



Cost-effectiveness Analysis of the Various CLTS Implementation Modalities Used in Mozambique

SUMMARY

Since 2009, UNICEF has been actively supporting the implementation of the Community-Led Total Sanitation (CLTS) approach in rural Mozambique to expedite the eradication of open defecation. Traditionally, UNICEF as well as other development partners operating in the sanitation sector have primarily employed the Provincial Community Participation and Education (Provincial PEC) approach as the primary implementation strategy. PEC service providers are small scale private operators recruited through the Government of Mozambique (GoM) procurement mechanisms with contracts being held and managed by Provincial Directorates of Public Works (DPOP) while payments are being made against results by UNICEF or other development partners. In 2018-2019, UNICEF introduced three additional implementation modalities to strengthen local ownership and enhance scalability: Decentralized and District PEC, District-driven Team (DDT), and District Sanitation Fund (DSF). This study aims to assess the effectiveness and cost-efficiency of all these modalities. The main findings include:

- **The PEC modalities (provincial and district), due their conceptual and implementation maturity, are more effective than DDT and DSF in achieving expected results.** There is also a clear segregation of functions among the different stakeholders which is conducive to efficiency and accountability.
- **DDT and DSF modalities, while implemented at a limited scale, provide clear pathways for local coordination, ownership, and sustainability.** However, the lack of clear segregation of functions among stakeholders has the potential to hinder accountability.
- **The PEC modalities, both provincial and district, exhibit greater cost-effectiveness compared to DDT and DSF.** Among the reviewed PEC contracts, a higher number of contracts surpassed the initially planned targets for both triggering and certification, achieving rates of 127% and 115%, respectively, for provincial and district PEC. Additionally, the conversion rate—indicating the proportion of triggered communities successfully certified as Open Defecation Free (ODF)—was notably higher for PEC modalities, standing at 87% and 84% for provincial and district PEC, respectively, in contrast to DDT (53%) and DSF (45%). Furthermore, the unit cost per ODF community was lower for PEC compared to DDT DSF.
- **Decentralized PEC emerged as the most cost-effective option, with the second-lowest unit costs for triggering and certification, amounting to MZN 15,794 (equivalent to 253 USD) and MZN 18,850 (equivalent to 302 USD) respectively.** Additionally, it achieved the second-highest conversion rate at 84%, slightly below that of Provincial PEC, which stood at 87%.

Background, objectives, and scope

Sanitation needs are significant in Mozambique. It is estimated that 28% of the population is practicing open defecation and 21% has access to basic sanitation services in rural areas in Mozambique (JMP, 2022). Access to sanitation demonstrates large inequities with the poorest quintile exhibiting a disproportionately high open defecation rate of 49.5%, in stark contrast to a mere 2% among the wealthiest quintile (JMP, 2022). Meeting the ambitious SDG Target 6.2 by 2030 will require significant efforts and investments from the Government of Mozambique (GoM) and partners.

To accelerate the elimination of open defecation in rural Mozambique, UNICEF has been supporting the implementation of the Community-Led Total Sanitation (CLTS) approach since 2009. CLTS focuses on behavior change, investing in community mobilization instead of hardware and shifting the focus from toilet construction for individual households to the creation of open defecation-free communities. CLTS aligns with the directives outlined in the National Rural Sanitation Strategy (2021-2030) endorsed by GoM, which aims at eliminating open defecation and achieving universal access to basic sanitation by 2030.

Historically, UNICEF Mozambique as well as other development partners have been using Community Participation and Education (PEC) as the main implementation modality. PEC contractors are small-scale private operators recruited by the GoM through its own procurement mechanisms with contracts being held and managed by local level authorities such as Provincial Directorates of Public Works (DPOP). **The study approach encompassed several stages, including document review, interviews, and focus group discussions with key stakeholders at various levels.** Field visits were conducted to a diverse selection of districts in the

while payments are being made against results by development partners supporting the sanitation sector.

While the PEC modality has proven to be effective in reducing open defecation, occasionally ensuring area-wide results with entire ODF districts, some limitations were experienced such as limited ownership of district authorities, sustainability of results, scalability issues, as well as cost-effectiveness questions. To address these limitations, UNICEF introduced three other implementation modalities, namely: Decentralized District PEC, District-driven Team (DDT), and District Sanitation Fund (DSF). Introduced in 2019 in Zambezia and Nampula, decentralized PEC contracts are held by district authorities (SDPI) as opposed to provincial-led contracts. DDT, introduced in 2018, assigns responsibilities to SDPI staff for CLTS implementation, while sub-district extension workers handle regular monitoring. DSF, implemented in Zambezia in 2019, operates similarly to DDT but on a smaller scale and budget.

In 2023, after five years of implementing those diverse CLTS modalities, UNICEF initiated a study to evaluate their cost-effectiveness, quality, and relevance. The study aimed to provide insights and recommendations for enhancing future monitoring and improving cost-effectiveness. This document summarizes the main findings and recommendations that will be used by UNICEF as well as development partners operating in the rural sanitation sector to improve CLTS implementation and generate increasingly cost-effective results, greater local ownership, and sustainability.

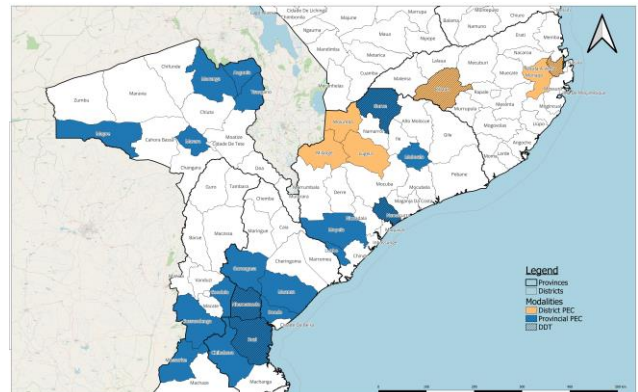
Methodology

provinces of Sofala, Zambezia, and Nampula, where different modalities were being implemented. Data analysis, including triangulation and validation, was performed, followed by the drafting of a final report.

The study spanned five years of implementation (2019 to 2023) across five provinces, examining a total of 34 interventions, comprising 18 Provincial PEC contracts, 8 Decentralized PEC Contracts, 6 District Driven Team initiatives, and 2 District Sanitation Fund projects (Map 1). Although the analysis leans towards Provincial PEC contracts due to their historical prevalence, this selection ensured a comprehensive and relevant representation of programming scenarios. Notably, in Zambezia, all four implementation modalities were employed, facilitating a more comprehensive inter-modality comparison within the province while in Sofala, implementation and analysis were limited to Provincial PEC and DDT initiatives.

Some challenges in terms of data availability and quality were encountered during the

Map 1: Sample analyzed for the study (Districts and Implementation Modalities).



implementation of this study (see box below). Despite these limitations, this study yielded valuable insights and findings that can serve as guiding principles for future CLTS implementation in Mozambique.

MAIN LIMITATIONS AND DATA GAPS

- Financial data:** PEC contracts typically cover sanitation activities at the household level, occasionally extending to school-level interventions and training of water committees. However, the budget and expenditure records often lack clear demarcation between sanitation, water, school, and other program components. While PEC contracts account for most implementation costs, certain expenses, such as those associated with government participation in ODF verification and certification, are handled separately and thus were unavailable for analysis. In addition, some PEC contracts include provisions for acquiring vehicles and/or bicycles, a feature absent in DDT and DSF contracts. Notably, expenses related to UNICEF staff, travel, government contributions, and household financial inputs were not factored into the analysis.
- Programmatic data:** While generally reliable, there were occasional questions about the accuracy of results data concerning targeted and certified communities. In the absence of a post-certification mechanism, there is currently a lack of data regarding the sustainability of ODF status in communities assisted by UNICEF. This is particularly significant as a CLTS program wherein communities lose their ODF status cannot be deemed cost-effective in the long run.
- Maturity and scale of the different modalities:** PEC has been used for a minimum of 14 years, whereas DDT and DSF are comparatively recent and are still in the process of maturation. Additionally, the scale of implementation for PEC is considerably broader in comparison to DDT and DSF. Therefore, it will be important to allow more time for assessing its effectiveness in attaining the desired outcomes.

Main findings

Relevance, Quality, and Sustainability of expected results

Relevance

All implementation modalities are relevant and carefully aligned with the policies and strategies of the sanitation subsector, particularly the Rural Sanitation Strategy.

Tailored to the local context, they propose various implementation arrangements (see Table 1) with respective advantages and disadvantages regarding ownership, sustainability, and capacities (see Table 2). Introduced in 2019 in Zambezia and Nampula, decentralized PEC contracts are managed by district authorities (SDPI) to enhance ownership compared to provincial-led contracts. DDT assigns responsibilities to SDPI staff for triggering, follow-up, and ODF-certification, while sub-district extension workers oversee regular monitoring. Meanwhile, DSF, initiated in Zambezia since 2019, operates similarly to DDT but on a smaller scale and budget. Funds flow through DPOPs, which then distribute them to selected SDPIs.

All modalities prioritize achieving results, yet it appears that planning, budgeting, and payment mechanisms are not tailored to this objective.

The PEC modalities have recently transitioned to an area-wide approach, aiming to certify entire geographical units such as Localities, Administrative Posts, and Districts. This shift includes targeted interventions and the reinforcement of a results-based payment mechanism. However, despite these advancements, gaps persist in the implementation of these strategies. In contrast, the DDT and DSF modalities lack evidence of geographic targeting mechanisms and rely solely on activity-based payments. **While the two PEC modalities feature**

clear segregation of functions and responsibilities, DDT and DSF lack this division, posing potential transparency issues in implementation, monitoring, and evaluation.

A mechanism ensuring segregation of functions among stakeholders is imperative. Planning, supervision, monitoring, and evaluation functions must be distinct from direct implementation. Combining PEC (in its two variants) and DDT, as implemented in Sofala, presents a pertinent conceptual solution to explore.

No noticeable differences were found between DDT and DSF modalities in terms of design, stakeholders, planning, implementation, monitoring, and evaluation mechanisms.

DSF appears to be only a variant of DDT that UNICEF uses in non-priority districts for its CLTS program with a stronger role played by DPOP for funds management while the implementation modalities remain identical with a strong involvement of district staff for CLTS implementation.

The PEC modality intends to operate on a results-based approach, where contractor payments are adjusted based on the attainment of contractual targets but in reality, payments are predominantly tied to the completion of activities and the mobilization of personnel and equipment, rather than actual results achieved.

In essence, these costs are covered by UNICEF regardless of the outcomes. Consequently, the proportion of payment contingent on achieved results varies across contracts, ranging from 15 to 30% of the total contract value.

Table 1: Main features of the implementation modalities scrutinized

Modality	Start Year	Contract & Management Arrangement
Provincial PEC	2009	<ul style="list-style-type: none"> Provincial Directorates of Public Works (DPOPs) contract and manage service providers (PEC) using government procurement procedures. UNICEF provides training to DPOP staff on procurement, financial management, technical monitoring, etc. UNICEF pays service providers based on results achieved. DPOPs are responsible for ensuring the activities took place. UNICEF performs verification through review of technical reports and field monitoring visits.
Decentralized / District PEC	2019	<ul style="list-style-type: none"> District Services of Planning and Infrastructures (SDPI) contract and manage service providers using government procurement procedures. UNICEF provides training to SDPI staff on procurement, financial management, technical monitoring, etc. UNICEF pays service providers based on results achieved. SDPIs are responsible for ensuring the activities took place. UNICEF and DPOP perform verification through review of technical reports and field monitoring visits.
District Driven Team (DDT)	2018	<ul style="list-style-type: none"> UNICEF provides support on planning and training to SDPI staff on financial management and technical aspects, including M&E. UNICEF transfers funds to districts (SDPI) which manage funds and report to UNICEF. SDPIs are responsible for ensuring the activities took place. UNICEF performs verification through review of technical reports and field monitoring visits. DPOPs monitor the overall implementation in an ad hoc basis.
District Sanitation Fund (DSF)	2019	<ul style="list-style-type: none"> UNICEF provides training to SDPI staff on technical aspects, including M&E, and on financial management to DPOP. UNICEF transfers funds to provinces (DPOP) and SDPIs manage funds and report to DPOP and UNICEF DPOPs agree with districts on a plan and transfer funds to districts (SDPI). SDPIs are responsible for ensuring the activities took place. DPOPs and UNICEF perform verification through field monitoring visits.

Quality and sustainability

Weak stakeholder’s capacity across all modalities affects the quality and pace of implementation. For the PEC modality, capacity

issues are mainly related to supervision and monitoring by government actors, given the limited capacity in terms of human and financial

resources. Without adequate supervision and monitoring, there is a great potential for PEC to provide low-quality services, not hiring the necessary human resources and not allocating the appropriate material resources. For the DDT and DSF modalities, the capacity of the implementation teams is also very limited. On the one hand, these are multisectoral and multidisciplinary teams and, therefore, with different basic capabilities. On the other hand, the most important government officials in the implementation process do other tasks as part of their job description and the implementation of CLTS is deemed as “secondary” activity, as indicated by key informants at district and provincial level.

In all modalities, capacity building of government actors is a cross-cutting component and therefore a general UNICEF strategy that is independent of CLTS

implementation modality. UNICEF provided training to technicians at district level, provided transportation, equipment, financial support and, in some cases, supported districts with the hiring of new technicians.

All modalities prioritize achieving Open Defecation Free (ODF) communities, yet there is minimal investment in post-certification monitoring. The absence of a post-certification mechanism within the ODF Protocol is the primary factor hindering sustainability. Another critical technical factor is the substandard quality of traditional latrines constructed through CLTS. These latrines have a limited lifespan, especially in environments prone to environmental challenges like cyclones and floods. The poverty conditions in which a large part of the rural population lives make it more difficult to build more robust latrines.

Table 2: Strengths and weaknesses of all implementation modalities scrutinized.

Modality	Strengths	Weaknesses
Provincial PEC	<ul style="list-style-type: none"> Active involvement of provincial and district authorities. Clear segregation of functions among stakeholders providing more accountability. Relatively high level of implementation capacity, efficiency, and flexibility due to private sector involvement. Results-based payment principle. 	<ul style="list-style-type: none"> Relatively weak ownership by districts, which is at odds with the decentralization process. Limited sustainability as led by non-state actors.
District PEC	<ul style="list-style-type: none"> Greater involvement and ownership of districts compared to the provincial PEC, in line with the decentralization process. Results-based payments principle. Clear segregation of functions ensuring transparency and accountability. Relatively high level of implementation capacity, efficiency, and flexibility due to private sector involvement. 	<ul style="list-style-type: none"> Weak capacity (technical and contract management) by SDPI. Weak ownership by provinces and national level. Limited sustainability as led by non-state actors.

Modality	Strengths	Weaknesses
District Driven Team (DDT)/ District Sanitation Fund (DSF)	<ul style="list-style-type: none"> Greater level of involvement and ownership by district governments. More structured and active involvement of subdistrict structures (FOSAN). More district government officials and community leaders' involvement in implementation. 	<ul style="list-style-type: none"> Increased burden on already limited human resources. Insufficient involvement of provincial government (DPOP) in monitoring and evaluation. No segregation of functions, hence a greater risk of conflict of interest and lack of accountability. Payment based on implemented activities and not by results. No evidence of improved sustainability.

Cost-effectiveness

Programme level cost-effectiveness

The comparison between planned targets and actual results reveals the notable effectiveness of Provincial and District PEC modalities (respectively 127% and 115%), as they consistently surpass their intended goals (figure 1). In contrast, DDT and DSF initiatives are falling short of expectations. This disparity may stem from limited capacities to mobilize field teams for community engagement, as well as a deficiency in human resources and equipment at the district level.

The conversion rate, representing the transition from triggering to certification, averages 79% across all modalities (figure 2). This conversion rate, while relatively high, aligns with figures reported by UNICEF and other development partners in various countries. Conversion rate was found higher for both PEC modalities, achieving rates of 127% and 115%, respectively, for provincial and district PEC compared with DSF and DDT which stand respectively at 64% and 58%.

The average unit cost per community triggered is 24 513 (equivalent 392 USD), while for

Figure 1: Comparison of planned results vs achievements across implementation modalities

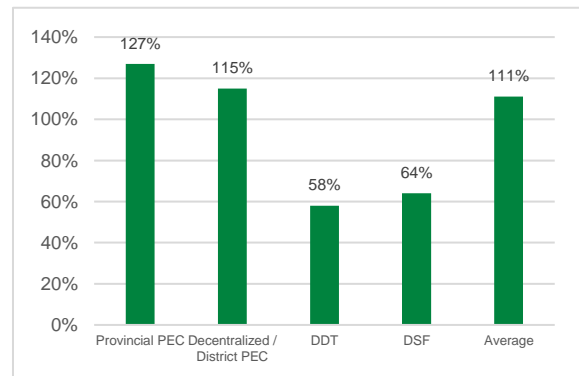
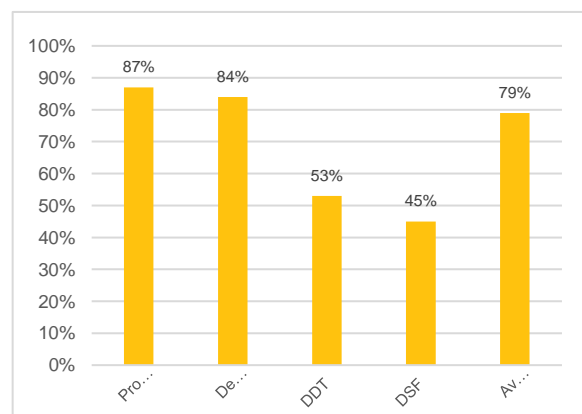


Figure 2: Comparison of ODF conversion rates among implementation modalities



certification, it amounts to 33,180 MZN (equivalent to 531 USD) (figure 3). The unit cost

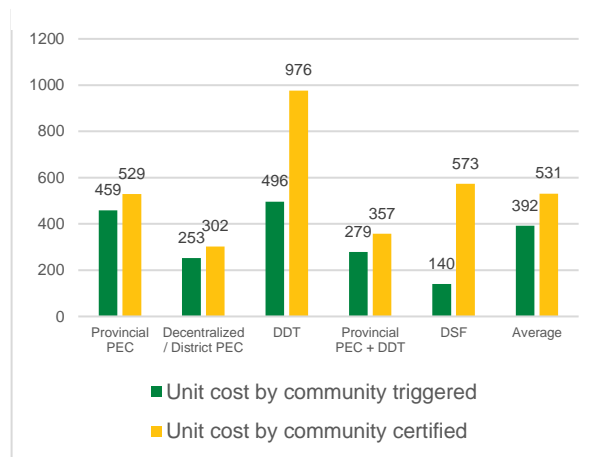
per ODF community was lower for PEC, with figures of USD 529 and USD 302 for provincial and district PEC, respectively, compared to USD 976 for DDT and USD 573 for DSF. It is critical to note that those figures exclude expenses related to UNICEF staff and travel, as well as financial contributions from the government and households. Additionally, for the PEC modality, operating costs are not included in these figures, as UNICEF covers these expenses on a quarterly basis for field supervision and ODF certification conducted by government partners. Across all modalities, robust technical support and monitoring by UNICEF staff are essential to ensure the timely delivery of high-quality results. However, DDT and DSF initiatives appear to require greater support due to limited human resources and capacities at the district level.

The unit costs per capita in Mozambique are notably low, averaging around 1.5 USD per person living in an Open Defecation Free (ODF) community. This is considerably lower compared to other countries. In South-Eastern African countries like Madagascar and Zambia, unit costs typically range from 3 to 4 USD per capita. In Western African nations such as Eritrea, Mali, Niger, and Mauritania, as well as in Asian countries like Cambodia, Myanmar, Bangladesh, Nepal, and Pakistan, unit costs per capita generally fall between 6 and 11 USD¹. Several factors contribute to this variation, including disparities in the cost of living, inflation rates, calculation methods (including which costs are included or excluded), contracting strategies and procurement processes, program performance, and data quality. This should be investigated further.

Variations across locations and contracts/interventions and influencing factors.

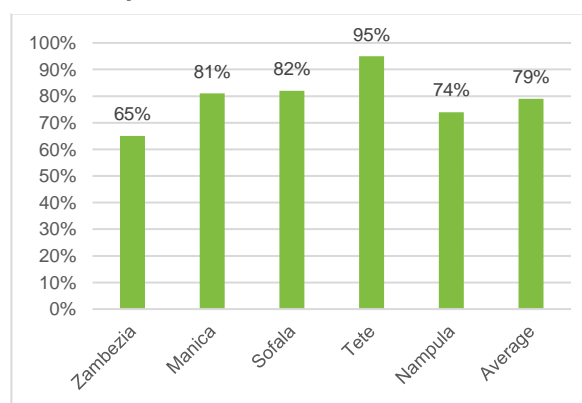
Beyond the differences observed among implementation modalities, the variability across provinces and districts is even more pronounced with the Open Defecation Free (ODF) conversion rate varying significantly, ranging from 65% in Zambezia to 95% in Tete (figure 4). Moreover, within Zambezia province,

Figure 3: Unit cost in USD for community triggered and certified by implementation modality.



this rate fluctuates from 16% to 100% depending on factors such as the district and implementation modality used. The conversion rate is highest in Tete and lowest in Zambezia, regardless of the modality.

Figure 4: Comparison of ODF conversion rate between provinces.



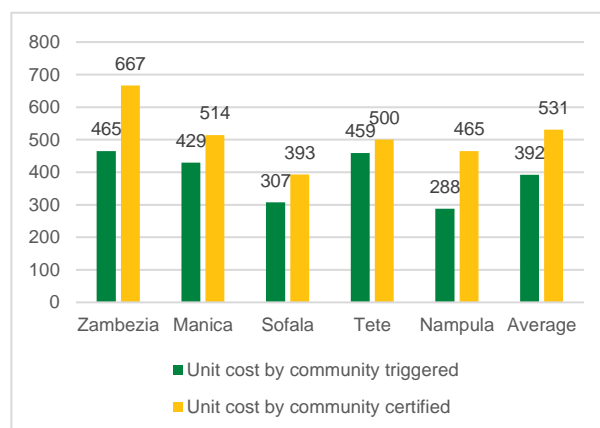
¹ ASWA 2 Programme Report, UNICEF, 2018

Similarly, significant disparities are observed in unit costs per Open Defecation Free (ODF) community, with figures ranging from 288 USD in Nampula for a triggered community to 465 USD in Zambezia. For certified communities, the unit costs range from 393 USD in Sofala to 667 USD in Zambezia. Within Zambezia, the unit costs vary widely, spanning from USD 158 to USD 1,343, further highlighting the substantial variability in cost and effectiveness across different provinces and interventions.

Across all metrics, both for triggering and certification, Zambezia emerges as the province where achieving results appears to be the most costly with a unit cost by community triggered standing at USD 465 and USD 667 by community certified. Zambezia stands out as a particularly challenging context due to several factors, including its expansive size, dense population, elevated poverty rates, and comparatively limited institutional capacity. On the contrary, Tete, Sofala, and Manica Provinces demonstrate the most promising outcomes. These provinces have been at the forefront of CLTS implementation for over two decades, leading to stronger governmental capacities and commitment towards sanitation. As a result, they now benefit from a more conducive and mature environment for sanitation initiatives.

Other pivotal factors, which can both positively and negatively impact performance, costs, and unit costs, encompass a range of variables. These include the geographical distance between intervention areas which can affect logistical costs. Based on those findings, development partners as well as Government entities in Mozambique are better equipped to make informed decisions regarding the choice of the implementation modalities for rural sanitation initiatives. The PEC modalities, especially decentralized PEC which emerged as the most cost-effective option, stand out for their conceptual and implementation maturity, making them more effective than DDT and DSF in achieving anticipated results at this stage and considering the

Figure 1: Comparison of unit cost per community triggered and certified among provinces.



complexities and transportation expenses, terrain and climate characteristics, number of personnel and equipment to be mobilised for field implementation and supervision, etc. Considering these multifaceted factors provides a comprehensive understanding of the dynamics influencing the performance and cost-effectiveness of WASH interventions across diverse contexts and modalities.

Returning to the analysis of the cost-effectiveness of various implementation modalities, it's noteworthy that even in the challenging context of Zambezia, PEC continues to outperform other modalities. This reaffirms PEC's status as a notably cost-effective approach despite the inherent difficulties presented by Zambezia's.

Priority recommendations

human resources capacities to implement sanitation-related initiatives at district level. Given the current funding, human resources, and logistical capacities at the district level, scaling up the implementation of DDT and DSF is not feasible without robust advocacy for the recruitment of additional local sanitation technicians. To ensure greater cost-effectiveness and quality of the investments made in the sanitation sector, it is recommended to:

- **Develop and provide more complete and harmonised guidance to implementing partners, including government for DDT and DSF modalities, to ensure quality and cost-effective CLTS implementation.** This should include guidance on the frequency of field visits and related number of staff mobilised with regards to objectives, revised unit costs per community and for overhead costs, etc.
- **Revise the PEC budget structure to better separate the different cost categories and activities and ensure more emphasis on results and less on activities.** It should distinguish the direct implementation costs disaggregated by activity; direct support costs; and indirect/overhead costs. This will not only improve budgeting and ease comparisons between contracts, but also enable more granular cost-effectiveness analyses in future.
- **Enhance the payment by results framework within the PEC modality, ensuring a greater proportion of the contract is tied to outcomes rather than activities.** Additionally, explore mechanisms for rewarding performance that exceeds planned targets.
- **Continue building the capacity of government actors, primarily for their central role of planning, coordination, supervision, monitoring and evaluation, including procurement.** FORSAN's capacities should also be reinforced so that they can fully carry out the activities assigned to them, with an emphasis on post-ODF monitoring. Capacity building should include advocacy for government provision of adequate financial and material resources, as

well as advocacy for the government at all levels to systematically include in their budget the necessary resources.

- **Ensure a clear segregation of functions for all modalities, especially DDT and DSF.** This includes segregating direct implementation and coordination, supervision, monitoring and evaluation to ensure accountability.
- **Consider the possibility of merging DDT and DSF modalities under the same denomination since, in practice, both modalities are the same and there are no conceptual differences between them.**
- **Develop a post-ODF strategy to complement the existing LIFECA Protocol.** Based on the strategy, specific indicators and activities should be developed and included in all CLTS implementation modalities.
- **Maintain ongoing review and documentation of cost-effectiveness across all modalities, especially examining DDT and DSF, while also exploring factors contributing to decreased performance and increased costs in Zambezia province.** Additionally, analyze modalities to assess their broader advantages, disadvantages, and risks, moving beyond simple costs and short-term quantitative results.
- **Compare the cost-effectiveness and sustainability of UNICEF-supported CLTS programming with other development partners implementing in Mozambique** and discuss findings and recommendations as part of sector review meetings.

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