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# Bringing a behavioural, market-based approach to humanitarian response design and resilience thinking



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**There is a movement catalysing within the humanitarian community calling for increased consideration of local market systems when preparing for, responding to and recovering from emergencies. The movement is towards market-based programming.**

The idea of market-based programming has been around for a number of years but, as with all new concepts, change takes time but the change is coming. **Cash-transfer programming** – one mode of market-based programming – has gained significant momentum in recent years with more and more donors and humanitarian agencies mandating use of such programming over in-kind distributions when responding to crisis. This week the latest version of the **Minimum Economic Recovery Standards** was launched; a revision to ensure the standards to be more relevant to humanitarian programming in terms of the inclusion of markets in response, recovery and resilience activities.

As markets thinking becomes more incorporated into humanitarian programme design, the opportunity to drive forward the agenda of bridging the humanitarian-development divide becomes more prominent. There will be a crossover in agendas with risk reduction and recovery activities, traditionally more-so areas for development practitioners, will need to be considered in the design of humanitarian programmes to ensure that, as quoted from the MERS standards, “short-term solutions facilitate [not undermine] longer term goals”. So how does this coincide

with the launch of the paper [Increasing the uptake of new technologies: using a behavioural, market-based approach](#).

The premise for this paper came about from a [Pre-Crisis Market Analysis in Harare in 2016](#) that investigated how local market systems could be incorporated into humanitarian programming; addressing and responding to recurrent waterborne disease outbreaks. It became apparent during the analysis that humanitarian programming in the area could be influencing perceptions of the risk of disease outbreaks and, changing local behaviours which were having knock on effects on the local market in terms of its ability to adapt to the challenges of disease outbreaks.

Oxfam partnered with the BEAM Exchange to support a forum in which this topic could be discussed further, bringing economic theory to practical field experiences in order to explore how response programming may affect uptake of household water treatment products and long-term resilience to waterborne diseases. The end goal was to improve the design of public health interventions by incorporating market systems thinking at the intersection of humanitarian and development programming for areas particularly prone to recurrent disease outbreaks caused by chronic as opposed to acute crises.

There is a blurred line between who should be responsible for managing chronic water, sanitation and hygiene (WASH) issues and those who should manage the consequences of these issues. *Are these so easily divided as a development versus a humanitarian responsibility?* For instance, in areas with recurrent waterborne disease crises, there may be a need ensure that point-of-use household water treatment is sustained to prevent and/or mitigate the impact of future outbreaks; particularly where water and sanitation infrastructure and related services are already inadequate and the cause of exposure of communities to disease related hazards.

The paper suggests that the current practice of temporary distributions of household water treatment during an emergency does little to stimulate habit formation and is unlikely to contribute towards sustained use of household water treatment regardless of whether water quality remains poor outside of the crisis event. Whilst waiting for improvements in water and sanitation infrastructure, the cycle of recurrent outbreaks may continue as periodic interventions reinforcing the perception of fluctuating threat levels rather than one of a continuous threat. In addition, time-bound interventions also mean that people have insufficient time to appreciate the effectiveness of the sustained use of treated water. As a consequence, there are insufficient incentives to convince them to purchase treatment products; particularly when they may not favour the taste or smell of the product and purchasing power is already low. In addition, not only does the risk of outbreak remain constant within these areas, but local markets suffer from reduced

demand for the products which mean that market actors decide not to stock them consequently reducing accessibility to treatment products within local communities.

The authors conclude that **in situations where continued use of treatment at point-of-use is needed to mitigate the risks of unreliable water quality caused by lack of adequate services, then prolonged subsidies over an extended period of time are what we should be working towards** in order to encourage sustained uptake of household water treatment.

However, if this is the case, it creates challenges for humanitarians who have time-constrained budgets. It also raises the question of whose role it is in addressing outbreak risks and who should subsidise the cost? In this situation, there is a crossover between humanitarian and development objectives to achieve sustained uptake of household water treatment in low-income communities where any improvement to the water and sanitation infrastructure may be many years away. Clearly this proposed approach may not be appropriate for all contexts but it raises some important questions worthy of further consideration. Bearing this in mind, practitioners working in the contexts considered in this paper perhaps could consider:

- **Identifying where current response modalities may be hindering local uptake of household water treatment rather than promoting it based on points mentioned in this paper.** If there are indications that this is the case, work with your leadership or WASH clusters to build support to conduct a market and behavioural analysis to understand market system relationships
- **Beginning the transition to incorporating local markets, at least temporarily, in household water treatment responses.** Whilst development actors can focus on strengthening infrastructure (or developing markets) to ease market access, humanitarian actors can – increase demand and supply of household water treatment during crisis periods through local procurement and cash transfer or voucher programs.
- **Understanding whether other interventions may affect household water treatment uptake.** Conduct randomised control trials to understand the implications of other humanitarian interventions on household water treatment uptake and use, and whether this has an impact on suspected and actual reported morbidity rates.
- **Establishing whether a business case exists for a change to permanent subsidies of household water treatment.** Conduct comparative analyses on the cost of a full disease outbreak response interventions compared to the cost of a permanent subsidy and promotion of household water treatment products to at-risk populations. These should include programmes in addition to household water treatment distributions such as distribution of other non-food items like soap; hygiene promotion activities; medical care; water quality monitoring;

supplementary clean water supplies; chlorination of water sources and waste management).

- **Consider shifting from response to resilience.** Work with development practitioners, donors and local governments and across health and WASH sectors to work out whether cost-sharing can be achieved to create a permanent subsidy. And subsequently, monitor whether such a subsidy results in any marked reduction in disease outbreaks.

Going forward, Oxfam will be looking to integrate the thinking from this paper into the current work in Zimbabwe. Oxfam is piloting a cash-transfer programme with different subsidy levels to see how this affects people's perception of water safety, uptake of household water treatment both in high-risk periods and lower-risk periods. We will also be assessing the cost-effectiveness of responses and supporting the development of inclusive and stronger market systems for household water treatment products. Initial findings will be presented on Oxfam's Policy and Practice website soon and will be presented at the upcoming Joint Cholera Initiative event in May 2017.

None of the above is easy but quoting my colleague in Zimbabwe, "We cannot expect things to improve if we keep doing the same thing expecting different results" and by starting the discussion it is one step in towards change.