

Analysis of Cash Transfer Programming and Market Based Approaches to achieve Water, Sanitation and Hygiene Promotion Outcomes in Humanitarian Response

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INTRODUCTION

The main objective of Water, Sanitation and Hygiene Promotion (WaSH) projects in humanitarian response is to reduce the transmission of faeco-oral diseases and exposure to disease-bearing vectors (The Sphere Project, 2011). Traditional approaches to WaSH focused humanitarian relief involve the distribution of in-kind non-food items (NFIs) including point of use (POU) water treatment technology (Ray and Jain, 2014). However, such approaches often overlook the important role that the private sector can play in the distribution of commodities and provision of WaSH services during emergency responses. Cash-transfer programming and market based approaches (CTP/MA) alongside, or in place of, conventional relief distributions of food and NFIs have gained prominence in recent years. Unless such responses are designed with a good understanding of key markets, they have the potential to undermine recovery and prolong dependence on external assistance by inadvertently damaging livelihoods, jobs and businesses through creation of parallel supply chains and distribution networks, (Brady, 2012). The success of CTP/MA will be limited unless methodologies to measure and compare the effectiveness of different modalities of delivering humanitarian relief, (e.g. in-kind and CTP/MA modalities) are developed, tested and disseminated amongst the humanitarian community.

This study investigated the parameters that should be measured to determine the added value of using CTP/MA to achieve WaSH outcomes in humanitarian response. The current is part of an 18 month project funded by the Office of U.S. Foreign Disaster Assistance, being implemented in four countries (Haiti, Indonesia, Pakistan and Zimbabwe) by Oxfam and Action Against Hunger, two of the world's leading humanitarian relief non-governmental organisations.

METHODOLOGY

The research methodology involved 7 stages: Stages 1-4 involved collection and analysis of primary and secondary qualitative data to determine how CTP/MA could impact the transmission of faeco-oral disease transmission; Stage 5 involved synthesis of the results from Stages 1-4 to determine a hypothetical definition of the components of 'added value' of CTP/MA to achieve WaSH objectives; Stage 6 involved application of these components to the supply of POU water treatment technology in Zimbabwe as part of disaster risk reduction (DRR) and post-crisis response; Stage 7 involved development of a framework detailing what needed to be measured under the components, and recommendations for how to measure them in the specific context of Zimbabwe. Primary data was collected via 12 semi-structured interviews. Secondary data was critically reviewed utilising a configuring review approach. Data analysis comprised thematic framework analysis, causal chain analysis and application of logic model theory to the situation in Zimbabwe.

RESULTS AND DISCUSSION

CTP/MA was found to have the potential to impact upon all of the underlying and immediate causes of faeco-oral disease transmission (Figure 1) if applied at 3 different levels: household level interventions through market integrated relief, community/camp level interventions via indirect support through markets, market level interventions focusing on market strengthening and development. Synthesis of results from Stages 1-4 revealed a lack of measures/indicators and accompanying methodologies in existing literature to measure: the effectiveness, sustainability and impact of activities aimed to support the strengthening and development of WaSH markets disaggregated by gender; how effective CTP/MA-WaSH DRR activities are in supporting the design, implementation and ultimate impact of emergency response projects. The components of added value of CTP/MA were determined from further synthesis of the results to be: efficiency, effectiveness, sustainability and appropriateness and equity. These components correlated to accepted criteria for evaluation of humanitarian action. It was found that some measures/indicators could contribute to the measurement of multiple components, therefore requiring skill in data collection and analysis to fully understand the extent to which certain measures can be used to measure multiple components of added value, without compromising the integrity of the data. The components were found to be directly applicable to the activities planned in Zimbabwe, and established methodologies to collect data against these measures, including surveys, household interviews and focus group discussions, were found to be appropriate. The need to further contextualise and pilot measurement of the components of added value of CTP/MA was recognised.

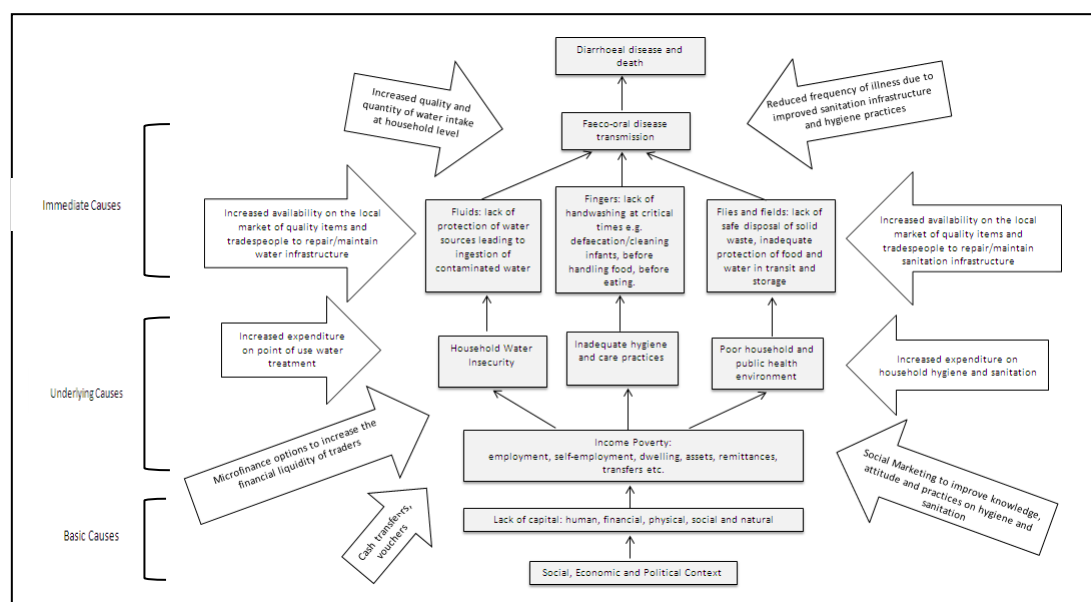


Figure 1. How CTP/MA could impact upon the underlying causes of faeco-oral disease transmission. Based on original model developed by Bailey and Hedland (2012).

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