prior to the closure of schools during COVID-19, and groundwork was laid in Kenya and Mozambique for start-up of WASH UP!, which will enable these pilots to begin quickly once schools reopen.



Stanford University

- Partner since 2017

- Area of focus: monitoring, evaluation, and learning
- Locations: Zambia, India, Kenya

Stanford University is World Vision's learning partner for the Sesame WASH UP! program. Based on learnings from the Zambia pilot, Stanford is preparing to evaluate the impact of WASH UP! on behavior change and health of children and their families, and will co-design an operation and maintenance intervention to ensure that adequate WASH facilities are maintained in schools. This activity has slowed substantially since COVID-19 caused most schools to close, but we are developing modified plans to move forward with activities when schools reopen.

University of North Carolina Water Institute



- Partner since 2015
- Area of focus: monitoring, evaluation, and learning
- Location: all 24 Africa WASH Program countries

In the first half of FY20, the UNC Water Institute collaborated with World Vision on water quality dissemination and influencing global policy, completed additional analysis of the 14-country evaluation data with a specific focus on healthcare facilities, and prepared papers on household water quality and household sanitation and hygiene. Over the next six months, we will work to establish a long-term partnership to increase the technical quality of World Vision's WASH programs, to position us as sector leaders in both water quality and healthcare facilities work, and to raise additional revenue from U.S. government and private foundations donors.



COVID-19 AND WASH

The COVID-19 crisis is impacting every region and locality where World Vision operates, including and especially rural, under-resourced communities that are highly vulnerable to economic and social shocks.

Since the very beginning of the outbreak, World Vision has leveraged our 70-year history of emergency response to help children and families by scaling up prevention and relief efforts across the globe. Our staff is collaborating with local partners and training faith leaders so they, too, can quickly reach families with tools to prevent coronavirus infections.

Equally important, World Vision is combating secondary impacts of the crisis that are putting millions of children at risk—from heightened food insecurity, to shuttered schools, to increased violence or neglect. Across

the globe, WASH activities such as constructing public hand-washing stations, distributing disinfection kits, and training health workers on disease prevention and control are crucial to helping children and their families not only survive this pandemic, but emerge resilient, with durable hope for the future.

While disruptions and necessary restrictions related to the spread of COVID-19 will delay aspects of our work in certain areas, we remain committed to reaching everyone, everywhere we operate, with water, sanitation, and hygiene by 2030.

Thank you for partnering with World Vision and responding to God's call to care for our neighbors, near and far. We are truly grateful for your choice to stand with us as we face this unprecedented challenge.

EAST AFRICA

374,703 PEOPLE

provided with access to clean drinking water

360,968 PEOPLE

gained access to improved household sanitation

801,792 PEOPLE

reached with hygiene behavior-change programming



OUTCOMES AND OUTPUTS	FY20 Semiannual Target	Burundi	Ethiopia	Kenya	Rwanda	Somalia	South Sudan	Sudan	Tanzania	Uganda	FY20 Semiannual Achieved	Achieved vs. Target
OUTCOME: Access to Clean Water												
People who gained access to a clean drinking water source in communities	441,966	4,138	73,235	45,028	29,757	51,013	44,063	52,000	25,504	49,965	374,703	85%
Children who gained access to a clean drinking water source at school	112,687	583	11,211	16,847	4,138	1,900	8,111	2,580	5,066	12,013	62,449	55%
Schools with a clean drinking water source installed	142	2	7	40	5	10	18	6	9	20	117	83%
Health centers with a clean drinking water source installed	51	-	4	7	1	2	21	7	16	6	64	127%
Successful boreholes completed and commissioned in communities, schools, and health centers	119	-	35	-	-	11	46	17	-	25	134	113%
Taps installed from successful water supply systems in communities, schools, and health centers	1,411	17	148	295	217	63	230	24	117	208	1,319	93%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	264	7	38	6	12	45	87	87	46	-	328	124%
Households equipped with water-treatment techniques to disinfect drinking water	31,283	-	14,160	17,504	3,761	871	2,659	334	4,845	679	44,813	143%
OUTCOME: Access to Sanitation												
People who gained access to household sanitation	352,648	3,051	150,682	56,890	66,822	720	17,900	17,550	11,586	35,767	360,968	102%
Children who gained access to sanitation facilities at schools	42,093	-	500	2,477	738	300	5,268	480	6,183	10,376	26,322	63%
Household sanitation facilities constructed	68,395	821	25,814	9,181	21,200	120	3,480	3,486	3,050	7,289	74,441	109%
Communities certified as free from open defecation	227	4	283	69	-	-	6	13	-	12	387	171%
Improved, sex-separated sanitation facilities built at schools	593	-	16	29	26	8	49	12	80	124	344	58%
Schools that gained access to improved sanitation for children/youth with limited mobility	75	-	2	9	2	8	27	-	8	18	74	99%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	74	-	10	1	2	-	27	-	10	40	90	122%
Improved, sex-separated sanitation facilities built at health centers	142	-	-	2	10	60	98	8	5	18	201	142%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	44	-	-	3	1	17	40	4	5	3	73	167%
OUTCOME: Improved Hygiene Practices												
People who benefited from hygiene behavior-change promotion in communities	595,620	11,622	227,315	140,660	150,476	52,779	78,913	49,260	54,606	36,161	801,792	135%
Children who gained access to hand-washing facilities at schools	52,575	1,814	34,036	20,059	738	700	7,040	4,360	14,547	6,923	90,217	172%
Households that gained access to hand-washing facilities	57,247	278	13,351	16,649	15,427	120	3,702	1,345	13,591	6,380	70,843	124%
Schools that gained access to hand-washing facilities	133	8	40	114	2	5	27	13	26	18	253	191%
Health centers that gained access to hand-washing facilities	57	-	52	12	1	15	40	14	15	6	155	272%
OUTCOME: Improved Community Capacity for Sustainability												
WASH committees formed or reactivated with a financing system for maintenance and repair	477	18	143	51	-	39	55	60	71	63	500	105%
People trained in repair, maintenance, and construction of WASH facilities	927	-	30	115	7	-	38	124	6	153	473	51%
Functional Citizen Voice and Action (CVA) groups focused on WASH	54	-	4	4	6	-	3	-	3	16	36	67%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	874	24	673	170	133	13	47	12	173	77	1,322	151%
School WASH clubs or programs established	434	8	342	72	12	12	32	6	36	47	567	131%
OUTCOME: Access to WASH in Emergency Settings												
People with access to emergency drinking water supplies	22,607	-	12,500	25,194	3,492	-	2,650	1,500	-	9,440	54,776	NA
People with access to emergency sanitation systems	7,104	-	2,400	-	3,492	400	1,950	2,000	-	804	11,046	NA
People with access to appropriate solid-waste disposal facilities	15,254	-	1,505	-	3,492	9,000	1,900	-	-	-	15,897	NA
People with access to emergency hygiene supplies	52,912	-	21,973	45,041	3,492	14,100	2,350	800	23,990	5,387	117,133	NA

PROGRAM SUMMARY: EAST AFRICA

In FY20, the East Africa WASH Program has continued to prioritize WASH interventions for different populations and environments. Despite challenges ranging from locust swarms to inflation to COVID-19, our nine country teams have been determined to improve the quality of our WASH work.

Responding to a 14-country WASH evaluation conducted by the University of North Carolina Water Institute, Ethiopia expanded WASH business centers where people make a living selling locally made WASH products; Uganda leveraged the Household Engagement and Accountability Approach to help communities become open defecation-free; Tanzania secured a WagTech mobile testing kit to expand water-quality testing; and South Sudan is sharing water-quality results with the government to improve monitoring systems.

The COVID-19 pandemic, while creating some difficulties for our programs, has provided an opportunity for increased WASH uptake, as hygiene plays a key role in preventing the spread of the virus. In Rwanda, we are providing hand-washing supplies to schools and health centers; in Somalia, we are raising awareness through radio and mass text messages; and in Uganda, soap producers are donating products to their local health facility.

Innovations and Partnerships

- East Africa WASH teams have innovated to respond to climate change and ensure groundwater recharge: Kenya installed additional automatic payment systems to reduce water waste from the system. Somalia set up hydrometric stations in four districts to facilitate monitoring of weather, surface water, and groundwater.
- We continue to share our expertise to position World Vision as a thought leader and key WASH stakeholder in the region. Dr. Fungai Makoni, East Africa WASH Regional Lead, currently sits on the AfricaSan International Task Force (an initiative of the African Ministers Council on Water) to help push the region toward a larger focus on sanitation.
- In Burundi, World Vision is partnering with the Directorate of Rural Hydraulic and Sanitation Agency to strengthen the operation and maintenance of infrastructure and to perform water-quality analysis.
- The Rwanda WASH Program successfully negotiated with more than two-thirds of the district governments where we work to not only establish agreements for 21 water supply systems, but for them to also contribute to costs.

Access to clean water at school enables better learning

Just six months ago, Cynthia (right) and her 240 classmates would walk 20 minutes to the Musasa River for water during the school day. "School children fell sick recurrently and rates of poor school attendance and dropouts were high," says Sylvere, deputy headmaster of the school in Burundi.

Then, in February 2020, World Vision built the Nyaciha water supply network, benefiting 2,500 community members, including Cynthia and her peers. Additionally, World Vision trained young people on good hygiene practices through hygiene clubs that replicate what they learn at school and in their communities. "Today, we learn in a conducive environment thanks to the availability of water and best hygiene practices," says Cynthia.



1,319 taps installed from successful water supply systems



567 school WASH programs established



1,322 faith leaders participated in WASH programming



Today, every mother [in Bururu] who starts labor rushes to the health center, even if it is late in the night, because others have told her the facility is clean, water is available, and the services are better. I give a round of applause to World Vision for providing the health facility with water now reaching the delivery room."

—Dr. Joseph Ruyonga,
Health Officer,
Hoima District, Uganda



WATER CHANGES LIVES IN TURKANA AND BARTABWA

Whether through improved food supplies, or being able to get water without walking miles and risking encounters with snakes and crocodiles, increased access to clean water is making an enormous difference in the lives of Kenyan families.

The Kenya Water Project is providing children and their families with clean water for drinking, cooking, and bathing—all within minutes, instead of hours, from their homes. Families have water for irrigating crops and vegetable gardens, increasing the availability of fruits and vegetables for the home table and for sale, to generate new income used to provide for daily needs.

Water improves food supplies

In Turkana West, Ekena Lokiru struggled to provide for her four children. Her biggest challenge: putting food on the table.

Before the project came to her village of Teremkus, she used to travel roughly 12.5 miles to Lokichogio to buy food and other necessities. The trip by motorcycle taxi cost her approximately \$6.60, a fortune for families like hers.

“Because that money was needed more to buy vegetables, I would sometimes just walk the whole distance,” she said.

The Turkana West WASH Project laid more than a mile of water pipe from an existing borehole, and built a water point at a farm near her home. Two elevated water tanks were erected to store water from the borehole and feed a drip irrigation system for a village farm measuring about 1.5 acres.

Ekena and her neighbors live approximately 100 yards from the farm, where they can get clean water. They



Ekena Lokiru stands in her vegetable garden, in which she grows food for her family and for sale, to boost family income.

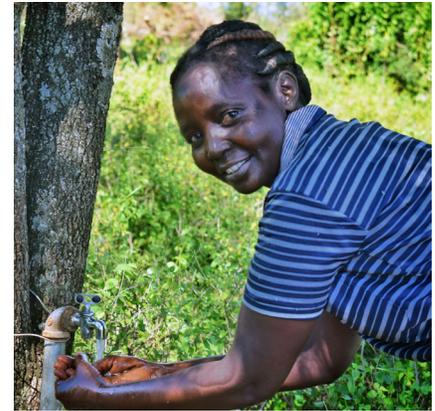
also received training and supplies to grow nutritious vegetables.

The mostly pastoral community now has a more diverse diet, adding foods like kale and eggplant.

Ekena said her children eat better, and she has more money to spend on their care, thanks to the sale of excess produce to grocery stores and other community members.

Clean water changes everything

In Bartabwa, Rosebela Balliat, a mother of eight, used to walk nearly 10 miles round trip to the Kerio River to get water for her family. The trip



Rosebela Balliat washes her hands at a tap stand installed in her village.

could be a treacherous one.

“Mothers miscarried due to the hard labor carrying water from so far. Crocodiles attacked our goats by the river,” she said. “I had to leave our small children with the baby goats in their pen (at home) as I went for water.”

The project supplied solar-powered water pumps, distribution lines, and storage tanks for the government-drilled Ayatya borehole. Now, Rosebela spends only 30 minutes a day getting water for her family, instead of up to four hours.

She makes good use of that water, too. To supplement the income from her husband's work raising livestock, she has opened a tea shop.

“I didn't want to stay idle after the water came . . . Our life is much better now,” she said.

“God saw our plight and remembered us when the Ayatya water project came.”

—Rosebela Balliat, whose family of 10 is benefiting from a new water system in her village

SOUTHERN AFRICA

166,659 PEOPLE
provided with access to clean drinking water

372,307 PEOPLE
gained access to improved household sanitation

359,296 PEOPLE
reached with hygiene behavior-change programming



OUTCOMES AND OUTPUTS	FY20 Semiannual Target	Angola	Congo, DR	Eswatini	Lesotho	Malawi	Mozambique	Zambia	Zimbabwe	FY20 Semiannual Achieved	Achieved vs. Target
OUTCOME: Access to Clean Water											
People who gained access to a clean drinking water source in communities	126,262	2,142	14,650	2,746	-	36,000	29,336	61,469	20,316	166,659	132%
Children who gained access to a clean drinking water source at school	27,579	7,622	4,050	-	-	7,410	1,608	1,721	2,680	25,091	91%
Schools with a clean drinking water source installed	56	8	7	-	-	8	2	3	7	35	63%
Health centers with a clean drinking water source installed	16	3	5	-	-	1	-	6	1	16	100%
Successful boreholes completed and commissioned in communities, schools, and health centers	219	10	22	1	-	82	26	87	4	232	106%
Taps installed from successful water supply systems in communities, schools, and health centers	496	12	55	246	-	62	96	122	102	695	140%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	172	8	6	2	-	45	-	64	69	194	113%
Households equipped with water-treatment techniques to disinfect drinking water	41,682	532	4,081	10,555	4,498	44,038	864	10,285	11,117	85,970	206%
OUTCOME: Access to Sanitation											
People who gained access to household sanitation	175,304	-	26,946	1,668	-	222,135	35,884	82,644	3,030	372,307	212%
Children who gained access to sanitation facilities at schools	25,440	-	8,013	4,839	-	4,529	-	2,449	3,896	23,726	93%
Household sanitation facilities constructed	28,077	-	4,369	278	-	28,812	7,154	14,245	630	55,488	198%
Communities certified as free from open defecation	265	-	1	-	-	257	36	153	8	455	172%
Improved, sex-separated sanitation facilities built at schools	326	-	40	85	-	25	-	30	65	245	75%
Schools that gained access to improved sanitation for children/youth with limited mobility	45	-	18	9	-	2	-	2	11	42	93%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	57	-	18	-	-	4	-	2	11	35	61%
Improved, sex-separated sanitation facilities built at health centers	73	3	14	-	-	-	-	6	2	25	34%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	23	1	4	-	-	-	-	2	1	8	35%
OUTCOME: Improved Hygiene Practices											
People who benefited from hygiene behavior-change promotion in communities	222,253	12,215	31,387	16,807	6,886	98,760	30,278	110,351	52,612	359,296	162%
Children who gained access to hand-washing facilities at schools	46,455	7,151	8,355	4,153	363	13,949	-	10,666	10,283	54,920	118%
Households that gained access to hand-washing facilities	34,900	-	10,697	1,967	1,113	32,059	5,723	12,915	5,719	70,193	201%
Schools that gained access to hand-washing facilities	115	8	28	8	1	20	-	2	24	91	79%
Health centers that gained access to hand-washing facilities	47	2	13	-	-	-	-	6	10	31	66%
OUTCOME: Improved Community Capacity for Sustainability											
WASH committees formed or reactivated with a financing system for maintenance and repair	575	32	14	2	17	137	71	95	63	431	75%
People trained in repair, maintenance, and construction of WASH facilities	358	32	70	21	64	58	13	70	95	423	118%
Functional Citizen Voice and Action (CVA) groups focused on WASH	50	3	5	14	1	10	10	8	21	72	144%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	638	44	84	62	-	267	229	348	8	1,042	163%
School WASH clubs or programs established	120	9	6	3	-	32	8	118	53	229	191%

PROGRAM SUMMARY: SOUTHERN AFRICA

The southern Africa WASH Program is focused in FY20 on ensuring water quality, continuing sanitation gains, and promoting good hygiene practices. Although environmental, security, and pandemic-related challenges presented themselves, the WASH teams from all eight countries adapted and largely met or exceeded targets for this period.

Base funding and regional support enabled national offices to leverage additional funding through UNICEF and USAID and to deploy staff in response to COVID-19. Over \$2 million was generated to support COVID-19 and emergency WASH. Meanwhile, the 14-country UNC WASH evaluation findings on water quality and hygiene promotion were fully integrated into ongoing WASH programs.

As the effects of climate change are felt across the region, we are taking steps to mitigate negative impacts on the communities we serve: In Malawi, WASH committees are trained on Farmer Managed Natural Regeneration, a land restoration technique. The Mozambique WASH Program is testing desalination plants as an alternative solution to water treatment. In Zambia, the WASH team is focused on watershed management and soil and water conservation.

Innovations and Partnerships

- In Angola, we partnered with faith leaders to establish Religious Clergy Focal Councils that led to increased participation by women, youth, and children in hygiene promotion activities. Additionally, 229 faith leaders in Mozambique are communicating the importance of treating drinking water and distributing Certeza, a water treatment product, to community members.
- The Eswatini WASH Program is using an innovative toilet technology (known as Amalooloo toilets) to support communities on their journey to becoming sustainably open defecation-free. We also have partnered with Eswatini Water Services Corporation to conduct frequent water-quality monitoring.
- The Zambia WASH Program formed an innovative partnership with a commercial utility company, Chambeshi Water and Sanitation, to ensure water access for peri-urban settlements.
- In Zimbabwe, we are working with P&G for household water treatment, and will expand in the second half of FY20.

Community members alter behavior to reach ODF status

In Nyatsini, Eswatini, poor households like Alpheus Matsinya's assumed they could not afford a latrine, so they practiced open defecation.

After learning of the health implications of this practice for both his family and neighbors, and also that affordable local materials could be used, Mr. Matsinya vowed to construct a latrine. He used stones and mud to build the superstructure and corrugated iron for the roofing. The facility also has a hand-washing station right outside the door, which he and his wife share responsibility for stocking with water and soap.

"I am very happy that I have protected myself, my wife, and the children in the community from diseases and infections caused by open defecation," Mr. Matsinya said. "I am also excited that my community will be certified open defecation-free!"



695 taps installed from successful water supply systems



229 school WASH programs established



1,042 faith leaders participated in WASH programming



It was ignorance that was making me stubborn when I was told to construct a latrine. Now my household is diarrhea free. I can freely go to relieve myself without checking around to see if anybody is seeing me."

—Ruth, 52,
Sanga area program,
Malawi





A NEW WATER SYSTEM GIVES HOPE AND INDEPENDENCE

Violet (pictured) is able to work in her garden after a mechanized water system was constructed. With access now to clean water, she can garden and sell her produce to support herself.

Violet, a 43-year-old widow, lives in Kayuni Village of the Sinazongwe area program in Zambia. She did not have means to make money in order to meet her basic needs. She longed for a day when she could be independent and not rely on support from family or village neighbors.

The extreme heat had dried a nearby water source that Violet used for drinking and gardening. The closest water source was over three miles away, which was too far for her to walk. She began to lose hope and was ashamed she could not purchase even a packet of salt.

Violet's hope for survival was diminishing but after a mechanized water system was constructed for the community, in partnership with World Vision, her life changed. She

remembered seeing the large drilling machine that splashed water as she watched construction taking place.

Once the water system was complete, Violet was encouraged by the water point committee to start gardening again. Since then, she has been able to sell produce from her garden to meet her basic needs and pay her user fees to help with the operation and maintenance of the water system. She can even purchase school supplies for her nephew and niece, using money made from her garden sales. Violet also joined a savings group in her village after attending a training facilitated by the World Vision Livelihoods team.

"Thank you, World Vision, for providing our village with clean water," Violet says.

“Thank you,
World Vision, for
providing our village
with clean water.”

—Violet, 43



PRIORITIZING GENDER EQUITY

Kristie Urich, WASH Program Manager, World Vision U.S.

Gender, and particularly the inclusion of women in WASH programming, is a critical component in WASH interventions. Lack of access to clean water, sanitation, and hygiene disproportionately affects women and girls, and implementing gender-sensitive WASH programs can greatly improve their quality of life.

At the same time, World Vision is evolving beyond gender-sensitive WASH programs, which concentrate mostly on access, to focus on gender-transformative WASH. This includes measuring well-being impacts on women and girls, and influencing social norms and traditions to ensure a more equitable society. As World Vision WASH adopts more gender-transformative methodologies, we are addressing issues in both programming and staffing.

World Vision's newly defined Gender and Social Inclusion framework focuses on five domains: 1) Access, 2) Participation, 3) Decision-making, 4) Systems, and 5) Well-being. Historically, our programming has been particularly robust in a few of these domains, especially access and participation. In others, we have room for growth.

We continue working to ensure every water supply and sanitation facility meets the needs of women. We are meeting with communities and advocating to ensure women participate in the management of

WASH services and have an active role in decision-making. Meaningful participation and leadership of women will lead to more equitable, inclusive, and sustainable systems.

Our efforts to advocate for strong WASH policies and to engage faith leaders on WASH behavior change reinforce healthy WASH governance and social systems that support the needs of women and girls. WASH services that are high quality, safe, and sustainable, also reinforce the well-being of women and girls. Besides protecting women and their families from water-related infections and diseases, WASH helps improve quality of life for women by simplifying day-to-day tasks and influencing cultural and societal norms that affect their roles in the community.

Within our World Vision partnership, women currently represent less than 20% of WASH staff globally. We have recognized the need to increase gender parity in staffing, as well as the representation of women in higher-level positions of leadership. In 2019, we consulted with female staff to better understand the barriers to, and enablers of, women working in WASH. One way we are addressing certain barriers is by encouraging 50% female participation in World Vision's capacity-building programs. We also are aiming to identify and promote women into key leadership roles in national and regional office WASH teams.

WEST AFRICA

169,604 PEOPLE

provided with access to clean drinking water

148,444 PEOPLE

gained access to improved household sanitation

407,671 PEOPLE

reached with hygiene behavior-change programming



OUTCOMES AND OUTPUTS	FY20 Semiannual Target	Chad	Ghana	Mali	Mauritania	Niger	Senegal	Sierra Leone	FY20 Semiannual Achieved	Achieved vs. Target
OUTCOME: Access to Clean Water										
People who gained access to a clean drinking water source in communities	110,650	9,200	28,500	27,050	13,572	41,100	15,902	34,280	169,604	153%
Children who gained access to a clean drinking water source at school	13,560	2,392	4,711	3,653	-	7,804	486	4,906	23,952	177%
Schools with a clean drinking water source installed	47	7	18	8	-	16	2	12	63	134%
Health centers with a clean drinking water source installed	30	-	20	2	-	14	-	19	55	183%
Successful boreholes completed and commissioned in communities, schools, and health centers	170	22	62	37	-	22	-	-	143	84%
Taps installed from successful water supply systems in communities, schools, and health centers	215	-	62	70	2	159	28	415	736	342%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	72	8	26	2	7	26	3	17	89	124%
Households equipped with water-treatment techniques to disinfect drinking water	34,069	1,455	7,207	9,722	2,262	11,630	2,202	6,440	40,918	120%
OUTCOME: Access to Sanitation										
People who gained access to household sanitation	170,417	24,346	17,196	42,786	914	45,176	15,586	2,440	148,444	87%
Children who gained access to sanitation facilities at schools	13,328	3,356	1,859	950	-	2,632	486	10,908	20,191	151%
Household sanitation facilities constructed	20,820	3,478	3,666	5,223	153	5,647	1,359	423	19,949	96%
Communities certified as free from open defecation	96	-	50	-	2	18	12	-	82	85%
Improved, sex-separated sanitation facilities built at schools	253	36	36	4	-	12	4	180	272	108%
Schools that gained access to improved sanitation for children/youth with limited mobility	43	12	6	3	-	3	-	30	54	126%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	43	-	6	2	-	3	-	30	41	95%
Improved, sex-separated sanitation facilities built at health centers	65	-	20	18	-	4	-	95	137	211%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	17	-	5	16	-	2	-	19	42	247%
OUTCOME: Improved Hygiene Practices										
People who benefited from hygiene behavior-change promotion in communities	311,588	103,237	55,582	68,396	5,464	126,784	26,941	21,267	407,671	131%
Children who gained access to hand-washing facilities at schools	62,773	3,356	25,910	4,665	-	6,937	810	16,392	58,070	93%
Households that gained access to hand-washing facilities	26,993	783	4,040	10,302	872	15,848	2,053	3,477	37,375	138%
Schools that gained access to hand-washing facilities	1,235	12	181	30	-	21	13	61	318	26%
Health centers that gained access to hand-washing facilities	56	-	73	22	-	2	-	33	130	232%
OUTCOME: Improved Community Capacity for Sustainability										
WASH committees formed or reactivated with a financing system for maintenance and repair	333	-	127	383	1	141	25	29	706	212%
People trained in repair, maintenance, and construction of WASH facilities	609	50	327	350	-	148	40	5	920	151%
Functional Citizen Voice and Action (CVA) groups focused on WASH	106	1	60	70	-	30	6	11	178	168%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	805	20	178	162	6	76	363	60	865	107%
School WASH clubs or programs established	278	41	73	50	2	92	16	14	288	104%
OUTCOME: Access to WASH in Emergency Settings										
People with access to emergency drinking water supplies	1,000	-	-	-	-	-	-	-	-	0%
People with access to emergency sanitation systems	5,000	-	-	-	-	2,264	-	-	2,264	45%
People with access to appropriate solid-waste disposal facilities	1,000	2,500	-	-	-	-	-	-	2,500	250%
People with access to emergency hygiene supplies	-	3,600	-	-	-	2,264	-	-	5,864	0%

PROGRAM SUMMARY: WEST AFRICA

The West Africa WASH Program put lessons learned on procurement and logistics into action in FY20. Proactively planning for anticipated needs led to the achievement of all targets in most of the program's seven countries. Like southern Africa and East Africa, the region faced various challenges, but WASH staff were able to adapt programming and continue providing communities with water, sanitation, and hygiene services.

The Ghana team was pleased to host the Global WASH Forum in January 2020, where WASH leaders, partners, and donors reaffirmed their commitment to World Vision's global efforts to reach every child, everywhere with clean water, sanitation, and hygiene. The gathering was followed by donor field visits in Ghana, Sierra Leone, and Senegal.

West Africa WASH is positioning to grow its funding portfolio over the next three years by strengthening relationships with UN agencies, USAID, and EU reps. There also has been increased coordination with UNICEF and WHO on emergency WASH programming.



736 taps installed from successful water supply systems



288 school WASH programs established



865 faith leaders participated in WASH programming

Innovations and Partnerships

- To address household water quality issues, WASH teams in Ghana, Mali, and Niger adopted the Continuous Quality Improvement approach, with lessons and findings to be shared with other countries by the end of FY20.
- The Ghana WASH Program empowered 50 communities through the Savings for Transformation model to upgrade their latrines beyond open defecation-free certification.
- The Mauritania WASH Program supports solid waste management in one of its urban area programs, including the provision of eight tricycles equipped with garbage bins for local garbage collection, which benefits more than 7,000 people. Also, the WASH team is working with Muslim imams to support hygiene behavior change.
- The Senegal WASH Program is partnering with a USAID-funded project, ACCES, to use an innovative technology called SaTo Pan, which helps regulate the presence of flies and odor in latrines.
- The Senegal WASH team mobilized local mayors to encourage the most vulnerable households to have their own latrines. Five of these mayors also gave their personal financial resources to provide 200 latrines in their municipalities.



As mayor, I saw the impact of the [latrine] project in improving the health of populations and especially children. Today there is a big difference in the adoption of good hygiene and sanitation practices [including] household waste management and the abandonment of open defecation."

—Mamadou Balde, mayor of Sare Coly, Senegal

Being a girl 'felt like a punishment'

Isata is a secondary school student in Sierra Leone who used to stay home from school during menstruation because she didn't have the knowledge or resources to manage it well. This resulted in her falling behind and having to repeat a grade—looking back, she said being a girl felt like a punishment.

But recently, a friend invited her to a menstrual hygiene club meeting at school, where she learned to have a positive mindset about menstruation, gained knowledge on menstrual hygiene management, and gained access to locally-made sanitary pads (such as the one pictured right).

"I am an active member of the clubs and my focus is to help more girls appreciate themselves, their bodies, and to know how to take care of themselves," Isata said. "We are just different in a wonderful and special way."





“[O]ur hygiene and sanitation has improved as the burden of [collecting] water from long distances has [been] reduced. No more delays and even absence from school. Now, we are ready to compete with boys.”

—Clothilda Apaaya, 13, Kessena AP, Ghana

WATER ACCESS BRINGS STUDENTS TO LIFE

Repairing a nonfunctional borehole allowed students at Mirigu Junior High—including Clothilda, above center—to collect water from a safe place without having to travel far during the school day. It also helped awaken their potential.

Access to water in schools is crucial for improved learning outcomes among students. Unfortunately, in rural Ghana, access to clean water in schools can be a challenge. In some cases, boreholes become inoperative due to mechanical issues community members are unequipped to fix. As a result, students spend a lot of time looking for water during their breaks from class, and many girls skip class altogether during their menstrual cycle because of the lack of access to clean water.

“The borehole rehabilitation at this school has now reduced the burden of walking long distances to compete . . . at the community borehole for water to drink and wash hands,” says Mr. Silvester, headteacher at Mirigu Junior High School in Kessena AP.

Since the borehole has been repaired, there has been enough clean water that

the kitchen staff can prepare meals for the students. Most important, having a working borehole on school premises is expected to greatly improve academic outcomes. Among boys and girls alike, school attendance and class participation has increased—clear indicators of students’ new appetite for learning.

“[Our] hygiene and sanitation has improved as the burden of [collecting] water from long distances has [been] reduced,” says Clothilda, a student at Mirigu Junior High. “No more delays and even absence from school. Now, we are ready to compete with boys.”

To prevent water shortages in the future, World Vision conducted a refresher training for volunteers in the Kessena community. The training focused on borehole maintenance and connecting volunteers to market vendors for spare parts.

ASIA-PACIFIC

141,002 PEOPLE

provided with access to clean drinking water

53,742 PEOPLE

gained access to improved household sanitation

310,152 PEOPLE

reached with hygiene behavior-change programming



OUTCOMES AND OUTPUTS	FY20 Semiannual Target	Bangladesh	Cambodia	India	Indonesia	Myanmar	PNG	Sri Lanka	FY20 Semiannual Achieved	Achieved vs. Target
OUTCOME: Access to Clean Water										
People who gained access to a clean drinking water source in communities	77,848	14,153	30,937	83,018	500	2,595	9,203	596	141,002	181%
Children who gained access to a clean drinking water source at school	44,256	-	6,288	8,672	-	420	984	2,357	18,721	42%
Schools with a clean drinking water source installed	82	-	28	31	-	1	3	8	71	87%
Health centers with a clean drinking water source installed	33	-	7	114	-	1	4	-	126	380%
Successful boreholes completed and commissioned in communities, schools, and health centers	546	495	49	61	-	18	-	-	623	114%
Taps installed from successful water supply systems in communities, schools, and health centers	1,628	-	1,385	215	10	339	-	140	2,089	128%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	372	28	7	438	-	-	12	-	485	130%
Households equipped with water-treatment techniques to disinfect drinking water	13,232	-	9,899	2,703	-	-	-	244	12,846	97%
OUTCOME: Access to Sanitation										
People who gained access to household sanitation	31,609	10,145	17,716	12,008	6,740	2,890	901	3,342	53,742	170%
Children who gained access to sanitation facilities at schools	17,893	-	-	15,175	-	900	9,510	2,436	28,021	157%
Household sanitation facilities constructed	6,251	2,264	2,839	2,297	1,348	578	199	803	10,328	165%
Communities certified as free from open defecation	286	226	25	-	2	-	6	-	259	91%
Improved, sex-separated sanitation facilities built at schools	188	-	-	192	-	3	29	9	233	124%
Schools that gained access to improved sanitation for children/youth with limited mobility	44	-	24	14	-	-	-	-	38	86%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	42	-	-	33	-	-	-	1	34	81%
Improved, sex-separated sanitation facilities built at health centers	56	-	12	143	-	-	12	1	168	299%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	19	-	4	28	-	-	4	1	37	194%
OUTCOME: Improved Hygiene Practices										
People who benefited from hygiene behavior-change promotion in communities	275,004	123,304	33,754	148,714	-	129	1,924	2,327	310,152	113%
Children who gained access to hand-washing facilities at schools	53,865	6,750	3,377	15,015	-	-	4,222	2,082	31,446	58%
Households that gained access to hand-washing facilities	32,549	17,759	7,058	22,918	1,391	-	1,080	-	50,206	154%
Schools that gained access to hand-washing facilities	289	135	30	70	-	-	14	12	261	90%
Health centers that gained access to hand-washing facilities	19	-	-	69	-	-	4	-	73	383%
OUTCOME: Improved Community Capacity for Sustainability										
WASH committees formed or reactivated with a financing system for maintenance and repair	382	151	80	34	6	24	24	13	332	87%
People trained in repair, maintenance, and construction of WASH facilities	660	99	297	477	-	-	-	-	873	132%
Functional Citizen Voice and Action (CVA) groups focused on WASH	107	40	-	42	-	-	-	2	84	79%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	275	-	-	65	-	-	-	17	82	30%
School WASH clubs or programs established	289	-	29	64	-	-	-	6	99	34%
OUTCOME: Access to WASH in Emergency Settings										
People with access to emergency drinking water supplies	-	-	-	-	-	-	-	-	-	0%
People with access to emergency sanitation systems	-	-	-	9,400	-	-	-	-	9,400	0%
People with access to appropriate solid-waste disposal facilities	-	-	-	-	-	-	-	-	-	0%
People with access to emergency hygiene supplies	-	-	-	-	-	-	-	-	-	0%

NOTE: World Vision U.S. directly engages with Cambodia, India, Indonesia, Myanmar, and Sri Lanka through private funding. This report highlights our WASH work across the Asia-Pacific region, including countries funded by other World Vision support offices.

PROGRAM SUMMARY: ASIA-PACIFIC

The Asia-Pacific WASH Program convened a virtual planning workshop in March 2020, during which WASH staff from Cambodia, India, Indonesia, Myanmar, and Sri Lanka shared ideas, lessons learned, and plans for programming in FY21-25.

In India, 114 health centers gained access to a source of clean drinking water (345% of the regional target), while 143 health centers benefited from improved, sex-separated sanitation facilities (255% of the regional target). Bangladesh saw the completion of 495 new boreholes and 28 rehabilitated water points, benefiting 14,153 people. Meanwhile, in Cambodia, 24 schools installed improved latrine facilities for students with limited mobility, which contributed to 25 communities being certified as open defecation-free.

Following the global spread of COVID-19, hygiene resources and awareness also were prioritized. More than 50,000 households gained access to hand-washing facilities during this reporting period, and more than 310,000 people benefited from hygiene-promotion in their communities.

Innovations and Partnerships

- In Bangladesh, World Vision's SHOMOTA Project is working with the Bandhu Social Welfare Society to strengthen gender equality and social inclusion in WASH programming.
- WASH staff in Cambodia collaborated with microfinance institutions to offer low-interest loans to households who cannot pay the up-front costs of connecting to the piped water system. Loans average \$35 and are usually repaid within about six months.
- Also in Cambodia, we leveraged an innovative technology known as slow sand filtration to process water from an excavated pond for household consumption.
- To celebrate Global Handwashing Day, World Vision partnered with Swatch Bharat Mission to promote the theme of "Clean Hands for All." Children from multiple schools performed skits and songs related to the importance of handwashing with soap.
- In Papua New Guinea, the WASH team is experimenting with tiger worm toilets, which use worms as a means of composting human waste, and are especially useful in urban settings, where there is limited space for sewage systems.

Women in rural Cambodia are becoming WASH champions

In Cambodia, World Vision has partnered with the Provincial Department of Rural Development to select and train women such as Ly Sayon (pictured standing) on sanitation and hygiene promotion. When she first became a sanitation agent, Sayon, 34, was shy about discussing the need for hygiene behavior changes in her community. But after being coached on leadership and facilitation skills, she has become a strong advocate for Community-Led Total Sanitation, and has helped reach 295 people with hygiene-promotion messages in her village of Tayoeng. Moreover, as a result of Sayon's home visits, 35 households have built their own latrines, contributing to Tayoeng being officially recognized by the provincial governor as open defecation-free.

"We are really proud of and appreciate Sayon's contribution work to our village development . . ." says Sab Boeut, the Tayoeng village leader. "Woman-led community change is impressive."



2,089 taps installed from successful water supply systems



99 school WASH programs established



82 faith leaders participated in WASH programming



The success of a water project is not with the construction we build; it is about our women's lives [becoming] easy because of household [clean] water supply, and there should be no single child who goes to school late because of the water problems. We continue to find ways and means to sustain this water project for the betterment of our children."

—Yogeshwaran, 45, water committee member, Ambagamuwa AP, Sri Lanka





“I was not aware about nutritious food, diet plans, and iron tablets. The training we had by World Vision has helped me and my friends to gain more knowledge and confidences.”

—Shreya,
a ninth-grader in
Kolonypara, India

NEW KNOWLEDGE, NEW CONFIDENCE

In India, adolescent girls are taking ownership of their health and hygiene.

When puberty arrived, Shreya (above center) and her friends in Kolonypara, India had few resources for dealing with it. “[M]y friends and I were hesitant to share our menstrual problems . . . We did not know how to discuss about this to our parents. We were not told anything about our health or hygiene . . . We did not know about handwashing and its importance,” Shreya remembers.

Beyond questions about menstruation and hygiene, Shreya, currently a ninth-grader, lacked a basic awareness of the benefits of nutritious food and eating a healthy or balanced diet. Then she began attending a training program offered by World Vision India and designed specifically for adolescent girls. After participating the last six months, Shreya says the training “has helped me and my friends to gain more knowledge and confidences.”

Started in 2018, so far the program—called “Paanch Dino Kaa Sach,” or “truth of five days”—has reached more than 300 girls from Kolonypara and nearby villages. Participants are placed

in peer groups (with about 20 girls per group) that meet monthly to discuss personal experiences and difficulties and share insights.

The training includes modules on girls’ and boys’ anatomy, good and bad touch, menstrual hygiene, iron rich food, WASH best practices, and care for the environment. To keep girls interested and actively participating, there are activities such as quizzes on social topics, games or competitions related to menstrual hygiene, handwashing demonstrations, discussions with village leaders on household sanitation, and others.

Observed up close, it is clear that the training is instilling in the girls who take part more than knowledge; it is building their self-confidence.

“Now I am able to maintain my health and follow hygiene practices, which is more important for me,” Shreya says. “I am able to focus more on my studies. I am glad that I can help other friends who do not know these topics.”

LATIN AMERICA & CARIBBEAN

19,292 PEOPLE

provided with access to clean drinking water

16,876 PEOPLE

gained access to improved household sanitation

21,125 PEOPLE

reached with hygiene behavior-change programming



OUTCOMES AND OUTPUTS	FY20 Semiannual Target	Bolivia	El Salvador	Haiti	Honduras	Nicaragua	FY20 Semiannual Achieved	Achieved vs. Target
OUTCOME: Access to Clean Water								
People who gained access to a clean drinking water source in communities	6,267	1,879	-	11,320	4,895	1,198	19,292	308%
Children who gained access to a clean drinking water source at school	780	64	1,200	3,603	596	-	5,463	700%
Schools with a clean drinking water source installed	9	1	3	9	9	-	22	244%
Health centers with a clean drinking water source installed	1	1	-	1	1	-	3	300%
Successful boreholes completed and commissioned in communities, schools, and health centers	-	-	-	-	-	-	-	0%
Taps installed from successful water supply systems in communities, schools, and health centers	1,126	149	30	138	1,104	-	1,421	126%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	2	-	-	19	21	-	40	2,000%
Households equipped with water-treatment techniques to disinfect drinking water	1,171	147	531	313	1,201	209	2,401	205%
OUTCOME: Access to Sanitation								
People who gained access to household sanitation	14,375	-	-	13,366	2,493	1,017	16,876	117%
Children who gained access to sanitation facilities at schools	213	-	120	1,557	205	-	1,882	884%
Household sanitation facilities constructed	2,875	-	-	2,767	537	246	3,550	123%
Communities certified as free from open defecation	-	-	-	34	8	-	42	0%
Improved, sex-separated sanitation facilities built at schools	18	-	-	32	17	-	49	272%
Schools that gained access to improved sanitation for children/youth with limited mobility	6	-	-	5	5	-	10	167%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	4	-	-	5	3	-	8	200%
Improved, sex-separated sanitation facilities built at health centers	8	-	-	3	-	-	3	38%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	2	-	-	1	-	-	1	50%
OUTCOME: Improved Hygiene Practices								
People who benefited from hygiene behavior-change promotion in communities	14,595	1,224	531	15,675	3,288	407	21,125	145%
Children who gained access to hand-washing facilities at schools	213	-	1,320	1,557	205	-	3,082	1,447%
Households that gained access to hand-washing facilities	3,326	-	-	2,923	1,198	85	4,206	126%
Schools that gained access to hand-washing facilities	6	-	4	5	5	-	14	233%
Health centers that gained access to hand-washing facilities	2	-	-	1	-	-	1	50%
OUTCOME: Improved Community Capacity for Sustainability								
WASH committees formed or reactivated with a financing system for maintenance and repair	29	7	-	15	23	12	57	197%
People trained in repair, maintenance, and construction of WASH facilities	61	-	-	-	29	-	29	48%
Functional Citizen Voice and Action (CVA) groups focused on WASH	29	-	-	33	-	-	33	114%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	178	-	-	326	99	2	427	240%
School WASH clubs or programs established	15	-	-	12	6	7	25	167%
OUTCOME: Access to WASH in Emergency Settings								
People with access to emergency hygiene supplies	-	-	-	-	-	-	31,242	0%

NOTE: World Vision U.S. directly supports Haiti, Honduras, and Nicaragua with private funding. This report highlights our World Vision WASH work across the Latin America-Caribbean region, including additional countries funded by other World Vision support offices.

PROGRAM SUMMARY: LATIN AMERICA & CARIBBEAN

In Latin America and Caribbean area programs, World Vision continues partnering with governments and local stakeholders not only to accelerate access to WASH services, but to ensure WASH projects are sustainable over years. Hygiene behavior-change education is becoming part of school curriculums, and faith leaders are being trained to use their influence to make improved sanitation a priority in their communities.

During the first half of FY20, more than 2,400 households were equipped with knowledge and techniques for disinfecting drinking water. More than 3,000 students gained access to hand-washing facilities at schools, (dramatically exceeding the semiannual target), while 57 local WASH committees were organized to focus on water system maintenance and repair (nearly doubling the semiannual target).

Building on these and other regional achievements, World Vision is working with staff to make El Salvador and Guatemala full-scale WASH program countries, and to develop five-year business plans for each that will be implemented starting in October 2020.



1,421 taps installed from successful water supply systems



25 school WASH programs established



427 faith leaders participated in WASH programming

Innovations and Partnerships

- Quality assurance sampling, conducted each year by the Haiti WASH team, helps confirm WASH interventions are benefiting the most vulnerable families in the country's program areas. A database helps identify gaps in WASH services and develop plans to address them.
- World Vision is partnering with Haiti's ministry of water to extend water pipelines to schools, communities, and health centers. During the first half of FY20, a partnership with UNICEF brought improved sanitation to 320 patients in a healthcare facility.
- In Honduras, the WASH UP! program is expanding to five educational centers nationwide.
- Interventions by the Nicaragua WASH team have encouraged women to play key roles in the development of WASH initiatives and infrastructure. As a result, 245 women—including 101 schoolgirls—have assumed leadership roles or participated in projects devoted to latrine construction, water access, and hygiene in schools or communities.

“I am glad my family and the others no longer practice open defecation. I now feel safer because I live in a clean community . . . I make sure to wash my hands often so that I am not affected by the coronavirus.”

— Danaëlle Joachin, 10, Siguérite, Haiti

We are all responsible for the change



Parcila, Nicaragua, used to be an “ugly community,” says María Teresa Olivas (pictured far left). Residents “dumped the garbage on the roads” and riverbanks, contaminating the water. María Teresa, 35, a Parcila native and mother of two, was weary of seeing the environment neglected and diseases such as dengue fever on the rise. After obtaining a technical certificate in Integrated Environment Management, she joined World Vision’s Family, School, and Healthy Community (FECSA) program to advocate for new initiatives—from recycling to water purification to better family hygiene.

Five years later, María Teresa is coordinator of the FECSA program. She visits more than 80 families weekly and is very pleased with her neighbors’ commitment to cleaning their homes and properly disposing of waste. Parcila residents now have hope that their children will inherit a better future—in the form of a clean, healthy, and replenished habitat. For María Teresa, the FECSA program has been a source of empowerment, too, “allow[ing] me to raise my voice as a woman in favor of the environment.”



“All the people of Pueblo Viejo do not tire of blessing the name of God every time we open the tap and see the water in our houses.”

—Felicitas Sales, 53

NOW A NEW STAGE BEGINS

For many years, families living in Pueblo Viejo—in the municipality of San Juan Guarita, Honduras—did not have clean water. Daily, women and other family members traveled long distances to collect water from surface wells. In the winter, families collected rainwater, storing it in nearby water reserve tanks.

“The first inhabitants of my community abandoned their houses and moved to live in other places, as a consequence of the scarcity of water and the lack of land suitable for growing basic grains,” said Felicitas Sales, 53. “Since our community was founded, approximately 250 years ago, to the present day, we have suffered due to lack of access to drinking water.”

In 2018, World Vision and other local partners informed residents of Pueblo Viejo of plans to construct a solar-powered water pumping system. Overjoyed by the news, community members began to glorify the name of

God for his goodness and generosity. They also took immediate action to elect a Water Management Board and supporting subcommittees.

Since then, World Vision has been working with local partners and families in the communities to complete construction of the water system that will pump water from a protected water source to a water tank, then distribute water from the tank through a networked piped system to taps located in individual households. We have made significant progress and anticipate completion soon. Also, this is the first time World Vision is constructing a solar-powered water pumping system in the Honduras.

“Now a new stage in our lives begins,” Felicitas joyfully proclaims. “. . . The elders of our community thought, like our ancestors, they were going to leave this world without seeing the water project come true. We thank God, the donors, and all those who collaborated in this great project.”





DROP BY DROP

For four years, Rosanna Keam has worked as the WASH Sector Lead for World Vision in Afghanistan. As her time in the country draws to a close, she reflects on the urgent necessity of World Vision's presence there.

These last four years have given me only a small glimpse into the true Afghanistan: a country so rich in history, at the crossroads of Asia, where craggy mountain ranges and snow-capped peaks pierce the open sky, roaring winds blow across the sweeping plains, and rivers carve their way through steep valleys. Although Afghanistan, for many, is synonymous with war, it is a land of stunning beauty.

Yet the last few years have been particularly challenging for this nation. Since 2017, the people of Afghanistan have endured one of the worst droughts in recorded history, with hundreds of thousands of people displaced in search of food and water. This crisis has been followed by massive floods that have destroyed homes, farmlands, livelihoods, and claimed many lives. The country is now grappling with a pandemic that is overwhelming its already weak health system.

All this has occurred against a backdrop of conflict and unrest. Throughout, children have suffered disproportionately, often lacking nutritious food, clean drinking water, healthcare, and adequate education. As an organization that works to improve the well-being of children, World Vision's presence in Afghanistan is needed now more than ever. This is where the organization must be.

When I reflect on what has been achieved through partnerships between World Vision Afghanistan and communities over these last few years, an Afghan proverb comes to mind: *Qatra qatra darya maisha*. Drop by drop forms a river.

When I arrived here in 2016, we were reaching slightly more than 13,000 people with clean drinking water. Since that time, World Vision has reached almost a quarter of a million people with clean drinking water in communities, informal settlements, schools, and healthcare facilities. Often, we focus on the sheer scale of the challenges, failing to celebrate the many cumulative achievements. We fail to see that seemingly small drops eventually become rivers.

I think of people like Masouma, a woman working in a male-dominated engineering industry, in a patriarchal society, to bring clean drinking water to women and girls. Masouma has shown such courage and gumption, paving the way for other women in the engineering field. I think also of the many people working for World Vision in our field offices, who have made immense personal sacrifices to ensure others are supported through conflict, drought, floods, and now a pandemic. Such people are the heart and soul of this organization.

Before his departure, a respected colleague of mine said this: "We have been stretched but not overcome. We have been heartbroken by the degree of suffering we encounter on a daily basis, but not dismayed, because we are not alone in responding." Many people have chosen to stand with us, support us, and not turn their backs on the plight of the Afghan people. To these we express our deepest appreciation, as we continue to work for the people of this country.

MIDDLE EAST

95,396 PEOPLE*

provided with access to clean drinking water

83 PEOPLE

gained access to improved household sanitation

32,355 PEOPLE

reached with hygiene behavior-change programming



OUTCOMES AND OUTPUTS	FY20 Semiannual Target	Afghanistan	Iraq	Jordan	Lebanon	Syria	FY20 Semiannual Achieved	Achieved vs. Target
OUTCOME: Access to Clean Water								
People who gained access to a clean drinking water source in communities	11,340	45,826	3,900	-	-	-	49,726	439%
Children who gained access to a clean drinking water source at school	12,500	-	9,510	10,036	-	-	19,546	156%
Schools with a clean drinking water source installed	24	-	10	10	-	-	20	83%
Health centers with a clean drinking water source installed	6	5	4	-	-	-	9	150%
Successful boreholes completed and commissioned in communities, schools, and health centers	-	-	-	-	-	-	-	0%
Taps installed from successful water supply systems in communities, schools, and health centers	756	327	351	164	-	-	842	111%
Nonfunctioning water points rehabilitated in communities, schools, and health centers	4	10	-	12	-	-	22	550%
Households equipped with water-treatment techniques to disinfect drinking water	5,000	-	994	-	-	-	994	20%
OUTCOME: Access to Sanitation								
People who gained access to household sanitation	6,265	83	-	-	-	-	83	1%
Children who gained access to sanitation facilities at schools	13,500	-	9,510	10,036	-	-	19,546	145%
Household sanitation facilities constructed	885	13	-	-	-	-	13	1%
Communities certified as free from open defecation	2	2	-	-	-	-	2	100%
Improved, sex-separated sanitation facilities built at schools	200	-	82	78	-	-	160	80%
Schools that gained access to improved sanitation for children/youth with limited mobility	13	-	8	2	-	-	10	77%
Schools that gained access to improved sanitation for girls, with facilities to manage menstrual hygiene	10	-	6	5	-	-	11	110%
Improved, sex-separated sanitation facilities built at health centers	40	5	33	-	-	-	38	95%
Health centers that gained access to sex-separated sanitation facilities designed for people with limited mobility and appropriate for managing menstrual hygiene	5	5	4	-	-	-	9	180%
OUTCOME: Improved Hygiene Practices								
People who benefited from hygiene behavior-change promotion in communities	89,660	23,392	8,963	-	-	-	32,355	36%
Children who gained access to hand-washing facilities at schools	15,500	-	9,510	10,036	-	-	19,546	126%
Households that gained access to hand-washing facilities	5,750	198	745	-	-	-	943	16%
Schools that gained access to hand-washing facilities	32	-	10	10	-	-	20	63%
Health centers that gained access to hand-washing facilities	5	5	4	-	-	-	9	180%
OUTCOME: Improved Community Capacity for Sustainability								
WASH committees formed or reactivated with a financing system for maintenance and repair	11	65	-	-	-	-	65	591%
People trained in repair, maintenance, and construction of WASH facilities	6	-	-	-	-	-	-	0%
Functional Citizen Voice and Action (CVA) groups focused on WASH	-	-	-	-	-	-	-	0%
Faith leaders who participated in hygiene, sanitation, or behavior-change programming	16	55	-	-	-	-	55	344%
School WASH clubs or programs established	117	14	19	3	-	-	36	31%
OUTCOME: Access to WASH in Urban Settings								
People with access to municipal water supply systems	218,400	-	45,670	-	-	-	45,670	21%
People with access to municipal sewage systems	21,540	-	-	-	-	-	-	0%
People with access to municipal solid waste disposal	11,250	-	3,466	-	-	-	3,466	31%
OUTCOME: Access to WASH in Emergency Settings								
People with access to emergency drinking water supplies	24,300	-	9,552	-	-	965,001	974,553	4011%
People with access to emergency sanitation systems	24,300	-	2,250	-	-	274,995	277,245	1141%
People with access to appropriate solid-waste disposal facilities	24,300	10,533	2,250	-	-	280,842	293,625	1208%
People with access to emergency hygiene supplies	20,300	39,998	13,108	-	-	129,607	182,713	900%

*This includes rural community water beneficiaries (49,726) and municipal water beneficiaries (45,670).

PROGRAM SUMMARY: MIDDLE EAST

While the Middle East region faces numerous political and humanitarian challenges, World Vision has partnered with communities, governments, faith leaders, and other stakeholders to advance quality, sustainable WASH services.

Investments were made to ensure the sustainability of WASH infrastructure across the region: In Afghanistan, WASH committees were trained on water supply maintenance and repair. In Iraq, we trained school management on WASH facilities operation and maintenance, and partnered with the Directorate of Water to support their ongoing work. In Jordan, to protect the Kufranja Dam, we conducted awareness-raising trainings for 160 community members on water conservation and soil erosion. Emergency WASH also was provided to families affected by armed conflicts.

Hygiene-promotion efforts continued to equip individuals, families, and communities with the knowledge and resources to practice healthy hygiene and sanitation. A team of hygiene promoters in Iraq were trained to promote safe water handling, solid waste disposal, and other key initiatives, while in 10 schools students were selected to become “hygiene champions,” influencing their peers. The Jordan WASH team also provided hygiene sessions for more than 5,200 schoolchildren.

Innovations and Partnerships

- To increase water conservation in Afghanistan, World Vision afforested 200,000 square meters of land with pistachio and almond trees, benefiting more than 2,500 people. We also trained nine staff from the Department of Agriculture, Irrigation, and Livestock and 300 farmers on a low-cost land restoration technique known as Farmer Managed Natural Regeneration.
- Also in Afghanistan, World Vision hired our first female WASH engineer, who will work with women and girls to ensure they are included in decision-making on a variety of WASH projects, while providing inspiration to girls interested in pursuing a technical education.
- In Iraq, we collaborated with the Directorate of Health to improve water access at four healthcare facilities.
- Awareness sessions connected to the dam protection project in Jordan trained community members in water conservation, influencing their day-to-day water consumption and reducing the burden of water scarcity in the area.
- In Syria, World Vision conducted a comprehensive gender analysis to ensure gender-based inequalities are not exacerbated by humanitarian emergency response programs.

World Vision and Sesame Workshop continue to reach across Iraq

During FY20, World Vision Iraq—with the support of World Vision U.S. funding—provided the Sesame WASH UP! curriculum to 20 teachers in Zummar, a subdistrict northwest of Mosul.

Children learned personal hygiene best practices and were encouraged to share what Raya and Elmo had taught them with their families and friends. Zahraa (pictured center), 10, and the other WASH UP! participants were provided hygiene kits that included a toothbrush, toothpaste, nail cutters, and shampoo.



842 taps installed from successful water supply systems



36 schools WASH programs established



55 faith leaders participated in WASH programming

“When we first arrived at the tent, we got help from World Vision with water and sanitation . . . Thank God World Vision is helping us. Water is life, without it we can’t live a healthy life.”

—Ghassan, 37,
a Syrian refugee in Lebanon



CLOSING THE DISTANCE TO CLEAN WATER



For a boy in Afghanistan, a new water system has meant exchanging hours of collecting water from a spring for hours spent studying for school or playing games.

Drop the pen, close the notebook. Grab the cart and four jerry cans to fetch water for the household.

Basir (top left), 13, lives with his family in the village of Alamtabee in Badghis Province, Afghanistan. He remembers what it felt like to leave his homework and walk to the stream to collect water, a daily routine that usually took about two hours.

One afternoon, as a result of a drought, “the stream water was very low,” Basir says. “It took an hour to fill the jerry cans. With toil, I filled the cans and carried them home.”

But when he returned he was too weary to focus on school. “I was very tired and went to sleep. [The] next day, my teacher in school punished me for not doing my homework.”

“Even in the winter season,” explains village leader Gul Ahmad (bottom left), “the trips to the stream were a big problem for us.” Though the stream’s water was not potable, “the people were used to using that water. Most of the time, they became ill.”

When World Vision constructed a new water supply network in

Alamtabee, 200 families gained access to clean water. Using a solar-powered pump, water is transferred from a deep well to a tank overlooking the village, where it then flows to tap stands, each of which services about 10 households.

Collecting clean water from these nearby taps has dramatically altered residents’ quality of life. “[T]he villagers are relieved,” Ahmad says. “Whenever they want water, they can easily collect from the network, which is close to their houses. People are satisfied and happy with the project.” People from nearby villages also come to Alamtabee to get water from the taps instead of the stream.

Like others in his community, the water network eased Basir’s burden when collecting water for his family. Plus, Basir says, “When I do homework or play games, my mother can collect the water from this network, too.”

Now in the fifth grade, Basir finds he has more energy for his studies. In fact, he enjoys finishing his homework on time. “From the day the network was installed in here,” he says, “my homework is no longer incomplete.”



World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. Motivated by our faith in Jesus Christ, we serve alongside the poor and oppressed as a demonstration of God’s unconditional love for all people. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

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