

Evidence-building for cash and markets for WASH in emergencies

PRACTICES RELATED TO THE USE OF MULTIPURPOSE CASH FOR WASH OUTCOMES



WASH Cluster
Water Sanitation Hygiene



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ACRONYMS

CaLP	Cash Learning Partnership
DRC	Democratic Republic of the Congo
GWC	Global WASH Cluster
HHWT	household water treatment
KII	key informant interview
MBP	market-based programming
MEB	minimum expenditure basket
MPC	multipurpose cash
NFI	non-food item
WASH	water, sanitation and hygiene

GLOSSARY

Definitions of key terms used in this study:

- **Cash and voucher assistance (CVA):** All programmes where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term refers to the provision of cash transfers or vouchers given to individuals, households or community recipients – not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions, although microfinance and money transfer institutions may be used for the actual delivery of cash ([CaLP](#)).
- **Emergency hygiene interventions:** In this study, interventions which aim to improve or maintain safe hygiene behaviours in emergency settings through hygiene promotion and education activities, behaviour change communication (BCC), creating an enabling environment for hygiene practices (such as hand-washing facilities), and facilitating the use of essential hygiene items. Although the package of ‘essential hygiene items’ varies from one context to another, the list of standard hygiene items usually includes water collection and storage containers, hand-washing soap, laundry soap and menstruation management items. Other potential items can include nail cutters, shampoo, combs, oral hygiene items, baby diapers, towels and underwear.
- **Emergency sanitation interventions:** In this study, interventions which aim to provide, restore or improve sanitation services in emergency settings through the building or repairing of human excreta containment infrastructure (such as latrines, toilets, septic tanks etc.), provision of excreta management infrastructure and services (latrine pit desludging, sludge stabilization ponds, sewage systems, wastewater treatment plants etc.) and provision of solid waste collection, recycling and disposal services.
- **Emergency water interventions:** In this study, two main groups of interventions used in emergency settings: (1) water supply interventions, which aim to supply water or improve the existing supply, for drinking and domestic use; and (2) household water treatment (HHWT) interventions, which aim to improve water quality and use through the promotion of water treatment in the home (chlorine, filters, boiling etc.) by beneficiaries. HHWT interventions are often referred to as ‘point of use’ intervention
- **Labelling:** The process by which humanitarian agencies ‘name’ a cash intervention in terms of the outcome they want it to achieve. This may be accompanied by activities to influence how recipients use their cash assistance; for example, this could include messaging conveyed to recipients, possibly in combination with complementary programming activities ([CaLP](#)).
- **Local markets:** In this study, markets which are easily accessible to the local population or local market actors (retailers, companies). Local markets can include markets from neighbouring countries, especially for areas located close to borders. As long as supply chains between producers and consumers exist, local markets can sell goods and services which are made locally or nationally or imported from other countries.
- **Minimum expenditure basket (MEB):** Requires the identification and quantification of basic needs items and services that can be monetized and are accessible in adequate quality through local markets and services. Items and services included in an MEB are those that households in a given context are likely to prioritize on a regular or seasonal basis. An MEB is inherently multisectoral and based on the average cost of the items composing the basket. It can be calculated for various sizes of households. A survival minimum expenditure basket (SMEB) is a subset of the MEB and refers to the identification and quantification of goods and services necessary to meet a household’s minimum survival needs. Delineating the threshold for survival and differentiating a SMEB from an MEB is not currently a standardized process ([CaLP](#)).
- **Microfinance:** The provision of financial services adapted to the needs of micro-entrepreneurs, low-income persons or persons otherwise systematically excluded from formal financial services, especially small loans, small savings deposits, insurance, remittances and payment services([CaLP](#)). When used in the water, sanitation and hygiene (WASH) sector,

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

- **Modality:** The form of assistance – e.g., cash transfer, vouchers, in-kind, service delivery or a combination (modalities). This can include both direct transfers at household level and assistance provided at a more general or community level – e.g., health services, WASH infrastructure ([CaLP](#)).
- **Multipurpose cash (MPC):** Transfers (either periodic or one-off) corresponding to the amount of money required to fully or partially cover a household’s basic and/or recovery needs. All MPC transfers are unrestricted in terms of use, as they can be spent as the recipient chooses ([CaLP](#)).
- **WASH complementary programming:** Programming where different modalities and/or activities are combined to achieve WASH objectives. Complementary interventions may be implemented by one agency or by more than one agency working collaboratively. This approach can enable the identification of effective combinations of activities to address needs and achieve programme objectives. Complementary programming will ideally be facilitated by a coordinated, multisectoral approach to needs assessment and programming ([CaLP](#)).
- **WASH goods and services:** All water, sanitation and hygiene-related items and services that are usually needed in humanitarian settings. They include water, soap, water collection and storage containers, drinking water treatment services, latrine construction materials, latrine emptying services etc.
- **WASH market:** A simple system of exchange of WASH goods and services between two or more actors. A ‘WASH market system’ is more complex, as it refers to all the players or actors and their relationships with each other and with support or business services, as well as the enabling environment – i.e., the rules and norms that govern the way that WASH markets work. Market systems are interconnected when they share the same enabling environment/rules/norms and business/support services – e.g., when they operate within one country ([CaLP](#)).
- **WASH market-based modality:** A form of humanitarian assistance that uses, supports or develops WASH market systems before, during or after emergencies. This covers two main categories of modality in this study: WASH market support and CVA which is designed to have an effect on WASH outcomes.
- **WASH market-based programming (MBP):** Interventions that work through or support local WASH markets. The term covers all types of engagement with market systems, ranging from actions that deliver immediate relief to those that proactively strengthen and catalyse local market systems or market hubs ([CaLP](#)).
- **WASH market support interventions:** Interventions that aim to improve the situation of crisis-affected populations by providing support to the critical WASH market systems on which they rely for accessing and using WASH goods and services. These interventions usually target specific WASH market actors, services and infrastructure through dedicated activities (e.g., grants to traders of hygiene items to enable them to repair their shops and restart businesses; training and donation of materials to private water truckers to improve their internal procedure for water chlorination etc.) ([GWC Guidance on Market Based Programming](#)).
- **WASH-specific cash:** Cash assistance which is designed to be used by recipients to achieve WASH-specific objectives. The term ‘WASH-specific cash’ has been developed for the purposes of this study, inspired by the CaLP definitions for ‘cash transfer’ and ‘sector-specific intervention’ ([CaLP](#)).
- **WASH-specific voucher:** Vouchers that can only be exchanged for WASH-related commodities and services. This includes ‘value vouchers’, which have a cash value (e.g., \$25), and ‘commodity vouchers’, which are exchanged for predetermined goods (e.g., 20L water, soap, latrine slab etc.) or specific services (e.g., labour for latrine construction). The term ‘WASH-specific voucher’ has been developed for the purposes of this study, inspired by the CaLP definitions for ‘vouchers’ and ‘sector-specific intervention’ ([CaLP](#)).



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1. INTRODUCTION

Humanitarian organizations are increasingly considering and using multipurpose cash (MPC) as a way of supporting families affected by disasters to meet their basic needs. The 'State of the World's Cash 2020' report states that two thirds of organizations surveyed routinely consider the use of MPC as a response option, and 90 per cent of humanitarian response plans explained whether or not MPC would be provided and the reasons why (CaLP, 2020, p.44).

MPC is an inherently multisectoral tool, as recipients can use the cash to purchase goods and services of their choice, according to their priorities and availability on the local market. However, for the Global WASH Cluster (GWC), certain conditions should be met for MPC to be effective in responding to basic needs for water, sanitation and hygiene (WASH) at humanitarian standards. These conditions include the involvement of WASH technical experts during assessments for MPC, response analysis, design and monitoring phase, a sufficiently resourced minimum expenditure basket (MEB), and the complementary use of other modalities when relevant, such as market support, technical assistance, in-kind support and behaviour change communication, alongside the delivery of MPC.¹

Despite the continued increase in the use of MPC, challenges remain for agencies and sector leads to work together throughout the humanitarian programme cycle and to maximize the effectiveness of

MPC in responding to basic needs across sectors. The GWC identified the need to consolidate and take stock of recent experience of using MPC for WASH in emergency, and this report aims to respond to this need by presenting an overview of current practices of the use of MPC to achieve WASH outcomes in humanitarian crises. The practices described in this report are drawn from a systematic review of 62 documented examples, as well as 41 key informant interviews (KIIs) with humanitarian WASH practitioners. The report aims specifically to:

- present current practices (and practice gaps) of the use of MPC for WASH outcomes in emergencies, identifying the contexts and conditions under which MPC is used and highlighting lessons learned;
- in contexts where humanitarian actors use MPC as a tool to meet basic needs, support the involvement of WASH practitioners in the process of designing, delivering and monitoring MPCs when relevant, appropriate and feasible.

This report is one in a series of five on market-based programming (MBP) for WASH in emergencies. The other four reports in this study cover practices in MBP in the water, sanitation and hygiene subsectors and a mapping of the evidence of MBP and WASH outcomes. The study has been commissioned by the GWC, with the overall aim of supporting the increased use of MBP when feasible and appropriate.

¹ See the [2019 GWC Multipurpose Cash Outcome indicators for WASH](#).

2. BACKGROUND ON MPC AND WASH

This section defines the main features of practices related to the use of MPC for WASH outcomes, explaining how MPC can contribute to achieving WASH outcomes in emergency response for the water, sanitation and hygiene subsectors.

For the WASH sector, MPC can contribute to achieving WASH outcomes for recipient households by increasing their overall income and thereby enabling the purchase of WASH goods and services, such as:

- **water supply:** drinking water and domestic-use water bought outside the home (from water points, trucking, vendors, shops etc.), paying for water utility bills (when connected to piped water supply), purchasing household water treatment products and equipment;
- **sanitation:** desludging costs, paying for sanitation utility bills (when connected to sewage networks), cost of latrine rehabilitation or construction;
- **hygiene:** purchasing hygiene items (soap, laundry soap, jerrycans, wash basins, hand-washing units, disinfectant etc.) and menstrual hygiene items.

For the purposes of this study, a causal framework was developed for market-sensitive emergency WASH interventions (*see the evidence mapping report*). Based on the logic of this framework, the following contextual factors are considered necessary for MPC to have a positive effect on WASH outcomes:

- WASH goods and services must be available on the local market (or markets are reactive and able to respond to an increase in demand), in *quality* and *quantity* that corresponds to agreed humanitarian standards.
- There must be *demand* and *affordability* – i.e. crisis-affected households should prioritize purchasing (quality) WASH goods and services and be able to afford them, when receiving MPC assistance.²
- Households should be *aware* of how and where to access these goods and services, and there should be no physical or socio-cultural barriers to access.
- Households should have good hygiene practices and use WASH goods and services adequately.

² Demand for quality WASH goods and services is often reliant on other basic needs – such as food and shelter – already having been met, either through households' own income or through other forms of assistance. For example, in Lebanon, community consultations conducted with MPC beneficiaries revealed that "when refugees' income sources are scarce, hygiene items are the first to be removed as expenditures" (El Khoury and Hajal, 2016).

3. METHODOLOGY

This section briefly summarizes the methodology used: the research questions, the process by which practices were identified, categorized and assessed, and the methodological limitations. Further details

on the methodology used for the overall study are included in the evidence mapping report, as well as in [Annex 8](#).

3.1 Research questions

This report focuses on the following two research questions, specific to the use of MPC for WASH outcomes:

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

Research questions for the whole study can be found in [Annex 1](#). The scope of this report covers all

practices relating to MPC and WASH in humanitarian contexts, both assessing the feasibility of MPC and using MPC as a tool to achieve WASH outcomes.

For the purpose of this study, ‘WASH outcomes’ were defined as follows: WASH-related health, WASH availability, access to WASH, WASH-related quality, WASH-related awareness and use of WASH goods and services. For an overview of the current evidence of positive effects of MPC on these WASH outcomes, please refer to the evidence mapping report in this series on MBP and WASH.

3.2 Identification, categorization and assessment of the practices

This review presents MPC and WASH practices drawn from 42 documents, the analysis of which identified 62 separate examples of MPC practices. In addition, 18 MEBs were analysed, selected based on the inclusion of one or more WASH-related costs.³ Besides documentary sources, 41 KIIs were also conducted, enabling the identification and analysis of further practices.

To be included in this review, the practices had to fit at least one of the following categories:

- MPC was designed to meet WASH needs, as indicated by the inclusion of WASH-related costs in MEBs and in project documents.
- The *effect of MPC on WASH outcomes* was measured, as indicated in monitoring reports, research or project evaluations.

MODALITY	NUMBER OF PRACTICES
Water	33
Sanitation	4
Hygiene	25
TOTAL	62

Table 1. Number of MPC and WASH practices reviewed

³ MEBs from the following country contexts were reviewed for this study: Afghanistan, Colombia, Cameroon, DRC, Gaza, Greece, Iran, Iraq, Jordan, Lebanon, Libya (Benghazi and South), Mali, Peru, Syria, Turkey, Uganda and Yemen.

MPC interventions that did not consider WASH needs in their design and/or did not monitor effect on WASH outcomes were excluded. The exception to this rule was for the MEBs: a sample of 18 MEBs was reviewed, some of which did not include WASH costs, but they were nevertheless included in this analysis because monitoring reports showed that the MPC was indeed used by recipients for WASH

outcomes. For example, this was the case in Afghanistan, where the MEB did not include WASH-related costs, though monitoring showed MPC was used to pay for water utility bills (Pavanello, 2018).

More information on the methodology used in this study can be found in the evidence mapping report, as well as in [Annex 8](#).

3.3 Study limitations

In addition to presenting practices of the use of MPC for WASH outcomes, this report provides an analysis of the benefits, enabling factors, risks and limitations of using MPC to achieve outcomes in each of the three WASH subsectors: water, sanitation and hygiene. The following limitations should be taken into account with regard to the conclusions drawn from this analysis.

- While the evidence mapping report only includes documents for which the effect of interventions on WASH outcomes could be observed, the majority of the documents included in this practice review simply describe a practice and not its effect (though some evidence is also included in practice reports, as they often describe how MBP was implemented – i.e., practices). Therefore, the ‘benefits’ listed in the practice reports are not necessarily backed up by ‘evidence’; these benefits were not

observed for all the practices of the group and were sometimes simply ‘expected results’ without clear evidence of effect.

- The fact that an MBP approach or modality has been used and documented suggests that it is feasible and can likely be reproduced in similar contexts and under similar conditions, described as ‘enabling factors’ in this report. However, the absence of documented practice does not mean that the practice is not feasible, but only that it has not yet been piloted or documented. Refer to the ‘practice gap’ section in the conclusion for more details.
- In general, the documentation available described practices with a positive bias. *The risks and limitations* presented here are often drawn from KIIIs or as a result of authorial interpretation.

4. DESCRIPTION OF PRACTICES

The following sections describe and analyse the use of MPC in each WASH subsector, looking at two main types of practices: (1) inclusion of WASH

costs in MEBs; and (2) monitoring practices for MPC and WASH outcomes.

4.1 MPC and water

Enabling factors

MPC has a strong role to play in overcoming financial barriers to water access. It can be used by households to purchase water outside the home (water points, vendors, water trucking), to pay for piped water supply in the home (utility bills) or, potentially, to purchase household water treatment (though no documented practice of this was identified). Benefits include using and strengthening the existing local water market and giving households flexibility to choose their preferred water source or household water treatment (HHWT) product.

Role and benefits

Good governance of the water sector is an enabling factor, and safe water or HHWT should be available locally, affordable and physically accessible. Households must prioritize purchasing safe water, be aware of how to access it and have safe water practices. In most humanitarian contexts, other modalities (market support to improve water availability, quality and governance, hygiene awareness to improve safe water practices etc.) need to be used in combination with MPC to create this enabling environment.

Risks and limitations

If the enabling environment is not conducive, there is a risk that MPC will not be used for water-related costs or that the quality and quantity of the water accessed are not sufficient to achieve water outcomes, therefore potentially leading to public health issues. While MPC can cover the regular purchase of water, it is unlikely to enable beneficiaries to improve and maintain the water infrastructure in the home, particularly in contexts where housing conditions are unstable and tenants' rights are not protected, making affected households unlikely to invest in improving water infrastructure, for fear of rental prices increasing or even being evicted (Chaaban, et al., 2020; KII with CAMEALEON Lebanon).

MPC has limitations in terms of its effectiveness for HHWT, which is unlikely to be prioritized in an emergency unless the household already has a well-established practice of purchasing HHWT products.

Observed practices

Inclusion of water costs in MEBs

Of the 18 MEBs reviewed for this study, 13 of them included water and water-related costs (such as HHWT). When these costs were included, they represented an average of just under 5 per cent of the total MEB value, reflecting global affordability thresholds for water. Sphere standards recommend a target value of 5 per cent or less of household income used to buy water for drinking and domestic hygiene (Sphere, 2018), while the United Nations Development Programme (UNDP) sets the water affordability threshold at 3 per cent of household net income (Hutton, 2012). However, the amounts included for water costs varied significantly, depending on the context, from 1 per cent (in Mali and Uganda) to 12 per cent in Gaza and 16 per cent in Yemen (see Figure 1).

The MEB calculations for water costs often made reference to the quantity of water recommended by Sphere standards, estimating the cost of accessing a minimum of 15L of water per person per day, multiplied by the average household size and the number of days in a month. In some contexts Sphere standards were adapted – e.g., when the target population was used to a much higher quantity of water. For example, in Lebanon, while the ‘survival minimum expenditure basket’ (SMEB) included 15L per person per day (2250L per household per month), the MEB went beyond Sphere standards and included 35L per person per day (5250L per household per month) of water for all uses (drinking, cooking, washing) (Juillard, 2016).

In most MEBs reviewed, there was documentation as to how the quantities of items and their costs were calculated. This suggests the good practice, by those staff involved in developing MEBs, of context-specific analysis of local needs and discussion with sectors, including WASH specialists, as to what households could (and would) purchase with MPC and therefore which items should be included. In Uganda, for example, there was considerable documentation showing how water costs were determined in the MEB for refugees from Burundi, the Democratic Republic of the Congo (DRC) and South Sudan, as water supply was in the process of shifting from systems managed by non-governmental organizations (providing water free of charge) to water utilities (with user fees, managed by the National Water and Sewerage Corporation). The variations in water prices were reflected by recommending ‘minimum’ and ‘full’ amounts for water in the MEB, depending on geographic location (Peroni, 2019).

In Turkey, it was assumed that refugee families receiving MPC have piped drinking water in their accommodation and therefore do not have to buy water outside the home. Rather than estimating the cost of a certain quantity of water, the average cost of water utility bills was used

as the reference for the MEB, based on reported expenditure data for refugee families who were able to meet their basic needs. It was noted that the “lived experience of Syrians in Turkey is that water and electricity expenses are often defined by landlords and that costs may vary more between households within cities, towns or regions, than between regions for this reason it made sense to calculate an average amount across Turkey” (Hobbs, 2016). With respect to both Turkey and Lebanon, KIIs highlighted that refugees’ rights, as tenants, are not protected, and refugees often pay more for rent and water utilities than local citizens (Hobbs, 2016). In these situations, where there is high demand for rental accommodation for refugees, additional advocacy and legal support (to protect tenants’ rights) may be necessary to reduce the cost of rent and utilities for MPC beneficiaries and refugees in general and to protect them from eviction (KII with CAMEALEON and AUB Lebanon; former ECHO Technical Advisor for the Middle East and North Africa).

Despite evidence of the involvement of WASH staff in calculating MEBs as part of an intersectoral process, in KIIs some WASH staff highlighted that it was challenging to get support and funding for WASH-related interventions that they considered relevant and complementary to MPC (such as technical and legal support, advocacy, in-kind assistance etc.). MPC was often used as a stand-alone modality, and in the WASH sector there is a lack of practices demonstrating how MPC can be combined with other interventions to achieve WASH outcomes.

Monitoring of water outcomes when MPC is used

It is evident that MPC is more likely to be spent on water or HHWT in contexts where recipients are used to paying for them, and monitoring of expenditure will reflect this.

The MPC transfer value is usually less than the MEB, calculated to cover only households’ unmet needs – i.e., the gap between total needs (as defined by the MEB) and households’ own income and resources. These values are based on averages, and many recipient households still struggle to cover their basic needs with the transfer they receive and therefore have to prioritize what they can buy. In addition, developing an MEB and setting the MPC transfer value is a highly political process, and there is often pressure to keep these amounts relatively low to align with national poverty lines and existing social assistance programmes, and also to take into account the budgetary constraints faced by humanitarian organizations.

For these reasons, the MPC value rarely covers all the basic needs of a crisis-affected household, and while it is likely that water will always be prioritized by MPC recipients, there is a risk that they may purchase cheaper (and therefore low-quality) water.

In the practices reviewed, post-distribution monitoring routinely assessed the way in which MPC was spent. For example:

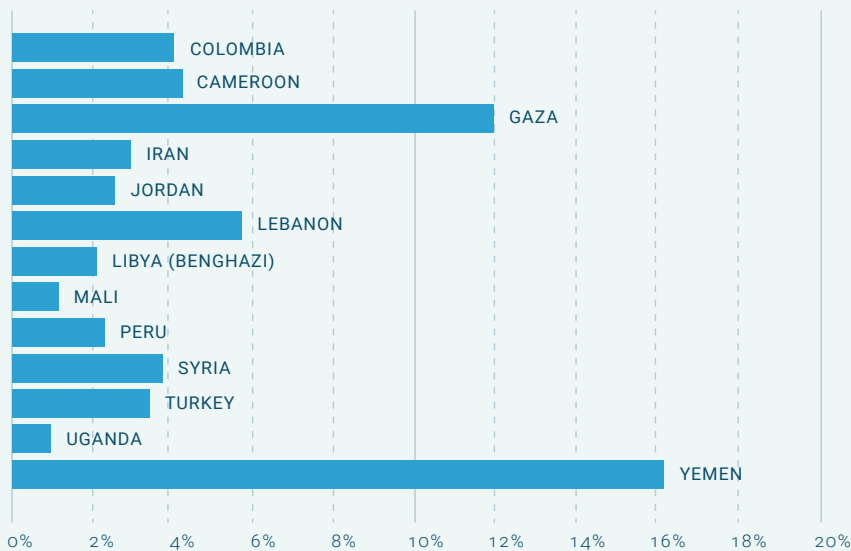
- In Yemen, 49 per cent of MPC beneficiaries reported spending ‘some’ of their cash assistance on water (IOM, 2019). In another monitoring document from Yemen it was reported that only 1 per cent of the value of cash assistance was spent on drinking water (UNHCR, 2016) – far less than the 16 per cent allocated for water in the MEB developed the following year (Byrnes, 2017).
- In Afghanistan, returnees receiving MPC reported using some of the cash assistance to cover water bills in peri-urban areas in Mazar-i-Sharif, while in other areas (including Kabul) residents accessed free water for domestic use through a local water pump and therefore did not use the MPC to purchase water (Pavanello, 2018).
- In Lebanon, a research project analysed household expenditure patterns (rather than just spending of the cash assistance) and found that those Syrian refugees receiving MPC spent significantly more on water than the control group (Lehmann and Masterson, 2014).

The reported amounts spent on water were often very small, which can be viewed positively as a sign of affordability (unless the low expenditure was due to people purchasing cheaper, poor-quality water or a lack of availability of safe water). Expenditure data should therefore be analysed together with data on the quality and quantity of the water accessed, which was rarely the case in the MPC practices reviewed here.

It should be noted that spending on water is likely to be under-reported by beneficiaries, as cash is fungible and there may be recall bias (KII with AUB Lebanon). Furthermore, if monitoring focuses only on the spending of MPC assistance – as opposed to overall household expenditure – beneficiaries may also under-report WASH-related spending, considering that they use ‘other income’ to purchase WASH goods and services on a regular or daily basis and that they reserve the MPC for larger monthly expenditures (KII with former UNICEF staff in DRC). This may be the case for HHWT, as no monitoring data reviewed here reported that recipients had spent MPC on HHWT.

For some MPC interventions, monitoring went beyond expenditure and assessed water access and sources. For example, in Lebanon, MPC was found to significantly improve refugees’ access to drinking water: “Households reporting sufficient access to drinking water was significantly higher for all treatment groups (receiving MPC) compared to the control group (15 to 32 percentage point significant increase above the control group level of access at 67 per cent of households)” (Chabaan, et al., 2020, p. 12; KII with CAMEALEON and AUB). In this study, the source of the drinking water was also assessed, giving an indication

of water quality. MPC was found to improve access to drinking water, but not to water for domestic use, since drinking water in Lebanon is generally purchased (e.g., in 5L bottles), whereas domestic-use water (for cooking and washing) is dependent on municipal services. This example highlights that MPC is a demand-side intervention, supporting beneficiaries to buy water when it is available, but that MPC cannot be used to overcome supply-side barriers which are dependent on water infrastructure.



Note:

Five of the 18 MEBs reviewed did not include any water-related costs (Afghanistan, DRC, Greece, Iraq, Libya South) and are therefore not shown on the graph. It is not clear from the documentation why this is the case, but a number of explanations are possible – e.g., water may be available free of charge from existing water sources, water may already be provided by humanitarian agencies, or, as the cost of water is relatively small, it may also have been overlooked in MEB calculations.

Figure 1. Percentage of water costs in MEBs

Box 1. *MPC in Colombia, Save the Children*

In 2018, Save the Children implemented an MPC transfer 'Plus' programme, in response to the influx of Venezuelans into Colombia, which combined MPC with child protection and nutrition support. The programme aimed to cover vulnerable households' basic needs – including water and essential WASH non-food items (NFIs) – and prevent them from resorting to negative coping strategies.

Initial assessments found that, with respect to WASH-related needs, families lacked enough resources to cover the costs of basic utilities (electricity, water), to prepare food (cooking materials or fees charged to use a kitchen) or to purchase basic hygiene items. Lack of access to hygiene items and water further exposed vulnerable populations, such as children, pregnant and lactating women, or elderly people, to risks of disease, including measles, diphtheria, dengue and malaria. The cost of water (as a utility bill) and hygiene items was therefore included in the transfer value, and 13 183 beneficiaries received unconditional MPC assistance for three months (followed by two months of unconditional cash transfers designed to cover only the costs of a minimum food basket). The length of cash assistance was calculated to provide households with sufficient time to complete the regularization of their legal status and to find income-generating opportunities. Cash was accessed through bank cards and transferred monthly.

The effect of the intervention on access to water and essential WASH NFIs was measured in terms of the percentage of beneficiary households reporting adequate access, as defined by Sphere or national standards. Before the programme started, only 23 per cent of targeted households had adequate access to potable water, and 23 per cent had adequate access to WASH NFIs. After receiving MPC, access to WASH NFIs increased considerably (to 55 per cent), while access to potable water still remained a challenge, with only 40 per cent of beneficiaries reporting having sufficient access to it. While this is an improvement compared to baseline, the relatively modest increase in access to potable water was mostly because many beneficiaries lived in informal settlements, which were lacking most basic infrastructure and services. In locations such as La Guajira, lack of access to potable water is not only due to financial barriers, but also to lack of availability, as most water needs to be trucked to informal settlements, and the quality of the water is often very poor (Save the Children, 2019).

4.2 MPC and sanitation

Role and benefits

MPC can be used to cover regular sanitation costs (such as desludging for households using on-site sanitation systems), paying for sanitation utility bills (when connected to sewage networks) or contributing to irregular or ad hoc costs such as latrine rehabilitation or construction.⁴ While MPC can contribute to meeting these costs, in contexts where sanitation facilities are lacking, the main barrier to improved sanitation may not be financial. In such situations, MPC will likely play a limited role in improving access to sanitation.

Enabling factors

MPC can be effective in contexts where there is good governance of the sanitation sector and beneficiaries have regular and predictable sanitation-related expenses – i.e., paying utility bills that include sanitation, in urban contexts with sewage networks, or paying for latrine desludging, when beneficiaries use on-site sanitation systems (pit latrines, septic or holding tanks), usually in camps or informal urban settlements. The use of MPC for the construction or rehabilitation of sanitation facilities is enabled when housing conditions are stable, there is a demand for improved sanitation facilities, and the costs are low.

Risks and limitations

In contexts where housing conditions are unstable and tenants' rights are not protected, affected households are unlikely to invest in constructing or rehabilitating latrines, for fear of rental prices increasing or even being evicted (Chaaban, et al., 2020; KII with CAMEALEON Lebanon). In first-phase emergency response, direct latrine construction is likely to be faster and more appropriate than MPC or even conditional cash. When using cash for desludging, there is a risk that households will not prioritize it and may use the cash for other purposes. Desludging companies may also be unwilling to travel to certain locations for only a few customers, and beneficiaries may have to group together to negotiate with the companies. Safe disposal of sludge is also often a challenge. MPC for sanitation may be less successful in contexts where the population is on the 'first step of the sanitation ladder' – i.e., where open defecation is still common and demand creation is required (UNHCR, 2016).

⁴ In areas covered by a sewage network, faeces are in most cases mixed with other domestic wastewater and evacuated from the house to the sewage network. In many cases, the cost of household wastewater management services is included in the water bill, as it is calculated based on the quantity of water consumed.

Observed practices

Inclusion of sanitation costs in MEBs

The cost of sanitation represented a very small percentage of the MEBs reviewed here. Sanitation costs were only explicitly included in 4 of the 18 MEBs reviewed: Cameroon, Mali, Jordan and Lebanon. When included, sanitation costs represented an average of only 1.7 per cent of the total MEB value. In other MEBs reviewed here, sanitation costs are not mentioned or are lumped together with rental costs (e.g., in Turkey).

In Cameroon, the cost of digging and maintaining a latrine pit was included as a one-off annual expense, which was spread out over the monthly MEB calculations. In Mali, the cost of latrine-cleaning kits was included, estimating that each household would purchase two such kits per year (again the cost was calculated on a monthly basis).

In Jordan, Syrian refugees' sanitation costs were estimated using three scenarios, depending on their housing conditions: (1) the cost of desludging a septic tank, at JD35 per month; (2) access to the sewage network, paid for via utility bills, at JD1 per month; and (3) the cost of desludging of pit latrines for those living in informal tented settlements, at JD10 per month. The three scenarios were weighted, and an average sanitation cost of JD32 per month was estimated. While this calculation produces a relatively high average cost, the practice highlights the fact that the MEB is designed to cover an 'average' household's expenditure in an 'average' month, but the situation of each family – and their respective sanitation costs – can vary dramatically.

In Lebanon, sanitation costs were not initially included in the SMEB and MEB in 2014, but were added in 2016, following identification by WASH actors as a critical gap. In 2016, the costs for solid waste management collection, desludging of wastewater and latrine and holding tank maintenance were included (Juillard, 2016).

In Turkey, the cost of sanitation for Syrian refugees was included in accommodation costs. The MEB document defines minimum adequate shelter expenditure standards, including WASH-related facilities: "the household should have access to a toilet, running water, place to bathe", and the cost of renting accommodation that meets this standard and the right to adequate shelter was therefore estimated (Hobbs, 2016).

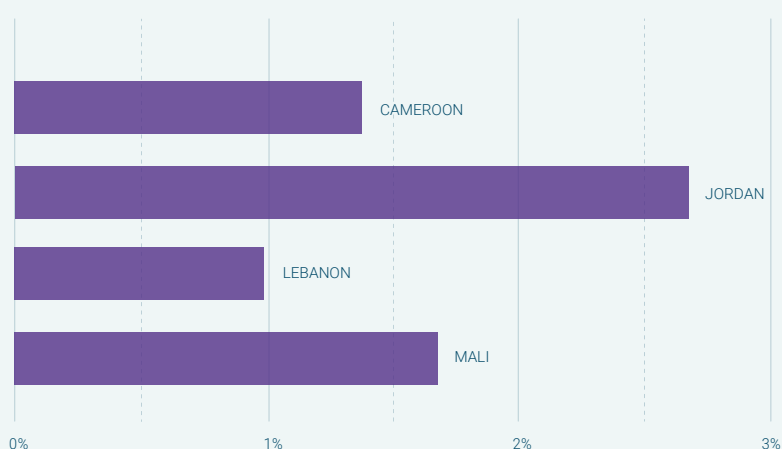
Monitoring of sanitation outcomes when MPC is used

As regular expenditure linked to sanitation is generally very low, monitoring for MPC and sanitation focused more on access to toilets and less on sanitation-related expenditure. For example, in Lebanon, monitoring assessed whether Syrian refugee households had a toilet inside their shelter (Chabaan, et al., 2020), rather than monitoring how much money they spent on sanitation.

Similarly, in Jordan, access to sanitation facilities was also monitored, noting whether the toilet was inside the home or shared with other households. For example, MPC for Syrian refugees in Jordan had a positive effect on access to toilet facilities shared between households, reducing from 30 per cent of households sharing toilets at baseline to 20 per cent sharing after receiving MPC (Abu Hamad, et al., 2017, p. 65).⁵

In Turkey, monitoring also focused on whether MPC beneficiaries had a toilet inside or outside their home and whether the toilet was shared with other families, though the effect of MPC on access to sanitation is not analysed in this report (WFP, 2020).

In Somaliland, a study conducted by Save the Children monitored access to and use of sanitation facilities for recipients of the MPC. The impact of different transfer values and frequencies was compared, showing no positive correlation between MPC and access to and use of sanitation. For recipients of MPC with a larger transfer value, their access to and use of sanitary facilities was static (at the same level as baseline), while for those recipients who only received MPC with a lesser transfer value, use of sanitation facilities actually declined over the same period (Kipchumba, et al., 2019).



Note:

Fourteen of the 18 MEBs reviewed did not include any sanitation-related costs (Afghanistan, Colombia, DRC, Gaza, Greece, Iran, Iraq, Libya (Benghazi), Libya (South), Peru, Syria, Turkey, Uganda and Yemen) and are therefore not shown on the graph. A number of reasons could explain why sanitation costs were not included – e.g., it may have been assumed that MPC would not be used by recipient households for sanitation costs. Another possible reason is that in urban areas with wastewater management systems, many homes already have a toilet, and wastewater management services costs are included in water utility bills or sometimes incorporated into monthly rent and are therefore 'hidden'. Furthermore, in cases where new sanitation infrastructure needs to be built, or existing infrastructure has to be rehabilitated, these costs are relatively high and often one-off, and also vary greatly from one household to another. Such costs are difficult to cover with monthly MPC transfers, which are calculated based on averages.

Figure 2. Percentage of sanitation costs in MEBs

⁵ In the report reviewed, no mention is made of additional activities implemented to achieve this result, such as messaging around sharing toilets or labelling of cash for construction of toilets. The report presents this reduction in sharing of toilets as being a positive result of the MPC assistance, but the impact pathways or exact contribution of MPC to this result is unknown (Abu Hamad, et al., 2017, p. 65).

Box 2. *Developing outcome indicators for MPC: Grand Bargain cash workstream*

Since 2018, a group of humanitarian stakeholders – including practitioners from non-governmental organizations and United Nations agencies, cluster leads, cash/markets focal points, CaLP and donors – has come together under the Grand Bargain cash workstream to identify outcome indicators for MPC assistance, with the objective of providing more consistent and comparable field-level monitoring of MPC.

The process has engendered much debate within the sectors as to how best to monitor the effects of MPC on sector outcomes. In the initial discussions in 2019, the GWC recommended that standard WASH outcome indicators should be used, as MPC should contribute to achieving the same WASH outcomes as other intervention modalities.

At the time of writing this review, draft MPC indicators are in the process of being tested by teams in the field. Initial feedback on the CaLP discussion group suggested that the WASH indicators for MPC which are currently being tested are challenging to measure in practice (IRC, WarChild). Following the testing phase, a review of the indicators is planned for late 2020 (CaLP). For details of the MPC indicators currently being tested, see the CaLP website.

The GWC Markets Technical Working Group is also currently working on developing a broader monitoring framework for MBP for WASH interventions in emergency contexts. For further information and guidance from the GWC on monitoring for MPC, see the GWC Coordination Toolkit.

4.3 MPC and hygiene

Role and benefits

MPC is well suited as a modality to meet the hygiene needs of affected populations in many humanitarian contexts, as hygiene items are a regular and predictable expense, hygiene markets are typically resilient in times of crisis, and most families will purchase basic hygiene items such as soap or water containers.

Enabling factors

Hygiene items corresponding to humanitarian standards must be available on the local market, and there should be demand for these products so that households prioritize buying hygiene items when given the choice. Households must be aware of where to access hygiene items and have safe baseline hygiene practices.

Risks and limitations

MPC alone is not likely to achieve adequate hygiene practices when baseline practices are poor and demand for hygiene items is low, unless combined with behaviour change communication. MPC is unlikely to be effective when barriers to accessing hygiene items are cultural, or when beneficiaries are not in the habit of using certain products (e.g., menstrual hygiene products or baby nappies/diapers). In contexts where the value of MPC assistance is not sufficient to meet all basic needs, spending on food and shelter may be prioritized over hygiene items (El Khoury and Hajal, 2016).

Observed practices

Inclusion of hygiene costs in MEBs

Of the 18 MEBs reviewed for this study, 15 included the cost of hygiene items, representing on average 8 per cent of the total MEB value. Hygiene items are a regular and predictable expense for most families: the cost of hygiene varies little from one month to the next or from one geographical area to another (though it varies depending on family size and composition – e.g., the number of children, or women of reproductive age). The cost of hygiene items is commonly and easily integrated into MEBs.

The MEB for Gaza had the highest percentage allocated for hygiene NFIs, representing 28 per cent of the total MEB value. Twenty-one separate items are included, such as soap, towel, toilet paper, shampoo, sponge, toothbrush, toothpaste, sanitary pads, hairbrush, nail clippers, razor, shaving cream, diapers, handwipes, disinfectant, laundry powder, chlorine solution and dishwashing liquid. Items, units and average prices were provided by the WASH Cluster, reflecting the standardized ‘Dignified Hygiene Kit’, in line with Sphere standards (Gaza MEB, 2019). However, in the MEB documentation reviewed for Gaza there was no distinction between items which are purchased monthly (soap, toilet paper) and those which are purchased less often – e.g., once a year

(towel, nail clippers etc.). To calculate MPC transfer values, it is necessary to identify which items need to be bought regularly and which are one-off purchases.

In Turkey, the MEB for Syrian refugees included the following hygiene items: toilet paper, toothpaste, toothbrush, laundry detergent, liquid dishwashing detergent, sanitary napkins, individual soap, disinfectant/cleaning fluid, shampoo and nappies. Due to discrepancies in price data from different geographical locations, an average cost was devised for all regions (Hobbs, 2016). In 2018, the MEB was revised, based on updated price data and refugee purchasing patterns from post-distribution monitoring data and other sources. The total value of the revised MEB increased in line with inflation, while the share allocated to hygiene items increased from 5 per cent in 2016 to 9 per cent in 2018 (WFP, 2018).

In Uganda, the MEB for refugees included the cost of soap as a regular monthly expense, whereas the cost of other hygiene items was included as an annual expense (reusable sanitary pads, underwear, jerrycan, bucket with a lid and a bucket for hand washing) which was spread out and calculated monthly. Hygiene items represented 4.4 per cent of the value of the MEB (Peroni, 2019).

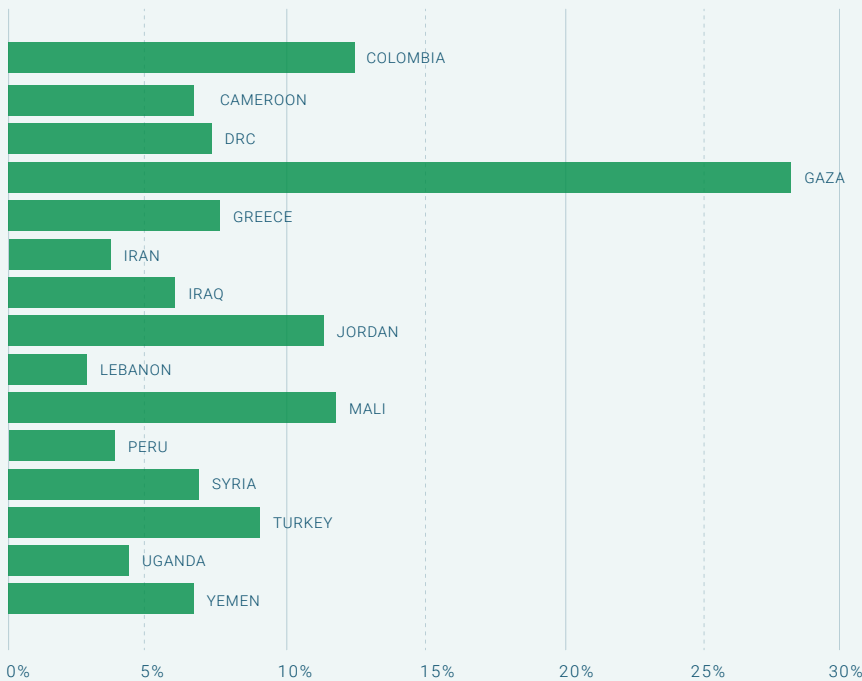
Monitoring of hygiene outcomes when MPC is used

In the monitoring reports reviewed, the percentage of expenditure on hygiene items was generally relatively small but included a wide variety of items (depending on the context), such as soap, nappies, jerrycans, buckets, basins etc. In DRC, 7 per cent of households spent some of their cash transfers on hygiene items (soap, jerrycans, buckets, basins) (AIR, 2017). Expenses are generally lower than what was planned in the MEB, but as the value of hygiene items is often small (soap etc.), this may go unmeasured, and there may be under-reporting by beneficiaries in post-distribution monitoring (KII with former UNICEF staff in DRC). If monitoring focuses only on the spending of MPC assistance, as opposed to overall household expenditure, beneficiaries may under-report WASH-related spending, considering that they use 'other income' to purchase WASH goods and services on a regular or daily basis and reserve the MPC for larger monthly expenditures (KII with former UNICEF staff in DRC).

In Afghanistan, UNHCR provided returnees with MPC grants, and some of the recipients recalled having used part of the cash to meet hygiene needs, such as buying soap and shampoo. In terms of menstrual hygiene, women indicated that, for a minority, a small part of the cash transfer was used to buy sanitary pads, which they had become accustomed to using while living in Pakistan. However, in rural Afghanistan women typically use a menstrual cloth pad, which is reusable and therefore not a regular expenditure (Pavanello, 2018).

While MPC was routinely designed to meet hygiene needs, some documentation suggested that beneficiaries were not always able to prioritize hygiene items when other needs were more pressing. In Lebanon, community consultations conducted with MPC beneficiaries by the Cash Consortium revealed that “when refugees’ income sources are scarce, hygiene items are the first to be removed as expenditures”. The report recommended that MPC should be combined with awareness campaigns for hygiene that highlight “the importance of good hygiene in alleviating health-related costs” (El Khoury and Hajal, 2016).

In Peru, Save the Children went beyond monitoring hygiene-related expenditure and assessed access to hygiene items for Venezuelan migrants receiving MPC, measuring the percentage of beneficiary households reporting adequate access to essential WASH NFIs, as defined by Sphere or national standards. Project monitoring is ongoing, and it is not yet clear whether MPC has had a measurable and positive effect on this indicator (Save the Children, 2019b; KII with Save the Children staff).



Note:

Only 3 of the 18 MEBs reviewed did not include any hygiene-related costs (Afghanistan, Libya (Benghazi) and Libya (South)) and are therefore not shown on the graph. This review did not find information as to why hygiene-related costs were not included in these three MEBs.

Figure 3. Percentage of hygiene costs in MEBs

Box 3. *WASH market price monitoring in Yemen, REACH and WASH Cluster*

Prices vary over time, and from one location to another, and price monitoring helps to gauge whether an increase or decrease in the value of the MPC assistance is necessary. Market price monitoring for key components of the MEB, particularly the food basket, commonly accompanies MPC interventions. However, in Yemen, where WASH items are an important part of the survival minimum expenditure basket (SMEB), the Joint Market Monitoring Initiative (JMMI) focuses specifically on supporting humanitarian actors to harmonize price monitoring for WASH goods. The initiative was launched by REACH in collaboration with the WASH Cluster and the Cash and Market Working Group (CMWG).

In Yemen, the WASH SMEB comprises eight NFIs, including fuel, water and hygiene products, reflecting the programmatic areas of the WASH Cluster. Fuel is included, as it can play an important role in WASH, such as for boiling water, cooking food to the adequate temperature or facilitating bathing during winter, as well as being used for generators for pumping and trucking water. The JMMI has tracked all components of the WASH SMEB since September 2018 (REACH, 2020). While there have been price fluctuations for individual commodities (some increasing, some decreasing), the overall value of the SMEB has remained relatively stable, and there has therefore been no need to adjust the MPC transfer value as a result of price monitoring.

However, in response to COVID-19, the Cash Consortium of Yemen reported that a top-up amount may be added to the current MPC transfer value, “adjusting the SMEB for WASH items since the needs for this sector in relation to the COVID-19 response will be above the basic survival needs” (CCY, 2020). The cash top-up should enable families to purchase additional water and hygiene items, such as soap for hand washing. This additional assistance will be in line with COVID-19-related hygiene messaging from the WASH Cluster (KII with IOM Yemen).

5. CONCLUSION

This report presents an overview of current practices of the use of MPC in the WASH sector in emergency response, drawn from 62 documented examples and 41 KIIs with WASH practitioners. The report describes MPC practices across the humanitarian programme cycle, focusing specifically on inclusion of WASH costs in MEBs and the way in which WASH outcomes have been captured by MPC monitoring to date. For each WASH subsector, the specific role, enabling factors, risks and limitations of using MPC were identified, based on the practices reviewed. These factors are summarized below, as are gaps in current practice.

The MPC modality can *play an important role* in meeting households' WASH needs, particularly for regular and predictable WASH-related costs, by overcoming financial barriers to access to WASH. The benefits of MPC include giving households the flexibility to buy the goods and services of their choice, supporting the local WASH market and using the services of existing WASH utilities. In the practices reviewed, water and hygiene-related costs were frequently part of MEBs, though sanitation costs (such as desludging) were rarely included. Monitoring shows that MPC has been used by households to buy hygiene items on the local market, purchase water outside the home and – for those households that are connected to piped water supply and sewage networks – to pay utility bills. Monitoring data reviewed here did not show that MPC was used for sanitation-related expenditure, though some monitoring reported an increase in access to private toilets for recipient households. However, as monitoring of WASH-related outcomes for MPC is relatively weak, we know little about the quality of WASH goods and services purchased by MPC recipients, how they are used in the home or the effect that MPC may have on WASH markets.

Certain *enabling factors* increase the relevance and effectiveness of MPC for WASH. WASH goods and services of acceptable quantity and quality should be available on the local market, and be accessible and affordable for beneficiaries. Beneficiary households being connected to piped water supply and sewage

systems can also enable the use of MPC for WASH. Households must be aware of how to access safe water, hygiene items or sanitation-related goods and services, and have safe WASH baseline practices. For MPC to be effective, there should be a demand for WASH, so that households will prioritize buying hygiene items or quality drinking water when given the choice. Demand can also be strengthened through complementary hygiene behaviour change communication for hygiene, although there were no clear documented examples of this being combined with MPC. According to the GWC, the involvement of WASH practitioners in assessments for MPC, developing MEBs, response analysis, design, implementation and monitoring is a strong enabling factor for the successful use of MPC for WASH, although this aspect of interventions was not well documented in the practices reviewed.

There are a number of *risks and limitations* to using MPC to meet WASH needs. If the environment is not conducive, the stand-alone use of MPC is unlikely to be sufficient to achieve WASH outcomes, potentially leading to public health issues. While MPC can cover the regular and predictable purchase of water and hygiene items or pay for utility bills, it is unlikely to be used for purchasing HHWT unless recipient households are already accustomed to using HHWT. In addition, in contexts where the housing market is inadequate and tenants' rights are not protected, beneficiaries are understandably reluctant to invest in WASH infrastructure, such as improving water supply infrastructure or toilet facilities, for fear of rental prices increasing or even being evicted from their accommodation. In many contexts there is also a lack of demand for improved sanitation facilities and services; therefore MPC is not the most relevant modality for improving access to quality sanitation. Finally, not all beneficiaries in a certain region – or even town – will have the same level of financial, physical or social access to WASH goods and services. Flexibility in terms of assistance modality, and potentially combining different modalities, is therefore required to maximize coverage and the likelihood of achieving WASH outcomes.

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

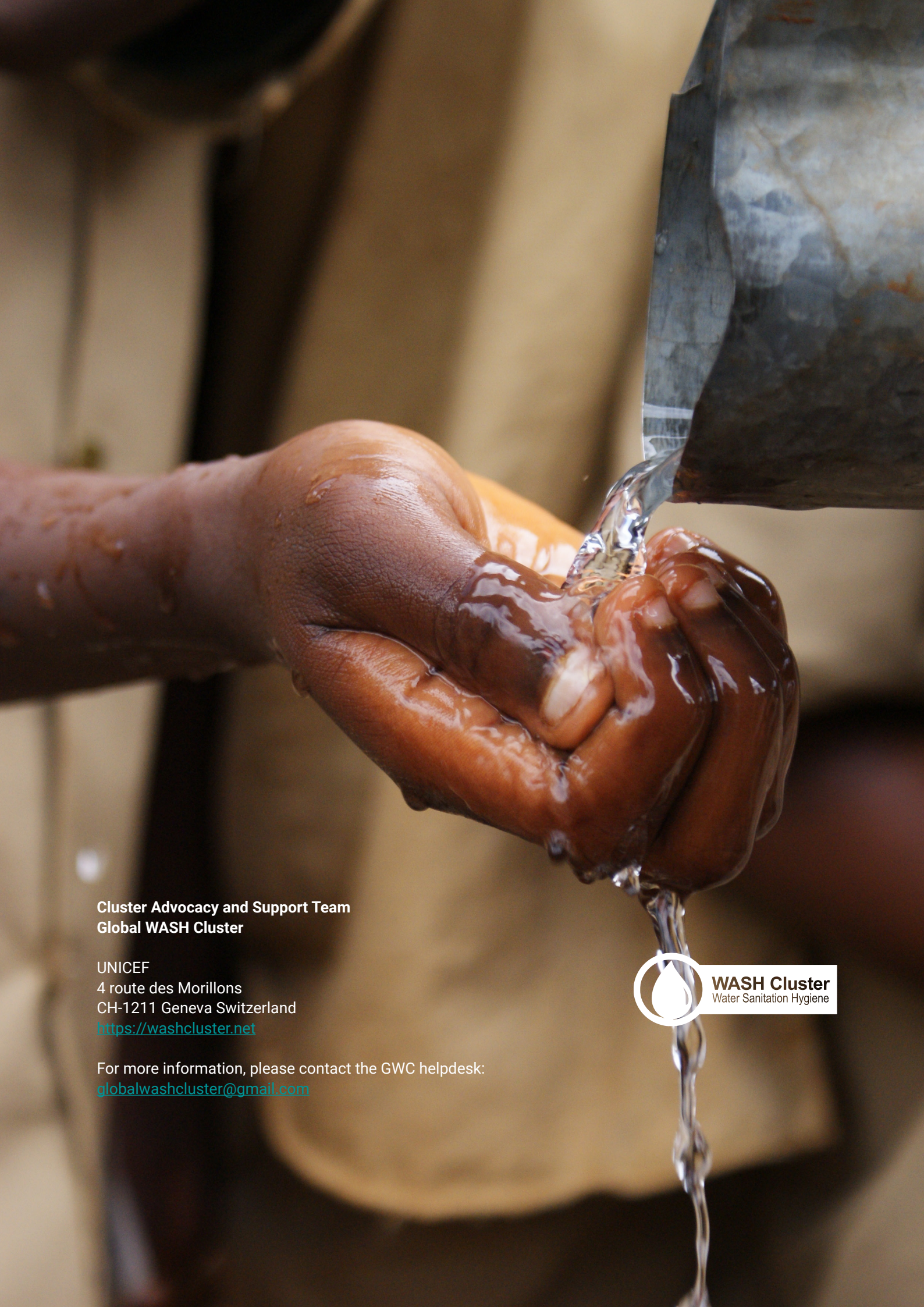
were some documented attempts to measure higher-level WASH outcomes, the focus of MPC monitoring was mostly on how households spent the cash, rather than on the quality of the WASH goods and services accessed and how they were actually used within the home.

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



WASH Cluster
Water Sanitation Hygiene

Evidence-building for cash and markets for WASH in emergencies
Practices related to MPC for WASH outcomes



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