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Building Evidence to Inform the Effective Use of Cash and Voucher Assistance in Emergency Sanitation and Hygiene Programming

REPORT COMMISSIONED BY SAVE THE CHILDREN UK

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Report

Executive Summary

Promoting economic recovery, resilience, acceptance and sustainability, Market Based Programming (MBP) is increasingly used by humanitarian agencies. Among a range of programme modalities that are based on understanding and supporting local market systems, there is high level support for expanding use of cash transfers. The 'Grand Bargain' has solidified commitments across aid organisations and donors to increase the routine use of cash.

MBP in general, and in particular Cash & Voucher Assistance (CVA), are increasingly being considered for emergency WASH programmes. However, a lack of robust evidence and technical capacities on their use in sanitation and hygiene programmes has made WASH practitioners cautious about implementing new initiatives. Recognising that this is a particularly underexplored area, this study contributes to the evidence base by examining uses of MBP in emergency sanitation and hygiene programming, with a focus on CVA.

Five programmes, representative of different CVA/MBP modalities, were selected from a range of humanitarian contexts and locations, including:

- Vouchers for hygiene goods and sanitation services in informal tented settlements (ITS), Lebanon (Oxfam);
- Conditional cash transfers for the construction of family latrines for Central African Refugees in the Democratic Republic of Congo (DRC) (UNHCR);
- Cash and vouchers for hygiene to support the needs of internally displaced people (IDP) in Colombia (Acción contra el Hambre);
- Market based WASH response in Bangladesh: piloting of E-transfers, E-vouchers and paper vouchers to support the needs of flood-affected communities (Oxfam);
- Sanitation Marketing in post-Haiyan Philippines (Oxfam).

The qualitative study of the practicalities of these programmes and their successes and challenges gives rise to several lessons of importance to WASH practitioners seeking to support local markets or introduce MBP modalities into future sanitation or hygiene programmes. There are some aspects of sanitation and hygiene which have distinctive implications for how CVA and other MBP interventions should be approached (e.g. strong public health dimension; dependence on sustained behaviour change). However, much of what is required for the WASH sector to benefit most from MBP and CVA for sanitation and hygiene applies in other sectors too. For this reason, the recommendations are aligned with global objectives to improve CVA in humanitarian responses – specifically it mirrors the structure of the Cash Learning Partnership's CTP Programme Quality Toolbox .

1. Coordination

WASH specialists should make coordination a priority to ensure collaboration and avoid overlap and conflict between stakeholders. Once WASH specialists have worked with cash and market specialists in their own organisation as a first point of contact, they must be ready to coordinate programming with new actors (e.g. market suppliers and financial institutions) as well as via cash-focused coordination platforms with other humanitarian or governmental agencies (e.g. the Cash Working Group in country), to ensure that WASH interventions (e.g. subsidised/ in-kind sanitation or hygiene provision) do not undermine the uptake of CVA and, more broadly, MBP.

2. Preparedness

WASH specialists should invest wherever possible in building capacity of key staff within their own and partner organisations to plan and manage CVA and other MBP interventions. Where emergencies can be anticipated (e.g. for cyclical disasters), market baselines and analysis of essential services and commodities, CVA's related contingency planning measures and other specific preparations should be undertaken in advance. Given high staff turnover and unpredictability of events, such anticipatory investments should be carefully targeted and undertaken as cross-agency collaborations wherever possible, to ensure value for money. Cash Working Groups, where and if active, could be a first point of contact for technical and coordination support on cash preparedness.

3. Situation and Response Analysis

As CVA and others MBP interventions for WASH move from pilot to a standard response option, WASH specialists should ensure that situation analyses account for the specific market characteristics of WASH goods and services throughout different elements, including sectoral needs, barriers experienced by households in meeting needs, market functioning and dynamics, vulnerabilities and risk assessments, as well as organisational capacity. Where possible, this should be about influencing multi-sectoral analysis initiatives, rather than conducting WASH-specific analyses, although basic

analysis of water and hygiene items markets should be a minimum standard for all WASH responses. WASH specialists should consider how to collaborate to integrate sanitation, hygiene, and water-specific elements into situation analysis tools and guidance, such as market mapping.

4. Programme Design

WASH specialists should be responsible for ensuring that WASH-relevant information from situation analysis feeds into response analysis and is properly incorporated into CVA/ MBP design. This implies a responsibility to understand and owning key elements of CVA design (such as setting the value, frequency and duration of transfers) and, more broadly, MBP. For all types of WASH assistance, including pilot projects trialling new approaches, it is critical to ensure the setting and monitoring of WASH outcomes – to understand if the intervention has led to WASH usage and behaviour change and is therefore suitable for replication. It is also important to apply the same outcome indicators across different types of interventions (e.g. cash transfers vs. in-kind) to allow for some level of comparison of their respective effectiveness.

5. Implementation

WASH specialists should ensure their role is clearly defined during implementation of CVA and others MBP approaches and utilises their key skills – especially for quality assurance and maintaining technical and public health standards. Although WASH specialists may not be directly responsible for implementing cash distributions and other operational elements related to CVA, which may be taken on by Finance and/or Logistics depending on organisational resources, they have overall responsibility on ensuring technical programme quality, make decisions on possible corrective measures, and guarantee implementation reflects key standards such as accountability to affected populations and data protection.

6. Monitoring and Evaluation

WASH specialists should progressively redefine their role in M&E for WASH programmes containing a CVA or other MBP component. This entails moving away from direct supervision of all output and process towards oversight of these aspects on a risk-basis, which may in turn free up time to advise on WASH related aspects in market monitoring and ensuring consistent monitoring of WASH outcomes and, where possible, impacts.

Report

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ABBREVIATIONS

ADES	Association pour le Développement Economique et Social
CaLP	Cash Learning Partnership
CBA	Cash Based Assistance
CLTS	Community Led Total Sanitation
CTP	Cash Transfer Programme
CVA	Cash and Voucher Assistance
DAC	Development Assistance Committee
DRC	Democratic Republic of Congo
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
EMMA	Emergency Market Mapping and Analysis Tool
GWC	Global WASH Cluster
IDP	Internally Displaced Person
ITS	Informal Tented Settlements
KACHE	Kit for Autonomous Cash transfer in Humanitarian Emergencies
KAP	Knowledge Attitudes and Practices
MEB	Minimum Expenditure Basket
MBP	Market Based Programming
MMT	Mobile Money Transfer
MPG	Multi-Purpose cash Grant
MFI	Micro-Finance Institution
NGO	Non-Governmental Organisation
NWTF	Negros Women for Tomorrow Foundation
PCMA	Pre-Crisis Market Mapping and Analysis
PDM	Post Distribution Monitoring
SKS	Swayam Krishi Sangam
UNHCR	United Nations Refugee Agency
WASH	Water Sanitation and Hygiene

DEFINITIONS[1]

Cash and Voucher Assistance

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

This term has several synonyms (*see Cash Based Interventions, Cash Based Assistance, and Cash Transfer Programming*).

Conditionality

Conditionality refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance. Conditions can in principle be used with any kind of transfer (cash, vouchers, in-kind, service delivery) depending on the intervention design and objectives. Some interventions might require recipients to achieve agreed outputs as a condition of receiving subsequent tranches.

Note that conditionality is distinct from restriction (how assistance is used) and targeting (criteria for selecting recipients). Examples of conditions include attending school, building a shelter, attending nutrition screenings, undertaking work, training, etc. Cash for work/assets/training are all forms of conditional transfer.

Market-based programming (MBP)

Market-based programming or market-based interventions are understood to be projects that work through or support local markets. The terms cover 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.

Multipurpose Cash Transfers (MPC) / Cash Grant (MPG)/ Cash Assistance (MCA)

MPCs / MPGs or MCAs are transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household's basic and/or recovery needs. The term refers to cash transfers designed to address multiple needs, with the transfer value calculated accordingly. MPC transfer values are often indexed to expenditure gaps based on a Minimum Expenditure Basket (MEB), or other monetized calculation of the amount required to cover basic needs. All MPC are unrestricted in terms of use as they can be spent as the recipient chooses.

Restriction

Restriction refers to limits on the use of assistance by recipients. Restrictions apply to the range of goods and services that the assistance can be used to purchase, and the places where it can be used. The degree of restriction may vary – from the requirement to buy specific items, to buying from a general category of goods or services. Vouchers are restricted by default since they are inherently limited in where and how they can be used. In-kind assistance is also restricted. Cash transfers are by definition unrestricted in terms of use by recipients.

[1] http://www.cashlearning.org/resources/glossary

Note that restrictions are distinct from conditions, which apply only to activities that must be fulfilled in order to receive assistance / see conditionality.

Voucher

A paper, token or e-voucher that can be exchanged for a set quantity or value of goods or services, denominated either as a cash value (e.g. $15) or predetermined commodities (e.g. 5 kg maize) or specific services (e.g. milling of 5 kg of maize), or a combination of value and commodities. Vouchers are restricted by default, although the degree of restriction will vary based on the programme design and type of voucher. They are redeemable with preselected vendors or in 'fairs' created by the implementing agency. The terms vouchers, stamps, or coupons might be used interchangeably.

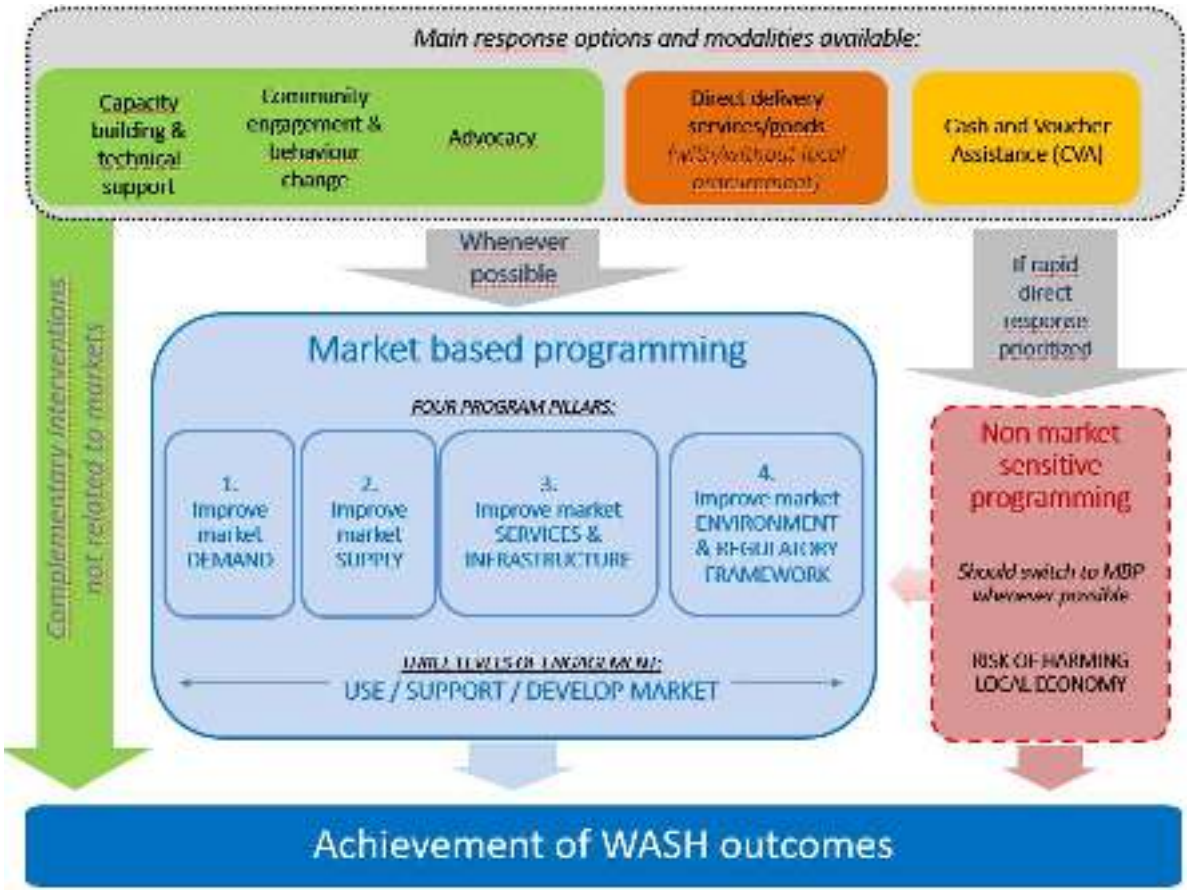

Figure1: WaSH Market-Based Programming Framework

1 INTRODUCTION

Within the humanitarian community, there is a movement towards Market Based Programming (MBP). Based on an understanding of the central role that markets have in people's lives and livelihoods, this approach promotes the consideration of local market systems when preparing for, responding to, and recovering from emergencies. Advocates claim that where feasible, MBP promotes economic recovery, resilience, acceptance and sustainability (GWC, 2016). Although MBP for humanitarian WASH is widely considered 'good practice' (e.g. capacity building of water traders), the sector is still in the early stages of integrating MBP as a standard practice (WASHNet, 2016).

Aid agencies and donors have stepped up their commitments to cash, one mode of MBP (fig 1). From small beginnings a decade ago, cash and vouchers accounted for about $2.8 billion of international humanitarian assistance in 2016, or approximately 10% of total international humanitarian assistance (CaLP, 2018). Cash transfers have been one of the most widely researched humanitarian modality, with most evidence related to the use of cash transfers to meet basic needs, particularly food.

Beyond food, Cash & Voucher Assistance (CVA) is increasingly being considered as a response to emergency WASH through a variety of modalities, conditions and programme designs. Examples range from vouchers for water trucking and hygiene kits, to distribution of cash that recipients are free to spend on WASH items, but also other requirements. Cash or vouchers for WASH may also be conditional, where eligible recipients must undertake some action to qualify to receive it, for example where recipients receive cash in return for building latrines (see Box 1 for a glossary of key terms). However, WASH practitioners have approached the implementation of these new initiatives with caution, due in part a lack of robust evidence on what processes, technologies and approaches work, what doesn't and why (Bastable and Russell, 2013; UNHCR, 2016).

Recognising that this is a particularly underexplored area, this study aims to help build the evidence base by assessing uses of MBP in emergency **sanitation and hygiene** programming, with a focus on CVA. Given Save the Children's mandate, the study additionally examines the implications of cash transfers and vouchers for children – another underexplored area.

1.1 The focus of this study

Given a reliance on case study evidence, the scope of this study is on a limited set of examples, including vouchers for WASH products and services, and conditional cash transfers, for example, payments made to households on condition of latrine construction. We additionally consider one example of non-CVA, MBP to understand how wider aspects of market support can offer sanitation and hygiene and other benefits.

This study provides a review of vouchers and conditional cash transfers with WASH outcomes. It does not review evidence on unconditional cash transfer programmes or multi-purpose cash grants. This is for various reasons. There is increasing uptake of vouchers and conditional cash transfer modalities, yet more evidence is needed to further their incorporation into WASH programmes and inform best design. At the same time, while there is growing evidence of MPC programmes, there is much less data from these programmes available on sector-specific outcomes, opportunities and challenges, including for WASH. The impact of , unconditional CVA on WASH is out of the scope of this paper and other complementary studies are underway that may provide more evidence (see UNHCR, 2018a for an example).

Drawing on five case studies, the analysis provides insight into enabling factors to effectively implement CVA and market-based programmes into emergency sanitation and hygiene responses. It uses a range of largely qualitative sources – including programme documents, interviews with programme managers and focus group discussions with beneficiaries and market actors (see Annex). To answer the overarching research questions, sub-questions were developed with reference to the OECD DAC criteria (see Annex). However, although the study uses evaluation criteria to develop a consistent analytical framework, due to the small sample size and diverse programming and data collection methods, the study does not aim to draw conclusions over the impact of cash and voucher transfers on sanitation and hygiene indicators. Instead, it sheds light on the perceptions of stakeholders and their experience with the programmes under review.

1.2 Research questions

Through a review of learning from five case studies, this study aimed to understand:

1. How far did CVA/ MBP in the case study examples meet sanitation and hygiene needs in emergencies, particularly for children?
2. What were the additional benefits and/ or costs of using CVA/MBP for sanitation and hygiene in the case study examples?
3. Why/ how did CVA/ MBP in the case study examples achieve/ not achieve benefits?
4. What are the lessons for use of CVA/MBP for sanitation and hygiene in the future?

Figure 2: Annotated map showing location of selected case studies

2 OUTLINE OF CASE STUDIES

Five case studies, representative of different CVA/MBP modalities were selected from a range of contexts and locations (Fig.2).

2.1 Case study I: Vouchers for hygiene and desludging for Syrian refugees living in Bakaa, Lebanon

Of the five million refugees that have fled the conflict in Syria since 2011, more than one million people are currently residing in Lebanon. The Bekaa Valley, in the east of the country, continues to host the highest number of refugees, who typically live in Informal Tented Settlements (ITS). Working in 137 ITS in the Bekaa Valley, a key focus for Oxfam has been on improving access to WASH services and facilities through two principle programmes:

1. 'WASH, Winterization and Protection Project for Refugees Fleeing Syria Living in Bekaa, Lebanon' – DFID, GAC and KLUB funded – January 2015 to August 2017;
2. 'Integrated Protection and WASH Response for Syria Crisis Affected Populations in Lebanon' – ECHO funded – 1st May 2016 to 31st March 2017.

This case study captures the experiences of the hygiene voucher modality employed by the 'WASH, Winterization and Protection Project' and the desludging voucher modality utilized by the 'Integrated Protection and WASH Response'.

2.1.1 Hygiene vouchers

Prior to the 'WASH, Winterization and Protection Project' hygiene kits were distributed by Oxfam Lebanon through the 'Early Syria Crisis Response Programme'. Each kit was worth US$55.00 and included 11 identical items[2]. With a 'drastic intervention' in hygiene deemed necessary by a rapid needs assessment at the start of the WASH project, the distribution of kits continued as a key activity.

Following the first distribution of kits under the new project, a Knowledge and Practice (KAP) survey was conducted with 80 beneficiaries, illustrating that 49% of beneficiaries would prefer to receive hygiene vouchers, and 33% support through cash, while only 18% of beneficiaries favoured hygiene kits (Oxfam Lebanon, 2015). As will be explored in more detail, the primary explanation outlined by the KAP in support of the hygiene vouchers was that households could select items most suitable for their need – especially for disabled, elderly or male household members, that were not addressed in the kit. Based on the KAP, Oxfam Lebanon introduced hygiene vouchers. Every household in the ITS would receive a paper voucher, worth US$40, every three months which could be redeemed at specific shops for hygiene products.

2.1.2 Desludging vouchers

As part of the 'Integrated Protection and WASH Response'[3], Oxfam Lebanon conducted a desludging programme targeting every household (or 800 latrines) in the ITS. A contracted company would desludge every household latrine (either Oxfam Lebanon constructed or hand-dug) every two months, transporting the waste to a sewage treatment plant. To monitor the desludging process, engineers from Oxfam Lebanon's WASH team initially had to accompany the contractor, ensuring that each pit was emptied fully. Problems started to arise during the summer months with rising temperatures rendering the desludging process unpleasant. Starting early to avoid the heat, the contractor's schedule conflicted with that of the Oxfam Lebanon team. As the contractor's work would often go unmonitored, there were frequent complaints from the refugees about the quality of the work, with claims that pits had not been completely emptied.

The Oxfam Lebanon WASH team introduced vouchers for desludging in August 2016. These vouchers, each worth US$19.30, were distributed to the owner of every latrine once every two months. During distribution, taking place over two days on a household-by-household basis, the beneficiaries were trained to check the quality of the contractor's work themselves. The Oxfam Lebanon team then

[2] These items included: shampoo, washing-up liquid, laundry detergent, cleaning fluid, toothpaste tubes (x 2), toothbrushes (x 4), soap (x 6), sanitary napkins (10 pc x 3), diapers (48 pc x 2), a hair comb and nail cutter.

[3] The objective of this project was to reduce protection risks and safely meet basic WASH needs. The protection aspect included increasing access to information (on residency renewal for example), and services (such as medical services).

contacted the company to inform them that desludging could go ahead. After each latrine was emptied, the household assessed the latrine to ensure that it had been properly emptied before giving the voucher to the contractor. At the end of the two-month desludging cycle, Oxfam Lebanon collected the vouchers and paid the contractor accordingly.

2.2 Case study II: Conditional cash transfers for the construction of family latrines for Central African Refugees in North and South Ubangi, DRC

Since 2013, the Central African Republic (CAR) has been plagued by sectarian and inter-communal conflict. As of July 2018, over 570,000 people have found refuge in neighbouring countries (UNHCR, 2018b). After Cameroon, the Democratic Republic of the Congo (DRC) hosts the second largest number of CAR refugees, at 176,319 people 30% of the total refugee population. 65,000 of these have been relocated to four different camps in the provinces of North and South Ubangi – Boyabu, Mole, Inke and Bili – where the UNHCR and its partners are providing emergency assistance.

At the end of 2015, there were 5,000 functional family latrines across the four camps, as well as 600 emergency community latrines – representing a 35% coverage rate for the 24,004 families. The 'Conditional cash transfers for the construction of family latrines' project aimed to address the gap between the existing and desired coverage rate of 85%. UNHCR, through its partner, l'Association pour le Developpmement Economique et Social (ADES), proposed the introduction of a cash transfer approach to double the number of latrines that could be constructed and make beneficiaries more accountable for their sanitary conditions. Family latrines where to be constructed by beneficiary households, with technical support and guidance provided by ADES.

The $35.00 cash transfer – given to households who had constructed a family approved latrine using local materials and responding to pre-defined construction standards – covered 35% of the total cost of latrine. The remaining 65% was also met by the project, through the provision of a pit latrine slab. 780 family latrines were constructed in this way, facilitating the access of 2,340 people. Since the number of latrines that were to be built per camp was small in relation to the needs, it was important to have clear selection criteria. Households were chosen that:

- Had no latrine since arriving at the camp;
- Had more than three household members (as confirmed by the WASH team);
- Had dug the latrine hole up to the depth recommended by the supervision partner.

Once constructed, the ADES Sanitation Officer validated the latrine and the accountant would then make the payment to the head of household in the presence of the Chief Engineer, the National Commission for Refugees (CNR) and the Refugee Steering Committee. This step decreased the risk of fraud by ensuring that the person assessing the fulfilment of the conditions was not the same as the person who made the payment. A discharge form signed by all stakeholders would mark the completion of the beneficiary's engagement in the programme.

# of families	Amount (COP)	Amount (USD)	Modality
80	100,000	35	Vouchers for hygiene items
50	100,000	35	Debit cards
50	100,000	35	Kit for Autonomous Cash transfer in Humanitarian Emergencies (KACHE) smart cards[4].

Table 3: Modalities piloted by ACH in Putumayo

[4] See Acción contra el Hambre (2015) for an overview of this technology.

2.3 Case study III: Cash and vouchers for hygiene to support the needs of displaced people in the Municipality of Puerto Asis

The department of Putumayo is a strategic territory, due to its geographical characteristics and limited state presence. A corridor for troops, smuggling and drug trafficking, many illegal armed groups have shown interest in the area since 1998 generating a series of direct threats and major risks to communities in the territory.

Active in Colombia since 1998, Acción contra el Hambre has supported vulnerable communities in six municipalities in Putumayo through WASH, nutrition and health activities. With support from two complementary funds (the Spanish Agency of International Cooperation [AECID]) and ECHO, Acción contra el Hambre conducted a pilot programme to trial different modalities to provide essential goods between September 2015 and September 2017. The programmes served families (2,717 people) that had been recently displaced by conflict prioritizing:

- Single headed households;
- Households with children under five years old;
- Households with elderly people or those with disabilities;
- Households who had not already received assistance from the government.

Each household member received the equivalent of 100,000 pesos (approx. $35.00) to cover their needs each month for three consecutive months. Three transfer modalities were tested:

Although this study provides some insight into the use of debit cards and E-payments for cash transfers, the focus is on vouchers for hygiene.

2.4 Case study IV: Market based WASH response in Bangladesh: piloting of E-transfers, E-vouchers and paper vouchers

Every year between the months of July to September, seasonal floods hit the Gaibandha District in northern Bangladesh causing widespread devastation to low-lying riverine populations. Approximately 480,000 people live in these 'char' areas and recurrently experience the inundation of their homesteads which can lead to temporary displacement to shelters or higher-elevated land during severe flood events. Two of

# of families	Amount (BDT)	~Amount (USD)	Modality
300	2000	23	Mobile money transfers
100	2000	23	Agent banking[5] (50 families received debit cards while 50 households could use fingerprint authentication)
20	2000	23	Paper vouchers for hygiene items[6]
20	2000	23	Mobile money transfers for hygiene items
20	2000	23	Mobile money transfers for sanitary latrine materials
2	1000	12	Debit cards

Table 4: Modalities piloted by Oxfam Bangladesh in Gaibandha

[5] See USAID (2016) for an overview of agent banking.

[6] Including oral rehydration salts, water pitchers, soap, washing powder and sanitary pads.

the most vulnerable areas are the Fazlupur and Fulchari Unions in which Oxfam has implemented humanitarian interventions since 1988, responding primarily to the lack of access to clean water, sanitation (due to damage to latrines), an increase in water borne diseases and a lack of purchasing power. These interventions have typically consisted of in-kind distributions of WASH-related non-food items by INGOs and government agencies, procured from Dhaka or (less often), regional and district-level markets. The inadequacies of in-kind distribution became increasingly apparent and in May 2016 a Pre-Crisis Market Analysis (PCMA) was conducted – highlighting that all items typically provided by in-kind distribution during flood emergencies were already available in sufficient quantities within the local market, and regularly purchased by the target population. The PCMA informed a new response, piloting different modalities to meet the needs of 462 flood affected households.

As with case study III, although this study provides some insight into the use of mobile money transfers (MMT) and debit cards for unrestricted payments, the focus is on vouchers and MMT for sanitation and hygiene products.

2.5 Case study V: Sanitation Marketing in Eastern Samar and Bantayan Island, Philippines

On the 8th November 2013, super-typhoon Haiyan hit the Philippines. The deadliest typhoon on record, at least 6,300 people died, 4.1 million people were displaced and around 5.9 million people lost their sources of income and livelihoods. The event triggered a global humanitarian response aimed at meeting the critical needs of the affected population.

The humanitarian response included numerous WASH programmes which distributed in-kind latrine construction and repair kits to address poor sanitation coverage. However, despite efforts, rates of sanitation *usage* remained persistently low. Oxfam began a sanitation marketing programme aiming to increase household motivation to invest in their own sanitation facilities while stimulating improvements in the local supply chain for latrine production. Starting in October 2014, the programme focussed on two locations, Eastern Samar (UNICEF funded) and Bantayan Island (Oxfam funded).

2.5.1 Eastern Samar

The aim of the sanitation marketing (SanMark) programme in Eastern Samar was to improve the supply and demand for sanitation products and services, demonstrated by the construction of 1,400 latrines for the poorest 10% of households in the target areas. This was enabled through a Micro-Finance Institution (MFI) led system that offered financial assistance to enable households' access to capital, while supporting a franchise of local masons.

The Negros Women for Tomorrow Foundation (NWTF) was the selected MFI, becoming the franchisor and latrine construction lead. Once the households were selected that were eligible to receive a latrine subsidy of PhP 6,000 (approx. 115USD)[7], and following an orientation session, NWTF processed their orders for latrines and engaged their masons to construct them. Paper vouchers were the selected modality for the transfer of the subsidy; households used them to pay for the materials for one low-cost latrine, transportation and labour. Those who did not receive a subsidy, were encouraged to save for one of take out a loan, through the MFI. Once constructed, NWTF submitted a notice of construction to Oxfam who verified construction within seven working days.

2.5.2 Bantayan Island

The aim of the programme in Bantayan Island was the same as that of Eastern Samar - to improve the supply and demand for sanitation products and services. However, there were differences in implementation. Funding for the programme came direct from Oxfam so there were no targets for beneficiaries or latrine construction, and a more flexible deadline. There was also not a subsidy element – households were encouraged to save for a latrine or take out a loan from NWTF. Another difference was that, relative to the Eastern Samar programme, Oxfam had a more hands-on approach in training the masons.

3 FINDINGS

3.1 Sanitation and hygiene programme quality

Quality of sanitation and hygiene programming in humanitarian interventions is crucial, given the risk of disease and reduced dignity from inferior services. This concerns not only the standard of infrastructure and services at a household level, but also the coverage and inclusion of the intervention at a population level, for two reasons: equity (which applies to most humanitarian interventions) and public health (which matters especially for sanitation and hygiene, since communicable waterborne diseases could be spread from one household that lacks adequate service, even to those that do have an adequate service). Technical WASH staff would ordinarily safeguard programme quality in a conventional programme. In MBP and CVA greater flexibility is given to buyers and sellers of WASH services. A concern can arise for WASH specialists, that neither of these groups have the technical understanding or incentives to ensure programme quality to an extent that safeguards household health outcomes, equity, dignity or public health (GWC, 2016).

This section reviews the findings from the case studies with respect to the quality of WASH programming, addressing

[7] See Acción contra el Hambre (2015) for an overview of this technology.

the first research question (How far did CVA/ MBP in the case study examples meet sanitation and hygiene needs in emergencies, particularly for children?). Overall, the evidence is mixed and limited by the objectives and design of each programme, which in turn shaped monitoring and evaluation. However, it does appear that additional steps can be taken to safeguard programme quality within a MBP or Cash and Voucher intervention.

3.1.1 Scale and reach of sanitation and hygiene outputs[8]

As detailed in Table 3, the five case studies illustrate how cash and voucher modalities have been introduced in a range of different contexts, supporting different population types.

[8] What was the reach and scale of the modality (geographically and number of beneficiaries)? Ey1. How far did the programme achieve its intended sanitation/hygiene outputs?

Programme	Type of population reached	Geographic spread	Target number of beneficiaries	Modalities	Key WASH outputs
Case study I: Vouchers for hygiene and desludging for Syrian refugees living in Bekaa, Lebanon	Informal Tented Settlements (ITS)	In 18 cadastres in the Bekaa region (Iaat, Tal Al Abiad, Shaat, Baalback, Chlifa, Der Al Ahmar, Btedee, Saide, Boudai, Hosh Barada, Hosh Tal Safiye, Majdaloun, Hosh Refqa, Kfarden, Jabaa, Hour Taala, Talia and Brital).	6,500 people/ 2,000 households	Voucher	Encouraging results from 80% of beneficiaries found that the hygiene voucher system was appropriate to support them in covering their hygiene needs; 88% reported that desludging vouchers were enough to cover their desludging needs (Oxfam, 2016).
Case study II: Conditional cash transfers for the construction of family latrines for Central African Refugees in North and South Ubangi, DRC	Refugee camps	Four refugee camps in the provinces of north and south Ubangi in northern DRC – Boyabu, Mole, Inke and Bili.	2,340 people/ 780 households across the four camps (195 latrines per camp).	Conditional cash transfer	780 latrines were constructed, facilitating access to the 2,340 target beneficiaries across the four camps.
Case study III: Cash and vouchers for hygiene to support the needs of displaced people in the Department of Putumayo	Internally Displaced People (IDP)	Six municipalities in the department of Putumayo, including Mocoa, Puerto Asis, Puerto Guzman, San Miguel y Leguisamo and Valle del Guamuez.	2,717 people/ 540 households overall, including 1,190 people through paper vouchers for hygiene.	Cash and voucher	All target beneficiaries reached and all transfers successful.
Case study IV: Market based WASH response in Bangladesh: piloting of E-transfers, E-vouchers and paper vouchers	Flood-affected communities	Selected villages in the Fazlupur and Fulchari unions, Gaibandha District.	462 households overall, including 40 through vouchers for hygiene items and 20 through SMS for sanitary latrines.	Cash and vouchers	All target beneficiaries reached and all transfers successful. All 20 households that received support for sanitary latrines through SMS' constructed their latrines.
Case study V: Sanitation Marketing in Eastern Samar and Bantayan Island, Philippines	Typhoon-affected communities	75 villages in five municipalities in Eastern Samar (Guiuan, Salcedo, Giporlos, Balangiga and Lawaan). 39 villages in three municipalities in Bantayan Island (Santa Fe, Maridejos and Bantayan).	14,209 households in Eastern Samar, with 1,446 of the poorest households identified to receive a subsidy. No target beneficiaries for Bantayan Island.	Some vouchers	All households in Eastern Samar that received a subsidy constructed a latrine. N/A for Bantayan Island.

Table 5: Reach, scale and key WASH outputs

The programmes differ in terms of beneficiary targeting. While Oxfam Lebanon provided blanket support to all households in the ITS', only targeted beneficiaries were eligible for support from UNHCR DRC, Acción contra el Hambre Colombia, Oxfam Bangladesh and Oxfam Philippines.

The overall reach of the case study CVA and MBP examples can therefore only be assessed against their original targets, and whether these were achieved or not. Across the five programmes, all targeted beneficiaries were reached by the modalities. In instances where CVA/MBP modalities supported households in latrine construction (UNHCR DRC, Oxfam Bangladesh and Oxfam Philippines), 100% of planned latrines were built. Only one case study – Oxfam Bangladesh – reported instances of vouchers being exchanged for non-WASH items. To resolve this, the beneficiaries were reminded that the voucher was for meeting emergency hygiene needs only and the traders were prohibited to allow such exchanges.

It is important to note that the extent to which reach and other aspects of sanitation and hygiene programme quality can be assessed depends partly on the objectives of the intervention. The objectives in turn shape what gets measured, with what accuracy. Existing WASH programmes incorporating new modalities to address certain aspects of programming (e.g. vouchers to improve service delivery or better beneficiary choice) had to meet donor WASH targets so have well monitored, clear outputs. However, the WASH programmes studied which were trialling innovative modalities typically had less of a direct focus on meeting specific water and sanitation targets, and consequently did not track these in the same way. For instance, a representative of Oxfam Bangladesh claimed that, *"the project was not focused so much on public health but on trialling these modalities, to see how much these technologies worked"* (OBKII1)[9].

In addition, as will be outlined under section 3.6.1 different technologies for transferring cash or vouchers can impact how far sanitation and hygiene outputs can be monitored. Through the reconciliation of paper vouchers information on the type and quantity of redeemed products can be obtained, often not possible through MMT or debit cards. In Bangladesh, for instance, this made it difficult to obtain information on which hygiene items were purchased by the households supported by MMTs.

3.1.2 Inclusion in sanitation and hygiene outputs[10]

Turning to who was included and excluded within the target population, criteria used to select beneficiaries included income level, age and gender of the head of household and, for conditional grants, the completion of certain activities (such as the digging of the pit to the required depth). As with in-kind support, targeting in this way helped ensure a focus on the poorest and most vulnerable households and respond to a defined need (for instance, in the case of Oxfam Bangladesh that beneficiary households were flood-affected, or in Colombia that beneficiaries were IDPs).

Most of the findings regarding inclusion are not distinct to CVA or other Market based intervention and apply also to in-kind support. For example, while the process of identifying beneficiaries is a way of bringing on board other actors, such as municipalities or local governments, people in power may influence the selection of beneficiaries for both CVA and in-kind assistance. This was a concern for Oxfam Bangladesh, where the team selected eligible villages through consultation with local chairpersons to ensure their buy-in and future support. To mitigate against capture by these groups, Oxfam Bangladesh publicly displayed the list of beneficiaries, validated by local leaders and other community-based organisations, so community members could, in principle, contest it directly with programme managers. In Eastern Samar, according to the Oxfam Philippine's WASH advisor, conflicts arose during the selection of the sanitation subsidy recipients, with complaints that some households were not eligible to receive them. Oxfam Lebanon allocated a percentage of hygiene vouchers and offered desludging services to nearby villages, helping to reduce tensions between the host communities and refugee population.

There were no reports from the case studies of instances where beneficiaries had been excluded directly because of the CVA approach. However, in some cases, the approaches had to be complemented with direct assistance because they were unsuitable for vulnerable groups. During UNHCR's conditional cash transfer for latrine construction in DRC, the programme team used a direct-build approach for disabled beneficiaries who were unable to dig the pit and construct the super-structure.

[9] See Annex for corresponding interviewee/FGD description.

[10] Cv2. Which groups were included in the modality and which were excluded?

3.1.3 Quality of sanitation and hygiene outputs[11]

A movement towards MBP decentralizes the provision of humanitarian assistance by enabling recipients to engage directly with local market actors to access goods and services. While this can provide significant benefits to lead organisations, market actors and beneficiaries, there are also a range of risks to quality. Even though suppliers were screened at the beginning of voucher programmes (for example, in terms of the quality and range of products), some reports from the case studies point towards non-compliance. For instance, during a focus group discussion two beneficiaries of hygiene vouchers in Lebanon reported that a supplier was cheating beneficiaries with cheap or counterfeit goods. Meanwhile, in Bangladesh, a vendor selling expired products at the beginning of the project required Oxfam to issue a warning to all traders involved in the programme. While these examples are for voucher programmes, they could in principle affect cash transfers also – the essential question being how far recipients are able to assess and enforce the quality of goods and services offered directly by local market providers. However, the risks are arguably greater for vouchers since they inherently cut non-participating traders out of the voucher market, creating monopolies and cartels that are prone to manipulation when a limited range of vendors have been selected. It should also be noted that procuring goods for in-kind support can give rise to similar risks associated with fraud (Maxwell et al, 2008).

There are also quality issues when latrine construction becomes the responsibility of beneficiaries or local masons. In the Philippines, the use of the MFI to contract and monitor masons during the SanMark programme in Eastern Samar and a lack of Oxfam staff available for quality control, meant that there were instances of poor construction which compromised the effectiveness of Oxfam's Quality Assurance framework (see section 3.6.2). Similarly, in the DRC, when beneficiaries are involved and sourcing and constructing their latrines, quality is not always assured. As outlined by a UNHCR field assistant, *"Not everyone is a mason, sometimes people construct with bricks that are not done well"* (UDKII3).

As will be outlined further in section 3.6.2, there are examples of approaches to maintain/improve quality across the case studies. In Bangladesh, beneficiaries were told to check the quality and expiry of items purchased during voucher redemption. To assess the quality of the pit emptying process, Oxfam Lebanon trained beneficiaries during the distribution of the desludging voucher to monitor the desludger's work, before handing over their vouchers. In the DRC, Sanitation Engineers validate each latrine, completing a monitoring report, before the cash transfer is made. In addition, the quality of redeemable hygiene products during the Acción contra el Hambre programme in Colombia suggests that supplier trust and reliability can build over time, and that quality control is more manageable with a smaller number of vendors.

3.1.4 Beyond sanitation and hygiene outputs – towards outcomes and impact[12]

All humanitarian interventions should assess how far they achieve outcomes (for example a sustained shift towards safe sanitation and hygiene behaviours) and impacts (for example reduced disease incidence) in order to make changes as necessary and understand whether it set out what it meant to accomplish. These are much harder to measure than outputs for any WASH intervention, not just MBP/CVA.

For the selected case studies, only anecdotal evidence was obtained on outcomes and impact. This limited evidence suggests some positive impacts on hygiene behaviour change, use of sanitation and public health, but cannot be taken as conclusive even for the case studies in isolation, let alone MBP or CVA for sanitation and hygiene in general.

Among the hygiene-focused interventions, Oxfam's beneficiaries in Bangladesh, who had lost possessions during the floods, reported that the ability to obtain soap and construct latrines helped resume the existing hygiene practices that they had already received education from Oxfam on (such as handwashing with soap). As with in-kind programmes, behaviour change promotion provides an important complement to improving the demand of hygiene items. Demand for WASH items was further increased by hygiene promotion activities in the Oxfam Bangladesh, Acción contra el Hambre Colombia and Oxfam Lebanon case studies. Focus group discussions with women beneficiaries of hygiene vouchers in Bangladesh brought to light how programme staff had raised awareness about the importance of sanitary pads which were available to purchase with the vouchers. With better

[11] Et1. How far did outputs meet quality standards? For the purpose of this study, 'quality' is applied to the material sanitation/hygiene outputs constructed or purchased through the CT/MB approaches.

[12] Et2. How far did the modality help achieve sanitation/ hygiene outcomes?

understanding of the advantages of sanitary pads, they reported that they were more likely to use them in the future.

Turning to sanitation, representatives from programmes that provided support for the construction of latrines, through vouchers for materials or conditional cash transfers, reported that the majority of beneficiaries continued to use the latrines at the time of data collection (taking place in January 2018). However, instances of poor long-term functionality meant that this was not universal for all beneficiaries; four of the ten beneficiaries interviewed in Camp Mole stated that the latrine superstructure had been destroyed by termites while four of the ten beneficiaries interviewed in Eastern Samar claimed that their toilets were now too blocked to use.

Programme representatives from these case studies suggest that by encouraging beneficiaries to obtain materials and build latrines themselves, beneficiaries are more accountable for the management of their sanitary conditions. However, it was not clear from the beneficiary focus group discussions that proactive measures were being taken to fix damaged latrines.

With most claims based on direct observations, the programmes' impact on public health was particularly under-monitored. The most thorough mechanism for monitoring changes in public health was in Lebanon, which draws on doctor referral data. As CVA/MBP develop and programmes move from pilot to full-scale implementation, there is need and opportunity to better integrate public health aspects into M&E processes, which must be part of any WASH intervention.

3.1.5 Beneficiary perspectives on sanitation and hygiene programme quality[13]

Even where beneficiaries do not have the same technical expertise as trained WASH staff, they may be uniquely placed to assess and provide feedback on sanitation and hygiene quality, in terms of how far they meet their needs.

The majority of beneficiaries interviewed through focus group discussions or monitoring reports perceived that the programmes had helped meet the hygiene and sanitation needs of their families. Beneficiaries of Oxfam Bangladesh's hygiene and sanitation vouchers claimed that they provided the opportunity to buy all of the hygiene materials according to their wishes from the item list or all of the materials required for the construction of a latrine. Similarly, Oxfam Lebanon's post-distribution monitoring (PDM) report claimed that most beneficiaries (89.5%) found that there were no crucial hygiene items that were not included on the redeemable products list, while 96% of households were satisfied with the desludging services. The responses of beneficiaries to the latrine construction programmes have also been positive – 97% of beneficiaries interviewed during UNHRC's PDM in the DRC were satisfied with the approach, stating that sanitary conditions have improved greatly.

As with in-kind support, a key issue is to calibrate the value of the voucher or cash transfer relative to needs and household means. Market assessments (including Mnimum Expenditure Basket - MEB), need assessment and consumer surveys should inform amounts provided, although the desired value will often be constrained by programme budgets. For instance, during the PDM in Lebanon beneficiaries reported that US$84.50 was the average amount needed to meet their hygiene needs for three months – more than double the amount provided by the voucher. In Colombia, beneficiaries also stated that the amount was low and that "*the challenge was for the family to make the products last as long as possible*" (GD2).

Although vouchers can appeal to beneficiaries because they allow greater choice or convenience in how goods and services are accessed compared to in-kind provision, they do not allow the same flexibility as cash. This issue arose during the SanMark programme; even though beneficiaries expressed satisfaction with the resulting latrine, initially households questioned the need for latrine construction, when their priority was to have their house repaired. These wider aspects of beneficiary satisfaction are considered further in section 3.2.

3.1.6 Sanitation and hygiene implications for children[14]

By targeting families during beneficiary selection, it was assumed that parents or carers (the direct recipients of the cash transfer or voucher) would protect the needs of children. There is some evidence that this was the case. In Lebanon, women reported that with vouchers they could purchase more child-related items[15] than was previously the case – their claim supported by the high numbers of items related to children seen during voucher reconciliations. In the Philippines, one of the primary

[13] Et3. To what extent did beneficiaries perceive that their hygiene and sanitation needs were met?

[14] Cv3. How far were children included as a specific beneficiary group?

[15] Such as diapers and children's shampoo, toothbrushes and toothpaste.

motivators for people to invest in a household latrine was to ensure the safety of their children.

UNCHR was the only programme that assessed the potential risks on children. This influenced the technical design of the latrines and the introduction of a ban on using child labour to collect materials and construct latrines. However, as beneficiaries were unaware of the ban, the use of children in the transportation of bricks or water for construction was not uncommon – confirming the need for minimum protection standards and safeguarding of children at all points of CVA/MBP programmes.

3.1.7 Additional benefits and challenges of CVA and MBP for beneficiaries

In addition to the above section on programme quality, this section addresses research questions 2 and 3 to identify the additional benefits and challenges of CTP and MBP for beneficiaries.

Beneficiary satisfaction with CVA and MBP modalities[16]

A key benefit of the CVA modalities and a well-known argument in support for these approaches, is improved choice and dignity for recipients. For instance, recipients of hygiene vouchers could select items that best suited their household's requirements, while not receiving those that were unnecessary. In Lebanon, Oxfam's provision of vouchers to exchange with service providers alongside equipping recipients with the ability to monitor the quality of service, has reportedly increased the sense of empowerment – *"you can choose not to give it to him until you feel like he has done a satisfactory job"* (OLKII1).

However, the reliance on third party suppliers means that user satisfaction with item choice may depend on the number and size of the companies participating in the programme. While the suppliers contracted in Colombia were large stores, well-established and well-stocked, those in Bangladesh were smaller, less accessible and some goods were unavailable.

In addition, assumptions that CVA can increase dignity and empowerment need to be considered carefully – different CVA approaches can have different effects. The Colombia programme provides an example of how vouchers can be 'identity markers', leading to stigmatization during their exchange because they have to wait in a different queue. This was one of the main reasons why, for this pilot, debit cards were the preferred modality – *"shopkeepers treated them the same as other clients"* (ACKII3).

Finally, user expectations are informed by previous modalities which pose substantial challenges in areas transitioning from supply-driven in-kind delivery to modalities that require user contribution. In the DRC and Bantayan Island, some beneficiaries accustomed to receiving in-kind support questioned why they now had to save for and construct their own latrines – *"the mind-sets of the people had been affected by the donor mentality so it was really hard for us to change this. They were used to just receiving latrines" (*OPKII5). In response, UNHCR and Oxfam had to spend time explaining the benefits of the change of approach at the beginning of the programmes.

Effects on intra-household dynamics[17]

Without systematic monitoring of programme impact on intra-household dynamics evidence on this subject is limited and anecdotal. Most of the evidence that is available on this matter relates to the gender dimensions of control of assets. In the DRC, there were reports of the cash payments creating *"misunderstandings"* between women and their husbands *"who want to appropriate cash"*[18] (UDFGD1). For this reason, in the Philippines, some women did not tell their husbands about the money they were saving for the construction of a family latrine (OPK112). In Bangladesh, women beneficiaries given control of money or vouchers (especially through their mobile phones) reported that it helped them spend money wisely because their children and husbands could not access it (OBKII1). A related issue, though arising outside the household, is the need for recipients of vouchers and cash to interact with markets as public places. This may be a concern in societies where visibility of women in public places could expose them to shame and judgement under prevailing, traditional gender norms. In Bangladesh, Oxfam reported, *"as soon as we're running the programme we need to ensure that women are respected"* which involved sensitizing the vendors (OBKII1).

[16] Et4. What was the level of beneficiary satisfaction with the modality?

[17] What was the effect on intra-household dynamics?

[18] Indeed, this was one of the reasons why, in Oxfam's pre-programme KAP survey in Lebanon, women reported that if they were to receive cash instead of vouchers, they would be concerned that male members of the household would spend the money on other things that would not benefit the household.

3.2 Benefits and challenges of CVA and MBP for market actors

CVA can provide opportunities to connect more and more with markets. This section draws primarily on interviews with suppliers to learn about the benefits, and challenges of their involvement in the programmes.

3.2.1 Effects on market actors[19]

Four out of the five cases studies provide largely consistent evidence of supplier satisfaction with the modalities. Suppliers (or 'opportunistic sellers' in the case of DRC[20]) of hygiene and sanitation materials in Lebanon, DRC, Bangladesh and Colombia reported that taking part in the programmes has increased the popularity of their stores. In Bangladesh, for instance, a vendor selling latrine materials reported a 20% increase in sales because of the programme, while a vendor selling hygiene materials stated how since the programme they are engaged in various other emergency response and distribution programmes. In Colombia, one company was able to take on two new employees. However, profit depends on the amount and frequency of support and the number of vendors. It must also be remembered that, for voucher assistance, benefits for market actors are restricted to those participating in the programme.

In the Philippines, NWTF used large scale retailers who could supply quality items in bulk – the approach did not therefore support local market and manufacturers. However, (even though it was difficult initially for NWTF and Oxfam to persuade masons to go into the sanitation business because of the pervasiveness of direct latrine construction by NGOs), the programme enabled masons to broaden their knowledge and skills in low-cost latrine design and construction, having a positive, long-term economic impact for them – one mason interviewed reported that they were able to increase their masonry fee. The study did not determine whether this was accompanied by a corresponding benefit for customers, in the form of better quality products for example.

In addition to increasing demand through the provision of cash or vouchers, CVA has also encouraged practitioners to support market availability through the supply side considering market-based programming more holistically (CALP, 2017). In Bangladesh, Oxfam worked with vendors to increase the resilience of their stores to floods, such as plinth raising as part of the programme. As a result of these interventions, none of the vendors were affected during the floods the following year (2017), helping ensure the continuation of supply of hygiene and sanitation items.

According to the interviews with vendors, while the introduction of new modalities provided opportunities for suppliers to increase their knowledge of and confidence using new technologies (such as the KACHE tool in Colombia and point of sale machines in Bangladesh), as well as their experience engaging with different institutions (such as finance institutions), this can also pose challenges. In Bangladesh, vendors were initially confused about the new modalities and a lack of trust in the technologies or institutions was reported. One vendor who was encouraged to introduce MMT into their business stated that they had to support beneficiaries that were facing difficulties to transfer the amount using their mobile. They expressed a preference for direct cash – *"for our business cash is much more important than MMT"* (OBKII6). Meanwhile, paper vouchers can create more admin work for vendors, having to present the vouchers alongside each receipt to the lead organisations during reconciliation.

3.2.2 Effects on local markets[21]

There is some evidence to suggest that the case study programmes have had an impact on the wider market in terms of stimulating further activity; in Lebanon, it had been noticed that during the programme some people had, outside of the programme, opened stalls for hygiene items, illustrative of increased business in the area. In the DRC, the cash transfer was said to have increased the circulation of money in the local area. A similar consequence was also observed in Bangladesh: *"in a conventional project we would procure from national or district level, but in this case money was injected in the local market"* (OBKII1).

The UNCHR DRC programme provides evidence that stimulating local markets can produce temporary price inflation at the local level, point to the need for systematic price monitoring. In the DRC all beneficiaries interviewed had noticed an increase in the price of building materials during periods of high demand (from 750 [approx. 0.45 USD] to 1000 CDF [approx. 0.6 USD]). An interview with the head of Mole Camp in the DRC stated that the cost of

[19] What was the effect of the modality on market actors?

[20] These were members of the host community who sold materials for the roof of the latrine structure, including sticks or straw mats to refugees.

[21] What was the effect of the modality on local markets?

each material changed every time: *"When the sellers know that we are going to start something in the camp they increase their prices"* (UDKII2). This meant sometimes the start of the project had to be postponed – by two to three months in some cases and points to the need for systematic monitoring of market dynamics as a programme is implemented, including price of goods.

3.3 Additional benefits and challenges of CVA and MBP for programme delivery

The implications of a new modality on speed and cost of delivery, and the structure of the implementing organisation are important considerations in assessing their benefits and challenges.

3.3.1 Speed of delivery[22]

There were varying views on whether cash and vouchers speed up overall implementation but there was a broad acceptance that new modalities need more time upfront even if the delivery is better streamlined. In Bangladesh, the time saved from procuring, coordinating and transporting goods centrally during a flood emergency (transportation alone reportedly took 15 days to one month), was matched by increased time preparing the response pre-disaster. This included conducting the PCMA, identifying the areas of intervention, the beneficiaries and vendors, awareness raising and establishing the framework agreements with key institutions, which could take several months. This time investment by the agency in preparedness did produce its intended outcome: the activities were activated at the start of the flood the vendors were ready, and the beneficiaries could access goods immediately; before, the provision of WASH assistance would take two to three weeks to arrive – usually once the flood water had received and the affected population had already begun early recovery activities (PCMA, 2016).

In Colombia, CVA was also claimed to speed up implementation, but anecdotally this differed between the modalities. According to respondents the quickest modality to implement were paper vouchers which could be locally printed and distributed by field officers immediately. However, time was required for reconciliation activities, and there may be greater risks of counterfeiting more time-consuming redistribution as compared to electronic mechanisms. E-vouchers were also fast but required specific training for shopkeepers to use them. Credit cards took longer to be distributed, taking at least one month to procure and have them sent from the capital, Bogota (over 450 km). As in the Philippines and Bangladesh, financial agreements had also to be signed with financial service providers, in anticipation of a crisis event.

Speed was not a large concern for UNHCR DRC, which, with an established presence in refugee camps, aimed to improve existing services and introduce elements of sustainability, rather than provide rapid access to goods and services. This was outlined by a representative from the partner, ADES – *"in an emergency situation direct implementation is better because we go quickly. But if we have a longer-term strategy, CTP is better"* (UDKII6). It was reported that while direct implementation can facilitate the construction of latrines in two to three weeks, the CVA approach may initially take two to three months, as beneficiaries had to find materials and construct their own latrines. However, in time this reduced to less than one month as participants became more familiar with the new approach, and the cash payment became an incentive to construct the latrine more rapidly.

For the SanMark programme in Eastern Samar, the issue of speed was an inherent tension. International guidance on sanitation marketing recognises that it is a long-term process: '*time is needed to research and understand the context, to develop affordable and aspirational products, to ensure the capacity of the entrepreneurs is sufficient for them to branch out on their own, and to influence the enabling environment for small businesses*' (Shaylor, 2016). The target-driven approach set by the donor (UNICEF), which required that latrines were constructed within a set timeframe, was in tension with these aspirations.

3.3.2 Cost of delivery[23]

In line with DFID's literature review of cash transfers (DFID, 2011), the impact of the modalities on the cost of delivery has been under-documented in programme literature. The projects considered suggest that implementing agencies are experimenting CVA and MBP without having agreed consistent approaches to evaluate relative merits. The pilot programmes trialling new technologies in Colombia and Bangladesh were the

[22] Ey2. How did the modality affect the speed of delivery?

[23] Ey3. How did the modality affect the cost of delivery?

exception; cost analyses were made but these do not provide comparisons to in-kind delivery.

Nevertheless, anecdotal evidence does suggest cost reductions. In Bangladesh, an Oxfam representative believed that 10-20% more beneficiaries could be reached through the new approach with the same amount of money; beneficiaries selecting their own hygiene items helps avoid duplication and the provision of goods that are not needed. UNHCR reported the reduction in logistics costs (i.e. the transportation of materials from supply points to camps), as the responsibility and associated costs for acquiring latrine construction materials were devolved to beneficiaries. In the Philippines, using the MFI to obtain materials from hardware suppliers helped avoid the 'NGO mark-up', which, reportedly, can increase prices by 30-50% (OPKII2).

The costs of programme implementation depend on the type of transfer technologies used. Paper vouchers, used in Colombia, Bangladesh and Lebanon had a minimal cost (approx. $0.11 USD per voucher), though it is not clear that this factored in staff costs, e.g. for manual reconciliation of vouchers to validate the sales claimed by suppliers. More costly modalities include e-vouchers and debit cards due to service provider and bank fees (for instance, Acción contra el Hambre had to meet RedRose's fee of 2% of the total amount distributed), as well as the high cost of the necessary equipment. In some cases, technology companies can provide discounts – in Bangladesh beneficiaries could obtain a 10% discount if they purchased an item over 1000 Tk through MMT.

3.3.3 Organisation structure[24]

From institutional arrangements to staff capacity, the introduction of new delivery mechanisms had knock-on effects on country offices and implementing organisations. One of the key challenges for the cash transfer for latrine programme in the DRC was the lack of understanding and ownership of the new approach by the implementing partner at start-up. Even though the Standard Operating Procedures (SOPs) outlined the roles and responsibilities of their staff, it was poorly understood and staff *"didn't really have all the details on what the approach was"* (UDKII4). Additional training was needed to increase the understanding of the programme. Similar instances were reported by Oxfam Bangladesh and Oxfam Philippines.

Introducing the modalities reportedly reduced staff burdens in some respects, while increasing them in others. For instance, in Lebanon, without a distribution team, the responsibility for hygiene voucher distribution fell to Public Health Promotors – cutting into their time to conduct awareness raising activities[25]. In Bangladesh, Oxfam staff had to take on the responsibility for completing beneficiary forms for bank account registration due to the substantial distance between intervention areas and the nearest bank office (100km from Gaibandha) – an activity normally conducted by the agency in urban areas. However, the partner organisation stated that the modality reduced the requirement for their staff time during distribution phase.

Before the start of a new CVA/MBP it is important to review the capacity and skill-sets of the existing WASH, finance, logistics and MEAL staff, both in lead institutions and partner organisations. In some cases, new staff had to be employed to carry out key elements of the programme. In Bangladesh, to introduce the system Oxfam employed a programme manager with specific experience in cash programming, as well as two 'market-link' officers responsible for developing and maintaining relationships with traders. In the Philippines, microfinance and microenterprise specialists were employed to build familiarity with microfinance and enterprise among the WASH team, following substantial challenges integrating the WASH and SanMark teams. Meanwhile, one of the challenges faced in Eastern Samar was the inexperience of the MFI partner's technical WASH team which compromised the quality of latrines.

3.3.4 Design considerations

This section includes key considerations that were critical for the success of the programmes, including context and situation analysis, the incorporation of longer-term goals and exit strategy design and preparation.

Context and situation analysis

Assessing markets is a mandatory precondition to check the feasibility, or not, of any Cash and Voucher intervention . As outlined below, the case studies present variations in design, depth and breadth of market and service delivery assessments, as well as the extent to which they informed programme and modality design:

[24] Ch4. Impacts on organisation structure

[25] During the later stages of the project, Oxfam used volunteers to distribute vouchers.

- Oxfam Lebanon conducted a KAP survey with beneficiaries to understand their hygiene practices and preferences on modality-type, which informed the selection of the vouchers. In all 18 villages market assessments were carried out, identifying supermarkets, assessing prices and requesting quotations from each, as well as identifying potential risks in accessing them[26].
- A market and financial providers assessment was conducted by UNHCR identified that mechanisms such as the provision of debit cards or MMT, would not be appropriate due to inexistent banking or phone service providers locally. The assessment did not involve a review of the costs of local materials, such as sticks or straw mats for the roof of the latrine structure, because an assessment of cost of materials was undertaken for the parallel conditional cash for shelter programme. According to a UNHCR staff member, however, an analysis of the prices at the beginning of the project, as well as regular reviews would have been useful to understand the fluctuations in the costs of materials.
- In Colombia, a needs assessment and market analyses were conducted. Capturing data on finance capacity, availability of products and their willingness and capacity to use these modalities, the market analysis illustrated that only two supermarkets met the programme requirements.
- Oxfam Bangladesh conducted a PCMA in Gaibandha, adapting the Emergency Market Mapping and Analysis (EMMA) methodology to the pre-crisis context in order to map and analyse critical market systems. This revealed that while the market could meet the demand for the five WASH non-food items, the barrier was on the demand side due to a lack of purchasing power during an extreme flood event. The study highlighted that certain technologies (such as debit cards or MMT) would not be suitable in some areas. More generally, the identification of purchasing power as a key constraint provides a rationale for CVA/ MBP – which would not be as viable (alone) if the problem were absent demand or inadequate market supply.
- In the Philippines, an EMMA was conducted at the start of the programme in Eastern Samar, drawing on interviews with suppliers and contractors to understand the constraints and opportunities facing the demand and supply side of the market. In Bantayan Island a latrine service providers and supply chain actors survey was conducted instead. In both locations consumer research was carried out to understand household's sanitation behaviour and attitudes, and their improved latrine choices.

Insufficient market and access assessments can have a detrimental effect on programmes and their recipients. For instance, a lack of information on transportation costs meant that in Eastern Samar, there were reports of people not using their subsidy vouchers. Instead, they were recycling local materials, because of the difficulties obtaining the materials and the high costs required to transport them from the mainland (as there were often no hardware stores on the islands). This appears to indicate that in this case in-kind could have been more operationally feasible and cost-efficient for the beneficiary households.

Longer-term goals[27]

Each programme provides evidence of capacity and partnership building across a diverse range of organisations to achieve buy-in and sustainability. These include building the capacity of project staff[28] and suppliers, involving external organisations in targeting and ensuring successful hand-over after project completion (see section 3.5.3). A good example of working in partnership is the Colombia case study – Acción contra el Hambre worked in close coordination with the government to support recent IDPs before their inclusion into national social protection programmes three months later. The potential for this, while maintaining humanitarian principles of independence and impartiality, will depend on the political situation in each country/ area of intervention. As is the SanMark partnership model, involving different layers of partnership with the MFI,

[26] This process was not required for the desludging programme as no change was required to the existing contractor.

[27] Ct1. How far did the modality support longer-term goals – Inc. capacity and partnership building?

[28] In Bangladesh one of the objectives was capacity building so training was organised for Oxfam and partner staff on the PCMA

government agencies, beneficiaries and informal market actors.

For CVA/MBP addressing sanitation needs, the wider sanitation service chain is important to consider for the sustainability of the programme. For instance, in the DRC there was no desludging programme – when the latrines became full (usually after two years), the household would have to dig another one. In the Philippines, donor

stipulations meant that desludging also was not a programme component and consequentially it was discovered that the sludge would just be thrown in ravines or empty plots, or, as outlined in section 3.1.4, left until the toilets were too blocked to use, threatening progress towards ODF status. This highlights once again, the importance of an integrated approach, with complementary activities (such as desludging), and an approach that looks beyond short-term outputs (for instance, considering support for re-building latrines once they reach capacity).

Exit strategies[29]

The case studies show differing awareness of and commitment to long-term sustainability beyond the lifetime of the project. The extent to which exit-strategies have been considered is largely reliant on the nature and context of humanitarian assistance, funding, local capacity and partnerships built. UNHCR DRC and Oxfam Lebanon, responding to protracted crises, do not have exit strategies on their agenda and variations of the CVAs look to continue. As the Government of Lebanon continues to prohibit the construction of permanent water or sanitation infrastructure for ITSs, including the connection of ITSs to the wastewater network, Oxfam Lebanon regards the desludging voucher programme as the only viable option.

In comparison, the SanMark model was developed so that when supporting agencies are removed, it continues to function. As mentioned, this has been largely facilitated through the partnerships that have been built. In 2016, as part of the exit strategy Oxfam held SanMark fairs in Bantayan Island and Eastern Samar – bringing together government and banking institutions and other MFIs to showcase the financing models, community organisations and masons to obtain commitment from the government and partners to continue the programme. The government's Department of Social Welfare and Development (DSWD), alongside a MFI took over the programme since Oxfam withdrew its activities.

3.3.5 Implementation considerations

This section captures key considerations that were important to the implementation of the programmes – M&E processes, accountability mechanisms and the situating of the programme within the wider context of service delivery.

Monitoring and evaluation processes[30]

Table 4 provides an overview of the key M&E features employed during the five programmes. Despite the limitations of monitoring noted in previous sections, there is some evidence that staff involved viewed CVA as having positive impacts on their M&E processes. In the DRC, the UNHCR Regional Cash-based interventions Officer stated that the PDM provided systematic monitoring, often lacking in other modalities. In addition, the fact that the cash transfer was provided only when the latrines were completed provided an opportunity to closely monitor achievements and quality of construction.Oxfam Bangladesh and Acción contra el Hambre in Colombia were able to provide insights into the extent to which different modality-types improved M&E processes. For Acción contra el Hambre, while E-vouchers and debit cards improved monitoring because information could be uploaded and shared automatically, paper vouchers had to be manually counted and consolidated with receipts.

There were also instances of vouchers deteriorating or getting lost in the process, in addition to mistakes being made during verification. Between E-vouchers and debit cards, E-vouchers were the preferred modality for staff because it offers the most detailed information. For debit cards, only the amount of money spent and the store is reported (not information on the type of good). Likewise, Oxfam Bangladesh preferred paper vouchers to see which items had been brought over debit cards or MMT. However, this was not as important for cash transfers – *"to me, if we provide money it is appropriate, we are not hampering their choice"* (OBKII4).

[29] Ct2. What was the exit strategy to withdraw engagement from the programme?

[30] Ct3. How were the modalities monitored and evaluated?

SanMark's quality control process

In the Philippines a quality control process informed programming in Eastern Samar. This was built around Oxfam's need to be accountable to the beneficiary, abiding by the Code of Conduct and being transparent to the donors and auditors. Key components of the process included:

- Showing pictures during the orientation showing beneficiaries how they could expect the toilet to look like;
- Upon delivery, the household had to sign a Delivery Received Note as proof of materials on site. Oxfam monitored NWTF's purchasing through purchase orders and copies of receipts to ensure the materials used were of good quality and complied with Oxfam's procurement systems;
- Following construction, the mason had to submit a notice of completion to the Oxfam team. An Oxfam WASH Officer had to verify construction using a checklist within seven days. A 'happy form' was also signed by the household for them to certify that they are pleased with the finished product and service;
- A three-strike policy was put in place for masons to comply to. Rejected units had to have a second full verification carried out by Oxfam before being signed as complete.

Source: Oxfam (2015). Quality control for sanitation marking. Oxfam: Philippines

Accountability mechanisms

Accountability mechanisms built into a programme foreseen CVA ensures that recipients know why they are receiving cash, how they can receive it, when they will receive it and what to do with questions or complaints (OECD, 2017). At the minimum, programmes studied tended to have a complaints line (the case in Lebanon, Colombia and the Philippines), allowing beneficiaries to communicate with staff via text or phone call. In Lebanon, this provided a channel for refugees to raise any issues they had with suppliers – for instance, if they were pushing up prices. During focus group discussions beneficiaries of the voucher and KACHE card modalities in Colombia stated, *"there was always a person available and attentive to our calls*", *"in case of doubt or query we had the assistance and attention of the responsible person at Acción contra el Hambre, who always treated us with kindness and professionalism*" (ACKII6). In the Philippines, Oxfam's helpline received a modest number of text messages (20-50) during the first year of implementation, including both complaints and questions (OPKII5).

To ensure inclusivity, and particularly important in areas with limited mobile phone connection, other communication channels are needed. In Bangladesh, programme representatives were *"always present"* so if beneficiaries faced any problems they could *"consult with them immediately"* (OBFGD1). UNHCR had a coordinating committee that managed all complaints, hosting weekly meetings with participants in each camp. During focus group discussions with beneficiaries, half stated that they attended these sessions regularly, while half claimed either that they did not know when these meetings were taking place or that, already engaged in latrine construction, they didn't feel the need to attend.

Accountability mechanisms also include quality assurance processes to ensure that CVA/MBP are effectively meeting the sanitation/hygiene needs of beneficiaries, and to reduce risks to safety, public health or exploitation. Technical WASH staff have an important role to play in establishing the quality of market-based sanitation and hygiene provision and mitigating risks. In the DRC for example, sanitation officers would validate latrine construction, ensuring that it met the UNHCR standards. Box 2 illustrates how a triangulation of monitoring/ accountability mechanisms between beneficiaries and technical staff can be used to safeguard programme quality.

Situating the modality within the existing market and service delivery context [31]

The willingness of beneficiaries to accept new modalities and ease in adopting them can depend on previous modalities and the wider service delivery context. In Lebanon and Colombia, beneficiaries were already

[31] Ch2. How far did the modality fit within the existing market and service delivery context?

accustomed to the voucher/conditional grant modalities, having been incorporated into food and water programmes. In contrast, achieving stakeholder buy-in at the start of the SanMark programme was undermined by emergency stage interventions which provided latrines for free, in two main respects. Firstly, it was difficult to convince government authorities to support service providers when they could partner with other NGOs who could provide WASH programmes directly. Secondly, it was hard to persuade masons to go into the sanitation business with the construction market monopolised by NGO engineers. As one interviewee stated: *"we were rowing against the tide"* (OPKII3)

The Oxfam Philippines case study highlights the importance of coordinating approaches with other organisations operating in the area. This is a well-known challenge for the humanitarian sector but the stakes are higher when the provision of in-kind goods can markedly hinder support for CVA/MBP. This can be achieved by participating in cash transfer (Oxfam Bangladesh), humanitarian (UNHCR DRC and Acción contra el Hambre Colombia) and technical working groups as a means for informing and influencing other organisations on these modalities – in the Philippines, Oxfam was able to convince an organisation that was distributing full package latrines to use local masons to construct the toilet bowls.

For interventions in refugee camps, the case studies point to the importance of managing relations with host communities as a key partner entity. In Lebanon, Oxfam responds to requests from the municipalities to provide desludging services to apartment blocks outside the camps as, *"if we don't do this, there can be tension. Most of the host community say that we only support the refugees, not the Lebanese or are also in need of desludging"* (OLKII3). In the DRC focus groups with host community representatives supported claims that the CVA was beneficial for the local population – *"our involvement in the sale of sticks to refugees has further strengthened the bonds of fraternity" (*UDFGD3).

4 RECOMMENDATIONS FOR THE EFFECTIVE USE OF CASH/MBP IN EMERGENCY WASH

Among a range of programme modalities that are based on understanding and supporting local market systems, there is high level support for expanding the role of CVA when feasible and appropriate. The 'Grand Bargain' solidifies commitments across aid organisations and donors to increase the routine use of cash in particular.

Although CVA and other MBP interventions are not new to the WASH sector, there has been little documented evidence to date about their incorporation in sanitation and hygiene programmes. This has, in part, made practitioners cautious about implementing new initiatives (Bastable and Russell, 2013; UNCHR, 2016). Recognising that this is a particularly underexplored area, this study contributes to the evidence base by shedding light on five uses of MBP in emergency sanitation and hygiene programming, with a focus on CVA.

Due to the small sample size, diversity of examples and reliance on qualitative data collection methods, this study cannot draw conclusions over the impact of cash and voucher transfers on sanitation and hygiene indicators. However, by exploring the experiences and perceptions of programme staff, beneficiaries and market actors on the programmes under review, a number of overarching lessons have emerged.

The lessons are outlined below under six headings with accompanying recommendations, framed along the stages of the Cash Learning Partnership's CBA Programme Quality Toolbox (figure 3) to ease choice of the appropriate tool at each stage of the process. They are addressed to WASH specialists in general because for the most part findings are broadly applicable for water programmes too. However, accepting the limits of the study, we make detailed reference to sanitation and hygiene only, when discussing implications for CVA or MBP.

The section concludes with a final call to action.

4.1 Coordination

Recommendation: WASH specialists should make coordination a priority when implementing CVA to ensure collaboration and avoid overlap and conflict between stakeholders. Once WASH specialists have worked with cash and market specialists in their own organisation as a first point of contact, they must be ready to coordinate programming with new actors and via cash-focused coordination platforms (e.g. the Cash Working Group in country) with other humanitarian or governmental agencies, to ensure that WASH interventions (e.g. subsidised/ in-kind sanitation or hygiene provision) do not undermine the uptake of CVA and, more broadly, MBP.

Cash and Voucher interventions require WASH professionals to develop new types of working relationships with new sets of actors (such as small businesses, finance institutes and mobile phone companies). Programme coordination must therefore reach beyond traditional networks and be prepared for diversity in motives, value systems and principles (HFP, 2014). Coordination also becomes particularly important when operating in areas alongside other agencies or local governments that are more familiar with direct provision, especially when demand is limited and requires dedicated stimulation - often the case for sanitation and hygiene.

The examples show the importance of **strategic coordination with the overall humanitarian response.** This became clear to Oxfam in both the Philippines and Bangladesh in the face of challenges to acceptance and uptake of CVA, due to the widespread provision of goods in-kind by other humanitarian agencies. **Coordination forums** (such as Cash Working Groups and/or the WASH cluster), enabled technical and operational communication and coherence with sector players. Through coordination Oxfam Philippines was able to convince another organisation to incorporate market-based activities into their in-kind programming. Strategic coordination can also be achieved by linking CVA for sanitation and hygiene to social safety net systems (when they exist). In Colombia, this helped gain support from and streamline responsibilities with governmental agencies.

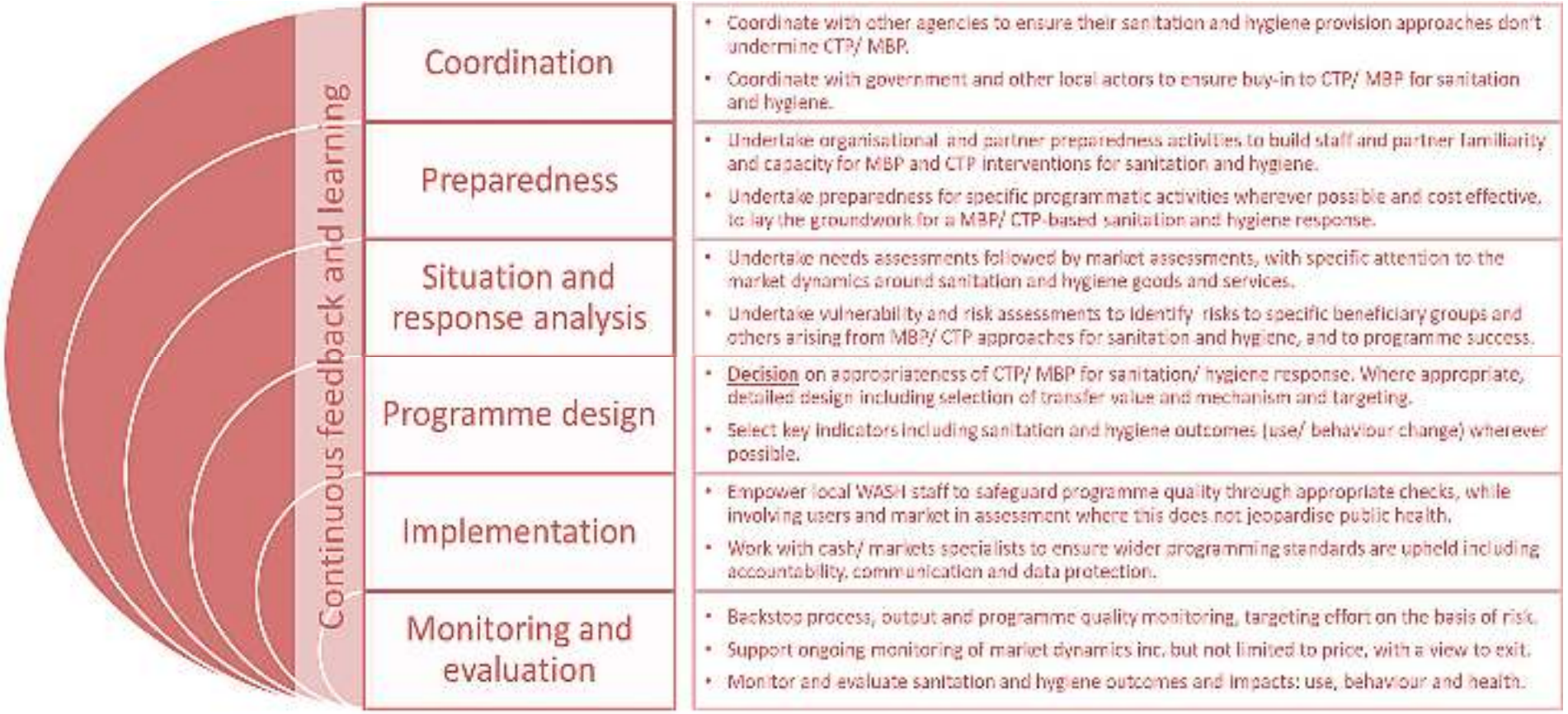

Figure 3: Recommendations for WASH specialists seeking to adopt CVA and MBP in emergency hygiene and sanitation programming (note: please consider that the version of this framework still used the old CALP terminology referring to CTP/MBP instead of the recent CVA and MBP)

Recommendation: WASH specialists should invest wherever possible in building capacity of key staff within their own and partner organisations to plan and manage CVA and MBP interventions. Where emergencies can be anticipated (e.g. for cyclical disasters), market baseline and analysis of essential services and commodities, as well as other specific preparations should be undertaken in advance. Given high staff turnover and unpredictability of events, such anticipatory investments should be carefully targeted and undertaken as cross-agency collaborations. Wherever possible. Cash Working Groups, where and if active, could be a first point of contact for technical and coordination support on cash preparedness.

4.2 Preparedness

The use of cash and voucher assistance has been increasing steadily over the last decade. As this trend looks set to continue, to benefit most from the emerging opportunities WASH specialists should contribute to the preparedness of their agencies by increasing their 'cash readiness', especially at country level.

Organisations can be better prepared for CVA and other MBP interventions in various ways, helping to accelerate a response. A key element of **organisational preparedness** is building staff and partner capacity for MBP and CVA interventions. The examples suggest that, at least for staff involved in the responses, it was often necessary to recruit additional specialists at country office level. Oxfam's recruitment of a programme manager with cash experience in Bangladesh, and of microfinance specialists for the Philippines programme, are examples. UNHCR's experience with its partner in DRC shows how additional investment in training was needed to ensure a full understanding of their approach. Oxfam's experience in Bangladesh also shows the importance of **programmatic preparedness** and **partner preparedness**: following the PCMA Oxfam liaised with vendors, as a key set of partners, to ensure they were ready to accept vouchers immediately and hygiene goods could be obtained by affected people more rapidly.

4.3 Situation and response analysis

Situation analyses are a compulsory step for any humanitarian intervention, seeking to establish an understanding of the context, needs and vulnerabilities of affected communities, as well as the resources and capacities available. Where initial basic and sectoral needs assessments prioritise sanitation and hygiene, **market assessments** are an essential condition to determine whether affordability, demand, market's access or supply, or other factors are preventing people meeting their sanitation, hygiene, and water needs. These analyses can look at multiple sectors, where the MBP lens, with cash or voucher interventions as possible response options, is being used for more than just hygiene or sanitation. However, the specific market system and dynamics related to sanitation and hygiene critical goods and services should be investigated. Demand, supply, affordability, market access and other factors may differ for hygiene items as compared to other non-food items, while these factors will also look different for sanitation construction and look different again for sanitation pit emptying. Water market systems are also substantively different from commodity markets.

Recommendation: As CVA and MBP for WASH move from pilot interventions to a standard response option, WASH specialists should ensure that situation analyses account for the specific market characteristics of WASH related goods and services throughout different elements, including sectoral needs, barriers experienced by households in meeting needs, market functioning and dynamics, vulnerabilities and risk assessments, as well as organisational capacity. Where possible, this should be about influencing multi-sectoral analysis initiatives, rather than conducting WASH-specific analyses, although basic analysis of water and hygiene items markets should be a minimum standard for all WASH responses. WASH specialists should consider

Assessment of critical WaSH related market should crucially establish the suitability of CVA and MBP in the first place, as well as the need for complementary measures (such as sanitation marketing) where affordability is not the only barrier. In the Philippines,

consumer research informed Oxfam's understanding of needs by capturing information on household's attitudes to sanitation, current behaviour and their improved latrine choices – informing the need for demand stimulation. Assessments undertaken as part of situation analysis should strive for maximum disaggregation between different types of recipients as well as market actors. In the DRC the identification of less physically able households through **vulnerability analyses** informed the need for an in-kind approach complementary to the self-build programme.

A basic understanding of the market system and its capacity to function should be a key component of a situation analysis regardless of the response modality proposed (given in-kind provision can potentially disrupt local markets). However, a more in-depth analysis employing tools such as EMMAs is essential for full consideration of supply and demand challenges and barriers to access.

Once there is evidence that a cash or voucher intervention could fulfil part of the need, **Financial Service Provider Assessments** are necessary to identify entities able and authorised to deliver the cash or voucher components of the programme (representative of the non-traditional actors WASH professionals must engage with), as well as to understand the surrounding regulatory environment.

The Bangladesh and DRC examples show the importance of considering geography, communications infrastructure and beneficiary literacy when making these assessments. The example of the Oxfam programme in Lebanon shows the importance of **risks assessments** to identify possible threats to beneficiaries when purchasing goods, and staff, when delivering vouchers. If risk assessments assess the perception of host governments towards CVA, they may help organisations to anticipate push-back – a situation which Oxfam faced in the Philippines.

4.4 Programme design

The findings of the situation analysis are then incorporated into programme design (starting with a decision on whether MBP/ CVA is an appropriate response modality). The case studies show the importance of **targeting** based clearly on needs and vulnerability, with results cross-checked by partner organisations and, where context allows (as for the Oxfam programme in Bangladesh), transparently communicated. Information from risk assessments should be used to reduce conflict and tension between household members and improve the likelihood of children's needs being better addressed, for example by informing who receives the assistance as well as how far there is a need to influence spending (if at all) e.g. through behaviour change communication or restrictions, i.e. vouchers.

Recommendation: WASH specialists should play a key role in ensuring WASH-relevant information from situation and response analysis is properly incorporated into CTP/ MBP design. This also implies a responsibility to understand key elements of CTP/MBP programming design (such as setting the value, frequency and duration of transfers). For all types of WASH assistance, but particularly pilot projects trialling new approaches, it is critical to include monitoring of WASH outcomes – to understand if the intervention has led to WASH usage and behaviour change and is therefore suitable for replication.

The assessments conducted as part of situation and response analysis should also assist with determining the **transfer value, frequency and duration as well as** the **selection of the delivery mechanism,** to ensure that transfers are sufficient (within the limits of programme budgets) and are made in a safe, accessible and effective manner. In the DRC, delivering cash conditionally at the household level with the approval of a range of actors avoided the risks associated with central distribution and fraud, as well as helping to incentivise and assure quality latrine construction.

A key component of programme design at this stage is the selection and development of an adequate monitoring plan and related **project indicators** to ensure that the cash or voucher distribution process, activities and outcomes are monitored. WASH specialists will need to ensure the cash or voucher distribution process is monitored throughout and end-to-end: the case studies highlighted the value of PDMs in assessing which products were purchased and beneficiary satisfaction with the programme. WASH outcomes must be adequately monitored (e.g. service usage and behaviour change) and where possible impacts (e.g. improved health). The case study examples, in common with many development and humanitarian programmes, show the continued need to strengthen this area, which is especially important for pilot projects seeking to establish the overall effectiveness of alternative approaches. WASH specialists will also need to consider how to monitor the process and impacts of demand creation or other market strengthening activities.

4.5 Implementation

Recommendation: WASH specialists should ensure their role is clearly defined during implementation of CVA and MBP approaches and utilises their key skills – especially for quality assurance and maintaining technical and public health standards. Adopting a new approach should be viewed as an opportunity to empower local staff as far as possible, to make adaptations where necessary. At the same time, although WASH specialists may not be directly responsible for implementing cash distributions and other operational elements related to CVA, which may be taken on by Finance and/or Logistics depending on organisational resources, they have overall responsibility on ensuring technical programme quality, make decisions on possible corrective measures, and guarantee implementation reflects key standards such as accountability to affected populations and data protection.

Thorough coordination, preparedness, situation and response analysis and programme design can go a long way to lay the ground for smooth implementation. But challenges will inevitably arise when implementing CVA and broader MBP for sanitation or hygiene in the unpredictable context of a humanitarian emergency. Capacity for adaptation is therefore essential, which requires entrepreneurial attitude and empowerment of staff working on the ground – so that they can depart from the plan where necessary, to ensure the **delivery process** remains accessible and effective. Examples include the need for Oxfam staff in Bangladesh to complete bank account registration forms for beneficiaries, who were too far from the nearest branch; and in the Philippines, the negotiation with other agencies to use local masons for their sanitation interventions.

Clear allocation of roles and standard operation procedures are also important. WASH specialists have a key role to safeguard technical programme quality, for example through the quality control process used by Oxfam in the Philippines. This combined quality assurance by market suppliers (masons), the MFI involved, as well as recipients, together with checks by Oxfam staff, that were targeted on the basis of risks (rejected supplies receiving a second full verification). Case study findings nonetheless indicated that having clear procedure on paper wasn't sufficient – quality assurance processes need to be clearly communicated to all involved, and the final checks by qualified WASH staff properly resourced. Arguably, WASH specialists should not be responsible for managing and implementing the financial or other operational aspects of CVA, such as e-payment systems or voucher reconciliation. For lack of an alternative, Oxfam's public health promotion staff in Lebanon had to undertake voucher distribution, which may not have been the best use of their specific skills.

Finally, **communication and accountability mechanisms** play an important role in enabling challenges during implementation to be highlighted and addressed, as well as being a core element of good practice in line with the Transformative Agenda and Grand Bargain. The helpline deployed by Acción contra el Hambre's programme in Colombia for example, appears to have helped reassure recipients, while in Lebanon Oxfam's helpline provided a channel for beneficiaries to raise issues with suppliers. Also, although it did not come up in the case studies, it is important to flag **data protection** as a concern, e.g. where CVA approaches involve recording and transferring sensitive information such as bank accounts.

4.6 Monitoring and Evaluation

Recommendation: WASH specialists should progressively redefine their role in M&E for WASH programmes containing a CVA or other MBP component. This entails moving away from direct supervision of all output, and process towards oversight of these aspects on a risk-basis, which may in turn free up time to advise on WASH related aspects in market monitoring and ensuring consistent monitoring of WASH outcomes and where possible impacts.

As noted, WASH specialists have a key role to play in **output monitoring**, particularly with respect to assuring quality of commodities and services purchased through the CVA or facilities built by CVA recipients. CVA/ MBP programmes can introduce scope for other stakeholders besides WASH specialists to play a role in monitoring and potentially change the role of the WASH specialist from directly monitoring all outputs in a supply-side or in-kind programme, to verifying monitoring by service users, suppliers or others. Output monitoring of CVA (e.g. number of transfers, amounts transferred, amounts redeemed) may require the engagement of Financial Service Providers; digital transfers give way to more reliable and timely information than non-digital transfers.

The case studies show a range of approaches. The user-verification of desludging services used by Oxfam in Lebanon arguably empowered affected populations to hold suppliers to account and was introduced after quality checks by Oxfam staff in a conventional, supply-driven programme were found to be impractical. In UNCHR, the system relied on households effectively acting as their own suppliers (i.e. self-constructing latrines, albeit using materials sourced from local communities). Here, sign-off by sanitation engineers was required prior to payment. As noted, Oxfam in the Philippines used a quality assurance process that engaged multiple stakeholders – the MFI, suppliers and users – as well as targeted checks by Oxfam staff. Importantly, in both the Philippines and DRC it was found that sign-off by non-specialists was insufficient alone, to safeguard quality. The key learning is that for each programme, WASH specialists need to decide how to match available technical capacity and resources to the levels of need and risk to quality, drawing on alternative mechanisms (e.g. beneficiary sign-off) where possible where this does not jeopardise higher level outcomes such as public health.

For CVA/ MBP, **market monitoring** is essential. Representatives of the UNHCR programme in DRC reflected the learning that more regular monitoring of prices, from a robust baseline, would have helped understand and potentially respond to some of the issues, such as increases in prices for locally sourced building materials when demand was high. This also points to the need to consider the dynamics in informal markets (i.e. changing prices charged by opportunistic sellers in the host community) as well as 'official' suppliers and vendors. WASH specialists, jointly with cash and market -specialists should explore likely effects of the intervention on market dynamics and evaluate data to decide if changes in CVA for WASH outcomes are needed.

Market monitoring also needs to go beyond price monitoring, for example to include the impact on wider market viability in the long-term. For example, the Oxfam programme in the Philippines faced challenges in persuading masons to go into the sanitation business in the first place, due to the pervasiveness of subsidies, but there are risks also at the close of a programme: once cash or voucher support or wider market strengthening approaches are withdrawn, will suppliers be able to sustain their business. Although this did not arise clearly as an issue from the case studies, effective monitoring and evaluation of market dynamics could help to identify such issues and inform exit strategies.

WASH specialists will need to consider which transfer mechanism (e.g. paper voucher, payment card or e-voucher) will provide the most useful information, in addition to what best suits beneficiaries. The case studies point to the need to be realistic about trade-offs – for example, through reconciliation, vouchers can provide more detailed information on what was purchased, as well as directing the purchase to certain types of product or service. This can be valuable to for an individual sector such as sanitation or hygiene, where public health must be safeguarded. Yet recipients may prefer debit cards or cash, for which specific expenditures are harder to track – because it offers greater flexibility or, in the case of some Acción contra el Hambre beneficiaries in Colombia, it provided them with dignity by avoiding the stigma of having to wait in a separate queue.

Finally, the gap in robust **monitoring of outcomes**– including service usage, behaviour change, and public health remains an important concern. This is a vital area to strengthen across all forms of humanitarian WASH programming – CCV, in-kind or direct service delivery included. The recommended key indicators underpinning the Sphere standards provide a starting point. For the Sphere Standard's 2018 revision (The Sphere Project, 2017), these are extended to include areas that could also be a focus of CVA or other market-based intervention, including menstrual hygiene management and incontinence as well as excreta management (the focus of Oxfam Lebanon's desludging programme). However, to really understand outcomes and impact WASH specialists may need to look at wider indicators and data sets, including health surveillance data. Rigorously comparing alternative WASH approaches according to their outcomes and impacts can require complex experimental and controlled studies that, generally, are not feasible in a rapid onset humanitarian emergency. However, identifying a minimum set of core outcomes level data for all types of humanitarian WASH programme would help the sector to credibly evaluate the relative effectiveness and value-for-money (cost effectiveness) of alternatives, including CVA and MBP. The list of outcome indicators currently being developed under the aegis of the Grand Bargain's cash workstream is an example of efforts toward harmonizing outcome indicators for comparison across contexts and programmes.

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ANNEX 1: Key informant interviews

Case study I: Oxfam Lebanon	Code	Case study II: UNHCR DRC	Code	Case study III: Oxfam Philippines	Code	Case study IV: Acción contra el Hambre Colombia	Code	Case study V: Oxfam Bangladesh	Code
Oxfam Lebanon Senior WASH Coordinator	OLKII1	UNHCR DRC Programme Coordinator	UDKII1	Oxfam Philippines WASH Advisor	OPKII1	Acción contra el Hambre Colombia Field Coordinator	ACHKII1	Oxfam Bangladesh Programme Coordinator	OBKII1
Oxfam Lebanon Senior Pubic Health Promotor	OLKII2	UNHCR DRC Head of Office, Zongo	UDKII2	Oxfam Philippines Sanitation Marketing Specialist	OPKII2	Acción contra el Hambre Colombia Logistics Coordinator	ACHKII2	Oxfam Bangladesh Senior Programme Officer – Public Health Promotion	OBKII2
Oxfam Lebanon Senior WASH Engineer	OLKII3	UNHCR DRC Field Assistant	UDKII3	Oxfam Philippines Sanitation Marketing Officer (Bantayan Island)	OPKII3	Acción contra el Hambre Colombia Community Mobilizer	ACHKII3	Oxfam Bangladesh Public Health Engineer	OBKII3
Oxfam Lebanon hygiene item supplier (Msheik Supermarket)	OLKII4	UNHCR DRC Field Protection Associate	UDKII4	Oxfam Philippines Technical Advisor	OPKII4	Acción contra el Hambre Colombia Admin Officer	ACHKII4	Oxfam Bangladesh partner (SKS) Programme Manager	OBKII4
Oxfam Lebanon hygiene item supplier (Centrum Market)	OLKII5	UNHCR Regional CASH Based Interventions Officer	UDKII5	Oxfam Philippines MEAL Officer	OPKII5	Acción contra el Hambre Colombia hygiene items supplier (Supermarcado Mercacentro)	ACHKII5	Oxfam Bangladesh hygiene item supplier (Khorshed Varieties)	OBKII5
Oxfam Lebanon Desludger	OLKII6	UNHCR DRC partner (ADES) Head of Office, Libenge	UDKII6			Acción contra el Hambre Colombia hygiene items supplier (Supermarcado Abastos)	ACHKII6	Oxfam Bangladesh latrine material supplier (MS Shard Variety Store and Steel Furniture).	OBKII6

ANNEX 2: Focus group discussions

Case study I: Oxfam Lebanon	Code	Case study II: UNHCR DRC	Code	Case study III: Oxfam Philippines	Code	Case study IV: Acción contra el Hambre Colombia	Code	Case study V: Oxfam Bangladesh	Code
Hygiene voucher beneficiaries (7, Btedaai)	OLFGD1	Cash transfer beneficiaries (10, Camp Mole)	UDFGD1	Beneficiaries in Eastern Samar (13)	OPFGD1	Hygiene voucher beneficiaries (5)	ACHFGD1	Hygiene voucher beneficiaries	OBFGD1
Desludging voucher beneficiaries (7, Haouch Tal)	OLFGD2	Direct build beneficiaries (5, Camp Boyabu)	UDFGD2	Beneficiaries on Bantayan Island (3)	OPFGD2	KACHE card beneficiaries (5)	ACFFGD2	Sanitary latrine SMS beneficiaries	OBFGD2
		Host community (5, from outside Camp Mole)	UDFGD3	Masons in Eastern Samar (6)	OPFGD3				
				Masons on Bantayan Island (6).	OPGD4				

ANNEX 3: Research questions and sub-questions, based on the OECD DAC humanitarian evaluation criteria (coverage [cv], Efficiency [Ey], Effectiveness [Et], Impact [I], Connectedness [Ct] and Coherence [Ch])

Research question	Sub-questions
How far did CTP/ MBP in the case study examples meet sanitation and hygiene needs in emergencies, particularly for children?	Cv1. What was the reach and scale of modality (geographically and number of beneficiaries)?
	Ey1. How far did the modality achieve its intended sanitation/hygiene outputs?
	Cv2. Which groups were included in the modality and which were excluded?
	Et1. How far did outputs meet quality standards?
	Et2. How far did the modality achieve its intended sanitation/ hygiene outcomes?
	Et3. To what extent did beneficiaries perceive that their hygiene and sanitation needs were met?
	Cv3. How far were children included as a specific beneficiary group?
What were the additional benefits and/ or costs of using CTP/MBP for sanitation and hygiene in the case study examples?	Et4. What was the level of beneficiary satisfaction with the modality?
	I1. What was the effect on intra-household dynamics (e.g. decision making and participation, control over resources, domestic violence, etc.)?
	I2. What was the effect of the modality on local markets (e.g. in terms of prices, availability, competition, integration)?
	Ey2. How did the modality affect the speed of delivery?
	Ey3. How did the modality affect the cost of delivery?
	Ch1. Impacts on organisation structure
	R1. What was the extent of context assessment and how did it feed into cash/ voucher modality selection and design?
Why did CTP/MBP in the case study examples achieve/ not achieve intended benefits? /Design and implementation	R2. How far was selection of modality directly related to a specific need (in terms of WASH or other outcomes)?
	Ct1. How far did the modality support longer-term goals – Inc. capacity and partnership building?
	Ct2. What was the exit strategy to withdraw engagement from the programme?
	Ct3. How was the modality monitored and evaluated?
	Ch2. How far did the modality fit within the existing market and service delivery context?