A photograph of two young boys at a public water tap. The boy on the right is looking towards the camera, while the boy on the left is looking down at the water. The tap is a blue-handled faucet with a metal spout. The background is a weathered wall.

ANALYSIS OF THE ASSISTANCE MODALITIES TO ENHANCE ACCESS OF HOUSEHOLDS TO WASH FACILITIES IN THE STATE OF PALESTINE .

Final Report

March 2023

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The research team was composed of three members, two senior WASH staff of Action Against Hunger (AAH) Headquarters in Madrid and one Data Analyst. The office of AAH in the country, its WASH and M&E teams in Jerusalem, the Gaza strip and Hebron offices, supported the research team, liaised with all relevant actors and led the field work. Contracted enumerators conducted the field data collection and we also thank for their contribution.

Disclaimer:

The content of this study is the sole responsibility of AAH and can in no way be taken to reflect the views of UNICEF. In order to align with UNICEF terminologies, AAH will be using "State of Palestine (SoP)" throughout this report as opposed to the organizational adopted terminology of "occupied Palestinian territory (oPt)".

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ACRONYMS

AAH	Action Against Hunger	NNGOs	National Non-Governmental Organization
ACTED	Agency for Technical Cooperation and Development	NRC	Norwegian Refugee Council
ANERA	American Near East Refugee Aid	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
BLDS	Beit Lahya Development Society	OECD	The Organization for Economic Co-operation and Development
CaLP	Cash Learning Partnership	PA	Palestinian Authority
CVA	Cash and Voucher Assistance	PHG	Palestinian Hydrology Group
CWG	Cash Working Group	PE	Polyethylene
DAC	Development Assistant Committee	PWA	Palestinian Water Authority
FGD	Focus Group Discussion	PWD	People with disabilities
FHH	Female headed household	SADD	Sex and Age Disaggregated Data
FSL	Food Security and Livelihood	SCI	Save the children
FSP	Financial Service Provider	SoP	State of Palestine
HH	Household	SOPs	Standard Operating Procedures
HRP	Humanitarian Response Plan	UNDP	United Nations Development Programme
CESVI	Cooperazione E Sviluppo	UNICEF	United Nations Children's Fund
IDF	Israeli Defence Forces	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
IR	Islamic Relief	WASH	Water, Sanitation and Hygiene
KII	Key Informant Interview	WB	West Bank
MA'AN	MA'AN Development Center	WW-GVC	WeWorld-GVC (Gruppo Volontariato Civile Onlus)
MBP	Market Based Programming		
MEB	Minimum Expenditure Basket		
MHM	Menstrual Hygiene Management		
MoLG	Ministry of local Government		
MOSD	Ministry of Social Development		

EXECUTIVE SUMMARY

In the **State of Palestine (SoP)**, various actors and funding sources are involved in the delivery of **WASH services**, including, but not limited to, the Palestinian Authority (PA), UN agencies and international organizations, and national or international non-government organisations (NGO)s. Despite the efforts of all actors, access to safe and adequate WASH services remains a challenge due to protracted crisis underpinned by the ongoing occupation, economic hardship, and limited resources. Support to households to access water, sanitation and improve hygiene conditions is thus still needed.

During and after times of acute crisis and conflict, markets continue to play a significant role in the lives and livelihoods of the people in both the West Bank and the Gaza Strip. Currently, different WASH partners are adopting different modalities (e.g., cash, voucher, contractor-led implementation etc.) based on their financial, technical, and logistical capacities. As a result, there may be inconsistencies in the delivery of WASH services. In this context, the WASH Cluster lacks clarity to develop evidence-based recommendations and a Standard Operating Procedures (SoPs) for WASH partners to implement WASH interventions at the household level. Additionally, an external evaluation of UNICEF's WASH program (2021), rolled out in the State of Palestine between 2016-2019, has recommended the exploration of modalities that involve households taking a more active role in the implementation of WASH services. As a result of both UNICEF's and the WASH Cluster's needs, the present study was launched with the aim to assess the feasibility and cost-effectiveness of each modality and gather feedback from operational partners and users to determine the most effective approach.

This study, funded and commissioned by UNICEF and implemented by Action Against Hunger, provides an overview of the delivery modalities that were used to support the improvement of WASH facilities at the household level in the State of Palestine. It explores the potential benefits of each of these modalities, assessing their **effectiveness and efficiency**. The study examined four modalities, namely **Cash, Vouchers, Contractor-led, and In-kind** used to support WASH interventions in both geographical areas of the SoP; the Gaza Strip and the West Bank. Different activities included in the Humanitarian Response Plan (HRP) are assessed vis a vis these modalities, including the provision of hygiene kits, the provision of Polyethylene (PE) water tanks, the provision of HH latrines, the installation/rehabilitation of HH water cisterns, the provision of water wheeled tanks or trucked water, the rehabilitation of HH WASH facilities, and the vacuuming cesspit and septic tanks. In this study, the **relevance, effectiveness, efficiency, impact, and sustainability** of household level WASH interventions was examined, with a focus on the **experiences and preferences of both key WASH actors and right-holders**. The goal was to identify the **strengths** (best practices) and **weaknesses** (constraints), **risks**, cost-efficiency factors, and **opportunities** for each intervention modality, providing valuable insights for stakeholders involved in the implementation of WASH interventions. The study thus generates new knowledge about the **feasibility and pertinence of each modality**. It was divided into three phases and comprised a desk review and the use of qualitative and quantitative research methods (including workshops, key informant interviews (KII) with WASH actors and HH surveys, KII and focus group discussions (FGD) with communities).



WASH activities at households' level using four different modalities (cash, vouchers, contractor-led, in kind) were evaluated from WASH partners and communities' perspective to generate new knowledge and provides recommendations and guidelines for stakeholders.

Summary Conclusions and Recommendations

Stakeholders generally agree that market-based interventions are necessary but highlight that certain factors require thorough evaluation. **Cash is found to be the preferred modality among communities for all types of intervention with in-kind or contractor modalities only recommended to be used in emergency situations in the Gaza Strip.** There is no clear difference in terms of modality preference or suitability based on geographical location (between the Gaza Strip and the West Bank or within each of these areas). Recommendations towards cash were less straight forward among WASH partners, especially in the West Bank, with no unanimity on the possibility of reaching quality outcomes with such a modality. But feasibility of cash for WASH is confirmed in a context where market function and there is prior experience. Main mitigation measures against risks and challenges related to cash include presence of monitoring/supervision teams, pre-identification of suppliers, doing cash transfers based on milestones as well as the necessity to identify if the household can cover basic needs (and the Minimum Expenditure Basket (MEB) before engaging in cash for WASH, as the household will have no incentive to do so in a context in which food is the first priority. Other mitigation measures include monitoring market prices, working permanently with communities, reassessing modality just before or even during implementation especially for families who do not have the capacity to follow up implementation or because of their specific set-up and protection concerns.

The contractor modality is recommended for major constructions, such as the WASH HH facilities construction activities that require close monitoring. However, communication with beneficiaries is crucial to avoid conflicts, and there is a risk of high costs due to taxes and transportation. **Vouchers are suitable for delivering items such as hygiene kits or menstrual hygiene kits**, and they are cheaper than cash. However, they are not recommended for construction or rehabilitation and may not be suitable due to the long distances to the markets.

The **study highlights the importance of considering social and power dynamics**, including gender considerations, when selecting an intervention modality. Cash-based programming may not always be desired by female-led households, and a careful assessment of gender dynamics is necessary to ensure equitable access to resources and benefits.



Cash is the preferred modality of the communities for WASH interventions. Although WASH actors recognized the need for more market-based interventions their preference is less straightforward.

The study's **main conclusions align with recent global literature showing the benefit of Cash and Voucher Assistance (CVA) and market-based programming (MBP).** The study aligns with three key recommendations: the **need to generate stronger evidence for MBP and CVA in WASH**, to **build capacities in CVA and MBP in the WASH sector**, and to include **market-sensitive approaches in WASH operational responses.**

The study provides several recommendations including the necessity:

- To **coordinate and collaborate** with other sectors already implementing these modalities, build on the already existing tools and SOPs and align further to standardize approaches and ways forwards.
- To develop an SOPs for WASH cluster partners to provide practical guidance on the implementation modalities.
- To **pilot a CVA-WASH program**, and further document evidence and lessons learned through conducting a practical evaluation.
- To improve risk management and program quality and relevance by following communities' preferences, implementing market assessment, further analysing transfer mechanisms and properly consider gender dynamics and the impact of the different modalities on different gender groups.
- To further convince donors of the relevance and feasibility of cash when intervening in WASH at household level.



The recommendations include ongoing monitoring and evaluation, coordination and collaboration with other sectors, piloting and practical evaluation of a CVA-WASH program, market analysis for each WASH intervention, and specific recommendations on modality choice for certain activities. Additional research is also required, such as on CVA delivery mechanisms.

INTRODUCTION

1

1.1 SoP Context Overview

In the State of Palestine (SoP), WASH services and assistance are provided through public institutions, UN agencies, and international NGOs. Various development and humanitarian donors and State actors channel funds yearly to this sector through one or several of the aforementioned actors. The Palestinian Authority, through the Palestinian Water Authority (PWA) and the Ministry of Local Government (MoLG), plays a key role in developing policies and regulations related to the WASH sector. The public sector provides services and facilities such as water networks, sewage treatment plants, and WASH facilities in public institutions. UN agencies, such as UNICEF and UNRWA, implement large-scale WASH projects in the SoP, especially in vulnerable communities for the former and refugee camps for the latter. They provide support to households and communities, as well as to schools, health centers, and other institutions. The WASH Cluster, led by UNICEF, gather humanitarian national and international active organizations in WASH. The Cluster and its member regularly conduct needs assessments and surveys to understand the current situation of WASH service delivery in the SoP. The findings of these assessments are used to guide WASH interventions and prioritize areas in need of support. National and international NGOs also have a significant presence in the SoP and provide WASH services in cooperation with the government and UN agencies. They implement WASH projects in the West Bank and the Gaza Strip, targeting both urban and rural areas and providing a variety of services such as rehabilitation and construction of water and sewage network and treatment plants. National and international NGOs also play a key role in response to emergencies. The type modalities used for provision of WASH services vary, and include in-kind aid, construction or rehabilitation of WASH facilities, as well as Cash and Voucher Assistance (CVA).

Although CVA is increasingly used in the SoP, yet, its potential in the WASH sector is not fully explored. In the HRP 2023, only a 5% of the WASH cluster activities consist of CVA with the overwhelming majority being cash and a small fraction being vouchers. A recent evaluation conducted by UNICEF and published in January 2021 recommends to further explore “different financing models for households WASH improvements” with the use of different modalities and different degrees of involvement of the households. This has led to the funding of the present study.

The Evaluation of UNICEF projects published in January 2021 uses the term of financing models for households to describe different models of implementation and involvement of the household in the WASH improvement within the house. For the purpose of this study, AAH will use the more common terminologies including the concepts of Modality (defined by the CaLP as “form of assistance – e.g. cash transfer, vouchers, in-kind, service delivery, or a combination (modalities”); CVA (“refers to the direct provision of cash transfers and/or vouchers for goods or services to individuals, households, or group/community recipients.” According to the CaLP) and Market Based Programming (defined by CaLP and within the Global WASH Cluster as Technical Guidelines published in 2021 as “ 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.”).



Overall, the WASH sector in the SoP is complex and multifaceted, with various actors and funding sources involved in the delivery of WASH services. However, despite the efforts of these actors, access to safe and adequate WASH services remains a challenge in the SoP, due to the ongoing conflict, economic hardship and limited resources.

1.2 MBA and CVA Worldwide

A review of existing literature shows a general lack of research on MBP and the use of CVA in WASH but the studies that exist have shown promising results and improved access to WASH facilities. The latest document by the WASH Cluster, “*Evidence-building for cash and markets for WASH in emergencies*”¹, published in 2020, shows the positive effects of MBP on WASH outcomes in emergency contexts and outlines the importance of further research on MBP, developing capacity in the WASH sector, and incorporating market-sensitive approaches into WASH interventions. The evidence on MBP in the WASH sector is relatively limited, but there is some evidence to suggest that MBP interventions can be effective in improving WASH outcomes. Most of the studies included in the review were focused on water supply, and there is limited evidence on the effectiveness of MBP in sanitation and hygiene. The available evidence suggests that MBP interventions can be successful in increasing access to water, improving water quality, and promoting sustainable service delivery.

According to the “*Technical Guidance for Humanitarian Practitioners for MBP in WASH*”², published by the WASH Cluster in September 2021, MBP well suited for cost-effective, short-term interventions with low visibility of implementation, especially in high-risk areas. However, this document provided a general guidance for MBP in humanitarian WASH responses, and it did not take into consideration the unique Palestinian context.

1. <https://cash-hub.org/wp-content/uploads/sites/3/2022/02/MBP-for-WASH-Evidence-Mapping.pdf>

2. <https://www.washcluster.net/node/30391>

In conclusion, the use of CVA and MBP have been seen as a cost-effective and fast approach, while also allowing right-holders to participate and upgrade their facilities. However, the evidence on the impact of MBP on equity, sustainability, and cost-effectiveness is mixed, and there is a need for more rigorous research.

International studies have shown the positive effects of MBP and the use of CVA on WASH outcomes in emergency contexts and the need for further research to generate stronger evidence.

1.3 MBA and CVA in the Context of Palestine

The existing literature in the SoP highlight the importance of MBP and use of CVA in the context of conflict, the closure, and human rights deprivation. As stated in Humanitarian Response Plan (HRP) 2022 and despite the unique challenges in the SoP, CVA is seen as a preferred intervention technique for HH-level interventions due to its cost-effectiveness, short timeframe, low visibility, and right-holder participation.

The Pre-Crisis Market Analysis conducted by Oxfam in the Gaza Strip in 2018 provided insights into three different markets (Credit, Mattress, and Drinking water markets), but does not specifically mention the preferences of households or the modalities of aid provision. The 4Ws and 5Ws, internal documents of the WASH Cluster, which detail the type of WASH activities implemented in SoP, have historically not included the type of intervention modality, and they have only started mentioning cash and vouchers in 2021. However, the exact usage of these modalities is not specified thus not grasping the diversity of practices of the WASH partners. The inclusion of a section in the 2022 HRP in SoP that focuses on cash and CVA across various sectors, reflects the importance of markets in the lives of people in the region, even in times of conflict and crisis.

In January 2021, the aforementioned external evaluation of UNICEF's program in SoP also encouraged the exploration of such modalities as part of the recommendations on programme strengthening. The evaluation teams encouraged the experimentation of financing models where the HH "takes a more decisive role in implementation" and identified as a first step the need to do study. Currently, different partners are adopting different modalities based on their institutional capacities, such as financial, technical, and logistical capacities. As a result, there may be inconsistencies in the delivery of WASH services, and it is unclear which modality is most effective in meeting the needs and preferences of the right-holders; clarity is needed to support the Cluster's position and recommendations. Hence, this study focuses on the feasibility and cost-effectiveness of each modality, as well as on lessons learned from operational partners in the field and feedback from users.

There is need for more research in the SoP to generate stronger evidence and to understand the conditions under which MBP should be implemented. The importance of further exploring MBP and CVA in the context of Palestine was clearly highlighted by the latest UNICEF external evaluation, as part of efforts to enhance access to WASH facilities.



PURPOSE, OBJECTIVES AND SCOPE

2

2.1 Purpose of the study

With the support and expertise of Action Against Hunger (AAH) in WASH and MBP, UNICEF and the WASH Cluster aimed at conducting this study to gain a better understanding of the efficiency and effectiveness of the different modalities used to deliver WASH outcomes (service delivery/contractor, voucher assistance, cash assistance, in-kind assistance) and analyse their associated risks and opportunities¹.

This analysis should allow UNICEF and WASH partners to identify avenues to diversify programming while it will enable the WASH Cluster to develop relevant harmonized tools and technical guidance to ensure proper implementation of such interventions. This study is here to provide valuable information on the different modalities of aid provision, including their strengths and limitations to help informed decision-making processes for future WASH interventions in the SoP.

Significance of the Study

Not only improve the delivery of WASH services but will also ensure that the limited resources available for WASH interventions are used in the most impactful way possible to meet the needs and addresses the unique challenges posed by the Palestinian context.

2.2 Study Objectives

The objective of the study is to assess the effectiveness and efficiency of different financial modalities used for WASH interventions in households in the SoP. To achieve this, the study has:

- Map and explore the intervention and modalities used in the past three years by UNICEF and other WASH partners to improve WASH facilities at the HH level in the SoP.
- Identify the strengths (best practices) and weaknesses (constraints), risks, cost-efficiency factors, and opportunities for each intervention modality namely **Cash, Vouchers, Contractor-led, In-Kind or mixed modality**.
- Assess the preferences of community members and the suitability of each intervention modality to their needs within the several contexts in Palestine..
- Generate new knowledge about the feasibility of implementing HH WASH interventions through different modalities in the various contexts present in the SoP for future projects.

Intervention Modalities - Definitions²:

- ❖ **Cash:** The provision of assistance in the form of money – either physical currency or e-cash – to the right-holder.
- ❖ **Voucher:** A paper, token or e-voucher that can be exchanged for a set quantity or value of goods or services, expressed either as a cash value, a predetermined commodity (e.g., 1 kg soap), or specific services (e.g. drinking water delivery), or a combination of value and commodities.
- ❖ **Contractor / Service Modality:** The provision of assistance through a direct work contract between the implementing organization and the contractor or service provider.

In-kind: The provision of physical goods and commodities directly to the right-holder. e.g., delivery of material to the HH such as Polyethylene (PE) water tanks or hygiene kit.

2.3 Scope of the Study

With a specific focus on experiences and preferences of key actors and right-holders, the study specifically examined four implementation modalities at the HH-level WASH interventions namely **Cash, Vouchers, Contractor-led, and In-kind**, to support WASH interventions. The study considers both geographical areas of SoP, the **Gaza Strip and the West Bank**, considering various geographic areas, including rural and urban areas, and West Bank administrative divisions (area A, B and C). The study analysed different types of HRP WASH HH interventions (or activities) including **provision of HH hygiene kits, Polyethylene (PE) water tanks, HH latrines, installation/rehabilitation of HH water cisterns, provision of water wheeled tanks, trucked water, rehabilitation of HH WASH facilities, and vacuuming cesspit and septic tanks**.

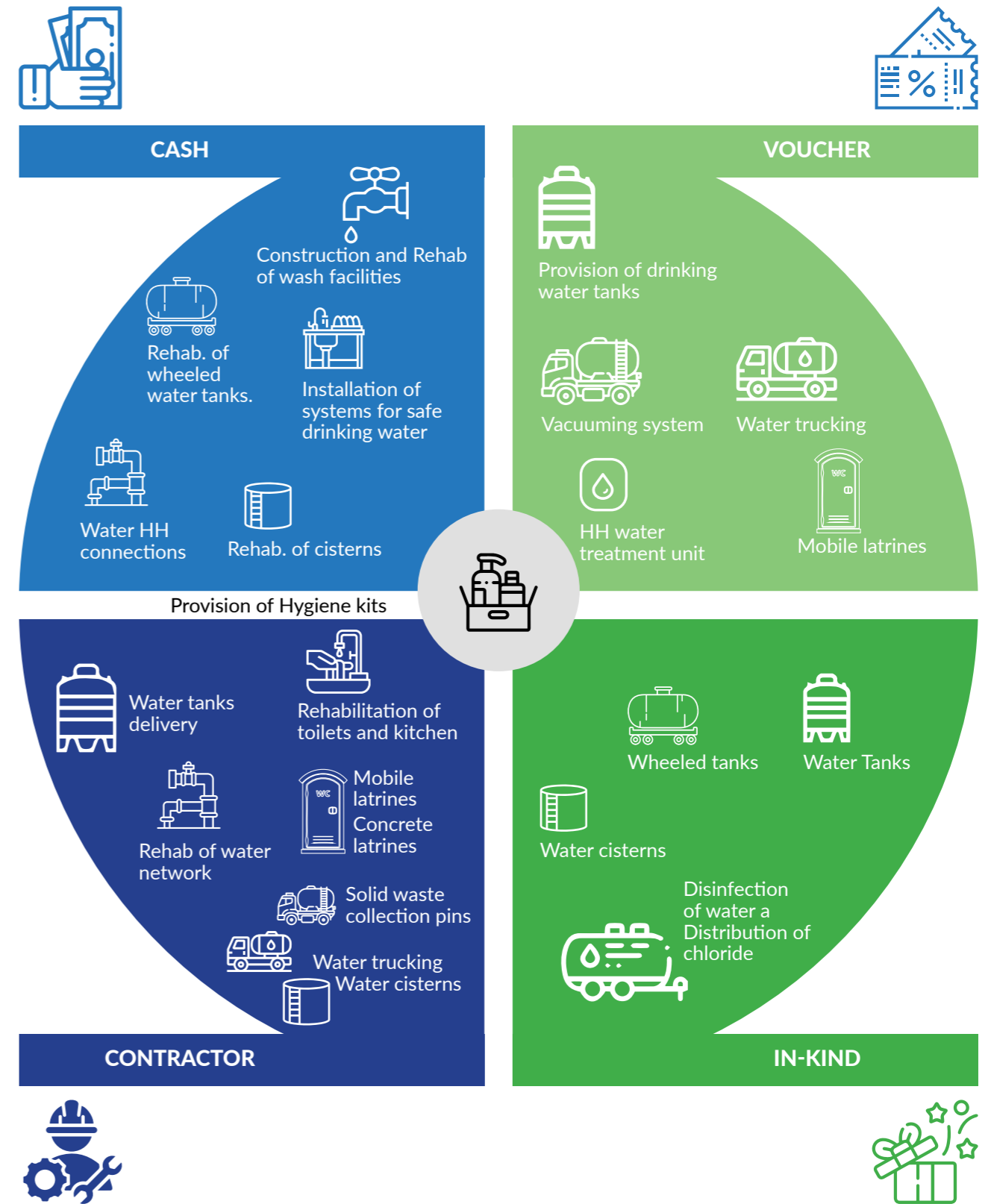
WASH interventions at the community or institutional level or complementary interventions in other sectors (i.e., shelter or Food Security Livelihoods (FSI)) were not considered part of the study scope. Delivery mechanisms for cash and voucher were also not analysed.

The study is a descriptive analysis, not a research protocol to confirm a hypothesis about differences of preference among groups. Hence it is not possible to get into details about the root cause of some of the findings and recommendations for further investigation were provided. The degree of emphasis given to theoretical versus practical considerations is determined by the extent of usage of each modality in the SoP and thus by the actual experience and information available.

2. The definition of Cash, Voucher and in kind assistance are based on the CaLP glossary, further information can be found on their website <https://www.calpnetwork.org/resources/glossary-of-terms/>

2.4 Intended Participants and Beneficiaries

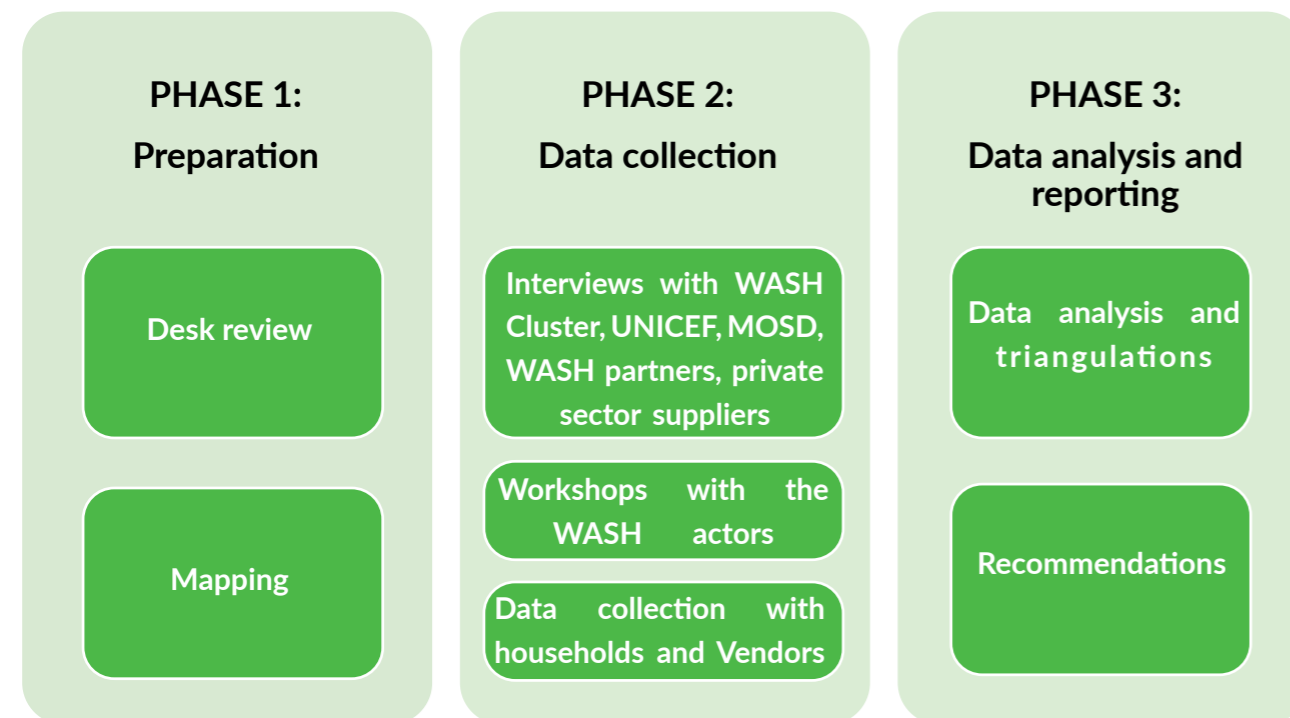
The study aims to benefit various stakeholders, including the beneficiaries (right-holders) (both men and women) in the SoP, **implementing partners** such as local and international NGOs, and **donors and governmental organizations**. The study provides these stakeholders with valuable insights into the preferences and needs of HHs and lessons learned to date of implementing agencies to enhance the effectiveness and efficiency of future WASH interventions. The data collection phase involved various actors, who had the opportunity to express their expected outcomes and feedback.



Mapping of interventions by modality

3.1 Study Conceptual Framework and Design

The research conceptual framework and design for this study involved a comprehensive and systematic process. The study was conducted by a multidisciplinary team with international expertise in MBA in WASH programming and a deep understanding of the local context. The research advisory board consisted of high-level management from AAH, UNICEF, and WASH Cluster Coordinators¹. The study was divided into three phases:



While the study prime focus is on effectiveness and efficiency, the process of methodology design was informed by the wish to assess the different modalities against the more broader OECD/DAC evaluation criteria. These criteria were used as the basis for the design of the study and its tools, especially for the community feedback.

1. Further specific information about the team composition and responsibilities can be consulted in the Section 6 of the Annex 1 "Terms of Reference - TORs".

OECD/DAC evaluation criteria (find here more details)

Relevance: The extent to which the interventions are suited to the priorities and policies of the target group, recipient, and donor.

Effectiveness: The extent to which the interventions attain its objectives.

Efficiency: The extent to which the resources are optimized to achieve the expected results in comparison to other type of interventions and modalities.

Impact: The effects that the results of the interventions have made to the beneficiaries, positive and negative.

Sustainability: The extent to which the interventions and their outcomes continue after the donor funding stopped and which factors can influence in the sustainability of the projects.

Preparation phase (Desk Review and Intervention Mapping)

This phase included the review of existing literature and publications related to WASH HH interventions through different modalities. It also included the mapping of HH WASH interventions carried out by the partners in SoP during the last three years ([Desk Review- Intervention Mapping Analysis report is available in Annex 6](#)).

The desk review and mapping involved analysing data on existing interventions using several files provided by the WASH Cluster, including the 4Ws (capturing "Who is doing What, When and Where") files for the fourth quarter of 2019, 2020, and 2021, as well as 5Ws of the first quarter of 2022, and the HRP.

The aim of the interventions' mapping was to analyse the WASH interventions performed by the partners in SoP during the last three years (2019-2021); graphs were produced to identify the trends (see Annex 6). The outputs extracted from the data analysis were:

- Type of WASH interventions performed by the partners.
- Modalities used by the partners for WASH HH Interventions.
- Relations between modality, activity, and location.
- Targeted households by location, modality, and activity.

These outputs were used to support the second phase including to identify key stakeholders to be interviewed in the KII, define the workshops agenda, develop the sample and design households and KII questionnaires.

Data Collection phase

Relevant data was gathered through workshops and KIIs with actors involved in the implementation of WASH HH interventions through different modalities. In addition, data collection was performed with communities' members. Overall, the study used a mixed methods to collect data, including desk review, workshops, KIIs, HH surveys, and FGDs. A SWOT analysis of the implementation modalities was developed to understand the preferences and experiences of key stakeholders, including UNICEF, the WASH Cluster, and relevant implementing partners (SWOT analysis are available in Annex 4). The data collection with community members aimed to understand the efficiency and impact of the adopted modalities and the preferences of households. More details on the qualitative and quantitative research methods can be found in the next sections.

Analysis and Reporting phase

A qualitative and quantitative analysis of the data collected during the second phase has been performed to extract conclusions regarding the efficiency, effectiveness, quality, impact and sustainability of each modality, an analysis of advantages and disadvantages and risk assessment of the interventions by each modality. For the quantitative part, basic descriptive analysis (averages and trends) was performed. Differences in trends between levels of categorical variables such as sex, geographical area, type of area, HH with persons with specific needs, type of activities implemented, and type of modalities were visualised together with conclusions providing a better understanding of the study findings. For the qualitative analysis on the data collected from KIIs and FGDs the team used the **Atlas.ti software**. The analysis was supported by the interviewers' notes and remarks, and a risk analysis per modality was conducted with proposed mitigation measures. The findings and conclusions were cross-checked with secondary data and reviewed by key participants to ensure the analysis's reliability. While the study team has gathered the main conclusions per modality to have an overview of all the findings (see section 4.3) it was decided to still present separately the findings of the WASH actors (see section 4.2.1) and the one of the community members (see section 4.2.2) to distinguish the perspectives and considering the difference in data collection methods.



The present report's a summarized version of the findings. More extensive information on the data collected can be found in the annexes.

3.2 Research Methods and Sampling

To gather the feedback of key stakeholders and operational WASH partners, AAH designed KII and tools to collect information within workshops AAH teams have facilitated. These qualitative data collection tools were seen as more suitable to unpack perspectives of the actors with KII and produce collective outputs (e.g., SWOT) as part of the workshop.

Regarding field data collection with communities' members, AAH developed both qualitative and quantitative methods. While AAH had designed to use a purposive sampling method which enabled to grasp the communities' feedback per modality and per location (i.e., the West Bank and the Gaza Strip with a clustering approach in each) the impossibility of gathering data at household level in the Gaza Strip brought AAH to resort to KII instead of quantitative surveys. FGDs were also conducted for both men and women in the West Bank. For a HH to be included in the sample of the quantitative

or qualitative methods, it had to have been a direct right-holder of a HH WASH intervention by any of the WASH cluster partners, and not exclusively AAH (further information on the sampling can be found in Annex 5).

The following table shows a summary of the adapted data collection methods together with insight on the sampling. Further specific information can be found in the annexes 3.

METHOD	GROUP	SAMPLE SIZE	SAMPLING METHOD
KEY INFORMANT INTERVIEWS (KII)	WASH Cluster team members in SoP (AAH)	3 people	All relevant staff members from UNICEF, the WASH Cluster, MoSD (Gaza Strip and West Bank)
	UNICEF key members in SoP	4 WASH staff	
	Local authorities	2 staff	
	Global WASH Cluster MBP TWG key members	1 member	People involved in MBP in WASH programming
	WASH partner organizations	8 agencies ^a	Organizations implementing HHs WASH interventions in the West Bank and Gaza Strip based on desk review and recommendations of the WASH Cluster and AAH SoP teams
	Vendors and market staff/representatives in the WASH market	WB: 5 GS: 3	Vendors in the area through a purposive sampling
	Other organizations / sectors	3 organizations/ actors	Organizations with experience in MBP from other sectors i.e., WFP, Shelter and FSL. Clusters coordinators.
WORKSHOP	UNICEF, the WASH Cluster in SoP, and WASH partners ^b	Key members from the groups mentioned + KII	See footnote (b)
QUESTIONNAIRE + KII	HH in Gaza Strip and West Bank	GS: 11 KII ^c WB: 244 surveys	HH users of WASH facilities through purposive sampling
FGDs	HH in Gaza Strip and West Bank	GS: NA WB: 25 people	HH users of WASH facilities through purposive sampling

^a: the staff from the following agencies participated in KII; CESVI, BLDS, OXFAM, OCHA, UNDP, UNRWA, UNICEF, MoSB, WFP.
^b: The following organizations attended the workshop held in Gaza Strip: Human Appeal, Global Communities, IR, CESVI, SCI, WWGVC, PHG, MA'AN, OXFAM, NRC, ACTED, ANERA and AAH.
- The following organizations attended to the workshop in West Bank: ACTED, PHG, GVC, CESVI, WASH Cluster, UNICEF, MA'AN and AAH.
^c: Due to some limitations, the HH survey in Gaza Strip was reduced to 11 KIIs as an alternative data source.

Table 1: Data collection summary and sampling Methodology

As shown in the table 2, the questionnaire in the West Bank was conducted with 244 individuals from as many households. Respondents were selected to cover all WASH activities and modalities included in the scope of the study; they had to have experienced it in the previous three years. Data was anonymized and only aggregates analysis was produced (More details on HH questionnaires in West Bank are found in Annex 5).

	Total	Men %	Women %
WB Surveys	244	(51%) 125	(49%) 119
Head of HHs	234	(52,5%) 123	(47,4%) 111
Young adults (years old 18-49)	153	(50,3%) 77	(49,6%) 76
Adults (years old 50-69)	75	(52%) 39	(48%) 36
Elderly (years old 50<)	16	(56,2%) 9	(43,8) 7

Table 2: Demographic data - questionnaires in the West Bank.

In the Gaza Strip, the questionnaire was administered in the form of KII to nine head of households' (five men and four women) from 27 to 62 years of age. Three of them reported household members with specific needs. They came from Beit Lahiya, Deir Al Balah, Gaza, Jabalia and Khan Younis. Selected respondents had experience, in the past three years, in WASH interventions related to rehabilitation/ construction of HH sanitation facilities, provision of HH hygiene kits and water tanks, through cash, voucher, contractor and in-kind assistance, under normal programming and post emergency (specifically after 2021 conflict). In the Gaza Strip, as well questionnaires were anonymous, whereby respondents were registered by alphabet letter (from A to I). (HH questionnaires in GS details are Available in Annex 5)

Two FGDs, one for women and one for men, were held in the West Bank. In total, eight men and seven women participated in the separate discussions. Demographic data of the participants is described in Annex 9. FGDs were not carried out in the Gaza Strip due to the impossibility of getting approval from local authorities. Qualitative feedback on the topic was collected during the KIIs.

Vendor assessments were also conducted and available in Annex 7. In West Bank, the shops and service providers representatives were consulted in Ramallah and Hebron. The shops do sell goods related to building materials, electrical supplies, water supplies, pipes and painting materials. The different service providers interviewed supply water trucking, construction and Installation of mobile and fixed latrines, trucked wheel water and supply of hygiene kits. In the Gaza Strip the same exercise was conducted with shops and service providers representatives in Gaza, Khan Younis and Jabalya cities. These shops are dedicated to the sale of food and non-food items, and they experimented the modalities vouchers, e-cards and cash.

3.3 Limitations and Mitigation Measures

Some limitations were faced while implementing this study.

- **Data collection was limited** to one representative per household, potentially leading to bias and a lack of representation of women's perspective in the data presented. Mitigation measures included training enumerators on obtaining disaggregated data and real-time analysis by the research team to check potential bias. It would be also recommended to analyse beneficiary preferences by sex and age in future assessments.

- The **different modalities in WASH interventions** were not frequently considered up until 2021. Research team included key actors from other sectors to consider their perspectives and experiences as a mitigation measure. The HH sampling was carried out from previous literature review and the 4W's 2019-22, but extra sampling or adaptation was done when additional interventions were mentioned during workshops and KIIs.
- The **study methodology and timeline were adapted in the Gaza Strip** due to the impossibility to lead household surveys, resulting in individual interviews with key community members instead of HH surveys and FGDs.
- Part of the **study team were not locally based** but was deployed to SoP during the workshop stage of the data collection process, to ensure the quality and pertinence of data collected. AAH WASH and MEAL focal points in the Gaza Strip and West Bank were involved for direct support during the phases in which the research team was not in country.

Results for the Gaza Strip provide with some insights on community experiences and preferences but are neither representative of the population who benefited from WASH assistance at household level or comparable with the quantitative data collected in the West Bank.

3.4 Ethical considerations and Quality Assurance

The study was conducted following ethical guidelines, which were approved by the UNICEF Ethics Review Board (ERB) and adhered to principles and guidelines of AAH. The data collection process included several quality control measures, such as pre-testing data collection tools, ensuring compliance with ethical standards, flagging unreliable responses, and obtaining approval for transcripts and findings. The data collection tool was adjusted to ensure the samples met inclusion criteria. Participants were informed of the study's objectives, assured of their confidentiality, and not compensated for their participation. The study aimed to avoid harm to participants, and a chain of custody was established for the collected data. Consent was systematically obtained and collected data was anonymized (Further details Include ERB approval are available in Annex 2).



STUDY FINDINGS

4

4.1 Current modalities of intervention for WASH at household level in SoP

The key modalities of intervention used in the past three years to support the improvement of WASH facilities at the HH level in the SoP, through UNICEF funding and other donors, were identified through the desk review and key highlights are presented in this section ([Desk review and full data analysis of intervention Mapping are available in Annex 6](#)). The current interventions were also mapped and classified by modality, and with **WASH actors** during the workshops in the Gaza Strip and the West Bank, as presented in the table 3.

	Location	Modalities			
		Cash	Voucher	In-Kind	Contractor/Service Provider
Water	Gaza Strip	<ul style="list-style-type: none"> Rehab of wash facilities Installation of systems for safe drinking water 	<ul style="list-style-type: none"> Provision of drinking water tanks (PE Tanks) 	<ul style="list-style-type: none"> Disinfection of water ^a Distribution of chloride 	<ul style="list-style-type: none"> Drinking water tanks delivery Provisional water HH tanks Rehab of water network
	West Bank	<ul style="list-style-type: none"> Rehab. Of wheeled water tanks. WASH Facility Water HH connections Rehab. Of cisterns 	<ul style="list-style-type: none"> Water trucking 	<ul style="list-style-type: none"> Provision of PE Tanks, Wheeled tanks, Water cisterns 	<ul style="list-style-type: none"> Drinking Water trucking Water cisterns
Sanitation	Gaza Strip	<ul style="list-style-type: none"> Rehab of sanitation facilities Desludging wastewater Rehab of water distribution units 	<ul style="list-style-type: none"> Sanitation facilities 		<ul style="list-style-type: none"> Rehabilitation of toilets and kitchen
	West Bank	<ul style="list-style-type: none"> Fixed latrines Rehab. Of Sanitation facilities Sewer HH connections 	<ul style="list-style-type: none"> Vacuuming system 	<ul style="list-style-type: none"> HH water treatment unit Mobile latrines 	<ul style="list-style-type: none"> Mobile latrines Concrete latrines Solid waste collection pins
Hygiene	Gaza Strip	<ul style="list-style-type: none"> Hygiene kits 	<ul style="list-style-type: none"> Provision of Hygiene kits 	<ul style="list-style-type: none"> Provision of Hygiene kits 	
	West Bank				<ul style="list-style-type: none"> Provision of Hygiene kits ^b

This table represent the Partner (WASH actors) perspective and opinion. For further information and full analysis of the interventions mapping, including graphs, are available in the Annex 6.
A: this can be considered as "Service provision" rather than "in-kind".
B: can be consider sort of commodity voucher.

Table 3: Mapping of interventions by modality (Partners WASH actors Workshops)

The most recurrent WASH activities implemented at HH level in both the Gaza Strip and the West Bank were "Provision of HH hygiene kits", "Provision of PE water tanks" and "Installation/Rehab of HH WASH facilities"; activities related to "Provision/rehabilitation of latrines" were most common in the West Bank than in the Gaza Strip¹.

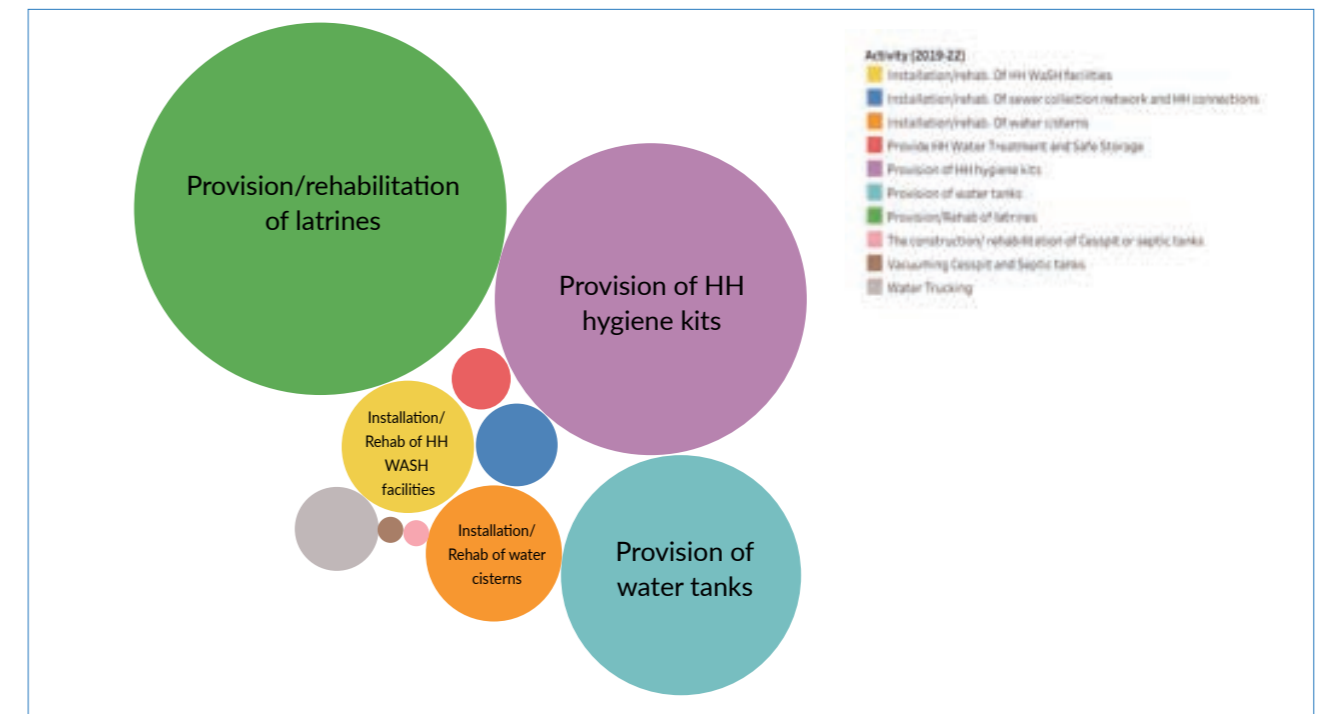


Figure 1. 2019-22 WASH activities in West Bank

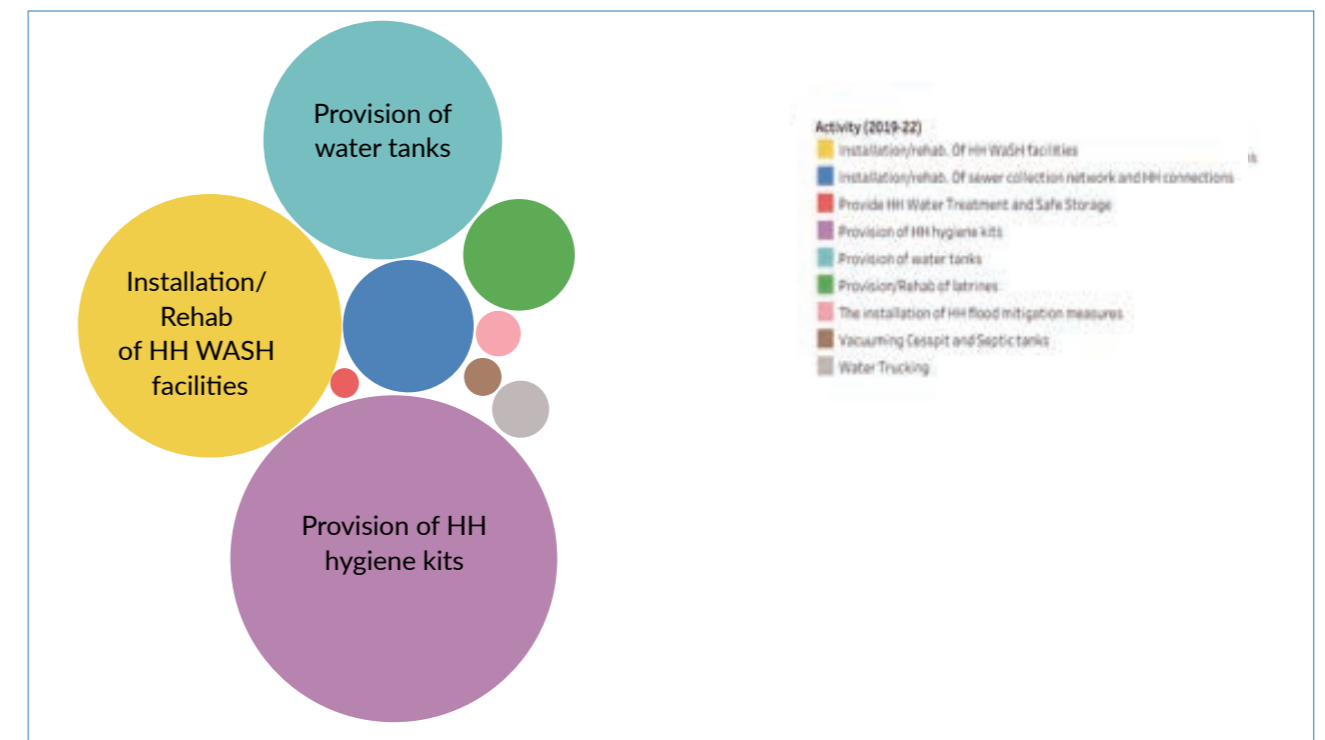


Figure 2. 2019-22 WASH activities in Gaza Strip

1. The respondents in this study were selected to represent all WASH activities and modalities experienced in the past three years. Since there were variations in the number of respondents for each modality and activity, and some modalities lacked sufficient respondents for specific activities, comparisons may yield inaccurate conclusions.

CVA interventions were carried out in all the Gaza Strip for the “**Rehabilitation of HH sanitation facilities**” or the “**Provision of HH hygiene kits**”. While in West Bank (mostly in Hebron Governorate), CVA was also implemented for the “**Rehabilitation of HH sanitation facilities**” and the “**Provision of water wheeled tanks and water tankers**” (see Annex 6).

Based on the West Bank HH survey, the most common modality was “**Contractor**” and “**In-kind**”, while the least common was “**Cash**”. The most common activities reported by were also similar to those mapped based on WASH actor intervention record; providing hygiene kits and construction/ rehabilitation HH WASH facilities (includes provision of latrines), as shown in the figure 3:

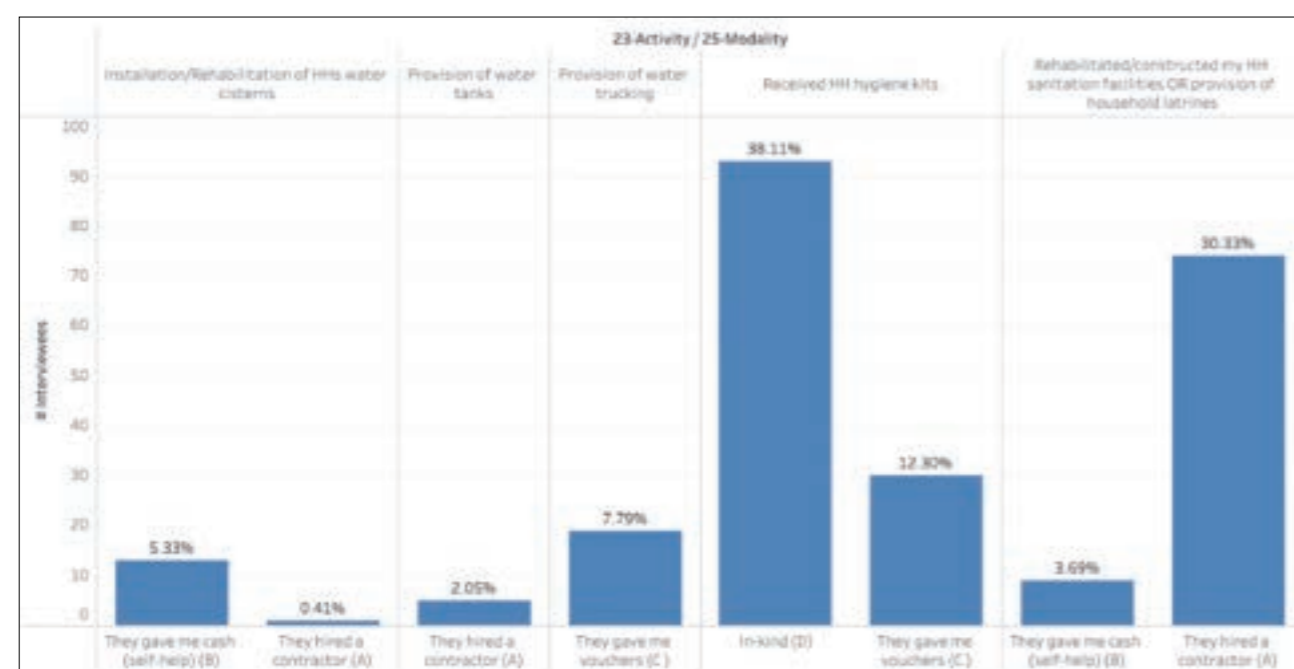


Figure 3: Modalities and activities in West Bank based on the HH survey

Specifically in the West Bank, it was observed that all the activities included in the HH were implemented in the area C, whilst in areas A and B, EJ and H2 interventions were either provision of kits or construction/ rehabilitation of WASH facilities.

Limited knowledge and Market/prices fluctuation due to material restrictions, construction and rehabilitation works can be stopped at any time, and the materials confiscated by Israeli authorities may have contributed to the low implementation of CVA by organizations.

Based on the Vendor assessments (see more details in Annex 7); The shops and service providers in the West Bank were found having varying levels of experience with different modalities, with “**Cash**” being the most common modality for shops, and service providers having experience with Cash, Vouchers, Contractor, and In-kind for various activities such as trucked wheel water, construction/ installation of mobile latrines, and supply of hygiene kits.

4.2 Feasibility and Pertinence of intervention modality led household WASH activities in the SoP Activities.

4.2.1 WASH Actors’ Perspective

Based on the feedback of active WASH actors in the SoP with an operational experience, modalities per each activity were graded. Attendees had to agree on a grading for **availability, quality, access** and **use/awareness** of each activity through each modality in a rank from 5 (very high) to 1 (very low). The analysis WASH actors scores shows that their perspectives and sensitivities towards WASH activities and modalities vary between the Gaza Strip and the West Bank and the main output is shown in table 4 (More analysis on the WASH partners workshop are available in Annex 8).

Type of activity	Intervention Modalities																
	CASH				VOUCHER				IN-KIND				CONTRACTOR-SERVICE				
	GS		WB		GS		WB		GS		WB		GS		WB		
Hygiene kits	AVAIL-ABILITY	4	3	2	2	4	4	2	4	4	5	5	5	5	3	5	4
	QUALITY	5	5	2	-	3	5	3	1	3	2	5	4	3	3	4	2
Provision/ Rehab. of Water Tanks / Cisterns	ACCESS	5	3	5	3	4	4	-	-	5	5	2	4	5	3	5	5
	USE / AWARE-NESS	5	3	4	3	3	4	-	-	2	3	3	4	3	3	3	3
Const./ Rehab. HH Sanitation Units	AVAIL-ABILITY	5	4	3	3	-	-	-	3	-	-	3	4	5	5	3	5
	QUALITY	4	4	3	2	-	-	4	-	-	-	4	5	3	4	2	3
Water Trucking/ wheeled tank	ACCESS	4	3	3	1	4	5	-	3	-	-	3	3	4	5	5	5
	USE / AWARE-NESS	4	3	3	5	3	-	4	5	-	-	4	5	3	-	4	3
Desludging (HH Septic Tank)	AVAIL-ABILITY	4	3	3	3	4	5	-	-	-	-	3	4	-	-	3	5
	QUALITY	4	3	4	3	3	-	-	-	-	-	3	4	-	-	3	3

Table 4. Activity vs modality analysis in the Gaza Strip & West Bank

Overall, **Cash** assistance is viewed as an effective modality for achieving WASH outcomes, with feasibility and appropriateness varying depending on the activity and location. In the West Bank, it is assessed by WASH actors as more suitable; based on the availability, quality, access and use/ awareness, for specific activities such as HH wash facility construction/rehabilitation, and water cistern and PE tank provision, while is less feasible for other activities such as provision of hygiene Kits, water trucking. Based on some WASH actors’ feedback, cash modality is also cheaper compared to contractor modality while looking at rehabilitation/construction of WASH facilities. In terms of time, WASH actors agree using cash is less time consuming and therefore quicker, as you can implement the activity in several locations at the same time. Quality-wise, there is no consensus among WASH actors about whether cash can produce better outcomes than other modalities. Several points were agreed upon, including the time efficiency of the modality and the need for a monitoring/supervision plan, and providing payments in instalments based on goals or milestones for the right-holder. It was also noted that vulnerable groups and rural areas in the West Bank may have difficulty accessing markets and vendors, making cash assistance less suitable. However, the cash assistance with lower

visibility could reduce the attention in restricted areas. WASH actors in the West Bank also suggested potential activities that could benefit from cash assistance, including provision of PE tank, concrete latrine rehabilitation, construction/rehabilitation of water cistern and septic tanks, and HH WASH facilities.

Voucher modality is also considered feasible and appropriate for most activities in the Gaza Strip but still has material access concerns, according to WASH actors. The use of vouchers in rural areas may come with security risks and transportation costs, and it is essential to ensure that vouchers are not taxed. The provision of hygiene kits are recommended for the voucher modality.

Contractor modality is feasible and appropriate for certain activities in both the Gaza Strip and the West Bank, but access and gender-related issues are raised, as its usually managed by men, with little involvement from the family. In the West Bank, a lower profile than that of a contractor may be required to ensure that works can be performed. WASH actors have indicated the provision of PE water tanks, fixed latrines, vacuuming systems, construction of HH cisterns and rehabilitation of sanitation facilities are suitable for the contractor modality as

In-kind modality is feasible and appropriate for some activities in both the Gaza Strip and the West Bank, WASH actors reported high satisfaction with their items and services received through the in-kind modality, but concerns about access, use, and awareness remain. The provision of chlorine tablets for cisterns are identified as having potential under this In-kind modality.

The WASH partners' perspective suggests that:

- In terms of donors' engagement, there is a lack of trust among donors and WASH Cluster partners to implement cash programs (MBP in general) in the SoP, especially in the context of WASH interventions due to lack of technical capacities and expected financial risks.

More research and experience are needed to settle the proposition and funding of these types of interventions.

Based on the Vendor assessments (see more details in Annex 7); the preferred payment method for vendors in the West Bank is “**Cash or Cheques**”, while vendors in the Gaza Strip prefer instant “**Cash**” payments. Vendors in the West Bank dedicated to hygiene kits reported willingness to implement Cash or Voucher modalities, while 20% of vendors reported not wanting to increase their business due to unsafe market conditions. Service providers in the West Bank reported satisfaction with “Cash and Voucher” modalities, with those experienced in voucher modality reporting organized and respectful behaviour from beneficiaries. In contrast, service providers in the Gaza Strip prefer to work through the “Contractor” modality, with those working on water and sanitation infrastructures preferring to work directly with institutions rather than individuals. Overall, both locations demonstrated openness to electronic delivery methods if needed.

4.2.2 Right-holder Experience & Perspective

This section provides insights on different aspects of humanitarian interventions in the Gaza Strip and the West Bank, including the priorities of right-holders and their insights on the **relevance** (considering their needs and preferences), **effectiveness** and **efficiency** of the different modalities, their **quality**, **impact**, and **sustainability** (further details and analysis of the HH survey and KIs are available in Annex 5).

Relevance (vis a vis needs and preferences)

In both the Gaza Strip and the West Bank, right-holders reported to prioritize food and debt payments over WASH interventions. In the Gaza Strip, shelter was also a higher priority, while in the West Bank, shelter was of lower importance than WASH interventions.

In West Bank, figure 4 shows that the most needed commodity was «drinking water,» followed by «food» and «medicines,» while hygiene items, including menstrual hygiene items, were less mentioned. In the Gaza Strip, the survey indicated that the current water access through trucking is inadequate for monthly household use. Most respondents reported having a water tank but require an extra one to meet their needs. The majority of respondents do not use any treatment method for water, with only three using chlorination tablets. The public sewage network or septic tanks manage sewage, while solid waste disposal is handled by the municipality. In the Gaza Strip, Household sanitation facility rehabilitation is a top priority for all respondents except one. Access to water is inadequate for households, with «water trucking» being the primary method of access. Respondents reported that the amount of water provided is insufficient for their needs, and they often have to reduce their usage or obtain water from other sources, such as a desalination plant at a mosque.

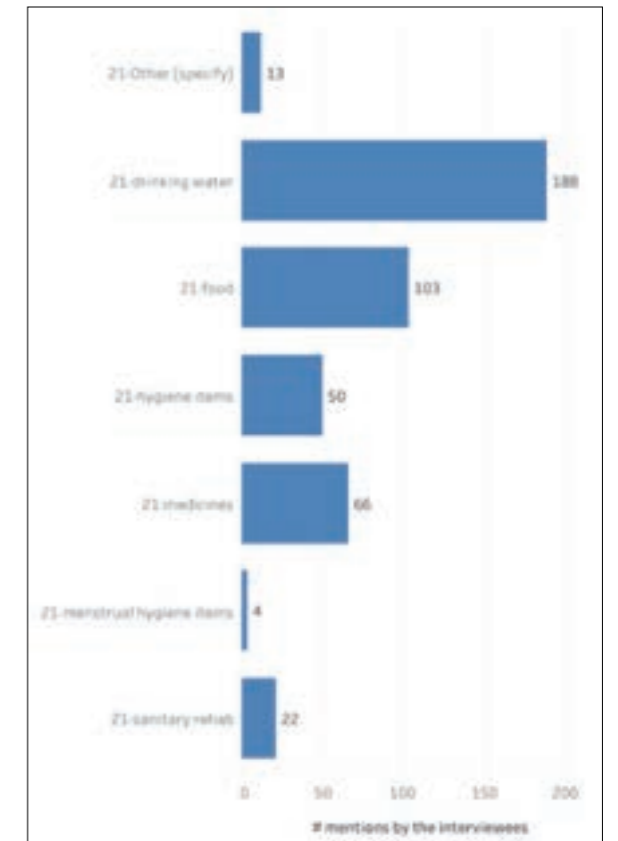


Figure 4 Most needed commodities in the West Bank

Communities confirmed needs in the WASH sector while not necessarily having the means to prioritize them and thus confirmed the relevance of WASH at HH level intervention Its recommended combining WASH and shelter interventions to better meet the needs of right-holders.

According to the FGDs, the West Bank faces a pressing need for improved WASH infrastructure, especially related to water provision. The WASH infrastructure remains inadequate and public water network is not functional during the driest season and does not meet the needs and this situation requires them to purchase additional water.

The top **Hygiene** item needs among respondents varied based on their age and gender². The majority of respondents in the West Bank and the Gaza Strip prioritize buying hygiene and disinfection items, including menstrual hygiene items, for personal hygiene and health reasons. However, in the Gaza Strip, three out of nine respondents prioritize food over hygiene.

Additionally, there were concerns in both areas about right-holders rejecting specific WASH interventions to avoid being overlooked for projects they deem of higher priority for their household.

Suggested mitigation were to use join shelter & WASH projects and the revision of the MEB priorities.

According to the KII and HH findings, Cash was found to be the favoured method for achieving WASH outcomes in both the West Bank and the Gaza Strip. The results showed that right-holders who had benefited of WASH activities using cash had positive experiences with cash and expressed a desire to use this method again. However, it's worth noting that one woman in the Gaza Strip expressed a preference for vouchers or a contractor, citing concerns about her husband potentially spending the money on other things. Still, in emergency situations in the Gaza Strip, In-kind or Contractor modalities are preferred due to security concerns. However, the study found that three interviewees did not recommend the same contractor for rehabilitation work. Instead, they preferred cash modality or another contractor due to privacy, flexibility, and better adaptation to their household needs. When it comes to in-kind aid, home delivery is the preferred method to avoid transportation costs. Vouchers have been used for hygiene kits or provision of water trucking, but cash is still preferred due to quicker and better-priced options, as both interviewees who received vouchers were satisfied with the modality, but one would have preferred cash.

Example of HH survey in West Bank findings (detailed analysis are found in Annex 5)

In case of Rehabilitation or construction of sanitation facilities every interviewee was asked about their preferences regarding the modalities to be applied. Figure 5 shows the interviewees modality preferences under normal programming and the figure 6 shows their preferences in emergency situations, it is visible a clear predilection to the cash modality in both situations. Also, 100% of the interviewees that have already experimented cash, prefer to do it in the same modality in the future.



Figure 5 Answers to the question “If in the future, under normal programming, you need to rehab/reconstruct your HH sanitation facility, how would you like it to be done?”

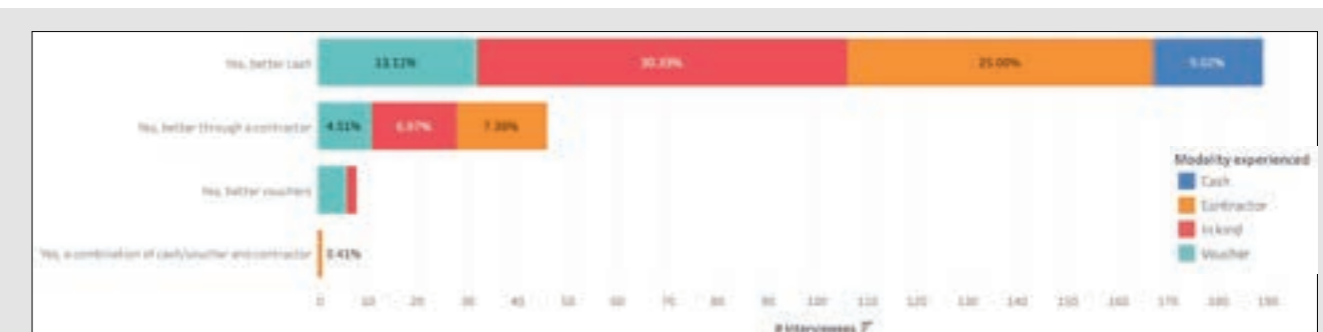


Figure 6 Answers to the question related to Rehab/Const sanitation facilities preferences “If it was during an emergency, would you prefer a different modality?”

Figure 7 shows the way respondents justified their preferences per modality. The main reasons for choosing cash and contractor modalities were the “better quality” and the swiftness (“faster”), whilst those respondents who chose voucher indicated “better quality” and “better price” as main reasons.

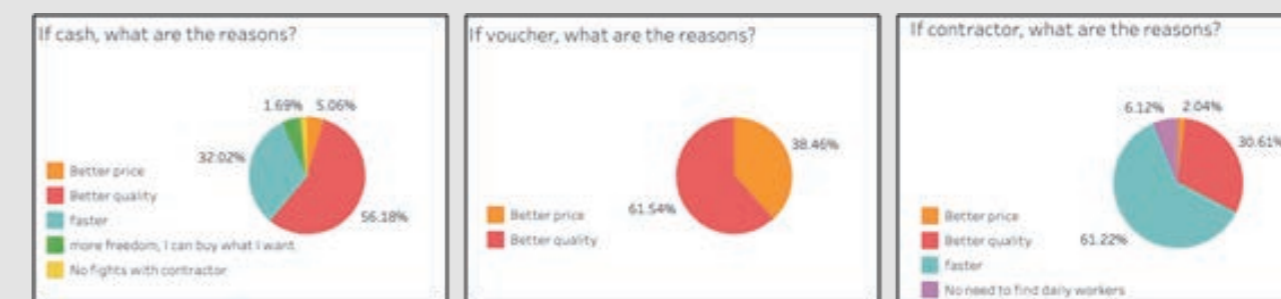


Figure 7 Rehab/Const. of sanitation facilities reasons for modality preferences

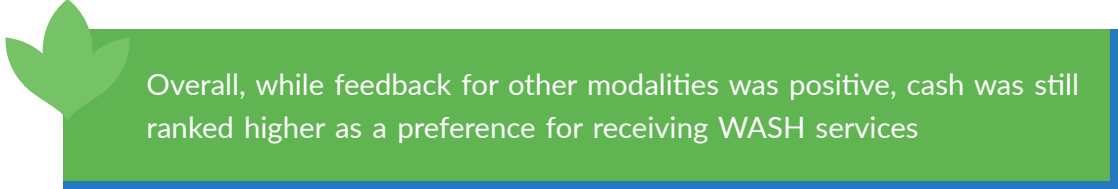
The preferences for various activities were investigated, and cash was the preferred modality for the rehabilitation or construction of sanitation facilities and the installation/rehabilitation of water cisterns in the West Bank, while in the Gaza Strip, respondents preferred cash directly transferred to their bank account for vacuum cesspit and septic tanks. Most respondents in the West Bank preferred cash for the provision of household hygiene kits, while in the Gaza Strip, most respondents preferred in-kind distribution or cash through a bank account or ATM card. Door-to-door in-kind distribution was also preferred by a significant number of respondents in the West Bank, especially in rural areas.



Figure 8 Preferred delivery mechanisms of cash for Rehab/Const. of sanitation facilities.

2. Further information on the Hygiene items preference West Bank available in Annex 5

The preferences for various activities were investigated, and cash was the preferred modality for the rehabilitation or construction of sanitation facilities and the installation/rehabilitation of water cisterns in the West Bank, while in the Gaza Strip, respondents preferred cash directly transferred to their bank account for vacuum cesspit and septic tanks. Most respondents in the West Bank preferred cash for the provision of household hygiene kits, while in the Gaza Strip, most respondents preferred in-kind distribution or cash through a bank account or ATM card. Door-to-door in-kind distribution was also preferred by a significant number of respondents in the West Bank, especially in rural areas.



Overall, while feedback for other modalities was positive, cash was still ranked higher as a preference for receiving WASH services

Through the FGDs³, it was indicated that there were differences in responses between men and women in terms of their communication with service providers and aid delivery. Men had good interactions with contractors and community councils, while women were responsible for obtaining personal and grocery items and received aid more frequently in the form of materials. In emergencies, both genders preferred direct cash, but women faced security risks when exchanging cheques or vouchers. Men reported difficulty accessing materials due to security reasons, and women took the lead in decision-making when receiving cash aid, particularly in voucher redemption. Women also received more cash aid for HH sanitation facilities construction and rehabilitation, while men primarily received in-kind and voucher support.

Effectiveness

Recurrent conflicts in the Gaza strip and Israeli control and restrictions in Area C in the West Bank are the main factors impacting the effectiveness of the interventions. Mitigation actions proposed include storing materials, promoting new markets, and using in-kind interventions followed by vouchers or cash.

In the **West Bank**, it was found that in that access was generally good for both the contractor and in-kind modalities, with only 10% of respondents reporting difficulties in accessing them, due to “some difficulties” caused by the long distances and lack of transportation or unpaved road mainly in rural areas. Voucher and cash redemption was reported as easy by all respondents. Contractor modality was recommended for major works and cash for small household constructions and rehabilitations. Despite the verity of timing and patterns of assistance delivery, most respondents reported positive experiences with contractors, citing good and easy communication. In the West Bank, the location where the intervention is intended, including the type of environment, is a key factor in determining the most appropriate modality.

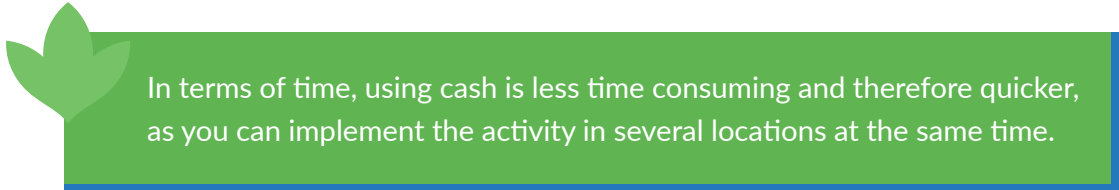
Cash or a mix of cash and in-kind interventions are the most recommended for such areas. In rural areas, in-kind or contractor modalities are recommended, with the need to rehabilitate or construct roads to facilitate access. The relationship between contractors and right-holders can represent a risk for the interventions if there are discrepancies. In the West Bank, access to service providers and materials was reported as good, and transportation of items was also considered easy.

3. Further information and detailed analysis of FGDs are found in Annex 9

The effectiveness of interventions in the **Gaza Strip** is largely impacted by recurrent conflicts, which can interrupt or destroy construction and rehabilitation works and induce shortages of materials and closing of markets. Mitigation measures proposed by interviewees include storing materials and promoting the import of goods. In-kind interventions are recommended as a first response to conflicts and emergencies, followed by voucher or direct cash. Markets play a key role in the Gaza Strip, and market fluctuations and material shortages can limit access to intervention materials. Engagement of households and communities is considered a supportive factor, with cash preferred by some households for flexibility but potentially increasing the risk of negative copying mechanisms. Contractors are recommended for major works, while cash or self-help are more appropriate for small household constructions and rehabilitations.

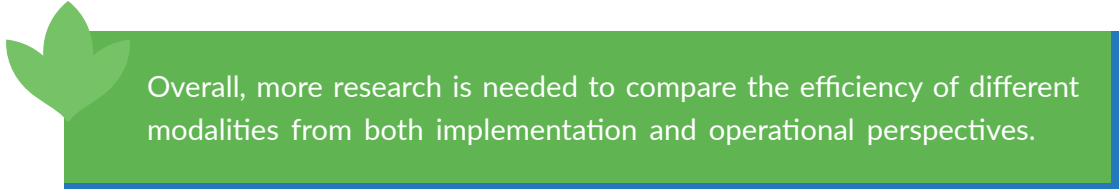
Efficiency

In both the Gaza Strip and the West Bank, interviewees agreed that cash and voucher modalities require less resources than contractors or in-kind interventions. However, market fluctuations in the Gaza Strip can affect the efficiency of cash interventions, and specific clauses can be included in contracts to mitigate these effects. Conflicts can also negatively affect efficiency. In the West Bank, interventions in certain areas may have extra costs due to risks, and rural areas may have limited availability of markets and higher transportation costs. Financial risk with CVA is shifted to either the NGO or the right-holder, and monitoring is necessary to mitigate risks.



In terms of time, using cash is less time consuming and therefore quicker, as you can implement the activity in several locations at the same time.

While cash is preferred by communities, transaction fees and taxes need to be studied. Regarding the implementation timeframe, some community members highlighted that the use of vouchers grants quickness, but some right-holders reported the need to top up the services received through them, delivery mechanisms need to be further studied as transaction fees when using cash, and VAT, taxes, etc. Contractors and in-kind modalities seem to be more reliable in terms of cost, but covering several areas simultaneously with the same contractor could be challenging and delay the overall activity. In-kind modality needs further analysis for a proper comparison. Additional analysis and research are necessary to compare the costs and efficiency of implementing different modalities for WASH interventions from both implementation and operational perspectives.



Overall, more research is needed to compare the efficiency of different modalities from both implementation and operational perspectives.

Efficiency / Cost implications EXAMPLE*

According to 92% of respondents, no extra cost associated to all interventions. Figure 9 shows that voucher and cash are the only modalities that implied an extra cost. Contractor and in-kind modalities appear to be the most reliable ones when it comes to extra costs.

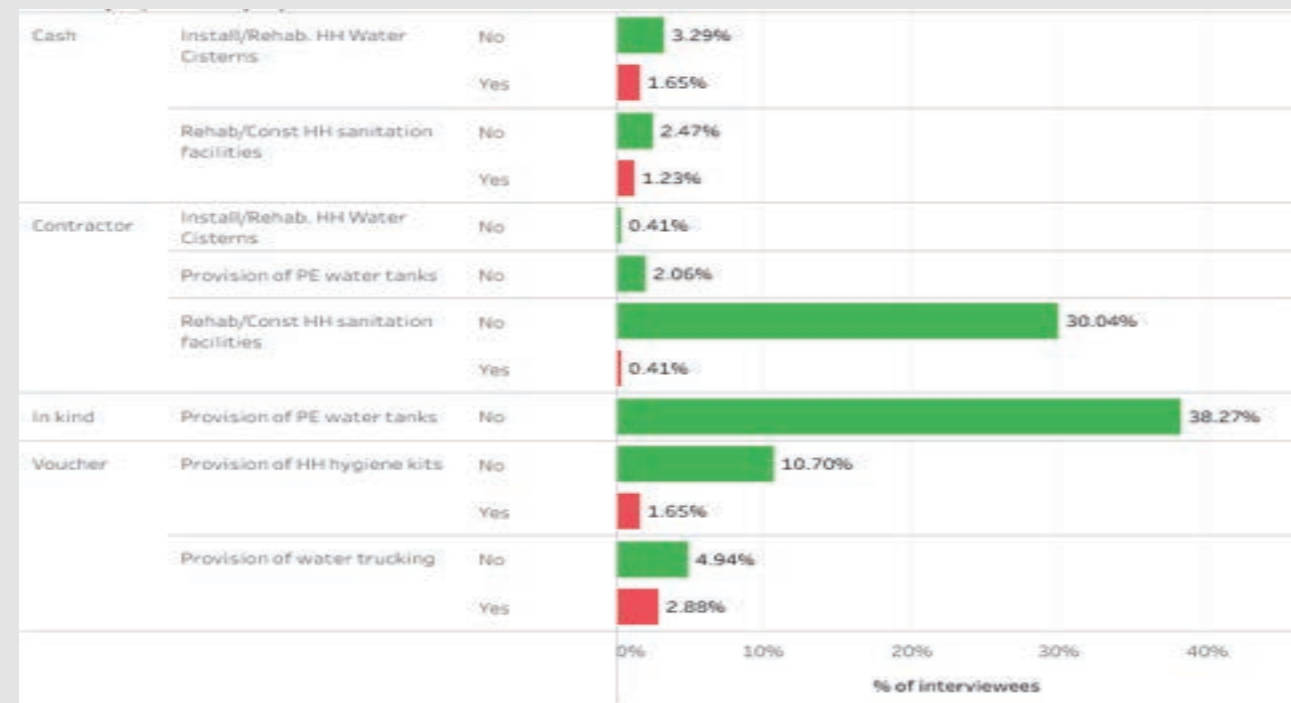


Figure 9. Answers to the question “Did the intervention imply an extra cost?”.

Figure 10 shows the extra-costs identified per modality and activity. “Fees” or “bank fees” are the main cause of extra costs highlighted for voucher and cash modalities. Only one extra cost was identified for the contractor modality, mainly linked to the need of “moving house for some time” until the works were finished.

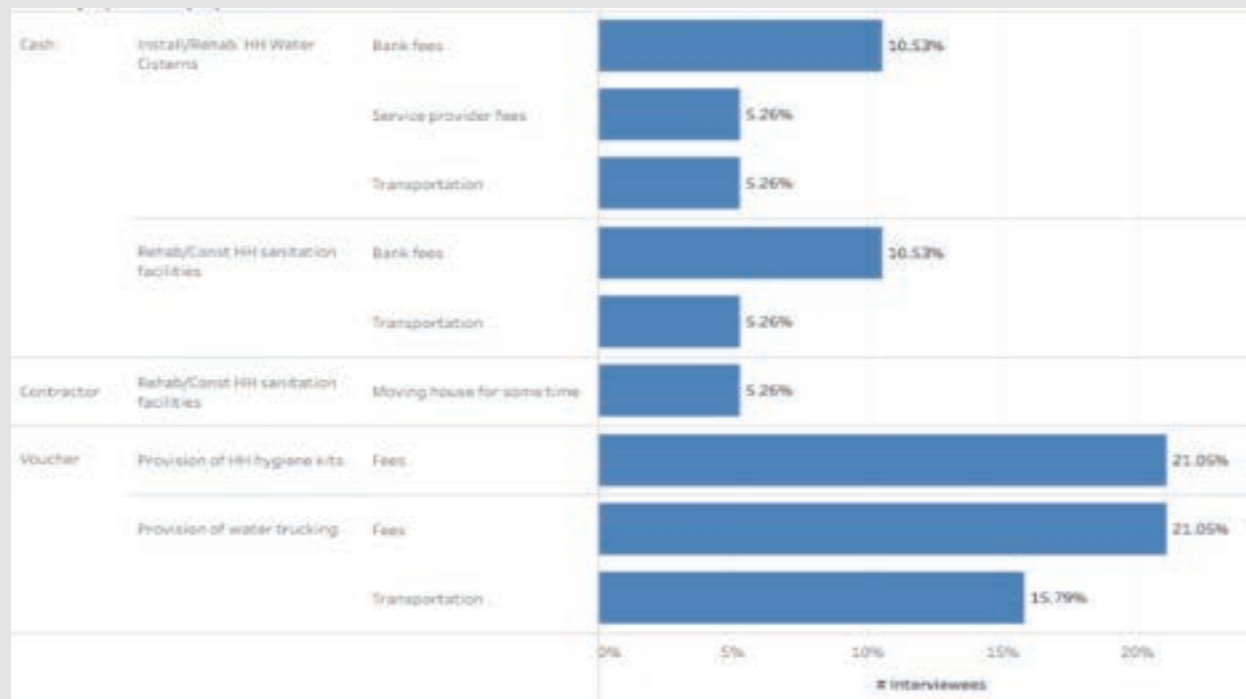


Figure 10. Answers to the question “Reasons for extra cost by modality and activity”



Reasons for the necessity to top-up amounts provided under CVA modalities, according to the activity performed reported by respondents; the main reason was that the “money was not enough” to perform the works, and with reference to vouchers, the reason was that the “volume was not enough for one month consumption for the family” (ex: water trucking).

* Further analysis can be found in Annex 5.

Respondent Quality Perception/ West Bank (Example, Further analysis can be found in Annex 5)

99% of respondents would recommend their neighbour to proceed with the intervention with the same modality as they did. Quality satisfaction for all activities is reported to be very high; 100% of respondents answered “normal” or “Yes, a lot” to the question related to their satisfaction of the intervention performed, as shown in Figure 11.

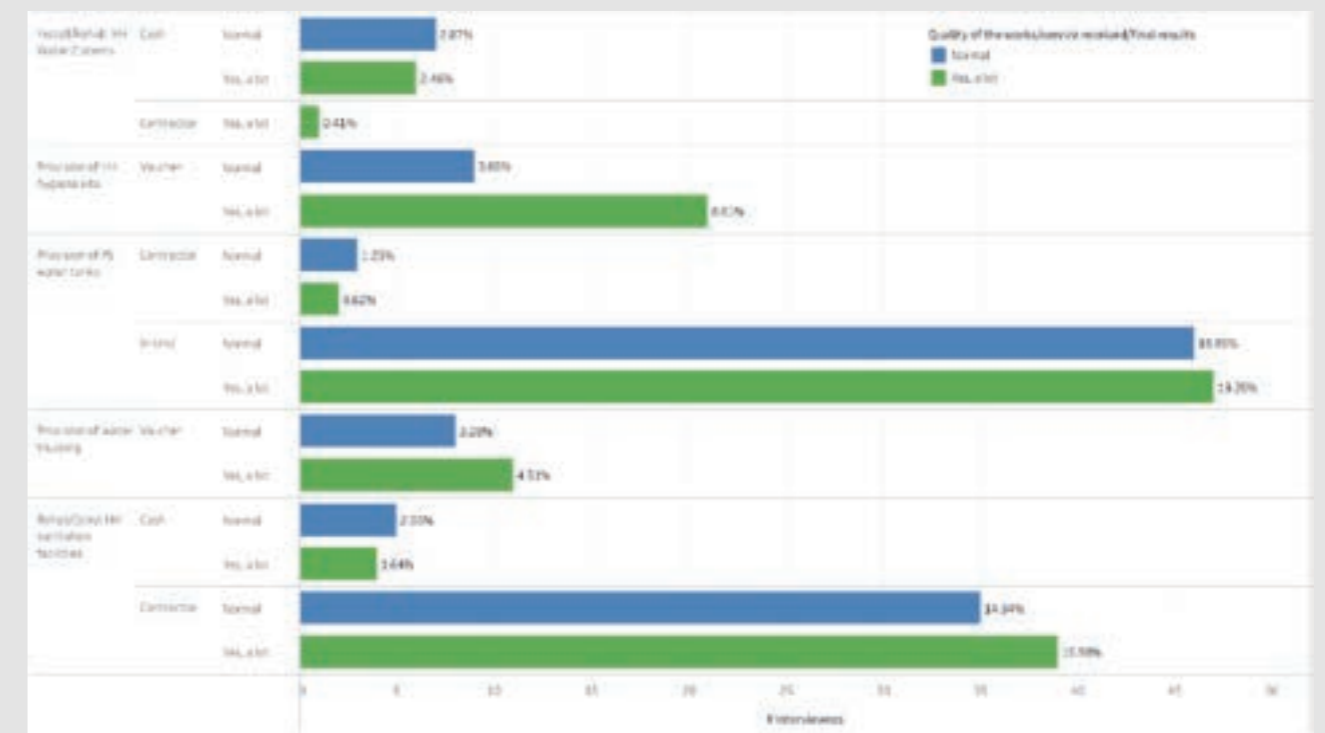


Figure 11: Satisfaction of implementation West Bank

Quality

Interviewees in the Gaza Strip have mixed opinions on the best modality to ensure high intervention quality. One of the main reasons for preferring cash modality was that higher quality of WASH outcomes is expected. Some believe that providing cash enables households to perform the work themselves, resulting in more attention and care to the final result. However, others argue that providing cash may lead to negative copying mechanisms, and engaging with contractors could reduce the risk of low-quality materials. Although, Cost associated with CVA is usually lower than logistic costs of in-kind, but monitoring and supervision are key to ensuring quality and avoiding copying mechanisms. Other community members in perceived the quality as high through vouchers, comparable to the opinions of WASH actors, since this method allows them to check quality and agree on items beforehand. still, further analysis to compare the quality of the outcome linked with the modality used need to be performed. They also agreed with WASH actors with high satisfaction with their items and services received through the in-kind modality. still, some right-holders suggested that under the hygiene kits activity the materials were not enough or were not tailored to their needs.

The general recommendation out of KII, is to have a solid monitoring plan for any modality and make payments in instalments upon completion of agreed milestones.

In the West Bank, interviewees emphasize the importance of monitoring, control processes, and quality standards for all modalities, in particular, when working with contractors to ensure quality standards and requirements are met. They suggest continuous monitoring of goods purchased, technical guidance for proper execution of works, and spot-checking items sold by vendors or contractors. While cash and vouchers promote household engagement and decision-making, some interviewees believe the contractor modality poses a lower risk for intervention quality and requires less monitoring. Bedouin communities in the West Bank were reported to have different criteria for project quality than those settled in urban or rural areas.



Impact

The preference for HHs in the Gaza Strip to do the work themselves can be encouraged by raising awareness and providing trainings, while single women, the elderly, and people with disabilities may prefer in-kind or contractor modalities. In the West Bank, involving households in decision-making and planning can increase engagement and support, and activities aimed at promoting mutual support among community members can also be implemented. The elderly and those with specific needs should be considered when selecting the implementation modality. It is also important to conduct an in-depth market analysis and regular market monitoring to timely detect variations and adjust actions accordingly, as market fluctuations and price increases can negatively impact the intervention. Quality measures are also crucial, as there is a strong relationship between the quality of intervention and the positive impact on household living conditions.

To ensure a positive impact on the right-holders and community, it is crucial to consider their preferences and priorities, and involve them in decision-making and planning to increase engagement and commitment.

Sustainability

Sustainability of interventions is linked to the quality of the intervention and the ownership of the project by the right-holders. Conflict and communication issues are risks to sustainability in the Gaza Strip. Mitigation actions include conducting a risk assessment and defining a plan before any intervention, prepositioning materials, and encouraging vendors to do the same. CVA interventions promote sustainability and less dependency on humanitarian aid, but there are risks such as item confiscation and demolitions by Israeli authorities and tensions with Israeli settlers. Providing aid directly to women can negatively impact gender roles and family balance, and a gender analysis prior to intervention design is recommended. Support from implementing partners, such as hygiene promotion awareness and technical guidance, can increase the sustainability of the project.



4.3 Summary Findings per Modality of WASH HH Intervention

The overall summary of the finding analysis was developed through a **SWOT (Strengths, Weaknesses, Opportunities, and Threats)** of activity vs. modality combination and were identified by and presented in [Annex 4: "SWOT analysis"](#). Based on that, the study findings on per each HH modalities used in WASH interventions in the SoP are summarized in the flowing factsheet [tables 5,6,7 and 8](#):

CASH	
ACTIVITIES RECOMMENDED:	Non-emergency programming: <ul style="list-style-type: none"> Construction/rehab. Of WASH HH facilities Installation/rehab. of water cisterns (WB)
PREFERRED DELIVERY MECHANISM:	<ul style="list-style-type: none"> Transfer to right-holder bank account ATM card Cheque (only in rural areas in WB)
OPPORTUNITIES:	<ul style="list-style-type: none"> Modality preferred by the community. Increase community engagement and ownership. Market is ready: people have access, goods and services are available. People have the know-how about WASH goods/services. Increases dignity and freedom of choice
CONSTRAINTS:	POTENTIAL SOLUTION:
<ul style="list-style-type: none"> Limited technical capacities of some WASH actors in operationalizing CVA in WASH programs 	<ul style="list-style-type: none"> Training to WASH actors on CVA implementation. Production of clear SOPs Engagement with cash working group
<ul style="list-style-type: none"> Limited operational and technical capacity due to economic indicators 	<ul style="list-style-type: none"> Readapt project budgets to respond to the new modality
<ul style="list-style-type: none"> Project not properly implemented and lack of quality 	<ul style="list-style-type: none"> Train the implementing partner about MBP
<ul style="list-style-type: none"> Donors regulations and requirements 	<ul style="list-style-type: none"> diversifying funding sources, simplifying donation processes, increasing transparency, collaborating with other organizations, and advocating for regulatory reform
EFFICIENCY	<ul style="list-style-type: none"> Less implementation time, as you conduct the same activity in different areas/HH Less direct costs & capacity to bargain prices
RISKS:	MITIGATION MEASURE:
<ul style="list-style-type: none"> Quality of the rehab/construction 	<ul style="list-style-type: none"> Monitoring/supervision teams Pre-identification of suppliers Production of BOQs / instructions for materials Technical training for implementing partner
<ul style="list-style-type: none"> Administrative risks of potential fraud, errors in distribution, inadequate oversight and accountability, and insufficient staff capacity 	<ul style="list-style-type: none"> Oversight and accountability mechanisms, Staff training and support.

<ul style="list-style-type: none"> Use cash for other priorities 	<ul style="list-style-type: none"> Cash transfers in instalments based on milestones and regular supervision of works from NGO staff. Selection criteria & Assistance: ensure that HH have their basic needs covered by themselves or through a complementary assistance/ to top-up the (Minimum Expenditure Basket) MEB Check the MEB against the average HH income to understand if there is a gap in the coverage of basic needs and refer to other assistance.
<ul style="list-style-type: none"> Economy deterioration / instability, unfavourable exchange rate, and hyperinflation, lead to material costs raise 	<ul style="list-style-type: none"> Monitoring of market prices and determination of early warning indicators Consider shifting to commodity voucher to move the risk from the HH to the NGO if major fluctuations are witnessed. Work permanently with the communities to readjust the assistance
<ul style="list-style-type: none"> Operational security risks for vulnerable population (women headed HH, PWDs, etc) and rural areas in the West Bank 	<ul style="list-style-type: none"> Reassess the preferred modality before distribution and depending on the profile of the family; either offer support if cash or change to voucher/contractor. Include protection questions in Post Distribution Monitoring (PDM), to better capture assistance impact on persons with specific needs and other protection issues.
<ul style="list-style-type: none"> In cases of intimate partner violence and/or gender-based violence, particularly if women are the direct recipients of assistance and they do not typically control household resources 	<ul style="list-style-type: none"> To preform gender analysis. Well-designed eligibility criteria and targeting based on context, community inputs, evidence, and objectives of transfers; ensured specific groups are adequately caught through referral and complaints mechanisms. Complementary gender-specific sensitization or other projects to increase partner capacity to mainstream gender. The established feedback mechanism is designed to identify intimate partner violence and/or gender-based violence cases. When such cases are identified the implementing agency can report and refer to relevant authorities or protection service providers.
<ul style="list-style-type: none"> Protection risks due to long distance to markets (in West Bank, Area C). 	<ul style="list-style-type: none"> Consider switching to contractor
<ul style="list-style-type: none"> Lack of valid shops in Area C (Certified, pay taxes) 	<ul style="list-style-type: none"> Build the capacity of the shops, create awareness. Reassess the type of modality in this case Some MBP with the shops can also be done (Infrastructures, permits, etc).
GENERAL RECOMMENDATIONS	<ul style="list-style-type: none"> Conduct a full markets assessment, including needs and risks assessment. Support to markets if needed. Regular market and price monitoring Further dedicated research on financial service provider (FSP) mapping and Cash delivery mechanisms is needed.

Table 5 The overall summary of the finding analysis for CASH Modality in the SoP

VOUCHERS	
ACTIVITIES RECOMMENDED:	<p>Non-emergency programming:</p> <ul style="list-style-type: none"> Hygiene kits MHM kits Provision/rehab of water wheeled tanks (WB) Provision of water trucking Provision of water tank
PREFERRED DELIVERY MECHANISM:	<ul style="list-style-type: none"> Commodity voucher (paper) – to be used specifically for MHM kits. Value voucher (paper) – rest of activities
OPPORTUNITIES:	<ul style="list-style-type: none"> Preferred mechanism by women when it comes to hygiene and menstrual hygiene items. People have access, goods and services are available and providers are ready. There are already existing e-vouchers platforms in place that can be used for WASH assistance. Quality control guaranteed
CONSTRAINTS:	POTENTIAL SOLUTION:
<ul style="list-style-type: none"> Limited number of official shops in Area C, West Bank 	<ul style="list-style-type: none"> Assess if the shop can be supported to use vouchers and initiate a capacity strengthening project. If the market cannot provide for the needed items, of quality and affordable, move to in-kind assistance.
<ul style="list-style-type: none"> Limited availability of some needed items on the market 	<ul style="list-style-type: none"> Support vendors to increase stock if materials are needed
<ul style="list-style-type: none"> Transportation associated costs 	<ul style="list-style-type: none"> Cover transportation costs If too far, reassess the feasibility of using vouchers
<ul style="list-style-type: none"> Lack of operational capacity from vendors and community if e-vouchers, as you can use a range of electronic devices such as mobile phone, smart card, POS devices etc 	<ul style="list-style-type: none"> Assess feasibility and connection of electronic devices. Awareness and comfort from vendors and users
EFFICIENCY: Reduction of logistics costs for distributions	
RISKS:	MITIGATION MEASURE:
<ul style="list-style-type: none"> Vendors will provide low quality items and not the designated ones by the NGO 	<ul style="list-style-type: none"> Accessible and easy to use feedback and complaint mechanism in place. Quality monitor control when selecting the shops and spot checks. Awareness for vendors and customers on minimum acceptable quality
<ul style="list-style-type: none"> Protection risks due to long distance to markets (in West Bank, Area C). 	<ul style="list-style-type: none"> Reassess the viability of using vouchers and modality
<ul style="list-style-type: none"> Financial risks due to prices fluctuations 	<ul style="list-style-type: none"> Flexible vouchers; use commodity "package" vouchers. (The financial risk is on the NGO)
<ul style="list-style-type: none"> Vulnerable population and rural areas 	<ul style="list-style-type: none"> Reassess the feasibility of using vouchers and move to another modality if needed
General recommendations:	
<ul style="list-style-type: none"> Training to vendors and right-holders Further dedicated research on Cash delivery mechanisms is needed. 	
General recommendations:	
<ul style="list-style-type: none"> Training to vendors and right-holders Further dedicated research on Cash delivery mechanisms is needed. 	

Table 6 The overall summary of the finding analysis for Voucher Modality in the SoP

CONTRACTOR	
ACTIVITIES RECOMMENDED:	<p>Non-emergency programming:</p> <ul style="list-style-type: none"> Vacuum cesspit and septic tanks Provision/rehab of water wheeled tanks (WB) <p>Emergency:</p> <ul style="list-style-type: none"> Construction/rehab of HH facilities Provision of Water trucking (Gaza Strip) Provision of water tanks
OPPORTUNITIES:	<ul style="list-style-type: none"> Quality is supervised. Safety measures Maintenance Preferred for vulnerable groups. Useful for major constructions
CONSTRAINTS:	POTENTIAL SOLUTION:
<ul style="list-style-type: none"> Longer implementation timeframe Potential delays 	<ul style="list-style-type: none"> Diversification of contractors and/or fixable work plan
<ul style="list-style-type: none"> Less privacy and flexibility for the community 	<ul style="list-style-type: none"> Agree on works/services beforehand. Ensure right-holder have a place to go if needed during the Construction/rehab work . Involve right-holders in decision-making
<ul style="list-style-type: none"> Higher costs due to overheads No involvement of community 	<ul style="list-style-type: none"> Integrate a more participative approach during all project phases
EFFICIENCY: recommended for major works but combined with higher cost and	
RISKS:	MITIGATION MEASURE:
<ul style="list-style-type: none"> Tension between contractors and community Reduction in quality to increase benefit margins 	<ul style="list-style-type: none"> NGO to mediate and monitor closely. Set-up quality indicators and close monitoring
GENERAL RECOMMENDATIONS:	
<ul style="list-style-type: none"> Contractors and right-holders relationship can represent a risk for the interventions. Covering several areas simultaneously with the same contractor could be challenging and cause delay 	
GENERAL RECOMMENDATIONS:	
<ul style="list-style-type: none"> Contractors and right-holders relationship can represent a risk for the interventions. Covering several areas simultaneously with the same contractor could be challenging and cause delay 	

Table 7 The overall summary of the finding analysis for Contractor Modality in the SoP

In-Kind	
ACTIVITIES RECOMMENDED:	Emergency: <ul style="list-style-type: none"> Hygiene kits provision of PE tanks
PREFERRED DELIVERY MECHANISM:	<ul style="list-style-type: none"> House to house Delivery point
OPPORTUNITIES:	<ul style="list-style-type: none"> Good for emergency situations. Short duration, reduced transportation if distributed at household level; Requires less logistics if distributed directly without passing by storage phase. Good quality control, as it can be checked through pre-samples approvals. Empowers economic circulation. Good cost efficiency, (Cheaper than cash), Good safety. Low financial risk. Material provision in kind combined with cash is the most effective in restricted areas (C, H2, EJ). It has the same advantages as cash but ensure the quality of materials bought and avoid some coping mechanisms. Appropriate during demolition wave or in remote areas.
CONSTRAINS:	POTENTIAL SOLUTION:
<ul style="list-style-type: none"> Not tailored to family preferences 	<ul style="list-style-type: none"> Assess needs per HH
<ul style="list-style-type: none"> Possibility of not fully meeting the needs of the beneficiaries 	<ul style="list-style-type: none"> Quality monitor control and spot checks. Awareness on minimum acceptable quality
EFFICIENCY: High costs on right-holder due to transportation, Not recommended for construction / rehab. Requires more resources	
RISKS:	MITIGATION MEASURE:
<ul style="list-style-type: none"> Vendors might sell low quality items after working hours. 	<ul style="list-style-type: none"> Do quality control spot checks
<ul style="list-style-type: none"> Conflicts in the area Shortage of materials and markets closed during conflicts 	<ul style="list-style-type: none"> Risks assessment and set up action plans in advanced. Enhance vendor to have stock of materials. Bring materials from outside.
<ul style="list-style-type: none"> Lack of communication between beneficiaries and distributors. Possibility of not meeting the needs of the beneficiaries. 	<ul style="list-style-type: none"> Involve them in the solution since the first moment and provide technical assistance and guidance.
General recommendations: Preferred in emergency situation	



Table 8 The overall summary of the finding analysis for In-Kind Modality in SoP



CONCLUSIONS

5

In this study, a triangulation approach was employed to gather opinions from various parties, including WASH implementing agencies, donors, the WASH and shelter sector, right-holders from the Gaza Strip and the West Bank, as well as vendors from these regions. Drawing on these inputs, we can now draw the following conclusions:

- The findings of this study align with the main recommendations outlined in the Evidence-building for cash and markets for WASH in emergencies document: to generate stronger evidence for MBP for WASH, to develop capacity on MBP in the WASH sector, and to include market-sensitive approaches in WASH operational responses.
- Most stakeholders and WASH partners concur that it is necessary to progress and initiate the implementation of MBP and CVA interventions. However, certain factors such as the preparedness of the WASH sector and potential risks need to be thoroughly evaluated.
- While WASH actors (especially in the West Bank) showed some skepticism on the quality cash can bring, communities have shown a strong preference for Cash as a modality for implementing all WASH activities. In-kind or contractor modalities were only selected in emergency situations in the Gaza Strip.
- Overall, cash-based assistance is often the most effective modality for rehab, maintenance, reconstruction, and provision of items, as it promotes community and beneficiary engagement, gives beneficiaries more flexibility and choice, and can be more cost-effective than other modalities. However, it may not be suitable for major constructions or network connections.
- Main mitigation measures against cash risks and challenges include monitoring/supervision teams, pre-identification of suppliers, cash transfers based on milestones, selection criteria based on MEB coverage, monitoring market prices, shifting to commodity voucher, working permanently with communities, reassessing modality just before or even during implementation especially for families who do not have the capacity to follow up implementation, including protection questions in PDM.
- The preference for modality among communities is similar regardless of geographical location, but there are variations in the risks and necessary mitigation measures, especially in the West Bank in Area C. While there is no significant difference in modality preference based on location, there are clear differences in associated risks and required mitigation measures, as reported by the challenges faced by WASH actors in Area C, including the possibility of construction and rehabilitation works being stopped at any time, materials confiscated and lack of valid shops or risks due to long distance to markets.

- The contractor modality is recommended for major constructions and activities that require close monitoring. However, communication with beneficiaries is crucial to avoid conflicts, and there is a risk of high costs due to taxes and transportation.
- Vouchers are suitable for delivering items such as hygiene kits, and they are cheaper than cash. However, they are not recommended for construction or rehabilitation and may not be suitable due to the long distances to the markets.
- It's crucial to consider social and power dynamics when selecting an intervention modality. Gender considerations are particularly important in this regard, as the location and type of activity can impact women's preferences and access to resources. Cash-based programming may not be suitable for predominantly female populations due to limited access to financial institutions, and the in-kind support may be more appropriate. In communities where men have greater control over cash distribution, careful assessment is needed and necessary to ensure equitable access to resources.



RECOMMENDATIONS

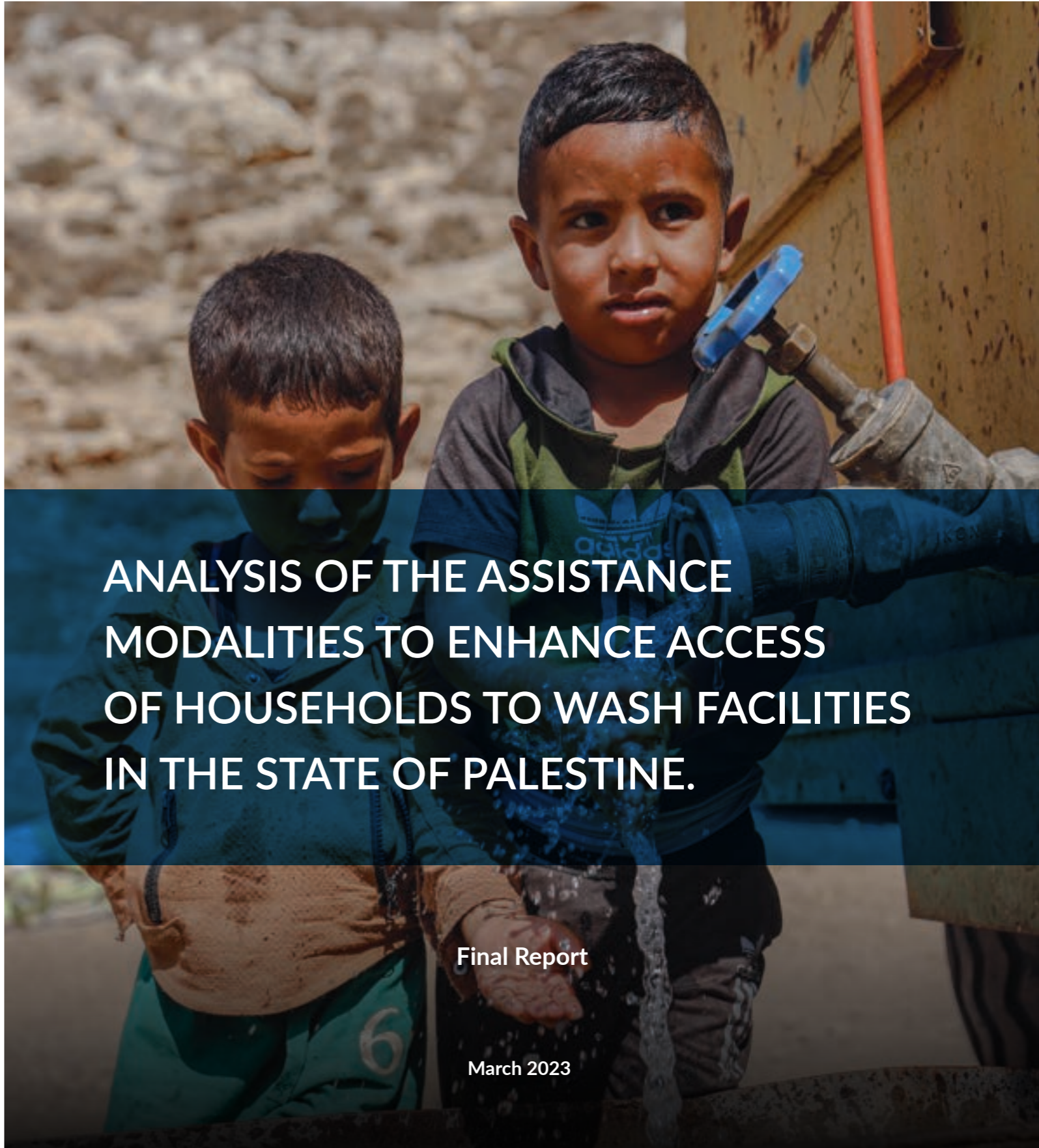
6

Recommendations	Addresses	Priority
Coordination and Collaboration:		
Coordinate with and learn from other sectors (Shelter and FSL sectors) already implementing these modalities and align further to standardize approaches and ways forwards.	WASH Cluster to lead with the participation of WASH Partners	High
Share already existing tools and SOPs to learn and create a basis for harmonized implementation methodologies Develop an SOP for cluster partners to provide practical guidance on the implantation modalities	WASH Cluster to lead with the support of WASH Partners	Medium
Lead a workshop with the Cash WG, including WASH and shelter to explore areas of synergy and Interactions considering the special context in the SoP.	UNICEF, CWG, WASH & Shelter Cluster partners	Medium
Piloting		
Pilot a CVA-WASH program that traditionally was using in kind/ contractor based, prepare adequate M&E tools, lessons learnt and share with cluster partners.	One or several WASH cluster member(s)	High
Conduct a pilot analysis between different modalities per WASH outcome to analyse further the quality.	One or several WASH cluster member(s)	High
Challenges, Risks and Program quality:		
Lead in depth training – theoretical and practical on MBP and CVA – to implementing WASH partners staff is required	WASH Cluster	Medium
Develop a clear SOPs to confirm a harmonize approach and formalize measures to improve quality and reduce associated risks	WASH Cluster	High

<p>Improve programming and implementation by:</p> <ul style="list-style-type: none"> Following the community preferences and the conclusion of this study. Cash is the preferred modality of the communities, yet some risks and limitations could compromise the quality of the outcome and need further analysis. It is therefore recommended to move forward with the construction/rehab of HH facilities and Installation/rehab of water cisterns (West Bank) activities. Following the community preference to use in kind and contractor led modalities during in emergencies in the Gaza Strip. Building on the positive experience of vouchers for hygiene kits, hygiene and menstrual management and water trucking; when not yet used explore use of vouchers for provision/rehab of water wheeled tanks, provision of water trucking, and provision of water tank. Continuing to use in-kind assistance in some cases which, combined with cash, can be effective in restricted areas such as Area C, H2, and EJ, as it ensures the quality of materials bought and avoids some coping mechanisms particularly during demolition waves or in remote areas. Systematically carrying out a market analysis (including needs and risks assessment) in each WASH intervention to properly decide the type of modality and update it based on the changes in the context. Considering the coverage of the Minimum Expenditure Basket (MEB) of targeted HH to understand if there is a gap in the coverage of basic needs and thus a risk that financial support intended for WASH interventions is used for more priority needs; refer to basic assistance schemes as necessary. Revising the selection and exclusion criteria in shelter and WASH humanitarian assistance programmes, as well as how information is shared among both sectors, to ensure both assistances are complementary and do not exclude potential eligible HH. Conducting an operational cost-efficiency analysis at WASH cluster partner level. Considering the differential impacts of aid and the different modalities on each gender group; ensuring women's meaningful participation in decision-making processes related to aid delivery and encouraging the involvement of men in activities traditionally seen as women's work. 	UNICEF, CWG, WASH Cluster partners	High
Funding		
Advocate with donors for them to favour the provision of CVA in WASH, when relevant, and consider it a relevant response in the protracted humanitarian crisis of Palestine. Pilots and existing lessons learned as well as this study should be used as evidence.	WASH Cluster UNICEF WASH Partners	High

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**FOR FOOD.
FOR WATER.
FOR HEALTH.
FOR NUTRITION.
FOR KNOWLEDGE.
FOR CHILDREN.
FOR COMMUNITIES.
FOR EVERYONE.
FOR GOOD.
FOR ACTION.
AGAINST HUNGER.**

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Final Report

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