

Evidence-building for cash and markets for WASH in emergencies

SUMMARY OF FINDINGS



WASH Cluster
Water Sanitation Hygiene



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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 that 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 that 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’ interventions.
- **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 that 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 that 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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INTRODUCTION

For decades, humanitarian and development actors have worked to set up or strengthen water, sanitation and hygiene (WASH) systems and enabling environments in fragile contexts and emergency situations. Most WASH systems involve an exchange of WASH goods and services between different actors and can be referred to as 'WASH market systems'. These market systems bring together the users of the goods and services, the actors supplying them (whether public, community or private) and the infrastructure, secondary services and policies necessary for WASH markets to function. However, while development actors have commonly worked within existing WASH market systems, in many emergency contexts, humanitarian actors have set up temporary and parallel systems to rapidly deliver goods and services that meet established humanitarian standards.

In line with the global agenda for more localized and efficient humanitarian action, WASH actors have come to realize that the market-based modalities that have been used for many years in development contexts can also be used in humanitarian response. 'Market-based modalities' include the distribution of *cash and vouchers*, which enable recipient households to access the WASH goods and services they need, and *support to WASH markets* to deliver them at humanitarian standards. According to the Global WASH Cluster (GWC), market-based programming (MBP) means giving adequate consideration to markets at each stage of the humanitarian program cycle – from assessment, to programme design, implementation and monitoring – and choosing the most relevant combination of both market- and non-market-based modalities for each context.

Despite the increasing use of market-based modalities in the humanitarian WASH sector, considerable barriers still exist to using them at scale. With the aim of addressing these barriers, the GWC Markets Technical Working Group (TWiG) commissioned this systematic review of practices and evidence of MBP in the WASH sector.

Scope of the study: this study reviewed all available documents that describe *practices* related to the use of market support or cash and voucher assistance (CVA) modalities to achieve WASH outcomes and impact in emergencies, as well as documents that describe the *evidence of effect* of these modalities on WASH outcomes. The results of this review are presented in five separate documents, the present document being a summary of all five:

- 'Practices in market-based programming in the water subsector'
- 'Practices in market-based programming in the sanitation subsector'
- 'Practices in market-based programming in the hygiene subsector'
- 'Practices related to the use of multipurpose cash for WASH outcomes'
- 'Market-based programming for WASH evidence mapping'

Each of the above reports focuses on a different aspect of MBP and addresses a slightly different audience.

The four practice reports analyse the *practices* of using market-based modalities and approaches for WASH, as well as a specific report on *multipurpose cash* (MPC) practices related to WASH.

These reports provide practical details on MBP approaches – their role, the enabling environment, risks and limitations – which can help to inform the design, implementation and coordination of market-based modalities. The practice reports address WASH practitioners and coordinators at all levels.

The evidence mapping report takes stock of the current *evidence of effect* of MBP on WASH outcomes, including evidence maps for each of the WASH subsectors.

This report provides information that can be used to make decisions regarding strategic planning for emergency response and funding research to address evidence gaps. It is intended to be read by senior WASH practitioners and senior humanitarian programme managers, and staff involved in the coordination of humanitarian assistance and funding decisions.

In the PDF portfolio, these reports can be accessed via the panel on the left. Below the reports, on the panel, is a separate folder that includes all the annexes referred to in the reports. The list of all annexes can also be found at the end of this document. The bibliography and database of the documents reviewed are available

in [Annexes 2](#) and [3](#), and the list of key informants interviewed for the study can be found in [Annex 13](#).

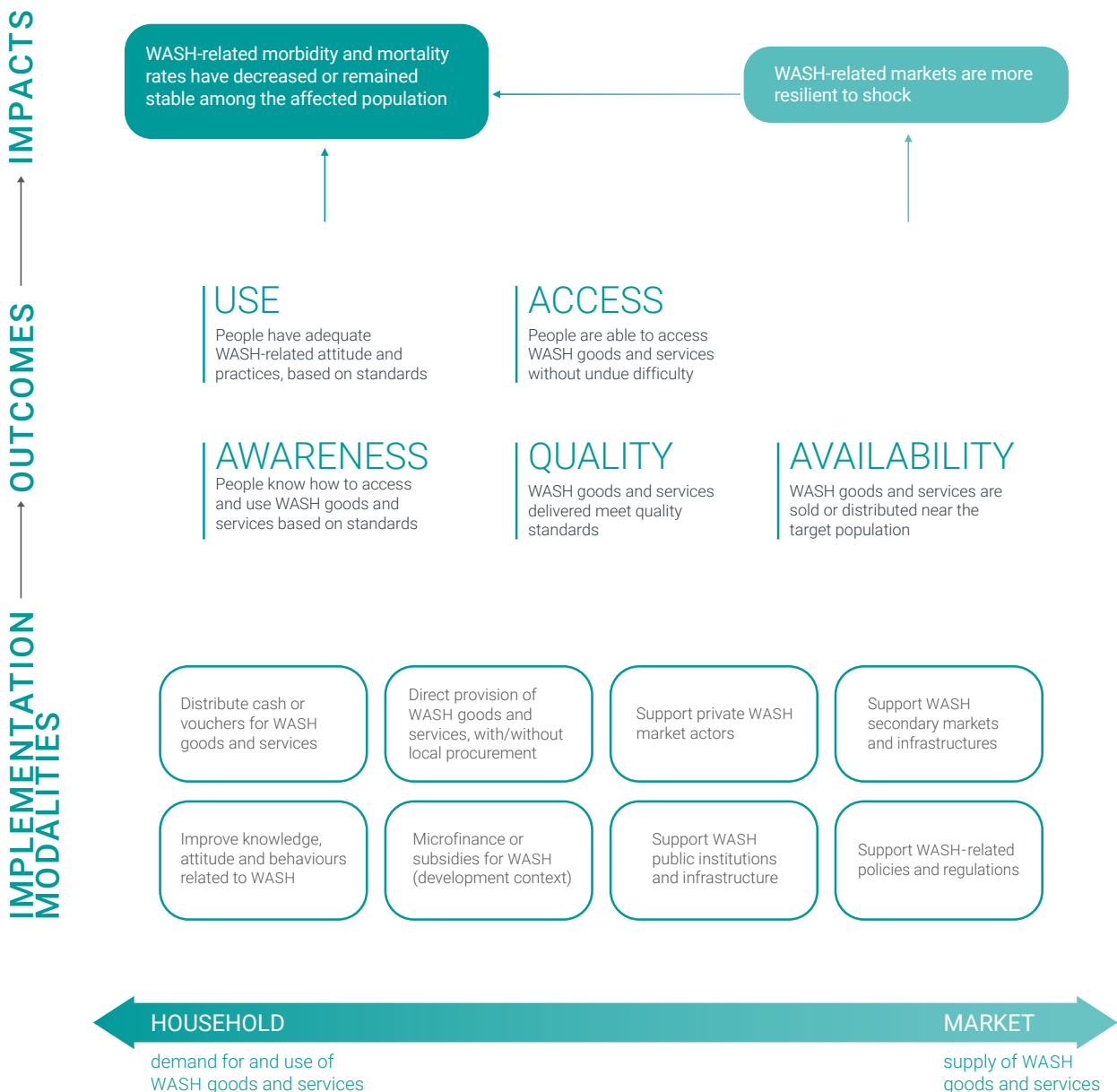
The documents reviewed during this study can be accessed [here](#). A selection of these documents is also available in the [GWC resource centre](#).

MBP FOR WASH CAUSAL FRAMEWORK

A WASH causal framework was specifically developed for this study to map out how market- and non-market-based WASH modalities can produce expected WASH outcomes and impacts. WASH outcomes and impacts presented in the frame-

work and used during this study were inspired by both general WASH literature and the list of barriers to achieve humanitarian outcomes from the 'Basic Needs Assessment Guidance and Toolbox' (Save the Children and Okular Analytics, 2018a, p. 20).

Figure 1. Market-sensitive emergency WASH causal framework



STUDY METHODOLOGY

The study used a mixed-methods approach: a systematic literature review that gathered and analysed documented practices and evidence of MBP for WASH was complemented by analysis and examples from key informant interviews with WASH and CVA practitioners.

For the literature review, relevant MBP for WASH documents were collected by searching online databases and by gathering documents from GWC partners. To be included in the review, the documents had to meet all of the following criteria:

- **market-based modalities:** documents covering one or several market-support or CVA modalities;
- **WASH subsectors:** documents covering one of the following WASH subsectors: water (water supply and household water treatment (HHWT)), sanitation (human excreta containment and management, solid waste management), hygiene and vector control;
- **humanitarian context:** documents describing interventions in humanitarian contexts (including emergency preparedness, response and recovery phases). Some documents related to market support in development contexts were included, as they presented practices that could potentially be used by humanitarian actors or that could have a positive effect on market resilience or on affected populations' resilience to disasters. These documents from development contexts were only used for the practice reports and were excluded from the evidence mapping, as their effect during emergencies was not measured.

Using the above search criteria, 329 documents were selected and underwent initial screening. This first screening led to the identification of 200 relevant documents, including market assessments, case studies, research studies, monitoring reports, guidelines, etc. From these documents, 256 examples of market-based modalities used for WASH were

identified and analysed; these examples constitute the knowledge base used for *the four reports on practices* (water, sanitation, hygiene and MPC). In these reports, each type of market-based modality is summarized in a table, which outlines the specific role, enabling factors, risks and limitations of this modality and provides examples of current practice. A second screening process identified a subset of 51 documents in which the effects of MBP on WASH outcomes were measured. These documents were considered 'evidence' and have been used for the *evidence report*. This evidence was classified into two main categories: *rigorous* (mostly randomized controlled trials) and *non-rigorous* (including quantitative studies using non-rigorous sampling methodology, qualitative studies, and lessons-learned and field reports).

In addition to the documentation on current practices, 41 key informant interviews were conducted to provide further analysis and collect additional examples from the field, particularly those practices that may not be publicly documented. The interviews were also an opportunity to collect MBP for WASH practices that were used in response to the coronavirus disease 2019 (COVID-19) pandemic, which was announced by the World Health Organization during the course of this study.

For the evidence review, for each of the *WASH subsectors*, the strength of evidence of the effect of market support and CVA modality groups on each of the *outcomes* (availability, access, quality, awareness, use) was evaluated by calculating a 'strength of evidence' score. This score takes into account the number of pieces of evidence available for the group, the number of pieces of rigorous evidence, and the consistency of effect across the evidence group. This methodology is presented in [Annex 8](#). Based on this analysis, five evidence maps were produced and analysed, for water supply, HHWT, sanitation and hygiene, and one evidence map focusing on MPC and all WASH subsectors.

FINDINGS ON MBP FOR WASH PRACTICE

The following section presents the findings from the practice reports, summarizing the specific benefits, the role, the enabling factors and the risks and limitations that were identified for the different MBP modalities reviewed for these practice reports.

The many benefits to using MBP for WASH in humanitarian contexts

In the practices reviewed, MBP approaches were used to support long-term WASH market resilience, avoid harm to local WASH markets, increase the availability of WASH goods and services in emergencies, improve the efficiency and quality of humanitarian response, improve the resilience of water supply infrastructure, improve the capacity of local actors to sell or distribute WASH goods and services at humanitarian standards, and produce durable positive impact on WASH systems. As consistently mentioned in the assessment and monitoring reports reviewed, CVA is generally beneficiaries' preferred form of assistance. It was also observed that some MBP modalities (such as vouchers) can have an added value compared to in-kind distribution in improving WASH-related practices by beneficiaries, particularly for encouraging the purchase and use of HHWT products and mosquito nets.

The different roles of market support and CVA modalities in achieving quality WASH programming during emergencies

Role of WASH market support

In most contexts, the private sector is a strong actor in the provision of water and hygiene-related goods, one which can be used and supported during emergency preparedness and response. The sanitation private sector is generally weaker and needs longer-term support before being used in emergency contexts;

support can be provided in the form of enterprise development, marketing, provision of cash and material to market actors, training, sector structuring and strengthening of the regulatory framework.

Support to community-based systems, through organizations such as water committees, water users' associations and village committees, can be relevant in the water and hygiene subsectors, especially in rural areas and informal urban settlements, where the presence of private and public actors is limited. Support can consist of paying community actors for the use of their services, providing training, cash support, provision of subsidies for fuel and donation of materials. The involvement of community actors for sanitation in emergency contexts was found to be more limited.

Support to public institutions such as water and sanitation utility companies is appropriate in urban areas or in contexts with a high standard of water and sanitation infrastructure. This support can be provided in the form of payments to the public institutions to cover their operating costs, cash grants, material donations, direct repairs of the WASH infrastructure managed by public institutions and training in technical issues or disaster risk management. In other contexts, support should focus on improving the monitoring and regulatory role of local WASH-related authorities.

Support to WASH policies and regulatory frameworks are long-term interventions that can have a positive effect on coverage of water and sanitation infrastructure and their resilience to disaster, as well as facilitating the delivery of water and sanitation services during emergencies by community, private and public actors.

Social marketing is a key modality for improving the uptake of HHWT and sanitation products in protracted emergencies or the preparedness phase, addressing both supply- and demand-side barriers at the same time. For HHWT, social marketing is often combined with vouchers to trigger demand.

Microfinance can be used in protracted emergencies or stable contexts as a resilience-building measure to encourage investments by poor households in their water and sanitation infrastructure.

Training schemes, use of local labour and cash for work (CFW) for skilled workers can be used to support WASH-related labour markets during preparedness and response phases.

Market-aware procurement processes in the emergency WASH sector can avoid harming local markets, support the local economy and improve local availability of WASH-related goods and services.

Role of CVA

WASH-specific vouchers are frequently used for water supply, HHWT and hygiene items as a way of directly meeting project objectives and targeting the poorest households. Vouchers enable aid organizations to monitor quality and quantity, while giving users some flexibility to choose their preferred type of product, time of purchase and vendor. For sanitation, vouchers can also be used to provide households with access to latrine construction materials, labour or desludging services.

Multisectoral vouchers, which are designed to achieve objectives for multiple sectors, are rarely used to achieve WASH outcomes. A few practices were reviewed for this study in which hygiene items or HHWT products were included within multisectoral vouchers (i.e., vouchers that could also be used to access other commodities such as food, shelter items, clothing, etc.). However, for sanitation, no examples were found in this practice review, and multisectoral vouchers are unlikely to be appropriate for achieving sanitation outcomes.

WASH-specific cash is frequently used for improved sanitation, in the form of conditional cash transfers to support households to pay for latrine construction materials or labour (known as instalments or ‘tranche payments’ for latrine construction). However,

this approach takes time to set up and is more appropriate for recovery phases or protracted crises, rather than immediate emergency response. For water, cash can be used as a ‘top-up’ to complement MPC in areas where water access is more difficult and costs are higher than the estimated amounts included in the minimum expenditure basket (MEB), though this practice is rare. For hygiene, cash transfers specifically designed for hygiene items were rarely used as a modality, though the cost of hygiene items was frequently integrated into MPC assistance (see below).

MPC can play an important role in meeting households’ WASH needs, particularly for regular and predictable WASH-related costs, when the main barrier to access is financial and households have adequate WASH knowledge, attitudes and practices. MPC can be used by households to buy water outside the home (water points, vendors, water trucking), to purchase hygiene items on the local market or, less commonly, to pay for desludging costs. For households that are connected to piped water supply and sewage networks, MPC can be used to pay utility bills. MPC is less adapted to support one-off (and relatively high) costs, such as latrine construction or improving water supply infrastructure.

Factors or environments that were found to enable the implementation of WASH market-based modalities

Prior to supporting WASH markets, initial studies should be conducted such as assessments of key WASH markets, basic needs analysis and studies to understand households’ economic profile and consumption patterns related to WASH and other sectors. The WASH needs of affected populations should be viewed in light of other basic needs and their current financial priorities.

The presence of functional markets as well as affected households commonly purchasing quality

WASH goods and services pre-crisis are both strong enabling factors for the use of CVA for WASH. Many market support modalities (particularly social marketing, improving the WASH labour market and supporting WASH policies) are most appropriate and feasible when the context is stable and project duration is relatively long (over three years).

MBP modalities often require specific skills (such as communication, marketing or finance) among WASH project teams and the establishment of partnerships with development-oriented actors (such as microfinance institutions).

In most contexts, WASH market support and CVA are better combined with approaches that improve or maintain safe WASH behaviours.

As many WASH-related expenses are of low value (soap or water), irregular (desludging) or require one-off investments by households (latrine construction), the set-up of a CVA delivery mechanism specifically for WASH is unlikely to be cost-effective. Setting up a joint delivery mechanism (i.e., for MPC that covers basic needs) or 'piggybacking' on an existing CVA delivery mechanism is therefore recommended.

For WASH-related costs that are relatively large, such as latrine construction or water trucking, aid agencies can use conditionality and labelling (i.e., communicating to recipients that the cash is intended to be spent on WASH) to increase the likelihood that cash contributes to WASH outcomes.

Cash transfers and/or multisectoral vouchers should only be used for WASH when other basic needs are also covered.

Finally, giving preference to local procurement can require flexible procurement rules on the part of both aid organizations and donors, particularly in situations where supporting local markets is a programmatic objective but local procurement is not necessarily the most cost-effective or fastest option.

Some risks and limitations when using market-based modalities in emergency contexts

There is still a lack of readiness to design and implement market support interventions for WASH in emergency contexts, and market-aware standards are only recently being adopted by WASH actors.

For water, in contexts where the water market is unregulated and people lack safe water-related behaviours, market support and cash transfers should be combined with some direct assistance, water quality control and behaviour change communication on safe water practices; otherwise, there is a risk of not delivering water at humanitarian standards. In such contexts, vouchers may offer more opportunities for quality control than cash transfers.

Unlike the water market, the private sanitation market in low- and middle-income countries (LMICs) is generally weak and needs further development before being used for emergency response. Policies aimed at developing the private sanitation market in LMICs have not yet been shown to increase the involvement and quality of delivery of the private sector. To better understand how to support the private sanitation market in LMICs, further research, policy development and piloting of new approaches are necessary.

Similar to direct service delivery, effective WASH market support and CVA-related activity do not always translate into use of WASH infrastructure or goods by the households in the short or medium term, and strong monitoring is recommended. For instance, microloans for latrine construction do not necessarily result in a finished latrine used by household members. Similarly, hygiene kits delivered through vouchers can be resold or misused (as is the case with in-kind hygiene kits).

Without strong monitoring, CVA for sanitation also poses the risk that the latrines constructed are of poor quality, built in a location that creates a public health risk or complex to desludge.

Market support modalities, such as social marketing, are unlikely to produce results in very fragile contexts (extreme poverty, food insecurity and insecure environments).

Finally, favouring local procurement for WASH also has considerable limitations, as it goes against the principles of competition with other larger markets, can take longer and be more expensive than using larger non-local markets and poses the risk of purchasing low-quality material or services. If not based on a market assessment, local procurement also comes with the risk of affecting market functioning and leading to insufficient supply or higher prices for usual retail customers.

FINDINGS ON EVIDENCE FOR MBP FOR WASH

The study found that the overall strength of evidence of MBP for WASH in emergency contexts was low, with some variations between modalities (market support, CVA), subsectors (water, sanitation and hygiene) and outcomes (availability, access, quality, awareness, use and WASH-related health).

The impact of MBP on WASH market resilience was excluded from the evidence map, as the level of evidence was found to be negligible.

The following sections present the *emerging evidence* identified during the study and the *gaps in evidence* that were observed.

Emerging evidence

Although the level of evidence is often too low to draw robust conclusions, some emerging evidence of the effect of MBP on WASH outcomes in emergency contexts was identified. It is summarized in Table 1, where emerging evidence of positive effect is indicated with a '+'. Some evidence of neutral or negative effect was also observed, but as the level of evidence was negligible, it is not represented in the table. The most prominent findings drawn from the evidence are listed after Table 1.

Table 1. Emerging evidence of positive effects of MBP on WASH outcomes in emergency contexts

MODALITY	SUBSECTOR	OUTCOMES				
		AVAILABILITY	ACCESS	QUALITY	USE	HEALTH
CVA modalities	Water		+(c)			
	Sanitation		+(c)	+(e)		
	Hygiene	+(a)	+(c)			
Market support modalities	Water	+(b)	+(d)			
	Sanitation					
	Hygiene	+(a)	+(d)	+(a)		

Legend

+(x) Emerging evidence of positive effect (see example 'X' below)

 Not enough evidence to draw conclusions

Prominent findings from the evidence review

- a The use of CVA modalities such as vouchers, or market support modalities such as social marketing for *hygiene* during emergencies or fragile contexts, has been found, in some instances, to improve indicators of *availability* for hygiene items, such as vendors' satisfaction and profit, as well as the *quality* of the hygiene products accessed by beneficiaries.
- b Market support modalities such as supporting private or public water market actors during emergency preparedness or response phases have been found to have a positive effect on *water availability* indicators, resulting in an improved capacity of local water market actors and infrastructure such as water kiosks or water utilities.
- c CVA has been found to have a positive effect on *financial access* to most WASH goods and services; beneficiaries effectively accessed water, latrines and hygiene items through cash or vouchers during emergencies.

- d Supporting market actors such as water utilities or hygiene vendors has, in some cases, improved *physical access to WASH* by improving the availability of water and hygiene items near the beneficiaries during and after emergencies.
- e Certain CVA modalities have had a positive effect on *quality* indicators for sanitation, such as vouchers or conditional (tranche) payments for latrine construction in the recovery phase, and vouchers for latrine desludging services.

Gaps in practice and evidence

Despite the emerging evidence, the evidence maps developed for each of the WASH subsectors highlighted considerable gaps in the evidence base, due to *a lack of both MBP for WASH practices and of measurement of the effects of these interventions.*

The main gaps in practice and evidence, as well as recommendations to address these gaps, are summarized in Table 2.

Table 2. Main evidence gaps related to MBP for WASH in emergency contexts

GAP	COMMENT
Relatively low level of readiness of WASH teams to implement market-based modalities in emergency contexts	<i>Even for organizations that are 'cash-ready', this does not necessarily extend to WASH teams or to market support modalities.</i>
Lack of experience and practice of supporting WASH markets in the preparedness phase	<i>Few interventions aiming to support key WASH markets in the preparedness phase were identified. For the interventions reviewed, the effect of market-based modalities on WASH outcomes during subsequent emergencies was not adequately measured.</i>
Not enough practice and evidence of the effect of using market-based modalities for WASH in the first three months following a sudden-onset crisis	<i>Although a significant number of emergency WASH interventions that included WASH market-based modalities were reviewed, very few were implemented during the first phase of a rapid-onset emergency response.</i>

GAP	COMMENT
<p>Insufficient evidence that market-based modalities are more cost-efficient and effective than direct service delivery for the WASH sector</p>	<p><i>Although the cost-efficiency and effectiveness of CVA have been demonstrated for other sectors, they have not yet been shown for the WASH sector.</i></p>
<p>Not enough practice and evidence of effect related to WASH complementary programming (i.e., integrating CVA, market support and non-market-based modalities)</p>	<p><i>Many of the reviewed interventions that included WASH market-based modalities also included other WASH-specific modalities, such as behaviour change communication and direct service delivery. However, in many cases this was not based on a systematic analysis of the barriers to be overcome to achieve WASH outcomes and not well coordinated. When these modality combinations had a positive effect on WASH outcomes, because of the lack of rigorous monitoring design it was not possible to know which modality had most contributed to the effect. There was also no identified practice of implementing complementary programming across agencies (one agency delivering CVA, another implementing market support, another hygiene promotion, etc.), although such sharing of responsibility could be highly appropriate in many contexts.</i></p>
<p>Monitoring frameworks for MBP interventions rarely include adequate measurement of the effect of both market support and CVA modalities on WASH quality and use outcomes</p>	<p><i>In general, market support or CVA interventions adequately measured indicators related to WASH access (purchase of water, construction of latrines, redeeming of hygiene vouchers, etc.), but very few actually monitored the quality of the WASH goods and services accessed and the way in which they were used by beneficiaries.</i></p>
<p>Very few examples of measurement of the effect of both market support and CVA modalities on WASH impacts (health and market resilience)</p>	<p><i>A few interventions were reviewed that used market-based modalities and measured the impact on WASH-related health. However, no MBP intervention was identified in which the impact on market resilience was rigorously measured. There are no established definition and indicators for WASH market resilience.</i></p>
<p>Very few documented examples of coordinated use of MBP across sectors during assessment and response analysis phases</p>	<p><i>MBP offers the opportunity to have a coordinated approach across sectors to respond to affected populations' basic needs and priorities, leading to the identification of the most appropriate response modalities for each sector and common targeting processes. During this review, only one example of such a process coordinated at response level during assessment and response analysis was identified.</i></p>

CONCLUSION AND RECOMMENDATIONS

This study found that humanitarian WASH actors are increasingly ‘market-sensitive’ and, when appropriate, are providing support to WASH markets or using cash and vouchers to deliver WASH assistance through local markets. Particularly for the water and hygiene subsectors, there is a range of experience in supporting markets and the use of vouchers and MPC in WASH interventions. For the sanitation subsector, however, markets tend to be less vibrant and necessitate longer-term support, though cash and vouchers have been successfully used for latrine construction in early recovery or protracted emergencies. While there are still many gaps in practice, as there is a tendency to replicate similar types of activities, there are potential opportunities to innovate and pilot new MBP approaches for WASH, and this should be encouraged.

In terms of the humanitarian–development nexus, this study also highlighted the need to implement longer-term market-based modalities for WASH – which are typically considered ‘development’ approaches – in fragile and disaster-prone contexts. Using these longer-term approaches would help to build the disaster resilience of both communities and market actors, thus supporting the provision of WASH goods and services in the event of future emergencies.

Despite the range of practices identified in this review, there is a lack of evidence that measures the effect of MBP on WASH outcomes and impact. Some emerging patterns point to positive results, but the overall strength of evidence for MBP for WASH in emergency is weak. Further research should be conducted to better assess the effect and added value of MBP, with a particular emphasis on *preparedness, early response to rapid-onset emergencies and complementary approaches*, in which market support and CVA are combined with other forms of assistance, such as direct technical support and behaviour change communication.

Preliminary results of the study were discussed in a validation workshop organized in July 2020 with the members of the GWC Market TWiG. Based on the evidence and practice gaps identified in the study, the following actions are recommended for the GWC, its partners and the WASH sector in general, to address these gaps.

Recommendation 1: Generating new knowledge based on evidence

Launch key operational research initiatives to generate stronger evidence for MBP for WASH, with an emphasis on understanding the conditions under which MBP, including CVA, should be implemented to maximize achievement of WASH outcomes in humanitarian contexts.

Priority areas for research, building on the emerging evidence and gaps observed:

- What is the added value of emergency WASH interventions that use market-based modalities, compared to interventions that use only direct service delivery?
- To what extent do preparedness efforts affect the feasibility of market-based modalities during the first three months of a rapid-onset emergency response, and, if market-based modalities are used, how do these preparedness activities contribute to achieving humanitarian WASH outcomes?
- For humanitarian WASH outcomes, what is the added value of combining MPC and WASH-specific modalities (such as hygiene behaviour change communication or WASH market support), compared to interventions that use MPC alone?
- What are the most effective ways of engaging with markets before, during and after emergencies to ensure adequate linkages between humanitarian interventions and long-term development approaches?

Set up a mechanism to systematically collect, categorize and disseminate new knowledge on MBP for WASH to the WASH community.

Recommendation 2:

Developing further capacity on MBP in the WASH sector

Build the capacity of GWC partners to systematically monitor WASH outcome indicators when implementing MBP modalities, particularly when multisectoral CVA modalities, such as MPC, are used to enable new evidence to be generated.

Sustainably scale up the GWC training on MBP for WASH in emergencies by including the training in priority capacity-building initiatives, such as setting up training of trainers and partnerships with academic institutions.

Recommendation 3:

Boosting the inclusion of market-sensitive approaches in WASH operational responses

Scale up the implementation of preparedness activities for MBP for WASH at institutional and programmatic levels in [GWC priority countries](#).

Systematically consider the use of complementary programming, including market- and non-market-based response modalities, in the WASH sector and across sectors in all phases of the humanitarian programming cycle, liaising with inter-cluster coordination and cash working groups.

Ensure that MBP situation analysis and response analysis processes are well documented by clusters and partners, including specific feasibility and appropriateness analysis for MPC and other CVA modalities.

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- [Annex 2. Bibliography](#)
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WASH Cluster
Water Sanitation Hygiene

Evidence-building for cash and markets for WASH in emergencies
SUMMARY OF FINDINGS



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