WASH Results R/07/2020

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Integrating Gender in the Accelerated Sanitation and Water for All (ASWA-II) Programme in Cambodia and Myanmar

SUMMARY

Women and girls are disproportionally affected by poor access to WASH, burdened both by the drudgery of fetching water and the consequences of inadequate WASH in homes, schools and health care facilities. Effective gender integration will be foundational to achieving the outcomes of the Accelerated Sanitation and Water for All Phase 2 programme (ASWA-II) and will serve to strengthen the implementation of UNICEF WASH programme in Cambodia and Myanmar.

This interim review of the ASWA-II programme in Cambodia and Myanmar has found significant opportunities to strengthen gender data in reporting and future WASH programming. Actions supportive of improved gender data include advocating for more gender sensitive national monitoring systems, improving programmatic frameworks, instigating qualitative or quantitative research and utilizing data from partner studies. Increased sex-disaggregation of data, including for key ASWA indicators, capacity building activities, incentives and subsidies, and positions of responsibility in WASH management, offer an opportunity to improve reporting on gender integration in the ASWA-II programme and broadly in national WASH programmes. When gender disparities are identified, qualitative research could enable a better understanding of underlying gender norms and their impact on WASH programmes. The WASH in Schools and Healthcare Facilities programmes are at early stages of implementation in both Cambodia and Myanmar and hence this is a pivotal time to ensure programme planning and frameworks include attention to gender at every opportunity.

Development of guidelines and capacity support are identified as key opportunities to promote gender-responsive WASH programming. They offer opportunities to increase knowledge about gender equality, harmful gender norms and gender-based violence, as well as addressing specific issues such as strengthening menstrual health and hygiene knowledge, reducing women's burden of unpaid work in the home, increasing men's contribution to domestic and caregiving work and promoting women's involvement in leadership and decision-making. There is a growing body of evidence around how women's participation in the management of WASH programmes provides an opportunity to improve WASH programme performance and advance women's empowerment and gender equality. There is a need to advocate for gender parity or increased participation of women, particularly in paid and leadership roles, as well as positions of responsibility in ASWA-II.

Introduction

The Accelerated Sanitation and Water for All (ASWA-II) Programme aims to improve the health of rural communities by increasing accessibility to safe sanitation, safe drinking water and handwashing practices in 10 countries around the world, including Cambodia and Myanmar. ASWA-II (2017 to 2022), builds on the gains achieved through ASWA-I (2014 to 2016). It is funded by the Government of the United Kingdom through the Department for International Development (DFID) and is implemented by UNICEF in partnership with the funder.

In Cambodia, ASWA-II aims to improve water, sanitation and hygiene (WASH) and related health, nutrition and social outcomes by adopting a district-wide approach to sanitation and hygiene promotion. The programme is being implemented by the Ministry of Rural Development (MRD) in coordination with other relevant ministries across six selected provinces in 19 rural districts of Cambodia: Kratie, Preah Vihear, Ratanakiri, Kampong Speu, Svay Rieng and Takeo. Specifically, it aims to reach to 350,000 people with sustained access to basic sanitation and hygiene; 10,000 people with sustained access to safe water; 50 schools and 15 health care facilities with appropriate, effectively managed WASH facilities for hygiene promotion.

In Myanmar, ASWA-II aims to improve WASH practices in rural areas in 13 townships in Magway region and South Shan states. Specifically, it aims to help 200,000 people gain sustainable access to basic sanitation; 40,000 people gain access to sustainable, basic and safe water supplies; 50 schools and 30 health care facilities have appropriate, effectively managed WASH services, with hygiene also being promoted; and help implementing partners, mainly the Department of Rural Development, Department of Public Health and Department of Basic Education, strengthen national monitoring systems and reinforce capacity to improve the equity and sustainability of rural WASH services.

One of the aims of ASWA-II is to integrate gender in WASH results. UNICEF's approach to gender in this context will be based on a number of key principles. These include:

- Engagement with women and girls in all aspects of the programme, to ensure that interventions are fully informed by their perspectives, respecting the principle of 'nothing about us without us'. This applies to sanitation and hygiene promotion, water supply and water safety, school and health care facility WASH, all aspects of capacity development, monitoring and evaluation and formal learning.

- Ensuring women form a larger component of the human resources engaged in both implementation and monitoring activities.

- Design of the School and Health Care facility WASH with a gender perspective, ensuring that the facilities provided are fully appropriate for use by women and girls with adequate provision for menstrual hygiene. UNICEF will work with district education and health staff to introduce and strengthen menstrual health and hygiene (MHH) throughout the targeted districts, including with structured learning in schools.

- Inclusion of two gender sensitive qualitative measures for Impact indicators specifically assessment of the time saved by women as a result of programme interventions, and how this time is used, and the degree to which women participate in decision making relating to programme activities.

- Outcome indicators will be disaggregated by sex, with baseline, midline and endline data being captured. To the extent possible, output data will also be sex disaggregated.

The results and analysis presented in this note are intended to provide an interim assessment of gender in the ASWA-II programmes, of Cambodia and Myanmar, with recommendations to strengthen gender integration in all phases of the ASWA-II programme.

Methodology

This interim assessment of gender in the Cambodia and Myanmar ASWA-II programmes, is based on an analysis of: 1) Cambodia Baseline Report November 2018 – June 2019, 2) Annual ASWA-II Progress Reports for Myanmar and Cambodia June 2018 – May 2019, and 3) learnings from the Cambodia - Myanmar ASWA-II meeting in Phnom Penh, 2-4 October 2019. The latter meeting included representatives from the Cambodia and Myanmar Governments, WASH partners, and key staff from the UNICEF Cambodia and Myanmar WASH teams and UNICEF East Asia Pacific Regional Office.

Results

Findings from the desk review have been divided into five sections: 1) disaggregation of data, 2) women's participation and decision-making, 3) time saving for women and girls in water safe communities, 4) WASH in schools and healthcare facilities; and 5) national systems and capacity.

Disaggregation of data

The DFID logical framework (logframe) calls for sex-disaggregation of data for:

1) Impact Indicators – prevalence of
    - diarrhoea in children under-5 in rural areas, disaggregated by wealth quintile (Impact Indicator 1), and
    - stunting in children under 2 years in rural areas, disaggregated by wealth quintile (Impact Indicator 2).
2) Outcome Indicators – proportion of people in intervention communities
    - using household toilets, disaggregated by WHO/UNICEF Joint Monitoring Programme (JMP) toilet category, disability and wealth ranking, achieved by DFID support (Output Indicator and 2),
    - practicing handwashing with soap, disaggregated by JMP toilet category, disaggregated by disability and wealth ranking, achieved by DFID support (Indicator 3), and
    - using safe water from newly constructed or rehabilitated systems, disaggregated by JMP water supply category, disability and wealth ranking (Indicator 4).
3) Output Indicators – cumulative number of people in intervention communities
    - who gain sustained access to basic sanitation, disaggregated by disability, achieved by DFID support (Output Indicator 1.3),
    - who gain sustained access to basic handwashing facilities, disaggregated by disability, achieved by DFID support (Output Indicator 1.4),
    - who gain sustained access to basic, safe water supplies with a maintenance system in place, results disaggregated by disability, achieved through DFID support (Indicator 2.1).

In both Cambodia and Myanmar, slightly more women and girls benefit from the ASWA-II programme than men and boys (ratio of 53 females to 47 males). This disparity may be the result of men's migration for employment.

In **Cambodia**, the baseline research indicates handwashing and access to basic handwashing facilities is very similar for those living in female- and male-headed households (83.4% vs. 82.1% and 84% vs. 82% respectively). However, those living in female-headed households appear to be slightly more likely than those in male-headed

households to: 1) use a household toilet (82.3% versus 76.9%); 2) have access to a basic toilet (67% vs. 63%; see Figure 1); and 3) have access to improved water sources (improved piped and non-piped 89.6% vs. 84.1%; see Figure 2). It is uncertain whether these differences are significant however, if so, they may be related to gender differences in exposure to triggering or access to subsidies.

Figure 1: Proportion of People with Access to Basic Toilets in Cambodia

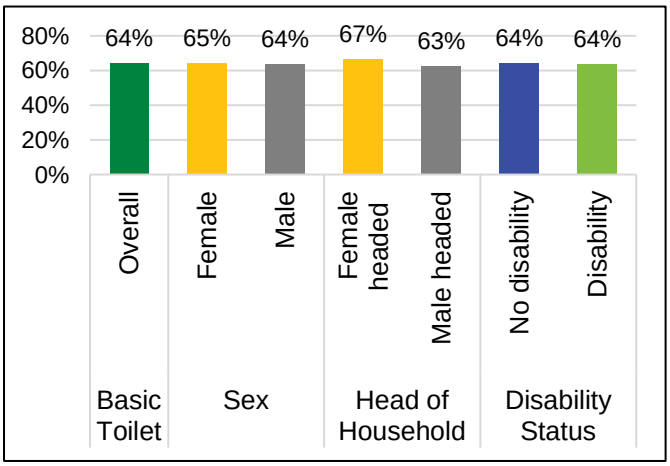
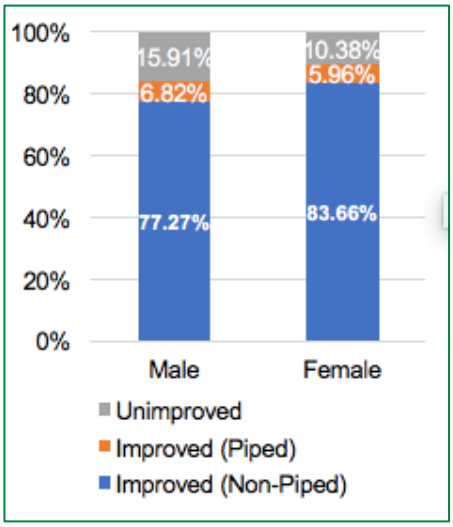


Figure 2: Access to Water Sources by Gender of Household Head in Cambodia



Cambodia DHS (2014) data for diarrhoea and stunting, indicate the prevalence of diarrhoea and stunting for boys in Cambodia appears to be slightly higher than that for girls in rural areas (diarrhoea 13.4 per cent vs. 12.2 per cent and stunting 32.9 per cent vs. 31.9 per cent). However, these findings are to be expected as young boys are biologically more vulnerable to infections than young girls.

In **Myanmar**, sex-disaggregation of Output Indicators has been calculated based on the household survey data (see Tables 1 and 2).

Table 1: Sex-disaggregated WASH data in Myanmar

Variable	Female	Male
Households with basic sanitation facilities	143,000	132,000
Handwashing with soap	143,000	132,000
Water safe communities	20,800	19,200

Table 2: Sex-disaggregated data on water supply access

Water Supply	Women	Men
Safely managed	11,201	9,965
Basic - available & on premises	10,397	9,405
Basic – not on premises	26,433	23,834
Limited	510	478
Unimproved	6,074	5,795
Surface water	1,439	1,144

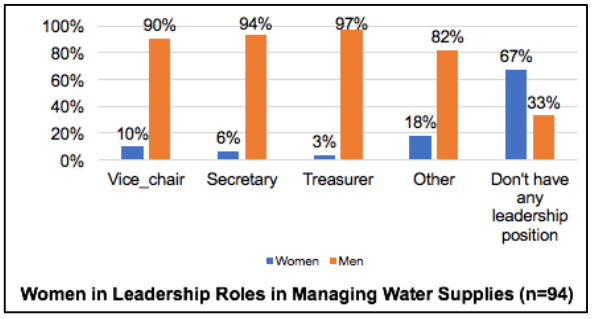
More research would be valuable to determine whether there are individual differences in toilet use and handwashing behavior or disparities in access to sanitation, water and hygiene based on the gender of the household head.

Women's participation and decision-making

Women and girls are often the primary users of water, in their gendered responsibilities for household work and caregiving. However, gender norms and inequality also mean many women do not hold decision-making power in the household or community. Impact indicator 4 measures the "*Extent to which women in local water and sanitation management organizations and user committees participate and influence decisions about the provision and management of WASH services in their communities, by wealth.*"

In **Cambodia**, there is limited information regarding women's participation in the management of WASH services. Table 3 provides data on gender disaggregation of leadership roles. Only about a third of water supply schemes are managed by communities and few (12%) have formal Water User Committees (WUCs). Most WUCs (69%) do not have an official chair but where they do, leadership is fairly evenly split between women (16%) and men (13%). However, when all leadership positions in these groups are considered, most roles are held by men (80-90%). There is no data on the gender of individuals and private operators who manage 31 per cent and 17 per cent of systems, respectively. Whilst data are available for only a minority of communities, the under-representation of women in decision-making positions is consistent with other leadership roles in Cambodia. For example, in the surveyed communities, 9 out of 10 village chiefs were men (Ministry of Women's Affairs, 2014).

Table 3: Gender disaggregation of leadership roles in Cambodia



Myanmar also has little data regarding women's participation and decision-making in the management of WASH services. Of the 52 Water User Committees (WUCs) involved in community water management, 33 per cent of members are women; the greatest representation being in Myaing (45 per cent) and the lowest in Myothit (16 per cent) and Ngape (17 per cent). At this stage there is no data is available regarding the role (chair, secretary, treasurer) of these women in these committees. However, women are generally under-represented in leadership roles in Myanmar (UNICEF, 2019; Latt et al, 2017). It is likely, given these social norms, that women also hold a minority of key decision-making roles in WASH programmes, however this should be substantiated with research.

Time saving for women and girls in water safe communities

Impact indicator 3 in the DFID logframe refers to "*Time saved by women and girls gaining water safe communities achieved through DFID support, disaggregated by wealth*." In **Cambodia**, water supply is a relatively small component of the DFID programme, benefiting 10,000 people in three districts of the Svay Rieng province. AAN data indicates that water sources are generally outside the dwelling, for four out of five households. Water fetching takes less than 5 minutes for a third of these households and 5-30 minutes for 58 per cent. Further analysis indicates that those traveling 5-30 minutes or more, make on average three trips per day (range of 1-10 trips). It is not possible, from the data available, to calculate an average time spent on water collection however only a relatively small number of beneficiaries are a reported to spend significant time on this task.

In **Myanmar**, DHS data indicates that for most households (99 per cent in rural areas) water is available within a 30-minute walk, however there is no data to indicate the number of trips required per day. Should multiple trips be required to meet the household water requirements then water collection may add significantly to the burden of

unpaid work and interfere with other responsibilities including education, paid employment, and caregiving. National data seems to indicate that women and girls spend more time on water collection, than men and boys -47 per cent women compared to 16 per cent men and 2 per cent girls versus 1 per cent boys (UNICEF, 2010).

WASH in schools and healthcare facilities

WASH in Schools (WinS) remains at an early stage of implementation in **Cambodia,** however the National Minimum Requirements for WinS provide a solid framework for implementation of this programme particularly at the three-star level. Steps to improve menstrual health and hygiene are highlighted in reporting including awareness raising and capacity building of teachers; identification of menstrual hygiene management focal points to provide emergency sanitary supplies; and sanitary pad disposal mechanisms.

WASH in healthcare facilities (WinHCF) is also at an early stage of implementation in Cambodia with little information available to date.

In **Myanmar**, programming in schools has been delayed to ensure schools targeted align with water supply villages. Preparatory work to build the capacity of teachers for the implementation of district-wide menstrual health and hygiene programmes in schools has been undertaken at state level. WinHCF is not expected to start in this phase.

National systems and capacity

The DFID logframe requires '*National systems and capacity for rural WASH strengthened in prioritized areas*'. While there is no data for this in Cambodia, in Myanmar, a national indicator framework for the Myanmar Sustainable Development Plan (MSDP 2018-2030) with WASH data disaggregated by geography, JMP level of service, wealth/ disability/ sex has been developed.

Conclusions and Recommendations

Gender Data

This interim review of gender in the ASWA-II programmes of Cambodia and Myanmar has been limited to the data provided in baseline and progress reports. No field visits, quantitative or qualitative data collection, were undertaken to draw the conclusions. Review of reporting indicates that there remain significant gender data gaps in programme monitoring. There are huge opportunities to strengthen gender data in WASH reporting in advocacy to improve national monitoring systems, improvement of programmatic frameworks, additional qualitative or quantitative research and maximizing use of partner studies (see Table 4 for a summary of recommendations for both countries).

In Cambodia, the baseline data provides a solid foundation for gender review, however the repetition of this research for further assessments is doubtful considering the resource required. However, the upcoming WaterAid gender review may offer opportunity to add depth to future reporting of gender in WASH. Peer-reviewed and grey literature may be potential sources of information for deepening gender analysis in ASWA-II reporting in both Cambodia and Myanmar.

It is recommended that both Country Offices advocate for the inclusion of gender sensitive indicators in national monitoring systems. For example, in Myanmar, sex-disaggregated data on latrine use and capturing the gender of household head data would be valuable to ensure and confirm equitable access. Sex-disaggregated data on diarrhoea and stunting would also be useful in reporting.

At the programme level, monitoring frameworks can be expanded to gather improved data on sex of participants and beneficiaries. For example, in Myanmar, capturing sex-disaggregated data, for

Basic Health Staff (BHS), ODF Verification Committees and Water User Committees, capacity building or in roles of responsibility. Positions of responsibility may include for example, leading triggering, or posts such as Chief, Treasurer, Secretary or Water Utility Operators. In Cambodia, data regarding women's participation in Community-Led Total Sanitation (CLTS) positions of responsibility would be valuable.

In Cambodia, gender analysis of the provision of subsidies and incentives could enrich reporting further from a gender equality perspective. For example, to determine whether ID Poor subsidies contribute to higher rates of toilet access and use by female-headed households and to establish the gender balance of Output Based Incentive payments in CLTS.

In Myanmar, quantitative data regarding time-use and time-savings should be assessed using a household questionnaire. Measurement would be strengthened by implementing qualitative data collection to understand the benefits of WASH interventions and its impact on women's and girls' time-use.

Qualitative research could also enable a better understanding of underlying gender norms and their impact on WASH. For example, previous gender assessment in IDP camps in Myanmar revealed differing usage of latrines by gender, with women and girls restricted to use shared facilities, and this warrants further investigation in community settings. Assessment of the nature of women's participation (meaningful versus tokenistic) and perceived power dynamics and decision-making in WASH management would also bring insightful additions. In Cambodia, research could be considered to determine whether differences in toilet and water source access between female- and male- headed households is related to gender disparities in exposure of the household head to triggering.

The WinS and HCF programmes are at early stages of implementation in both Cambodia and Myanmar. This is a key time to ensure programme frameworks capture gender data at every opportunity. For example, sex-disaggregated data for capacity building activities, learning and exposures as well as beneficiaries e.g. patients in HCFs could be further strengthened.

Capacity Building and Guidance

This interim review did not specifically consider programmatic guidelines and capacity building resources. However, these knowledge products are a key opportunity to promote gender-responsive WASH programming. For example, in Myanmar, manuals and guidelines for sanitation planning, implementation and monitoring of ODF campaign work should include attention to gender issues, such as the importance of women's participation and decision-making and any gender barriers to latrine use identified. Similarly, advocacy and support should encourage the development of gender-responsive national guidelines and monitoring for WinS and HCF Guidelines.

Gender-responsive WinS and HCF can contribute to the empowerment of girls and women, facilitate more dignified MHH and post-partum care, and increase girls' attendance in schools. There is also opportunity to address the myths and misinformation that surround menstruation, address bullying and develop more respectful relationships between girls and boys, women and men. Improved WinHCF can lead to better health outcomes, including reductions in maternal sepsis.

In Cambodia, CLTS training and triggering is another opportunity to dispel myths and misinformation on menstrual health and hygiene. In addition, it is important that fathers and male caregivers, as well as mothers and female caregivers, receive education regarding hygiene and the safe disposal of children's faeces.

While in both countries, capacity building with HCF staff could include attention to menstrual health and hygiene including the safe disposal of sanitary napkins as well as evidence-based information to reduce stigma and dispel menstruation myths. This could be supported by educational resources from the WinS programme thereby enabling messages from school to be reinforced in the home.

Opportunities for Empowerment

There is growing evidence that women's participation in roles of responsibility improves the effectiveness of committees and the functionality of WASH systems and services. Women's involvement not only provides opportunity to improve WASH performance but also to advance women's empowerment and gender equality.

It is recommended that County Offices endeavour to develop an understanding of the social norms, power dynamics, and gender roles and responsibilities that limit women's participation in decision-making roles. This information will be important for advocacy to increase women's participation in paid and leadership roles, and positions of responsibility. It will also be key to engaging men to support women in these roles and take a more collaborative approach in decision-making.

In Myanmar villages, where women are particularly under-represented in WUCs (<25%), advocacy for increased female participation should follow an investigation of gender-based barriers to their participation e.g. are meetings held at times that enable both men and women to participate? Consider financial incentives for WUC positions of responsibility, whether cash or credit for water tariffs, etc. It is important both women and men taking on additional work receive recognition for their efforts and that roles do not add to women's burden of unpaid work. Increased engagement of men in the unpaid domestic work, traditionally allocated to women, will increase the time women have available to pursue leadership and paid roles.

Conclusion

Effective gender integration is integral to the ASWA-II outcomes and impact and will serve to strengthen the implementation of WASH programmes in Cambodia and Myanmar. Women and girls are disproportionally affected by poor access to WASH, burdened both by the drudgery of fetching water and the consequences of inadequate WASH in schools and health care facilities. In emergency situations, the negative impact on women and children is even more severe. Attention to gender, in programme planning, implementation and monitoring, is key including improving collection of gender data, supporting women's participation and decision-making, and enhancing access to gender-responsive WASH guidance and facilities.

Table 4: Recommendations for gender integration in ASWA-II in Cambodia and Myanmar

Programme Area	Recommendations	
	Cambodia	**Myanmar**
Sanitation	**Latrine use & OD** ▪ Investigate differences in toilet and water source access between female- and male-headed households to determine if this is related to disparities in men's and women's exposure to triggering. ▪ Consider analysis of targeted subsides to indigent Poor households based on sex of household head, to determine whether this contributes to the higher rates of toilet access and use in female-headed households. **Participation and capacity building** ▪ Collect data for women's participation in CLTS positions of responsibility. ▪ Analyse the Output Based Incentive (OBI) payments, by sex of recipient. ▪ Advocate for gender-balance in positions of responsibility, particularly those associated with capacity building and income generation. ▪ Utilise the CLTS training and triggering as an opportunity to dispel myths and misinformation on menstrual health and hygiene. ▪ Ensure fathers and male caregivers, as well as mothers and female caregivers, receive education regarding safe disposal of children's faeces.	**Latrine use & OD** ▪ Advocate for national monitoring systems to include gender sensitive indicators such as use and access to sanitation facilities, by sex, and gender of household head. ▪ Investigate latrine use and OD with girls and women, boys and men, to determine whether gender norms impact use in community settings. **Participation and capacity building** ▪ Collect sex-disaggregated data regarding participation in ODF Verification Committees and Basic Health Staff (BHS) involved in triggering and capacity building. ▪ Ensure manuals and guidelines for sanitation planning, implementation and monitoring of ODF campaign include attention to gender issues. ▪ Include attention to menstrual health and hygiene, including the safe disposal of sanitary napkins, in capacity development opportunities with BHS.
Water	**Water safe communities** **Participation and capacity building** ▪ Gather data on water user groups if feasible. ▪ Consider analysing data on water kiosk operators, by gender, as an example of a role with responsibility and income generation. **Time saving** ▪ The relatively small population reporting significant time on water fetching may not justify high value research.	**Water safe communities** ▪ Advocate for national monitoring systems to include gender sensitive indicators such as use and access to water, by sex. ▪ Collect data regarding water collection time-use and time-savings using a household questionnaire. **Participation and capacity building** ▪ Capture sex-disaggregated data on WUC **positions of responsibility** (Chief, Treasurer/Bookkeeper, Secretary), Operators, and participants in capacity building activities, such as O&M and financial management training.

Programme Area	Recommendations	
	Cambodia	**Myanmar**
	▪ Consider using data from other sources such as partner research to strengthen narrative on time saving.	▪ Consider qualitative data collection to better understand the nature of women's participation (meaningful versus tokenistic), perceived power dynamics and decision-making in WASH management. ▪ Consider financial incentives for WUC positions of responsibility, whether cash or credit for water tariffs. ▪ In townships where women are particularly under-represented in WUCs (<25%), advocate for increased women's participation and investigate gender-based barriers.
Schools and healthcare facilities	▪ Include attention to menstrual health and hygiene in healthcare facilities (HCF) information and supplies. ▪ Capture sex-disaggregated data on HCF clients.	
National monitoring and capacity building		Advocate for national monitoring systems to include gender sensitive indicators, including: ▪ Sex-disaggregated data for use and access to sanitation facilities and safe water; as well as diarrhoea and stunting in children; and ▪ Household data includes gender of household head. Capacity building: ▪ Collect sex-disaggregated data regarding participation in capacity building activities. ▪ Ensure manuals, guidelines and other resources include attention to gender issues such as menstrual health and hygiene.

References

AAN Associates. Baseline Report - UNICEF-DFID Accelerated Sanitation and Water for All II Programme. July 2019.

Latt et al. Women's Political Participation in Myanmar: Experiences of Women Parliamentarians 2011-2016. The Asia Foundation. 2017.

Ministry of Women's Affairs. Leaders: Women in Public Decision-Making and Politics, Cambodia Gender Assessment. 2014.

UNICEF. Multiple Indicator Cluster Survey. 2010.

UNICEF Cambodia. Sanitation, Water and Hygiene for the Rural Poor Supported by DFID / UK Aid CAMBODIA Annual Progress Report, May 2019.

UNICEF Myanmar. Sanitation, Water and Hygiene for the Rural Poor Supported by DFID / UK Aid MYANMAR Annual Progress Report, May 2019.

UNICEF. Gender Counts: A quantitative assessment of gender inequality and its impact on girls and boys in East and Southeast Asia. UNICEF EAPRO: Bangkok. 2019.

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