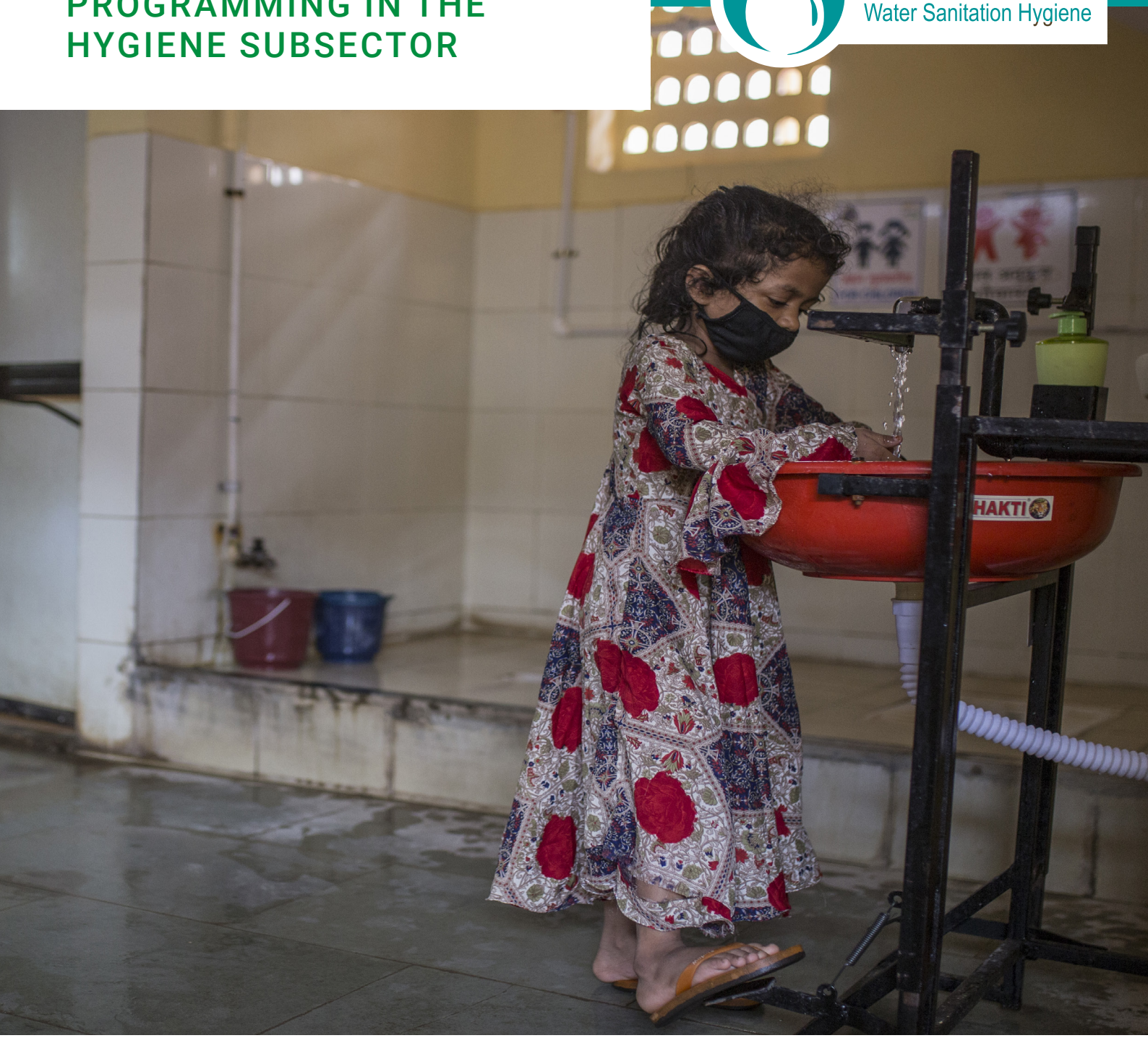
Evidence-building for cash and markets for WASH in emergencies

PRACTICES IN MARKET-BASED PROGRAMMING IN THE HYGIENE SUBSECTOR

WASH Cluster
Water Sanitation Hygiene



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ACRONYMS

ACF	Action contre la Faim
BCC	behaviour change communication
CaLP	Cash Learning Partnership
CVA	cash and voucher assistance
GWC	Global WASH Cluster
KII	key informant interview
MBP	market-based programming
MPC	multipurpose cash
NFI	non-food item
NGO	non-governmental organization
NRC	Norwegian Refugee Council
WASH	water, sanitation and hygiene

GLOSSARY

- **Cash and voucher assistance (CVA)**: All programmes where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term refers to the provision of cash transfers or vouchers given to individuals, households 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**: In this study, interventions which aim to improve or maintain safe hygiene behaviours in emergency settings through hygiene promotion and education activities, behaviour change communication (BCC), creating an enabling environment for hygiene practices (such as hand-washing facilities), and 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, hand-washing soap, laundry soap and menstruation management items. Other potential items can include nail cutters, shampoo, combs, oral hygiene items, baby diapers, towels and underwear.
- **Emergency sanitation interventions**: In this study, interventions which aim to provide, restore or improve 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**: In this study, two main groups of interventions used in emergency settings: (1) water supply interventions, which aim to supply water or improve the existing supply, for drinking and domestic use; and (2) household water treatment (HHWT) interventions, which aim to improve 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' intervention
- **Labelling**: The 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**: In this study, 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 or nationally or imported from other countries.
- **Minimum expenditure basket (MEB)**: Requires the identification and quantification of basic needs items and services that can be monetized and are accessible in adequate quality through local markets and services. Items and services included in an MEB are those that households in a given context are likely to prioritize on a regular or seasonal basis. An MEB is inherently multisectoral and based on the average cost of the items composing the basket. It can be calculated for various sizes of households. A survival minimum expenditure basket (SMEB) is a subset of the MEB and refers to the identification and quantification of goods and services necessary to meet a household's minimum survival needs. Delineating the threshold for survival and differentiating a SMEB from an MEB is not currently a standardized process (CaLP).
- **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 water, sanitation and hygiene (WASH) sector,

microfinance can be used to support households to build a latrine, access a water filter or connect their home to the water network.

- **Modality**: 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 fully or partially cover a household's basic and/or recovery needs. All MPC transfers are unrestricted in terms of use, as they can be spent as the recipient chooses (CaLP).
- **WASH complementary programming**: 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. Complementary programming will ideally 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. They include water, soap, water collection and storage containers, drinking water treatment services, latrine construction materials, latrine emptying services etc.
- **WASH market**: 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 – e.g., 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 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 on which they rely 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**: 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**: 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)

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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 stand-alone use of CVA has its limitations in terms of reaching humanitarian standards for hygiene unless combined with behaviour change communication (BCC) and some level of support to hygiene markets, particularly in contexts where the availability or quality of goods is an issue. Supporting hygiene markets is common in WASH development interventions but 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 CVA modalities in the hygiene subsector. 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:

- 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 learned;
- support WASH practitioners to use MBP for hygiene in the humanitarian contexts in which they work, when relevant, appropriate and feasible.

This report is one in a series of five on MBP for WASH in emergencies. The other four reports in this study cover practices in MBP in the water and sanitation subsectors, practices related to the use of multipurpose cash (MPC) for WASH, and a mapping of the evidence of MBP and WASH outcomes. The study was 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' and explains how they can be affected by emergencies and the potential role of MBP in interventions which aim to improve or maintain 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, hand-washing 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 BCC 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 organizations, 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.). There follows 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 programmes.

2.2 Price, affordability and demand for hygiene items

Having lost access to some or all of their assets, people affected by a disaster need new non-food items (NFIs), 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 per cent of the MEB (ranging from 2.8 per cent in Lebanon to 28.2 per cent in Gaza), though a sample of post-distribution monitoring reports shows 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 prioritize. In addition, post-distribution monitoring often measures expenditure of cash assistance rather than total household expenditure, so there can be reporting bias, and expenditure on hygiene items may be under-reported.

If water storage containers or laundry soap are usually high on the affected populations' priority list, demand for other items such as hand-washing soap/devices and female sanitary pads varies greatly, depending on cultural factors and baseline behaviours, and they 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 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 prioritize 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 or reducing the frequency of hygiene-related practices (hand washing, bathing etc.). All these factors can have a negative impact on the health and economic status of households.

2.4 MBP in the hygiene subsector

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, 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, and hygiene-related *awareness* and *use*). The effect of MBP on these hygiene outcomes is analysed in the evidence mapping 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 summarizes the methodology used: the research questions, the process by which practices were identified, categorized and assessed, and 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 organizations and the private sector)?

These research questions were answered through analysis of available practices that aim to assess, use, support, develop and monitor 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 carried out 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 (e.g., 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, categorization and assessment of the practices

MODALITY	NUMBER OF PRACTICES
Market support	26
CVA	62
TOTAL	88

Table 1. *Number of MBP for hygiene 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. Figures 1 and 2 present the different types of documents used in the study. In addition to documentary sources, 41 KIIs 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 by country and type of emergency are available in Annex 10.

Figure 1. *Market support for hygiene; number of practices per type of document*

Figure 2. *CVA for hygiene; number of practices per type of document*

Notes*: PDM, post-distribution monitoring; SOPs, standard operating procedures.*

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 hand-washing 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 – e.g., regarding local soap market development – but they 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 KIIs or as a result of authorial interpretation.

4. DESCRIPTION OF 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.

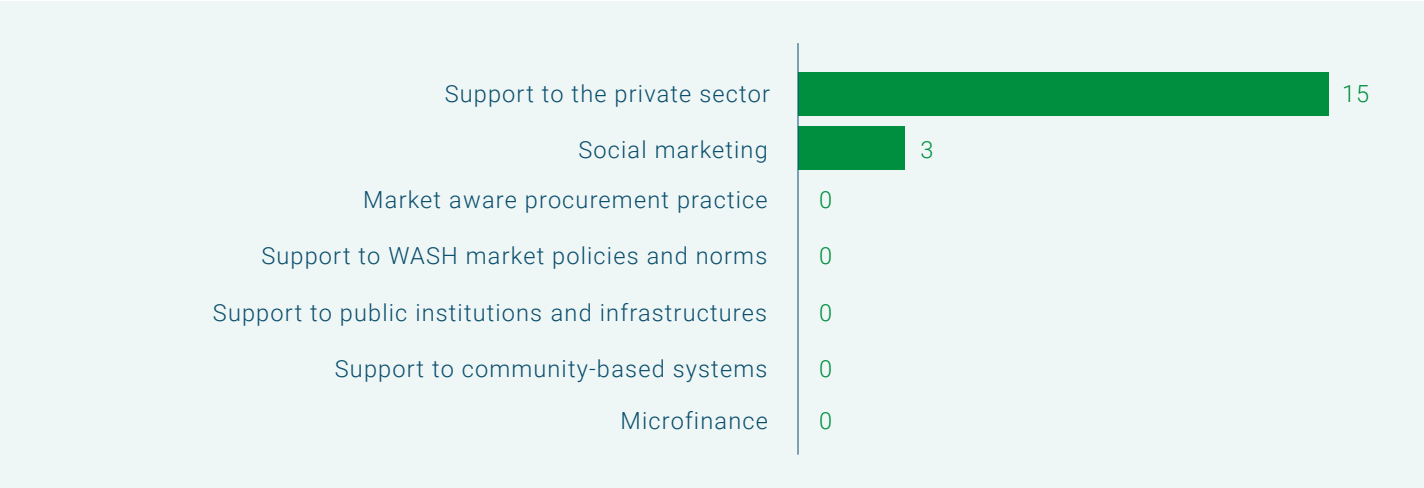

Figure 3. *Market support for hygiene practices; number per type of implementation modality*

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 than for 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, the Philippines or even Haiti and Somalia), reducing the need for specific support.

4.1.1 Support to the private sector

Role and benefits

Private sector actors (producers, wholesalers, retailers) can be supported to supply hygiene items corresponding to humanitarian standards to non-governmental organizations (NGOs) or directly to beneficiaries. Support can be provided in preparedness – e.g., 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 that they can get prepared). Support can also be provided to them during the emergency response, by facilitating or subsidizing transport, energy supply, stocks, or rehabilitation of infrastructure (shops, roads, bridges 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.

Enabling factors

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 beneficiaries (e.g., small traders targeted as part of a post-disaster livelihood support intervention).

Risks and limitations

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 unethical by agencies, donors or the general public, unless precautions are taken to make the process transparent.[1] Another challenge may be the slow adoption of standards for market support interventions by humanitarian WASH actors.[2]

Observed practices

Inclusion of sanitation costs in MEBs

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).

Support to hygiene item retailers during emergencies

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 categorized 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

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.

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, Catholic Relief Services targeted 300 small traders, who were provided with cash grants of US$300 each. The traders sold a variety of goods, such as food, hygiene items and other commodities. The grants were disbursed in three instalments: a first instalment of $75 for immediate needs, as well as labour, debt relief or initial restocking; a second instalment of $150 or two bundles of corrugated iron roofing sheets and tools to build a temporary structure for a shop; and a third instalment of $75 for those vendors who were eligible, to use on (re)constructing their stalls, according to 'build back safer' specifications (Julliard, 2017).

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 PhP14 000 (approx. US$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. *Subsidizing 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 subsidized the production. SAVONOR used its usual distribution system to ensure that the 'Blue Soap' was available all over the country.

4.1.2 Social marketing

Role and benefits

Social marketing for hygiene consists in improving both demand and supply for certain hygiene items, such as hand-washing devices or jerrycans with taps. Demand is strengthened or created through 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 – 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).

Risks and 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 unethical 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 hygiene items through social marketing

In response to the protracted cholera crisis in Haiti, Action contre la Faim (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 positive effect on availability (the profit and capacity of 15 retailers selling chlorine and buckets improved), access (750 beneficiaries had access to buckets with taps to store their water), quality (the improved water container met locally agreed standards) and awareness (people knew how to access buckets with a tap and were instructed by vendors and project teams on how to use them). Use, however, was not monitored (Villeminot, 2017).

In an area of Madagascar affected by high prevalence of malnutrition, ACF implemented a social marketing intervention aimed at promoting the sale and use of hand-washing devices. Three types of products were developed, and six artisans were supported to set up a business plan to produce, market and sell the devices. Campaigns to promote hand washing were also implemented. As a result of the project, more than 1000 hand-washing devices were sold, to both restaurants and private homes (Action contre la Faim, 2019c).

Conduct *behavioural economics*[3] studies to inform implementation of projects aimed at improving the uptake of hygiene products

Behavioural economics studies explore the relationships between the modalities of access to a certain hygiene item and the uptake of the product by the target population (e.g., whether it is given for free, sold at real retail price, sold at a discounted price, distributed as in-kind or through vouchers, which members of the household receive the voucher etc.). In theory, subsidies (delivered through vouchers which cover part of the cost of a product to make it cheaper for households) create a spike in adoption, and might allow households to learn about and benefit from the product, which then incentivizes them to sustain use, even after the subsidies have been removed. In addition, when a non-zero price is paid for a hygiene good, people may be more likely to use the product (this is known as the 'sunk cost effect')[4] (Whitehouse, 2017).

Research from Kenya found that short-term subsidies (delivered through vouchers) for new and improved bed nets in rural areas led to a higher willingness to pay and higher adoption of the bed nets in the long run (a year later) among voucher recipients and their social contacts (Dupas, 2014). Another study conducted in Kenya found that distributing the voucher for mosquito nets in the presence of both household heads (e.g., husband and wife) increased uptake by about 20 per cent, compared to targeting either of them alone (Dupas, 2009).

4.1.3 Market-aware procurement practices

Role and benefits

Emergency WASH interventions often rely on the distribution of hygiene items. These items can be procured from local or 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 prioritized 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 a 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 prioritized, with the objective of strengthening the local market.

Risks and limitations

Local procurement can take longer and be 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 deciding to procure locally, there is a risk of harming the market and increasing prices for the local population. In some organizations, there can be tension between a 'programmatic approach'

3 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).

4 In behavioural economics, the 'sunk cost effect' is characterized 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, to justify the expense.

of supporting local markets and a 'procurement approach' of purchasing at competitive prices (with processes that are compliant with internal and donor rules).

Observed practices

Market-aware procurement of hygiene items

Local procurement was not well reflected in this review, as aid agencies rarely share publicly the way in which they procure items in emergencies.

KIIs with participants 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 the International Federation of Red Cross and Red Crescent Societies and UNICEF).

Market assessment reports sometimes recommend in-kind distributions of some specific hygiene items. For example, in a WASH pre-crisis market mapping and analysis 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).

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.

Support to WASH market policies and norms	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 an 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.
Support to community-based systems	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 the International Committee of the Red Cross (ICRC) and Oxfam mentioned projects which supported community-based organizations to produce hygiene items locally (chlorine, sanitary pads, soap, detergent or face masks), although these practices were from development contexts. ICRC supported the production of soap, detergent and hand sanitizer in detention centres in Nigeria and the production of face masks in detention centres in Mali.
Microfinance	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.

A community health worker explains how vouchers can be exchanged for mosquito nets to a beneficiary in Sierra Leone. In June 2017, the National Malaria Control Program of the Ministry of Health and Sanitation distributed around 4.3 million insecticide-treated mosquito bed nets through vouchers in a nationwide mass distribution campaign.

Adolescent girls from Bangladesh are demonstrating how they produce sanitary napkins (April 2017). Implemented by CARE Bangladesh, the project has proved to be very successful in helping young girls manage their menstruation cycle without being shy or embarrassed.

4.2 CVA modalities

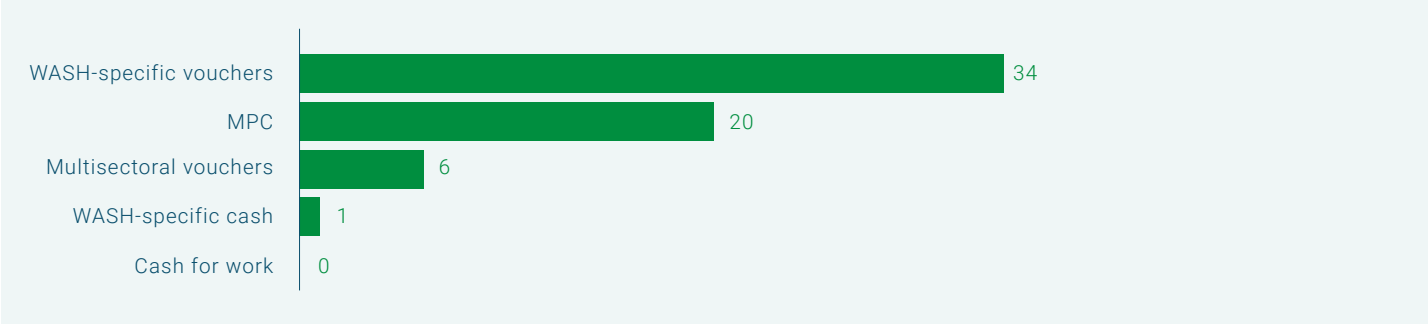

Figure 4. *CVA for hygiene practices; number per type of implementation modality*

The following tables provide an overview of the practices reviewed for each group of CVA modality used for hygiene: WASH-specific vouchers, multi-sectoral vouchers and WASH-specific cash. Practices related to the use of 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 KIIs).

4.2.1 WASH-specific vouchers for hygiene items

Role and benefits

Emergency WASH interventions often rely on the distribution of hygiene items. These items can be procured from local or 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 prioritized 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 a 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 prioritized, with the objective of strengthening the local market.

Risks and limitations

Local procurement can take longer and be 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 deciding to procure locally, there is a risk of harming the market and increasing prices for the local population. In some organizations, there can be 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).

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 five bars of soap and one solar lamp to affected households (PAH, 2019).

In Ukraine, ACF used electronic vouchers with a value of US$10 per month per household to deliver hygiene items. The targeted households also received a separate fresh food voucher, and both vouchers were redeemable in the same supermarket. 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 organized buses to transport elderly beneficiaries to and from their homes to do their shopping (ACF, 2015a; KII with ACF).

In Ethiopia, Norwegian Church Aid and Lutheran World Federation 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 (ETB700 or approximately US$20) and were restricted to 31 hygiene items, including different types of soap, jerrycans, washing basins, sanitary pads and underwear. The multisectoral vouchers represented one third of the voucher value and could be exchanged for 43 commodities, including food (sugar, pasta, margarine etc.) and NFIs (mosquito nets, toothbrushes and toothpaste, kitchen utensils, clothing, shoes, blankets etc.). The rationale for this split approach was to mitigate the risk of refugees reselling the hygiene NFIs 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).

4.2.1 Multisectoral vouchers

Role and benefits

'Multisectoral vouchers' is a term used in this study to denote vouchers which are designed to achieve objectives in multiple sectors – e.g., vouchers for hygiene items, food and 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 prioritize buying hygiene items when given the choice.

Risks and 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 prioritize 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

Multisectoral vouchers and WASH NFIs

The use of multisectoral vouchers to access both hygiene items and other commodities (such as food, shelter items, clothing etc.) was observed in eastern Democratic Republic of the Congo (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' – which are also known as NFIs or core relief items. The goods available at the fairs included WASH NFIs (see Box 2 for further details).

In Jordan, Syrian refugees in Azraq and Za'atari camps received 'winterization' multisectoral vouchers from the Norwegian Refugee Council (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 per cent of the vouchers were spent on hygiene items (mainly shampoo, laundry soap and dishwashing liquid), though the largest single expenditure item was food (46 per cent) (NRC, 2015).

In Mozambique a joint programme by UNICEF and the World Food Programme provided families affected by Cyclone Idai with three months of food and NFI vouchers worth US$40 per month (50 per cent of the food basket and 50 per cent of the WASH NFI basket). Monitoring showed that 26 per cent of families bought bar soap, and 21 per cent bought washing detergent with their vouchers. However, the amount spent on these items was very low (only 3.8 per cent of the total value of the vouchers). Overall, vouchers were mostly

spent on food rather than WASH NFIs, though 97 per cent of beneficiaries reported that the programme had contributed to meeting their basic hygiene and WASH needs (KII with UNICEF Mozambique).

Box 2. *Voucher fairs in the 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' 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 essential household items to areas where affected populations live, giving beneficiaries increased flexibility while 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 multisectoral 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 proportion of beneficiaries that reported spending some of their vouchers on hygiene items (soap, jerrycans, buckets, basins etc.) varied between 23 per cent (UNICEF, 2011) and 7 per cent (AIR, 2017). However, if a wider concept of 'hygiene' is used that includes some kitchen items, clothing and cloth, then the proportion is much higher.

It is not clear why spending on hygiene items was relatively low. One (untested) hypothesis is that items such as soap are very cheap and readily available on the local market, so although assessments identified that families generally needed and liked soap, at the voucher fairs they may have prioritized the purchase of more expensive items that were not usually available on the local market.

Sources: AIR, 2017; CaLP, 2011; Quattrochi, et al., 2019; KII with former UNICEF DRC staff.

4.2.3 MPC

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 MPC – 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 that 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 (US$14) 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, 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: (1) they could choose the type of hygiene items to purchase and their preferred brand; (2) items do not expire, as they can be bought when needed; and (3) 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 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 KIIs. Although a wide 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 or well documented. The MBP for hygiene practices that were reviewed for this study tended to focus primarily on either market support or CVA modalities alone, providing very few details on whether and how they 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 and 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 to create, or maintain, demand for and use 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, and 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.

Risks and 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 (2013–2015). 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, but this was scaled down to only 5000 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 BCC

In the same project in Somalia described above, 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 household water treatment). 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 learned 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

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 – e.g., regular monitoring of the hygiene market system during the response – and new arrangements in terms of information management, and cluster and intersectoral coordination. The following tables provide some examples of how MBP for hygiene was taken into account in the phases of the humanitarian programme cycle and enabling environments, although these arrangements are not well documented and there are significant information gaps in this area.

4.4.1 Market-sensitive assessments, response analysis and planning

Role and benefits

Market assessments are the cornerstone of MBP for WASH (GWC, 2019). Their role is to inform subsequent WASH response analysis and planning. During the response analysis phase, the relevance, appropriateness and feasibility of various market- and non-market-based response modalities should be assessed for the hygiene subsector, and the optimal combination of modalities identified and included in the implementation strategy. Hygiene is one of the many basic needs that must be covered, and response analysis should start with a multisectoral analysis, before being narrowed down to the WASH sector. This process can be done at agency level by project managers or programme coordinators, or at humanitarian response level by cluster coordinators. The hygiene market (prices, quality, availability) changes during emergency response; it should be monitored during the intervention, and corrective actions implemented if needed.

Enabling factors

To ensure that hygiene is adequately considered during market-sensitive assessments and response analysis processes, WASH project managers or coordinators should follow MBP training or have dedicated support from a cash and markets specialist. They should also be involved in other types of market-sensitive multisectoral assessments, such as MPC feasibility assessments and basic needs analyses, when these take place at inter-agency or inter-cluster level. Strong inter-cluster leadership is an enabling factor for multisectoral and market-sensitive response analysis, as this process can be extremely challenging – especially in first-phase response.

Risks and limitations

A key limitation of using market-sensitive approaches for hygiene is that market analysis exercises often focus on the feasibility of using CVA and the market's capacity to respond to such interventions, but do not explore ways of restoring or improving the hygiene market in general.[5]

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).

Observed practices

Nine market assessments related to hygiene items were identified during this review. About half were conducted at agency level; others at cluster level (Bangladesh, Somalia, Yemen) or by a consortium of aid agencies (Ethiopia).[6] These assessments did not usually focus on a single item, but rather included the main items relevant to hygiene in the area (such as soap, jerrycans, household water treatment etc.) and in some cases assessed all WASH-related markets (water, sanitation, hygiene, as for the WASH cluster in Somalia).

Only one documented case was identified of an inter-agency response analysis process which was based on a thorough inter-agency 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 the preparedness phase were identified – e.g., 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.

6 In Somalia, Bangladesh and Yemen, REACH conducted market assessments on behalf of the WASH cluster (UNICEF, 2019b; REACH 2018a; 2018b; 2020); another WASH market assessment was conducted in Somalia 2019 by an inter-agency team with support from a CashCap deployment (WASH Cluster, 2019).

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5. CONCLUSION

This report presented an overview of current practices of MBP for hygiene in emergencies, describing documented interventions and approaches across the humanitarian programme cycle, and examples of successful partnerships between humanitarian actors and the private sector. The practices were drawn from 88 documented examples of MBP for hygiene and 41 KIIs. 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 summarized below for each group of modalities.

Hygiene market support

Market support modalities offer some benefits and opportunities to achieve quality hygiene programming in emergencies, as follows.

- **Private sector actors for hygiene items** (producers, wholesalers, retailers) can be supported 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 organizations or households can be supported to **produce hygiene items** locally, such as soap or face masks.
- **Other modalities** can potentially support hygiene markets in emergencies, 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 beneficiaries (e.g., 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 prioritized, 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 life-saving 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 and can take longer and be 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 MPC (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 predetermined 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, they are explored in the separate report in this series that focuses on practices related to the use of MPC in the hygiene subsector.

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 low, 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, MBP for emergency hygiene should use complementary approaches that combine CVA, market support, direct service delivery and BCC, 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 specializing in cash and markets.

MBP for hygiene throughout the humanitarian programme cycle

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 sectoral strategies. The hygiene market can also change and evolve during emergency response (variations in price, quality, availability etc.) and should therefore be monitored during the intervention. If significant changes occur, corrective actions and a 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 training for WASH practitioners, are enabling factors for the adequate use of market-sensitive approaches for hygiene throughout the humanitarian programme cycle. 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-

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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 are 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 contexts, 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.

A number of *MPC-related practice gaps* can be identified from the documentation reviewed here. While WASH practitioners were clearly involved in developing MEBs and identifying market prices for WASH goods and services in many contexts, their role in the response analysis process which resulted in choosing MPC over other modalities was not clearly documented. There was also a lack of documented examples of the use of MPC with complementary approaches such as WASH market support, hygiene behaviour change communication and direct delivery of certain essential WASH services or commodities that are in many humanitarian contexts unlikely to be purchased directly by beneficiaries with their monthly MPC grant (such as HHWT, menstruation management products or latrine-building material and labour). Complementary programming of this sort is complex and requires strong intersectoral leadership and the close involvement of WASH staff in MBP response analysis and implementation. In terms of the monitoring of MPC, although there were some documented attempts to measure higher-level WASH outcomes, the focus of MPC monitoring was mostly on how households spent the cash, rather than on the quality of the WASH goods and services accessed and how they were actually used within the home.

In conclusion, while MPC is inherently a multisectoral tool which increases financial access to goods and services, it cannot respond to *all* sectoral needs. This is particularly true for the WASH sector, for which the success of MPC in achieving WASH outcomes depends on the quality of public (or private) WASH infrastructure and services, as well as on households having safe WASH practices. In most humanitarian contexts it is therefore necessary to implement other modalities alongside MPC to overcome the risks and limitations and create a conducive enabling environment for achieving WASH outcomes.

WASH Cluster
Water Sanitation Hygiene

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