In the largest evaluation of water, sanitation, and hygiene (WASH) programming to date, World Vision (WV) and the University of North Carolina Water Institute (WI) partnered together to assess over 36,000 households, 2,532 water points, 2,691 schools, and 2,035 healthcare facilities in 14 countries. The study, completed in 2017, aimed to: 1) survey the state of WASH in 14 countries using sustainable development WASH indicators and 2) assess the status of WASH in WV program areas compared to non-WV program areas in these countries. Though this study did not analyze specific WV interventions, the findings provide a snapshot of WASH access around the world and can help determine whether or not WV programming is consistently effective in improving the quality and sustainability of WASH systems. Researchers studied a wide range of WASH domains, including sanitation, hand washing, menstrual hygiene management, and water quality.

The domain where overall the population is doing the best is household access to water services, with household hygiene levels lagging behind.

Additionally, about 51% of surveyed healthcare facilities had access to basic water services. About 16% had basic hygiene services, meaning they had functional hand hygiene facilities, with a hand cleaning agent available. Improved hygiene is a priority for programming in response to COVID-19. As for school facilities, 51% had basic, on-premise water services. Only 12% of schools had a basic handwashing facility, and 26% had menstrual hygiene management materials available.

The comparison of results between WV program areas and non-WV comparison areas reveal that WV areas had better results than non-WV areas in about half the countries when it came to water access, sanitation, and handwashing. However, no country performed better in WV areas than non-WV areas consistently across all four domains.

World Vision’s WASH team has outlined a strategy to address areas of weakness and build on strengths, including: increased focus and prioritization, water service, robust monitoring, improved behavior-change programming, and building evidence and demonstrating impact.

Improving WASH programming through evidence-building

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