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List of abbreviations and acronyms

ALMPs	active labour market policies
CC	climate change
CfW	Cash for Work
CLM	Chemen Lavi Miyò (Haiti)
CLP	Chars Livelihood Programme (Bangladesh)
CTs	cash transfers
DRR	disaster risk reduction
ECD	early childhood development
FDS	family development sessions
HSNP	Hunger Safety Net Programme (Kenya)
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
I/NGOs	international and national non-governmental organizations
IN-SCT	Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer
NSs	National Societies
4P	Pantawid Pamilyang Pilipino Program (Philippines)
PSNP	Productive Safety Net Programme (Ethiopia)
PWD	public works programmes
SDG	Sustainable Development Goal
WASH	Water, Sanitation and Hygiene

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Useful concepts for understanding the brief

Social Protection is a series of policies and programmes aimed at protecting individuals from shocks across the lifecycle to mitigate poverty and inequality (ILO, 2017). This allows individuals to maintain a degree of dignity and well-being during shocks such as sickness, unemployment, and crop failure. It also works to prevent the practice of negative coping mechanisms during these events such as selling productive assets or limiting food intake (UNDP, 2016).

In 2012, the International Labour Organization (ILO) published its **Social Protection Floors Recommendation** (No. 202), which calls for national guarantees of minimum levels of social security with a commitment to gradually increase the level and scope of protection. The **Social Protection Floors** reflect a pledge to reduce and prevent poverty by ensuring access to basic income security and the availability of essential health care services to all (ILO, 2017). Basic income security extends from children to the elderly, and essential health services ensure access to **social health protection** such as universal health care (ILO, 2017).

Social protection systems often include a portfolio of programmes that can be categorized as social assistance, social insurance, and active labour market policies (see later entry) depending on the country (ILO, 2017).

Social assistance is non-contributory and financed by general tax revenue to provide relief to vulnerable individuals and households (UNDP, 2016). Enrolment in these programmes may be unconditional or conditional on meeting specific criteria, such as an income threshold (Carter *et al.*, 2019). Social assistance programmes may be further categorized into cash and in-kind transfers, public works programmes, fee waivers and subsidies.

Cash Transfers (CTs) provide beneficiaries with direct cash benefits to increase household resilience and supplement income such as old-age benefit (Carter *et al.*, 2019). CTs may be supplemented by additional **complementary interventions** to improve outcomes and acknowledge that cash alone may not improve wellbeing (*ibid.*).

In-kind transfers are the provision of assets such as food through school-feeding programmes to increase consumption (UNDP, 2016).

Public Works Programmes (PWP) provide payment for wage labour through either cash or food (Carter *et al.*, 2019). The activities conducted are often aimed at improving employability and/or producing a communal asset (*ibid.*). PWPs may also be referred to as employment guarantee programmes or cash for work (CFW) (*ibid.*).

Fee waivers provide subsidized services targeted at a specific demographic, such as education fee waivers (Carter *et al.*, 2019).

Subsidies may also be categorized here; however, they are applied to subsidize the prices of specific goods and services, such as fuel subsidies (*ibid.*).

Social care services are non-contributory services including family support, such as childcare services, case management and information services to further link families to social protection (UNDP, 2016).

Social insurance is a type of contributory intervention where beneficiaries pay for coverage against shocks that may occur across the lifecycle (Carter *et al.*, 2019). When participating in the formal economy, enrolment into these programmes is mandatory (*ibid.*). This may include health insurance, unemployment insurance, maternity/paternity benefits and pensions (*ibid.*).

Active Labour Market Policies (ALMPs) are interventions by the Government to increase the employment of vulnerable communities, including training programmes and the creation of jobs (UNDP, 2016).

WASH for Water, Sanitation and Hygiene. These three disciplines are grouped together within WASH; the components are interdependent and cannot be fully realized without each other (Lifewater, 2018).

Watershed is defined as 'any surface area from which runoff resulting from rainfall is collected and drained through a common point. It is synonymous with a drainage basin or catchment area. A watershed may be only a few hectares, such as a small pond, or hundreds of square kilometres, such as a river. All watersheds can be divided into smaller sub-watersheds' (Wani & Kaushal, 2009).

Watershed management is defined as 'any human action aimed at ensuring the sustainable use of natural resources in a watershed as well as attempts to provide solutions to these threats' (FAO, n.d.).

1. Introduction

Two sectors, namely Social Protection and Water, Sanitation and Hygiene (WASH), are increasingly becoming important and relevant to the work done by Red Cross and Red Crescent National Societies. These sectors have long been the focus of humanitarian agencies and development partners, as they are considered to be crucial in offering protection to vulnerable people; preventing and alleviating human suffering; and improving people's standards of living. With climate change impacts affecting vulnerable groups disproportionately and undoing years of developmental gains, it is critical to ensure activities and projects undertaken are designed to meet multiple objectives and minimize the underuse of resources. WASH projects have been an important pillar of Red Cross and Red Crescent work, while Social Protection has been gaining priority in the last decade. This brief has been developed to explore the connections between WASH and Social Protection, and to help National Societies explore how their activities can combine the shared objectives of these two sectors, in order to achieve many benefits.

WASH is essential for life and a fundamental human right. It involves access to safe, clean water, improved sanitation facilities and a basic level of hygiene (Nevin, 2019). However, more than half of the global population is yet to have access to safe sanitation services (UNICEF, n.d.). Poor WASH facilities can lead to growing poverty, gender inequality, poor health and wellbeing, and slow economic growth (Mosello, 2017). The impact of increasing climate variability poses significant stress on WASH and exacerbates the present situation. For example, higher temperatures and short duration heavy rainfall are the key negative climate change impacts on WASH systems (WaterAid, n.d.). However, climate-induced risks are yet to be fully introduced into infrastructure planning (Rydge *et al.*, 2016).

Alongside infrastructure, other 'softer' interventions have been made to improve sanitation services, including financial incentives or subsidies to promote access to services while motivating sanitation practices and behaviour (HEART, 2022). Social Protection has become one of the critical instruments in developmental policy in both developing and developed countries (Merrien, 2013). Social Protection, as defined by the ILO (2017), refers to "the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection." While ILO's definition is focused on employment, an extended definition by the FAO (2017) describes Social Protection as a set of policies and programmes that address economic, environmental, and social vulnerabilities to food insecurity and poverty by protecting and promoting livelihoods. Access and availability of WASH services can be highly affected by social determinants of health (non-medical factors like income and social status). Social Protection measures are uniquely placed to improve upon the non-medical factors that limit WASH, such as providing support to compensate for insufficient income, or help with public works infrastructure for reducing hygiene poverty and overcrowding.

In the 2030 Agenda for Sustainable Development, countries have made commitments to ensure the human right to safe drinking water and sanitation, and related rights to Social Protection and gender equality. Both WASH and Social Protection seek to maintain an adequate standard of living for individuals, such that they are able to live their lives with dignity. Both sectors adhere to a rights-based approach that considers provisions of Social Protection and WASH services for all as a right and entitlement that the state is obliged to provide.

In this brief, we seek to establish the shared objectives of Social Protection and WASH interventions, and to explore how investments can be made in programmes that meet these shared objectives to achieve significant and long-lasting outcomes. The brief also emphasizes what National Societies (NSs) can learn from the examples; how they can use their WASH experience to help Social Protection beneficiaries; and what their potential role is in supporting government programmes – for instance, by identifying the WASH related needs of people enrolled in Social Protection schemes.

2. WASH

Limited access to WASH is one of the most critical issues in public health, human well-being, and social and economic development (WHO, 2019). Better access to WASH services leads to healthier lives, especially for women and children, and is integral to building a thriving society (UNICEF, n.d.). Some 2.2 billion people still do not have adequate access to safe drinking water, and more than half of the global population does not have access to safe sanitation facilities (WHO, 2019). Consequently, 829,000 adults and children die every year of diarrhoeal disease due to challenges and gaps in WASH services (United Nations, n.d.). Sustainable Development Goal (SDG) 6 focuses on ensuring the availability and sustainable management of water and sanitation for all (United Nations, n.d.). However, more collaborative, integrated and community-based action is needed to ensure that everyone has access to safe drinking water, better water and sanitation facilities, improved hygiene behaviours, and less diarrhoeal disease.

In addition to financing, other critical challenges limiting the strengthening of WASH services in developing countries include: inefficient organizational and human resources; lack of awareness among communities; limited options for cost-effective technologies; limited technology transfer; problems in procurement for goods and services; too much bureaucracy; bureaucratic diplomacy; and limited jurisdictional empowerment (Khan, 2018; Elrha, n.d.; SuSanA, n.d.). Furthermore, the planning process still happens in sectoral silos and mainly takes a top-down approach (Khan, 2018).

Priority interventions: (adapted by authors from SuSanA, n.d.; Yates *et al.*, 2017; SNV, n.d.)

Safe and affordable water:

- ensuring water supply in adequate quantity as per the national service standards (e.g., 135 litres per capita per day is the standard urban water supply limit in India, Ministry of Jal Shakti, 2020) in all households
- promoting rainwater harvesting at household- and community-level
- promoting water conservation measures
- developing and managing the watershed(s)
- protecting and rejuvenating natural water bodies, natural drainage, mangroves
- providing water testing kits for households and schools
- supplying low-cost water treatment technology/tools (such as candle filters) to households
- supplying chlorine tablets for water purification and associated training to households.

Adequate and equitable sanitation:

- eliminating the need for open defecation by ensuring equitable access to toilets with proper faecal sludge management
- upgrading sanitation facilities in schools and other educational institutions
- creating awareness of the upgraded facilities among students
- ensuring toilets are connected to septic tanks in areas that are densely populated and cannot be reached by sewerage networks (septic tanks are also recommended in places with low elevation from the mean sea level)
- ensuring sewage or wastewater is disposed at water bodies only after proper treatment
- ensuring citywide coverage of the stormwater drainage network by considering topography, earthquake zones, future rainfall projections and adopting a sustainable drainage systems approach
- covering and regularly cleaning all drains to prevent clogging due to solid waste
- recycling grey water and reusing it for cleansing, irrigation and other suitable purposes
- promoting integrated solid waste management through source segregation, effective collection (both from doorstep and public places), transportation and recycling of the waste
- promoting 'zero solid waste' management through the 4R principle (Reduce, Reuse, Recycle and Recovery).

Hygiene:

- promoting handwashing at primary and secondary schools, constructing group handwashing stations with soap and running water
- educating on the importance of handwashing at the community level
- supporting access to sanitary products and to facilities that offer the safe disposal of menstrual pads/absorbents, especially in educational institutions and informal settlements.

Key elements to improve WASH services:

Despite global efforts by different actors, billions of people still lack adequate access to WASH services. Progress on SDG 6 in 2021 suggests that the current rate of improvement needs to quadruple to achieve its targets by 2030 (UN-Water, 2021). For instance, for the global indicator 6.1.1 (proportion of population using safely managed to drink water services) there was only a 4 per cent increase in 2015–2020, leaving just 74 per cent of the global population with access to safe and affordable drinking water (UN-Water, 2021). In developing and least-developed countries, 494 million people still practice open defecation (UN-Water, 2021). Furthermore, WASH interventions often focus only on either behavioural change or physical change (Bekele *et al.*, 2020).

Behavioural change interventions include information and/or awareness campaigns on handwashing, the prevention of open defecation, and the promotion of menstrual hygiene. On the other hand, physical change includes infrastructure development or upgrades such as water quality maintenance and water storage (Bekele *et al.*, 2020). But we also need to explore new dimensions to supplement the existing approach towards sustainable WASH practices. Here, Social Protection can be one of the instruments used to improve WASH services, especially in the context of exposure to climate variability and climate-induced hazardous events. There is no one-size-fits-all approach, however; so systematic, participatory, integrated area-based assessments, planning and actions are needed.

Critical elements to improve WASH services include:

- **Community participation:** Participation facilitates a sense of ownership among communities that can lead to beneficial behavioural change; build capacity to reduce or prevent the health risks of crisis-affected populations; and ensure the greater sustainability of WASH facilities (Oxfam, 2018). Furthermore, community participation makes the WASH planning and design processes more inclusive and holistic. Clarity in objectives and scopes, transparent and regular communication, and a simple and well-defined governance structure in the team lead to a community participation process that is effective and sustainable (Beale *et al.*, 2018).
- **Awareness generation and behaviour change:** While it is critical to ensure the proper use of WASH facilities, services and technologies (*SuSanA*, n.d.), this is a complex, long-term and systemic process. Awareness generation and behaviour change are fundamental to achieving this. The habits of the targeted group are, therefore, a vital factor in designing a behaviour change initiative (share, 2018). The aim of awareness generation and behaviour change for WASH-related practices is to help the targeted group understand fully the benefits of WASH and embed good hygiene practices as a social norm (*WaterAid*, n.d.). A suitable channel of communication on improving WASH-related practices needs to be developed, based on an assessment of existing practice that identifies knowledge gaps, creates innovative campaigns and associated materials, and supports a successful intervention (share, 2018).

3. Social Protection

Social Protection is a tool used by many national Governments to reduce poverty, inequality and vulnerability (Costella *et al.*, 2022). Significant evidence from a number of countries have shown that Social Protection systems have been instrumental in reducing poverty and inequality, as well as improving access to basic services like health and education, thus contributing to the overall development of a country (OECD, 2018). Social Protection systems can include a mix of contributory schemes, such as pensions for the elderly or unemployment allowance for laid-off workers; and non-contributory tax-financed schemes, such as unconditional cash transfers (CTs) or cash for work (CfW). Evidence from some countries shows that the use of Social Protection can enhance the resilience of vulnerable communities against climate risks (Davies *et al.*, 2008). Social Protection is increasingly seen as having dual roles in climate risk management, especially in the case of extreme events: reducing vulnerability and limiting the impacts of climate-related shocks and disasters (Costella *et al.*, 2022).

Red Cross National Societies – like the Kenyan Red Cross Society, Bangladesh Red Crescent Society and Nepal Red Cross Society – have already been engaging with the national social protection systems in their countries. Target 1.3 of SDG1 for poverty eradication calls upon countries to take measures for implementing nationally appropriate social protection systems for all, including social protection floors (UN General Assembly, 2015). Development efforts for poverty reduction need to be rapid, inclusive and ensure access to safety nets and universal health coverage for impoverished people (Hallegatte *et al.*, 2016). Economic stability (through income and Social Protection support) is one of the key social determinants of health, and shape health outcomes (WHO, 2019a).

Social Protection facilitates the development of human capacities by providing targeted support in improving nutrition, healthcare access, education and skills development, increasing incomes, reducing poverty and inequality, and promoting social cohesion (ILO 2014, 2017; Bastagli *et al.*, 2016). According to the European Commission (2015), provision of regular CTs should be considered alongside provision of high-quality services in education, housing, healthcare, water and nutrition. This indicates that a key part of addressing socioeconomic vulnerabilities of populations is to not only tackle financial drivers of poverty, but to also address non-monetary drivers that reduce access to some of these critical infrastructures. While poverty-targeted Social Protection schemes primarily support securing income levels, these instruments can also play a role in promoting improved access to basic services, including WASH. In other words, WASH objectives can be incorporated within Social Protection systems.

Inadequate WASH infrastructure is a health hazard: Making the case for Social Protection

In the Indian Sundarbans – the largest mangrove forest in the world – inhabitants live on islands that are flooded every fortnight due to the high tides, in addition to the coastal- and cyclone-related flooding that happens every year during the monsoon and cyclone seasons. Sanitation becomes a major cause of concern during these periods of flooding, especially for women and children. The majority of households living in poverty lack adequate toilets, making it difficult for the women to practice safe sanitation, leading to unhygienic sanitation habits, and causing several types of infections and diseases among women. Given that open defecation is still practiced in parts of the Sundarbans, there are risks associated with degrading water quality and contamination. These risks have high chances of getting amplified, with particular peaks after storms/cyclones and larger flood events due to high waves and storm surges, resulting in damage to physical property and WASH infrastructure.

The vulnerable people residing on these islands are severely impacted during such events due to pre-existing poverty and marginalization, losing their livelihoods and incurring losses that further deepen their poverty levels. In response, shock-responsive Social Protection schemes could provide income support during such periods to meet health and other costs arising immediately after an extreme event. In addition, public works programmes (PWPs) could enable construction or repairs to WASH infrastructure, thereby reducing compounding health risks.

Source: Primary data collected from interviews by author in Baliara, Sundarbans, India, 2016–17.

4. Synergies between Social Protection and WASH

Social Protection objectives seek to protect people from shocks that result in increased poverty levels. Inadequate WASH infrastructure can result in major healthcare-related needs and lead to unexpected expenditure, especially in places where there are inadequate public healthcare facilities. In extreme cases, individuals who experience work-related accidents may also lose their ability to work, resulting in a need for regular and continued Social Protection support. In light of this, countries seeking to provide effective Social Protection coverage would benefit from considering the additional risks that inadequate WASH infrastructure can have on vulnerable groups and would benefit from establishing links and coordination with the WASH sector.

Social Protection and WASH interventions have common objectives, target groups, expected outcomes and relevance to the SDGs.

Common target groups: Social Protection interventions are generally targeted at key vulnerable groups including women, children and adolescents. These are also some of the core beneficiaries that WASH interventions target in order to improve their inclusion and access to WASH services.

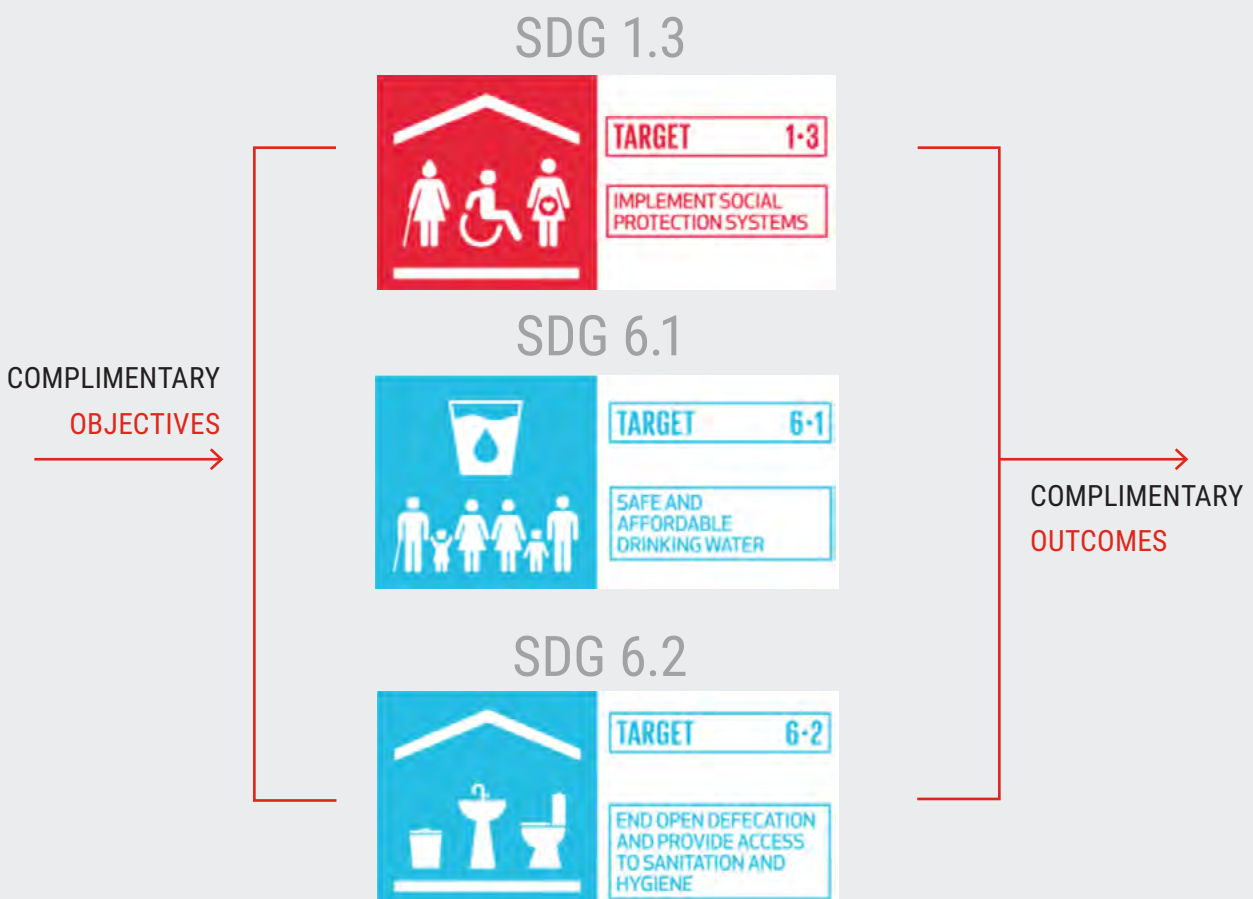
Complementary outcomes: It is expected that if current trends continue, by 2030, 1.6 billion people will be without access to clean water, 2.8 billion people will be without safe sanitation services and 1.9 billion people will be without basic handwashing facilities (UNICEF, 2021). In the absence of adequate WASH infrastructure, communities are at increased risk of disease and death, especially affecting children (Prüss-Ustün *et al.*, 2019). Healthcare that is needed to mitigate these risks costs money. Spending on health has been growing faster than global economic growth. This is especially the case in low- and middle-income countries where health spending is growing at a rate of 6 per cent annually, compared to 4 per cent in high-income countries (WHO, 2019b). According to WHO and World Bank estimates, more than half a billion people were pushed or further pushed into extreme poverty as a result of out-of-pocket expenditure for healthcare, and the COVID-19 pandemic is likely to have made the situation worse (WHO, 2019b).

Poverty and inadequate WASH infrastructure are mutually reinforcing. Inadequate WASH infrastructure can lead to disease, increases in expenses, and a reduction in working capacity, which in turn affects the level of impoverishment. Additionally, poverty can significantly reduce access to improved WASH services. As such, Social Protection and WASH interventions stand to gain much by focusing on programme outcomes that address these challenges more holistically. Reducing poverty through support from Social Protection programmes, encouraging investments in WASH services for preventing vector- and water-borne diseases, and preventing unwarranted healthcare spending can, therefore, result in dual outcomes for improved household income levels and improved access to WASH infrastructure. However, national and international efforts in achieving these complementary outcomes for all by 2030 will include encouraging changes not only at the household level, but also in schools, healthcare facilities and workplaces.

Another area where Social Protection and WASH interventions have synergy is in their role for enabling and encouraging behavioural change. Social Protection programmes, like CTs, have often been combined with behavioural change promotion activities, which have resulted in improved nutrition, health, stimulation, and child protection (Premand & Barry, 2022). Since a large aspect of WASH intervention is to promote behavioral change, Social Protection can play a role in enabling outcomes through behavioral change promotion related to WASH.

Relevance to Sustainable Development Goals:

Achieving universal Social Protection is an integral part of Agenda 2030 and, in particular, of SDG 1.3, which urges states to “implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable”. Moreover, SDGs 6.1 and 6.2 target the provision of universal access to WASH by 2030. All the SDG goals are inherently interlinked, which means that working towards one target may contribute to the achievement of others. As countries continue their efforts to achieve SDGs 1.3, 6.1 and 6.2 – by establishing comprehensive Social Protection programmes that provide adequate coverage, and investing in robust water and sanitation infrastructure – they will also reap long-term health, social and economic benefits that will help communities transition towards more resilient societies.



Infographic showing complimentary SDG targets for Social Protection and WASH

Building on the synergies identified, Table 1 shows how different Social Protection instruments can play a role in promoting WASH.

Table 1: Potential use of Social Protection instruments for promoting WASH

Non-contributory			Contributory	
Social assistance		Social care		
Cash transfers/ subsidies	Public works	Fee waivers	Family support services	Social insurance
CTs/ subsidies can be given to support building and improving WASH infrastructure at the household- or community-level. Conditional CTs can be used to promote behavioral change to encourage safe WASH practices; for example, providing cash conditional on enrolment in WASH information sessions.	CfW programmes can support building community rainwater harvesting systems, community toilets, drainage, and sewage treatment facilities. Specific activities can be activated during, prior to or after climate-related disasters.	Fee waivers can be offered to households with children affected by WASH-related illnesses. Fee waivers may be directed to increase access to water services.	Support provided on WASH awareness, with a focus on menstrual hygiene management.	Extending health insurance for informal workers affected by WASH-related illnesses, potentially with government subsidies for premium contributions; unemployment allowance for workers who have breaks in employment due to WASH-related illnesses.

5. Case studies of Social Protection schemes that have WASH components

Social Protection interventions have been incorporated into WASH programming across several countries; however, the approaches differ. In the case of the Chars Livelihood Programme (CLP) in Bangladesh, CLP provides households with access to water infrastructure and toilets to prevent open defecation and encourage safer WASH behaviours (Pinfold, 2019). In Ethiopia's conditional CT programme, the Productive Safety Net Programme (PSNP), a complementary programme called the Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer (IN-SCT) was provided to distribute behaviour change communication material on WASH, including hygiene management sessions (Gilligan *et al.*, 2020). The IN-SCT has markedly improved hygiene and sanitation behaviour among beneficiaries (Gilligan *et al.*, 2020).

There are several examples of integrating WASH practices into national Social Protection interventions (see Annex 1), additionally, there is also evidence of the role of National Red Cross and Red Crescent Societies in scaling up endeavours to address WASH in both climate- and non-climate-related disasters. The following case studies – Menstrual Hygiene Management Kits in Uganda and Kenya's Hunger Safety Net Programme – have been selected to highlight the varying degrees to which WASH can be promoted into national or temporary Social Protection programmes with the assistance of National Red Cross and Red Crescent Societies.

Menstrual Hygiene Management Kits – Uganda

Uganda is currently housing 1,470,858 refugees and asylum seekers, predominantly from South Sudan and the Democratic Republic of Congo, who are seeking shelter from humanitarian crises in their own countries (UNHCR, 2021). Almost 8 per cent of the total refugees and asylum seekers are situated in the Palorinya Refugee Settlement (UNHCR, 2021).

The Palorinya Refugee Settlement is also the temporary home to 2,221 adolescent girls aged 12–17 who are enrolled in school (URCS, 2021). However, as clean menstrual pads and absorbents are difficult to source, many girls regularly miss classes (URCS, 2021). Furthermore, purchasing sanitary pads can be costly for poor households (URCS, 2021). It is estimated that 60 per cent of girls from the refugee settlement miss almost three days of school each month, leading to poor academic performance (URCS, 2021). Additionally, 5 per cent of girls and young women in school discontinue their education due to the lack of menstrual pads and absorbents, leading to early marriages and teenage pregnancies (URCS, 2021).

To bridge this gap, the Uganda Red Cross Society worked with the German Red Cross and Swiss Red Cross to provide menstrual products to over 250 girls in the refugee settlement (URCS, 2021). The distribution of these products was done using a conditional voucher system where each beneficiary is provided with 120,000 Ugandan shilling (30.80 euro) to choose from a range of products from different local vendors for their menstrual hygiene kit, supporting the girls' dignity and choice (Matovu, 2022). Overall, the programme protects the girls from early marriage, helps them to stay in school and supports them in reaching their full potential (Matovu, 2022).



“Before I received the menstrual management kits, I suffered from periods. I used pieces of cloth cut from used fabrics. Blood at times passed through and I had a bad smell. I hid from people for fears of laughing at me which made me miss school during my menstrual days. No one was there to provide the pads to use. No soap to bathe, and used pads were hung in dirty places for fear of other people seeing them. However, the situation changed when the Red Cross came to my school with the good news of distributing menstrual hygiene kits to selected girls”.

Testimony from Fatuma, 17-year-old South Sudanese refugee in Palorinya Refugee Settlement (URCS, 2021).

Hunger Safety Net Programme – Kenya

In Kenya, the national Red Cross Society plays an important role in expanding Social Protection during climate emergencies, as well as providing infrastructural support to ensure safe WASH services (IFRC, 2021).

Kenya’s CT programme, the Hunger Safety Net Programme (HSNP), provides transfers of 5,400 Kenyan shilling (44.40 euros) bi-monthly to extremely poor households in order to reduce hunger and vulnerability (HSNP, n.d.). This programme reaches 100,000 households in four countries across northern Kenya (HSNP, n.d.). The HSNP is funded by the Kenyan Government, the UK’s Department for International Development (now part of the Foreign, Commonwealth and Development Office) and Australia’s Department of Foreign Affairs and Trade, with implementation conducted by the National Drought Management Authority under the Ministry of Devolution and Planning (HSNP, n.d.). In addition to working with these actors, the HSNP also works with the Kenya Red Cross Society (Sengupta, 2021).

The Kenya Red Cross Society works with the HSNP by supporting early actions for drought triggers (Sengupta, 2021). These include various activities such as assisting in the horizontal expansion of HSNP to cover additional households. The expansion of this programme is to assist with the procurement of food and health services, while ensuring access to basic water, hygiene and sanitation (IFRC, 2021).

In 2021, to assist with widespread droughts, the Kenya Red Cross Society conducted a gap analysis to identify populations affected by droughts that are not covered by other assistance programmes (Sengupta, 2021). Here, they identified 10,000 households that would benefit from the Kenya Red Cross Society’s WASH interventions and an additional 3,000 households to support via livelihood support interventions (Sengupta, 2021). They did so by identifying households that are not supported by the HSNP or by other humanitarian organizations and applying community-based targeting mechanisms to ensure that only the most vulnerable households are targeted (IFRC, 2021).

In addition to linking to and scaling the country's Social Protection programme, the Kenya Red Cross Society also implemented WASH interventions relating to infrastructure, including the following (IFRC, 2021):

- ongoing assessment of water infrastructure to ensure functionality
- training water management representatives in drought-affected areas
- mobilizing Kenya Red Cross Society Emergency WASH Response Units
- distributing water treatment chemicals for households
- monitoring water storage practices in households through home visits.

In addition to these examples, the role of national Red Cross Societies in linking Social Protection and WASH have been documented in other countries, including the Philippines (Sengupta, 2021). In the Philippines, the Philippine Red Cross taps into the beneficiary lists of the conditional CT scheme, the Pantawid Pamilyang Pilipino Program (4Ps) to provide coverage to households that are not generally protected by the Social Protection systems, but are at risk of climate-related emergencies such as typhoons (Sengupta, 2021). As evidenced above, there are synergies between WASH and Social Protection as well as scope for National Societies to play a role at its intersection.

6. Potential role of NS for integrating WASH and Social Protection

WASH interventions are covered under the Health and Care Framework 2030 of the International Federation of Red Cross and Red Crescent Societies (IFRC) and, as such, constitute an integral part of the support that the Red Cross Red Crescent movement provides in its countries of operation. The 192 National Societies, with support from IFRC, reach over 100 million people with quality water, sanitation, and hygiene activities. Taking a holistic approach, the Red Cross Red Crescent Movement supports this essential work by, for example, building WASH infrastructure during emergencies, improving long-term WASH services, and carrying out hygiene promotion and behaviour change activities in communities (IFRC, n.d.).

IFRC has four focus areas on WASH interventions, alongside supporting the National Societies, and these are also relevant to Social Protection programmes. National Societies can engage with Social Protection on these four WASH focus areas in the following ways, using them to ensure improved outcomes for vulnerable communities:

1. WASH in emergencies: In acute and protracted emergencies, National Societies are engaged in rapid assessments of: a) the impacts on WASH infrastructure; and b) the impacts on individuals/households in accessing WASH services. In the first case, Social Protection programmes, especially those with a public works component, could help to rebuild WASH infrastructure by supporting the rehabilitation of damaged water or sewage systems and sanitary facilities. National Societies could liaise with Social Protection actors in the aftermath of a disaster to plan activities around rebuilding WASH infrastructure by engaging beneficiaries of Public Works/CfW Programmes.

In the second case, people whose access to WASH infrastructure has been severely impacted by the emergency could be supported with unconditional CTs, enabling them to buy bottled water and medicines and improve their overall hygiene after a disaster. As National Societies are involved in providing immediate relief after a disaster (some NSs also work in anticipation of a crisis), Social Protection could be used to provide timely relief to those most in need by enabling effective targeting. For instance, Social Protection programmes often target children and the elderly, and National Societies could gain access to lists of these beneficiaries in order to target pre-registered households for the distribution of essentials like drinking water, chlorine tablets etc.

2. WASH in development: Alongside medium- to long-term WASH programmes (3–5 years), National Societies aim to develop WASH services, including improved access and behavioural change. The overall objective is to progressively embed WASH preparedness and prevention in disaster risk reduction (DRR) and climate change (CC) interventions. Over the past ten years, the Social Protection sector has been working closely with DRR and CC, giving rise to the concept of Adaptive Social Protection. Not only does Adaptive Social Protection shield people from lifecycle risks (unemployment, old age etc.), it also aims to enhance preparedness, improve coping capacity, promote adaptive actions and eventually resolve underlying vulnerability and inequality. Social Protection programmes are generally long-term in nature and are well-placed to incorporate longstanding WASH interventions. CT programmes, for instance, could incorporate regular attendance at hygiene training courses as a condition of receiving the cash. National Societies are well-placed to help Social Protection and WASH actors to identify shared goals and incorporate WASH into Social Protection interventions, by suggesting modifications to existing programme designs in order to meet both sets of objectives.

3. WASH in public health: WASH, as a core component of public health, is well-integrated into National Societies' efforts in improving community health and hygiene. Many National Societies promote menstrual hygiene management, encourage the practice of maintaining basic nutrition and hygiene standards in emergency and non-emergency settings, and offer support in raising general awareness about public health concerns related to WASH. The provision of universal health coverage is an objective under the rights-based approach to social health protection that involves ensuring financial access as well as effective access to health services (Baronetti, 2020). Extending social health protection to all members of the community is a crucial part of the social protection floor recommendations (ILO, 2017). National Societies are well-placed to work closely with national healthcare providers to identify WASH-related community health concerns and then advocate to providers of social health protection to extend coverage to these concerns, so that communities are not faced with out-of-pocket expenditure for WASH-related illnesses.

4. WASH in urban areas: Good quality water and sanitation services are still inaccessible to many people living in urban areas, especially in low- and middle-income countries. The urban poor are highly vulnerable and face a higher rate of morbidity and mortality due to inadequate access to safe, clean water and sanitation. The supply of regular and affordable water as well as hygienic and secure sanitation facilities is central to WASH efforts by National Societies in urban settings. Social Protection programmes could target the urban poor and vulnerable who have limited access to WASH facilities through CTs, Public Works Programmes or Active Labour Market Policies that aim to (re)engage workers in the labour market. Such interventions can increase their incomes in a way that allows them to use their expendable cash to improve WASH facilities at the household level (e.g., by installing low-cost water purification systems); to afford and access paid-for WASH services during emergencies, if needed; and to afford healthcare services in case of WASH-related illnesses. National Societies could play a crucial role here, identifying households in need of this support; helping with beneficiaries' registration and verification as well as in the implementation of the programme; and, eventually, monitoring the outcomes and collecting evidence on the benefits of these interventions.

7. Moving forward

Over the last decade, the need for WASH interventions has been clear. The role of National Societies in delivering these interventions means they are now viewed as strong local actors in WASH. At the same time, National Societies are involved in supporting more and more Social Protection interventions, as national Governments and donors seek to provide for vulnerable groups facing compounding crises. As evidenced in the Uganda and Kenya case studies in this brief, National Societies can provide further help by working towards the shared objectives of Social Protection and WASH interventions simultaneously. To complement the work that is already being done, National Societies could consider the following joint actions in WASH and Social Protection (IFRC, 2021b):

1. **Exploring any existing relationships with Social Protection actors in their operating countries.** National Societies could rekindle existing relationships or open new dialogue with relevant ministries and agencies – such as in social welfare, development or disaster management – to understand current policies, identify gaps at the intersection of WASH and Social Protection, and agree how National Societies can help to strengthen regional coordination in both of these areas.
2. **Identifying opportunities to work with international and national non-governmental organizations (I/NGOs) that work in Social Protection.** National Societies could see if there are possibilities to merge objectives and expected outcomes of their ongoing WASH projects with I/NGOs working on different Social Protection interventions, while avoiding duplication.
3. **Conducting an internal assessment to understand WASH readiness.** National Societies could review their plans to respond to climate-related and non-climate related emergencies and explore whether existing Social Protection programmes can help to address WASH needs during an emergency.
4. **Organizing an assessment of ongoing projects.** National Societies already engaged in Social Protection interventions could see whether programming or communication on WASH can be integrated into those interventions.
5. **Participating in meetings of the Informal Working Group on Social Protection and Climate led by the Red Cross Red Crescent Climate Centre.** National Societies could join the Working Group to increase their understanding of the topic and learn from the experiences of other National Societies. For further details, please contact: sengupta@climatecentre.org.

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Annex 1: Table showing country examples of Social Protection programmes that integrate WASH objectives

Country	Implementors	Description	Impacts & takeaways
<p>The Philippines’ Pantawid Pamilyang Pilipino Program (4P) (Orbeta et al. 2021; Roelen & Rodriguez, 2022)</p>	<p>National Government Department of Social Welfare and Development Personnel from community health facilities</p>	<p>4P provides conditional cash transfers to poor households to address immediate needs and invest in human capital through health and education</p> <p>Conditionalities:</p> <ul style="list-style-type: none"> regular maternal and child health check-ups enrolment and attendance for schoolchildren participation in Family Development Sessions (FDS). <p>FDS are seminars on familial and community development with supplementary modules on WASH and a specific module on WASH for early childhood development.</p>	<p>Supplementary modules are delivered on an as-needed basis based on stakeholder consultations, and content can be adapted to specific needs of the community; for example, incorporating information on water supply and dengue prevention during the wet season.</p> <p>The FDS can act as an environment to increase knowledge, address attitudinal barriers and improve overall WASH practices.</p>
<p>Mexico’s PROGRESA (discontinued) (Lowe et al. 2019)</p>	<p>Ministry of Social Development</p>	<p>PROGRESA provides conditional cash transfers to poor households provided they meet educational and health conditions, including regular attendance of children at school and regular visits to health centres.</p> <p>As part of this programme, beneficiaries attend workshops on safe water storage and treatment that participants find helpful and informative.</p>	<p>The complementary WASH workshops were found to be helpful. However, there is a caveat in that the information provided should not be difficult to implement or put a heavy burden on the beneficiaries or else its implementation will be weak. As such, programmes should be mindful to provide guidance and material that is practicable and easy to implement by participants.</p> <p>The targeting process of this programme assesses household access to water and toilets with running water as used as a proxy socioeconomic indicator.</p> <p>PROGRESA provides evidence for complementing Social Protection programmes with additional WASH materials.</p>
<p>Rwanda’s Sugira Muryango (Jensen et al. 2021; Betancourt, 2022)</p>	<p>Rwanda National Commission for Children FXB Rwanda University of Rwanda Rwanda National Child Development Agency</p>	<p>A poverty-targeted programme linked to the country’s Social Protection system that uses home visits by health service workers to improve early childhood development (ECD), increase father–child engagement and reduce domestic violence.</p> <p>To be eligible, applicants must be considered vulnerable with children aged 1–36 months. In addition to providing information on resilience building, responsive parenting and conflict resolution, health workers provide coaching on nutrition, health and hygiene.</p>	<p>Sugira Muryango demonstrates observable and immediate outcomes in dietary diversity, hygiene and healthcare use among beneficiaries of this programme.</p> <p>Researchers find that ECD can be accelerated when combined with other Social Protection programmes such as child grants, food programmes and other WASH programmes.</p>

Country	Implementors	Description	Impacts & takeaways
<p>Bangladesh’s Chars Livelihood Programme (CLP) (Lowe <i>et al.</i>, 2019)</p>	<p>Funded by the UK’s Department for International Development (now part of the Foreign, Commonwealth and Development Office) and Australia’s Department of Foreign Affairs and Trade Government of Bangladesh’s Ministry of Local Government, Rural Development and Cooperatives Rural Development and Cooperatives Division</p>	<p>CLP provides asset transfers and supplementary interventions to identified poor women – including access to water infrastructure and latrines – producing positive WASH outcomes.</p> <p>In the marginalized island communities in north-western Bangladesh resilience-building through the CLP includes:</p> <ul style="list-style-type: none"> ▪ building flood-resistance sanitation infrastructure ▪ asset transfers for income diversification ▪ disaster response relief ▪ creating support groups 	<p>In addition to improving the income of beneficiaries, outcomes include improved WASH practices and increased resilience to floods.</p> <p>Women demonstrated increased resilience to disasters in comparison to men, specifically in their understanding of disaster preparedness and response practices.</p> <p>A marked feature of the CLP is the involvement of women in the programme design. For example, beneficiaries felt asset transfers were restricting because male members of their households pressured them about how they should use their funds. In response, programme staff accompanied participants and their husbands to the market to support the beneficiary.</p>
<p>Bangladesh’s Urban WASH programming in megacities (Pinfold, 2019)</p>	<p>UNICEF Bangladesh Dhaka Water and Sewerage Authority Local NGOs</p>	<p>This programme delivers WASH services to low-income communities within Dhaka, Bangladesh.</p> <p>At inception, the programme focused on getting beneficiaries access to affordable water; however, it has grown to provide other WASH components such as hygiene promotion, development of sanitation facilities and management of faecal sludge and solid waste.</p> <p>UNICEF holds hygiene promotion workshops where it nudges behavioural change by providing information on handwashing, toilet maintenance, sanitary water handling, and menstrual hygiene practices.</p>	<p>In 2012–2017, UNICEF has provided 414 communal latrines in the low-income communities and reached over 150,000 residents through hygiene promotion measures.</p> <p>UNICEF found that there is a governmental hesitancy when addressing the needs of low-income communities and squatter settlements in a manner that institutionalizes the informal settlements – in this case by setting up legal water connections because it acts to formalize these communities.</p>

Country	Implementors	Description	Impacts & takeaways
<p>Haiti's Chemen Lavi Miyo (CLM) (Roelen & Rodriguez, 2022)</p>	<p>Fonkoze Zanmi Lasante</p>	<p>This programme provides support to extremely poor women for 18 months to improve wellbeing and livelihoods. Women are targeted through social mapping and participatory ranking of the poorest.</p> <p>Benefits include:</p> <ol style="list-style-type: none"> 1. weekly stipends of 350 Haitian gourde (2.78 euros) for the first 6 months 2. asset transfers of goats or pigs 3. links to a village savings and lending association 4. home visits by case workers with WASH messaging; in-kind support of material to build pit toilets, water filters, and access to health clinics <p>During home visits, messaging around nutritious food, accessing clean drinking water, and sanitation and hygiene are discussed.</p>	<p>Participation within CLM was associated with increased access and use of latrine facilities by all members of the household.</p> <p>Changes in access and use of clean drinking water were not statistically significant as spring water continued to be widely used.</p> <p>The relationship between women's empowerment and WASH were highlighted in this programme. Targeting women leveraged their role as caregivers; however, it led to increased responsibilities on women, especially in unpaid care work.</p>