Evidence Building for Cash and Markets for WASH in Emergencies

Practices in Market-based Programming in the Hygiene Sub-sector

November 2020
ACKNOWLEDGEMENTS

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# ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour change communication</td>
</tr>
<tr>
<td>CaLP</td>
<td>Cash Learning Partnership</td>
</tr>
<tr>
<td>CFW</td>
<td>Cash for work</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community-led total sanitation</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>CVA</td>
<td>Cash and voucher assistance</td>
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<tr>
<td>EMMA</td>
<td>Emergency Market Mapping Assessment</td>
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<tr>
<td>GWC</td>
<td>Global WASH Cluster</td>
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<tr>
<td>HHWT</td>
<td>Household water treatment</td>
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<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<tr>
<td>IFRC</td>
<td>International Federation of the Red Cross and Red Crescent</td>
</tr>
<tr>
<td>ITS</td>
<td>Informal tented settlement</td>
</tr>
<tr>
<td>LWF</td>
<td>Lutheran World Federation</td>
</tr>
<tr>
<td>MBP</td>
<td>Market-based programming</td>
</tr>
<tr>
<td>MEB</td>
<td>Minimum expenditure basket</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>MFI</td>
<td>Microfinance institution</td>
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<tr>
<td>MPC</td>
<td>Multipurpose cash</td>
</tr>
<tr>
<td>NCA</td>
<td>Norwegian Church Aid</td>
</tr>
<tr>
<td>NFI</td>
<td>Non-food item</td>
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<tr>
<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<tr>
<td>PCMA</td>
<td>Pre-crisis market assessment</td>
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<tr>
<td>PDM</td>
<td>Post-distribution monitoring</td>
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<tr>
<td>PPP</td>
<td>Public private partnership</td>
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<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised controlled trial</td>
</tr>
<tr>
<td>RI</td>
<td>Relief International</td>
</tr>
<tr>
<td>SSE</td>
<td>Small Sanitation Entrepreneurs</td>
</tr>
<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<tr>
<td>TWIG</td>
<td>Markets Technical Working Group (for the GWC)</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>WSP</td>
<td>Water safety plans</td>
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<td>WTP</td>
<td>Willingness to pay</td>
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<td>WVI</td>
<td>World Vision International</td>
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GLOSSARY

Below are definitions of key terms used in this study:

**Cash and Voucher Assistance (CVA):** CVA refers to all programs where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients; not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions, although microfinance and money transfer institutions may be used for the actual delivery of cash (CaLP).

**Emergency hygiene interventions:** refers in this study to interventions which aim at improving or maintaining safe hygiene behaviours in emergency settings through hygiene promotion and education activities, behaviour change communication, creating an enabling environment for hygiene practices (such as handwashing facilities), and by facilitating the use of essential hygiene items. Although the package of ‘essential hygiene items’ varies from one context to another, the list of standard hygiene items usually includes water collection and storage containers, handwashing soap, laundry soap and menstruation management items. Other potential items can include nail cutter, shampoo, comb, oral hygiene items, baby diapers, towels and underwear.

**Emergency sanitation interventions:** refers in this study to interventions which aim at providing, restoring or improving sanitation services in emergency settings, through the building or repairing of human excreta containment infrastructure (such as latrines, toilets, septic tanks etc.), provision of excreta management infrastructure and services (latrine pit desludging, sludge stabilization ponds, sewage systems, wastewater treatment plants etc.) and provision of solid waste collection, recycling and disposal services.

**Emergency water interventions:** refers in this study to two main groups of interventions used in emergency settings: (1) water supply interventions, which aim at supplying water or improving the existing supply, for drinking and domestic use and (2) household water treatment (HHWT) interventions, which aim at improving water quality and use through the promotion of water treatment in the home (chlorine, filters, boiling etc.) by beneficiaries. HHWT interventions are often referred to as ‘point of use’ interventions.

**Labelling:** process by which humanitarian agencies ‘name’ a cash intervention in terms of the outcome they want it to achieve. This may be accompanied by activities to influence how recipients use their cash assistance, for example, this could include messaging conveyed to recipients, possibly in combination with complementary programming activities (CaLP).

**Local markets:** refers in this study to markets which are easily accessible to the local population or local market actors (retailers, companies). Local markets can include markets from neighbouring countries, especially for areas located close to borders. As long as supply chains between producers and consumers exist, local markets can sell goods and services which are made locally, nationally, or are imported from other countries.

**Microfinance:** the provision of financial services adapted to the needs of micro-entrepreneurs, low-income persons, or persons otherwise systematically excluded from formal financial services, especially small loans, small savings deposits, insurance, remittances, and payment services (CaLP). When used in the WASH sector, microfinance can be used to support households to build a latrine, access a water filter or connect their homes to the water network.

**Modality:** refers to the form of assistance, e.g. cash transfer, vouchers, in-kind, service delivery, or a combination (modalities). This can include both direct transfers at household level and assistance provided at a more general or community level e.g. health services, WASH infrastructure (CaLP).

**Multipurpose Cash (MPC):** transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household’s basic and/or recovery needs. All MPC are unrestricted in terms of use as they can be spent as the recipient chooses (CaLP).
**WASH complementary programming:** this refers to programming where different modalities and/or activities are combined to achieve WASH objectives. Complementary interventions may be implemented by one agency or by more than one agency working collaboratively. This approach can enable the identification of effective combinations of activities to address needs and achieve programme objectives. Ideally complementary programming will be facilitated by a coordinated, multisectoral approach to needs assessment and programming. ([CaLP](#)).

**WASH goods and services:** all water, sanitation and hygiene-related items and services that are usually needed in humanitarian settings. This includes: water, soap, water collection and storage containers, drinking water treatment services, latrine construction materials, latrine emptying services, etc.

**WASH market:** refers to a simple system of exchange of WASH goods and services between two or more actors. A ‘WASH market system’ is more complex as it refers to all the players or actors and their relationships with each other and with support or business services, as well as the enabling environment, i.e. the rules and norms that govern the way that WASH markets work. Market systems are interconnected when they share the same enabling environment/rules/norms and business/support services, for instance when they operate within one country ([CaLP](#)).

**WASH market-based modality:** a form of humanitarian assistance that uses, supports or develops WASH market systems before, during or after emergencies. This covers two main categories of modality in this study: WASH market support and Cash and Voucher Assistance (CVA) which is designed to have an effect on WASH outcomes.

**WASH market-based programming (MBP):** interventions that work through or support local WASH markets. The term covers all types of engagement with market systems, ranging from actions that deliver immediate relief to those that proactively strengthen and catalyse local market systems or market hubs ([CaLP](#)).

**WASH market support interventions:** interventions that aim to improve the situation of crisis-affected populations by providing support to the critical WASH market systems which they rely on for accessing and using WASH goods and services. These interventions usually target specific WASH market actors, services and infrastructure through dedicated activities (e.g. grants to traders of hygiene items to enable them to repair their shops and restart businesses; training and donation of materials to private water truckers to improve their internal procedure for water chlorination, etc.) ([GWC Guidance on Market Based Programming](#)).

**WASH-specific cash:** refers to cash assistance which is designed to be used by recipients to achieve WASH-specific objectives. The term ‘WASH-specific cash’ has been developed for the purposes of this study, inspired by the CaLP definitions for ‘cash transfer’ and ‘sector-specific intervention’ ([CaLP](#)).

**WASH-specific voucher:** refers to vouchers that can only be exchanged for WASH-related commodities and services. This includes ‘value vouchers’, which have a cash value (e.g. $25), and ‘commodity vouchers’, which are exchanged for predetermined goods (e.g. 20L water, soap, latrine slab, etc.) or specific services (e.g. labour for latrine construction). The term ‘WASH-specific voucher’ has been developed for the purposes of this study, inspired by the CaLP definitions for ‘vouchers’ and ‘sector-specific intervention’ ([CaLP](#)).
1. INTRODUCTION

This report presents an overview of practices related to the use of market support and cash and voucher assistance (CVA) modalities for hygiene in humanitarian crises. These market-based approaches can have a number of advantages, such as improving the efficiency and effectiveness of emergency hygiene response while also supporting the existing local market systems that will continue to deliver hygiene items and services long after the crisis.

The markets for basic hygiene items, such as soap or buckets, tend to be quite resilient during emergencies and the practice of providing vouchers or cash to affected populations to improve their access to basic hygiene items on the local market is now well established in the humanitarian sector. However, the standalone use of CVA has its limitations in terms of reaching humanitarian standards for hygiene unless combined with behaviour change communication and some level of support to hygiene markets, particularly in contexts where availability or quality of goods is an issue.

Supporting hygiene markets is common in WASH development interventions but is still rarely used in humanitarian contexts or as a disaster preparedness measure. While the use of market-based programming (MBP) has been steadily growing, the Global WASH Cluster (GWC) has identified the need to consolidate and take stock of experience of MBP in the emergency WASH sector.

This report aims to respond to this need, by presenting an overview of practices related to the use of market support and cash and voucher assistance (CVA) modalities in the hygiene sub-sector. The practices described in this report are drawn from a systematic review of 67 relevant documents as well as key informant interviews (KII) with humanitarian WASH practitioners. This report aims specifically to:

1. Present current practices (and practice gaps) of MBP for hygiene in preparedness and emergencies, identifying the contexts and conditions under which MBP modalities are implemented and highlighting lessons learnt;
2. Support WASH practitioners to use MBP for hygiene in the humanitarian contexts where they work, when relevant, appropriate and feasible.

This report is one in a series of five on MBP for WASH in emergencies. The four other reports in this study are: practices in MBP in the water and sanitation sub-sectors, practices related to the use of multipurpose cash (MPC) for WASH and mapping the evidence of MBP and WASH outcomes. The study has been commissioned by the GWC with the overall aim of supporting the increased use of MBP, when appropriate and feasible.

2. BACKGROUND ON HYGIENE-RELATED MARKET SYSTEMS

This section describes the main features of ‘hygiene market systems’, explains how they can be affected by emergencies and the potential role of MBP in interventions which aim at improving or maintaining safe hygiene behaviours in emergency contexts.

2.1 Hygiene market systems

Based on the CaLP glossary definition, a ‘hygiene market’ refers to the exchange of hygiene items or services between two or more actors. Although the package of essential hygiene items varies from one context to another, it usually includes a list of core items: water collection and storage containers, handwashing soap, laundry soap and menstruation management items. Other potential items include nail cutters, shampoo, combs, mouth hygiene items, baby diapers, towels and underwear. Hygiene services refer to the provision of hygiene promotion, education, or behaviour change communication by Ministries of Health and Education or civil society actors.
A ‘hygiene market system’ is more complex than a ‘hygiene market’, as it refers to:

- All secondary infrastructure and related services that enable hygiene markets to function, including the materials, energy supply, transport, infrastructure and other services required to produce and distribute hygiene items;

- The large range of public and private actors involved in hygiene markets, such as WASH or health-related ministries, public institutions, community-based organisations, private health centres and the producers, wholesalers and retailers of hygiene items;

- The enabling environment, policies and norms that govern the way hygiene markets systems work.

Though each hygiene item has its own market, supply chains often merge at local level, as hygiene items tend to be sold by the same retailers (grocery shops, supermarkets, etc.). Below is a brief description of the markets for basic hygiene items which people often need after a disaster:

- Soap is relatively easy to produce, and large-scale producers usually exist in most capital cities. Soap can also be produced locally, on a small scale, in rural areas. Many different types of soap exist, including perfumed or disinfectant soap. Even the cheapest and most basic soaps have been shown to have a positive effect on hand hygiene.

- Plastic water containers are often produced locally from new or recycled plastic or imported from neighbouring countries with a stronger industry. Recycled oil containers, made from hard orange plastic, are readily available throughout Africa and are commonly used for storing water, while containers specifically designed for water storage are more difficult to find.

- Other hygiene items such as jerrycans with taps, hand washing devices, menstrual hygiene management items and baby diapers are less common in low income settings, where they are likely to be imported and sold at a much higher retail price than locally produced soap or basic jerrycans.

In some countries, norms developed by the Ministry of Health can influence the market by recommending the use of a certain type and/or quality of hygiene items. However, these norms do not necessarily make these items more easily available or change the consumption patterns of poor households, unless supported by social marketing programs.

### 2.2 Price, affordability and demand for hygiene items

Having lost access to all or part of their assets, people affected by a disaster need new non-food items, including hygiene items, that they have to purchase or be given as part of assistance. When humanitarian standards are used, hygiene items represent a significant portion of the budget of an affected household – though in reality, other essential items, such as food and shelter, will take precedence and people often spend much less on hygiene than humanitarian actors might expect them to. In the Minimum Expenditure Baskets (MEBs) collected during this study, hygiene-related expenses represent on average 8.3% of the MEB (ranging from 2.8% in Lebanon to 28.2% in Gaza), though a sample of Post Distribution Monitoring (PDM) reports show that the percentage of assistance spent on hygiene items is actually very low. It should however be noted that cash transfer values often do not cover the entirety of the MEB and households have to prioritise. In addition, PDMs often measure expenditure of cash assistance rather than total household expenditure, so there can be reporting bias and expenditure on hygiene items may be underreported.

If water storage containers or laundry soap are usually high on the affected populations’ priority list, demand for other items such as handwashing soap/devices and female sanitary pads varies greatly, depending on cultural factors and baseline behaviours, and are less often included in MEBs. When demand for hygiene items is low, humanitarian WASH actors will try to increase demand by changing behaviours of the affected population, although evidence of the positive effect of short-term hygiene promotion and education interventions is low (Yates, 2017b). When faced with low demand for hygiene, humanitarian agencies have a tendency to distribute in-kind hygiene kits or vouchers to ‘control’ access to hygiene items; though it has been observed that households can resell items accessed through these modalities if they are not considered to be a priority and if their other basic needs are not addressed (INSPIRE Consortium, 2014; KII interview with Oxfam Bangladesh, 2020).
2.3 Hygiene market systems in emergencies

Emergencies affect hygiene market systems in many ways. Companies producing hygiene items can be shut down, because of disruption to the supply chains of raw materials or a lack of energy supply. Shops selling hygiene items may be closed. Household economies are also negatively impacted, reducing their capacity to prioritise and pay for hygiene-related costs. Populations affected by disasters often have no choice but to use negative coping strategies to adapt to these situations, such as stopping buying hygiene items, using lower quality products, reducing the frequency of hygiene-related practices (handwashing, bathing, etc.). All these factors can have a negative impact on the health and economic status of households.

2.4 Market-based programming in the hygiene sub-sector

MBP for hygiene includes interventions that work through or support local hygiene markets. The term covers all types of engagement with market systems, ranging from actions that deliver immediate relief to those that proactively strengthen and catalyse local market systems or market hubs, in order to improve or maintain safe hygiene behaviours in emergencies.

MBP is expected to have a positive impact on people’s health and on the resilience of hygiene markets to shocks through the achievement of five hygiene-related outcomes (availability, access and quality of hygiene goods and services, as well as hygiene-related awareness and use). Effect of MBP on these hygiene outcomes is analysed in the evidence report, while this report focuses on the practices used to achieve them. The causal framework on MBP for WASH, including the specific framework for hygiene, can be found in Annex 5.

3. METHODOLOGY

This section briefly summarises the methodology used: the research questions, the process by which practices were identified, categorised and assessed, as well the methodological limitations. Further details on the methodology used for the overall study are included in the ‘Evidence Mapping’ report, as well as in Annex 8.

3.1 Research questions

This report focuses on the two research questions specific to the use of MBP in the hygiene subsector:

- What current practices are used in MBP for hygiene in emergencies, across the programme cycle?
- What examples are there of successful partnerships in MBP for humanitarian hygiene outcomes (i.e. between humanitarian actors, governments, community-based organisations and the private sector)?

These research questions were answered through analysis of available practices that aim at assessing, using, supporting, developing and monitoring hygiene market systems in humanitarian contexts.

Improving or maintaining safe hygiene behaviours in emergencies can be achieved by both facilitating the use of essential hygiene items and by promoting safe hygiene behaviours. These two aspects, often combined in WASH interventions, correspond to two different market systems: ‘hygiene items’, and ‘hygiene promotion and behaviour change services’. Hygiene promotion or communication services are often done by humanitarian actors as ‘direct service delivery’, but can also be delivered by local market actors such as public institutions, health centres, community-based actors and even private companies (for example, private marketing firms can be hired by the Ministry of Health to implement social marketing campaigns). As very few practices related to the ‘hygiene promotion’ market were identified in this review, for ease of readability the term ‘hygiene market’ used in this report refers primarily to the market for ‘hygiene items’.
The subsector of ‘vector control’ is also covered in this report, under the ‘social marketing’ practice (only includes mosquito nets).

### 3.2 Identification, categorisation and assessment of the practices

The present report provides an analysis of the subset of documents describing the use of MBP practices to achieve hygiene outcomes. For this review, 88 examples of market support and CVA practices for hygiene were identified, drawn from 67 separate documents. The figures below present the different types of documents used in the study. In addition to documentary sources, 41 key informant interviews (KII s) were also conducted, enabling the identification of further practices. The methodology used in this study is described in the ‘Evidence Mapping’ report as well as in Annex 8. Charts providing details on the breakdown of practices per country and type of emergency are available in Annex 10.

#### Table 1: # of MBP for hygiene practices reviewed

<table>
<thead>
<tr>
<th>Modality group</th>
<th># of practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market support</td>
<td>26</td>
</tr>
<tr>
<td>CVA</td>
<td>62</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
</tr>
</tbody>
</table>

Documents from development contexts, which described support to hygiene supply and demand, were mostly excluded in the study screening process. Only one MBP for hygiene practice from a development context was included in the review: an example from Madagascar in which MBP was used to improve handwashing practices, with the aim of building resilience in an area with high malnutrition prevalence (Action contre la Faim, 2019c). In the WASH literature, many more examples of MBP for hygiene practices in development contexts can be found - for instance regarding local soap market development - but these practices were not included in this study as there was no clear link to emergency contexts.
3.3 Study limitations

In addition to describing practices, this report provides an analysis of the benefits, enabling factors, risks and limitations for each group of practices. The following limitations should be taken into account with regard to the conclusions drawn from this analysis:

- While the ‘Evidence Mapping’ report only includes documents for which the effect of interventions on WASH outcomes could be observed, the majority of the documents included in this practice review simply describe a practice and not its effect (though some evidence is also included in practice reports, as evidence often describes how MBP was implemented, i.e. practices). Therefore, the ‘benefits’ listed in the practice reports are not necessarily backed up by ‘evidence’; these benefits were not observed for all the practices of the group and were sometimes simply ‘expected results’ without clear evidence of effect.

- The fact that an MBP approach or modality has been used and documented suggests that it is feasible and can likely be reproduced in similar contexts and under similar conditions, described as ‘enabling factors’ in this report. However, the absence of documented practice does not mean that the practice is not feasible, but only that it has not yet been piloted or documented. Refer to the ‘practice gap’ section in the conclusion for more details.

- In general, the documentation available described practices with a positive bias. The risks and limitations presented here are often drawn from key informant interviews or as a result of authorial interpretation.

4. DESCRIPTION OF MBP FOR HYGIENE PRACTICES

The following sections describe and analyse various types of MBP for hygiene practices: (1) implementation of market-support modalities, (2) implementation of CVA modalities, (3) complementary programming for hygiene, which combines different modalities, and (4) MBP throughout the humanitarian programme cycle, which presents the use of MBP during hygiene-related assessment, response analyse and monitoring processes.

4.1 Market support modalities

Figure 3 presents the groups of implementation modalities identified during the review. The following tables provide an overview of the interventions reviewed for each group.

Fewer documented practices of market support were identified for hygiene as compared to water and sanitation. As markets for hygiene items such as soap or shampoo are often dynamic and competitive, they respond well in many emergency contexts (such as Lebanon, Philippines or even Haiti and Somalia), reducing the need for specific support.
4.1.1 Support to private sector

<table>
<thead>
<tr>
<th>Role &amp; benefits</th>
<th>Private sector actors (producers, wholesalers, retailers) can be supported in order to supply hygiene items corresponding to humanitarian standards to NGOs or directly to beneficiaries. Support can be provided in preparedness, for instance through training and signing of procurement framework agreements with vendors (so they know which items will be required in the event of an emergency, in what quantity and distributed through which modality, so they can get prepared). Support can also be provided to them during the emergency response, by facilitating or subsidising transport, energy supply, stocks, or rehabilitation of infrastructure (shops, road, bridge etc.). Development interventions which contribute to improving local production of adequate hygiene items by the private sector, are likely to improve the resilience of populations to disaster.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling factors</td>
<td>As hygiene usually represents a small percentage of the items sold in shops, market support targeting hygiene vendors is better done as a multisectoral intervention. Supporting hygiene traders in emergencies can be facilitated when these actors have themselves been affected by the disaster and are therefore considered as beneficiaries (for example small traders targeted as part of a post-disaster livelihood support intervention).</td>
</tr>
<tr>
<td>Risk &amp; limitations</td>
<td>In emergency response, few WASH agencies are ready to design and implement private market support interventions, because of gaps in preparedness and internal capacity. Supporting private hygiene market actors not affected by the crisis is an indirect modality that can be perceived as ‘non-ethical’ by agencies, donors or the general public, unless precautions are taken to make the process transparent. Another challenge may be the slow adoption of standards for market-support interventions by humanitarian WASH actors.</td>
</tr>
</tbody>
</table>

**Observed practices**

<table>
<thead>
<tr>
<th>Improving preparedness of local hygiene vendors</th>
<th>Oxfam improved the flood preparedness of vendors selling hygiene items in Bangladesh through adequate item stocking and training for E-voucher use (Parkinson et al., 2019).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support to hygiene item retailers during emergency</td>
<td>This type of market support is largely implemented in the form of cash grants to small informal and/or registered traders (Julliard, 2017). Small traders can also be direct beneficiaries of the aid, in which case this support is usually categorised as a ‘livelihood recovery intervention’. Most market support programs impose conditions or restrictions on the grant they distribute to traders, such as conditional instalments (or ‘tranche payments’). Financial support to traders is usually given without requirements for repayment or high levels of co-investment. This is likely due to the fact that many donors and NGOs/UN agencies in humanitarian contexts are not ‘set up’ to provide loans, nor do they perceive that requiring a co-investment is ‘ethical’ in an emergency (Julliard, 2017). This creates a dependency in the market to external humanitarian aid and is a gap in practice that should be investigated further. After the 2015 earthquake in Nepal, CRS targeted 300 small traders, who were provided with cash grants of 300 USD each. The traders sold a variety of goods, such as food, hygiene items and other commodities. The grants were disbursed in three instalments: first instalment of $75 for immediate needs, as well as labour, debt relief, or initial restocking; second instalment of $150, or two bundles of corrugated iron roofing sheets and tools to build a temporary structure for a shop; third instalment of $75 USD for those vendors that were eligible, to use on (re)constructing their stalls, according to ‘build back safer’ specifications (Julliard, 2017).</td>
</tr>
</tbody>
</table>

1 The term ‘indirect modality’ refers to modalities reaching beneficiaries through support given to market actors who are not necessarily affected by the crisis.
2 This should improve as the Minimum Economic Recovery Standards (MERS) from the SEEP Network are currently being mainstreamed into the GWC Quality and Accountability Assurance system.
In 2013, after Typhoon Haiyan in the Philippines, Save the Children supported 500 traders, who had run small grocery shops prior to the typhoon, with conditional cash grants. The cash was disbursed in two instalments, with a total value of 14,000 PhP (approx. USD 300). Business skills training, to improve the financial literacy of the supported traders, complemented the cash grants. The training was mandatory and was conducted before the first instalment was disbursed (Julliard, 2017).

In Haiti, Oxfam’s hygiene NFI voucher interventions implemented during the earthquake recovery supported the market as it “helped shops to increase stocks, to display and sell additional products and to increase the number of clients” (Oxfam and CaLP, 2011).

**Box 1: Subsidising soap production at national level during COVID 19, Burundi**

During the Covid 19 outbreak, Burundians were able to buy soap at half price, thanks to an agreement between UNICEF Burundi and SAVONOR S.A, the main soap and oil manufacturer in the country. SAVONOR reduced its own profit margin in soap production, while UNICEF further subsidised the production. SAVONOR used its usual distribution system to make sure the ‘Blue Soap’ was available all over the country.

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### 4.1.2 Social marketing

| Role & benefits | Social marketing for hygiene consists in improving both demand and supply for certain hygiene items, such as handwashing devices or jerrycans with taps. Demand is strengthened or created through behaviour change communication (BCC) and marketing techniques. Supply is improved by supporting traders or companies to design, produce, market and distribute hygiene products that meet beneficiaries’ needs and preferences. |
| Enabling factors | Social marketing is a long-term intervention usually possible only in stable contexts. When the real price of the targeted hygiene item is far above customers’ willingness to pay, providing initial subsidies to households or market actors - in order to lower the price of the product during the initial ‘habit-forming’ phase - can enable social marketing interventions to be more effective. Microcredit (for either households or market actors) can potentially be used in a second phase, to exit from subsidies and maintain levels of sales (even at real retail prices). |
| Risk & limitations | These modalities need long project duration and are not adapted to emergency response, unless protracted. As social marketing requires beneficiaries to purchase the item – even at a reduced price - this can be perceived as non-ethical in humanitarian settings, unless combined with CVA modalities to cover the cost of these items for affected households. |

**Observed practices**

| Support demand and supply for | In response to the protracted cholera crisis in Haiti, ACF implemented a social marketing project, in which beneficiaries got a tap installed on their bucket for free, if they purchased a chlorine bottle. This had a |
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### 4.1.3 Market-aware procurement practices

| **Role & benefits** | Emergency WASH interventions often rely on the distribution of hygiene items. These items can be procured from local markets, non-local markets or supplied from agencies' contingency stocks. In general, procuring on local markets supports the local economy and improves local availability of products, while other types of procurement can contribute to market failure (Jones, 2015). However in some cases, the local market can be considered too weak to be used and non-local markets have to be prioritised for procurement. |
| **Enabling factors** | Local procurement should be done only after a market analysis has confirmed that this is the most relevant option, based on current and future estimation of prices, quality and stock. When local market exists but is considered too weak to be used, market support can be implemented to enable local procurement. Flexible procurement rules can enable local procurement. To enable local procurement, agencies should, when applicable, mention specifically in their project proposals that local suppliers will be prioritised with the objective of strengthening the local market. |
| **Risk & limitations** | Local procurement can be longer and more expensive than using other markets or agencies' contingency stocks. Goods available on the local market can be of low quality. If the market is not assessed before... |

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1. Behavioural economics studies the effects of psychological, cognitive, emotional, cultural and social factors on the economic decisions of individuals and institutions and how those decisions vary from those implied by classical economic theory (source: adapted from Wikipedia).
2. In behavioural economics, the ‘sunk cost effect’ is characterised by the fact that a household is more likely to use a product they have purchased than if it has been given for free – the logic being that as they have already paid for it they will use it in order to ‘justify’ the expense. -

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[Image]
deciding to procure locally, there is a risk of harming the market and increasing prices for the local population. In some organisations, there can be a tension between a ‘programmatic approach’ of supporting local markets and a ‘procurement approach’ of purchasing at competitive prices (with processes that are compliant with internal and donor rules).

<table>
<thead>
<tr>
<th>Observed practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Market-aware procurement of hygiene items</strong></td>
</tr>
<tr>
<td>Local procurement is not an aspect that was well reflected in this review as aid agencies rarely share publicly the way they procure items in emergencies. KII from Bangladesh and Nigeria highlighted examples of aid agencies’ failure to procure water collection and storage containers locally, despite market assessments showing these items to be widely available on the local market. In these examples, agencies’ country offices argued that it seemed easier and faster to procure internationally than to launch a local procurement process (KII with IFRC and UNICEF).</td>
</tr>
<tr>
<td>In-kind distributions of some specific hygiene items are sometimes recommended in market assessment reports. For example, in a WASH PCMMA conducted in Juba, Malteser International found that even though the soap market was functional, it was unlikely that there would be sufficient stock to cope with increased demand, in the case of a cholera outbreak. The report states that “one-off in-kind distributions of soap might be the better way to react to an emergency” (Sauter, 2016).</td>
</tr>
</tbody>
</table>

**4.1.4 Use of other market support modalities**

Although only three groups of hygiene market support were identified (as described above), a brief description of how other market support modalities could potentially be used to improve hygiene in emergency is given below.

<table>
<thead>
<tr>
<th>Support to WASH market policies and norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>This could consist in improving policies that govern the market for hygiene items, such as the process for importation and taxation levels for different hygiene goods, in emergency context or as a resilience building measure. Improving market policies could also include: establishing quality standards for water storage containers, or for hygiene kits that should be distributed in emergencies, developing policies that would encourage private actors to produce and distribute appropriate and affordable hygiene items and setting up policies that strengthen demand for certain hygiene items.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support to community-based system</th>
</tr>
</thead>
<tbody>
<tr>
<td>This could consist in supporting community-based actors to produce hygiene items in emergencies, to manufacture hygiene items or to provide hygiene promotion services. No related practice was identified, but a cluster-level WASH market assessment in Somalia recommended implementing “hygiene promotion through cash for work” with community hygiene workers (WASH Cluster, 2019b). It should be mentioned that although this can be considered as using ‘local market actors’, the exit strategy from such a modality is complex. Key informants from ICRC and Oxfam mentioned projects which supported community-based organisations to produce hygiene items locally (chlorine, sanitary pads, soap, detergent, or face mask), although these practices were from development contexts. ICRC supported the production of soap, detergent and hand sanitizer in detention centres in Nigeria and production of face masks in detention centres in Mali.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Microfinance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of the relatively low price of hygiene items, microfinance for households is not well adapted to the hygiene subsector, although specific schemes could potentially be designed to finance more expensive items, such as hand washing devices or jerrycans with taps.</td>
</tr>
</tbody>
</table>
4.2 Cash and voucher assistance modalities

The following tables provide an overview of the practices reviewed for each group of CVA modality used for hygiene: WASH-specific vouchers, multisector vouchers and WASH-specific cash. Practices related to the use of multipurpose cash (MPC) are however not included here, but presented in the specific report on MPC and WASH.

Figure 4 presents the breakdown of documented practices by modality group (not including information from KII).

<table>
<thead>
<tr>
<th>4.2.1 WASH-specific vouchers for hygiene items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role &amp; benefits</strong></td>
</tr>
<tr>
<td>Vouchers are frequently used for hygiene items as a way of directly meeting project objectives and targeting the most vulnerable households, while giving the user some flexibility in terms of when they want to make purchases and from which vendor. Delivery mechanisms include paper vouchers, and electronic vouchers, for example through cards or mobile money. Quality and quantity can be monitored, as humanitarian agencies have a direct contract with the supplier / vendor and beneficiaries are able to check quality before ‘paying’ with their voucher (Denis Le Sève, 2019).</td>
</tr>
<tr>
<td><strong>Enabling factors</strong></td>
</tr>
<tr>
<td>Hygiene items must be available on the local market, or support provided to traders to increase volumes or bring hygiene items into areas where beneficiaries are located. As the value of hygiene items is relatively small, the set-up of a specific delivery mechanism solely for hygiene vouchers is unlikely to be cost effective; setting up a joint delivery mechanism (for example for NFIs more generally) or piggybacking on an existing one, is therefore recommended.</td>
</tr>
</tbody>
</table>
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### Risk & limitations

Setting up a voucher delivery system takes considerable time and resources (Seifu and Skare, 2019). Compared to in-kind distributions, vouchers can lead to reduced visibility for the organisation, which is potentially an issue for organisations/donors which require high levels of visibility. However, there are alternative ways to manage organisational visibility with CVA, such as logos on vouchers and/or beneficiary cards (‘ration cards’), posters at registration and distribution points, community meetings, messaging via mobile phone, etc.

### Observed practices

#### Vouchers for hygiene items

Vouchers for hygiene items have been widely used, with practices from the following contexts reviewed here: Bangladesh, Colombia, Ethiopia, Haiti, Iraq, Jordan, Lebanon, Palestine, Somalia, South Sudan, Syria, Ukraine and Yemen.

Depending on the context, hygiene items included: soap, toothpaste, shampoo, washing-up liquid, laundry detergent, jerrycans, buckets, basins, sanitary pads, underwear, toilet paper, household water treatment, etc.

For example, Oxfam used paper vouchers to deliver hygiene kits in both Haiti (Oxfam GB and CaLP, 2011) and Lebanon (Denis Le Sève, 2018).

In South Sudan, Polish Humanitarian Action used paper vouchers to deliver 5 bars of soap and 1 solar lamp to affected households (PAH, 2019).

In Ukraine, ACF used electronic vouchers to a value of USD 10 / month / household, to deliver hygiene items. The targeted households also received a separate fresh food voucher and both vouchers were redeemable in the same supermarket. In order to restrict the items which could be bought, a contract was signed between ACF and the supermarket which identified a list of eligible items and those items which were excluded, such as alcohol and tobacco products. The supermarket’s own coupon system was adapted for the purpose and printed with the project’s logo and details. ACF also organised buses to transport the elderly beneficiaries to and from their homes in order to do their shopping (ACF, 2015a; KII with ACF).

In Ethiopia, NCA and LWF provided all South Sudanese refugee households in Gure Shambola camp with both WASH-specific vouchers and multisectoral vouchers. The WASH-specific vouchers represented two-thirds of the total voucher value (700 ETB or approximately USD 20) and were restricted to 31 hygiene items, including different types of soap, jerrycans, washing basins, sanitary pads and underwear. The multisector vouchers represented one third of the voucher value and could be exchanged for 43 commodities, including food (sugar, pasta, margarine, etc.) and non-food items (mosquito nets, toothbrush and toothpaste, kitchen utensils, clothing, shoes, blankets, etc.) The rationale for this split approach was to mitigate the risk of refugees re-selling the hygiene NFIs in order to be able to cover more urgent needs such as food, blankets and clothes. Beneficiaries received cards onto which the e-vouchers were loaded, via the Red Rose system. The vouchers were also accompanied by hygiene awareness and the construction of showers and household latrines (Seifu, 2019; Seifu and Skare, 2019).

#### 4.2.2 Multisectoral vouchers

Multisectoral vouchers is a term used in this study to denote vouchers which are designed to achieve objectives in multiple sectors, for example vouchers for hygiene items, food and non-food items (NFIs). Multisectoral vouchers give the user some flexibility in terms of choosing products (from a predetermined selection) and choosing vendors.
### Enabling factors

Hygiene items must be available on the local market, or support provided to traders to increase volumes or bring hygiene items into areas where beneficiaries are located. There should be a demand for these products, so that beneficiaries are likely to prioritise buying hygiene items when given the choice.

### Risk & limitations

As above, setting up a voucher delivery system takes considerable time and resources (Seifu and Skare, 2019). For multisectoral vouchers, project participants may not prioritise hygiene items and can choose to use the vouchers for other products, especially if other modalities such as BCC are not used in combination with vouchers.

### Observed practices

<table>
<thead>
<tr>
<th>Multisectoral vouchers and WASH NFI</th>
</tr>
</thead>
</table>

The use of multisectoral vouchers to access both hygiene items and other commodities (such as food, shelter items, clothing) was observed in the following contexts: Eastern DRC, Jordan and Mozambique. Beneficiaries could choose how they wanted to spend the vouchers, depending on their needs and preferences.

In Eastern DRC, UNICEF and partners have developed and extensively used ‘Voucher Fairs’ to improve access to ‘essential household items’ (EHIs) - which are also known as ‘non-food items’ (NFIs) or core relief items. The goods available at the fairs included for WASH NFIs. See Box 2, below, for further details.

In Jordan, Syrian refugees in Azraq and Za’atari camps received ‘winterisation’ multisectoral vouchers from NRC, which replaced previous in-kind distributions. The vouchers were designed to be flexible and could be spent on any item in stock in the supermarkets (except tobacco products), with hygiene items being made available at fixed low prices, as stipulated in the contract between NRC and the supermarket. Analysis of spending patterns showed that 17% of the vouchers were spent on hygiene items (mainly shampoo, laundry soap and dishwashing liquid), though the largest single expenditure item was food (46%) (NRC, 2015).

In Mozambique a joint UNICEF and WFP programme provided families affected by Cyclone Idai with 3 months of food and NFI vouchers, worth 40 USD / month (50% of the food basket and 50% of the WASH NFI basket). Monitoring showed that 26% of families bought bar soap and 21% bought washing detergent with their vouchers. However, the amount spent on these items was very low (only 3.8% of the total value of the vouchers). Overall, vouchers were mostly spent on food rather than WASH NFIs, though 97% of beneficiaries reported that the programme had contributed to meeting their basic hygiene and WASH needs (KII UNICEF Mozambique).

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**Box 2: Voucher Fairs in the Democratic Republic of Congo (DRC), UNICEF**

Since 2008, the ‘Voucher Fair’ approach has been pioneered by UNICEF and partners in Eastern DRC, providing beneficiaries with a wide range of ‘essential household items’ (EHIs) by bringing the ‘market’ closer to them for set fair days. Voucher fairs rely on a dynamic private sector that is able and willing to procure and move EHIs to areas where affected populations live, giving beneficiaries increased flexibility whilst also supporting the local traders and economy.

The voucher fair approach has been widely used and promoted by UNICEF and partners in the DRC and since 2013, well over half of all families receiving NFI assistance in the country have been reached through voucher fairs (AIR, 2017).

The fairs promote a multi-sectoral approach which enables families to choose how to spend the vouchers. The value of vouchers varied from US$55 to US$90 per family, depending on household size, and the most popular purchases were: cloth, cooking pots and pans, soap, mattresses, blankets, luggage, buckets and basins. As voucher fairs were widely used spending patterns differed over time, between regions and depending on the recipients targeted. For example, the percentage of beneficiaries that reported spending some of their vouchers on hygiene items (soap, jerrycans, buckets, basins) varied between 23% (UNICEF, 2011) and 7% (AIR, 2017). However, if a wider concept of ‘hygiene’ is used, that includes some kitchen items, clothing and cloth, then the percentage is much higher.
4.2.3 Multipurpose cash

Hygiene items are a regular and predictable expense for most families – the cost of hygiene varies little from one month to the next or from one geographical area to another. The cost of hygiene items is therefore commonly integrated into ‘minimum expenditure baskets’ – which are used to calculate the transfer value for multipurpose cash – and 20 practices of using MPC for hygiene needs were identified in this review. See the report on ‘Practices related to the use of Multipurpose Cash for WASH’ for further details.

4.2.4 WASH-specific cash

‘WASH-specific cash’ is cash assistance which is designed to be used by recipients to achieve WASH-specific objectives. For the hygiene subsector, this means the cash is only intended to be used to purchase hygiene items (unlike MPC which is designed to meet a variety of basic needs). Only one documented example of the use of WASH-specific cash in the hygiene subsector was identified for this review: NRC in Lebanon replaced in-kind distributions of hygiene kits with conditional cash for hygiene items. The cash was the same value as the cost of the hygiene kit (14 USD) and distributed to the same targeted households, via Liban Post electronic cards. The cash was intended to be spent only on hygiene items and recipients were required to keep receipts of their purchases, which were then checked by NRC staff, in order to be eligible for the next cash distribution. Recipients stated a preference for cash over in-kind distributions and a number of advantages were cited: they could choose the type of hygiene items they purchased and their preferred brand, items do not expire as they can be bought when needed and local shopkeepers are supported (NRC, 2019).

4.3 Complementary programming for hygiene

There are multiple barriers to achieving hygiene outcomes in emergency contexts, and the use of several modalities is often necessary in order to address them all. While the sections above focus on the implementation of specific market support and CVA modalities, this section presents examples where agencies have used a combination of different modalities and/or activities (both market-based and non-market-based) to better address the needs of affected populations and achieve hygiene outcomes. These approaches are referred to as ‘WASH complementary programming’ in the glossary.

The following table provides a summary of these practices and approaches, based on the available documentation and KII. Although a large variety of hygiene related market- and non-market-based modalities can be implemented simultaneously during emergency response, by single or multiple agencies, this aspect of interventions is often not well coordinated, nor well documented. The MBP for hygiene practices which were reviewed for this study tended to focus primarily on either market support or CVA modalities alone, providing very few details as to if and how these were used in conjunction with other modalities, and there are significant gaps in the documentation for ‘complementary programming’.
### 4.3.1 Combining modalities for hygiene

| Role & benefits | Combining CVA for hygiene and support to hygiene markets is often an appropriate market-based approach, addressing both demand and supply-related barriers. In addition, when market capacity is not sufficient to provide hygiene items that meet humanitarian standards, or when other barriers prevent certain groups from accessing particular items in the market (i.e. cultural barriers preventing women from purchasing sanitary pads), in-kind distributions can be combined with market-based modalities. Regardless of the modalities chosen, interventions should include hygiene promotion in order to create, or maintain, demand for and of hygiene items. Hygiene promotion can be delivered directly or through public institutions or community actors. Some CVA delivery mechanisms, such as mobile money, can provide opportunities for messaging around hygiene practices, project monitoring and collecting other data. |
|---|
| Enabling factors | A thorough response analysis process enables the identification of the most appropriate combination of modalities to ensure access to and use of hygiene items. Different modalities can be combined within a single agency project; synergies can also be achieved through coordination of multiple partners (one WASH partner ensuring direct distribution and hygiene market support, another doing CVA, etc.). The use of mobile phones to deliver CVA provides a two-way channel of communication between the aid agency and beneficiaries, which can enable hygiene messages to be shared at particular times as well as support feedback and complaints mechanisms. Basic literacy is necessary for written hygiene messages; where there are low levels of literacy pre-recorded voice messages can be used. Video could also be used in contexts where beneficiaries have smartphones. |
| Risk & limitations | Combining modalities requires multidisciplinary teams, as CVA, market support and the provision of direct hygiene services require specific skills, which relief agencies are not always able to budget for and provide. As to whether BCC should occur during CVA distributions (vouchers, sim cards, cash), opinions of key informants differed on this subject – some argued that distributions were opportune moments for sharing hygiene messages while others stated that hygiene messaging should occur at other times, as there is a risk that beneficiaries focus on the process of the distribution itself and find it challenging to pay attention to hygiene messages simultaneously. A context-specific approach is necessary, and the communication medium should be well-adapted to the target audience. |

### Observed practices

**Combining CVA, and market support and in-kind distribution to ensure access to hygiene items**  
In Somalia, Oxfam combined the use of CVA, market support and in-kind distribution of hygiene kits as part of the Polio prevention programme (2013-15). The e-vouchers and in-kind hygiene kits included: soap, water containers and household water treatment. The project intended to target 50,000 households with vouchers delivered via mobile phones, however this was scaled down to only 5,000 due to issues with traders' capacity. The traders had difficulty sourcing the required hygiene items because of a lack of trusted sources of goods and long distances between traders and suppliers. The remaining 45,000 hygiene kits were therefore delivered through in-kind distributions. For the e-vouchers, goods were distributed from UNICEF in Nairobi to the local NGO partner in Mogadishu, before being sent to a commercial distributor, super vendor and then retailers who would redeem the vouchers, with the aim of establishing and supporting a viable supply chain. Despite this support, the supply chain was particularly long, and delays were incurred. At point of sale, training was also required to support the vendors in using the voucher system (Oxfam 2015c).  

**Linking CVA and behaviour change communication**  
In the same project described above, in Somalia Oxfam used mobile phones to conduct health promotion to support Polio prevention and control. Beneficiaries received a code (mVoucher) on their phones via SMS which they then redeemed at appointed pre-qualified traders for the hygiene items. Once the voucher code was redeemed, the recipient was automatically enrolled to receive hygiene promotion messages via interactive SMS-based sessions, including how to use the hygiene items received (such as HHWT). There
were a number of advantages to using SMS for hygiene messaging: people could access the information in their own time, mobile phones are portable, no travel was required, and the information could be referred back to when needed. However, a lesson learnt from the programme was that oral communication (such as voice messaging) may have been more appropriate than text (Oxfam 2015c).

4.4 MBP for hygiene throughout the humanitarian programme cycle (HPC)

Implementation of MBP for hygiene is enabled by a market-sensitive, coordinated, multisectoral approach to needs assessment and response analysis. It also involves monitoring processes which are adapted to MBP – for example regular monitoring of the hygiene market system during the response - and new arrangements in terms of information management, cluster and inter-sector coordination. The following tables provide some examples of how MBP for hygiene was taken into account in the HPC phases and enabling environments, although these arrangements are not well documented and there are significant information gaps in this area.

<table>
<thead>
<tr>
<th>4.4.2 Market-sensitive assessments, response analysis and planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role &amp; benefits</td>
</tr>
<tr>
<td>Enabling factors</td>
</tr>
<tr>
<td>Risk &amp; limitations</td>
</tr>
<tr>
<td>Observed practices</td>
</tr>
</tbody>
</table>

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5 One of the documents reviewed mentions that market analysis is often very ‘agency-centric’ (“How can we, as humanitarians, use local markets to deliver our humanitarian assistance?”) when an alternative approach would be to favour analysis that is people–centric (“How are communities using and accessing markets to cover their needs, and how can we help markets to restore their ability to do that?”) (Julliard, 2017).

4 In Somalia, Bangladesh and Yemen, REACH conducted market assessments on behalf of the WASH cluster (UNICEF, 2019b; REACH 2019a, 2019b; REACH, 2020); another WASH market assessment was conducted in Somalia 2019 by an interagency team with support from a CashCAP deployment (WASH Cluster, 2019).
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a thorough interagency assessment - this was conducted in Ethiopia (Save the Children, 2018b). Documentation from other phases, following the response analysis, were not found for this review.

Some practices of assessing and supporting hygiene markets in preparedness phase were identified, for example in Bangladesh (Parkinson, 2019) and Zimbabwe (Ngala, 2018). In the two cases, budget limitations allowed for the implementation of only a few priority recommendations from the market assessment.

5. CONCLUSION

This report presented an overview of current practices of market-based programming (MBP) for hygiene in emergencies, describing documented interventions and approaches across the humanitarian programme cycle as well as examples of successful partnerships between humanitarian actors and private sectors. The practices were drawn from 88 documented examples of MBP for hygiene and 41 key informant interviews. For each CVA and market support modality, the specific benefits, enabling factors, risks and limitations were identified, based on the practices reviewed. These factors are summarised below, for each group of modalities.

Hygiene market support

Market support modalities offer some benefits and opportunities to achieve quality hygiene programming in emergencies:

- **Private sector actors for hygiene items** (producers, wholesalers, retailers) can be supported in order to supply hygiene items which meet humanitarian standards. These hygiene items can be supplied either to NGOs, through local procurement for in-kind distribution, or directly to beneficiaries, through CVA.

- **Social marketing** can be used to improve both demand and supply for certain hygiene items.

- Market assessments can inform **market-aware procurement processes** to avoid harming markets, support the local economy and improve the local availability of products.

- Community-based organisations or households can be supported to **produce hygiene items locally**, such as soap or face masks.

- **Other modalities** can potentially support hygiene markets in emergency, such as microfinance or improving policies which govern hygiene markets, though such practices have not been identified in this review.

Certain factors or environments can enable the implementation of hygiene market support modalities. For instance, as hygiene items usually make up only a small proportion of the range of products sold in shops, market support which targets ‘hygiene vendors’ is better done as part of a multisectoral intervention. Traders that are involved in the market chain for hygiene items can be supported by humanitarian actors, particularly when these traders are themselves affected by the disaster and are considered as beneficiaries (for example small traders targeted as part of a livelihood support intervention). Social marketing for hygiene can be enabled by subsidies provided by relief agencies to reduce the price of the product for consumers during the initial ‘habit-forming’ phase. Deciding on an appropriate strategy for the procurement of large quantities of hygiene items should be based on market analysis. Flexible procurement rules, on the part of aid agencies and donors, can enable local traders to be prioritised, with the objective of strengthening the local market.

MBP also presents some risks and limitations when used in emergency contexts. It is a complex approach, requiring new skills, a high level of preparedness from WASH practitioners and strong coordination between sectors. In the absence of these preconditions, there is a risk that MBP could increase the complexity of response analysis and, in the worst-case scenario, delay the delivery of lifesaving emergency WASH assistance. Few WASH agencies are ready to design and implement indirect market interventions in emergency contexts. Another challenge may be the slow adoption of standards for market-support interventions by WASH actors. Favouring local procurement for hygiene items
also has considerable limitations, as it goes against the principles of competition with other larger markets, can be longer and more expensive than other types of supply chains. Hygiene items available locally can also be substandard.

**CVA for hygiene**

As markets for hygiene items tend to be resilient in times of crisis, there are significant opportunities to use CVA to provide affected populations with the hygiene goods they need. From the practices reviewed here, the two CVA modalities most frequently used are: vouchers specifically for hygiene items and multipurpose cash (when the cash assistance is intended to cover the cost of hygiene items as well as other basic needs). Vouchers give the user some flexibility when purchasing hygiene items, in terms of choosing the type of product, the quality, quantity, time of purchase and the vendor. Aid agencies use vouchers to restrict purchases to a pre-determined list of hygiene items, or to support specific vendors, either because of their vulnerability or their reliability in delivering quality goods. The quality and quantity of purchases can be better monitored with vouchers than with cash (especially when electronic vouchers are used), in contexts where such monitoring is deemed necessary. While there are also many opportunities for using MPC for hygiene, these are explored in the separate report in this series, focusing on practices related to the use of MPC in the hygiene sub-sector.

Certain factors enable the use of CVA for hygiene outcomes: hygiene items must be available on the local market (or support provided to traders to bring items into the area) and there should be some demand for the hygiene items (which is usually the case). As the value of hygiene items is relatively small, a pre-existing or joint delivery mechanism for CVA – such as a contract with a financial service provider, voucher system, cash assistance card, mobile money, etc. - is also an enabling factor for CVA for hygiene.

There are some risks and limitations of using CVA for hygiene outcomes: if a delivery mechanism does not already exist then setting one up only for hygiene items would not be cost efficient. Furthermore, providing affected populations with hygiene items through CVA does not necessarily ensure that hygiene outcomes - such as the use of items or safe hygiene practices - have been achieved, and combining CVA with other modalities such as BCC and community engagement is necessary in many contexts (though it should be noted that this is also the case for in-kind distributions of hygiene items).

**Complementary programming for hygiene**

In most contexts, market-based programming for emergency hygiene should use complementary approaches that combine CVA, market support, direct service delivery and behaviour change communication, thereby addressing all demand and supply-side barriers before, during and after emergency response.

Different hygiene-related modalities can be combined within a single agency project; synergies can also be achieved through coordination of multiple partners (one NGO doing direct service delivery, another doing CVA etc.). However, such a process is challenging - especially in first phase response - and is only really feasible with strong sectoral leadership, experience or training in MBP and dedicated support from staff specialising in cash and markets.

**MBP for hygiene throughout the Humanitarian Program Cycle (HPC)**

To enable good quality market-based programming it is necessary to use market-sensitive approaches not only during implementation, but also during assessment, response analysis, strategic planning and monitoring. Sectoral and multisectoral assessment should be implemented to inform response analysis, during which market- and non-market-based modalities should be considered and discussed with WASH partners. Discussion around the use of multisectoral CVA modalities for hygiene should involve WASH and all other relevant sectors, as they are likely to impact multiple markets and sectorial strategies. The hygiene market can also change and evolve during emergency response (variation in price, quality, availability, etc.) and should therefore be monitored during the intervention. If significant changes occur, corrective actions and shift in programmatic strategy may be needed.

The existence of cash and market focal points within agencies supporting national WASH clusters and partners, as well as the implementation of MBP for WASH-related trainings for WASH practitioners, are enabling factors for the
adequate use of market-sensitive approaches for hygiene throughout the HPC. These approaches, which take into account local market actors and try to address multiple barriers to achieving sanitation outcomes, are essentially 'good programming' for the WASH sector. They bring with them only one real risk or limitation: as these approaches require new skills, a high level of preparedness from WASH practitioners and strong coordination between sectors, adopting MBP could increase the complexity of response analysis to the point where, in the worst-case scenario, it potentially delays the delivery of emergency hygiene assistance. To mitigate this risk, better emergency preparedness, pre-crisis hygiene market mapping and capacity building of hygiene market actors and WASH practitioners, is necessary.

**Gaps in MBP practice in the hygiene sub-sector**

Although CVA was used extensively for hygiene, few examples of support to hygiene markets were identified. The examples reviewed here focused on supporting private market actors and social marketing, but none related to hygiene market policies or supporting community-based systems to deliver hygiene goods and services in emergency, although these modalities could potentially contribute to achieving hygiene outcomes. Examples of well-coordinated and documented complementary approaches in the hygiene subsector were also lacking. There is also a gap in documented practice of response analysis which includes hygiene at either sectoral or multisectoral level.

Finally, few practices were reviewed here that related to building the resilience of hygiene markets to disasters. Most interventions in development contexts were screened out from this review, as they were not considered relevant for emergency response. Bearing in mind that hygiene market systems exist before, during and after crises, adopting longer-term approaches to market resilience is in line with the overall rationale of MBP for WASH, which often implies breaking down the barriers between humanitarian and development approaches.