



Humanitarian Innovation and Evidence Programme

Annexes 1–7

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Submitted by Itad

Contents

Annex 1: Terms of reference	1
Annex 2: Case studies 1–8	12
Annex 3: HIEP interviews	148
Annex 4: Documents reviewed	160
Annex 5: Methodology, matrix and tools	173
Annex 5.1: Methodology details and evaluation matrix	175
Annex 5.2: Additional tools and templates for evaluation analysis	195
Annex 6: Composition of the Humanitarian Innovation and Evidence Programme	215
Annex 7: Analysis of the HIEP theory of change	219

Annex 1: Terms of Reference



Volume 2 Terms of Reference

Evaluation of the Humanitarian Innovation and Evidence Strategy

Closing Date for Tenders: 18 March 2013 14:00 Hours

Terms of Reference

Evaluation of the Humanitarian Innovation and Evidence Strategy

Summary: DFID seeks a team of evaluators that includes experience in evaluating (i) research impact and (ii) humanitarian aid to undertake an innovative evaluation of DFID's Humanitarian Innovation and Evidence (HIE) Strategy, over the five-year period 2012–17. The HIE programme involves at least 17 individual projects, with anticipated expenditure of approx. £43m over 2012–15 – the intention is to undertake evaluation within a single framework.

1 Background

DFID is commissioning an innovative evaluation of the design, process, outcomes and impact (or trajectory towards impact) of the Humanitarian Innovation and Evidence Strategy (HIE). The programme is a joint initiative between DFID's policy, operations and research departments that aims to improve humanitarian outcomes by:

- Increasing the quality, quantity and use of evidence in decision making
- Catalysing and bringing to scale major innovations in humanitarian practice

DFID sees higher quality evidence and practical innovation as a critical contribution to international development. Investment in research and innovation is seen as a global public good, addressing market failures that exist in relation to research to better address the problems of poor people living in developing countries.

Until recently, DFID's considerable investment in development research and research uptake did not include significant or strategic investment in work relating to humanitarian action. It was not until 2011 that Research and Evidence Division made its first, modest investment by establishing the Humanitarian Innovation Fund, managed by ELRHA (£900,000 over two years).¹ DFID has, however, supported operational research in this area, both through the Conflict and Humanitarian Fund, which closed in 2006, and through DFID operational teams in-country.

Overall, DFID's approach to funding research and innovation in the humanitarian sector to date has been relatively *ad hoc* (compared to similar funding for development). It has, however, yielded some important results.

1.1 Humanitarian emergency response review

The Humanitarian Emergency Response Review (HERR) was an independent review of the UK's humanitarian work and called for a transformation in the way DFID and the wider global community approached the humanitarian agenda. The Government's response to the HERR (June 2011) accepted almost all of its recommendations, including those on research and innovation.²

The HERR consistently emphasised the need to improve the evidence base underpinning humanitarian action and to support innovation. The HERR described the mismatch between the strong need for innovation and the slow pace of change within the humanitarian system, and pointed to "...an urgent need to leverage appropriate forms of science, research, technology and private sector knowledge to support humanitarian innovation".³ Delivering each of the main elements of the HERR will require better understanding of existing knowledge, the generation of

¹ ELRHA is the Enhanced Learning and Research for Humanitarian Assistance. See <http://www.humanitarianinnovation.org/> for further details of the Humanitarian Innovation Fund.

² Humanitarian Emergency Response Review: UK Government Response (2011)

³ See Humanitarian Emergency Response Review, page 23.

new evidence to answer emerging questions, and the ability to find new solutions to old as well as emerging problems.

As part of its response to the HERR, the Coalition Government agreed to include humanitarian issues as a **core part of DFID's research and evidence work**, and to use innovative techniques and technologies in its humanitarian response. The Secretary of State approved a new strategy to support humanitarian evidence and innovation in December 2011.⁴

Specific policy commitments relevant for this strategy include:

- Make humanitarian research and innovation a core part of DFID research and evidence work.
- Use innovative techniques and technologies more routinely in humanitarian response (for instance, cash transfers).⁵

The strategy is set against the context of DFID's commitment to go beyond a focus on responding to crises, and to invest in approaches that promote **resilience**. A core part of the strategy is to work with policymakers and practitioners to deepen their understanding of the concept and application of resilience, particularly in fragile and conflict-affected situations.

1.2 Humanitarian innovation and evidence strategy

The architecture for prioritising research into disaster risk and humanitarian action is at a nascent stage. The quality of the humanitarian evidence base is uneven across the sector. Considerable investment in the hard science of climate modelling and of seismology has not been matched by investment in analysis of the social and economic losses associated with major physical hazards.⁶ Equally, there is a much stronger evidence base relating to health and nutrition in emergencies, than in relation to protection.⁷

With these considerations in mind, a cross-DFID team, working with an international peer review group, and in consultation with a wide group of stakeholders developed a strategy to guide DFID's investment in this area.

The technical group prioritised four areas for investment for DFID's research and innovation work. These form the core of the HIE design:

- **Pillar 1: Providing better information about risk, especially as it affects the poorest.** Without good information about risk, decision makers (national and local governments and individuals) find it difficult to anticipate crises, lack incentives to prioritise investment in resilience and to target risk-reduction efforts effectively.

⁴ Promoting innovation and evidence-based approaches to building resilience and responding to humanitarian crises: a DFID Strategy Paper (2012)

⁵ A third recommendation of the review was to: Improve our use of science in both predicting and preparing for disasters, drawing on the Chief Scientific Advisors' network across government. Ensure scientific data on disaster risks is used to inform and prioritise country and regional level work on resilience. "This work is being taken forward separately by the Government Office of Science, in close collaboration with DFID.

⁶ Few R and J Barclay (2011) 'Societal impacts of natural hazards: a review of international research funding', report for the UK Collaborative on Development Science, University of East Anglia.

⁷ For example, it is notable that initiatives such as Evidence Aid, a spin off from the Cochrane Collaboration has been able to develop a strong library of systematic reviews relating to health. There are few similar publications relating to protection, where the primary evidence base that has tested 'what works' is much more limited. See Evidence Aid at:

http://www.google.co.uk/url?q=http://www.cochrane.org/evidenceaid&sa=U&ei=IleqT4miC_DT4QSAvtCRDg&ved=0CBMQFjAA&usg=AFQjCNFwQp4FcCex1EOvle4SMLMO_mXNBQ

The Humanitarian Practice Network's Good Practice Reviews are another strong mechanism through which existing evidence is reviewed and negotiated and complement agency specific guidelines. See

http://www.google.co.uk/url?q=http://www.cochrane.org/evidenceaid&sa=U&ei=IleqT4miC_DT4QSAvtCRDg&ved=0CBMQFjAA&usg=AFQjCNFwQp4FcCex1EOvle4SMLMO_mXNBQ

- **Pillar 2: Identifying which humanitarian interventions work best, and finding new ways of tackling humanitarian problems.** To use resources effectively decision makers need evidence about which interventions work best and to be able to identify and test new approaches.
- **Pillar 3:** How best to work with national and local institutions to prevent, anticipate and respond to disasters, including in the most insecure environments.
- **Pillar 4: Ensuring that evidence is available and used to inform decision-making** Investment is required in systems and products to track results and deepen accountability, particularly to disaster-affected communities.

In delivering this work, the intention is to develop an integrated approach that combines (i) investments in basic and operational research with (ii) support to initiatives that develop, test and bring to scale practical innovations, and (iii) investment to support the translation of evidence into improved practice within DFID and more broadly.

In an innovative arrangement which will speed integration of research findings and embed evidence and research into the operations and policy respective departments, this programme of work is being delivered through a virtual team of staff drawn from across DFID. Its management and governance reflects a collaboration between the Research and Evidence Division (RED) and Conflict, Humanitarian and Security Department (CHASE) (the policy lead) and Africa Regional Department (ARD) (the major investor in humanitarian work within DFID).

2. Purpose, objectives and scope of the evaluation

The Humanitarian Innovation and Evidence strategy is a key component of the UK Government's response to the requirements of the 2011 *Humanitarian Emergency Response Review*.⁸ This important and innovative evaluation will therefore have a critical role in both (i) reviewing and improving performance / delivery and design within the first three years of programme delivery, and (ii) in assessing the extent to which the programme has achieved its core objectives.

The **key purpose** of the evaluation is to:

- Assess the delivery of the HIE strategy, to ascertain to what extent the Department has fulfilled the Government's commitment in the HERR Response, and the outcomes and impact⁹ of the strategy, on DFID's own practice, and more broadly.

The **target audience(s)** of the evaluation will be:

Formative phase:

- The virtual team responsible for the delivery of the strategy to facilitate change to delivery as appropriate. Utilisation of the preliminary findings will be important.
- DFID's Research and Evidence Division (RED) and Conflict, Humanitarian and Security Department (CHASE).

Final report:

- The final report will be a public good, providing high-quality findings for the wider humanitarian community, including research institutions and partner organisations.
- It will provide evidence on accountability for external scrutiny, for example the Independent Commission for Aid Impact (ICAI).

⁸ See: *Humanitarian Emergency Response Review*: UK Government Response (2011)

⁹ Possibly the trajectory towards expected impact, if there is delay in research uptake. The concept of evaluation of 'impact' should be fully-developed in the design of the evaluation.

3. Evaluation questions and methodology

Due to the large scale of the investment, the Programme's ambitious objectives and innovative nature, it is important that DFID is able to understand the progress and impacts of the programme *as a whole* across the lifespan of the initiative. Refining the design of the evaluation will be an important element of the Inception Phase. The programme will be delivered as at least 17 projects. The evaluators will be expected to undertake an 'overview' assessment of all projects and outputs commissioned under the Programme as well as DFID's internal management arrangements, but not to evaluate each element in detail.

The evaluation design should include development of the existing theory of change (results chain) in the strategy and business case into a fuller theory of change, to provide a holistic view of the overall portfolio, allowing consideration of how the different elements of work complement one another and where the strengths of the portfolio lie, or where change might be required. This should be used to refine the strategy's logframe, and establish a reporting framework for individual projects towards the outputs and outcomes in the revised logframe.¹⁰ Different projects may be selected for more intensive evaluation.

The evaluation is divided into four phases.

1. 0–3 months: **Inception phase:** development of the evaluation strategy, including finalisation of the Theory of Change, finalisation of the logframe and project reporting framework, design of an Evaluation Framework against the 4 pillars and selection of individual components for specific study.¹¹
2. 3–15 months: **Formative phase:** Assessment of relevance of portfolio and efficiency and effectiveness of delivery. This stage focuses on the commissioning process and whether it is able to produce robust and timely outputs that address the HERR commitments and are relevant to users. Additionally, this stage will assess the ability of management systems to facilitate uptake of evidence in DFID and to diffuse learning through its partnerships and operational work.
3. 15–30 months: Assessment of **short-term outcomes** delivered by the programme and reflection on the programme management process.
4. 30–60 months (2.5–5 years): **Summative evaluation:** Assessment of medium-term outcomes and sustainability of programme after completion. Assessment of trajectory towards impact-level indicators and the degree to which these are attributable to DFID's work.

Methodology: The evaluation should take a strategic approach that aims to review the implementation of the overall strategy rather than evaluating each component of the programme separately. During the formative phase, the evaluators will be expected to adopt a user-driven approach to the development of an evaluation strategy that will guide the work over its life cycle.

Proposals should set out an approach and methodology for gathering and analysing data. This is likely to include a series of 'impact-oriented case studies', e.g. tracking when and how research findings have influenced policymakers, or adoption of an innovation. We envisage that 8 to 12 such studies will be appropriately selected against the four pillars. However, alternative approaches and designs may be offered. The studies should be developed in accordance with the best practice agreed within Research and Evidence Division.

¹⁰ This should be in line with standard DFID logframe, Annual Review and Project Competition Report templates. These will be provided by the HIE Secretariat.

¹¹ Each of the commissioned projects will develop its own strategy for generating evidence of impact. Each will also be aware that it may be required to submit to external evaluation.

The nature of the **evaluation questions** will evolve over time and will be refined through the development of the evaluation strategy. They should refer explicitly to the Development Assistance Committee (DAC) evaluation criteria, and are likely to include:

1. Is/was the design, focus and sequencing of programme activities appropriate to meet core objectives including fulfilling commitments of the HERR response, complementing DFID's humanitarian policy and providing new tools to the humanitarian community? (**Relevance**)
2. Have high-quality researchers from a variety of relevant partners (both well-established and newer entrants) been commissioned? Are they engaging appropriately with stakeholders and are outputs meeting quality standards that ensure the programme stays on track to meet intended goals? (**Effectiveness**)
3. Has DFID's management and implementation of the programme been efficient, achieving high impact work at the lowest possible cost, in line with DFID's guidance on Value for money (VfM)? (**Efficiency/VfM**)
4. What impact is the programme set to deliver and is the trajectory towards impact appropriate? What mid-term indicators of impact can be observed and are there any barriers to impact or unintended consequences? (**Impact**)

Gender and other excluded groups: The evaluation must draw on DFID's gender policy and include review of the programme's gender dimensions and impacts, gathering gender-disaggregated data where possible. Where relevant, the evaluation should also examine the inclusion or otherwise of other potentially excluded groups, for example, the elderly, disabled and different ethnic/religious groups.

Sequencing: The evaluation will be conducted in the following steps:

3.1 Inception/design phase – 0–3 months

The evaluators will develop the evaluation design, setting out clearly the strategic approach and evaluation framework. This should be based on a theory of change and revised logframe, and will include the short and medium-term outcomes. The design should show clearly how the evaluation will assess the HIE portfolio's trajectory towards impact. The evaluation design must focus on assessing the quality and rigour of research outputs, as well as their relevance to intended users.

Evaluators will also carry out an **evaluability assessment** that aims to refine elements of the strategy to ensure that the programme can be effectively and credibly evaluated.

The inception phase must include:

- Workshops with key stakeholders to refine the **theory of change** underpinning the programme. Based on the refined theory of change, the evaluating team will revise the logframe and establishing a reporting framework so that projects can report against outputs and outcomes in the logframe. The evaluators will deliver a concise report and agree the refined theory of change and logframe with the Secretariat.
- Refinement of the **evaluation methodology** in consultation with key stakeholders, including refinement of evaluation questions. The evaluators will produce a short design report (max. 10 pages) outlining the agreed approach, evaluation framework, methods, sampling, timing, roles and responsibilities and setting out clearly how the evaluation team will report to and engage with the responsible officer within the secretariat.
- Production of a **communications plan** that will detail how evaluation outputs will be effectively disseminated to the intended audience.

The evaluation will proceed to implementation only on acceptance of a quality assured and approved evaluation design. The draft inception and design report will be **quality assured externally**

as well as by the steering group, and the evaluation team will be required to respond appropriately to comments.

The stakeholders with whom the evaluators should engage with while designing the evaluation framework include:

- The Secretariat responsible for delivery of the strategy.
- Project responsible officers in CHASE, RED and ARD for each individual element of the portfolio.
- Staff within implementing partner organisations.
- Potential users of the research in the humanitarian community including DFID country offices and senior management, other donors and practitioner agencies, partner country governments, researchers in this area, UN clusters.

3.2 Formative phase: Assessment of relevance of portfolio outputs and efficiency and effectiveness of delivery, 3-15 months.

This phase has two main focuses:

- Determine whether the programme's projected outputs and outcomes are likely to fulfil the commitments made in the HERR response and are of relevance to projected users.
- Assess the efficiency and effectiveness of programme delivery through DFID's internal management systems, and the extent to which these systems facilitate uptake of evidence and diffusion of innovation.

The evaluation will follow the design agreed in the Inception Report. At this stage, it is *suggested* that, as part of the evaluation, the evaluating team should review all projects that fall within the portfolio, and select between 8 and 12 projects of the total of 17 for more detailed follow-up. These projects should be spread evenly across the four pillars (e.g. 2 or 3 from each pillar), and the team should track the activities and anticipated outcomes more rigorously than those of the remaining components. Proposals should present a methodology for conducting and analysing these impact-oriented case studies.

The team should also focus on assessing the delivery of the programme. The programme aims to engage traditional and non-traditional partners in the development of innovation and production of evidence. During this phase, the evaluators should assess the extent to which this has been successful, and whether these partnerships are on track to deliver robust outputs within specified time frames.

Additionally, evaluators should review the unique in-house management mechanism used to deliver this programme and identify the lessons of this approach for DFID. The ability of DFID's management systems to facilitate research uptake and diffusion of innovation both internally and to the wider humanitarian community should also be examined.

Evaluators will produce a **First (Interim) Report** at the end of this phase that includes a set of actionable recommendations that allow programme management to make mid-term adjustments to the programme as necessary to ensure fulfilment of the HERR commitments.

3.3 Assessment of short-term outcomes delivered by the programme and reflection on the programme management process. Timeframe 15–30 months

This phase of the evaluation has the following focuses:

- Assess the degree to which the projected outputs have been met and the quality of these outputs
- Track intermediate or short-term programme outcomes that provide a good indication of trajectory towards impact.

This phase should review the programme outputs to assess whether they are robust and relevant to users. It should then track the transformation of these outputs into outcomes, assessing what level of uptake programme outputs are experiencing at country office, country government and partner institutions level, as well as within DFID itself. This phase should also assess the quality of the innovations funded by the programme and the likelihood of further diffusion of the innovations throughout the humanitarian community.

Evaluators will produce a **Second Report** at the end of this phase that includes consideration of cross-cutting programme issues such as gender mainstreaming. This will be publicly available. Evaluators must also produce an assessment of the value for money of the programme as a whole, in accordance with DFID's guidance on the '3Es' approach to measuring value for money.

3.4 Summative evaluation: Assessment of the intermediate outcomes and impact of the programme— 2.5–5 years

Research impact is often not seen for many years. This final phase of the evaluation will identify those mid-term outcomes that can be seen emerging up to five years after the start of the programme. This phase should examine the programme's trajectory towards impact and analyse the barriers and facilitators of impact. As specified in the initial design, the evaluators should focus on the degree to which outcomes and impacts can be **attributed to DFID-funded research**, detailing other factors that may also have influenced outcomes and impacts.

The evaluators will produce a **Final Evaluation Report** at the end of this phase that incorporates elements of all four phases of the evaluation. The final draft report will be **quality assured** by an independent panel and the evaluating team will be required to respond appropriately to comments before approval of the Report.

All outputs will be quality assured, must be of publishable standard and written in plain English. Evaluation recommendations must be clear and actionable; and must be substantiated with evidence.

4. Governance arrangements

Overall, within DFID, responsibility for delivering the Humanitarian Innovation and Evidence strategy rests with a Management Committee (chaired by the DFID Chief Scientist). The evaluation will ultimately report to this group.

A secretariat led by the Humanitarian Head of Profession is responsible at official level for delivery of the Strategy, including ensuring that a robust monitoring and evaluation framework is in place. S/he is responsible for ensuring timely commissioning of the study.

A **steering group** will be formed including representatives from RED, ARD, CHASE and chaired by a representative of Evaluation Department (EvD). The group's role will be finalised in specific Terms of Reference, but will include the following:

- Agree final terms of reference
- Manage the commissioning and management of the evaluation
- Provide internal quality assurance of the evaluation process and outputs
- Commission external quality assurance of relevant drafts
- Approve final drafts at each stage of the evaluation
- Commission a management response on completion of the evaluation

An external representative will be appointed to the group. This might include an external peer reviewer commissioned as part of the contract or a relevant official from another donor organisation might be invited to play this role.

5. Existing information sources

The following documents give an essential understanding of the commitments and policies against which the evaluation will assess the programme.

Humanitarian Emergency Response Review, March 2011. Available at:

<http://www.dfid.gov.uk/Documents/publications1/HERR.pdf>

Humanitarian Emergency Response Review: UK Government Response, Department for International Development, June 2011. Available at: <http://www.dfid.gov.uk/Documents/publications1/hum-emer-resp-rev-uk-gvmt-resp.pdf>

Promoting innovation and evidence-based approaches to building resilience and responding to humanitarian crises: A DFID Strategy Paper, Department for International Development, February 2012. Available at: <http://www.dfid.gov.uk/Documents/publications1/prom-innov-evi-bas-appr-build-res-resp-hum-cris.pdf>

Amalgamated HIE business case (not yet published, attached Annex 1 as a separate document).

Amalgamated HIE logframe (not yet published, attached Annex 2 as a separate document).

6. Skills and qualifications

DFID is looking for a multi-disciplinary team, which combines knowledge of evaluating the impact of research and innovation processes, with some humanitarian knowledge and expertise. It is expected that the team will include the following skills.

- Evaluation of research impact
- Humanitarian aid and the humanitarian architecture
- Evaluation methodologies (quantitative and qualitative)
- Institutions and organisational processes
- Research and/or Evaluation uptake / utilisation
- Knowledge of the international humanitarian system

The team leader would be responsible for overseeing the evaluation, and must be able to demonstrate the following expertise:

- Proven ability to design and deliver high-quality evaluations on complex issues on time and on budget
- Excellent knowledge of qualitative and quantitative evaluation methods, including of user-driven evaluations
- Exemplary writing and presentational skills
- Strong inter-personal and negotiation skills

Desirable areas of expertise include:

- Gender
- Capacity building

7. Ethics

The evaluators will be expected to comply with the appropriate Ethical Guidelines. The study will also want to ensure that the appropriate ethical guidelines have been developed and observed in the implementation of the programme. This will be particularly important in those areas where the well-being of human subjects might be directly affected by different research studies.

8. Outputs

Output	Deadline
Inception report including: <ul style="list-style-type: none"> ▪ Elaborated ToC, logframe and project reporting framework ▪ Design report including: <ul style="list-style-type: none"> ○ Detailed methodology for the main evaluation process, including selection criteria for case studies; methodological approach 	3 months after study begins
Communications plan	3 months after study begins
First Report including actionable recommendations	15 months after study begins
Second Report including actionable recommendations	2.5 years after study begins
Final Evaluation Report	2 years after strategy ends (5 years after it and the evaluation begins)

Consultation process: All outputs will be quality assured by the steering group and/or an independent panel. The quality assurance body will provide comments on the output within four weeks of submission. The evaluating team will then be required to respond appropriately to comments within 2 weeks of receiving the reviewers' observations.

In the event that there is a dispute between the evaluation team and DFID, this will be addressed by:

- I. A meeting between first the steering group and the evaluation team. If this does not resolve the dispute, this it will be referred to the management committee, and subsequently to the Head of EvD.
- II. If this does not address the concerns, then DFID will publish the report but with an annex articulating those areas of dispute for reference.

Outputs must comply with DFID's ethical guidance, be of publishable standard and be written in plain English.

The report will be available through DFID's website.

9. Reporting and contracting arrangements

Milestone	Payment %
Signature of contract (mobilisation fee)	10%
Inception report and communication plan	10% (3months)
Financial & Narrative Report	10% (1 year)
First Report including actionable recommendations	15% (15 months)
Financial & Narrative Report	10% (2 years)
Second Report including actionable recommendations	15% (2.5 years)
Financial & Narrative Report	10% (3.5 Years)
Final Evaluation Report	20% (5+years)

10. Budget/costings

Teams should use a benchmark of 10 impact-oriented case studies within the wider evaluation methodology for costing purposes.

11. Risks

The evaluation of research and innovation remains in its infancy, presenting a number of significant challenges to undertaking work in this area. These include:

- Difficulty in specifying indicators that provide for accurate measurement of outcome and impact in ways that are not overly onerous to evidence;
- Complexity of aggregating data and reports from multiple projects in a meaningful way;
- The challenge of time, given the need for timely information regarding the delivery of the programme, balanced against the need to take a long time frame in order to monitor outcomes.

These are complex issues, and to a degree the evaluation process itself will be an innovation, and therefore inherently risky. This places the burden on the steering group to be alert to these risks and manage them. Key priorities in risk management will be:

- Actively learning from other related studies undertaken by DFID and others (including major partners such as ESRC);
- Careful selection of the evaluation team to ensure that it is able to deliver complex outcomes in a timely and efficient manner.

Other key risks include:

- The virtual team and partners not making sufficient time available to support the evaluation. This will be mitigated by ensuring that strong monitoring and evaluation remains a priority of the Management Committee. The Committee will use its leverage to ensure that DFID staff and others comply with the requirements of the evaluation process, and that the design of the evaluation is fit for purpose.

12. Duty of care

The inception phase of the project will not require any in-county travel. An assessment of the Duty of Care capability and competence of the supplier, and the nature of in-county travel during the implementation phase, will be determined at the end of the inception phase.

13. Instructions for submitting a tender

Instructions for submitting a tender for the evaluation set out in this Terms of Reference can be found in *DFID Invitation to Tender Instructions (Call-down Competition)* attached in Volume 1 of the Invitation to Tender. Tenders will be scored using the Scoring Methodology (section 31) and Evaluation Criteria (section 32) set out in Volume 1.

If the scoring differential between the two top tender scores is small DFID may invite the two tenderers in question to make a short presentation followed by questions and answers. A final decision will be made by the HIE tender selection panel based on both the tender and presentation. Using the criteria set out in Volume 1, the panel will re-assess scores following the presentation/interview in order to come to a final decision. No additional criterion for the presentation/interview will be created.

Annexes:

Annex 1: Amalgamated HIE Business Case (separate document). The amalgamated business case includes a provisional Theory of Change.

Annex 2: Amalgamated provisional HIE logframe (separate document).

Annex 2: Case studies 1–8

Contents

Case study 1: Scaling up Innovation in Disaster Risk Management in Pakistan	15
Case study 2: Expanding the use of cash transfers in an emergency response	28
Case Study 3: Research for Health in Humanitarian Crises (R2HC)	42
Case study 4: Humanitarian Evidence Synthesis and Communication	64
Case study 5: Humanitarian Innovation Fund (HIF)	77
Case study 6: Secure Access in Volatile Environments (SAVE)	104
Case study 7: Capacity building, DRM	120
Case study 8: Building resilience and managing risk in fragile and conflict-affected states	131

Acronyms

AAP	Accountability to Affected People
ACF	Action Contre Faim
ADRRN	Asia Disaster Risk Reduction Network
AG	Advisory Group
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
AKLDP	Agriculture Knowledge, Learning, Documentation and Policy Project
ARD	Africa Regional Department
BRCS	British Red Cross Society
CaLP	Cash Learning Partnership
CB	Capacity building
CHASE	Conflict, Humanitarian and Security
CPMIS	Child Protection Information Management System
DFID	Department for International Development
DRC	Democratic Republic of Congo
DRM	Disaster risk management
ESRC	Economic and Social Research Council
FDPC	Forced Displacement in Protracted Crises
GAHI	Global Alliance for Humanitarian Innovation
GASi	Gender and social inclusion
GBV	Gender-based violence
GCRF	Global Challenges Research Fund
GPPI	Global Public Policy Institution
HDX	Humanitarian Data Exchange Project
HERR	Humanitarian Emergency Response Review
HESC	Humanitarian Evidence Synthesis and Communication
HIEP	Humanitarian Innovation and Evidence Programme
HIES	Humanitarian Innovation and Evidence Strategy
HIF	Humanitarian Innovation Fund
HRI	Humanitarian Research and Innovation
HRIT	Humanitarian Research and Innovation Team
IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
IDA	International Development Association
IFRC	International Federation of Red Cross and Red Crescent Societies

IRC	International Rescue Committee
M&E	Monitoring and evaluation
MAINTAINS	Maintaining essential services after natural disasters
MEAL	Monitoring, Evaluation, Accountability and Learning
MC	Management Committee
MHPSS	mental health and psychosocial support
MYF	Multi-year financing
NDMA	National Disaster Management Authority
OCHA	Office for the Coordination of Humanitarian Affairs
OPM	Oxford Policy Management
PHAP	Professionals in Humanitarian Assistance and Protection
PI	Principal Investigator
QA	Quality assurance
RCS	Red Cross/Crescent Society
RCT	Randomised Control Trial
RED	Research and Evidence Division
REFANI	Research on Food Assistance for Nutritional Impact
SAVE	Secure Access in Volatile Environments
SDA	Social Development Adviser
SIDA	Swedish International Development Cooperation Agency
SPHERE	Humanitarian Charter and Minimum Standards in Humanitarian Response
SRPS	Shock-responsive social protection systems
SSUC	South Sudan Urban Water Corporation
START	A network of 42 international and national aid agencies
ToC	Theory of change
TPM	Third-party monitoring
UASC	Unaccompanied Asylum-Seeking Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
VfM	value for money
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WHS	World Humanitarian Summit
YARID	Young African Refugee for Integral Development

Case study 1: Scaling up Innovation in Disaster Risk Management in Pakistan

1 Introduction

Between December 2012 and December 2014, the UK Department for International Development (DFID) provided £1.55 million of support to the Global Facility for Disaster Reduction and Recovery (GFDRR) to test and scale up innovative World Bank disaster risk identification and financing tools in Pakistan.

The aim of Scaling up Innovation in Disaster Risk Management in Pakistan (SI-DRM) was to design and implement, in collaboration with the Government of Pakistan (GoP), a risk identification and financing framework to support the generation of robust and nationally agreed evidence-based risk analysis; inform GoP investments, policy and programming in disaster risk management (DRM); and contribute in the longer term to a reduction in disaster risk. The project sought to achieve this by: (1) **strengthening the institutional capacity and systems** of the National Disaster Management Authority (NDMA) and GoP technical agencies to generate and share data on hazard risks; (2) supporting the development of a **national financial risk assessment** that identifies the steps towards the adoption of a national disaster risk financing strategy; (3) conducting **research, monitoring and evaluation** (M&E) into how the provision of evidence-based data can strengthen an understanding of risk and the barriers to behavioural and institutional change; and (4) **scaling up** risk management and financing in other low-income and fragile and conflict-affected environments.¹²

This case study evaluation was conducted in November 2017 and is the second part of the summative phase of the evaluation of DFID's Humanitarian Innovation and Evidence Programme (HIEP).¹³ This project is one of eight funded through HIEP that is being tracked by the team throughout the evaluation.

2 Methodology

All case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact and also against an overall theory of change (ToC) developed with DFID for HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money (VfM) or efficiency questions are being assessed through a separate process.

Findings drawn for this case study derive from two main data sources: (1) a review of secondary documentation, including quarterly and final reports, project outputs and some M&E data; and (2) interviews with 14 key informants from DFID, GFDRR, the World Bank, the Asian Development Bank (ADB) and other stakeholders in Islamabad. Some of these interviews were conducted face-to-face in Islamabad as part of a case study evaluation visit that took place in November 2017, although the majority were conducted by Skype.

This case study faced a number of major limitations which included: 1) Efforts to retrieve interview lists only yielded an offer for the World Bank to support setting up interviews in Pakistan, but World Bank never confirmed who were the right people to contact. 2) Efforts to secure interviews facilitated by the World Bank were slow and the World Bank contacted only a handful of respondents during the country visit and key World Bank contacts were not available for interview

¹² World Bank (2015). Scaling up Innovation in Disaster Risk Management in Pakistan, Final Report, 30 September, p. 2.

¹³ For further information see: Evaluation of the Humanitarian Innovation and Evidence Programme (HIEP): Formative Phase Report, <http://r4d.dfid.gov.uk/Output/200759>.

during and after the visit because of travel or other engagements. 3) A national consultant was lined up to conduct interviews in Punjab where the project was reported to have influenced a component of a DRM World Bank International Development Association (IDA) loan; however, the World Bank provided no contacts. Further, the World Bank indicated that it was not obliged to participate in the study and many people had moved on in the World Bank and the GoP since 2014, which made it particularly difficult for it to secure interviews. It is the case that the project did come to close at the end of 2014, shortly after the 2013 election, which meant that many of the government counterparts that were involved in the programme changed position with the arrival of the new government.¹⁴ 4) Another major limitation was the limited amount of documentation. However, sufficient data has been gathered through interviews to make a valid set of judgements on the contribution of SI-DRM. People interviewed and documents reviewed are listed in Annexes 3 and 4, respectively, to the main report.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which the HIEP has responded to needs identified in (HERR) and the Humanitarian Innovation and Evidence Strategy (HIES) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

There is good evidence that the project has responded to an important need and opportunity to invest in disaster risk information and innovation in Pakistan.

Interviews confirmed that the project responded to an important need for investment in disaster risk information and innovation in the Pakistan context. Although the approach taken by the World Bank was not new, having been used previously in other contexts such as Indonesia,¹⁵ interviewees from the World Bank argued that the approach was new and innovative in Pakistan.¹⁶ Thus, this research represented an innovation in Pakistan and was credited with shaping the initial dialogue with Pakistan around disaster risk financing, but it cannot be ascertained that this was an innovative approach to the World Bank or the sector.

The HIEP project proposal explains that the project aims to contribute to all four of the problems identified in HIES. The first problem, that of inadequate access to risk information by decision makers, is addressed by the first output on building the capacity and systems of the National Working Group on Risk Assessment to produce and share data on disaster risk. The third problem of insufficient analysis on how to work with national and local institutions is addressed through the third output of research. The project also contributes to the second and fourth problems of inadequate synthesis of evidence and insufficient integration of evidence into decision making by focusing on building the institutional capacity of NDMA and GoP technical agencies to generate, access, understand and apply disaster risk information in development planning.

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

¹⁴ Interviewee 263.

¹⁵ Interviewees 265, 267, 268.

¹⁶ Interviewees 256, 260, 262, 267.

There is good evidence that the project’s design was appropriate to building understanding and application of disaster risk information. In particular, securing EU funding has allowed for the scaling up and transferability of the approach to other countries as originally planned.

The project proposal describes the evolution of approaches and conceptual frameworks for quantifying fiscal disaster risk and conducting physical and fiscal disaster risk assessments across the developing world. Furthermore, given the limited evidence on how investment in risk information can support and influence policy and investment in DRM, particularly in fragile environments, combined with the selection of a context that already has a DRM institutional and governance framework, the project represented an excellent opportunity to develop new approaches for developing such models in a fragile environment.¹⁷

As highlighted in the previous phase of the evaluation, the project team implemented a more ‘evolutionary’ rather than ‘innovative’ approach. The evolutionary approach was based on the need for the research team to adapt to difficulties in retrieving information and data and the process of managing relationships with GoP counterparts to whom the focus of the research was conceptually new.¹⁸ The emphasis on consultation and government stakeholder engagement, combined with institutional capacity building, helped to build a rapport with key government institutions and secure buy-in.¹⁹ Many respondents, including DFID, recognised that the process of data collection was arduous, which in itself was a lesson in how to conduct risk assessments, particularly in data-scarce environments.²⁰ The project was reported to be arduous due to the difficulty of retrieving the correct data and having to introduce government counterparts to new concepts. As highlighted by a senior technical consultant from the World Bank *‘At the time there was no real decision making on risk information and under what circumstances the type of information we were trying to retrieve would be used’*.²¹ It was noted by a DFID respondent that one of the lessons to emerge from SI-DRM was to ensure sufficient time is allocated to conduct similar assessments as it can be challenging to retrieve the correct information in a timely manner.²²

There was also an original ambition, subject to funding, for the project to contribute to a knowledge base and provide a set of tools to equip five additional fragile and low-income countries with a work plan to scale up innovation in DRM.²³ A World Bank interviewee reported that at the time the project was under the umbrella of Political Champions for Resilience, and DFID was pushing for the scale up of the Pakistan project to be funded by other members of the Political Champions. As discussed below, the World Bank scaled up use of the framework to over 10 countries with EU funding.²⁴ Therefore, having the EU (which was a member of Political Champions) fund the scale up was in line with DFID thinking at the time and appears to highlight the ability of lessons learned and the approach developed under SI-DRM to be applied to emerging opportunities.²⁵

Gender considerations were not integrated into the project design and the World Bank continues to struggle to integrate gender meaningfully into fiscal and physical risk assessments.

As noted in the previous summative phase evaluation, there was a strong emphasis on assessing vulnerability as part of the methodologies developed for the fiscal and physical risk assessments, but there is no evidence from the documents available that gender considerations were integrated into the project design. Furthermore, there is no evidence from project documentation, the M&E

¹⁷ Project proposal, pp. 6–7.

¹⁸ Interviewees 260, 262, 267.

¹⁹ Interviewee 262.

²⁰ Interviewees 256, 262, 266.

²¹ Interviewee 267.

²² Interviewee 266.

²³ Project proposal, pp. 9–10.

²⁴ Interviewees 265, 267, 286.

²⁵ Email correspondence with World Bank key informant, interviewee 266.

strategy or interviews of disaggregation of data sets on how the project will have a differential impact on women, girls and the poorest and most vulnerable. A respondent from the World Bank noted: *'It is the case that gender was not addressed... We are still struggling on how to take gender into account for fiscal and physical risk assessments in a meaningful manner, given the technical and analytical nature of government budgets and physical infrastructure'*.²⁶ This indicates that World Bank did not integrate gender into their approach to fiscal and physical risk assessments as part of SI-DRM and continue to struggle to integrate gender, given the technical and analytical nature of fiscal and physical risk assessments.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

There is good evidence of linkages made to other Fiscal Disaster Risk Assessments outside of Pakistan; however, these are mainly limited to internal World Bank initiatives.

As reported by World Bank interviewees, the research project has been scaled up within the World Bank to approximately 15 countries. More precisely, SI-DRM in Pakistan is part of a wider body of fiscal disaster risk assessment that uses a standardised approach developed by the World Bank. As reported by World Bank employees, the approach was initially developed in Indonesia,²⁷ was refined in Pakistan and has since been further developed/scaled up to 10–15 low- to middle-income countries. Thus, SI-DRM has become highly relevant to efforts by the World Bank to grow its institutional portfolio by conducting fiscal and physical disaster risk assessments. A technical consultant from the World Bank who has been involved in implementing a similar approach in Sub-Saharan Africa stated that *'the approach defined in Pakistan was very useful for providing a way forwards'*,²⁸ indicating this research continues to be relevant to the work of the World Bank.

A World Bank employee reported that at a sectoral level the World Bank's portfolio of work conducting fiscal and physical disaster risk assessments, which includes SI-DRM, helped inform a joint ADB and World Bank guidance note entitled *'Assessing Financial Protection against Disasters: A Guidance Note on Conducting a Disaster Risk Finance Diagnostic'*.²⁹ This finding was not validated by the ADB and no specific reference is made to SI-DRM in the guidance note, although some of the conceptual frameworks that appear in the guidance note are very similar to the conceptual framework appearing in the fiscal disaster risk assessment report produced under SI-DRM, suggesting that the guidance note did draw on the conceptual thinking developed as part of SI-DRM.³⁰

²⁶ Email correspondence with the World Bank.

²⁷ See Indonesia: Advancing a National Disaster Risk Financing Strategy—Options for Consideration <https://openknowledge.worldbank.org/handle/10986/22421?show=full>.

²⁸ Interviewee 268.

²⁹ See <http://documents.worldbank.org/curated/en/102981499799989765/pdf/117370-REVISED-PUBLIC-DRFI-FinanceProtectionHighRes.pdf>.

³⁰ See Figure 5.1, p. 44 in *'Fiscal Disaster Risk Assessment Options for Consideration Pakistan'* and see Figure 1 page 22 in *'Assessing Financial Protection against Disasters: A Guidance Note on Conducting a Disaster Risk Finance Diagnostic'*.

3.1.4 The extent to which products are relevant to decision makers

There is some evidence the SI-DRM was relevant to DFID, shaping thinking around disaster risk financing. However, the HIEP-funded sovereign insurance component was more relevant.

DFID has reported that two HIEP-funded components – one of which is the sovereign insurance research – were important in shaping DFID’s thinking in relation to approaches to disaster risk financing, which in turn has contributed to thinking around a global centre for disaster protection.³¹ This would suggest that the research was relevant at a sectoral level at the time of the study and continues to be relevant with the recent launch of the Centre for Global Disaster Protection. It should be noted that the sovereign insurance research was deemed, by a respondent from DFID, to be more relevant to the Global Centre than the fiscal disaster risk assessment conducted in Pakistan.³²

3.2 Conclusion

To summarise, the project has responded to an important need and opportunity to invest in disaster risk information and innovation in Pakistan, and the project’s design was appropriate to building understanding of, and applying, disaster risk information. The securing of EU funding has enabled the scaling up and transferability of the approach to other countries, as originally planned, and highlights the ability of the approach to be applied to emerging opportunities. Also, the research has been important in shaping DFID’s thinking around disaster risk financing. However, the SI-DRM has mainly made linkages internally within the World Bank, and it did not integrate gender appropriately into the design of SI-DRM.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high-quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

HIEP aims to produce three outputs: a) high-quality research and innovation products; b) strengthened partnerships within DFID and between operational and academic organisations; and partnerships strengthened with and between partner agencies; and c) development of evidence and innovation-related skills.

The specific outputs, as specified in the original logframe, were: 1) the National Working Group on Risk Assessment has increased capacity and systems to produce and share data and information on the risks from natural disasters; 2) a report that outlines options for a national strategy towards the adoption of disaster risk financing is in place, which establishes a solid foundation for future disaster risk reduction (DRR) investments; 3) innovative research into how effective the provision of data and information is in understanding risk and moving towards the publication of risk-reduction policy and action; and 4) scaling up innovative risk management and financing in other countries. This section explores outputs 1 to 3 of the World Bank’s logframe and how these interface with the three HIEP outputs.

³¹ See: <https://dfidnews.blog.gov.uk/2017/07/20/centre-for-global-disaster-protection/>

³² Interviewee 266.

The success of the National Working Group of Technical Agencies was short-lived as it ceased to function with the absence of continued engagement from the World Bank when funding under this grant came to a completion.

A success identified in the first summative phase was the National Working Group of Technical Agencies, which was seen as an important enabler for bringing about greater cooperation and sharing of disaster risk information. Unfortunately, the success of this group was short-lived and it has ceased to function. Despite being an important enabler at the time of the project, it apparently struggled to work effectively, and with the discontinuation of support from the World Bank when the project ended, it ceased to function altogether. Also, an electronic platform that was designed to support information sharing was handed over to NDMA, but was not made externally accessible, thereby limiting the ability of the platform to enable information sharing across stakeholders. An interview with NDMA pointed towards a continued appreciation of the importance of this group – and indicated that plans were in place to revive it in light of growing recognition of the need to share data on disasters for the purposes of effective DRM.³³ This indicates that some of the activities initiated under the SI-DRM continue to be perceived as valuable to NDMA and, importantly, may be revived. This would ensure that the work conducted under the HIEP grant is part of a wider legacy of contributing to systems for technical agencies to share disaster risk information. However, no evidence of funding or a specific initiative to revive the group was referred to in the key informant interviews.

There is limited evidence on the extent to which the Fiscal Disaster Risk Assessment report was subject to a robust quality assurance process.

As with research projects of a similar scope, the World Bank quality assurance process was internal. This system of peer review is commonly used in the World Bank and involves senior advisers and technical specialists ensuring that products are produced to a high quality. There were three to four peer reviewers who provided comments that were compiled in a matrix. The World Bank Country Director then chaired a meeting to decide how the comments would be addressed and the report finalised and disseminated. This process also involved defining the recommendations that would be included in the report.³⁴ It was also reported that the World Bank sought feedback from specific government departments and ministries to help shape the final report. This would suggest that it tried to accommodate potential decision makers in the process of the formulation of the final report, although government counterparts did not validate this process.³⁵ Arguably, having an external quality assurer could have made the process more robust and thorough. There is also no evidence to suggest DFID played an active role in the quality assurance process.

There is evidence that the project has contributed in the short term to the second and third HIEP outputs of building sustainable cross-institutional relationships and strengthening in-country skills and capacities.

In earlier phases of the evaluation it was identified that the project contributed to strengthened cross-institutional relationships, with transformed dialogue with the GoP and the project team helping the GoP to understand how engagement in the fiscal risk assessment process would not only bring value, but also a change in discourse around the risk assessment process. A change in government brought new personnel and unfortunately the momentum of the discussions with the GoP was lost.³⁶ However, the World Bank has reported that its dialogue with key GoP counterparts has picked up recently and it has had some discussions on how it could support the development of

³³ Interviewee 261.

³⁴ Interviewees 265, 269.

³⁵ Interviewee 269.

³⁶ Interviewee 263.

a national disaster risk financing strategy.³⁷ There is also interest in the potential of the World Bank's programming, including the potential of financing mechanisms to draw down funds in the case of emergencies.³⁸ This was an idea that was presented under Option 5: Develop Models for Improving Financial Response Capacity in the Fiscal Disaster Risk Assessments report.³⁹ This suggests that some of the initial momentum that appears to have been lost may be picking up again and some of the recommendations of SI-DRM may be realised.

It should also be noted that the project contributed to building NDMA and technical agency capacity to contribute to the risk assessment process and to understand how disaster risk information can inform policy- and decision making. NDMA regularised the technical consultants engaged under the SI-DRM to set up a dedicated unit to undertake risk assessments and oversee and coordinate similar interventions with the support of World Food Programme (WFP). One of the technical consultants emphasised that NDMA drew on the approach developed by the World Bank.⁴⁰

Also, as part of the grant, 50 civil servants in 17 agencies were trained. A key informant stressed that this exercise was not so much about building capacity, but about raising awareness and building a conceptual understanding of the novel concepts of fiscal disaster risk assessment and disaster risk financing with the Pakistani Civil Service.⁴¹ Given the low starting point in Pakistan, this exercise was probably necessary to 'soften the ground' for the implementation of the project. However, this exercise is unlikely to have any long-term impact on the ability of civil servants to support, produce and apply evidence beyond giving them an understanding of the concepts, which indicates that a different approach to introducing the Pakistani Civil Service could have been implemented as part of SI-DRM.

As some respondents pointed out, the process of building institutional capacity and embedding knowledge and skills within agencies rather than individuals requires a longer-term engagement than provided in this project.⁴² Given the complexity of building institutional capacity combined with the challenges faced in trying to introduce novel concepts around disaster risk financing to Pakistani civil servants, some project stakeholders argued that the World Bank should have maintained longer-term engagement to continue and support any new capacity for sustainability. Given its design, the emphasis of SI-DRM appears to be conducting innovative research and to be a scalable approach, which appears to have been a deterrent to the SI-DRM designing an intervention that thought more closely about the sustainability and how the activities initiated under the project would be sustained in-country beyond the end of HIEP funding.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contribute to outcomes

HIEP aims to bring about four behavioural changes to support its outcomes. These are: debate and advocacy for its outputs; that are brokered, also endorsed by operational actors; and impact operations and funding by DFID and direct partners.

There is evidence that the project has produced internal champions and networks to advocate for the outputs and findings, although more could be done to strengthen sharing and uptake externally.

³⁷ Interviewees 263, 269.

³⁸ A Cat DDO is meant to serve as bridge financing while other sources of financing are mobilised following a natural disaster. It is part of a broad spectrum of World Bank Group catastrophe financing instruments available to assist borrowers in planning efficient responses to catastrophic events. The Cat DDO can be part of a broader risk management strategy.

³⁹ Interviewees 263, 269.

⁴⁰ Interviewee 256.

⁴¹ Interviewee 260, 262, 267.

⁴² Interviewee 256.

At an institutional level, SI-DRM has mainly been advocated for internally within the World Bank by technical consultants who were part of the research. One interviewee noted: *'I think it is because I put a lot of effort into the work and believed in it... I have a global role so I was able to influence other teams across the region, and Asia and Africa, so it was more by benefit of the position I had My role enabled me to take everything I learned in Pakistan and bring that to other parts of the organisation'*.⁴³ This suggests there was no formal mechanism for sharing learning from Pakistan within the World Bank, and upscaling and sharing of learning was mainly conducted through technical consultants who had invested time in the research and saw value in sharing learning with colleagues. Arguably, a more formalised approach that sought to share learning internally and externally could have been more effective in sharing learning in a systematic manner.

There is evidence that the Centre for Global Disaster Protection is brokering applications of HIEP evidence through training to DFID cadres and non-governmental organisations (NGOs).

A DFID adviser noted that findings from the SI-DRM and the Sovereign Insurance research had been shared within DFID but the exact process was not identified through the key informant interviews. More interestingly, the Centre for Global Disaster Protection draws on the wider volume of World Bank work on fiscal and physical disaster risk assessment that builds on the approach that was implemented in Pakistan. In particular, a similar study subsequently conducted in Ethiopia is referenced in the training.⁴⁴ It was noted by a DFID adviser that the Sovereign Insurance study is more relevant to the work of the Centre for Global Disaster Protection. Nevertheless, the SI-DRM is reported to have informed – in addition to the other the World Bank fiscal and physical disaster risk assessments that built on SI-DRM – a centre for global disaster protection training that has been delivered to several DFID cadres and was recently delivered to a number of NGOs.

There is good evidence that SI-DRM has helped shape the World Bank's approach to conducting fiscal and disaster risk assessments, contributing towards operational actors endorsing HIEP evidence, although this is only internal to the World Bank.

Arguably, the most important output of the project was a framework developed by GFDRR as part of establishing an effective methodology and process for undertaking fiscal and physical disaster risk assessments, including identifying (1) initial data requirements; (2) institutional stakeholders who could provide such information; and (3) processes for sharing data with different agencies. The World Bank has been adapted and applied this framework in over 15 countries⁴⁵ and it is being developed for application in further contexts.⁴⁶ This suggests that the work in Pakistan has helped to shape the World Bank's work in conducting financial disaster risk assessments. It was reported by World Bank and DFID interviewees that the approach developed as part of the SI-DRM has been scaled up under the Southwest Indian Ocean Risk Assessment and Financing Initiative⁴⁷ and the Building Disaster Resilience in Sub-Saharan Africa Program (Result Area 5: Africa Disaster Risk Financing Initiative).⁴⁸ As noted above, arguably more could have been done to ensure the approach could be scaled up to other stakeholders.

⁴³ Interviewee 267.

⁴⁴ The evaluator was not able to verify the training content.

⁴⁵ Interviewees 265, 267, 268.

⁴⁶ Interviewee 268.

⁴⁷ See: *South West Indian Ocean risk assessment and financing initiative (SWIO-RAFI): summary report*, <http://documents.worldbank.org/curated/en/951701497623912193/South-West-Indian-Ocean-risk-assessment-and-financing-initiative-SWIO-RAFI-summary-report>.

⁴⁸ See: *Building Disaster Resilience in Sub-Saharan Africa Program* (Result Area 5: Africa Disaster Risk Financing Initiative) 2014–16 Activity Report, <http://documents.worldbank.org/curated/en/939171492584151903/pdf/114348-WP-PUBLIC-ACP-EU-Result-5-ADRF-FY16-AR-EN.pdf>.

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

There is some evidence that the findings from SI-DRM were shared internally within DFID.

It was highlighted by a DFID adviser that the findings from the Fiscal Disaster Risk Assessment and the Sovereign Insurance programme were shared internally, but there was no evidence to suggest a formal mechanism for sharing findings. The DFID team in Islamabad showed a lack of awareness of the World Bank project.⁴⁹ This demonstrates the need for the DFID central team to strengthen its approach to communication about HIEP.

4.1.4 Extent to which the HIEP maximises the potential impact of its component parts (coherence of project as a whole)

Efforts could have been made to improve the sharing of findings in Pakistan.

An important issue highlighted by DFID Pakistan was that research commissioned centrally was not conducive to a sense of ownership, as DFID Pakistan did not feel it had engaged sufficiently with commissioning and/or provided input on the design research. This was compounded by the turnover of advisers at country level, resulting in a lack of continuity of engagement with the HIEP. The advisers reported that their only connection was due to a recent meeting with the World Bank during which it transpired that DFID had funded SI-DRM.⁵⁰ One suggestion was that in large-scale research projects a person in the DFID Pakistan team should be appointed and kept informed of the HIEP's progress, which would provide opportunities to engage with the various research teams more cohesively within the resources and time available to the Pakistan country team.

4.2 Conclusion

To summarise, the success of the National Working Group of Technical Agencies was short-lived, suggesting issues of sustainability. The evidence on the extent the Fiscal Disaster Risk Assessment report was subject to a robust quality assurance process was also limited, indicating the process could have benefited from external peer review. There is also evidence that the project has identified internal champions and networks to advocate for the outputs and findings, which has helped promote the scale up and sharing of learning from SI-DRM and the Centre for Global Disaster Protection is brokering applications of HIEP evidence through a training they are delivering. SI-DRM also helped shape the World Bank's approach to conducting fiscal and disaster risk assessments more widely. However, efforts to ensure the sharing of learning externally beyond the World Bank could have been strengthened.

5 Impact: What contribution will the project make to the HIEP's aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

5.1 Emerging findings

5.1.1 Extent to which the HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve.

⁴⁹ Interviewee 259.

⁵⁰ Interviewee 160.

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment in evidence, innovation and its applications.
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions.
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises.

The evaluation also considers impact at the overall level of intended impact of the HIEP, which is that humanitarian actors have the capacities to deliver improved programmes and operations that are effective in supporting the most vulnerable people. Not all projects are anticipated to contribute to all outcomes. This section details the project's contributions to the overall programme outcomes, as well as the use and impact of particular innovations, research findings and other products and outputs of the project not already covered in the previous section.

There is some evidence SI-DRM has made a strong contribution internally to how the World Bank conducts physical and fiscal risk assessments, which in turn makes a small contribution to Outcome 2 by helping to shape how humanitarian actors (within the World Bank) integrate evidence into DRM interventions.

As reported above, SI-DRM in Pakistan is part of a wider body of fiscal disaster risk assessment that uses a standardised approach developed by the World Bank and has been further developed/scaled up to 10 to 15 low- to middle-income countries as reported by World Bank Interviewees. The financial disaster risk assessments that have been conducted are an important body of work in the sector, so it is difficult to disentangle the contribution and impact of SI-DRM from a much larger volume of work. However, by taking an approach that was initially developed in another context (Indonesia) and was tried and tested, and then refined and adapted in Pakistan, appears to have enabled it to be up-scaled to other contexts.

There is some evidence SI-DRM made an impact-level contribution to the HIEP and to Outcome 3 by helping inform disaster risk financing components of two IDA loans in Punjab and Sindh that could, in the long term, support the disaster risk financing strategies/innovations that benefit poor people in humanitarian crises.

The World Bank reported that the evidence that emerged from the Pakistan project has been used to influence a funding instrument that should support the application of the approach and evidence from the study at a provincial level. More precisely, the data collected as part of the SI-DRM are directly linked with approximately \$245 million of IDA loans in Punjab and Sindh.⁵¹ The World Bank reported that in both locations evidence gathered through SI-DRM was important leverage for IDA loans that have subsequently been disbursed in Punjab and Sindh. In Punjab, the loan was for the Disaster and Climate Resilience Improvement Programme⁵² and as part of this loan the Provincial Disaster Management Authority Punjab is developing a provincial risk financing strategy and looking at developing risk transfer instruments. The inclusion of the component on disaster financing is attributed solely by World Bank interviewees to evidence generated through SI-DRM.⁵³ More precisely, the Punjab authorities were already interested in a DRM loan to support reconstruction activities in the wake of the 2014 floods. However, the SI-DRM evidence acted as leverage for the inclusion of an estimated \$14 million component of the \$125 million investment to develop a

⁵¹ Interviewees 260, 263. This claim is also made in a World Bank blog, <http://blogs.worldbank.org/endpovertyinsouthasia/improving-pakistan-s-fiscal-resilience-natural-disasters>. Interviewee 265.

⁵² See: Disaster and Climate Resilience Improvement Project, <http://projects.worldbank.org/P154036?lang=en>.

⁵³ Interviewee 263.

provincial risk financing strategy and to develop risk transfer instruments. Similarly, the assessments conducted under the SI-DRM were credited by World Bank staff and technical consultants as playing a significant role in shaping the Sindh Resilience Project for Pakistan,⁵⁴ which includes a component to support the strengthening of fiscal resilience.⁵⁵ In both instances, the World Bank reported SI-DRM evidence was used as leverage to make evidence-based arguments to counterparts in the provincial governments of Punjab and Sindh to include disaster risk financing components as part of the IDA loans.

There is some evidence that SI-DRM made a small impact-level contribution to the HIEP and to Outcome 3 by helping inform discussions that led to the establishment of the National Disaster Risk Management Fund, which includes a component on national financial disaster risk financing.

Several key informants were quick to draw links between the project and the ADB's recently established National Disaster Risk Management Fund (NDRMF) of \$200 million, which includes a component to develop a national disaster risk financing strategy.⁵⁶ They indicated that the report produced under SI-DRM helped discussions that resulted in the establishment of this fund. A respondent from the ADB suggested they were cognisant of SI-DRM research, and to a certain extent it had helped inform dialogue in Pakistan as this type of research was new in Pakistan, but that the main push for the establishment of NDRMF came from GoP counterparts who were seeking to set up a fund in line with the NDMA national plan.⁵⁷ As indicated by a respondent from ADB, *'This area needs a vast amount of capacity building and every initiative contributes to that exercise. It is all incremental and it all helps. To say this is some critical bit of work would be massively overstating it'*.⁵⁸ Therefore, the SI-DRM only made a small contribution, with the main contributing factor appearing to be the GoP seeking to establish a fund in line with the NDMA national plan.

Interestingly, the World Bank reports that the GoP is interested in developing a national disaster risk financing strategy,⁵⁹ and a World Bank blog alludes to the possibility that provincial disaster risk strategies (being developed as part of the IDA loans in Sindh and Punjab) could contribute to 'national-level disaster risk financing strategy'.⁶⁰ However, the development of a national strategy is actually part of the ADB agreement with the GoP under NDRMF. Given that there appears to be an overlap between what the ADB has been contracted to develop, it could be argued that a more synergistic relationship between the ADB and the World Bank in Pakistan could be fostered to avoid any further duplication of disaster risk financing activities.

5.1.2 Extent to which the HIEP has built capacity in southern actors to be able to access funding for research and to support, produce and apply evidence and innovation

NDMA regularised the technical consultants who worked on SI-DRM by securing funding to conduct similar assessments with the support of the WFP. In the short term this helped to build the capacity of NDMA to conduct risk assessments based on the approach developed under SI-DRM.⁶¹ However, the consultants have since moved to the ADB, which indicates that the increase in capacity has not been sustained.

⁵⁴ See: Sindh Resilience Project, <http://projects.worldbank.org/P155350?lang=en>.

⁵⁵ Interviewee 263.

⁵⁶ Interviewees 256, 260, 263.

⁵⁷ Interviewee 264.

⁵⁸ Interviewee 264.

⁵⁹ Interviewees 263, 264.

⁶⁰ See: Improving Pakistan's fiscal resilience to natural disasters, <http://blogs.worldbank.org/endpovertyinsouthasia/improving-pakistan-s-fiscal-resilience-natural-disasters>.

⁶¹ Interviewees 256, 261.

A stakeholder from the NDMA reported that the work with WFP was prompted by ‘an in-principle agreement of the Disaster Management Commission headed by the Prime Minister in 2013 to give direction to the NDMA to formally start looking at options for risk financing at macro and micro level’.⁶² This assertion was not triangulated, but it does demonstrate that in 2013 there appears to have been high-level interest in disaster risk financing and the World Bank was the main actor working on this issues at the time. The technical consultants employed by NDMA ascertained that the NDMA’s approach built upon the approach developed by the World Bank as part of SI-DRM. Therefore, by way of SI-DRM technical consultants being employed by NDMA, this project has contributed to the GoP seeking to build, produce and apply evidence and innovation in the risk assessment area. The same technical expert has now moved on to the ADB, which suggests that the strengthening of capacity was only short-lived. Whether the ADB plans to build on these assessments as part of the NDRMF grant is outside the scope of this evaluation.

6 Gender and social diversity

No further details to be included.

7 Other findings and comments

No further findings or comments.

8 Summative phase 2 conclusions

Taking an approach that was developed in another context (Indonesia) and refining it appears to have contributed to the applicability and transferability of the approach.

Evidence suggests that the tools and the conceptual frameworks that were refined and developed in Pakistan have since been upscaled under EU funding in approximately 15 countries. By design, the project sought to develop an approach that can be scaled up. As the ‘blueprints’ of the approach were taken from Indonesia and then applied to the Pakistani context, the transferability of the approach seems clear. The evidence suggests that future research initiatives that aim to develop a scalable approach could benefit from applying a ‘blueprint’ approach and further refining a tried and tested approach.

Having internal champions who were closely involved in the research can help scale up a research approach if the champion sees value in the research and funding is secured to scale up the approach.

It was noted that there was no formal mechanism for dissemination of learning in the World Bank, but the approach was shared by a senior technical specialist who believed in the approach and saw value in applying it in different contexts. This was not intentional, but arguably this individual was a significant contributing factor to the upscaling of the approach developed under SI-DRM in the World Bank. For similar research initiatives in the future, formalising internal champions who play a strong role in the research appears to be a conduit for the upscaling of successful approaches in organisations.

The World Bank appears to have been the main beneficiary of the SI-DRM and there is no evidence a formal mechanism to share learning from SI-DRM more widely.

⁶² Interviewee 261. Whether this was before or after the 2013 Pakistan general election was not verified in the interview.

Externally, there appears to have been little formal effort to share findings more widely. The development of a research uptake strategy could have ensured the systematic dissemination of learning to the wider humanitarian sector and the wider sharing of the findings.

Retrieving the data to conducting fiscal and physical risk assessments can be arduous and time consuming.

It was recognised across DFID and the World Bank that data collection to facilitate fiscal and physical DRM was challenging and that sufficient time needs to be allocated to retrieve the right information. This indicates that the timescales for SI-DRM may have been overly ambitious and future similar research initiatives should design an approach that allows for sufficient time for data collection.

Gender was not appropriately integrated into the design of SI-DRM, and the World Bank continues to struggle to integrate gender into fiscal and physical risk assessments.

As highlighted in the summative phase 1, and confirmed by the World Bank in this final summative phase of the evaluation, gender was not integrated into the design appropriately. Given this is a continuing challenge, future work should seek to include a gender expert, or a consultation process could be held to help ensure gender is more appropriately integrated into the design of the fiscal and physical risk assessment in the World Bank and similar DFID-funded projects.

Case study 2: Expanding the use of cash transfers in an emergency response

1 Introduction

This case study report forms part of the evaluation of the Department for International Development's (DFID) Humanitarian Innovation and Evidence Programme (HIEP).⁶³ The five-year evaluation process tracks the DFID programme 2013–18. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. This is the final summative phase of the evaluation.

In its concept note to the HIEP management committee in 2013, DFID identified five challenges with expanding the use of cash transfers, including the lack of robust evidence demonstrating the impact (causal relationship) of food aid and cash on nutrition outcomes, and the lack of evidence around whether longer-term social protection programmes can be adapted to meet the additional needs that arise in times of crisis. In response, HIEP funded a range of projects to address evidence gaps relating to the use of cash transfers in an emergency response. This case study will focus on two of the projects:

- The Research on Food Assistance for Nutritional Impact (REFANI) project, which ran from March 2014 to November 2017 and had a budget of £3.18 million. It was a consortium comprised of Action Against Hunger, Concern Worldwide, the Emergency Nutrition Network (ENN) and the University College London (UCL).⁶⁴ The project aimed to strengthen the evidence base regarding when and how cash and voucher-based food assistance programmes have an impact on child nutritional status and the relative cost-effectiveness of these different interventions. It is based on country studies in Pakistan, Niger and Somalia, using cluster Randomised Control Trials (RCT) in Pakistan and Niger and a non-randomised cluster-controlled trial design in Somalia.⁶⁵ ECHO complemented DFID's funding by providing additional financial support to the REFANI's cost-effectiveness analysis in Pakistan and Niger and Research Uptake Strategy, including funding the Communications and Research Uptake Officer post, as well as financing a fourth intervention arm ('double cash') in Pakistan, that enabled comparison of different cash transfer amounts.
- A study on shock-responsive social protection (SRSP) systems, which ran from March 2015 to January 2018 and had a budget of £998,520. Oxford Policy Management (OPM), in partnership with the Overseas Development Institute (ODI), the Cash Learning Partnership (CaLP) and the International Network for the Availability of Scientific Publications (INASP), undertook the study. The study aimed to strengthen the evidence base regarding when and how social protection systems can better scale up in response to different types of shocks in low-income countries and fragile and conflict-affected states, thus minimising negative shock impacts and reducing the need for separate humanitarian responses. It comprises desk-based analysis, including a literature review, and six case studies: three in-depth case studies in Mali, Mozambique and Pakistan; two lighter country case studies in Lesotho and the Philippines; and a light case study of the region-wide SRSP policies in the Sahel, with fieldwork in Burkina Faso and Senegal.

2 Methodology

⁶³ For further information, see the HIEP Evaluation formative report: <http://r4d.dfid.gov.uk/Output/200759/>.

⁶⁴ Action Against Hunger uses the acronym ACF International, which is what is used in this report.

⁶⁵ See: <http://www.actionagainsthunger.org/refani>.

All case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact, and also assessed against an overall theory of change (ToC) developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money or efficiency questions are being assessed through a separate process.⁶⁶

The SRSP and REFANI studies form part of a set of projects that are part of HIEP and aim to address the challenges outlined above. A third project implemented by the CaLP to '*strengthen and disseminate evidence-based guidance on the use of cash transfer programming in emergencies*' came to completion in 2014, and featured prominently in the previous summative phase case study. It found that the principles and operational standards for data privacy were documents that had been disseminated widely, promoted actively and had contributed to all four behavioural changes in the HIEP ToC. With regards to the John Hopkins' systematic review of cash-based approaches in humanitarian emergencies component, that was completed in 2015, insufficient data was collected to judge the contribution of the systematic review. Therefore, this case study report focuses on the larger REFANI study and the SRSP, which are both coming to completion towards the end of 2017 with the publication of final deliverables. Both of these projects have completed all the country studies; however, a number of the deliverables, including the final synthesis report, have not been published so it was too early to fully assess the contribution of the two studies to the HIEP ToC.

The evaluator travelled to Pakistan in November 2017 to explore evaluation questions and links with other HIEP-funded projects and relevant initiatives, and to explore the extent the projects have contributed to, or have the potential to contribute to, behavioural change. The trip combined a field visit with another case study on the HIEP-funded project implemented by the Global Fund for Disaster Risk Reduction in Pakistan. This case study is based on 34 interviews with the researchers, members of research steering committees and advisory groups, the project managers, DFID advisers, donors and relevant external stakeholders. It is also based on a review of documents related to the projects covered by this case study. See Annex 3 and 4 of the main report for a list of interviewees and documentation.

A major limitation of the study is that a number of products, including the main synthesis reports for both studies, and the toolkit for SRSP study, have not been completed or are awaiting sign-off. Delays in both projects resulted in a series of no-cost extensions with many of the final products having only recently been submitted to DFID. The consequence is that not all of the documentation was made available, and it is too early to make a judgement on the impact of the projects given that not all research products have been made public.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified (in HERR and HIES) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

In the 2011 Humanitarian Emergency Response Review (HERR), the importance of cash transfers and the transformative potential of bringing cash to scale featured prominently. In response, the

⁶⁶ Five case studies have been identified for more focused value for money analysis. This is being carried out through a process separate from this case study.

Humanitarian Innovation and Evidence Strategy (HIES), under pillar 2, identified the need to ‘*build an integrated evidence base on cash*’, including considering the impact of cash on outcomes such as health.⁶⁷ It is within this context that the REFANI consortium research project was designed in its inception phase; REFANI produced a comprehensive literature review, which sought to ensure the relevance of the REFANI global research framework within the evidence that was currently available. The 2011 HERR also emphasised the importance of social protection mechanisms for communities becoming more resilient to disaster. In response, pillar four of HIES identified that the humanitarian sector is ‘*lacking documented experiences of using social protection schemes that can support populations over time – enabling them to cope better with ongoing chronic poverty and with acute shocks*’. This was the starting point for an extensive literature review that explored the documentation that resulted in the conceptual framework on which the research is based. Therefore, there is documentary evidence that both SRSP and REFANI were designed with the intention to address these issues identified in HERR and HIES.

All three REFANI studies collected data disaggregated by gender, and incorporated gender analysis. The Niger and Somalia studies did not include specific questions about gender. Nonetheless, they collected information about the children’s sex as well as the sex of the head of household. They used these variables to explore whether the sex of the household’s head affects the relationship between receiving cash and nutritional status, and if the association between receiving cash and nutritional status is different according to the child’s sex. In Pakistan, gender played a role in the design of the study, as gender issues were explored as causal factors for acute malnutrition. In addition, the qualitative study expanded on some of these themes, such as exploring how sociocultural norms may have an impact on how the different cash transfers were managed.⁶⁸

Despite attempts by the SRSP consortium to prioritise gender, no strong findings have emerged. As detailed in its 2017 annual report,⁶⁹ OPM was often constrained by the fact that the interventions it was analysing were not prescriptive about the distribution among men and women and the research did not include primary fieldwork with households/communities. One notable inclusion of gender is in the Mali working document, which integrated more gender analysis.⁷⁰ Given the extensive nature of the literature review,⁷¹ and the lack of strong gender findings that emerged from the in-depth case studies, it would suggest the need for further research to be conducted to better understand the link between shock responsiveness, social protection systems and gender.

Neither the REFANI nor the SRSP study had an explicit focus on social inclusion. However, by way of exploring sociocultural norms in Pakistan, the REFANI study did to some extent implicitly explore issues of social inclusion. In addition, the exploration of the association between sex of the head of household, sex of the child and nutritional status also implicitly considers factors of social inclusion. In relation to the SRSP study, the analytical framework applied to the shock-responsive and protection studies did include a vulnerability/poverty analysis but this was provided at a macro level and does not include any detailed analysis pertaining to social inclusion.

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

For REFANI, the challenge was ensuring comparability across the country case studies. The interventions the studies were based upon were different, partly due to the context in which they were implemented, but also due to their design (for example, the cash grant amounts in Niger and Pakistan make different total contributions to household income, making it harder to compare

⁶⁷ The particular value of focusing on nutrition was reportedly identified during the development of the overarching cash research strategy within DFID.

⁶⁸ REFANI, 2016a.

⁶⁹ OPM, 2017k.

⁷⁰ OPM, 2017k. See pp. 18–19 Working Paper 3: *Shock-Responsive Social Protection in the Sahel: Community Perspectives*, OPM, 2017

⁷¹ OPM, 2016c.

findings). To try to address the issues, the technical resource group within the consortium, led by UCL and the ENN, met once and examined technical updates and lessons learned to understand to what extent these are comparable and to what extent they were complementary. These conversations acted as a useful sounding board on technical progress. However, this discussion took place after the pilots had been designed and arguably more should have been done to ensure comparability in design of the country case studies. For the synthesis and summary reports, UCL and ENN staff first compiled the results from the three studies to draft the synthesis report and share the draft documents with the wider consortium for technical inputs and comments.⁷² Even though these steps were taken, key informants expressed frustration with the design of the studies and indicated that more could have been done to ensure comparability in design between the three studies, with the research partners working in silos towards the end of the project.⁷³ Despite these efforts, there was a major gap in design by not ensuring comparability of country studies before the research was conducted.

Ensuring comparability for the SRSP research was also a challenge.⁷⁴ To address the issue, the project held three full-day workshops for several project team members, to review the findings of the case studies and develop their thinking on implications for the synthesis report. What emerged from these meetings was a standardised structure for the reports to ensure coherence of core themes. Another issue identified by the research team was the potential for conflicting findings to emerge from the country case studies, which was addressed by mainstreaming political economy analysis into it to understand why certain approaches worked in a certain context and not others, in order to maximise the comparability of the case studies.⁷⁵ The evaluator could not verify the extent to which these mitigation strategies were successful, but they do indicate that the team actively tried to ensure the coherence and maximise the comparability of the case studies.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

This is clearly continuing to be a topical issue in the humanitarian sector and the study has considerable potential to contribute to the current debates

There has been growing discussion around cash programming in addition to other tools, such as service delivery and vouchers. Most notably, at the World Humanitarian Summit in 2016, the Grand Bargain on humanitarian financing included global commitments to increase the use and coordination of cash-based programming and invest in new delivery models that can be increased in scale. In particular, commitment 3.1 cites the commitment to *'increase the routine use of cash alongside other tools, including in-kind assistance, service delivery (such as health and nutrition) and vouchers'*. External key informants also stressed that this focus of REFANI's research was important to address the serious evidence gaps with a detailed exploration of cash programming and nutrition.⁷⁶ Therefore, the research continues to resonate with wider sectoral interests and has considerable potential to contribute to the current debates within the humanitarian sector.

There has also been growing discussion over the last few years on adapting social protection systems to respond to additional needs during a humanitarian crisis. For example: DFID's new Humanitarian Reform Policy explicitly mentions the need build strong social protection systems in developing countries to cope with crises;⁷⁷ the ODI project on 'social protection and the response to shocks'

⁷² REFANI, 2017a.

⁷³ Interviewees 167, 189.

⁷⁴ Interviewee 158.

⁷⁵ OPM, 2017k.

⁷⁶ Interviewees 165, 166, 172.

⁷⁷ See: <https://www.gov.uk/government/publications/uk-governments-humanitarian-reform-policy>.

operating from 2012 to 2016';⁷⁸ UN Food and Agriculture Organisation's (FAO) 'Agenda for action for social protection and cash-based programmes', which included a position paper on the use of social protection for building resilience in humanitarian contexts; and the Global Facility for Disaster Reduction and Recovery on options for financing the expansion of social protection systems. The 2016 World Humanitarian Summit also yielded a commitment to '*support the further expansion and strengthening of social protection systems... as a means of responding to shocks and protracted crises*',⁷⁹ while the High-Level Panel on Humanitarian Cash Transfers has recommended leveraging 'cash transfers to link humanitarian assistance to longer-term development and social protection systems'.⁸⁰ More recently, the International Conference on Social Protection in contexts of Fragile & Forced Displacement cited both the SRSP literature review, and the Pakistan and Philippines case studies as key reading for their conference, demonstrating the extent to which this research resonates with initiatives within the sector.⁸¹

In Pakistan, both projects were reported to be highly topical with significant dialogue between international non-governmental organisations (NGOs), the UN and the GoP on how the Benazir Income Support Programme (BISP) can be scaled up rapidly to respond to the needs of a disaster-affected population, and to tackle the high level of malnutrition in Pakistan.⁸²

Extent to which HIEP products are relevant to decision makers

The range of products that have been developed for the SRSP research and the extensive range that are awaiting sign-off suggest they should meet the needs of a broad range of academic, policymaker and practitioner audiences.

The team have developed an extensive range of outputs, intended to promote the findings and recommendations of the study to a range of audiences. However, a number of these have not been finalised or are awaiting approval, in particular, the synthesis report and toolkit that will incorporate guidance for appraising existing systems and SRSP mechanisms. The variety of products prepared by the research consortium for different audiences at national and international levels suggest that they will be accessible to a wide and varied audience, including national and international stakeholders. For example, the team have developed a four-minute animation to showcase some of the main findings and conceptual thinking that emerges from the study, and products have been translated into French where relevant. Where products have been realised, there is evidence that they have created significant interest and debate, which indicates that they are being pitched at the right level. For example, despite a number of interviewees being dissatisfied with the speed with which the case study was made public in Pakistan, they nevertheless praised the relevance and quality of the case study and were able to cite particular findings they found to be of interest.⁸³

The range of products that have been developed for the REFANI study are very technically oriented, and with similar publications in the pipeline, the extent to which the REFANI products may be able to reach a wide audience may be limited.

Similar to the social protection research, the REFANI synthesis report has not been finalised. The range of REFANI-developed products is more technically oriented. This is due to the focus on publishing in peer-reviewed journals as a priority. The focus on academic outlets delayed the speed at which products have been made public because of the lengthy process of submitting studies and gaining approval (or not) also resulted in the consortium producing mainly academic products which

⁷⁸ See: <http://www.odl.org/projects/2559-social-protection-covariate-shocks-mozambique-zimbabwe-global-financial-crisis>.

⁷⁹ See: http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/social_protection_en.pdf.

⁸⁰ ODI and CGD, 2015.

⁸¹ See: <http://sp-fragility-displacement.onetec.eu/doc.asp?type=>.

⁸² Interviewees 161, 163, 168, 186.

⁸³ Interviewees 164, 168, 174, 186.

is unlikely to be the most accessible outlet to reach practitioners. In addition, the project briefs that were published for sharing more widely have only presented top-level findings and only included limited analysis of the implications of the findings. The policy briefs are highly technical and even a key informant, who had a role as a programme manager, found the Pakistan Project Brief difficult and had to resort to Google to understand some of the terminology.⁸⁴ This could be addressed by greater consideration of the practical implications of findings for practitioners and use of less technical language. This would suggest that the consortium have limited the range of products accessible to stakeholders, and that the products could be pitched at a level that could be absorbed by a more non-technical audience.

However, the foundation of the REFANI approach to achieve research uptake was stakeholder engagement, where the documents would only serve as follow-up and for wide dissemination to non-target audiences. It is important to note that because the projects are closed (or closing) without final products, dissemination will be less than originally planned, given that for REFANI there will no longer be anyone charged with doing these activities – despite the original plans to accommodate and amplify uptake. The technical delays in producing the report have caused the research uptake strategy to not be realised.

3.2 Conclusion

Both SRSP and the REFANI study remain highly topical, and both have the potential to contribute to evidence gaps. The synergies with institutional and sectoral debates have reaffirmed the importance of both studies. The SRSP study has produced a wide range of products that should be highly relevant to a wide range of stakeholders and decision makers within the humanitarian sector. REFANI has also produced a range of products but these are more limited in scope and highly technical. This may limit the extent to which people are able to understand and apply lessons learned. Both studies also struggled with issues of comparability and took action to ensure comparability to the extent possible given the designs were not comparable.

4 Effectiveness: How, and to what extent, has the project ensured the creation, support and application of high-quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

The HIEP aims to produce three outputs: a) high-quality research and innovation products; b) strengthened partnerships within DFID and between operational and academic organisations and with and between partner agencies; and c) development of evidence and innovation related skills.

Output 1: High-quality and relevant research products

There is strong evidence that SRSP has contributed to the first HIEP output of high-quality and relevant research. This was enabled by the establishment of an advisory group and a learning group, comprising a range of institutional, academic and practitioner perspectives, which ensured robust quality assurance of the research process and products.

OPM used a multi-layered quality assurance (QA) system including in-house QA, external QA, management oversight, and DFID reviewers. In-house QA included several three full-day workshops

⁸⁴ Interviewee 160.

for several project team members, in November 2016, and February and May 2017, to review the findings of the case studies and consider implications for the synthesis report. Externally, the draft Lesotho, Mali, Mozambique, Pakistan and synthesis reports were circulated to Research Advisory Group (RAG) members for comments over the past year.⁸⁵ A RAG member was complimentary about the process through which feedback was coordinated, noting that it was timely and well managed and stressing the relevance of the products produced.⁸⁶

There is strong evidence that REFANI contributed to the first HIEP output of high-quality and relevant research. This was enabled by the establishment of an advisory group and a learning group, comprising a range of institutional, academic and practitioner perspectives, which ensured robust QA of the research process and products.

The main REFANI vessel for QA was the Nutrition Research Steering Committee (NRSC), which was a diverse group of experts convened from universities, multilateral organisations, specialist partnerships and institutions, donors and a number of independent experts. It was intended that the NRSC members would provide technical guidance on project design, ethical guidance and QA through peer review and identification of opportunities and strategies for research uptake. REFANI convened face-to-face meetings of the entire NRSC membership at points in the project's development process, with a total of three in-person meetings over the duration of the project. It was reported that the research consortium did not use the NRSC as intended, with some partners seeing it as a '*hoop to jump through for the most part*' rather than a resource that could support the improvement of the research. Despite the success of examples such as the Pakistan Impact Evaluation, published in 2017 in a peer-reviewed open-access online journal, the project has had a number of issues in bringing some of the deliverables to publication. Namely, the Niger impact evaluation paper was submitted to PLoS Medicine, but was rejected; in addition, the Pakistan team submitted an article on the process evaluation to *British Medical Journal Open*, however it was rejected by the journal as it required further analysis; and an article was submitted to the *Cost-Effectiveness and Resource Allocation Journal* on the Niger costing analysis, but was rejected as the journal no longer publishes cost efficiencies.⁸⁷ In total, four open-access peer-reviewed articles have been published and at the time of data collection two are being reworked or are under review awaiting decision. This experience does reinforce the finding that focusing on getting the studies published in journals has significantly delayed the ability of the consortium to share the evidence of the research with the wider public in a timely manner.

Output 2: Sustainable cross-institutional partnerships

For the duration of REFANI, the relationship between consortium members was described as challenging. This was reported to have stemmed, in part, from an early disagreement on the level of resources allocated to research partners across the consortium and the types of support that they could provide, and points towards the need to resolve issues among consortium members before they begin to impact the cohesive functioning of the group.

The level of resources that were allocated across the consortium left members feeling aggrieved⁸⁸ with the country case studies being under-budgeted in the technical tender. It was reported via several key informant interviews that these issues should have been better addressed at the beginning of the contract but were left unresolved, contributing to challenges that persisted. There were mixed responses in relation to how these issues could have been resolved but all suggestions pointed towards the importance of getting working relationships right from the beginning, and clearly defining roles and responsibilities before they begin to impact on the ability of the

⁸⁵ OPM.2017k.

⁸⁶ Interviewee 158.

⁸⁷ Email exchange with key informant.

⁸⁸ Interviewees 167, 183, 189.

consortium to work cohesively. One significant issue is that both research institutions reported working for free at the end as resources had been completely expended on data collection research activities. One research institution noted that the number of management days far exceeded the original estimate. This would suggest that the research design implemented was not commensurate with resources, or the project management was under-budgeted.⁸⁹ Given these challenges, it may be useful for the consortium to identify the number of days that were overworked to understand the true cost of the project, in order to avoid similar scenarios going forwards and to identify any efficiencies that could have been achieved to ensure the project came in on budget.

The research consortium members developed a ‘ways of working’ document that clarified roles and responsibilities that improved working relationships.

There were challenges relating to roles and responsibilities between research institutions and operational agencies that are responsible for delivering the interventions on which the research is based. Reportedly, this challenge derived from how the operational agencies and research institutions were contracted as being equally responsible for deliverables but not contractually accountable to each other. To address the contractual confusion, the research consortium members developed a ‘ways of working’ document outlining their respective roles and the responsibilities of the operational agencies and research institutions in each of the three countries. It was noted in the 2016 annual report and key informant interviews that this led to a more fruitful engagement between consortium members, suggesting the development of the document had facilitated the clarifying roles and responsibilities.⁹⁰ In the case of the research in Somalia, the operational partner and the research institution are continuing to collaborate on the basis of the original ‘ways of working’ document and have secured further funding based on the REFANI research, which they will use to continue to apply a version of the roles and responsibilities defined in the original document.⁹¹

For the duration of the SRSP, the relationship consortium functioned effectively as roles were clearly defined and organisations within the consortium played to their strengths.

The consortium for the SRSP was comprised of OPM, ODI, CaLP and INASP. OPM was the lead agency with responsibility for roughly 85% of the workplan activities. This was followed by ODI that had responsibility for 10% of the budgeted days, CaLP with about 4% and INASP with an estimated 1% of days for inputs during the inception phase. The consortium reportedly functioned effectively as the roles of the consortium partners were clearly defined. ODI provided senior expertise to give feedback on the design of the studies and products produced by the consortium. CaLP, where feasible, facilitated regional dialogue around the research, while INASP provided inputs during the inception phase.⁹² This arrangement, with the research institution (OPM) taking the lead, and having clearly defined roles for the consortium partners that were aligned with the strengths of those organisations, appears to have contributed to a good working relationship for the duration of the assignment. As noted in relation to the REFANI research, this suggests that clearly defining roles and responsibilities is a key factor in working within a consortium.

Output 3: Strengthening skills for designing, commissioning and applying humanitarian research

REFANI did not have a direct capacity-building element. The operational agency members within REFANI already had experience of commissioning and managing research and in some instances local researchers were trained to support data collection.⁹³ The challenges with the consortium highlight

⁸⁹ Interviewees 167, 183, 189.

⁹⁰ REFANI, 2016a, 183.

⁹¹ Interviewee 183.

⁹² Interviewee 190.

⁹³ REFANI, 2017a.

the need to draw lessons on how best to establish cross-institutional partnerships and resource them appropriately.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contribute to outcomes

HIEP aims to bring about four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, also endorsed by operational actors and that they impact operations and funding by DFID and direct partners.

There is strong evidence that the project SRSP research identified networks to advocate for the research findings and that it has contributed to increased awareness in, and engagement with, the evidence. There is also evidence that operational actors at country level have endorsed the findings and that DFID and other operational actors are building upon or considering the evidence for further investments.

There is strong evidence that donors, multilaterals and International non-governmental organisations (INGO) are actively debating the findings and to some extent this has helped shape the conceptual framework and typology for scaling up existing social protection systems in response to covariate shocks, i.e. shocks that affect a community or large section of the community simultaneously. A DFID adviser mentioned the research was referred to as the '*big piece*' on SRSP, exemplifying the level of interest that the research has generated.⁹⁴ OPM provides a detailed log that details how extensively the research is being debated or explicitly referenced across multiple geographies and the range of stakeholders. For example, the World Bank used the typology in a presentation to the Asia Regional Cash Working Group on Shock-Responsive and Social Protection in the Asia-Pacific Region, and the FAO hosted a presentation that included the typology of response mechanisms. Numerous further examples of the research being discussed are recorded in the impact log, but the evidence gathered points towards the most significant contribution being the conceptual framework and typology that was developed as part of the research.

Evidence gathered in Pakistan shows the findings of the research already being actively considered by a range of stakeholders. The examples include: the Office for the Coordination of Humanitarian Affairs (OCHA) and the National Disaster Management Authority (NDMA), which are currently developing a cash action plan entitled 'Guidelines for Cash Transfer in Disaster Management (CTiDM)' and are said to have explicitly drawn on the SRSP research;⁹⁵ International Rescue Committee (IRC) research that sought to understand how best cash can be delivered to achieve a greater scale and better outcomes for people affected by crises, which refers to the typology for scaling up using an existing social protection system in response to covariate shocks;⁹⁶ and the World Food Programme (WFP), which reported that the research is contributing to the thinking around the design of the 2018–2022 Country Strategy Programme that is currently under development. In particular, it is being used '*to build on the anticipatory nature of safety-nets and social protection platforms*' as WFP ramps up efforts to bridge the gap between development and humanitarian interventions in Pakistan.⁹⁷ In addition, the initial findings from the Lesotho case study have generated considerable interest, with in-country stakeholders calling for follow-up activities such as workshops and perhaps a more in-depth exploration of SRSP issues in the country.⁹⁸

⁹⁴ Interviewee 171.

⁹⁵ Interviewees 156, 164, 174.

⁹⁶ Interviewee 170.

⁹⁷ Interviewee 186.

⁹⁸ Interviewee 157.

The DFID Pakistan team did not have specific examples of use and were less explicit about how they could or would utilise the SRSP study. They noted that it was a *'happy accident'* that research had landed when it did, as they were already looking ahead to the next country programme and could see potential in the report informing the conceptualisation of elements of the next country programme.⁹⁹

In relation to evidence being considered for further investments, there are few examples where the research has made such a contribution. In Pakistan, ECHO indicated that the upcoming programme included a shock-responsive pillar where it would explicitly scrutinise the approach proposed by the implementing partners in light of the evidence presented by the SRSP case study. DFID has reportedly considered the SRSP research in the upcoming Maintaining Essential Services after Natural Disasters (MAINTAINS) programme that has gone to tender, with research being explicitly referenced within the business case. In addition, OPM was able to secure funding for additional case studies based on the approach it developed. It was reported that WFP had been considering similar terms of reference, then came across the DFID research and decided it would be more efficient to build on the SRSP case study, contracting OPM to conduct further research.¹⁰⁰

There is good evidence that the REFANI research identified champions and networks to advocate for the research findings, and that it has contributed to increased awareness in, and engagement with, the evidence.

There is strong evidence from the key informant interviews with DFID donors, multilaterals and INGOs that the REFANI research is being discussed. In particular, the Global Cash Working Group¹⁰¹ reported that the Pakistan and Somalia studies were at the forefront of some of the discussions and the Office of U.S. Foreign Disaster Assistance cited that the research is to some extent helping them shape their thinking around *'policies in terms of how we're asking our NGO partners to implement emergency nutrition response'*.¹⁰² There was also some evidence at the regional level that the ECHO regional office has shared the information on the emerging findings with colleagues in Bangladesh and Myanmar.¹⁰³

In Pakistan, there were generally positive responses to the evidence emerging from the REFANI study. A representative from ECHO reported that the finding of the level of cash disbursement impact on nutrition was particularly interesting in the context of the ongoing discussions with the GoP, which is seeking to build upon, or complement, the country's main social protection scheme, BISP, to address the high level of malnutrition. It was argued by an interviewee from the Ministry of National Health Services that the evidence was very important in light of the GoP's growing interest in tackling malnutrition through BISP. Representatives from DFID were less explicit about how they envisioned they would engage with the evidence. Nonetheless, it was acknowledged that the research did make an important contribution to awareness of evidence on cash programming in Pakistan.

The nature of the findings, in particular the Niger and Somalia findings that found had no impact, resulted in several interviewees indicating the findings were not that interesting despite being reflective of the wider data. That the Niger and Somalia findings were not that interesting was as a result of study design that, unlike the Pakistan study, which had more research arms, was tailored to questions that were of interest to the national governments. The lack of interest in the findings could inhibit the extent they could influence behavioural changes.

⁹⁹ Interviewee 160.

¹⁰⁰ Interviewees 71, 190.

¹⁰¹ Interviewee 172.

¹⁰² Interviewee 165.

¹⁰³ Interviewee 164.

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

In the case of REFANI, the challenges with working across the consortium, as highlighted above, have resulted in long delays in finalising deliverables. The complications that emerged during the initial stages of the consortium have never been dealt with fully and dampened the pace at which deliverables have been completed. Despite REFANI proactively implementing a research and uptake strategy that engaged a wide range of stakeholders through presentations with key fora and ensured the proactive dissemination of the available written products, several key informant interviewees felt that the momentum between the sharing of emerging findings and the final products has been lost, diminishing the ability to promote the research for uptake purposes and the subsequent application of the research.¹⁰⁴ More precisely, the academic partner charged with delivering the synthesis/summary reports was no longer available when the deliverables were due, despite already having received numerous no-cost extensions and agreed the deadlines. They only reappeared months later to finalise the synthesis report. The partner did not communicate these delays to any consortium member and, therefore, no contingency plans could reliably be made to mitigate impacts, especially upon the final evaluation, finalisation of reports and, most fundamentally, the research uptake strategy. Thus, the lag between communicating initial findings and sharing the final research products has been too slow for the research uptake strategy to reach its full potential. It was felt that these delays resulted in missed opportunities to communicate research.¹⁰⁵

In SRSP research, it was argued that the timeliness of certain products could have been improved through managing the process of editing drafts. This relates to the need to produce good quality reports within a timeframe. For example, it was noted that key deliverables could have been ready for the International Conference on Social Protection in Contexts of Fragile & Forced Displacement. It was thought that slightly more expedience in the revisions of drafts from all stakeholders involved could have enabled more opportunities for sharing the research for uptake.¹⁰⁶

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts (coherence of project with the whole)

DFID lead advisers for projects relating to cash programming communicated with each other regularly, and have recently gathered to consider the evidence that was generated by the HIEP and identify what next steps should be taken to address evidence gaps and build on the HIEP.¹⁰⁷ The lead advisers were also recognised as active champions of the research who were active in conveying updates and sharing emerging findings with relevant colleagues, within DFID and more widely.¹⁰⁸ However, no formal mechanism was ever established, with some advisers stating that because of differences in the focus of the research, only a certain amount of synergy between the HIEP cash research projects could be achieved, thus negating the potential collective of the HIEP research. DFID advisers also stressed that upon completion of the final products, in particular the REFANI synthesis, they would place these in key working groups such as the Global Cash Working Group.

In Pakistan, several key informants from the research consortia across the SRSP and REFANI shared that DFID's advisers were less engaged than hoped for regarding promoting learning at a broader programme level.¹⁰⁹ An important issue highlighted by DFID Pakistan was that research commissioned centrally was not conducive to a sense of ownership, as they did not feel they had

¹⁰⁴ Interviewees 185, 189.

¹⁰⁵ Ibid.

¹⁰⁶ Interviewee 190.

¹⁰⁷ Interviewees 171, 178.

¹⁰⁸ Interviewees 189, 190.

¹⁰⁹ Interviewees 156, 185, 189, 190.

engaged sufficiently with commissioning and provided input on the research design. This was compounded by the turnover of advisers at country level, resulting in a lack of continuity of engagement with the HIEP. The advisers reported that in some cases their only connection with the research was because previous colleagues left detailed notes, which allowed them to connect the dots; but they felt they had not been sufficiently engaged by the virtual team throughout the process to enable them to have a proper handle on the HIEP.¹¹⁰ One suggestion was that for such large-scale research projects a point person within the DFID Pakistan team should be appointed and kept informed of progress on the HIEP, to allow for opportunities to engage with the various research teams more cohesively within the resources and time available to the Pakistan country team.

4.2 Conclusion

There is strong evidence that the SRSP and REFANI projects have contributed to the first HIEP output of high-quality and relevant research. There is also strong evidence that this research has contributed to an increased awareness in, and engagement with, the evidence.

Furthermore, there is evidence that operational actors at country level have endorsed the findings and DFID and other operational actors are building upon or considering the evidence for further investments. However, challenges in the REFANI consortium working relationships and also a focus on publication in academic journals which proved difficult has caused delays so final research uptake is not taking place at international level. A focus on a wider range of products in SRPS has been more effective. Contact between DFID lead advisers on these cash-related projects has been beneficial to the cluster of projects' coherence but HIEP contact with country offices has remained weak.

5 Impact: What contribution will the project make to the HIEP's aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

HIEP has three outcomes it seeks to achieve.

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications.
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions.
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises.

The evaluation also considers the impact at the level of overall intended impact of HIEP, which is that humanitarian actors have the capacities to deliver improved programmes and operations that are effective in supporting the most vulnerable people. Not all projects are anticipated to contribute to all outcomes. This section details contributions of the project to overall programme outcomes, as well as towards the use and impact of particular innovations, research findings and other products and outputs of the project not already covered in the previous section.

5.1 Emerging findings

¹¹⁰ Interviewee 160.

5.1.1 Extent to which the HIEP has achieved change in DFID and key organisations/targets

While SRSP does contribute to the behavioural changes in the HIEP ToC, it was not designed in relation to them. Given that the SRSP is yet to finalise all the final deliverables, it is too early to make a judgement on the full extent the project will have on the contribution to HIEP outcomes. Nonetheless, there is emerging evidence that would suggest that the project has been very successful to date and is generating significant debate and dialogue. The most widespread contribution of the research to date has been the conceptual framework and typology, which is beginning to be utilised widely across the sector. This finding was backed up by key informant interviewees in Pakistan, where the typology was used in interviews. Also, where the research has been completed there is evidence that the findings are being considered in the development of national guidelines, specific programmes and multilateral country programmes.

Similarly, while the REFANI research contributes to the behavioural changes in the HIEP ToC, that research was not explicitly designed to contribute to the three outcomes of the HIEP ToC. Emerging findings from REFANI have fed into discussions at country, regional and global levels, and there is also potential further research that can contribute to discussions around cash transfers and the link between malnutrition and cash transfer programming. The research uptake strategy has clearly generated debate in the right forums, but one major challenge has been keeping the momentum up between sharing initial emerging findings and final products being shared more widely, which has an impact on the extent to which REFANI is able to contribute to outcomes. Furthermore, the emphasis on being published in peer-reviewed journals has resulted in highly technical publications that may limit the extent to which the research is accessible to a wide range of stakeholders. However, key informants, including DFID, cited a continuing interest in the findings, suggesting that the synthesis report and remaining products could contribute significantly to the outcomes.

5.1.2 Extent to which HIEP has built capacity in Southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

The SRSP research did not have a particular emphasis on building the capacity of researchers or research institutions. The OPM study worked with national researchers in each of the case study countries and sought to engage and develop the skills of national consultants, involving them in report writing and dissemination activities. In addition, through a series of webinars hosted on socialprotection.org, the project team engaged stakeholders within all geographical regions, including researchers, academics and consultants, as well as sectoral specialists.¹¹¹ However, the extent to which these activities strengthened design and application skills is outside the scope of this evaluation.¹¹²

6 Gender and social diversity

No further additions.

7 Other findings and comments

No further findings.

8 Summative phase 2: conclusions

¹¹¹ OPM, 2017k.

¹¹² Interviewee 187.

The overall conclusions of this case study are that the projects have delivered high-quality and relevant outputs to date. The research uptake strategy has ensured that emerging findings have been made available to a wide range of stakeholders, but it is too early to make a final judgement on the projects impact as not all research products have been finalised. Given that the projects are coming to a close, the main area for attention is ensuring that any opportunities to share forthcoming research products by consortium members and DFID are taken up, thereby capitalising on the momentum the research uptake strategies have generated.

The key learning points that can be distilled from this review are:

- For both projects, research uptake strategies have contributed to an increased awareness of the research. However, delays in producing final products have impeded both projects' research uptake strategies from reaching their full potential, resulting in missed opportunities across the two studies. This would suggest that timeliness of research products is an integral part of maximising the potential of research uptake strategies.
- For the SRSP study, gender was not sufficiently addressed, in part because the interventions being analysed did not present gender-segregated data. Given the difficulty the team faced in producing strong gender findings from the secondary data they reviewed, future research into shock responsiveness could consider how to better integrate gender. This could involve some additional primary data collection on gender to explore some of the key findings, or the team could include a gender specialist from the outset to ensure gender is better integrated within the research design. This recommendation is also relevant to better integrating social inclusion into the study.
- The link between the virtual team and DFID country-level advisers could be improved to keep the country advisers more informed and engaged with research being commissioned centrally. Having research focal points in-country could facilitate clear communication channels between the global-level and country teams.

Case Study 3: Research for Health in Humanitarian Crises (R2HC)

1 Introduction

This case study report is part of the evaluation of the Department for International Development's (DFID) Humanitarian Innovation and Evidence Programme (HIEP). The five-year evaluation process tracks the DFID programme from 2013–18. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. The Research for Health in Humanitarian Crises (R2HC) programme has been a case study through all phases of the HIEP evaluation. This is the evaluation's final summative phase.

R2HC is the HIEP's flagship health research programme. It aims 'to increase the level and quality of collaborative research on recognised public health challenges in humanitarian crises leading to improved health outcomes through cost-effective humanitarian interventions'. The programme provides grants to research projects, typically for two years, to generate robust, high-quality evidence on health priorities and interventions in the context of humanitarian crises. A crucial part of the programme design is the requirement that projects consist of partnerships between a research institution and an operational humanitarian organisation. The programme is managed by Elrha,¹¹³ which also manages the HIEP-funded Humanitarian Innovation Fund (HIF), also a case study in the HIEP evaluation (CS5).

R2HC is part funded by DFID, through the HIEP programme, with match funding from the Wellcome Trust. It was originally set to run from June 2013 until December 2016, with a total budget of £9,510,220 split equally between these two donors. This included an additional £2.5 million received in 2014 for the Ebola research call, which was also split between the two donors. A second phase of funding was approved in 2016 to cover an additional period until March 2020, with a total budget of £8,320,817, again divided equally between DFID and Wellcome. A third phase of funding, to June 2021, has recently been approved by both funders to cover an additional period up to 2022, with a total budget of £9,200,000. The UK Department of Health will become a third funder from April 2018 and will contribute £4,000,000.

The types of grants awarded under R2HC are:

- **Core grants:** These grants are linked to annual calls for proposals, of which four have now been completed and a fifth is under way. Calls are open, and although they do encourage applications in certain thematic areas, no weighting is given to the encouraged fields. A total of 34 grants have been awarded in the first four calls. Research findings from calls one and two are now beginning to be published. Approximately 14 grants from call one, and two from the second are now closed.
- **Rapid response grants:** Rapid response grants are part of the annual calls for proposals and are intended as an approach to respond to acute crises.¹¹⁴ They allow for pre-approval of research teams to deploy to the field to conduct research during the acute phase of a crisis that has not yet occurred. In the event, this mechanism has been under-utilised since the market did not respond with as many applications as anticipated. Only three such grants were awarded, and only one was triggered.

¹¹³ Currently hosted by Save the Children UK.

¹¹⁴ Based on a model from earthquake science and from the Economic and Social Research Council's (ESRC) Urgency Grants for social science data collection during urgent unforeseen events.

- **Two targeted calls:** R2HC has also responded to acute crises with two targeted calls for proposals. The first additional *emergency call* was launched in 2014 in response to the Ebola epidemic in West Africa. Eight grants were awarded, publications are now almost complete and this call is closed. A food and nutrition call was launched in summer 2017 (using DFID funding only) in response to the food and nutrition crisis in the Horn of Africa. Three grants were awarded, and the research is currently being implemented.

The main research calls involve a two-stage process, with an initial review of expressions of interest and shortlisting, and an offer of seed funding of up to £10,000 for applicants selected to go forwards to the subsequent full application stage.

2 Methodology

All case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact, and also against an overall theory of change (ToC) developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money or efficiency questions are being assessed through a separate process.¹¹⁵

The evaluation methodology consisted of document review¹¹⁶ and key informant interviews. Given the evaluation's time and resources, we could not cover all R2HC's grantees. Therefore, we chose eight grants in this phase to examine in more depth. These were selected to represent a spread of countries (including four grants relevant to the Syria crisis), research themes, and to cover all the annual research calls. For these grants, a thorough review of project documentation as well as interviews with at least one of the partners were conducted. For many sampled grantees, we were able to interview research stakeholders and intended audiences. During the previous phase of the evaluation, conducted from September 2015 to January 2016, seven grants were also sampled for deeper investigation, including four of the eight Ebola grants. We also draw on some of the findings from the last summative evaluation in this report. Our sample for this, and for the previous, phase of the evaluation is included at Appendix A.

In addition to the sampled grantees, the case study opted for a regional focus on research relevant to the Syria crisis, for which there are a total of 15 grants, some of which were covered by our sample. A country visit to Jordan took place in November 2017 and interviews were conducted, together with a Jordanian health specialist consultant, with research partners and stakeholders as well as with the wider audiences for research among humanitarian actors, government partners and research organisations. A further Lebanese health specialist consultant was employed to assist in mapping the context for humanitarian health research in the Syria region.

The evaluator also attended three R2HC events – the R2HC Research Forum at Royal Holloway University from 4–6 September 2017, at which a range of R2HC grantees were assembled; a 'launch and learn' dissemination event for the Menstrual Hygiene Management emergencies toolkit on 23 October 2017; and the 'Positive Pathways: No Lost Generation Summit' in Amman from 22–23 November 2017, which included sessions at which the Yale and Mercy Corps study on a psychosocial support intervention for Jordanian youth was presented. During these events, the evaluator was able to speak to a wider range of stakeholders – above and beyond the list of formal interviewees – for conversations.

¹¹⁵ Five case studies, including R2HC, have been identified for more focused value for money analysis. This is being carried out through a process separate from the case study.

¹¹⁶ These include two reviews, one conducted by Wellcome and one by R2HC: Howell-Jones, Rebecca et al. (2016) 'Operational Review of Research for Health in Humanitarian Crises (R2HC) Scheme', Wellcome Trust Review; Raven, Joanna et al. (2016) 'Review of R2HC-funded Ebola Research Projects', R2HC-commissioned review.

Interviews were conducted with over 50 respondents. These included the R2HC Programme Manager, members of the R2HC Funding Committee (FC), staff at DFID, the Wellcome Trust and the Department of Health, academic and operational partners on projects, research audiences and stakeholders among donors, humanitarian agencies, non-governmental organisation (NGOs) and international non-governmental organisations (INGOs), and research organisations. Interviewees are included in the main report, Annex 3. Document types reviewed are included at the main report Annex 4.

This case study faced a number of important constraints. The evaluation was not able to conduct an in-depth assessment or review of the robustness of individual R2HC research publications. Instead we focused on stakeholder opinions about the way the FC selects for quality and about the quality of emerging findings, and the number of research publications that have been published in high-profile peer-reviewed journals. Further, the evaluation was constrained in terms of time available for fieldwork. A planned trip to Lebanon did not take place because of logistical difficulties, and interviews with Lebanon-based stakeholders were conducted via phone and Skype. Finally, although this evaluation is the final summative evaluation of the HIEP, timeframes for research to generate outcomes and impacts at the level of policy and programming are long, and R2HC grantees from calls one and two are only now producing publications. Therefore, this case study looks at early outcomes of R2HC research, and direction of travel towards outcomes and impacts.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified (in the Humanitarian Emergency Response Review (HERR) and Humanitarian Innovation and Evidence Strategy (HIES)) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

R2HC responds directly to the problems identified in the original HIES, which forms part of the HIEP ToC, mapping against HIEP problem two: 'Inadequate synthesis and generation of evidence about which humanitarian interventions work best, and new ways to tackle humanitarian problems', and also problem four: 'Inadequate systems and incentives to integrate evidence production and use routinely in humanitarian decisions and actions'. It has certainly responded to both these problems in the area of humanitarian health, where there are relatively few other actors, and no actors known to the respondents in this evaluation that are delivering the same model of research production as R2HC. R2HC has also responded to emerging needs and opportunities with two targeted calls, one in response to the Ebola epidemic in West Africa in 2014 and one in response to the nutrition crisis in the Horn of Africa in 2017.

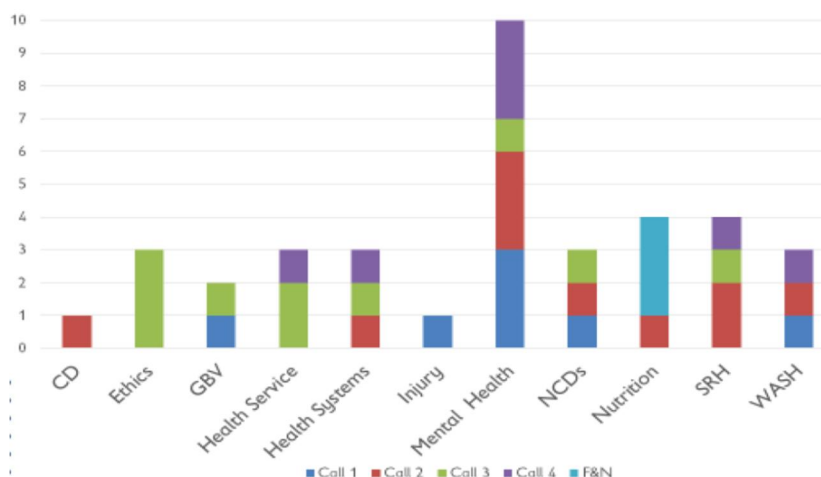
3.1.2 Extent to which the HIEP design is appropriate to address identified needs and opportunities

Relevance to the critical evidence gaps, which the 2011 HERR emphasised, and which the HIEP and R2HC were designed to address, is a critical issue for R2HC and one to which the programme has given great thought and reflection. It is to R2HC's credit that it has invested in reviewing the evidence available and identifying key baseline evidence gaps from the beginning of the

programme and has updated and added to these throughout implementation.¹¹⁷ The first iteration of the R2HC systematic review in 2013 identified a sea of evidence gaps, containing some islands that were better evidenced, echoing the findings in the HERR. The review was updated by the London School of Hygiene and Tropical Medicine (LSHTM) team in 2015¹¹⁸ and four additional papers were produced on the evidence for interventions to address injury and rehabilitation,¹¹⁹ sexual and reproductive health (SRH),¹²⁰ non-communicable diseases,¹²¹ and water, sanitation and hygiene (WASH) interventions.¹²² The findings of the overarching systematic review were incorporated in the Lancet Series on Health in Humanitarian Crises in June 2017.¹²³ R2HC also commissioned a review in 2017 of the evidence underpinning the indicators in the SPHERE Handbook, *Humanitarian Charter and Minimum Standards in Humanitarian Response*, as a contribution to the handbook's update due in 2018.¹²⁴

R2HC's regular annual calls for proposals are open calls, and although applications in certain areas are encouraged, these are not weighted in the criteria for selecting successful applications. Therefore, the portfolio that has emerged from the annual calls has been a function of the applications produced by the market and the criteria for selection, of which the most important is quality of the research design. What has resulted from the annual calls is a portfolio of individual studies spread over a wide range of themes, with the exception of a cohort of 11 studies on mental health and psychosocial support (MHPSS) interventions which came about serendipitously. The funded grants (*excluding* the 2014 targeted Ebola call, under which 8 projects were funded) are shown in figure 1 below.

Figure 1: R2HC grants calls 1–4



¹¹⁷ Blanchet, Karl and Roberts, Bayard (2013) An Evidence Review of Research on Health Interventions in Humanitarian Crises, London School of Hygiene and Tropical Medicine.

¹¹⁸ *ibid.*

¹¹⁹ Smith, J, Roberts, B, Knight, A, Gosselin, R and Blanchet, K (2015) 'A Systematic Literature Review of the Quality of Evidence for Injury and Rehabilitation Interventions in Humanitarian Crises', (2015) 60(7) *Int J Public Health*, 865-72.

¹²⁰ Warren, E. et al. (2013) 'Systematic Review of the Evidence on the Effectiveness of Sexual and Reproductive Health Interventions in Humanitarian Crises', <http://bmjopen.bmj.com/content/5/12/e008226>.

¹²¹ Ruby, A, Knight, A, Perel, P, Blanchet, K, Roberts, B (2015) 'The Effectiveness of Interventions for Non-Communicable Diseases in Humanitarian Crises: A Systematic Review', 10(9) *PLoS ONE*.

¹²² Ramesh, A, Blanchet, K, Ensink, JHJ, Roberts, B (2015) 'Evidence on the Effectiveness of Water, Sanitation, and Hygiene (WASH) Interventions on Health Outcomes in Humanitarian Crises: A Systematic Review', 10(9) *PLoS ONE*.

¹²³ Blanchet, Karl et al. (2017) 'Evidence on Public Health Interventions in Humanitarian Crises', *The Lancet*, 390(10109), 2287 – 296.

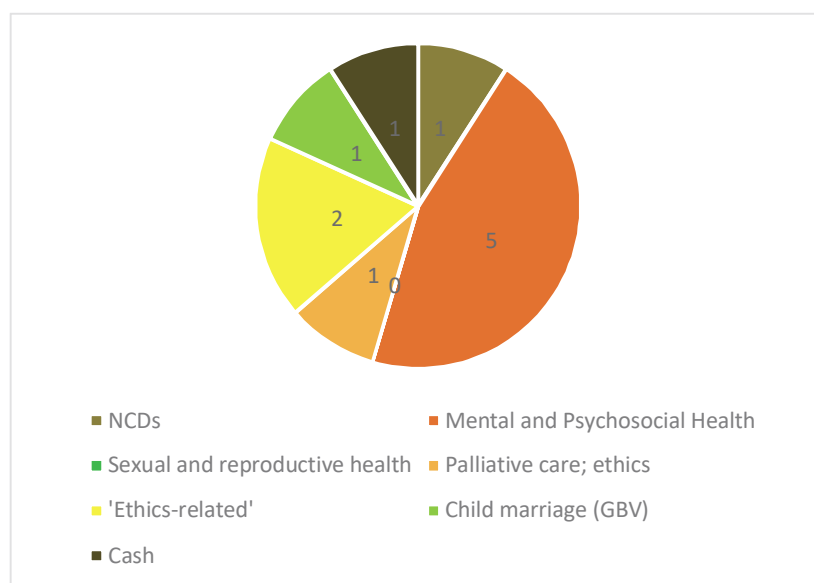
¹²⁴ Blanchet, Karl and Frison, Severine (March 2017) 'Review of the Evidence Supporting the Sphere Standards', London School of Hygiene and Tropical Medicine (LSHTM) Health in Humanitarian Crises Centre and Elrha Report.

The extent of the evidence needs identified in the reviews mentioned above makes it easy for research to be demonstrably relevant to needs. It is also clearly beyond the scope of one programme to fill all these evidence gaps. However, there have been notable gaps in the portfolio of grantees, which R2HC has not only acknowledged, but has also been actively trying to understand and address. Some gaps, for example the low numbers of grants awarded on non-communicable diseases (NCD) and the absence of any on communicable diseases (CD) (outside the Ebola call and one as yet un-triggered rapid response grant on hepatitis E), have been the result of receiving few, or no, applications. Respondents have speculated that the lack of applications for grants on communicable diseases may be because researchers working in these areas already have sources of funding, or because the size and duration of R2HC grants are perceived to be too small.¹²⁵

The size and duration of the grants has changed over the course of the five calls. In call one, grants were for a maximum duration of 24 months, and although no ceiling was set, the guidelines suggested that the overall envelope of £3m would fund 'up to 15 grants'.¹²⁶ By the fifth call, guidelines stipulated up to 24 months for research to be conducted followed by up to 12 months for uptake and dissemination activities. The guidelines were stronger in emphasising that there was '*no ceiling on the amount that can be requested*' although the overall envelope was still £3 million.¹²⁷ There have been nine requests for no-cost extensions from grantees in calls 1 and 2.

Other gaps in the portfolio have resulted from inadequate quality of proposals. The third call for proposals in 2015 emphasised that proposals on gender-based violence (GBV) would be particularly welcomed, but in the event, although eight proposals were received addressing GBV, none was successful because of lack of quality of design. As a result, R2HC has commissioned a review and recommendations on methods for GBV research in humanitarian contexts.¹²⁸

Figure 2: R2HC Syria region research grants



¹²⁵ Although R2HC donors have indicated that if one very strong proposal was to be received that would absorb the entire envelope of funding they would be willing for R2HC to approve just the one grant.

¹²⁶ R2HC 1st Call for Proposals: Guidelines for Applicants, July 2013.

¹²⁷ R2HC 5th Call for Proposals: Guidelines for Applicants, July 2017.

¹²⁸ Hossain, M and McAlpine, A (2017) '*Evidence Review and Recommendations on Gender-based Violence Research Methodologies in Humanitarian Crises*', R2HC Paper.

The extent to which R2HC research funded through open calls is relevant to the needs of specific humanitarian crises is a more complicated question. R2HC's fourth call for proposals in June 2016 encouraged proposals on the Syria crisis and its impact on neighbouring countries, and was preceded by an R2HC Research Forum in Jordan in May 2016, focusing on four themes: SRH, WASH, MHPSS, and health systems,¹²⁹ themes generated by participant-expressed interest. There have been 15 R2HC grants that have conducted some research in Lebanon and Syria, and seven that focus entirely on Syrian refugees and host communities in neighbouring countries. Of the latter, four were funded under call four. The themes of these 11 grants are shown in Figure 2. The themes involved do map reasonably well against the evidence needs identified by stakeholders in this evaluation for Syrian refugees in Lebanon and Jordan, summarised in Appendix C, but with some major areas of need (notably evidence on displaced people within Syria itself) not represented. This speaks both to the size of the evidence gaps that dwarf R2HC's ability to respond, as well as the potential need to map priority evidence gaps in regions affected by protracted crises where R2HC knows it will likely want to commission research over several calls.¹³⁰

Ultimately, it is not individual studies, but rather 'bodies of research', that are required to fill the humanitarian health evidence gaps that have been identified. What constitutes a 'body of research' and how many studies, from how many contexts, are necessary to be satisfied that an intervention can be scaled up are questions with which R2HC has been grappling, especially in the one area where it has contributed to a body of research, that is on MHPSS interventions. The World Health Organization (WHO), through the Principal Investigator of three R2HC-funded studies, is drafting a synthesis of funded research in this area and a related academic paper. Meanwhile, there are systematic reviews available on the impact of MHPSS for different target populations, one of which was also funded by the HIEP. It would be useful for R2HC to refer to these wider reviews in order to situate evidence generated by R2HC within the wider evidence base to go some way in assessing what R2HC has contributed to what we now know about these interventions.¹³¹ R2HC already has plans to reference other systematic reviews on SRH, WASH and MHPSS alongside call 6.

R2HC has conducted two targeted calls, one on Ebola and a 2017 call in response to the food and nutrition crisis in the Horn of Africa. Donors conducted both calls in response to specific requests. These calls can both be said to have contributed or be contributing towards bodies of research in a thematic area. They also represent R2HC's main attempt to be relevant to acute phases of crises, given that the rapid response mechanism has not generated as much response from the market as hoped. R2HC aims to develop the responsive mechanism in phase 3 of funding, and ideas include pre-approving research institutions with specialised skills that can then be mobilised in response to urgent research requirements identified by R2HC donors, the WHO and UNICEF, as lead agencies of the health, WASH and nutrition humanitarian clusters, and the United Nations High Commissioner for Refugees (UNHCR), as appropriate.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

The fact that R2HC is funded through Elrha means it is in a good position to synergise with the Humanitarian Innovation Fund (HIF, another HIEP programme that is managed by Elrha). The

¹²⁹ R2HC (2016) Final Report on the Research Forum: *The Syria Crisis: Researching Health in Urban Humanitarian Context*, Amman, Jordan, 18–19 May 2016.

¹³⁰ Although quality of proposals is the main criterion for selection, this could help to encourage and identify highly relevant proposals.

¹³¹ Bangpan, M, Dickson, K, Felix, L and Chiumento, A (2017) *'The Impact of Mental Health and Psychosocial Support Interventions on People Affected by Humanitarian Emergencies: A Systematic Review'*, Humanitarian Evidence Programme (Oxford: Oxfam GB); Jordans, MJ, Piggott, H and Tol, WA (2016) *'Interventions for Children Affected by Armed Conflict: A Systematic Review of Mental Health and Psychosocial Support in Low- and Middle-Income Countries'*, (2016) Curr Psychiatry Rep 18.

evaluation has revealed examples where Elrha has directed participants at R2HC events to HIF where this was seen as a more appropriate platform for their ideas. There is also one instance where an implementation project that flowed from two R2HC research grants was funded under the HIF.¹³² There are certainly areas of complementarity in the work of HIF and R2HC, particularly in the areas of WASH and GBV. Elrha's phase 3 funding proposal contains suggestions for increasing the synergies between R2HC and HIF, including conducting a gap analysis to explore the potential and opportunities for innovation in humanitarian public health. Elrha is currently in the process of becoming a subsidiary of Save the Children, making it more independent of Save. This is an opportunity to build the synergies and coherence between R2HC and HIF, but care should be taken to preserve the unique selling point of both programmes in the process.

The lead adviser on R2HC has effectively used personal networks to communicate R2HC research, and the Syria Health adviser is well-looped into the programme. However, there is untapped scope for DFID to link R2HC research at the country level to country level scoping, design and management of programming. The more formalised dissemination, uptake and awareness-raising pathways within DFID envisaged at the beginning of HIEP, for example through professional cadres, appear not to be working optimally. One complication in the Syria region is the prevalence of operational team staff who are contractors and are not civil servant advisers. These staff do not have the same access to professional resources as DFID's civil service advisory cadres. Therefore, DFID should consider other ways of ensuring staff have access to, and awareness of, relevant evidence, including R2HC evidence. The brand-new DFID Middle East and North Africa Research Hub (MENARH) may be a good vehicle for achieving this, the Africa Research Hub in Nairobi having played an important awareness-raising role in the earlier years of HIEP research. The MENARH is still in its early stages after conducting in-depth country consultations, but the Hub's work is also expected to include communicating evidence funded by DFID's Research and Evidence Division to country offices, and to service the evidence needs of country offices.¹³³

At the grantee level there are several examples of R2HC harmonising with global, regional and national initiatives, largely because partners within the grants are the same agencies that are involved in these initiatives. For example, in Jordan and Lebanon, R2HC research on MHPSS with youth is well harmonised with the No Lost Generation initiative and R2HC research was presented at length in a No Lost Generation event attended by the evaluator in November 2017. Another example is the McMaster University study of palliative and supportive care during international public health crises, which is aligned with the Palliative Care in Complex Humanitarian Emergencies Network (PALCHE) – formed in 2015 to support integration of palliative care into responses to medium-term and long-term humanitarian emergencies. This network aims to work with response agencies, generating awareness of unmet needs and improving the quality of life of those with palliative care needs. The study's authors are connected to the network and will use it for dissemination and communication.¹³⁴

3.1.4 Extent to which HIEP products are relevant to decision makers

R2HC's products to identify and prioritise evidence gaps, as well as its research outputs, have been relevant to decision makers including policymakers and practitioners, and there is evidence that these actors have actively engaged with these products.

R2HC has established working relationships with the WASH cluster and UNICEF as the lead agency. In June 2017, R2HC convened a WASH research prioritisation meeting involving 15 WASH experts for

¹³² Terre des Hommes (TdH) and the WHO project to implement Problem Management Plus (PM+) through humanitarian agencies, starting 1/1/2017 with ECHO funding.

¹³³ Interviewee 294.

¹³⁴ Marston, J, De Lima, L and Powell, RA, on behalf of the Palliative Care in Complex Humanitarian Emergencies Network (2015) 'Palliative Care in Complex Humanitarian Crisis Responses', Correspondence, The Lancet Vol 386 November 14, 2015.

initial discussions on WASH research priorities and to strategise on how to further identify priorities and generate quality research proposals.

The aim of conducting more exercises to identify priority research gaps is to better target research funded by R2HC and others at these priority areas, increasing their relevance to humanitarian response. Above the level of R2HC, Elrha is also involved in broader research prioritisation exercises through the Global Prioritisation Exercise for Humanitarian Research and Innovation launched by Elrha at the World Humanitarian Summit in May 2016.

The ultimate evidence of relevance to decision makers is that these actors change their behaviours as a result. Further examples of R2HC research and activities relevance to decision makers at the global and national level are included in the 'contribution to change stories' in the effectiveness and impact sections below.

3.2 Conclusion

If we *want* more evidence-based practice, we need more practice-based evidence.¹³⁵

R2HC is widely seen as a pioneering model of commissioning research¹³⁶ that has few direct parallels from which it can learn. The programme has established a profile as such among the key Northern research institutions,¹³⁷ producing the highest quality research in this area, and among key operational agencies including INGOs, and to some degree NGOs. R2HC has built a portfolio of research that includes partnerships with key operational actors and maps against needs and gaps identified. It can be said to have proved that conducting 'practice-based' relevant research that is also of high academic quality is possible in humanitarian contexts. But many respondents, including R2HC, also acknowledge there is room to fine-tune the model and try different approaches to maximise relevance.

There was widespread agreement that the annual open calls for proposals were still appropriate to build the market of suppliers and allow the market to respond with research in areas that R2HC could not have anticipated. However, 'cohorts' of research may only emerge from open calls in a serendipitous manner and more action is required to build up types of evidence that address evidence gaps in a more targeted way, and also to avoid duplication.

Options for optimising the model include:

Conducting more evidence gap prioritisation exercises at thematic level. Where R2HC seeks to target protracted crises, it may also invest in scoping evidence gap prioritisation at a country or regional level. But this alone will not be sufficient to generate more targeted proposals.

In addition, it may be appropriate to tweak the approach to inviting research in given areas as part of open calls. For example, different approaches could be tried out to encourage research applications in the areas where the market has not responded as anticipated, for example on Non-communicable diseases (NCDs) and communicable diseases. These could include drawing the calls to the attention of these researchers, asking them why they have not applied and, potentially extending the size and timeframe of research grants in cases where applicants can demonstrate that evidence will still be produced in time to be relevant to implementation cycles.

The other important way in which R2HC can contribute to bodies of research is by running different types of calls in addition to the open, annual calls for proposals. The phase three proposal to expand

¹³⁵ Green, Lawrence W. (2008) *Making Research Relevant: If it is an Evidence-Based Practice, Where's the Practice-Based Evidence?* 25(1) Family Practice: 1 December 2008, Pages i20–i24, <https://doi.org/10.1093/fampra/cmn055>.

¹³⁶ According to a wide range of respondents, both within the Funding Committee, grantees, and among stakeholders external to the programme.

¹³⁷ As reflected in the prevalence of such institutions (Johns Hopkins University in particular, London School of Hygiene and Tropical Medicine, Columbia, Yale, Oxford, UCL) among R2HC grantees.

the use of responsive mechanisms is an appropriate and interesting way of addressing this challenge. Currently, the responsive mechanism will support shorter-term research rather than the main calls (projects of 6–12 months); therefore, as the responsive mechanism is implemented, it is worth considering whether the timeframe should be extended.

Finally, R2HC's donors, particularly DFID, can do more to enhance the relevance of R2HC research by linking R2HC and its evidence prioritisation activities and products more effectively to the key staff at country level, even where these staff are not full-time DFID employees.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high-quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

The HIEP aims to produce three outputs: a) high-quality research and innovation products; b) strengthened partnerships within DFID, between operational and academic organisations and between partner agencies; and c) development of evidence and innovation-related skills.

R2HC is squarely focused on the production of high-quality research and innovation products (HIEP output a) as well as, or more to the point – through, strengthened partnerships within DFID and between operational and academic organisations (HIEP output b).

R2HC's stakeholders consulted in this evaluation include longstanding proponents of 'hard' high-quality science, as well as proponents of the softer scientific methods and operational actors more familiar with 'quick and dirty' than with academically rigorous research. Different R2HC stakeholders may have different opinions about what constitutes 'high-quality' research and where the quality bar should be set. R2HC has benefited from this 'creative tension', but the leading imperative of aiming for the best scientific methods, and demonstrating that these are possible in humanitarian settings, is important.

R2HC's processes for ensuring quality of research are mainly at the stage of evaluating proposals, in which quality is the main selection criterion. Guidelines to applicants stipulate that: '*research methodologies should be of a standard such that final papers will be publishable in peer-reviewed academic journals*'.¹³⁸ There is, therefore, a strong focus on scientific robustness of methods and their feasibility during review and selection of proposals.

The Funding Committee also approves major changes to research design during implementation. R2HC monitors rates of publication in academic peer-reviewed journals as an indicator of quality at the end of research grants. Because of the two-year timeframes for conducting research, and the delays encountered in many grants, research findings are now beginning to emerge from calls 1 and 2 grantees. At this point, 57 peer-reviewed publications have been produced, 92% of which are open-access. There is no doubt that some of these publications are of very high quality, and have included publications in highly reputable peer-reviewed journals such as *PLoS Neglected Tropical Diseases*, *Wiley Online Library Child Development*, *The Lancet*, *BMJ Global Health*, *JAMA*, *Critical Public Health*, *Trials*, *World Psychiatry*, *Journal of Biosocial Science* and *Chemical Science and Waterlines*.

¹³⁸ R2HC 5th Call for Proposals: Guidelines for Applicants, July 2017.

Methods used across the portfolio range from qualitative and ‘mixed methods’ to longitudinal cohort studies, quasi-experimental studies and randomised controlled trials (RCTs). RCTs have been the most common design to test the effectiveness of interventions and represent over a third of studies funded in the main calls.¹³⁹ All stakeholders agreed that funding a range of research methodologies was appropriate, that methods should fit the research question and that whatever methodology was chosen should demonstrate principles of credible research enquiry and cutting-edge design drawn from the relevant academic discipline.

At this stage, we are fairly confident in concluding that in spite of variation, R2HC has produced some high-quality research in an area where high-quality research is in short supply. It is also clear that there is variation in quality across the portfolio. It is beyond the expertise and the remit of this evaluation to review the quality of all R2HC publications. Wellcome Trust is planning such a review as a separate exercise, now that publications are emerging. A more thorough review of quality across the portfolio would allow R2HC to reflect on how it will manage for quality across a range of methodologies and themes, and optimise quality across the portfolio.

There are significant challenges to conducting the most robust methodologies in humanitarian settings and there may be trade-offs between quality and feasibility. Violence and insecurity, restriction on movement of national and international staff, closure of facilities and complications in accessing remote communities are all obstacles reported by R2HC grantees, and some studies have had to change their original design in response.¹⁴⁰ An R2HC preliminary report drawing together lessons on operational challenges across the portfolio found that changes to original research protocols included cancelling some data collection or changing its location.¹⁴¹ R2HC has also generated a great deal of collective learning about methodological considerations that are particularly important in humanitarian contexts, ranging from sampling in urban settings, to using new technologies, to the risks of overcomplicated designs, to external validity when no two emergencies are the same. Learning has also been generated around the types of evidence and analysis that makes research actionable for humanitarian actors from focusing on implementation science to doing cost-effectiveness well.

R2HC has certainly also strengthened partnerships between operational and academic organisations. R2HC’s original aim was to broker many new partnerships itself, and originally (2013 and 2014) held town hall meetings in Delhi and Nairobi with the aim of matchmaking new partners. A research forum was held in Amman in May 2016 with the aim of raising awareness about R2HC and brokering new potential partnerships. In spite of all these activities, most partnerships that ended up being funded were not brokered by R2HC but were longer-standing relationships. In our sample of grantees only one partnership reported that it had partly resulted from an introduction made at an R2HC event. R2HC also provides support and guidance to partnerships, from the seed funding of £10,000 to early-stage partnership workshops, which are greatly valued. Nonetheless, these, by themselves, cannot guarantee good and equitable partnerships.

Many of the grantees in our sample reported strong partnerships in which mutual understanding had been built over time. However, some partnerships also reported grappling with the different timeframes, incentives and language that are so commonly reported between academic and operational actors. Good examples of managing these relationships included instances where teams contained actors who could ‘translate’ the research design for the operational team and for

¹³⁹ Summary of R2HC Funded Project Research Methodologies – April 2016.

¹⁴⁰ Dahab, Maysoon (2017) ‘Operational Challenges of Humanitarian Health Research Implementation: Synthesized Findings from a Review of R2HC-Funded Projects’, Presentation at the R2HC Research Forum, 5 September 2017.

¹⁴¹ Dahab, Maysoon (2017) ‘Operational challenges of Implementing Health Research in Humanitarian crises’, R2HC paper.

beneficiaries and clarify how it would work in the local context.¹⁴² It was also important that relationships with all partners were equitable, non-extractive and transparent. This is fully in line with R2HC guidance on effective partnerships.¹⁴³ There were many good examples of non-extractive and equitable partnerships, but also individual examples where relationships had not been regarded as equitable by Southern partners,¹⁴⁴ although there was also evidence that R2HC was interested in learning from difficult examples.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contribute to outcomes

The HIEP ToC identifies four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, that these are also endorsed by operational actors and that they impact operations and funding by DFID and direct partners. There has certainly been debate on R2HC outputs by operational actors. Examples include R2HC evidence reviews drawn on by the SPHERE project, which has entered into a formal partnership with R2HC and has drawn on an R2HC-commissioned review of the evidence underpinning the indicators in the handbook, taking on board some of the findings.¹⁴⁵ Research prioritisation work with an event with the WASH cluster has also led the cluster to take forward actions from this event, and steps have been taken towards the creation of a WASH cluster Technical Working Group (TWG) on research.¹⁴⁶

There have also been instances where R2HC-generated research has influenced, and has been brokered by, key policymaking and operational actors. Scoring of the below contribution story is included in Appendix B.¹⁴⁷

Contribution to change a) MHPSS research brokered by, and positioned to influence, policymakers

1 What change has occurred?

R2HC's cohort of 11 studies on MHPSS interventions has turned into an influential thematic community of practice, hinging on the key role of the WHO as the lead Principle Investigator (PI) on three of these studies. R2HC research on MHPSS has also gained significant traction and is well positioned for uptake at the national policymaking level with the National Mental Health Programme in the Lebanese Ministry of Public Health.

2 What did R2HC do that contributed to the change?

The WHO and Elrha convened a meeting in October 2017 of approximately 40 participants – comprising R2HC grantees and their partners, plus key members of the humanitarian mental health practitioner community – coming together to discuss the portfolio of MHPSS research funded through the programme, identify research gaps and discuss research uptake strategies. This was made possible because of the cohort of studies funded by R2HC in this area, and R2HC has found that research uptake is easier where there is a critical mass of funded evidence. In Lebanon, a new R2HC-funded grant includes, and can therefore be said to be co-produced with, the head of the national mental health programme.

¹⁴² Interviewees 60, 61, 68.

¹⁴³ <http://www.elrha.org/r2hc/partnerships/>.

¹⁴⁴ Interview 97.

¹⁴⁵ Acknowledging that many indicators lack a time-bound element and are therefore SMAR rather than SMART (specific, measurable, attainable, relevant and time-bound) – interviewee 65.

¹⁴⁶ Some actors involved emphasised that in order to use this TWG to generate actionable research that reaches the field, research translation and brokering was also necessary, a point also emphasised in the note of the event. Interviewee 218. R2HC (2017) WASH in Emergencies Research Prioritisation Meeting: Briefing Paper, 29–30 June 2017.

¹⁴⁷ The contribution story is based on interviewees 63, 74, 80, and the following documents: Republic of Lebanon Ministry of Public Health 'Mental Health and Substance Use: Situation Analysis and Strategy for Lebanon 2015–2020'; Karm, E et al. (2016) 'Lebanon: Mental Health System Reform and the Syrian Crisis', 13(4) BJPsych International Vol. 13, No 4 November 2016.

3 What other factors contributed to this change?

The R2HC contribution comes at a time of greater interest in researching and delivering interventions addressing the mental and psychosocial support needs of people affected by humanitarian crises, interventions that are increasingly seen as a critical component in any humanitarian aid response. There have been a number of studies funded by other donors, and a broader interest in reviewing the evidence base for MHPSS and its implications for programming. In Lebanon, wider research on the mental health needs of, and MHPSS interventions for, Syrian refugees helped to highlight the alarmingly low levels of awareness, provision, and rates of help-seeking behaviour for mental healthcare services by Lebanese people with mental disorders. This was one factor spurring the substantial reform of Lebanon's mental health system.

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

The management model of the HIEP itself, which brings together different DFID departments, appears to have had little effect on R2HC. The lead adviser sits in the Research and Evidence Division. A previous adviser who shared this role has now moved to a different department and no longer leads on R2HC. The R2HC governance structure is currently changing and an advisory group will replace the current Steering Committee. R2HC funders will continue to meet on an annual basis to review programme outcomes, and will also review and ratify recommendations made by the advisory group. The aim of having an advisory group is to be able to draw on external expertise drawn from UN agencies, operational humanitarian practitioners, policy-level humanitarian actors and academics for strategic direction and recommendations for the programme. This structure is also designed to mitigate the risks of being pulled in different directions now that the programme has three donors, and the intention is that further donors may join. Donors have agreed that they will have the final say on funding decisions. The risks of losing coherence because competing donor agendas are real, and an advisory group is a reasonable way to address this. Donors can also bring added value to strategic direction by linking up R2HC research to other research and programming for lesson learning, synergies and collaboration. This added value of donor input should be preserved.

The crucial role of the 14-member Funding Committee (FC) in ensuring quality at the selection stage means that R2HC relies heavily on maintaining the right combination of expertise on the Committee. The Funding Committee has played a critical role in forming R2HC as a programme, and members have given time and commitment above and beyond the traditional requirements of such committees. Therefore, the Funding Committee and its expertise is certainly one of the main 'active ingredients' of the R2HC model. As the membership of the FC changes over time, it will be important to retain the levels of expertise. Donors and existing FC members are invited by R2HC to suggest FC members and the Steering Committee approves all new nominations. There have been suggestions that the FC should add expertise in certain areas, for example on infectious diseases. The new advisory group could consider whether there are areas of expertise that need to be added to the FC or to the pool of R2HC's technical reviewers outside the FC itself.

Finally, one area in which the project management model is inhibiting results is the persistent area of delays to contracting grantees. During the Ebola call, delays in review, approval and contracting damaged the research's capacity to influence the response as planned in some cases. Delays have sometimes been outside Elrha's control, for example in the nutrition call launched in 2017, approval of which was delayed by the UK election. Further delays to contracting in this call were experienced

by institutions that had not previously received R2HC grants.¹⁴⁸ Several respondents in this evaluation reported delays and arduous due diligence processes, especially for local partners.¹⁴⁹ Delays are particularly serious given that speed is of the essence, especially in targeted responsive calls. R2HC's proposal going forwards is to pre-approve research institutions with specialist skills, which would negate the need for due diligence later on, except in certain circumstances. Vetting of local partners will often not, presumably, be possible in advance. For all types of grants R2HC also reports that it has reduced the level of checks needed for lower-risk organisations and implemented a three-year time period within which due diligence checks are not needed for an organisation already checked for a previous award (though the sub-set of checks relating to vetting of Directors or Trustees is only valid for 12 months).¹⁵⁰

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts (coherence of project with the whole)

We have already discussed the existing synergies with the HIF and plans to maximise them going forwards. As in the previous evaluation phase, there was little evidence of formal and coordinated attempts by DFID to harmonise or link up R2HC with other HIEP programmes, and the awareness of HIEP among non-DFID, and even some DFID, stakeholders was minimal. This is not a problem unique to the HIEP, but one also faced by other DFID research programmes. However, there has been collaboration between R2HC and other HIEP and non-HIEP programmes. DFID-funded work at the Overseas Development Institute (ODI) on cash transfers was presented at the R2HC Research Forum in September 2017. R2HC has worked with the HIEP-funded Oxfam Humanitarian Evidence Programme, inviting the University College London (UCL) team that conducted the mental health systematic review to present their findings at the WHO-Elrha MHPSS meeting previously mentioned.

4.2 Conclusion

R2HC has made important contributions to the production of high-quality research and strengthened partnerships between operational and academic organisations.

Now that findings and publications are emerging, there is room to thoroughly review the quality of research across the portfolio. R2HC could usefully compile and share learning from its portfolio, and has already begun to do so, for example its review of operational challenges based on a review of the 52 progress reports generated across 26 R2HC grantees.¹⁵¹ Ethical approval has been obtained from UCL to turn this into a more formal study, which will likely be conducted in 2019. Further learning based on common methodological issues and challenges in humanitarian contexts would also be very useful, as revealed by the great interest in the session on methods in the R2HC Research Forum in September 2017. This could build on and update learning from the first call published by members of the R2HC FC in 2014.¹⁵²

It may make sense for R2HC to review where its partnership work is really adding value and consider focusing this work in some new areas. At the level of supporting existing partnerships, R2HC could consider offering more technical services, such as research 'translation' and brokering services to package research in language comprehensible to operational actors, which might require accessing different skillsets for R2HC. Where partnerships are concerned, it has been noted that although brokering has been offered by R2HC, most funded partnerships do already exist, not new ones brokered by R2HC. It may be that partnerships are formed on a longer and less linear timeframe

¹⁴⁸ R2HC (November 2017) 'Review of Responsive Mechanism Pilot'.

¹⁴⁹ Interviewees 3, 79, 81, plus several conversations in the R2HC Research Forum.

¹⁵⁰ R2HC Annual Report 2017.

¹⁵¹ Dahab, Maysoon (2017) 'Operational Challenges of Implementing Health Research in Humanitarian Crises' R2HC paper,

¹⁵² Ager A et al. (2014) 'Strengthening the Evidence Base for Health Programming in Humanitarian Crises', 435(6202) SCIENCE, Special Section: Global Health, 12 September 2014.

than a simple matchmaking process. The process of creating partnerships does rely on awareness of potential partners and online services such as creating an online database of expertise, which could be used by interested parties to raise their awareness of the potential partners in their field, and might be a more cost-effective approach to support new partnerships in the future.

5 Impact: What contribution will the project make to the HIEP aim to build and sustain evidence-aware policy and practice by humanitarian organisations

5.1 Emerging findings

5.1.1 Extent to which HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve:

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises

Not all projects are anticipated to contribute to all outcomes. This section details contributions of the R2HC project to the overall programme outcomes.

At the grantee level, much of the positioning of R2HC research to achieve change among target audiences is embedded at the design stage of grants, which require partnerships with the very operational actors who would be expected to change their behaviour and advocate among their peers on the basis of findings. In this regard, best practices in co-production and co-communication of research are embedded in the R2HC design – the principle being that operational actors are more likely to change their behaviour in response to evidence when they have been involved in producing it. However, our sample revealed that this is easier in some cases, and with some research methodologies and products, than in others. The sample contained examples where a host of agencies had been consulted about and had contributed to the research and its dissemination, for example in the case of the IRC research on Menstrual Hygiene Management, which was used to produce a toolkit. In other cases, where research design was scientifically ‘harder’, operational partners said they needed more research ‘translation’ to help them to advocate on the basis of findings. These lessons are consistent with the literature on research uptake, which focuses on the value of research brokering and translation.

Peer-reviewed academic publications are good indicators of academic robustness of research findings, but they are not good vehicles for promoting understanding and uptake of findings among operational actors. Grantees, including operational partners, have begun to produce non-peer-reviewed products on the basis of findings, and R2HC expects these numbers to increase over time, since academic findings must often be produced first. So far, products include two policy briefs, two manuals, one tool, one set of guidelines and one set of videos. Presentation has been important in making toolkits usable, as demonstrated by the Menstrual Hygiene Management toolkit, which involved a communications specialist on the team, and significant thought was

invested in making the toolkit easily usable by different audiences.¹⁵³ There is clearly a need to ensure that data are robust and findings are quality assured before they are shared for dissemination in other forms. However, R2HC should encourage the sharing with, and dissemination through, operational actors of data and findings as soon as possible to maximise operational usefulness for decision making.

Now that research findings are emerging from the portfolio, R2HC has developed an updated Uptake Strategy,¹⁵⁴ outlining the approach to uptake at the grantee level and also at the R2HC level, focused on synthesis and sharing cross-portfolio lessons learned. There is evidence that R2HC has contributed to the HIEP outcomes one and two at the cross-portfolio lesson learning level, and we include some examples in the contribution stories below.¹⁵⁵ Scoring of the below contribution story is included in Appendix B.

Contribution to change a) the R2HC model generates interest among other funders and b) R2HC promotes a stronger culture of research ethics

1 What change has occurred? **a)** The R2HC model has attracted funding from the Department of Health and has attracted the interest of Fogarty International.

b) An R2HC tool on research ethics in research in humanitarian crises has generated great interest, including at DFID, and has already been incorporated into the syllabus in a Johns Hopkins School of Public Health graduate course on Measurement Methods in Humanitarian Emergencies.

2 **What did R2HC do that contributed to the change? a)** R2HC has established a niche profile as a model aiming to produce rigorous, yet operationally actionable research on health problems in humanitarian emergencies. The increase in R2HC's profile as a result has generated interest from other actors investigating how best to generate evidence on humanitarian health. R2HC has been willing to share learning about its model, and is now represented on the Planning Committee of the Fogarty International Centre initiative to promote humanitarian public health research.

b) Having funded an early ethics framework that was considered insufficiently practical, R2HC launched an updated research ethics tool in 2017, the hard copy of which was in A5 aide memoire card format – ideal for use by a wide range of actors, including in the field. Again, R2HC has been willing to share its learning and experiences with other actors interested in research ethics, such as DFID. R2HC's ethics guidance and lessons learned from developing the guidance are now being used to inform DFID's review and refresh of ethics principles and guidance.

3 **What other factors contributed to this change? a)** Interest in improving evidence on health in humanitarian crises has increased more broadly than R2HC, driven by the increase in incidents leading to humanitarian emergencies and the fact that risks to health caused by humanitarian emergencies are at an all-time high, according to the WHO.

b) There is also a broader interest in research ethics in humanitarian crises. The R2HC ethics work came to DFID's attention because DFID was renewing its own ethics principles for research and evaluation. Other research ethics tools do exist and are considered useful by stakeholders, such as the Médecins sans Frontières (MSF) Research Ethics Framework Guidance Document. Universities are already attuned to research ethics from a procedural perspective, because they have their own Institutional Review Boards that give ethical approval to research. The highest

¹⁵³ <https://www.rescue.org/sites/default/files/document/2113/themhminemergenciestoolkitfullguide.pdf>.

¹⁵⁴ R2HC Research Uptake Strategy and Plan, 2017.

¹⁵⁵ The contribution stories are based on interviews 59, 62, 98 and the following webpage: <https://www.fic.nih.gov/About/center-global-health-studies/Pages/health-research-humanitarian-crises.aspx>.

impact audiences for the R2HC Ethics tool would be NGOs and other organisations for whom the importance of research ethics is not already on their radar.

5.1.2 Extent to which HIEP has built capacity in Southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

From the beginning, donors have been clear that capacity building is not a primary focus of R2HC, and that quality is the most important criterion for selection of grantees. Nonetheless, there has also been an aim to encourage more involvement of Southern researchers in grants, reflected in logframe indicator (now 4.4): ‘Number of R2HC-funded research partnerships that include southern research institutions’. This indicator was itself a modification of a more ambitious indicator in the first R2HC logframe. In 2017, there were four calls for grants that were recorded against this indicator, including partnerships with seven local research institutions. In practice, almost all R2HC grants have been led by northern research institutions or INGOs, although the number and type of research partners, including southern research institutions, has increased with each annual call. Moreover, a number of the strongest research institutions globally are recipients of more than one grant. Five of the 10 lead partners that secured research grants in 2016–17 have previously been a lead grantee through previous R2HC calls.

Since the last evaluation R2HC has attempted to raise its profile with southern research institutions, including through targeted events and translation of key documents into French and establishing a system for reimbursing costs related to translation of proposals into English. The Jordan Research Forum generated considerable interest among researchers and humanitarians within the region, although only 5 out of 12 that submitted 4th Call Expressions of Interest were invited to develop full proposals. The 2016 R2HC Annual Report noted that as the profile of R2HC was growing among northern research institutions, leading to more applications from these actors, southern applicants were increasingly unable to compete, and that R2HC might therefore risk *‘raising expectations that are unlikely to be met’*.¹⁵⁶ The R2HC 2017 Annual Report acknowledges that the *‘lack of diversity reflected in R2HC grantees is frequently mentioned by both southern and northern research partners and detracts from the overall positive visibility of the R2HC’*.¹⁵⁷

Meanwhile, an author connected with the R2HC-funded Ebola Anthropology Platform has made a high-profile contribution to the literature on the role of health science in emergencies, documenting the important role of local researchers in harnessing community leaders better to understand transmission during the Ebola epidemic.¹⁵⁸ During the last evaluation phase, we noted how R2HC support for the Ebola Anthropology Platform¹⁵⁹ was a breakthrough in the inclusion of ethnographic evidence and ethnographers in high-level policy debates around the response.¹⁶⁰

This evaluation revealed starkly divergent views among a range of respondents as to the extent to which, and how, R2HC should be encouraging more applications led by Southern researchers,¹⁶¹ **which speaks to the difficulties R2HC faces in achieving a balance in this area.** At a minimum, R2HC should ensure that partnerships between Northern and Southern researchers are equitable, non-extractive, and do not have costs for Southern institutions.¹⁶² Crises can sometimes lead to a rush of Northern institutions seeking partnerships with the most reputable local research institutions, and unless they are equitable partnerships, they can cause disproportionate transaction costs for under-

¹⁵⁶ R2HC 2016 Annual Report.

¹⁵⁷ R2HC 2017 Annual Report.

¹⁵⁸ Richards, Paul (2016) *Ebola: How a People's Science Helped End an Epidemic* (London: Zed Books).

¹⁵⁹ University of Sussex and LSHTM: Ebola call.

¹⁶⁰ As confirmed in a separate review of the Ebola call, ‘The Platform worked closely with DFID, the Ministry of Defence and several NGOs, and offered advice on a range of issues including: identifying and diagnosing Ebola cases, the management of the dead, caring for the sick, clinical trials and research, as well as preparedness, communication and engagement’.

¹⁶¹ Interviewees 76, 77, 79, 80, 82, 92, 97.

¹⁶² Interviewees 68, 75, 79.

resourced institutions. Ideally, an understanding of the national research systems of the countries where research will take place is required to contextualise R2HC support to partnerships, especially since there will be great variation in the capacities of research institutions, notably between low-income and middle-income countries.

5.2 Conclusion

There is evidence that R2HC has contributed to HIEP outcomes one and two. The R2HC model itself has attracted funding from the Department of Health and has attracted the interest of Fogarty International. Further, R2HC has demonstrated that its cross-portfolio lesson learning and best-practice publications can gain as much traction as findings from individual grantees, and R2HC work on ethics in research in humanitarian crises has already been incorporated into the syllabus in a Johns Hopkins School of Public Health graduate course and is being used in DFID's own reflection on research ethics.

While capacity building is not a priority for R2HC's funders, there are still some things that R2HC could do to encourage more inclusive partnerships. For example, R2HC could more proactively promote the inclusion of southern academic institutions in research partnerships in call guidelines. This could help to ensure R2HC is not missing opportunities for collaboration where there are strong research institutions and is in line with the pledges of the World Humanitarian Summit around the need for more localisation, including in research. R2HC should, at a minimum, ensure that partnerships with southern researchers are equitable and non-extractive. Ideally, this requires longer-term understanding of the pressures faced by research institutions in middle- and low-income countries. R2HC has stated that it is interested in exploring alternative ways of increasing the inclusion of Southern researchers, potentially outside the existing research calls. Building research capacity among Southern research institutions also requires dedicated programming, and other DFID-funded programmes are focused in this area. DFID could help R2HC to direct Southern research partners to capacity building and research uptake resources funded through other DFID mechanisms.

6 Gender and social diversity

R2HC has increased its requirements on gender and social inclusion since the last evaluation report. All applicants to the R2HC are required to address gender and social inclusion aspects of their research within proposal applications and these elements are assessed alongside other review criteria. From 2017, all grantees have been required to report against gender and social inclusion outcomes in their final reports. Also, in 2017, targeting call 5 applicants invited to develop full proposals, R2HC conducted a webinar focusing on requirements and approaches to addressing gender and social diversity in research proposals. Of the research funded since 2014, eight projects have focused specifically on women and girls. Three of these were in our sample, focusing on Child Marriage, Menstrual Hygiene Management and a Minimum Initial Service Package (MISP) for reproductive health. A fourth sampled project on cash transfers in Jordan and Lebanon was focused, in part, on access to reproductive health services as an outcome area. One study in our sample focused on children and youth and another on people with terminal illnesses. The evaluation suggests that R2HC is generating evidence that is highly relevant to vulnerable groups.

7 Summative phase 2, conclusions

As a pioneering model of commissioning research, R2HC has proved that conducting practice-based relevant research that is also of high academic quality is possible in humanitarian contexts. Now that the concept has been proved, there is a need to think more about fine-tuning the model and trying different approaches to maximise impact. This includes the planned expansion of the

responsive research mechanism as a means of responding to acute phases of crises, as well as consideration of whether and how R2HC should encourage applications in areas where the market has not responded to its annual calls. It should also include a consideration of how the programme can increase the involvement of southern researchers, and, at a minimum, ensure partnerships with southern researchers are equitable and constructive for southern research institutions.

Ultimately, it is not individual studies, but rather bodies of research, that are required to fill the humanitarian health evidence gaps that have been identified by R2HC. R2HC has found that research uptake has been easier where there is a cohort of funded studies, for example on MHPSS interventions. Fine-tuning the model should therefore also involve consideration of how R2HC can better contribute to bodies of research.

R2HC has now produced sufficient numbers of publications to be able to say that some research is of very high quality, published in reputable peer-reviewed journals. There is some variation in quality across the portfolio, but a more thorough review of the quality of research publications would be required to assess this. R2HC has generated significant learning on the methodological challenges that are common in humanitarian contexts, which could be drawn together by the programme in the form of an academic publication, lessons learned or guidance to applicants.

It may make sense for R2HC to review where its partnership work is really adding value and consider focusing this work in some new areas. These may include offering more technical services, such as research ‘translation’, and brokering services to existing partnerships. R2HC could develop more online resources for brokering new partnerships.

The cross-departmental structure of the HIEP management appears not to have generated expected benefits for raising awareness of R2HC research. The pathways for awareness raising, dissemination and uptake of R2HC research within DFID that were originally envisioned at the beginning of the HIEP appear not to be working optimally down to country level. Awareness of R2HC and of HIEP was not high outside the immediate circle of introductions made by the R2HC lead adviser. Research findings are currently shared by R2HC with DFID and communicated through adviser-to-adviser networks. The HRI Team also share research directly with the country offices and country advisers. However, interviews showed there is interest at country level to have more knowledge of what research is in the pipeline, or even to be in touch with principal investigators at research design and early implementation phases (for example, baselines may be of great interest to country offices).

The difficulty of communicating centrally funded research to Country Offices is not unique to HIEP projects. Certainly, initiatives such as regional research hubs can help to raise awareness of research, tailored to Country Office expressed needs. Previous HIEP evaluations noted that the strong connections between HIEP and the East Africa Research Hub had facilitated awareness of HIEP research.¹⁶³ While the Middle East and North Africa Research Hub is in its early stages, this hub could play a brokering role, mapping Country Office needs and DFID-funded and other relevant research and brokering relationships. This brokering should not only be at the stage of final research findings and should include, where relevant, raising awareness of new and ongoing research.

¹⁶³ One HIEP research project was led by an adviser based in the Hub: ‘Building resilience and managing risk in fragile and conflict-affected states: A thematic evaluation of DFID’s multi-year approaches to humanitarian action in the Democratic Republic of Congo, Ethiopia, Sudan and Yemen’.

Appendix A: Sample of grantees

Call		Main partners	Title	Theme	Countries
Final Summative sample (2017)					
1	1	Johns Hopkins University (lead), IOM, Massachusetts Institute of Technology	NCD guidelines and health records for refugees in Lebanon	Non-communicable diseases	Lebanon
2	1	WHO (lead), Lady Reading Hospital Peshawar, Human Development Research Foundation, Rawalpindi Medical College, University of New South Wales, Vrije Universiteit	Effectiveness and cost-effectiveness of simplified psychological support in conflict-affected Pakistan	Mental health and psychosocial support	Pakistan
3	2	Yale University (lead) Wueen Margaret University, Mercy Corps, Taghyeer, University of Western Ontario, Harvard University	Health outcomes of a scalable psychosocial intervention for refugee youth	Mental health and psychosocial support	Jordan
4	2	IMC, Center for Disease Control (CDC), University Research Co., LLC, UNFPA, Ministry of Health (North Kivu Province)	Advancing the evidence base of the Minimum Initial Service Package (MISP) for reproductive health using a quality improvement approach	Sexual and reproductive health	Democratic Republic of Congo
5	2	IRC UK (lead), Columbia University	Building a cross-sectoral toolkit and research foundation for the integration of menstrual hygiene management (MHM) into emergency response	MHM/WASH	Myanmar, Lebanon, Tanzania
6	3	McMaster University (lead), University of Toronto, MSF, McGill University	Aid when there's nothing left to offer: a study of palliative and supportive care during international public health crises	Palliative Care	Guinea, Jordan, Rwanda
7	3	Women's Refugee Council (lead), Johns Hopkins University, Institute of Women's Studies in the Arab World, Lebanese American University, IMC Ethiopia, IRC Lebanon, Kachin	Evaluating the impact of early marriage interventions in three emergency contexts	Child Marriage (GBV)	Lebanon, Ethiopia, Myanmar

	Call	Main partners	Title	Theme	Countries
		Development Group Myanmar			
8	4	Johns Hopkins University, UNHCR, Lebanese American University, Medair	Multi-purpose and conditional cash transfers and public health among Syrian refugees	Cash transfers and Public Health	Jordan, Lebanon
First summative sample (2015)					
1	1	WHO (lead), Lady Reading Hospital Peshawar, Human Development Research Foundation, Rawalpindi Medical College, University of New South Wales, Vrije Universiteit	Effectiveness and cost-effectiveness of simplified psychological support in conflict-affected Pakistan	Mental health and psychosocial support	Pakistan
2	1	World Vision International	Longer-term mental health, developmental and systems impact of Child Friendly Spaces in humanitarian emergencies	Mental health and psychosocial support	Uganda
3	1	Institute of Behavioural Science, Natural Hazards Center, Colorado University	Enhancing Community Resilience in the Acute Aftermath of Disaster: Evaluation of a Disaster Mental Health Intervention	Mental health and psychosocial support	Haiti and Nepal
4	Ebola call	London School for Hygiene and Tropical Medicine/University of Sussex	Ebola Response Anthropology Platform	Ebola	UK & Sierra Leone
5	Ebola call	Platform for Dialogue and Peace (P4DP)	Role of Traditional Healers in Transmission and Mitigation of the Ebola Outbreak	Ebola	Liberia
6	Ebola call	Umeå University	Development of a Social Marketing Strategy to Promote Ebola treatment- seeking behaviour in Sierra Leone	Ebola	Sierra Leone
7	Ebola call	University of Oxford	Predicting the geographic spread of Ebola virus disease in West Africa	Ebola	UK

Appendix B: Contribution to change stories – assessment scoring

	Assessment of the significance of the change	Assessment of the significance of the HIEP's contribution	Assessment of the strength of the evidence to demonstrate the reported change
Story a) MHPSS research brokered by, and positioned to influence, policymakers	Established change evidence of change at scale and sustainability of change	Evidence that the programme made an important contribution	Strong: Verbal team and/or stakeholder evidence, strategy and implementation documents and monitoring and evaluation (M&E) data on progress, confirmed by primary evaluation data
Story b) The R2HC model generates interest among other funders	Established change evidence of change at scale and sustainability of change	Evidence that the programme made an important contribution	Strong: Verbal team and/or stakeholder evidence, strategy and implementation documents and M&E data on progress, confirmed by primary evaluation data
Story c) R2HC promotes a stronger culture of research ethics	Emerging change evidence of pockets of change, but not widespread	Evidence that the programme made some contribution	Medium: Verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress

Assessment definitions:

Assessment of the significance of the change:

Assessment definition – *Change*: 1. Significant change evidence that change has scale, depth and sustainability; 2. Established change evidence of change at scale and sustainability of change; 3. Emerging change evidence of pockets of change, but not widespread; 4. Early change; 5. No evidence of change.

Assessment of the significance of DFID's contribution:

Assessment definition: 1. Evidence that programme made a crucial contribution; 2. Evidence that programme made an important contribution; 3. Evidence that programme made some contribution; 4. Evidence that the HIEP intervention made very little or no contribution.

Assessment of strength of evidence:

Assessment definition – *Strong*: Verbal team and/or stakeholder evidence, strategy and implementation documents and M&E data on progress, confirmed by primary evaluation data; *Medium*: Verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress; *Partial*: Verbal team and/or stakeholder evidence, strategy and implementation documents; *Weak*: Verbal team or stakeholder evidence only; *No evidence*: There is insufficient evidence to make a judgement.

Appendix C: Health evidence needs in the Syria region¹⁶⁴

Health evidence priorities identified by respondents in this evaluation for Syrian refugees in Lebanon and Jordan included NCDs such as diabetes, hypertension and anaemia, cancer, dealing with terminal diagnoses, and mental health. Research on cash transfers for health outcomes was of great interest to a number of respondents. Access to sexual and reproductive healthcare services is particularly important since a large proportion of refugees in Lebanon and Jordan (unlike refugees in Europe) are women. In 2015, it was estimated that 25% of registered refugees in Lebanon and Jordan were women, and 2% were pregnant. Syrian refugees outside camps use many of the same services as local populations in Lebanon and Jordan, so strengthening health systems is the most sustainable way of meeting the needs of both host and refugee populations, especially given the protracted nature of the crisis.

A major gap identified was on Syrians displaced within Syria. *'The sparse literature tends to be on those living as refugees in neighbouring countries including Lebanon and Jordan'* (1 million and 660,000 registered Syrian refugees, respectively) meanwhile, *'there has been limited published literature on the internally displaced within Syria – currently estimated at over 6.5 million individuals'*. Inside Syria, less than half of health facilities are operational, displacement has continued to drive health needs, and Syria is the most dangerous country in the world to be a health worker, with approximately 107 attacks taking place in the first half of 2017. Within Syria, five vulnerable groups that cut across all sectors have been identified: children, youth, women and girls, people with chronic illnesses, disabilities and injuries, and the elderly. At a more granular level, vulnerability levels within these priority population groups are likely to vary. Health needs include: access to primary and secondary healthcare; medicines' supply chain for treatment of trauma, obstetric care, infectious diseases and chronic conditions; surveillance and capacity to detect, investigate, communicate and contain threats to public health security; access to reproductive health services and child health care; and increasing availability of mental health services. Further needs identified in the nutrition sector include research on the most appropriate interventions to prevent stunting, how to add complimentary foods for children aged 6–24 months and research on food vouchers versus unconditional cash transfers. An interest was expressed by stakeholders interviewed in Lebanon and Syria was research and data supporting remote management and impact of health services delivered through cross-border operations, allowed under UN Security Council resolution 2165 (2014), and mobile health units. R2HC has not funded research in Syria or on cross-border delivery of health services.

The Lancet's Syria Commission has published a more thorough assessment of available evidence and evidence gaps in early 2018.

¹⁶⁴ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (December 2016) Syrian Refugee Health Profile; United Nations Population Fund (2016) *Women and Girls in the Syria Crisis: UNFPA Response Facts and Figures*, <http://www.unfpa.org/resources/women-and-girls-syria-crisisunfpa-response-facts-and-figures-2016>; Bashour H. *Let's not Forget The Health Of The Syrians Within Their Own Country*. Am J Public Health 2015;105:2407–8.; UNHCR (The UN Refugee Agency). *Internally Displaced People*. 2017. <http://www.unhcr.org/sy/29-internally-displacedpeople.html>; UNHCR (Nov 2017) Syria Situation Map, UNHCR MENA Director's Office in Amman; DeJong J. J Fam Plann Reprod Health Care 2017;43:103–104; UN OCHA 2018 *Humanitarian Needs Overview: Syrian Arab Republic* - 21 Nov 2017

Case study 4: Humanitarian evidence synthesis and communication

1 Introduction

The Humanitarian Evidence Synthesis and Communication (HESC) project aims to synthesise research in the humanitarian sector. It aims to address priority questions in relation to ‘what works’ and ‘what do we know’¹⁶⁵ and communicate the findings to key stakeholders, with the ultimate goal of improving humanitarian policy and practice.¹⁶⁶ HESC is known externally as the Humanitarian Evidence Programme (HEP). In this report the project is referred to using its original title, HESC, to distinguish it from DFID's Humanitarian Innovation and Evidence Programme (HIEP) and for continuity in the evaluation reports.

HESC was implemented by project partners Oxfam GB and Feinstein International Center (FIC) at Tufts University. HESC had an original budget of £1,030,500, and a contract which ran from June 2014 to December 2016 which was extended on a no-cost basis to May 2017. An additional agreement of £82,656 to run until 30 November 2017 was made to support research uptake. The original plan for 15 reviews was reduced to eight during contract and inception phases. Reviews address questions in the areas of a) nutrition, b) shelter, c) mental health, d) child protection, e) urban action, f) water, sanitation and hygiene (WASH), g) markets and household food security, and h) food aid and pastoralist livelihoods.

This case study report forms part of the evaluation of DFID's Humanitarian Innovation and Evidence Programme (HIEP).¹⁶⁷ The five-year evaluation process tracks DFID HIEP 2013–18. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. This is the final summative phase of the evaluation and builds on previous phases.

2 Methodology

All case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact and also against an overall theory of change (ToC) developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money questions are being assessed through a separate process.¹⁶⁸

Following preparatory interviews with DFID and Oxfam in May 2017, the final phase of data collection took place during September to November 2017. The evaluation reviewed available project documentation including proposals, annual and programme closure reports, research uptake plans and revisions, plans for southern communication and reviews of final research update, stakeholder maps, as well as a wide range of the published products from the project, including research protocols, summaries and briefs of reviews. Also additional project products, such as reflection pieces and guidance notes, were reviewed. A process to assess the quality assurance methods of the project applied by the evaluation to all case study projects was undertaken by team member Genevieve Groom. A total of 28 interviewees included: project partners of Oxfam and FIC, co-authors' of reviews, advisory group members, and key stakeholders involved in evidence synthesis, promotion and in the subject matter of reviews. While all the reviews were considered in the evaluation, five reviews were focused on (shelter, mental health, child protection, urban action and markets), with more detailed interviews with external stakeholders of two reviews selected because their

¹⁶⁵ This focus on what do we know was added after the internal proposal was approved by the HIEP Management Committee when the project contract was awarded.

¹⁶⁶ DFID proposal to HIEP management committee- approved.

¹⁶⁷ For further information see the HIEP Evaluation formative report available at <http://r4d.dfid.gov.uk/Output/200759/>

¹⁶⁸ Five case studies have been identified for more focused value for money analysis. This is being carried out through a process separate from the case study.

findings were actively promoted by the authors earlier (shelter and protection). In addition, the evaluation team observed three of the webinars to promote the reviews. Full details of interviewees and documentation reviewed are in the main report – Annex 3 and 4 respectively.

The key constraint faced in the evaluation was that formal HESC promotion of the reviews was just taking place during the time of data collection, so greater detail on uptake and use of the reviews might be available at a later date. However, the evaluation was able to explore use of the reviews following earlier promotion, and the HESC team were able to provide their own monitoring data of the communication process immediately following events, which provided very useful feedback.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified in HERR and HIES and other emerging needs and opportunities to invest in humanitarian evidence and innovation

There is good evidence that the overall project and review questions identified are relevant to the sectors.

The previous phases of the evaluation concluded that the overall project and review questions addressed issues identified in the HERR and by the sector as needs, due in part to effective consultation, mapping and building on linked processes such as Evidence Aid's needs prioritisation process and International Initiative for Impact Evaluation's (3ie) scoping paper.¹⁶⁹ Review teams undertook further consultation as part of each protocol development process with effective processes including using teams' connections to inter-agency fora such as the Inter-Agency Standing Committee (IASC) working group on child protection, undertaking surveys in their networks and consulting with key informants at relevant conferences. In some cases, these consultations further refined the review questions with clarity in secondary questions or, in the case of shelter, with a focus on self-recovery. Evaluation interviews with expert members of sectors confirmed the questions' relevance.¹⁷⁰

Further scoping of available literature and consideration of feasibility would have strengthened the review process design in the first stage. Interviewees from partners and authors recommended: a) a more structured, funded scoping exercise for each review as its first step, and b) testing questions against their feasibility as well as relevance to practitioners. Also, at this point some recommended the potential to decide not to go ahead with a systematic review or to adapt the synthesis process and products where appropriate.¹⁷¹ At least one review team felt that going ahead with a systematic review was not appropriate because of the poor quality of evidence. This perspective was not shared by all in HESC, so this review did proceed, a decision made in consultation with DFID, but eventually resulted in a review based on only seven studies. These had limited findings that related mainly to evidence gaps which the review team felt were already known, though the HESC team, including DFID, viewed these as important, e.g. for people commissioning research. While the rationale for the decision to go ahead with the review is clear, this was an expensive and time consuming method to reinforce evidence of the key messages.

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

¹⁶⁹ <http://www.3ieimpact.org/en/publications/3ie-scoping-paper-series/3ie-scoping-paper-1/>.

¹⁷⁰ Interviewees 128, 136, 141, 143, 144, 148.

¹⁷¹ Interviewees 130, 133, 146.

HESC employed strong consultation processes in the design of the review framework and methodology and involved methodology experts and experienced humanitarian academics. Interviewees confirmed the strength of the approach taken in which the HESC team adapted systematic review processes to the humanitarian sector. Most review teams had to develop their own tailored, quality rubric to appraise the evidence, which added to the appropriateness of the process.¹⁷² HESC adopted a much more flexible approach than that traditionally taken in, for instance, the Cochrane Collaboration or DFID development review processes. HESC made modifications in acknowledgement of the nature of evidence available in the humanitarian sector where methods such as randomised control trials are not common and, in particular, enabled the inclusion of grey literature, as well as some material considered to be of lower quality. However, even with a somewhat lower-quality bar, still well under 1% of literature gathered was considered eligible for review and in two cases less than 0.1%.¹⁷³ Common reasons for not including literature were lack of information in available documentation on study methods and basic details of interventions including details of the composition of beneficiaries.

The teams undertaking the reviews were strengthened by their combination of academic and practitioner experience, but some struggled through lack of experience in systematic reviews. While all teams included both practitioner and academic experience, which was useful for both the reach to practitioners' networks to access agency material and also ensure academic standards of rigour in its appraisal, some had no systematic review experience and struggled. At least two teams reported not realising the extent of the workload involved in such a review from the outset, and did not fully understand the process even after their contract approval.¹⁷⁴ This meant substantial support was required from the HESC team to support review teams. Even those with considerable experience reported considerable workload over and above that funded. As reported in the previous evaluation phase, the reviews suffered from a tight budget that was under the standard market average.¹⁷⁵ Two teams (one with significant systematic review experience) estimated undertaking at least double the days funded.¹⁷⁶

Guidance from the HESC team considerably strengthened the review processes. HESC developed two guidance notes for the review teams:¹⁷⁷

- 1 How to carry out a systematic review in the humanitarian field
- 2 How to carry out a rigorous literature review in the humanitarian field.

These provided standardised approaches for the methodology applied. While members of two teams interviewed had less positive feedback on the support, feeling it was pushing for a product that was not feasible given the evidence available, the overall response was much more positive.

The reviews are predominantly based on English language sources for resource and capacity reasons, which have had an impact on the richness of their content. A limitation of the reviews was that they predominantly considered only English language material, a feature also not uncommon in the development sector. Teams were predominantly based in the Global North. There was also more limited success in outreach for evidence from the Global South, though teams did try to do this through their networks.

The selection of a systematic review versus other synthesis products and processes has mixed results and misses some opportunities available. There was general consensus among interviewees that a systematic review is the best method to critically appraise and synthesise evidence when adequate material is available and when the question is of a certain nature, particularly a technical one relating to a specific intervention. However, other types of synthesis products may have been able to address the questions relevant to

¹⁷² Interviewees 146, 147 and review of protocols.

¹⁷³ Kyrstal, R. et al. *'Improving Humanitarian Evidence: Reflecting on Systemic Reviews in the Humanitarian Field'*, submitted to Disasters Journal for publication.

¹⁷⁴ Interviewees 130, 153.

¹⁷⁵ The reviews here were costed at approximately £40,000 per review for review teams, as opposed to £60,000 used in other agencies. The UK£40,000 does not include the costs of OXFAM/Feinstein in managing the project, technical support and communication.

¹⁷⁶ Interviewees 132, 153.

¹⁷⁷ <http://fic.tufts.edu/research-item/the-humanitarian-evidence-program>

practitioners and which often relate to choices between options in certain contexts rather than the effectiveness of a particular intervention. In addition, valuable tacit knowledge, which would have been valuable to include in some way in the synthesis process or final products, was thought to have been lost. Some preference for other types of synthesis was held more by practitioner members of teams than by academics. Further consideration of how best to synthesise available evidence based on a more thorough scoping of available evidence could have guided the decision about products, as would consideration of the product most needed in the sector at that time, e.g. whether a broader synthesis, lessons learned or focus on particular intervention.

Communication of the reviews was not considered in detail in the process to select review questions, which later posed challenges for the promotion of the diverse range of reviews. The focus on communication has fluctuated during the course of the project, as demonstrated by its changing name and limited allocation of funding to communication until the extension and increased allocation. A communication budget was approved by DFID only after the production of the reviews (the original proposal submitted to DFID included an ambitious communication programme and later a Southern-based strategy was proposed by HESC partners but not approved). The final budget equalled less than 8% of the total project budget available. The selection of the review questions was very much focused on their relevance to stakeholders in each sector at the time rather than considering their overall coherence as a package, which meant they needed to be marketed individually to most audiences, which has time and resource implications. There was limited time to consider any themes running through the reviews that could contribute to making them a more coherent package, though there are positive examples of this being done, for example within DFID by the lead adviser bringing together findings from two reviews for colleagues working on youth and children's issues in humanitarian crises, including mental health and separation. There was very limited time to market relevant messages from individual reviews to the very wide range and different needs of potential audiences that would need considerable input from specialists in the sector.

HESC partners were contracted by DFID under a milestone contract, which reduced the project's flexibility. The project has very specific products and milestones, i.e. synthesis evidence products and steps towards them. However, project partners viewed the process as one in which the feasibility and approach to producing systematic reviews was being piloted and developed in the project and thus was also open to failure like any innovation. At least two reviews were significantly delayed in their completion, one because of the evidence available and the other because of the team capacity. It might have been better to consider alternatives to pursuing production of a final product. The nature of the milestone contract between DFID and its partners made it difficult to reduce the number of outputs at any stage after inception because funding would be reduced and the time spent in reaching an early preparation for products not produced therefore not funded. Thus, a milestone contract for a project that is considered to be an innovation, and therefore potentially might not produce reviews, should be entered into carefully in these types of project. A set number of final products may not be an appropriate milestone.

There was some consideration of gender issues in the project but additional steps would have strengthened the design. Review calls asked for reviews to disaggregated data to be considered and analysed through a gender perspective. However, a useful analysis of the reviews commissioned by Oxfam found that reviews did not usually include gender-specific questions. Review authors reported that the lack of disaggregated data in the available evidence was a challenge. Drawing on the evaluation interviews and Oxfam-commissioned analysis, it is clear that while there were some efforts to consider gender, additional steps could strengthen the process. Additional steps include: a) ensuring at least one gender and social diversity question in its primary or secondary questions; b) using some gender or related terms in review evidence search processes; c) including gender analysis in the ToC developed in review protocols; and d) ensuring a common understanding of a gendered perspective across review teams that goes beyond the disaggregation of data.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

Teams with good networks connecting them to other global sectoral initiatives, but with a much more limited country-based focus, undertook the reviews. Practitioner members of the review teams have good links to the relevant sector's developments at global level through, for instance, inter-agency groups and personal professional networks. The academic partners also brought in their networks. DFID shared review protocols and drafts internally with relevant humanitarian advisers, which facilitated sight across more of DFID of HIEP's initiatives, though this was offset by the high turnover of advisers. However, there were limited formal links made to connect the reviews to other DFID initiatives in the relevant sector and while the shelter review was considered in an internal DFID guidance note on shelter evaluation, interviews found it was not used as a source of content for the guidance.

3.1.4 Extent to which HIEP products are relevant to decision makers

Stakeholders find the reviews accessible and interesting, particularly in relation to evidence gaps, but those in more direct operational roles wanted the implications of findings for them to be laid out more clearly.¹⁷⁸ Each review has produced a review protocol, full report, executive summary and evidence brief. Considerable effort was put into making the products accessible to decision makers with evidence briefs in particular aiming to be visually attractive, having clear succinct presentation of findings and identifying evidence gaps. The project also ran a series of four webinars to present findings to relevant audiences, which provided an opportunity to discuss implications for policy and practice audiences. Videos of the final webinars are available online. Initially, the reviews, as described in the initial DFID proposal, were anticipated to produce findings that were directly relevant to policy and practice but it became clear quickly that this was unlikely to be the case given the nature of available evidence. While some reviews, such as the WASH and urban reviews, were able to identify aspects of how interventions are implemented that are relevant for practitioners and policymakers, many of the reviews point more clearly to gaps in evidence and areas for further consideration. The UN water supply and sanitation council used the WASH review. The urban targeting review questions targeting approaches that separate refugee/internally displaced people in a different way than approaches to host populations. But even in this latter case it is the state of the evidence that is summarised rather than any suggestion made about necessary next steps. Feedback gathered by the evaluation echoes the views of the HESC team that, while findings on evidence gaps are useful, there is little in the reviews that is new to practitioners, and the implications for policy and practice as opposed to further research and evidence gathering processes are less evident. This does not mean highlighting the evidence gaps is not useful but that the purpose of the reviews needs to be clearly communicated when they do not have direct implications for practitioners in the field.

That there is need for clearer articulation of the implications of the findings for decision makers suggests that additional products or communication processes are needed. Decision makers often read products such as the reviews with a 'so what?' or 'what does this mean for me?' mindset. The webinars provided an opportunity for those participating to discuss the implications; but to have been more accessible, clearer communication or discussion of the implications of findings for decision makers in different roles would have been beneficial, in addition to a presentation of the evidence.

3.2 Conclusion

The project was a relevant approach to meet the identified need for synthesised evidence. It undertook a high-quality and robust process that demonstrated the feasibility of the synthesis approach, produced some relevant findings, but also exposed the limitations of systematic reviews and state of evidence in the sector. The reviews have more limited relevance for policy and practitioner decision makers in relation to their sectoral practice at this point, but produced relevant products with implications for their role as evidence

¹⁷⁸ Interviewees 130, 140, 150, 152, 130.

producers, e.g. in the design and sharing of evaluations. The robustness of the approach was enabled by a methodological rigour combined with a flexible approach adapted to the humanitarian sector. The relevance of the individual questions was strengthened by the consultation processes in the sector and by the team selection. The relevance of the overall set of reviews is challenged by lack of consideration of their collective potential from the outset and more limited engagement with non-English language evidence and networks and communication of implications for different roles in the sector.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

HIEP aims to produce three outputs: which are a) high-quality research and innovation products; b) strengthened partnerships within DFID and between operational and academic organisations; and c) development of evidence and innovation-related skills.

HESC has produced high-quality products for each of the eight review questions. All outputs are in English only. For each synthesis question outputs comprises a full report, a separately published executive summary and an evidence brief. The evaluation quality assurance process confirmed the strength of the systems used to ensure the high quality of the outputs. In addition to the oversight and support provided by the HESC team to review teams, quality assurance mechanisms included: a) development and publication of a full protocol for each review, which clearly presented concepts and definitions being used, as well as any ToCs being explored, and the review process to identify, appraise and synthesise evidence. Each protocol was reviewed by experts and DFID advisers; b) peer review of individual outputs by DFID advisers and external expert advisers and c) Oxfam/Feinstein own management of consistent quality. Product formats were not tested in advance but built on DFID's and partners' experience of stakeholders' information needs.

In addition, HESC has produced a number of additional outputs that share experience on systematic reviews. These include an article, which reflects on the lessons from HESC, being accepted for publication by *Disaster Journal*.¹⁷⁹ Videos of the final webinars are also available online.

HESC has also contributed to the strengthening of partnerships between academic and operational agencies and individuals. HESC has been implemented through a partnership between Oxfam and FIC, one of the major operational humanitarian organisations and a highly respected academic institution in the humanitarian field. In addition, three of the reviews were carried out by teams bringing together academic and humanitarian operational organisations and all teams engaged with both communities through their team membership or advisory groups and consultation methods. Oxfam reports the benefits of the partnership as widening its contacts with evidence specialists, building skills, and a raised profile in this area – and is planning to sustain work on evidence as a result of the project.¹⁸⁰ In particular, Oxfam will recruit for a new position, initially for one year, funded by Oxfam, to promote linkage between operations and research evidence based in the monitoring, evaluation and learning department. It is not clear if this position will have the same outward-looking responsibilities to the sector as the HESC-supported positions have done, so at this point the main beneficiary from this resource is likely to be Oxfam and its programmes. However, the role is expected be project-funded in the future, which may result in wider outreach. Oxfam is also taking

¹⁷⁹ Kyrstal, R. et al. (2017). 'Improving Humanitarian Evidence: Reflecting on Systemic Reviews in the Humanitarian Field', paper submitted to Disasters Journal for publication.

¹⁸⁰ Interviewees 140, 152.

measures to address the quality of evaluation evidence it produces, as highlighted by the HESC as a general sector need.

Available evidence suggests HESC outputs have achieved good levels of downloads with notable interest in the review protocols and the evidence summaries. Based on downloads from the Oxfam Policy and Practice website alone, in the first 10 months of 2017 there was a total of 6,827 downloads of review summaries, reports and briefs; and there has been surprising level of downloads of protocols (8,145) since they were published in 2016. Review reports are the most frequently downloaded, with fewer downloads of the summaries and briefs. Oxfam download data indicates that executive summaries are more popular than evidence briefs, particularly in the health field.¹⁸¹ The numbers are partial given that outputs are also available on other platforms not counted here, including FIC, DFID's research platform, 3ie, Relief Web, ALNAP and Evidence Aid.

HESC has contributed to skills development in evidence. This has been notable for some of the co-authors from the review teams who are from operational backgrounds, but also for some academics who did not have previous systematic review experience. In one case, the evaluation found the operational agency undertaking the review was able to benefit from the skills gained by the co-author on their staff. The organisation had a pre-existing interest in building its research skills.¹⁸² But generally, it was the individual who mainly gained in skills development. In addition, some DFID advisers commenting on the protocols, and peer reviewing the draft reports, did not know systematic reviews as a product, given that it is new in the sector, so gained knowledge in this area.¹⁸³ Finally, the products produced by the HESC to support the production of systematic reviews are publicly available for use by others.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contribute to outcomes

HIEP aims to bring four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, that they are endorsed by operational actors and that they impact operations and funding by DFID and direct partners. The funding for the HESC research uptake strategy was agreed for the months June to October 2017, with the contract only being finalised in September, but there has also been activity by the review partners during the course of the reviews to engage with stakeholders in their relevant field, which potentially contribute to these changes.

HESC promotion events reached a broad-ranging audience mainly familiar with systematic reviews and based predominantly in the Global North. The key activities organised by HESC across all the reviews were a series of four webinars in October 2017 that shared the findings of seven of the reviews and promoted discussion of them for policy, practice and future humanitarian evidence processes. The events were promoted primarily through IASC structures tailoring communication to cluster leads for their onward promotion. Nearly 2,000 people viewed the pages promoting the events, resulting in 645 registrants from 99 organisations, which is good reach for the relatively short lead time to the events.¹⁸⁴ IASC structures were used as the primary vehicle for promotion because of IASC's targeted policymaker/practitioner membership and onward reach. Over 200 people attended the webinars and there have been a subsequent 260 viewings of the videos online. The majority (64%) of participants were from humanitarian organisations including non-governmental organisations (NGOs), the Red Cross/Red Crescent Movement, government agencies and the UN. They included a good spread of roles, including technical advisers, MEAL advisers, information managers, directors and policy advisers. Of the audience, 24% were academics. The remainder were knowledge brokers and members of the consortia. Interestingly, over 50% of participants in the webinars reported familiarity with systematic reviews, a figure likely to be higher than the sector average, so

¹⁸¹ The MHPSS executive summary was downloaded 561 times, compared to 156 brief downloads; the acute malnutrition executive summary was downloaded 447 times, compared to 78 brief downloads. Other reviews show the same trend but to a lesser extent.

¹⁸² Interviewees 129, 133, 153.

¹⁸³ Interviewees 147, 150, 144.

¹⁸⁴ HESC (2017) 'Research Uptake Analysis', HESC.

indicating a more research-oriented audience from within policy and practice circles. This conclusion is supported by the fact that the highest attendance was for the webinar discussing the state of evidence in the sector (67 participants). Surprisingly, given the profile of urban issues, the webinars featuring urban and shelter reviews had lowest participation levels (32), though the Oxfam site shows the highest number of downloads of the urban review. The evaluation heard that the challenges of using webinars to promote debate was a combination of different subjects that appeal to different audiences not necessarily interested in the linked subject and the 90-minute length of the webinars, which was more than many potential participants could commit.¹⁸⁵ They are however available to view online.

HESC has achieved good links with knowledge brokers, which bolstered its promotion efforts.¹⁸⁶ ALNAP has also been a key promoter of the reviews, noting the reviews in events it has held and promoting their use to key initiatives such as the SPHERE revision. The support of Evidence Aid and the coincidental timing of Humanitarian Evidence Week around the same time as the webinars has also been important, providing another channel for HESC communication activities.

The DFID project manager has promoted the reviews to colleagues, notably humanitarian advisers involved in the project, but there is limited evidence of use of the reviews at this point by DFID.¹⁸⁷ The content of the reviews has been considered, for example, in the development of DFID internal guidance on shelter, but the nature of the reviews' findings meant that other sources were more useful to inform the guidance that DFID needed at that point. DFID support to promotional activities has been helpful with, for instance, support provided by the head of the humanitarian cadre, the head of international relations and the lead adviser in the HIEP team to the webinars and promoting awareness of the outputs. Review teams were highly interested to receive feedback from DFID regarding the use of the reviews in-house but did not have this information at this point.

The key promotional activity has been the interaction by review teams with stakeholders in their field, resulting in use of the reviews in related processes. The HESC shared nine examples of the reviews feeding sector processes such as gap-mapping exercises and the inter-agency prioritisation processes.¹⁸⁸ Review teams have promoted the reviews through their own networks. The WASH team promoted their review at the WASH research prioritisation workshops run by Elrha, which included the WASH cluster, key UN and operational agencies, academics and others. The shelter team shared via their networks at global cluster meetings and the UK shelter forum. The protection review was shared in various fora, including the IASC working group on child protection where members expressed surprise at the finding of a lack of evidence about child separation and outcomes of residential care for unaccompanied children.¹⁸⁹ However, it should be noted that even with this good engagement and awareness among key stakeholders, there is no guarantee that the same people will act on it nor – in the case of at least one interviewee – even read the review when it is produced.¹⁹⁰

The teams have been hampered in their promotion efforts by a lack of resourcing for their time to promote the reviews. Neither the original grant nor the extension includes resourcing for the time for the review team members to promote the reviews. The mental health team has secured independent funding from University College London (UCL) to support dissemination and as part of this they have been able to do presentations, attend conferences, including the 2017 Global Evidence Summit in Cape Town, to take up the invitation of Elrha/World Health Organization (WHO) to the R2HC mental health and psychosocial support (MHPSS) event and to plan a video and other promotional activities. Other teams, though not all, with

¹⁸⁵ Interviewees 130, 152, 154.

¹⁸⁶ Interviewees 131, 135, 142, 145, 152.

¹⁸⁷ Interviewees 47, 144, 154.

¹⁸⁸ HESC (2017) *'Research Uptake Analysis'*

¹⁸⁹ Interviewees 143, 148, 153.

¹⁹⁰ Interviewee 128.

institutional support have been able to reach fora as part of their work, but those not part of an institution are hampered in their provision of more ad hoc inputs where feasible.

The reviews contributed to debate in the sectors and to ongoing efforts to strengthen the sector's evidence base. The evaluation found the reviews sparked discussions in the shelter and child protection fora about the methodology of the reviews, about the appropriateness of the criteria for evidence included in reviews and has contributed to interest in having more robust evidence on outcomes of both shelter and child protection interventions.¹⁹¹ The discussion complemented other initiatives, which are separately encouraging the production and use of more and better evidence. For example, UNICEF stopped production of a field handbook on child demobilisation and reintegration where evidence gaps were identified and filled these gaps before completing the guidance; in the shelter forum there are parallel reviews being undertaken by the Centre for Development and Emergency Planning and since 2008 there has been a push to collect the sector's experience and evidence through an inter-agency initiative that collects, and peer reviews, case studies, and has now accumulated over 200 peer-reviewed case studies.

The reviews are being used in education and training courses for humanitarian professionals, academics and post-graduates.¹⁹² The evaluation found that the reviews are being used in training on evidence-based policymaking, on appraisal of evidence and on systematic reviews. One academic commented on how engagement in this project has affected their teaching saying: *'I did a class on protection last week – the big issue I said is we don't know what works, partly because it's complex; two years ago I would not have thought to include this issue'*. Another trainer reflected on the quality and use of reviews to promote good practice in evidence in the sector, saying: *'I've used their work, especially the mental health review – it illustrates mixed methods, flexibility. I use them to illustrate what is a systematic review and to influence decision making'*. It is not clear how extensive this use of the reviews is, though the finding in the HESC's review notes that the protocols are downloaded almost as many times as the evidence briefs, which indicates a more in-depth interest in the methodology of the reviews, though that also may be influenced by the website design, which favours the full reviews and protocols.

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

HESC has depended on informal arrangements to ensure cross-departmental engagement, which has efficiency costs. HESC was initially managed by staff in the Evidence into Action team and later the HIEP Secretariat (now renamed the Humanitarian Research and Innovation Team) when the lead adviser moved. The linkage to the humanitarian cadre and other relevant parts of DFID has been by the lead adviser and also through the inter-departmental overall HIEP management committee/advisory group. There has been no formal requirement of other departments to contribute to the HESC, though this has been strongly encouraged by the head of profession. The informal arrangement has at times caused delays, such as in the case of securing input to protocols and peer review of outputs, which was being done in addition to humanitarian advisers' regular work. Ensuring the contact and involvement has been positive as a contribution towards HIEP outcomes while depending on an informal relationship has made it time consuming at times, which then has had knock-on effects for HESC partners and project plans. The review teams who wanted to know if and how DFID are using the reviews also felt hampered by having no direct contact with DFID and have to go via the HESC team, and the HESC team expressed their preference in the peer-review process to have had direct contact with the relevant peer reviewers.

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts

Some links have been made with other HIEP projects, notably via Elrha, but there is limited evidence of connections to wider DFID-supported initiatives that might have been beneficial. The HESC has had good

¹⁹¹ Interviewees 141, 143, 148, 153.

¹⁹² Interviewees 135, 136, 142, 146, 147, 150, 151.

cooperation from Elrha teams managing the Humanitarian Innovation and R2HC Funds, both HIEP projects. Individuals involved in both projects have built on the relevance of one for the other, e.g. to support evidence-mapping and prioritisation processes being carried out by Elrha with HIEP support. Other examples include the participation of one of the review teams at an event organised by Elrha for R2HC, which brought the systematic review into events discussing evidence on mental health in humanitarian contexts, particularly important given that this review team did not have that sector connection.

4.2 Conclusions

HESC produced high-quality products, both synthesising evidence on eight questions of relevance to the sector and on the process of synthesis and evidence production in the sector. The combination of academic and operational organisations has been effective, and drawing on the networks of the key individuals in the project in each partner, review team and DFID has been crucial to its success. The most effective promotion has been via the review teams themselves and brokers. Promotion of the reviews, and reflections on the process, raised interest in the review findings and contributed to discussions and processes relating to evidence generation, but so far has had limited impact on policy or practice of either DFID or other actors. Key challenges have been the limited content of direct policy or practice application, lack of resourcing for the communication of products that relate the findings to different roles and the somewhat disparate nature of the questions reviewed, meaning they needed individual packaging to link to relevant sectors.

5 Impact: What contribution will the project make to HIEP's aim to build and sustain evidence-aware policy and practice by humanitarian organisations

5.1 Emerging findings

5.1.1 Extent to which HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve.

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises

The key contribution of HESC has been to contribute to increased debate about the quality of evidence and awareness of evidence gaps in the humanitarian sector, which relates to outcome 2. HESC has produced reviews, which all appraised quality of relevant data, and commented on the low quantity of data they could include. This finding has been shared widely in inter-agency fora at the global and UK levels. The HESC has produced high-quality reflections on process, produced quality pieces and communicated on process widely in events, conferences and fora. Methodological lessons will be incorporated into other synthesis processes, such as ALNAP's lesson papers, in the future. HESC has also identified a clear set of actions that organisations can take to improve the quality of the evidence they produce in monitoring and evaluation so that this source of evidence improves. HESC created good links between it and key 'evidence actors', such as Evidence Aid, ALNAP and operational organisations such as IRC. HESC supported inter-agency initiatives, such as the submission to the World Humanitarian Summit, to improve the evidence basis of

humanitarian action and supported events in Humanitarian Evidence Week. This contribution to HIEP outcomes is described in more detail in the box below.

Contributions to change

1 What change has occurred?

There is increased debate about the quality of evidence in the humanitarian sector, including awareness of the gaps and poor quality of the existing evidence in the sector. Evaluation interviews confirm the trend taking place, as does HESC team's own observations.¹⁹³ This links to outcome two of the HIEP theory of change which aims to change culture for the regular integration of evidence in humanitarian work.

2 What did HESC do that might have contributed to the change?

HESC has produced reviews that all comment on the low quantity of data they could include in their reviews because they did not meet the quality criteria established. This finding has been shared widely in inter-agency fora at the global and UK levels. HESC has produced high-quality reflection pieces and communicated on this finding widely in events, conferences and fora. The HESC team reflections on the process of the reviews, particularly relating to decisions about how to judge the quality of evidence, are valuable contributions to the sector debate on what standard of evidence is 'good enough' and 'appropriate' to the particularities of the humanitarian sector. HESC has also identified a clear set of actions that organisations can take to improve the quality of the evidence they produce in monitoring and evaluation so that this source of evidence improves, though promotion of these actions only recently started, for instance in Humanitarian Evidence Week events. HESC created good links between it and key actors promoting better evidence, such as Evidence Aid, ALNAP, and operational organisations, such as IRC. HESC-supported inter-agency initiatives, such as the submission to the World Humanitarian Summit, to improve the evidence basis of humanitarian action and events in Humanitarian Evidence Week.

3 What other factors contributed to this change?

Enabling factors

- Pre-existing knowledge of weaknesses in evidence in some sectors among some professionals, as highlighted by review teams in their protocols¹⁹⁴
- Demands for more evidence of outcomes from donors
- Increasing numbers of humanitarian workers are undertaking academic post-graduate study, so are more familiar with evidence availability and trends
- Parallel processes are finding there is an absence of evidence to support their guidance and standards¹⁹⁵
- Some key agencies are being very open about their focus on evidence to support programming, e.g. IRC, Oxfam
- Key individuals at leadership levels of some international non-governmental organisations (INGOs) have come from a research background and are influencing their organisations, e.g. Save the Children
- DFID has supported (in-person, not necessarily financially) connected initiatives, such as the development of guidelines on evidence being led by Evidence Aid as a result of the WHS commitment statement
- Some organisations have invested their own funds to build policy, research and learning units over time, e.g. IRC, Mercy Corps, British Red Cross

Inhibiting factors

- The debate remains in relatively small circles focused mainly in the Global North
- There is a lack of funds to produce new primary research within or alongside operational programmes
- The lack of consensus regarding the criteria by which to judge the quality of evidence in the debate around the reviews and, therefore, what quality is 'good enough' for the humanitarian sector
- A perception among some humanitarians that there are tensions between values-based and evidence-based decisions, seen e.g. during some Humanitarian Evidence Week events

4 Assessment of the significance of the change

¹⁹³ Interviewees 130, 132, 133, 136, 140, 141, 142, 143, 146, 148, 152, 153.

¹⁹⁴ For instance, see the shelter and markets protocols.

¹⁹⁵ For example, Unicef guidelines Int 148.

This is an *emerging change* with pockets of change in individual organisations and parts of sectors, but change is most evident in the production of evidence and discussion about it and its quality rather than in its use.

5 Assessment of the significance of HESC's contribution

HESC has made *some contribution* to this change, but it is time-limited and focused mainly on the Global North and on production of evidence.

6 Assessment of the strength of the evidence to demonstrate the reported change

There is *medium-quality* evidence to support this assessment of change and HESC contribution, based on consistent verbal reports from key stakeholders across more than four sectors and documented evidence of the products.

However, there are significant challenges to change that the HESC does not address. These include the lack of incentives to change and poor understanding about how to translate evidence into changed practice as well as the lack of consensus on quality standards for evidence in the humanitarian sector.

5.1.2 Extent to which HIEP has built capacity in southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

The project did not have an explicit aim to build capacity of southern partners, though it attempted to include them in review teams when possible, but with very limited success. There was an initiative to develop a southern-focused communication strategy, but this was not supported by DFID, and based on an assessment it was more focused on the broader evidence debate than the eight reviews which themselves were producing findings less directly relevant to practice locally. Evaluation interviewees have pointed to the limited connectivity of the 'evidence debate' to the Global South, but this project does not significantly address that trend.

5.2 Conclusions

HESC has made a contribution to the humanitarian sector's progress towards a change in culture in relation to evidence. It has brought in some new people to the evidence debates and demonstrated through robust methods the state of existing evidence. But the debate remains within a relatively localised group, predominantly located in the Global North and international circles.

6 Gender and social diversity (GASi)

The relevance section discussed the GASi approach taken in the HESC. However, it is notable that the project undertook a gender analysis across the reviews to consider findings and implications of the eight reviews and experience. This currently remains in a draft form at the close of the project and has not been shared more widely.

7 Other findings and comments

Stakeholders in the project commented on a concern relating to the effects of delays in contract processes and decision making within DFID, e.g. on review sign-off, which had significant knock-on effects for project partners and review teams, both at the institutional level as organisations underwrote costs and at the individual level, where individuals were on time-limited contracts. Such delays could be managed by the well-funded partner organisations, though not without some challenges, but managing such challenges might not have been possible for lesser-resourced organisations and in particular discourage new players to join such initiatives. Longer time allowances for such reviews would have assisted this process, as would formal agreement within DFID as to its advisers' role to review the reports.

8 Summative phase 2 conclusions

HESC is a relevant project that has been effective in the production of high-quality products. Its engagement with the sector has been particularly effective via operational champions involved in the reviews. The project has successfully shown the feasibility of a systematic review in certain circumstances and also the limitations of the product. HESC has demonstrated the value of academic and operational partnerships, highlighting that these groups require time to bond as an effective team and often need considerable support with a process such as synthesis. It has also highlighted the need to raise awareness in the sector of different ways of synthesising and assessing evidence and has gone some way towards that. In terms of the set of products produced, while there has been good linkage to evidence-related processes, there is more that can be done to integrate them more closely with the sector's policy and practice developments and in DFID itself. There are lessons to share from the project in relation to integration of a gender approach and to humanitarian organisations' evidence generation, particularly through evaluations. A last conclusion is that the project has developed a strong network of 'evidence champions' in the humanitarian sector, which can be harnessed in the future. Agencies reported an uncertainty about DFID's future direction on the evidence agenda but are interested to see it engage more with interested individuals to take it forwards.

Case study 5: Humanitarian Innovation Fund (HIF)

1 Introduction

This case study report forms part of the evaluation of Department for International Development (DFID)'s Humanitarian Innovation and Evidence Programme (HIEP).¹⁹⁶ The five-year evaluation process tracks the DFID programme from 2013 to 2018. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. This is the final summative phase of the evaluation.

This case study report focuses on the Humanitarian Innovation Fund (HIF), a grant-making programme that supports innovation in humanitarian response. HIF is managed by Elrha,¹⁹⁷ which also manages the HIEP-funded Research for Health in Humanitarian Crises (R2HC) programme, another case study in the HIEP evaluation (CS 3).

1.1 Project description and status¹⁹⁸

The HIF supports organisations and individuals to pilot, develop and share solutions to challenges facing effective humanitarian assistance. Funded under DFID's HIEP Business Case 2, the specific outcome for the HIF is '*to increase innovation in humanitarian practice resulting in demonstrated and cost-effective improvements in humanitarian action*'.

HIF supports innovation projects through a range of financial and technical support, including open calls, grants, guided innovation processes, partnership brokering and mentoring, as follows:

- A core grant-making programme of open calls in three funding streams targeting different stages of the innovation process: early-stage innovation (ESI), Development and Implementation Phase, and Diffusion grants. The 2017 evaluation notes that the core grant facility is the largest component, having made 88 grants at a cost of £6.3 million.¹⁹⁹
- Two structured thematic programmes, on water, sanitation and hygiene (WASH) and gender-based violence (GBV), which convene multiple innovation calls processes around specific challenges in these areas, supported by research, grants and technical support for innovation management, diffusion and dissemination. The WASH component has made grants up to £1.8 million.
- A new initiative on scaling, which is supporting three large projects on their journey to scale so that they can be adopted and applied in mainstream humanitarian responses. The scaling component represents about £1.2 million, and provides financial, technical and monitoring and evaluation (M&E) support to the selected organisations, as well as conducting action research to gather lessons on scaling for the wider humanitarian sector.

Other initiatives include a newly established strategic partnership with the Asia Disaster Response and Risk Reduction Network (ADRRN), which is providing financial and technical support to local and national Asian and Pacific non-governmental organisations (NGOs) to develop and pilot solutions. Through this partnership, ADRRN has been able to establish an innovation hub in Tokyo to help develop innovation capabilities among

¹⁹⁶ For further information see the HIEP Evaluation formative report, <http://r4d.dfid.gov.uk/Output/200759/>.

¹⁹⁷ Currently hosted by Save the Children UK.

¹⁹⁸ Adapted from the project's Annual Progress Report, 2017 and the HIF Evaluation, 2017.

¹⁹⁹ HIF commissioned its own evaluation in 2017 to inform its new strategic direction, which was more detailed than the ongoing HIEP evaluation. The report can be found here <http://www.elrha.org/hif/about/evaluation-2017/>

NGOs in the region, and to convene regional innovation events for NGOs, humanitarian agencies, governments and businesses.

Finally, the HIF also synthesises and communicates evidence and lessons on humanitarian innovation for the wider sector, through blogs, case studies and more formal research, e.g. the 'More Than Just Luck' synthesis report conducted in collaboration with the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) in 2016 and the WASH scoping research.²⁰⁰

The HIF contributes to the HIEP's output 2 innovative humanitarian products and processes developed and tested at scale. The specific outcome of the HIF is to increase innovation in humanitarian practice, resulting in demonstrated and cost-effective improvements in humanitarian action. The HIF was launched in 2011 as a partnership between Elrha and ALNAP. The HIF is managed by Elrha within the legal structure of Save the Children UK (although Elrha is due to become a subsidiary of Save the Children UK in 2018).

The HIF is the largest DFID investment in humanitarian innovation through HIEP. Phase 1 of the DFID funding ran from 2011 to 2014, and Phase 2, funded through DFID's umbrella programme the HIEP, began in 2015 with the agreement of a new Accountable Grant to 2018. In 2017, DFID funding was extended until end of March 2019, as part of a final phase of the HIEP, to fund six further innovation small grants and to focus on additional dissemination and impact research uptake activities (see Table 1). The HIF has received additional funding for specific activities such as the GBV window and scaling initiative from Canada, Sweden, the Netherlands and ECHO.

	Budget
DFID (Phase I)	£3,575,359
DFID (Phase II) June 2018	£7,829,918
Extension to March 2019	£700,000
TOTAL	£12,105,277

2 Methodology

All HIEP case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact and also against an overall ToC (theory of change) developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money or efficiency questions are being assessed through a separate process.²⁰¹

The summative phase of HIEP was conducted in 2017, building on two previous evaluation phases in 2015 and 2014. The methodology consisted of document reviews and key informant interviews. Documents consisted of reports about the HIF (e.g. progress reports, evaluations), reports by HIF grantees (e.g. progress reports, project outputs); documents commissioned by or produced by the HIF for the wider sector (e.g. ALNAP/HIF case studies on innovation management), and documents on the broader context for humanitarian innovation (e.g. UN report on the World Humanitarian Summit). The HIF website was also extensively navigated and communications outputs (e.g. blogs) were also reviewed. Documents that related

²⁰⁰ 'More than just luck' report and case studies can be found here: <http://www.elrha.org/wp-content/uploads/2015/01/hif-alnap-2016-innovation-more-than-luck.pdf>; the WASH research can be found here: <http://www.elrha.org/hif/innovation-resource-hub/innovation-links/wash-innovation-research>

²⁰¹ Five case studies have been identified for more focused value for money analysis. This is being carried out through a process separate from the case study.

to the Ugandan context were reviewed and summarised by the Ugandan national evaluator. Overall, more than 30 documents have been reviewed (main report Annex 4 lists the documents reviewed).

Given time and resource constraints, it was not possible to review the whole portfolio of HIF projects, so a sample of nine were selected to reflect three criteria: 1) a thematic focus on WASH; 2) live as well as completed projects; and 3) Uganda as a country context. Given the focus on Uganda, with its promotion of refugee self-reliance, four of the projects reflected elements of user-/refugee-led innovation, while others had a combined focus on WASH and GBV (see appendix for the list of projects reviewed). The evaluator visited Uganda in November 2017, and interviews were conducted in Kampala with HIF grantees, humanitarian agencies, government officials and national NGOs, many of whom represent the target audiences for the projects supported by HIF. The sample of 40 respondents interviewed included:

- HIF project team (3)
- HIF advisory board members and technical advisers (5)
- DFID advisers (2)
- HIF grantees and partners (8)
- Government of Uganda representatives (2)
- Humanitarian sector actors in Uganda and internationally (20).

Annex 3 of the main report details the list of respondents.

Between December 2016 and June 2017, HIF commissioned an independent external evaluation, conducted by Triple Line and managed by an independent evaluation steering committee, which has informed a new strategy and operational plan. The HIEP evaluation has built on the insights provided by the evaluation on HIF's past performance and aims to provide a forwards look to inform HIF's new strategy.

There are two main limitations to this case study. First, resource and time constraints mean that it has not been possible to review the whole of the HIF's functions or interview all of the programme staff, e.g. those involved in the GBV or scaling work. The HIEP evaluators also agreed with the HIF manager to focus on areas that had not been covered by the earlier evaluation, i.e. the WASH portfolio. This limitation was mitigated by reviewing available documents on the other aspects of the HIF's work to give as complete a picture as possible. Second, as noted by the HIF's 2017 evaluation, there is limited aggregate monitoring information available about the performance of the fund or its portfolios and projects, beyond individual project progress and completion reports, as there is no structured M&E process at the HIF. Therefore, beyond the HIF evaluation, the HIEP evaluation could not draw on secondary data to identify trends, outcomes and impacts to explore and verify. The HIF has recognised this as a gap and is acting on recommendations to design and implement a Monitoring, Evaluation, Accountability and Learning (MEAL) and management information system to support its new strategy, with a new Elrha MEAL adviser recruited in late 2017 for this purpose.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified (in Humanitarian Emergency Response Review [HERR] and Humanitarian Innovation and Evidence Strategy [HIES]) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

The humanitarian innovation context has changed considerably since the HIF started, and while HIF was a pioneer in providing funding for innovation projects, the challenge now is to maintain its ‘early mover’ advantage in a more populated and more sophisticated landscape. HIF is seen to have been a leader in establishing innovation as a mode of working in the humanitarian space, providing then-rare funding for pilots, and has made substantive contributions to the development of innovation management approaches in the humanitarian space, notably through its contribution to the innovation workstream at the World Humanitarian Summit (see HIEP 2014 evaluation report). However, respondents perceive the HIF to be now facing the challenge familiar to ‘early movers’ in finding a new niche and direction in a more mature and populated context for humanitarian innovation.²⁰² Since the 2014 HIEP evaluation, there has been a proliferation of innovation labs, incubators and initiatives in the humanitarian and development arenas. The entry to the sector of actors from business world, alongside the humanitarian sector’s own efforts, means that there is a much greater understanding of the innovation life cycle coming into the sector, bringing a diverse range of innovation methodologies to humanitarian challenges such as shelter, WASH, energy, access to mobile technologies and financial inclusion for refugees and displaced people. New forms of financing and supporting innovation are entering the sector from impact investors and venture capital, as well as UN agencies and international non-governmental organisations (INGOs) establishing their own innovation units. Both the previous HIEP evaluation and the HIF’s own independent evaluation noted that HIF’s grants and mentoring had brought important innovation resources in a context of low investment in innovation in 2009, but with the growth in innovation funding and initiatives since then, there is a question as to where the HIF’s relatively modest resources should best be targeted and how it can continue to build on its pioneer’s track record.

Despite the proliferation of innovation initiatives, the humanitarian sector as a whole has yet to show significant results at scale from the resources going into innovation, pointing to the next challenge for humanitarian innovation. There are now innovation labs in most countries where there are humanitarian responses, and while there have been a plethora of technical and digital solutions trialled, stakeholders view these as representing the relatively easy ‘low-hanging fruit’.²⁰³ The challenge now is how to move pilots onto next stages – and what the pathways might be for successful approaches to be scaled and ultimately adopted into mainstream humanitarian responses remain poorly understood. As one respondent put it: *‘We’ve cracked the 0–100 user scale, now how do we get to the 1000–1,000,000 users?’* There is a wide recognition that the persistent challenges being faced by affected communities are complex and reflect deep-seated root causes that are not solvable through products or single organisations.²⁰⁴ However, key gaps in the ‘innovation ecosystem’ remain, as highlighted by respondents, e.g. next stage funding and technical support for the development of solutions is complicated by a lack of coordination of innovation efforts and financing – a recognised challenge at the 2016 World Humanitarian Summit that resulted in the establishment Global Alliance for Humanitarian Innovation (GAHI) (hosted by Elrha) to improve coordination of innovation at the system level. The scaling pathways for new approaches are unclear and complex, requiring considerable time, investment and advocacy to achieve the required changes in regulations, standards and procurement systems, as well as involvement of national government agencies as the ultimate adopters of new systems. Finally, there are strong political economy drivers to brand and retain innovations within organisational boundaries, and well-established humanitarian response delivery systems pose high barriers to entry for novel and/or local business models – this has potential to change with the new global humanitarian reform process, new ways of working and the localisation agenda.

²⁰² Interviewees 212, 213, 215, 214, 215, 216, 217, 219, 220, 247, 250, 253.

²⁰³ Interviewees 211, 212, 213, 215, 218, 228, 229, 234, 235, 246, 250.

²⁰⁴ Interviews 211, 212, 213, 215, 218, 228, 229, 234, 235, 246, 250.

In terms of responding to these trends, HIF has developed a new strategy for 2018–2020, informed by the findings of its independent evaluation, which provides a good framework for the next evolution of the HIF.

The HIF team should be given credit for responding rapidly to the recommendations of its evaluation to develop and formalise the HIF's strategy, which provides the framework for the HIF to pursue these new directions comprehensively and coherently.²⁰⁵ The strategy commits the HIF to a set of priorities, including prioritising local engagement and country contexts as the starting point for innovation processes.²⁰⁶ These new directions chime with the views of many respondents internationally and in Uganda on what is required in the maturing humanitarian innovation ecosystem – e.g. user-led innovation approaches; country- and context-based approaches; innovation in protracted crises; connecting with new regional and national innovation hubs, such as the Disasters and Emergencies Preparedness Programme (DEPP) labs; tackling larger-scale, complex systemic challenges.²⁰⁷ Several respondents perceived that the HIF has had sufficient flexibility to start to tackle more complex problems that involve behavioural, social and systems changes. They noted that the team's experience has given them insights into system challenges and that the HIF is starting to become led more by the needs of users in affected communities than by products and technical solutions. This is reflected in the more recent WASH challenges like user-led sanitation and the GBV initiative, which have both provided flexibility to try out new approaches.²⁰⁸ The scaling programme is directly exploring the challenges of scaling innovations and shifting existing systems, and new regional opportunities have been pursued, like the recent strategic partnership with the Asia Risk Reduction Network (ADRRN), which has interesting potential for supporting national NGOs to innovate, and the series of ideation workshops with NGOs in Jakarta and Delhi. However, other respondents felt that the HIF has not moved fast enough over the last 12 months to respond to key trends, which suggests that it is timely that the HIF has brought these various new strands together in the new strategy, which should be implemented decisively in this rapidly changing context.²⁰⁹

In terms of responding to emerging needs, the WASH projects reviewed by the HIF evaluation respond well to needs identified by WASH global stakeholders through the 2015 gap analysis and subsequent consultation and research. The four WASH projects reviewed for the HIF evaluation (three in this phase and one in the previous phase) form part of a structured set of innovation projects commissioned around an

Box 1: Uganda context snapshot

Uganda has a population of around 41 million, and has a long history of hosting refugees, since the 1950s. Currently, Uganda is host to over 1.2 million refugees, comprised of 59% women and children, which makes Uganda the third largest refugee host country in the World (GOU: 2017) and the largest refugee host country in Africa. Uganda is globally recognized as having a progressive refugee policy. Refugees and asylum seekers are entitled to work; have freedom of movement; and can access Ugandan social services, such as health and education. Many refugees, especially in the northern districts, are in protracted displacement, facing between 5 and 10 years of displacement. Refugees in Uganda are either self-settled or live in organized settlements that cover approximately 350 square miles of land set aside by the government. Although co-existence between host and refugee communities is surprisingly harmonious given the numbers, high levels of poverty in host communities can lead to rising tensions, so recent policy has established that humanitarian aid be spent according to a 70/30 split, with 30% allocated to aid that also benefits host communities. This fits within UNHCR's Comprehensive Refugee Response Framework (CRRF), which has been translated into Ugandan law as the 2016 Refugee and Host Population Empowerment (REHOPE) Framework, which now provides the framework for refugee humanitarian response. Because of the refugee framework, there is a lot of innovation activity happening around refugee livelihoods and exploration of refugee-led innovation processes.

²⁰⁵ HIF STRATEGY 2018-2020, accessed December 2017 from: <http://www.elrha.org/hif/about/hif-strategy-2018-2020/>

²⁰⁶ HIF Strategy 2018-2020, accessed in November 2017 from <http://www.elrha.org/hif/about/hif-strategy-2018-2020/>

²⁰⁷ Interviews 211; 212; 213; 215; 218; 228; 229; 234; 235; 246; 250.

²⁰⁸ Interviews 212; 213; 214; 216; 218.

²⁰⁹ Interviews 212; 215; 219; 220.

agreed common challenge. Additional scoping research on the challenge has further improved their alignment to real needs.²¹⁰ (See case study Appendix A for the specific projects reviewed.)

The six projects reviewed from the core portfolio were commissioned from open calls and so are diverse in topic, focus and scale; while they were selected by an expert advisory group, the alignment to needs and challenges is less clearly discernible. The core portfolio is the HIF's original grant programme, and its purpose is to be responsive to ideas from organisations rather than framed around strategic challenges. The core grant calls have recently been restructured to target different stages of the innovation process, but are not structured thematically. However, core grant projects do cluster around common themes, as thematic and geographical searches on the website indicate, but the project reports do not consistently draw out the needs or challenges being targeted; at least for an external reader, the logic for their selection is not always clear. The projects commissioned in Uganda clustered around issues to do with refugee-led innovation and livelihoods, which reflected the Ugandan context (see Box 1). The review suggests that there is scope to clarify and make consistent in the core project documentation the specific challenge or needs being addressed and the expected contribution from the project, as well as perhaps reviewing the utility of a purely open call, given the maturing innovation ecosystem.

The stronger focus on user-led approaches outlined in the new strategy will require the HIF to develop a comprehensive and systematic approach to gender and social inclusion across its work, as noted in the 2015 HIEP evaluation but not yet addressed. The 2015 HIEP evaluation recommended strengthening the approach to gender and social inclusion (GASi), and while the HIF accepts this recommendation, almost two years later, there has not been any evident progress. GASi issues are addressed on a project-by-project basis, as before, and where a project involves affected communities or user-led design processes, projects are given expert guidance from a social development adviser. However, the WASH portfolio is noticeably weaker on GASi, apart from key projects like Safer Lighting. In fact, Safer Lighting illustrates how taking a user-led focus and considering how differences in gender, age, wealth, social background and power relations affect people's use of facilities can help to unpick the complexities of the problem to be explored, and is likely to provide a better solution. The project team felt that some WASH engineers do not routinely consider gender and social dynamics in how people use facilities, while some protection advisers may not routinely consider how the engineering of WASH facilities can be improved to offer more secure areas, but bringing these perspectives together in that project has stimulated new insights and approaches.²¹¹ In the 2017 Annual Report, the HIF undertakes to explore a more explicit and systematic focus on gender, including gathering gender-disaggregated data and providing guidance for grantees. The new strategy also emphasises the HIF's ambitions to promote ethical dimensions of innovation. This suggests that the implementation of a systematic approach to GASi should now be prioritised.

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

The HIF's 2017 strategy lays out a new direction that is highly appropriate to meet new opportunities in the context, but the strategy needs further work to clarify HIF's role and 'offer' to the sector to distinguish it from others in a more populated humanitarian innovation ecosystem. Respondents suggested that in an increasingly crowded landscape, where innovation approaches are maturing beyond pilots, funders are consolidating portfolios for greater impact.²¹² This means that there is a need to explain how HIF differs from and complements other programmes at Elrha – e.g. R2HC – and other innovation initiatives, if it is to justify its value to the humanitarian system, maximise its coherence and focus, and help potential collaborators understand what the HIF brings. Sector stakeholders close to the HIF highlighted what they see as the HIF's strengths.²¹³ Where the larger humanitarian agencies and INGOs are investing in innovation within their own organisational systems, HIF is seen by stakeholders as an independent entity, i.e. not part of an operational

²¹⁰ The reviewed projects were drawn from challenges on Safe Water, Faecal Sludge Management, and Lighting for Safer Sanitation

²¹¹ Interviewees 214, 218, 224.

²¹² Interviewees 212, 215, 217.

²¹³ Interviewees 216, 217, 219, 220, 221, 247.

agency, in a good position to bridge agency and sectoral boundaries to bring innovations out of silos and act as a ‘connector’ and broker in the ecosystem. Stakeholders familiar with HIF see it as having developed an advantage in participatory methodologies for analysing challenges and generating engagement around issues, e.g. the ‘gap analysis’ approach, and it is starting to produce resources around innovation management in humanitarian settings. Given that HIF does not mobilise large-scale resources compared to other funds, respondents see that its potential for impact at scale is limited, but its resources can be directed to fund projects to generate evidence and learning to help others have impact, e.g. by identifying and exploring new challenge areas and contexts, testing methodologies, generating evidence and action learning through projects, and convening initiatives with strategic partners. The practical knowledge assets it has built up from its experience could then be proactively mobilised by the HIF to guide other initiatives, possibly helping to better target innovation financing brought by larger funds.

There is a major opportunity to curate a body of innovation learning from the core grants that represents £6 million worth of innovation investment as well as from the thematic portfolios. The 2017 HIF evaluation, the 2015 HIEP evaluation, and respondents interviewed for this HIEP evaluation noted that the HIF has continued to struggle to synthesise lessons and generate evidence from its portfolios in a systematic way.²¹⁴ The study conducted by ALNAP in 2016, *‘More than Just Luck’*, and WASH scoping research are examples of the important learning about humanitarian innovation that HIF holds. There are 80 plus project reports and other outputs from the core grants portfolio shared on the website which show the volume of work being produced, suggesting that there is an opportunity for strategic review to synthesise lessons to help the HIF to build up its knowledge assets in a more structured way. As the project search page suggests, the core portfolio has tackled a wide range of topics that are highly relevant to its new strategy, e.g. older people in emergencies; children and young people; refugee livelihoods.

The WASH and GBV portfolios are better structured than the core portfolio around challenges, some with research partners, and plans for synthesis are in place once challenges are completed. HIF has also generated learning about a wide range of innovation methods and is building up a repository and reflection pieces on how best to apply these in humanitarian innovation, e.g. materials on user-led design in the WASH portfolio and the forthcoming ECHO-funded field guide for humanitarian practitioners on innovation management. Many HIF projects have also tested innovative methodologies, e.g. the project on refugee-led innovation to address GBV in Uganda reviewed for this evaluation trained refugees in user-led design, and has interesting insights into methods for strengthening refugees’ capability, and so should be included in any review of the core portfolio.

Since the 2015 HIEP evaluation, the HIF expanded its team to do more in terms of synthesising and sharing lessons, but this has not yet translated into visible outputs. Between 2015 and 2017, the HIF team received a much-needed expansion with the recruitment two innovation advisers and an outreach and engagement adviser, which theoretically brought capacity to expand synthesis and outreach. However, the HIF’s evaluation and other respondents suggest that while the HIF now has the right skill set and has very knowledgeable staff, they are stretched very thinly across the HIF activity streams, with much capacity being absorbed by grant-making processes – dealing with frequent open calls in the core portfolio, supporting live projects and providing innovation management.²¹⁵ The extension period for the DFID funding is very short, only nine months, which suggests that some recalibration between grant-making, and synthesis and dissemination needs to be tackled urgently to address this.

The new strategic direction for the HIF will require the systems for portfolio management to be strengthened in the core portfolio, building on the approaches used in the WASH portfolio. The gaps in terms of active portfolio management were flagged up by the 2017 HIF evaluation, and acknowledged by the HIF team, although most of the issues identified relate to the HIF’s core portfolio, as HIF’s new scaling programme and the more recent WASH challenges align well with the new directions in the HIF strategy. The

²¹⁴ Interviewees 212, 213, 214, 215, 216, 217, 218, 219, 247, 253.

²¹⁵ Interviewees 214, 215, 217, 220, HIF evaluation report 2017; HIF Annual report 2017 states that there have been 22 Large Grants and 37 small grants funded by the DFID award in this period.

most recent ‘user-centred sanitation’ challenge is a good example of the HIF working in a ‘systemic’ way. This challenge convenes a number of organisations to work on different aspects of the challenge, with a specialist research partner commissioned to conduct initial research to scope the issues and develop the evidence framework, while providing ongoing M&E to the projects, facilitating peer-to-peer learning and conducting an impact assessment of the project cluster, finally synthesising the evidence into technical guidelines. This kind of structure seems very promising, especially if regional/country focus can be added, as it convenes multiple actors around a challenge, spanning organisational boundaries and establishing a broad coalition of organisations that can then advocate for change. A similar model was used in a project commissioned by R2HC (also hosted at Elrha) on testing approaches for integrating menstrual hygiene management into emergency response and measuring effectiveness which convened 30 NGOs in the research process, suggesting that the two programmes are learning from each other.²¹⁶ It is encouraging that implementation of the recommendations made by the HIF’s own evaluation appear to be under way across Elrha, including developing a fund, portfolio and project M&E system, which should help with the new approach.

Portfolio management systems will allow the HIF to rebalance its portfolio towards innovators in the Global South, which HIF has started to make progress towards. The ambition in the new strategy is to work more in the Global South in recognition of the growing innovation opportunities in Africa and Asia, and to work with affected populations to tackle more complex and systemic problems. To date, the core grants have been skewed to actors in the Global North and have focused more on technical and product innovation, leading to the impression that the HIF grants have supported mainly established agencies and INGOs to try new products, and supported incremental change in these areas. This reflects the greater administrative capacity of large organisations to produce grant applications and deal with delays in grants being approved, which has been an issue for smaller HIF grantees. The HIF has started to explore how it could support smaller national and local organisations through its collaboration with ADRRN, which has already held ideation workshops in Jakarta and Delhi to provide interested organisations with support on proposal writing, building the right partnerships and feedback loops so that participants could refine their proposals to address this issue.²¹⁷ However, the HIFP evaluation’s country visits, to Ethiopia and Kenya in 2015 and to Uganda in 2017, showed that the HIF has virtually no visibility among country-based humanitarian actors in Africa, arguably the HIF’s target group. There is potential for HIF to build up its outreach in selected countries in Africa, e.g. where the HIF has made several grants in one country around similar challenges, as it has done in Uganda around the theme of refugee-led innovation.

HIF has a good track record of involving sectoral stakeholders through its advisory groups and technical working groups, but expert advice should be combined with a broad range of perspectives, especially those of affected users, to avoid a narrow focus on technical and incremental solutions. It must be noted that one of the HIF’s strengths has been its strong connections into humanitarian practice through its advisory group and WASH Technical Working Group (TWG). However, some respondents felt that staffing constraints had led to an over-reliance on expert advice to identify new challenges, rather than taking a broader scoping approach, which may explain the portfolio inadvertently reflecting the siloed nature and ‘blind spots’ of humanitarian sectors, e.g. a past focus on technical solutions in WASH.²¹⁸ There is good evidence of a shift, as the WASH and GBV portfolios are showing a gradual move away from ‘single loop’ learning focused on technical solutions that improve current strategies, towards ‘double loop’ learning that questions assumptions and explores root causes to frame complex problems from multiple perspectives.²¹⁹

²¹⁶ See <http://www.elrha.org/map-location/irc-menstrual-hygiene-call2/>.

²¹⁷ ADRRN and HIF progress reports, 2017.

²¹⁸ Interviewees 214, 215, 218, 247.

²¹⁹ ‘Single loop’ and ‘double loop’ learning are concepts that come from the theoretical and empirical work of Argyris and Schon (1978) on reflexive practice and learning in social systems. ‘Single loop’ learning seeks new approaches or solutions within existing norms and systems, while ‘double loop’ learning critically questions existing norms and systems in a process of re-framing problems and shifting systems as part of solutions. In rapidly changing contexts where new challenges are constantly emerging, the authors argued that it is only by interrogating and changing the governing systems that it becomes possible to produce new actions and strategies that can address changing circumstances, as seen in the example of cash-based responses, which has shifted humanitarian supply chains and opened up the space for local service delivery. See Argyris, C and Schön, D

Part of the key to this has been to switch perspectives from technical ‘gaps’ towards questioning how affected users behave in specific contexts and what are desirable outcomes for them, and convening different perspectives, e.g. refugee communities, field implementers, social development specialists and designers, to explore how intended users would interact with proposed solutions to inform innovation processes. This was reinforced in the Safer Lighting project, where just a few days of action research in the refugee settlement in northern Uganda, led by a small team that combined protection, WASH and research perspectives seems to have yielded a new set of insights that sectoral blind spots had previously overlooked.²²⁰ We would encourage the HIF to continue to balance its expert advice with a focus on affected communities and contexts, and to find opportunities to scope challenges in country contexts.

Elrha’s transition to becoming a subsidiary of Save the Children could provide the opportunity to make the HIF’s systems more flexible, to allow more rapid response and to free up staff time to work on innovation management and lesson learning rather than grant administration, although we note the potential risk of overwhelming staff. The 2017 Annual Review notes that Elrha will become a subsidiary of Save the Children in April 2018. Through this transition, Elrha hopes to achieve greater autonomy, transparency and independence to deliver its work (Annual Report 2017). It is hoped that Elrha may then be able to develop tailored and more flexible procedures to work with new partners, e.g. national innovators, which should enable HIF to deliver its strategy.²²¹ It is beyond our scope to comment further on this, other than to note that embarking on an institutional transition at a time when HIF needs to move rapidly into implementing its new strategy may absorb its already thinly spread staff resources. Further, the dependency of the HIF (and Elrha) on DFID funding is likely to create pressures to fundraise within the second year of the DFID extension. These factors mean that HIF may only have a short period to move decisively into new modes of working.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

The rapidly developing ecosystem for humanitarian innovation offers HIF further opportunities to improve its connections to other initiatives in countries, as well as regionally and internationally. HIF has good connections in the WASH sector through its technical advisers and projects, and has a close connection to other programmes at Elrha, such as R2HC. The synergies between HIF and R2HC were noted by respondents and the HIEP evaluators, e.g. cross-overs in terms of thematic focus on GBV, psychosocial support, public health and WASH, projects in R2HC that are testing innovations, and some in HIF that are research-based. Similar models of collective convening around challenges have also been used in both programmes. The HIEP evaluation has revealed examples where Elrha has directed participants at R2HC events to HIF where this was seen as a more appropriate platform for their ideas. There is also one instance where an implementation project that flowed from two R2HC research grants was funded under the HIF.²²² Respondents see both platforms as still unique in the humanitarian sector in terms of focusing research and innovation attention on these issues. While there has not yet been a joint call, the fact that both HIF and R2HC are at Elrha means that there is good potential to explore further synergies. R2HC’s phase 3 funding proposal contains suggestions for increasing the synergies between R2HC and HIF, including conducting gap analysis to explore the potential and opportunities for innovation in humanitarian public health. Elrha’s transition is an opportunity to build the synergies and coherence between R2HC and HIF, but care should be taken to preserve the unique selling point of both programmes in the process.

(1978) *Organizational Learning: A Theory of Action Perspective* (Reading, MA: Addison Wesley), or for an accessible summary of this body of work, see Smith, MK (2001, 2013) ‘Chris Argyris: Theories of Action, Double-Loop Learning and Organizational Learning’, The encyclopedia of Informal Education, <http://infed.org/mobi/chris-argyris-theories-of-action-double-loop-learning-and-organizational-learning/>.

²²⁰ Interviewees 214, 218, 224.

²²¹ Interviewees 213, 220, 247.

²²² Terre des Hommes (TdH) and the WHO project to implement Problem Management Plus (PM+) through humanitarian agencies, starting 1 January 2017 with ECHO funding.

HIF has also shared knowledge and provided advice to new-generation innovation programmes, such as the Disaster Preparedness Programme's (DEPP) innovation labs, managed by the START network, and GSMA innovation fund in the mobile sector.²²³

HIF has developed a strategic partnership with ADRRN in Asia, which is in many ways a flagship for the way HIF could work in other regions, e.g. East Africa where visibility of the HIF is low. The HIEP evaluation in 2015 found that HIF has low profile among national innovators, especially in Africa, reconfirmed by the visit to Uganda. Since then, the HIF developed its first regional partnership with ADRRN in 2016 to address the growing challenges posed by the intensity and scale of disasters in the Asia-Pacific region. This partnership developed from a longstanding relationship between the HIF and ADRRN, and provides a good model for how HIF could also work in other regions. The strategic partnership model developed by the HIF consists of an agreement with ADRRN to provide mutual support through network connections and shared learning, and to work together on a number of planned activities during the 12-month period, including seed funding for a small regional portfolio. Described as 'capacity building' on the HIF website, this somewhat undersells this interesting collaboration with the Asia-wide network, which draws on HIF's innovation 'know-how' to support NGOs in 16 countries in Asia through grants and convening activities, supported by a £50,000 grant to establish the ADRRN Tokyo Innovation Hub. There is interesting potential for this collaboration to catalyse an innovation ecosystem in Asia that mobilises NGOs, humanitarian agencies, governments and businesses, as the ADRRN has considerable convening power in the region. The challenges for HIF to work at a regional and national level are discussed further later.

3.1.4 Extent to which HIEP products are relevant to decision makers

HIF's outputs are highly relevant to decision makers, but their visibility is limited because of the variability in the evidence produced and lack of structured outreach and dissemination already noted. HIF produces a range of outputs, including blogs, videos, project progress reports, resources on innovation management and methods, and lessons products, with the aim of reaching a broadly defined audience of decision makers and practitioners. Respondents confirmed the relevance of HIF's outputs, but felt that, at least for other innovation funders or operational actors, projects are not being documented in a way that showcases their value, or that could allow them to be taken up, e.g. the way that many projects are framed and described does not always succeed at conveying what the problem is, what outcomes are being sought, for whom and where, and what solution is being tried. These insights may sit above individual projects at the level of learning about the challenge, where the linkages to operational concerns could be more explicitly drawn out, alongside more definition of intended audiences are, e.g. field practitioners, policy decision makers or follow-on funders, which could improve the positioning of HIF outputs for take-up.²²⁴

HIF's commitment to transparency and sharing all its reports is commendable, however the website architecture and communication strategy is not optimal for curating materials and supporting learning. The Elrha/HIF website is the primary channel for communicating information about the programme and is where most products are shared, including funding calls and project updates and activity. The website has a wealth of project, thematic and innovation management resources on it, including Elrha's recently launched research repository for the peer-reviewed and more formal project outputs. The website is clearly well used – the Annual Report indicates that during 2016–17 there were 256,697 unique page views of HIF content, a slight increase of 3% compared to the previous year. Key areas of the website include:

- HIF-funded projects profiled with project blogs featured and cross-promoted across online channels – 28,452 unique page views (upvs)
- Funding information including core and thematic funding calls – 137,000 upvs

²²³ Interviewees 253, 276.

²²⁴ Interviewees 212, 216, 217, 218, 219, 220.

- Bespoke areas of the website created to showcase thematic areas of work, including WASH, GBV and Journey to Scale – 46,165 upvs
- Three WASH Challenges launched during reporting period – 13,222 upvs
- Innovation Resource Hub – 30,345 upvs²²⁵

However, in general, the web architecture does not facilitate the user's access to resources, e.g. the Elrha research repository is not readily accessible from the HIF website. If HIF is to make more of its knowledge resources, then the web architecture and communication approaches should be reviewed and optimised, which the HIF team indicate is already being planned.

3.2 Conclusion

The HIF has taken a positive step with the development of the new strategy for 2018–2020, which aligns HIF to respond to new challenges in humanitarian innovation and provides a good framework for the next evolution of the HIF. The HIF has also committed to developing a systematic MEAL process across the fund and portfolios, which will enable it to strengthen its focus on GASi, better manage and rebalance its core portfolios, and provide data on its performance. The HIF has a good reputation and is seen as an important independent player in humanitarian innovation. There is a major opportunity to identify, curate and disseminate learning to support the new strategy, critical knowledge which is the foundation of HIF's offer to partners, operational actors and other funders. The HIF is well connected to key stakeholders at the international level, and complements other initiatives such as R2HC; regionally, its collaboration with Asian NGO network ADRRN offers a model for engaging in other regions, such as East Africa, where HIF currently has low visibility.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high-quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

HIEP aims to produce three outputs which are:

- 1 High-quality research and innovation products;
- 2 Strengthened partnerships within DFID, between operational and academic organisations and with and between partner agencies;
- 3 Development of evidence and innovation-related skills.

In terms of research and innovation products, HIF produces a range of outputs from its funded projects as noted above, and, as a whole, HIF produces good quality innovation projects that meet their deliverables. HIF provides hands-on grant management and provides innovation management support as well as finance to projects. This means that projects are well run and produce their deliverables in terms of blogs and reports, sometimes with additional products such as journal articles. All project deliverables are shared on HIF website and HIF should be commended for its commitment to transparency.

The majority of core grant projects meet HIF's reporting requirements, and the more recent thematic portfolios have dedicated research partners; however, the absence of a HIF-wide M&E process means that

²²⁵ Annual Report 2016–17.

the outputs from the larger projects can be inconsistent and some outputs fall short of communicating clearly the learning on the challenge/innovation or producing systematic evidence required for further development. The more recent WASH challenges have a dedicated research partner to ensure that learning and evidence is gathered systematically, while the 2015 ALNAP case studies and synthesis were designed to meet research standards for qualitative research, with structured protocols, data collection and peer review. In the core portfolio, smaller projects have fairly light-touch reporting requirements, which seem appropriate for the size of the grant, while larger development and scaling grants, especially those organised within thematic challenges, tend to produce more systematic, M&E or research-based evidence. However, evidence gathering is variable and inconsistent, and depends on the grantees' own M&E culture and systems, rather than the HIF's own requirements and quality assurance.²²⁶ This issue was identified by the HIF's own evaluation as one that may undermine the overall quality of outputs across the portfolio and risks losing important lessons. HIF (and Elrha) have committed to implementing the recommended M&E system to provide a structured and systematic approach across all portfolios and the fund as a whole, with a new MEAL adviser post replacing the research adviser in January 2018.

In terms of successful innovations, there are few examples as yet of HIF innovations being taken up beyond the HIF funding stages, largely because of the systemic challenges in the wider context for humanitarian innovation, and a general lack of understanding of the progression pathways for successful projects to move from ESIs to scaling, which the HIF is now aiming to tackle more systematically in the new strategy through an uptake and advocacy plan. Some respondents queried the lack of uptake after the completion of pilot projects, given the size of the HIF's portfolios and length of time it has been supporting pilots.²²⁷ Nevertheless, the HIF can point to some notable successes, e.g. the maternal post-partum balloon tamponade, Motivation's appropriate wheelchairs, and others documented in the 15 case studies that were systematically reviewed by ALNAP in 2015.²²⁸ Other respondents (internationally and in Uganda) pointed to the challenges that face pilot and development projects, e.g. financing and barriers to entry, as discussed at the start of this report, and that five years is a relatively short timeframe for investments in humanitarian innovation to be yielding large-scale solutions and outcomes. To illustrate, one of the WASH projects reviewed for this evaluation was of a water treatment approach which had progressed through the HIF's stages from development of a prototype to field test.²²⁹ The five-year journey started in 2012 with a HIF grant of £107,341, with £37,314 in contributions from the project lead, through design and manufacture of the prototype, changes in design, culminating in its first field deployment in Juba to demonstrate effectiveness in 2016, supported by a diffusion grant of £24,193. So, after a period of five years and an investment of £179,000, the innovation has just reached the stage of being successfully tested in an emergency setting, with the notable participation of the South Sudan Urban Water Corporation (SSUC), the government body that provides water treatment in Juba and is a potential adopter of new water treatment approaches.²³⁰ The UNICEF Rapid Family Tracing Contribution Story 1 (Appendix B) provides yet more illustration of the complexities of progressing innovations.

The HIF has a range of strategic partnerships that have worked well to mutual benefit, and this is an area that HIF intends to develop further in its new strategy. The ongoing partnership with ALNAP has enabled the HIF to draw on research and analytical skills for synthesising lessons, e.g. the *'More than Just Luck'* study. Within the HIF projects, partnerships between operational agencies and academics have been a common feature. As mentioned, the strategic partnership with ADRRN has a lot of potential for catalysing system change in the Asia region.

4.1.2 Extent to which progress has been made to bring about HIFP-planned behavioural changes and contribute to outcomes

²²⁶ Interviewees 212, 214, 215, 218.

²²⁷ Interviewees 214, 215, 217, 219, 234, 246, 247, 253.

²²⁸ <http://www.elrha.org/hif/innovation-resource-hub/hif-project-case-studies/>.

²²⁹ Université Laval and Oxfam GB 'The "Orgami" Inclined Plate Settler', <http://www.elrha.org/map-location/origami-inclined-plate-settler/>.

²³⁰ HIF project documents.

HIEP aims to bring about four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, also endorsed by operational actors, and that they impact operations and funding by DFID and direct partners.

The HIF as a whole has made limited progress overall towards the HIEP's behaviour changes to support the uptake of innovations and evidence – while there is more evidence of uptake and behaviour changes among global WASH stakeholders, in other sectors and at a national level, its profile is lower than it might be and projects are not being showcased to their full potential. The HIEP evaluation in 2015/16 identified good potential for the HIF to influence behaviour changes among actors to promote uptake, but this was dependent on revision and resourcing of the HIF's uptake and impact strategy, and synthesis of lessons (see section 3.1.2). Although the HIF added to its staff capacity in this period, the recommended updating of the impact strategy and increase in the production of synthesised lessons has not happened over the last two years.

In the WASH portfolio, there are some more positive signals of progress towards the HIEP system-level behaviour changes, through outreach to operational actors. The WASH portfolio is an example of a coordinated approach around specific challenges, which has potential as previously noted. The HIF has convened events to showcase learning, e.g. an event at the Water Engineering and Development Centre-hosted conference in Nepal in 2015, and supported debate around specific solutions, e.g. water filters, mainly where there is a shared interest among the HIF's WASH advisers. There seems to be a genuine appetite in the WASH cluster for improving learning and pushing innovations, e.g. the recently convened R2HC event on WASH research gaps was highlighted as a model of how to catalyse collective action around deeper challenges, using the Global WASH Cluster as the platform, which in fact has resulted in the production of a terms of reference (ToR) for research activity to support their work, although expectations that the HIF or R2HC would make available funding to take this forwards were not met.²³¹ However, several respondents felt that the WASH TWG is not actually the most effective route for take-up of lessons. As noted in the finding on the risks of becoming caught up in sectoral blind spots, respondents highlighted the tendency in the WASH community to focus on the current operational responses and not having a strong culture of documenting lessons. What these respondents felt was needed is a focus on the system and portfolio level-learning – identifying the underlying, longer-term issues, curating existing evidence and existing lessons from innovation projects, and trying to bridge sectoral silos.²³²

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

The HIEP management model does not seem to have made a difference to HIF's profile among operational actors, as our evaluation found that HIF has no visibility at country level, e.g. in Uganda, where DFID humanitarian advisers and UN agencies are also investing in innovation, so the connection through HIEP to in-country humanitarian advisers does not seem to be working optimally. There is potential for HRIT to improve the linkages between HIF and humanitarian advisers in-country, e.g. DFID Uganda's humanitarian business case includes a component for innovation to support refugee livelihoods, including financial inclusion for refugees, directly relevant to two of the refugee-led innovation grants that HIF has supported in Uganda (YARID and Rethink Relief). HIEP advisers could play a greater role in brokering connections for HIF, if HIF is able to articulate its areas of interest and its offer to country-level innovation initiatives. Other new innovation initiatives, such as the recently launched Disaster and Emergencies Preparedness Programme Innovation Labs, also offer entry points for the HIF to contribute to country-level processes. The DEPP initiative aims to establish a network of innovation labs based in disaster-affected countries, managed by the START network and funded by DFID. DFID advisers from the HIEP secretariat are also involved in the DEPP initiatives, so are well placed to facilitate linkages.

²³¹ Interviewees 218, 219.

²³² Interviewees 214, 218, 219, 220.

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts (coherence of project with the whole)

Being brought into HIEP has helped to connect HIF to DFID's broader innovation portfolio, and there seem to have been useful connections made. For example, HIF has established information-sharing linkages with other DFID-funded initiatives such as GSMA, the philanthropic arm of the global mobile operators' association, which has initiatives on mobile for disaster response; with Tanzania's Human Development Innovation Fund; and with the DEPP Innovation. DFID also contributes to the GAHI through the HIEP, so there are opportunities for combining GAHI's policy-level influencing with HIF's innovation know-how and financing capabilities, although this is still very much at a formative stage.

4.2 Conclusions

Generally, the HIF produces effective innovation projects that deliver their outputs, although the HIF as a whole has made limited progress towards the HIEP's behaviour changes at a system level. The HIF faces challenging political economy factors in the humanitarian system that impede scaling and adoption, but at the same time, HIF to date has not organised and resourced an influencing and advocacy function at the fund/portfolio level to tackle these barriers. The new HIF strategy now aims to address this. The HIF has a range of strategic partnerships that have worked well to mutual benefit and it is encouraging to see this develop in the new strategy. The projects reviewed here and the HIF's own study on humanitarian innovation suggest that longer timeframes and more coordinated investment from a wider range of funders is needed to help effective innovations to progress. Bringing HIF into the HIEP portfolio is beneficial to support connections with other innovation initiatives that DFID is supporting, and contributes to the maturing innovation ecosystem.

5 Impact: What contribution will the project make to HIEP aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

5.1 Emerging findings

5.1.1 Extent to which HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve:

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management interventions
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises

The evaluation is also considering impact at the level of the overall intended impact of HIEP, which is that humanitarian actors have the capacities to deliver improved programmes and operations that are effective at supporting the most vulnerable people. Not all projects are anticipated to contribute to all outcomes. This section details contributions of the project to the overall programme outcomes as well as towards the use and impact of particular innovations, research findings and other products and outputs of the project not already covered in the previous section.

The HIF contributes to HIEP outcomes 1, 2 and 3 – first by providing a mechanism for other donors to invest in innovation, and influencing system-level change to support greater investment in innovation (outcome 1). As one of the largest stand-alone investments into humanitarian innovation in the HIEP portfolio, HIF was expected in this phase to contribute to *‘driving innovation in the humanitarian sector as a whole, building capacity of humanitarian innovators, adding to the evidence base for innovation and helping to address the challenges arising at the global level’*.²³³ Examples of how the HIF has acted as a funding mechanism for other donors to invest in innovation (outcome 1) include HIF’s scaling programme, supported by the government of the Netherlands, in recognition of the need to create a space to scale innovations; the GBV programme, supported by the Swedish International Development Cooperation Agency (SIDA) (government of Sweden); and ECHO’s commissioning of the sector’s first guide to humanitarian innovation management.²³⁴ In terms of the HIF’s contribution to system-level improvements in support of innovation (outcome 1), the HIF team contributed to the establishment of the GAHI, through active leadership and participation in the innovation theme at the World Humanitarian Summit (WHS) in 2016, and has also advised new humanitarian funds and initiatives, such as the DEPP Labs managed by START, and GSMA’s Disaster Response innovation programme.²³⁵

In relation to GAHI, HIF made substantive contributions to various aspects of the innovation theme, making a crucial contribution to the establishment of the new innovation platform. At the previous HIEP evaluation, the HIF’s contribution to the WHS discussions was described as *‘major and substantive’* by a senior stakeholder, e.g. convening stakeholder consultations and drawing on its extensive technical knowledge base about humanitarian innovation management, including studies on the innovation ecosystem and research-based case studies of successful innovations in its portfolio.²³⁶ The HIF’s practical experience with independent innovation support was seen as almost unique in the sector.²³⁷ The outcome of the debates was that there is a need for high-level coordination and convening to tackle challenges, and the GAHI was formally mandated to play this role.²³⁸ It was agreed that the GAHI should be independent and multi-stakeholder, and aim to include stakeholders and perspectives from the Global South, affected communities, private sector and academic communities.²³⁹ GAHI would not itself manage large-scale funds for innovation, rather its mandate would be to research and scope challenges, to support it in mobilising and coordinating finance and other inputs from larger investors. GAHI would then lead on the gathering and synthesis of evidence from the convened innovation process (see Contribution Story 2, Appendix B, for more details). As HIF is a programme hosted by Elrha (though independent of it with separate governance), which is a member of GAHI (also hosted by Elrha), there is potential for further collaboration between GAHI and HIF, but this will depend on the HIF developing its influencing strategy and clarifying how it complements GAHI’s emerging role. If the HIF can speed up the curation and synthesise the learning in its portfolios, as noted in previous sections, this would enable it to continue to play a key role as a thought-leader in humanitarian innovation.

The HIF has contributed to changes in skills and capabilities to conduct innovation (outcome 2), through the networks and partnerships it has supported between operational actors, NGOs, private sector and research organisations. As noted in section 4.1.1, the majority of HIF’s grants across all portfolios support collaborations between different types of actors, including research and operational agencies, while its partnership with ADRRN has supported various capacity-building activities with organisations from the region, as well as supporting the Tokyo-based humanitarian innovation hub. The ECHO-supported guide on humanitarian innovation management will help innovation skills to spread, alongside previous learning

²³³ HIF overall objective, as described in the Annual Review report, 2017.

²³⁴ Interviewees 281, 282.

²³⁵ Interviewees 253, 276.

²³⁶ Interviewee 245 (Summative 1)

²³⁷ Interviewees 215, 220, 244, 245 (Summative 1).

²³⁸ Interviewees 217, 250, 277 (Summative 2)

²³⁹ Interviewee 245.

products such as the ALNAP innovation management synthesis, and lessons on evaluation of humanitarian innovation. The new HIF strategy aims to increase its partnerships and support to skills and systems.

Finally, HIF contributes to the adoption of specific innovations that have potential to improve humanitarian responses (outcome 3), through the uptake of improved products, services and systems innovations it supports through its grants. Section 4.1.1 detailed some of the HIF's notable successes from specific projects, e.g. the maternal post-partum balloon tamponade, Motivation's appropriate wheelchairs, and others documented in the 15 case studies that were systematically reviewed by ALNAP in 2015.²⁴⁰ The completion of the WASH and GBV challenges and progress within the scaling programme offer good potential for further take-up of specific innovations. However, as noted in earlier sections, the HIF's contributions to this outcome would be strengthened with the implementation of an innovation uptake/impact strategy, which is currently in development as part of the new HIF strategy.

5.1.2 Extent to which HIF has built capacity in southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

Up to now, the HIF has only supported a handful of grants from the Global South, one of which was the Young African Refugee for Integral Development (YARID) project in Uganda; a strategic partnership such as the ADRRN collaboration is a more efficient approach for the HIF to support local innovators and organisations. The project with YARID was in many ways important – it was a refugee-led organisation, working on refugee livelihoods and financial inclusion, and the hands-on support that HIF provided also helped the organisation to gain in confidence. However, YARID was not large enough as an organisation to be able to absorb the larger follow-on funding offered through HIF, and so has gone to other funders who are able to offer more flexibility than HIF. The ADRRN approach of working through a network of national organisations should also be explored for Africa.

6 Gender and social diversity

No additional comments.

7 Other findings and comments

There is a lot of potential for HIF to contribute to innovation in country contexts, particularly where protracted crises mean that responses are moving out of the initial emergency phase and transitioning to longer-term approaches. We would encourage the team to identify two or three countries that offer specific contexts where HIF could develop a focused engagement. For example, in Uganda, the refugee policy framework and long-term displacement of people means that it is a good place to explore refugee-led innovation, especially around livelihoods where many of the challenges lie, but also around supporting refugee communities to develop their own solutions to issues facing them in settlements and host communities, such as GBV. Stakeholders told us about various innovation initiatives to tackle norms and behaviours around GBV, adapting community-led methodologies previously used with settled communities to tackle the more complex GBV challenges faced by refugees, including the Zero Tolerance Village approach which was being trialled in Western Uganda, Ruamanja region, by LWF and Population Council; and SASA, an East African community-based GBV prevention methodology with a strong track record of effectiveness, with interest from United Nations High Commissioner for Refugees (UNHCR) in Uganda.²⁴¹ Uganda has capable NGO networks like Uganda Women's Network (who have managed several DFID projects) and who are now interested in how they could better support refugee communities with their GBV and other expertise, as displaced people settle in Uganda for several years but often do not access the services to which they are entitled.

²⁴⁰ <http://www.elrha.org/hif/innovation-resource-hub/hif-project-case-studies/>.

²⁴¹ Interviewees 230, 240, 243, 244, 245, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4496635/>.

8 Summative phase 2 conclusions

The HIF has taken a positive step – the development of the new strategy for 2018–2020, which aligns HIF to respond to new challenges in humanitarian innovation and provides a good framework for the next evolution of the HIF. The HIF has also committed to developing a systematic MEAL process across the fund and portfolios, which will enable it to strengthen its focus on GASi, better manage and rebalance its portfolios and provide data on its performance. HIF has a good reputation and is seen as an important independent player in humanitarian innovation. There is a major opportunity to identify, curate and disseminate learning to support the new strategy and critical knowledge which is the foundation of HIF's offer to partners, operational actors and other funders. The HIF is well connected to key stakeholders at the international level, and complements other initiatives such as R2HC; regionally, its collaboration with Asian NGO network ADRRN offers a model for engaging in other regions, such as East Africa, where HIF currently has low visibility.

Generally, the HIF produces effective innovation projects that deliver their outputs, although the HIF as a whole has made limited progress towards the HIEP's behaviour changes at a system level. The HIF faces challenging political economy factors in the humanitarian system that impede scaling and adoption, but at the same time, HIF has not organised and resourced an influencing and advocacy strategy at the fund/portfolio level to tackle these barriers. The HIF has a range of strategic partnerships that have worked well to mutual benefit and it is encouraging to see this develop in the new strategy. The projects reviewed here and HIF's own study on humanitarian innovation suggest that longer timeframes and more coordinated investment from a wider range of funders is needed to help effective innovations to progress. Bringing HIF into the HIEP portfolio is beneficial to support connections with other innovation initiatives that DFID is supporting, and to contribute to the maturing innovation ecosystem.

The HIF has contributed to all three of the HIEP outcomes. First, HIF has provided a mechanism for other donors to invest in innovation, and has influenced a degree of system-level change to support greater investment in innovation – most notably through substantive contributions to various aspects of the innovation theme, making a crucial contribution to the establishment of GAHI as a new, system-level innovation platform. The HIF has contributed to facilitating changes in skills and capabilities to conduct innovation through the networks and partnerships it has supported between operational actors, NGOs, private sector and research organisations. Finally, HIF contributes to the adoption of specific innovations that have potential to improve humanitarian responses, through the uptake of improved products, services and systems innovations it supports through its grants, which ought to be further strengthened once the innovation uptake strategy is implemented.

In terms of supporting innovators in the Global South, the HIF has a promising flagship collaboration with ADRRN that provides a good model for how the HIF could engage at an ecosystem level with regional and national initiatives, especially in Africa, which is a priority in its strategy. There are many opportunities for strategic and large-scale engagement around specific challenges in country contexts, which would generate innovations for other countries and regions, e.g. Uganda lends itself to exploring refugee-led innovation, and the HIF has entry points through its grantees and through HIEP/DFID connections. We would strongly encourage the HIF to pursue new regional and country-based opportunities for impact.

Appendix A: Projects reviewed

Project name	Partners	Theme, grant type and budget	Aim	Output/Results	Sources
Lighting for Safer Sanitation (Uganda)	Oxfam BG and WEDC, Loughborough	WASH Challenge – £200,000; live	<p>Aim: To generate evidence about the most effective types of lighting and facilities, to reduce risks of GBV, and provide improved guidance for lighting.</p> <p>Method: A baseline study, then do a lighting intervention, then do a post-study – Uganda; Iraq and Nigeria.</p>	<p>Expected: Findings from baseline, intervention and endline research used to inform more detailed guidance on lighting for WASH facilities.</p> <p>Unexpected: From baseline studies, found that lighting is implemented but poorly, no specific technical guidance exists, minimal consultation or observation of how people use facilities – multiple uses of lighting by men, women and children. Surveys, FGDs and observation suggesting that women have little confidence in standard models, need to be context-specific approach, and maintaining lighting needs to involve the refugee community – so lighting is potentially more effective if user-led.</p> <p>Outputs: Social media; journal articles; technical guidance for lighting engineers that includes social aspects.</p>	Interviews with grantees and sector stakeholders in Uganda; project reports
Addressing GBV through refugee-led innovation (Uganda)	Rethink Relief, DLabs, (MIT)	Core grant – early Stage seed funding; £10,000; completed	<p>Aim: To pilot a user-led approach to identify and design solutions to GBV, led by refugee women.</p> <p>Method: Training refugee women in user-centred design process (creative capacity building); convene design process to generate solutions to GBV with</p>	Outputs: Training of trainers methodology; some trainers in Uganda, so the capability is there to prepare for a follow-on grant.	Interviews with grantees and sector stakeholders in Uganda; project documents

			refugee women, UN agencies, NGOs and design professionals.		
Innovating Mobile Solutions for Refugees in East Africa	Samuel Hall	Core grant – early stage; £8,900; completed	Research on the use of mobile technology for migration mostly focuses on crossings to Europe, with little information on the technology uses and needs of refugees travelling to, from and within East Africa. This study explores how refugees in Kenya and Uganda use technology during their journeys, and to what extent current solutions meet their needs. The results will open the way for innovative solutions, uniquely tailored to refugees in East Africa.	Literature review; surveys.	Project documents
RapidFTR: An innovation to speed up and improve the efficiency of family tracing and reunification of unaccompanied/separated children in emergencies (Uganda)	UNICEF UK	Development grant; £149,129; completed	Aim: Address family tracing and reunification practices in emergencies, which are long-winded and inefficient leaving children vulnerable to violence, exploitation and trafficking. The project will develop technological application to rapidly collect and distribute data on separated children.	See Contribution Story in main report.	Interviews with grantees and sector stakeholders in Uganda; project documents
Researching Refugee-Run	YARID and Oxford University	Core grant, invention;	Aim: Conduct research with refugees on microfinance and come up with a model	Results: Research has brought to light the current state of microfinance for urban refugees and the ways that refugees' own	Interviews with grantees and sector stakeholders

Microfinance (Uganda)		£18,959; completed	of financing that would be suited to the refugee context. The idea was initiated by refugees and came from the concerns of the urban refugees about the lack of financing of refugees' activities and businesses; In Uganda, refugees have the right to work and set up businesses.	communities and networks can act as sites of innovation for bottom-up microfinance programmes. It has come up with an understanding of how refugees can directly access capital, and created an implementable model for microfinance initiatives within urban refugee communities. Recommendations and findings have been compiled in the form of a report and working paper to be disseminated widely, and plans for presentations at relevant events (conferences, etc.) are in progress. The HIF project also contributed to making YARID more credible with other donors. Next steps: Applied to the HIF for funding to run and capitalise a network of refugee-managed microfinance organisations, but the amount of the budget was too small to meet the HIF's threshold. Director wanted to avoid flooding with too much cash. Obtained a small grant from Amplify and secured funding of \$3,000 to support refugee-run microfinance. Also speaking to Mastercard financial inclusion as future backer.	in Uganda; project documents
Rapid Assessment Method for Older People	Brixton Health and Valid International	Large grant facility: £129,130; follow-on diffusion grant £139,229; completed	Aim: RAM-OP (rapid assessment method for older people) is an innovative assessment methodology for local and international humanitarian organisations, including UN agencies. It can be used globally and addresses the	Research findings published in journal articles; methodology and guidelines for tool produced and disseminated online through HelpAge's website, webinars and various events. Attendance and download numbers suggest that there has been good take-up.	Project documents

			<p>needs of older people. This project builds the evidence that RAM-OP is a robust standard survey method. Additionally, RAM-OP is faster, cheaper and provides a range of indicators covering the needs of older people. It can be used in humanitarian contexts (because it is fast), but also in development contexts (because it is a comprehensive assessment tool).</p> <p>The availability of RAM-OP mobile application will allow people in very remote areas to use it.</p>		
Fostering entrepreneurship among Somali survivor and at-risk women	Mensch Innovation GmbH and IDA Women's Development Organisation	Seed grant, core portfolio invention; £9,900; completed	Aim: To explore and identify concepts and ideas for approaches for economic empowerment of internally displaced Somali women, as a means of addressing GBV through women's empowerment, e.g. entrepreneurship trainings, micro-grants, and business mentorships as a path to economic independence for women.	Established relationships with local partners in Somalia and produced two concepts for further development. Emphasised importance of understanding the context and organisational reputations (i.e. international organisations are not trusted) for addressing complex issue in a highly sensitive context.	Project documentation
Inclined plate settler	Université Laval and Oxfam GB	2012: development grant;	Aim: A fit-for-purpose humanitarian emergency water treatment system	Inventions stage: Developed the prototype. Development stage: tested the prototype water settler in India, but in controlled field	Project documentation

		£107,341, with £37,314 in contributions – 25% 2016: diffusion grant; £24,193	based on the principles of inclined plate settling, addresses the inadequacies of current water treatment technologies, which are frequently not aligned with humanitarian objectives, resulting in unnecessarily expensive and sometimes ineffective relief.	conditions, not in an emergency response setting. To date, there has been an expressed interest from Oxfam and the IFRC in further development. Industrial partner to take on more of the know-how behind the project so that they can have more ownership of the project. Diffusion stage: Field deployment of prototype in Juba in partnership with Oxfam and SSUC, the government body that provides water treatment in Juba; design validated. Training of NGO and local operators: four local operators from SSUC, one SSUC engineer, one Oxfam WASH officer and one Oxfam WASH engineer. The SSUC engineer received instructions for 'training of trainers'. All trainees can successfully operate the equipment; handover to local authorities involved transfer of the kit as well as hard and soft copies of the operating manual (in addition to the training).	
Sustainable sanitation for humanitarian responses: an incremental approach for worm-based communal sanitation (Tiger Toilets) in refugee camps	Oxfam and IHE Delft	Development grant, WASH portfolio; £208,478 (HIF: £150,000; Oxfam: £58,478); live	Aim: Developing the Tiger Worm Toilet (TWT) from the household sanitation level (where it has been proven successful) to a phased application at communal sanitation level, appropriate for use in humanitarian camps. If successful, this innovation could provide a sustainable, safer and more affordable	Trials of community TWT installations in Myanmar look promising, but the project has had to overcome problems of supply of worms, and hardware, as well as monsoons and flooding. User responses have been positive so far. Journal article has been produced.	Project documents

			sanitation alternative to the current use of pit latrines.		
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Appendix B: Contribution to change stories

Contributions to change 1: HIF and Rapid Family Tracing

1 What change has occurred?

A versatile open-source mobile phone application and data storage system was developed to expedite the process of Family Tracing and Reunification developed by UNICEF and partners over five years (2012–17). It enabled a move from paper-based registration systems to a fully developed case management system that is now the central system used by the Ugandan government and humanitarian partners to collect, sort and share information about unaccompanied and separated children so they can be registered for care services and reunited with their families.

In 2009, a Child Protection Information Management system (CPIMS) was introduced in western Uganda and applied in Nakivale and Kyangwali refugee settlements of Uganda up to 2012, through Save the Children to UNHCR IPs and Oxford Policy Management (OPM). Due to the paper work involved with delivery using CPIMS, bulkiness and disconnected functions (e.g. one had to move with a camera, and photos would later be downloaded and imported to the system), a project to develop a phone-based app to replace the paper-based system, 'RapidFTR', was started in 2013, with support from the HIF.

The RapidFTR system was successfully tested and adopted in the Ugandan response from 2014 to 2016. It was a major improvement on the paper-based system and made a direct difference to separated and unaccompanied children's lives and that of their families, by speeding up reunification and registration to access services.

Once in use, limitations in the system that emerged were that it only had rapid registration forms without the full suite of case management functions (e.g. follow-up, reunification forms) for complete case management. In 2015, due to RapidFTR's inability to do end-to-end case management, a recommendation by the Child Protection Network was made that CPIMS be re-introduced in the South Sudanese refugee response, to supplement the RapidFTR system. In 2016, some data collected through RapidFTR on children for a refugee settlement in Kiryandongo could not synchronise and was permanently lost. The CPIMS was fully digital and was supposed to start from where RapidFTR stops in terms of case management – the expanded system is integrated with the refugee registration systems, biometric, REIMS, with data updated on both systems. However, the implementing partner at the time ended up focusing on the CPIMS at the expense of RapidFTR. Without RapidFTR, reports were missing out on crucial information, such as children's pictures and other basics that supported cross-settlement tracing within even the same organisation. The CPIMS effectiveness in terms of case management was not reliable and is not going to be updated. However, when the Child Protection Network noticed that the CPIMS was not serving its purpose fully without RapidFTR functions, a move was made in 2016 to integrate the two systems' functions into a new system, CPIMS+, which will make case management easier. Child protection service providers are now waiting to test the CPIMS+ system. After some inactivity on the RapidFTR by the implementing partner, it was decommissioned as a separate system in 2017.

2 What did the HIF do that might have contributed to the change?

HIF provided a development grant of £149,129 to Thoughtworks and UNICEF in collaboration to develop RapidFTR in 2012–13. The grant enabled the development and testing of open-source, digital RapidFTR modules on mobile devices, that could be used online and offline, and data synchronised and shared between organisations using different IT systems. The applications were developed and successfully field-tested in Uganda and Sudan, later leading to implementation in Uganda. The results of the project provided the bridge between the paper-based systems and the fully digitised system that went on to evolve into further systems.

3 What other factors contributed to this change?

The urgency of the need to reunite unaccompanied children seemed to catalyse different implementing partners to work together and use the same RapidFTR system rather than different systems in Uganda. A Memorandum of Understanding between Uganda Red Cross Society (URCS) and Save the Children International (SCI) on the use of RapidFTR meant that online triangulation was automatic and thus eliminated double counting of unaccompanied and separated children, as change of status that was always reflected online whenever a case was updated – currently, this is next to impossible without RapidFTR or a single online platform, so the benefits of buying into a single platform outweighed the tendency for organisational competition.

SCI was in charge of entering data for separated children while URCS was in charge of unaccompanied children. However, in certain circumstances where reunification was urgent and in the absence of URCS, especially during weekends, SCI would register a child and follow-up with URCS with a phone call to check on the record that had been entered for their immediate

action; this is how reunifications were made possible. During home visits, children would approach either organisation (SCI/URCS) for updates on tracing requests and this in return put pressure on the responsible partner because of constant bilateral reminders. However, it seems that the next stage of development by different partners of the CPMIS lost sight of the importance of maintaining a single platform, and developed one part of the system at the expense of the RapidFTR. This functionality has had to be brought back into the most recent evolution of the CPMIS+, although this has not yet been rolled out.

4 Assessment of the significance of the change

This is an example of emerging change, although with good potential for scale. The case management systems were used and made a direct difference to separated and unaccompanied children's lives and that of their families, but discontinuous development of the system and piecemeal investment by different partners has brought incremental benefits to the humanitarian response but prevented the CPMIS system from becoming fully scaled and established. However, IT systems development is a complex and dynamic process, especially on such a large scale as the refugee response in Uganda (1.7 million refugees). There are always inherent challenges in agreeing standards for users from different agencies, high levels of resource and skills needed for hardware, software and maintenance, ensuring integration with other systems and ongoing updating and renewal as new technology and needs emerge. In the case of RapidFTR, as it is a national system, the government of Uganda would be the final authority to set the standard for a single platform with the necessary functionality and integration with other systems, rather than it being further developed in piecemeal ways by partners.

5 Assessment of the significance of HIEP's contribution

The evidence suggests that HIF made an *important contribution* to the development of the RapidFTR by providing the funds and support to enable the development and successful testing of the mobile-phone-based application, which had the technical flexibility to deal with the issues of partners needing to buy into a single platform. While it was used, it made a significant difference to the speed of reunification and access to services for separated and unaccompanied children and their families. HIF's contribution is rated as important, because it was catalytic at a key stage, but did not provide the whole investment necessary for the onward development of the system.

6 Assessment of the strength of the evidence to demonstrate the reported change

The strength of evidence is rated as *Strong*: multiple stakeholder verbal evidence and M&E data on progress, confirmed by primary evaluation data. Sources were interviewees 226, 228, 229, 238, 240, 246, 248, 249 and HIF reports and additional documentary evidence provided by UNICEF Uganda.

Contributions to change 2: establishment of the Global Alliance for Humanitarian Innovation (GAHI)

1 What change has occurred?

The HIF team contributed to the establishment of the GAHI, through active participation in the innovation theme at the World Humanitarian Summit (WHS) in 2016. HIF made substantive contributions to various aspects of the innovation theme, convening stakeholder consultations, and drawing on its extensive technical knowledge base about humanitarian innovation management, including studies on the innovation ecosystem, and research-based case studies of successful innovations in its portfolio. Substantive inputs included, e.g. shaping and drafting of synthesis reports; membership of steering committees; hosting an event in June 2015 to help formulate a set of humanitarian innovation management principles; identifying innovative projects to showcase at regional consultations. Through this leadership, coupled with DFID's visible commitment to investing in innovation and evidence through the HIEP, the HIF and HIEP are considered to **have made a crucial contribution to the humanitarian innovation ecosystem**.

At the previous evaluation, the HIF's contribution to the WHS discussions was described as '*major and substantive*' by a senior stakeholder,²⁴² as the HIF's practical experience with independent innovation support is almost unique in the sector.²⁴³ The outcome of the debates was that there is a need for high-level coordination and convening to tackle challenges, and the GAHI was formally mandated to play this role.²⁴⁴ It was agreed that the GAHI should be independent and a multi-stakeholder, and aim to include stakeholders and perspectives from the Global South, affected communities, private sector and academic communities.²⁴⁵ GAHI would not itself manage large-scale funds for innovation, rather its mandate would be to research and scope challenges, to support it in mobilising and coordinating finance and other inputs from larger investors. GAHI would then lead on to the gathering and synthesis of evidence from the convened innovation process.

²⁴² Interviewee 245 (Summative 1).

²⁴³ Interviewees 215, 220, 244, 245 (Summative 1).

²⁴⁴ Interviewees 217, 250, 277 (Summative 2).

²⁴⁵ Interviewee 245.

Post-WHS, in late 2016, GAHI began the process of instituting itself as a global membership alliance of governmental actors, knowledge institutes, businesses and humanitarian organisations, independent of any one organisation. GAHI's secretariat is hosted at Elrha, alongside HIF. GAHI's aims are to convene actors around systemic challenges in order to better target and coordinate innovation financing and projects at different levels, synthesise findings and showcase solutions. The leadership team is appointed (with staff based in New York and the UK), the strategy has been approved and work is under way to scope the first high-level challenges/desired outcomes. There have been some slight delays to recruitment and there are ongoing discussions as to where GAHI should be located institutionally and geographically to deliver its mission, so the alliance is considered to be still in an exploratory, start-up phase of testing the proposed convening model.²⁴⁶

2 What did DFID do that might have contributed to the change?

HIF's contribution was made at the WHS through the then HIF manager's membership of the innovation thematic team, alongside DFID senior staff. The HIF team contributed knowledge from their hands-on experience and brought together a wide network of actors from across the humanitarian and development communities. Post-WHS, the current HIF team have engaged in knowledge-sharing and strategic discussions with the new GAHI leadership team, taking advantage of the institutional (though not geographical) co-location at Elrha. Elrha staff have also provided ongoing technical support. HIEP has provided a small amount of funding to GAHI until 2019.

3 What other factors contributed to this change?

The WHS process did gain momentum, and the innovation theme created tangible results. Respondents have suggested that, other than DFID, not many donors have contributed to the innovation theme, e.g. the Netherlands is prioritising innovation but had not at the time funded programmes,²⁴⁷ so HIF and HIEP's contributions were seen as crucial to establishing a sound foundation for GAHI at the forefront of humanitarian innovation.

Factors that somewhat constrained the mandate eventually assigned to GAHI were the 'demotion' of innovation from being a stand-alone pillar of the WHS to becoming embedded within the core commitments, and the strong political economy drivers for the alliance to be hosted within one of the UN agencies. While the need for an independent entity won out at the time, these drivers were seen to have resulted in a more ambiguous mandate for GAHI as an influencer and convener to address issues of scaling and other gaps in the innovation 'ecosystem', rather than, e.g. a more proactive role as a funder of innovation at scale, one of the options that was discussed.²⁴⁸

4 Assessment of the significance of the change

We judge this result to represent *emerging change*. The GAHI is considered to be still in an exploratory, start-up phase of testing the proposed convening model, and has not yet recruited its full team because of pending decisions on its geographical and institutional location. Whether the GAHI model has potential will depend on the success of its first challenge and convening activities.

5 Assessment of the strength of the evidence to demonstrate the reported change

Partial: verbal team and/or stakeholder evidence, strategy and implementation documents.

6 Assessment of the significance of DFID's contribution = 2:

Evidence that programme made an important contribution.

Assessment definitions:

a) Assessment of the significance of the change.

Assessment definition – Change: 1. *Significant change* evidence that change has scale, depth and sustainability; 2. *Established change* evidence of change at scale and sustainability of change; 3. *Emerging change* evidence of pockets of change, but not widespread; 4. *Early change*; 5. *No evidence of change*

b) Assessment of the significance of DFID's contribution.

Assessment definition: 1: *Evidence that programme made a crucial contribution*; 2: *Evidence that programme made an important contribution*; 3: *Evidence that programme made some contribution*; 4: *No evidence that the intervention made any contribution*; 5: *insufficient evidence to make an assessment*. Assessment of the strength of the supporting evidence

²⁴⁶ Interviewees 212, 217, 250, 277, 282 (Summative 2).

²⁴⁷ Interviewees 215, 245.

²⁴⁸ Interviewees 217, 277 (Summative 2).

c) Assessment of strength of evidence

Assessment definition – *Strong: verbal team and/or stakeholder evidence, strategy and implementation documents and M&E data on progress, confirmed by primary evaluation data; Medium: verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress; Partial: verbal team and/or stakeholder evidence, strategy and implementation documents; Weak: verbal team or stakeholder evidence only; No evidence: There is not sufficient evidence to make a judgement.*

Case study 6: Secure Access in Volatile Environments (SAVE)

1 Introduction

Secure Access in Volatile Environments (SAVE) is a three-year project that aims to contribute to solutions for providing effective and accountable humanitarian action amid high levels of insecurity. The project is organised around three interlinking components to provide rigorous evidence:

- **Component 1: Presence and Coverage** – To what extent are aid agencies present in the more dangerous places and how has that affected humanitarian coverage of needs?
- **Component 2: Access and Quality** – What are the key factors for enabling access and delivering quality aid in insecure settings?
- **Component 3: Accountability and Learning** – How are aid agencies monitoring their programmes and maintaining accountability, and what are the areas of good practice?

The Department for International Development (DFID) supported partners Humanitarian Outcomes (HO) and the Global Public Policy Institution (GPPI) to undertake SAVE. It undertook research and communication of findings in four focus countries, Afghanistan, South Central Somalia, South Sudan and Syria, as well as at the global level.

SAVE began in October 2013. The project included a six-month inception phase. The three-year project has a total budget of £1,583,788 and closed on 1 May 2017 following a six-month extension to enable longer time than planned for sign-off of final products by DFID.

This case study report forms part of the evaluation of DFID's Humanitarian Innovation and Evidence Programme (HIEP).²⁴⁹ The five-year evaluation process tracks the DFID programme from 2013 to 2018. Selected projects funded through HIEP have been identified and follow as part of the evaluation. This is the final summative phase of the evaluation.

2 Methodology

All evaluation case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions, relevance, effectiveness and impact, and also against an overall theory of change (ToC) developed with DFID for HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money questions are being assessed through a separate process.²⁵⁰

Following preparatory interviews with DFID and Humanitarian Outcomes in May 2017, the final phase of data collection took place during September to November 2017. The evaluation included a country visit to Jordan as part of a focus on the Syria response, one of the four contexts considered in SAVE. In Jordan, supplementary interviews were carried out by a local consultant. A process to assess the quality assurance methods of the project commonly applied by the evaluation to all case study projects was undertaken by team member Genevieve Groom. A total of 30 interviewees included: project partners of HO, GPPI and DFID; advisory group members; SAVE interviewees, learning partners and participants in workshops; and other

²⁴⁹ For further information see the HIEP Evaluation formative report, <http://r4d.dfid.gov.uk/Output/200759/>.

²⁵⁰ Five case studies have been identified for more focused value for money analysis. This is being carried out through a process separate from the case study.

external stakeholders identified as key audiences for SAVE outputs. Full details of interviewees and documentation reviewed are in Annex 3 and 4 of the main report respectively.

The key constraint faced in the evaluation was accessing participants in the research or people familiar with it at country level largely because of the rapid turnover of personnel in humanitarian responses in conflict areas. The range of issues that the SAVE research faced is relevant and also presents a challenge, given that any one interviewee often had only a partial view of the whole project and how SAVE products have been used by their own organisation. However, the evaluation sought to address this through interviewing a wide range of interviewees at national and international levels and exploring developments in key areas raised by SAVE.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified (in the Humanitarian Emergency Response Review [HERR] and the Humanitarian Innovation and Evidence Strategy [HIES]) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

Previous phases of the evaluation found that SAVE had taken key steps to ensure its relevance, including a critical review of literature,²⁵¹ a methodology conference and wide consultation with key stakeholders, including potential users at international and national levels. SAVE addresses the key gaps raised, including the lack of:

- Quantitative analysis and mapping of access trends and aid coverage
- Analysis of the effectiveness of different sectoral interventions
- Analysis of the operational implications of the principles that guide humanitarian work
- Examination of the principles and practice of non-traditional actors
- Mapping of donor policy and accountability practices
- Information on the perceptions of beneficiaries

SAVE addresses issues raised in the HERR and HIES. HERR stressed the need to defend and strengthen humanitarian space, in order that humanitarian workers are able to provide humanitarian assistance in conflict-affected areas.²⁵² The HIES highlights the fact that populations are most vulnerable in insecure environments where the indirect impacts of conflict (such as lack of access to healthcare and the existence of high-risk behaviour) are combined with lack of access.²⁵³

Interviewees in this evaluation phase noted a number of trends that contributed to the ongoing relevance and growing awareness of the importance of the questions addressed by SAVE.²⁵⁴ These include the

²⁵¹ Schreter, L.; Harmer, A. *Delivering aid in highly insecure environments. A critical review of the literature*, 2007–2012. Humanitarian Outcomes Ltd., London, UK (2013).

²⁵² DFID (2011) *Humanitarian Emergency Response Review*, p. 40.

²⁵³ DFID (2012) *Promoting innovation and evidence-based approaches to building resilience and responding to humanitarian crises: A DFID Strategy Paper*, p. 27.

²⁵⁴ Interviewees, including 23, 31, 32, 33, 37, 40, 49, 53.

increased militancy of some armed non-state actors; challenges in negotiating humanitarian access; increased risks in some countries such as South Sudan;²⁵⁵ evolving compliance demands from donors as part of counterterrorism measures; increased use of remote management; and the increasingly important role of local organisations in assistance provision. In areas such as monitoring and evaluation, where there is a substantial body of existing work, though not, as in the inception phase, confirmed in humanitarian contexts of conflict, there have been further developments in uses of communication technology and third-party monitoring (TPM) which have not previously been systematically reviewed. SAVE also responded to evolving needs and opportunities through its learning partners approach in component 3 and in designing its dissemination process and tailoring products and briefings in response to stakeholder feedback.

Furthermore, a key factor supporting the relevance of the SAVE research process is the extent of its consultation with affected people in some of the most volatile contexts. The project carried out 4,000 consultations, which inform the findings and ensure that the most affected people shape the research.

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

The SAVE design was relevant to its aim and contexts in which it was working. There was a high level of attention paid to mitigating risks to quality during the data collection and processing which included developing and monitoring the implementation of strict ethical guidelines for data collection, clear presentation of all definitions used, which were developed in a methodology conference involving experts in the relevant fields, and broad consultation throughout the project to ensure the relevance of questions asked and outputs. Of particular note is the six-month inception phase, which enabled wide consultation and space to test and refine aspects of the methodology.

The countries selected for focus have proven to be relevant for other areas too. Interviewees noted the relevance of the SAVE outputs to other locations experiencing conflict across all or part of the country including Yemen, Nigeria, Central African Republic (CAR) and the Democratic Republic of Congo (DRC).²⁵⁶ Interviewees had actively promoted the research to staff in countries outside of the four focus countries, including to DFID advisers in conflict-affected and fragile states, to International Committee of the Red Cross (ICRC) operational staff, as well as to UNICEF personnel from across the Middle East. In evaluation interviews this trend was most evident for the component 3 outputs on monitoring and evaluation, though SAVE partners report their active promotion of all SAVE components.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

The team has demonstrated ongoing connectivity to other related initiatives. Relevant initiatives include the ICRC's humanitarian principles project, initiatives to develop negotiation skills and work undertaken by Harvard Programme for International Law in Armed Conflict to consider the impact of counterterrorism laws on humanitarian aid. SAVE's engagement with key inter-agency fora such as the Inter-Agency Standing Committee (IASC) working groups and national and international non-governmental organisation forums have helped linkage.

3.1.4 Extent to which HIEP products are relevant to decision makers

SAVE worked to tailor products to meet different audiences' needs according to their role and area of interest. This has included translation of some products into Arabic and French. However, some interviewees have commented on the challenge they face to operationalise SAVE findings and recommendations of the work on access, coverage and quality of assistance (components 1 and 2).²⁵⁷ SAVE provided some customised briefings for individual organisations and more hands-on follow-up support,

²⁵⁵ <https://www.humanitarianoutcomes.org/projects/aid-worker-security-database-awsd>.

²⁵⁶ Interviewees 23, 24, 27, 31, 36, 53.

²⁵⁷ Interviewees 23, 46, 51.

which has been very well received and resulted in organisations more actively engaging with its findings, e.g. the International Rescue Committee (IRC) and the ICRC. However, this approach is time-intensive.

3.2 Conclusion

SAVE has addressed highly relevant questions pertinent to humanitarian assistance and questions that are increasing in importance to the sector. Factors supporting the relevance of SAVE include: a) its preparatory work in the preceding literature review and inception phase; b) its broad consultation through the process with methodology experts, key stakeholders and affected people; c) its learning partner approach; and d) its flexibility to respond to emerging needs. The key challenge has been in gathering data in insecure contexts at community level and from agencies.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high-quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing the HIEP outputs

HIEP aims to produce three outputs: a) high-quality research and innovation products, b) strengthened partnerships within DFID and between operational and academic organisations, and c) the development of evidence- and innovation-related skills.

SAVE's focus has been on the first HIEP output and it has produced over 25 high-quality research products. The number of products is well over the nine originally aimed for and include research reports, toolkits, journal articles, website, animation of findings, resource papers and country briefings, as well as blogs. Most outputs are organised around one of the three components, with one overall briefing paper pulling together the findings from the three component workstreams. Five projects are particularly focused at practitioners (toolkits and resource papers).

The evaluation found SAVE quality assurance processes effectively helped to ensure the high quality of research. Important measures were the attention to systematic and ethical data collection throughout the research process with active support to research teams on the ground, efforts to address gender and to reach marginalised communities through a range of methods including face-to-face surveys, remote and automated phone interviews, as well as recruitment and support to female researchers, and input from the advisory group and through peer review. Evaluation interviewees were extremely positive about the quality and speed with which products were produced.²⁵⁸ Interviewees valued the empirical data behind the findings, though a few expressed surprise at some findings, particularly the coverage maps, or saw the findings as new knowledge, and appreciated the robust methodology behind the findings so ongoing discussion could be better informed.

Reports and other products are accessible. More than 2,000 hard copy products were distributed in dissemination events and all are available online.²⁵⁹ Four briefings are translated into French and Arabic. The website with summary findings and research outputs was launched on 9 November 2016 had over 7,000 visits in the first six months. During the research process the previous Humanitarian Outcomes and GPPI websites had an additional over 7,300 views. Site visits have reduced in number since the end of the SAVE project contract at the end of April 2017, with 6,500 visits for the first 11 months of 2017 but

²⁵⁸ Interviewees 23, 24, 36, 37, 40, 49, 51 and SAVE Key stakeholder review 2017.

²⁵⁹ All SAVE outputs available at <http://www.saveresearch.net/>

with the majority of these in the months up to May with over a thousand visits a month and less than 300 per month in months following. The change reflects the success of active dissemination to drive traffic to the website during the final six-month communication phase up to end of April, and also the challenge to sustain knowledge and awareness of products when partner contracts end. Interestingly, the site shows almost equal interest in the three areas of Access and Quality (at 16%), Presence and Coverage (16%), Accountability and Learning (14%), and the remainder visiting the home page – though only data for the one month (November 2017) were available, so it is not known if this was a trend. SAVE developed innovative products to share findings including an animation that received over 600 visits and is a welcome contribution to communicate research in accessible formats. Given other research projects' experience in developing new format it could be useful to explore the cost-effectiveness of different formats for different audiences.

A small number of interviewees expressed a wish for donor perspectives to be considered more fully and there was some confusion about the sheer number of outputs.²⁶⁰ A small number of donor interviewees commented that donor perspectives were less well reflected in reports on access, with an emphasis being on operational agency perceptions of how donor requirements impact on risk and accessing the most vulnerable groups under the control of non-Western-supported parties to a conflict. Some interviewees found it difficult to digest the number of products and would have preferred more integrated reports.²⁶¹ To some extent, this was due to organising work around the three components, though the SAVE team tried to bring these together in the overall project briefing document which presented findings of all components in an integrated manner. Organising most outputs by project components did, to some extent, assist targeting research products at different audiences, but the observation highlights the challenge facing the communication of research findings that have system-wide implications for both policy and practice, including very practical findings that can be directly operationalised, such as accountability techniques and others that point to the fact that large-scale change is needed in inter-agency methods of working and financing of humanitarian assistance.

While the focus of SAVE has been on the production of high-quality research products it has contributed to the other HIEP outputs. In terms of partnerships, the SAVE team worked closely with operational organisations as learning partners in component 3, which included providing time and resources for operational organisations' reflection on accountability methods, they used this to bring the organisations into the research process. In addition, SAVE brought academic into discussions on mapping coverage of humanitarian assistance. In terms of evidence-related skills, the resource on third-party monitoring (TPM) has been useful for DFID advisers.²⁶² It highlights the potential, as well as some of the challenges, of data collected through TPM and, therefore, to be used to contribute to the skills of operational agency staff when assessing the quality of data collected through TPM.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contributes to outcomes

HIEP aims to bring four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, also endorsed by operational actors and that they impact operations and funding by DFID and direct partners.

SAVE had strategies to bring about all changes detailed in the HIEP ToC. It planned for in-country and international events, briefings, discussions, workshops and webinars; the inclusion of key operational actors such as ICRC, OCHA and UNICEF on the advisory group; and a learning partners model for component 3. It also planned for active engagement with DFID through presentations at humanitarian advisers' professional meetings and at other briefings for DFID. These plans were all implemented. SAVE has directly engaged with stakeholders throughout the research process, which included more than 900 interviews for data collection

²⁶⁰ SAVE Key Stakeholder Review 2017; interviewees 26, 51.

²⁶¹ SAVE key stakeholder review 2017; interviewees 51, 40.

²⁶² Interviewee 40.

and a six-month process to communicate and promote uptake of the findings, which was done through more than 40 workshops in London, New York, Geneva and Berlin, as well as in the case study regions, including Kabul, Nairobi (for South Sudan and Somalia) and Amman (for Syria). Launch workshops were hosted by key organisations including OCHA and UNICEF. DFID participated in these events in three of the four countries (the exception being Jordan).

The dissemination of SAVE was aided by knowledge brokers and by SAVE also joining forces with related work e.g. in WHS presentations with other conflict-related research. Key knowledge brokers included SAVE team members in the context of their webinars and events, such as Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) webinar series on [Bridging the Evidence Gap](#), an Advanced Training Programme on Humanitarian Action podcast on [securing access in insecure settings](#), and the PHAP webinar series. In addition, Humanitarian Outcomes and GPPI actively utilised social media to disseminate SAVE materials and publicise events throughout the research uptake period and contributed to a range of articles and practitioner-oriented blogs and discussion posts. SAVE has presented at key events in the sector, including the World Humanitarian Summit (WHS).

SAVE's events received positive feedback and the attendance at them was high. More than 160 people attended the regional launch event in Amman and a capacity audience attended an event at the WHS, where the ICRC, Chatham House, DFID and the SAVE team jointly presented linked work on humanitarian principles, access and coverage in volatile environments. The SAVE team also co-hosted, with Conflict Dynamics International, another well-attended event at the WHS. It also presented at the event hosted by Chatham House where the ICRC and DFID also presented. Monitoring found the majority of participants at national-level workshops rated the events as 'useful' or 'very useful', and the majority also found that they could apply the information presented or discussed to their work 'to some extent' or 'to a great extent'.²⁶³ Of the participants, 31% were women. National events provided more chance of local actor engagement, with 20% of participants at national levels representing local NGOs.²⁶⁴ SAVE outreach has also engaged with the private sector, with technology companies interested in developments in remote management in complex environments and participating in events where SAVE has presented its accountability findings.

A good number of agencies have acted on SAVE findings and recommendations, particularly in relation to accountability. SAVE has identified 28 citations of its work. The work has been used seven times at national level where the accountability work has fed into organisations' accountability systems, including those of UNICEF in Afghanistan and the OCHA in Turkey/Syria and South Sudan. In addition, SAVE contributed to the decision to discuss corruption at the humanitarian country team meeting in Somalia and transparency in the humanitarian donor group in Afghanistan.²⁶⁵ At global level, SAVE noted 21 instances of research take-up, most frequently in relation to findings on accountability including SAVE resources on TPM and uses of technology cited by the ICRC, ALNAP and the World Food Programme (WFP). Work on principles, in particular, negotiating access including with armed non-state actors has also been used by Médecins sans Frontières (MSF), NRC and WFP. Several NGOs, including Tearfund, Oxfam and Mercy Corps, are drawing on other SAVE products, including the 'functional checklist for humanitarian access negotiation policies' set out in the SAVE resource paper *'Humanitarian access negotiations with non-state armed groups. Internal guidance gaps and emerging good practice'*.²⁶⁶ Evaluation interviews identified additional examples of use of SAVE outputs, including significant work being undertaken by inter-agency groups to take forwards shared approaches on accountability at country level, with activities planned for Yemen and CAR. Interviewees said key factors which had led them to incorporate SAVE recommendations in their work were its high quality, encouragement by DFID advisers to consider the research and due to their interaction of the SAVE team with IASC working group on accountability.²⁶⁷

²⁶³ SAVE Annual Report 2016–17.

²⁶⁴ SAVE Annual Report 2016–17.

²⁶⁵ Project Completion Report.

²⁶⁶ SAVE 2015–16 report.

²⁶⁷ Interviewees 28, 36, 43.

It is noticeable that there has been more activity that builds on SAVE findings and recommendations in organisations that were closely involved in the work. SAVE recommendations have also been most frequently picked up when its findings agreed with the agenda of an organisation or of a group within the organisation trying to achieve change. Interviewees noted:²⁶⁸

‘These [activities on risk management] link to SAVE recommendations. We were working on this, it’s not a direct correlation but when we read the SAVE report we saw it identified stuff we knew we had to do’. International non-governmental organisation (INGO) country director

‘We gained from their work. It validated our approach and provided useful additional arguments’. International organisation, global level

‘SAVE was really useful for us. We had lengthy conversations internally and then with Humanitarian Outcomes around how organisations were able to establish programming in close proximity to conflict. We had internal tensions [on this]. We asked HO in to brief SMT [Senior Management Team] and had a really interesting conversation. It changed how we look at risk management and that we have work to do. Really helpful for us as field staff’. INGO headquarters

While the scale of SAVE’s dissemination is impressive, the evaluation also points to the extreme difficulty of keeping such awareness ‘live’. This is due in part to the high turnover of personnel in humanitarian fields. Interviewees also highlighted the sheer scale of research being undertaken in some contexts, notably the Syria response, which they found overwhelming to absorb.²⁶⁹ The SAVE strategy to address the sustainability question is through its ongoing work in this area and also through participation in events organised by relevant networks and evidence brokers, such as PHAP and ALNAP; a short upturn in visits in October 2017 suggests this is effective to some extent (though still to a lesser degree than when sustained communication activities were under way up to April 2017).²⁷⁰

At DFID there has been wide dissemination of SAVE findings, which have achieved relatively good levels of awareness among humanitarian advisers in relevant contexts.²⁷¹ This is due partly to the active promotion of the findings to humanitarian advisers at annual professional events and by the head of cadre. However, the evaluation did hear of advisers in relevant contexts being unaware of the resources and even advisers quite actively involved in the project not actively referring to it or being unable to comment on how they use it in their work. Again, this highlights the high levels of effort needed to continue to reach key audiences and maintain awareness and use of resources.

The greatest take-up on SAVE work in DFID has been in relation to TPM, with other areas proving more difficult to move forwards. Interviews revealed that speed of take-up at DFID of SAVE findings and recommendations was varied.²⁷² One adviser noted, *‘it’s very good to see examples [of TPM] and how it can be applied. It’s empowered many of them [humanitarian advisers] to have conversations with partners they could not have otherwise’.* In relation to other more challenging issues, DFID interviewees noted the findings and recommendations have been useful for those within DFID, already aware and active in internal debate, about how to deal with issues of aid diversion for access, risk transfer by donors and the potential impact of donor counterterrorism measures on the ability of organisations to reach the most affected people. DFID interviewees noted that the research helped to get these issues onto the agenda of senior staff. The head of the humanitarian cadre has been tasked to produce a paper on how DFID can take forward work to clarify DFID’s response to recommendations to donors. DFID interviewees also commented on the institutional and wider limitations on DFID to act quickly on other recommendations, with one noting, *‘these are difficult issues SAVE has helped to flush out, provided a helpful external lens. It’s changed our conversation but not necessarily our practice’.* DFID advisers noted that *‘it’s good to have the empirical evidence, but for challenging issues it will take time for organisations to adapt to evidence. DFID has to follow systems of*

²⁶⁸ Interviewee 45, 40

²⁶⁹ Interviewees 24, 30.

²⁷⁰ Analysis of SAVE website analytics.

²⁷¹ Interviewees 23, 26, 31, 40, 46, 47.

²⁷² Interviewees 23, 27, 40, 47.

central government but it helps people to think through issues but there are institutional reasons for why some things can't change'. This quote touches on some challenges for SAVE to have impact which are discussed further in the following section but it also illustrates the implications for communication strategies for both short-term effectiveness to stimulate debate in the short term and need for it to be sustained.

There has been some, but more limited, engagement by the SAVE team and DFID with other donors.

Relevant donors, including United States Agency for International Development (USAID) and ECHO, were invited to events in-country and attended launches. Both USAID and ECHO have shown interest and have funded SAVE partners to undertake linked work on risk and corruption respectively. In terms of targeting, these are the key donors to reach, though at this point there is no evidence of changes in their practices. DFID has not engaged directly with other donors on SAVE findings.

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

The project highlights the necessity of close cooperation between DFID departments (RED) and (CHASE) for research to contribute to change within DFID. The project has had two lead advisers from the Governance, Conflict and Social Development team in RED. It has received strong support from the humanitarian cadre, notably the head of profession, in its promotion within DFID. The link with the humanitarian cadre has been essential in taking findings to more senior levels in DFID. It is aided by head of cadre's participation on the advisory group for the overall HIEP and regular contact between the head of the humanitarian cadre and the head of HIEP.

However, it is unclear in the current HIEP structure where responsibility lies for taking findings to other external agencies now that project partner contracts have ended. Some RED evaluation participants assumed that findings will be further shared by CHASE and humanitarian advisers, but this is not formalised. The evaluation found that only some advisers in relevant contexts are actively promoting the work, but this is not consistent across countries.²⁷³ It is not a process that is actively managed.

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts

There have been some, albeit limited, links to other HIEP and other relevant DFID-supported and internal activities. SAVE was presented along with other work, including DFID's internal review of its monitoring approaches in humanitarian crises, at the Humanitarian Cadre Professional Development Conference (2016 and 2017). Also SAVE participated in a joint event at the WHS in 2016, which involved DFID-supported Chatham House work on engagement with armed non-state actors for humanitarian assistance delivery as well as ICRC and DFID speakers.

4.2 Conclusions

SAVE has effectively produced high-quality products, having undertaken research in extremely challenging conditions, and promoted active discussion with key stakeholders on the issues raised. Good communication processes have stimulated some debate around the findings and take-up of some findings and recommendations, though so far has had more limited impact on DFID and other donors' own practices.

SAVE's effectiveness has been aided by its a) high level of engagement with key stakeholders at national and international levels; b) tailoring of products to different types of audiences; c) credibility and respect of Humanitarian Outcomes and individuals involved in the sector, as well as their previous and current work in this area, meaning that findings are built on 1) continuity in the SAVE team, which has been consistent throughout the project; 2) engagement with active NGO forums in-country; and 3) active promotion of SAVE

²⁷³ Interviewees 23, 26, 46, 47.

within DFID and engagement by DFID humanitarian advisers at country level, though levels of engagement have varied among the focus countries.

Challenges to effectiveness include: a) the wide range of stakeholders relevant to SAVE, given the breadth of its scope which crosses sectors and levels of organisations so needs to reach many parts of an organisation for any impact; b) high levels of turnover in humanitarian organisations, particularly at country level, means that awareness of the project and its findings evaporate quickly; and c) political sensitivity of issues raised in SAVE research.

5 Impact: What contribution will the project make to HIEP's aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

5.1 Findings

5.1.1 Extent to which HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve.

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises

The evaluation considers impact at this outcome level. Not all projects are anticipated to contribute to all outcomes.

The evaluation explored three change stories to which SAVE was considered to have made some contribution. This is not an exhaustive list. These are SAVE's contribution to observed changes, which are:

- 1 A cultural shift in more humanitarian organisations to invest in more systematic risk management, including recruitment of staff, development of skills and procedures to document, analyse and discuss risk, all of which require an investment of time and resources.
- 2 Increased attention to shared systems of accountability that are evidence based and aim for engagement with affected people.
- 3 Increased awareness of the need for transparency in sharing evidence (data) among agencies in the Syria response.

These changes relate to HIEP outcome 2, reflecting changes in organisational culture and behaviour (to work together) and methods and skills for evidence collection and use. These changes are all at early stages. Change in inter-agency transparency is the least developed.

The SAVE contribution has been through research and the facilitation of dialogue around the work. The provision of robust empirical data, the facilitation of dialogues on key issues at national, international and agency levels, SAVE engagement with relevant key platforms and initiatives and the provision of practical resources in relation to accountability and risk management have been important.

In addition to SAVE's contribution other key factors that have enabled some change at this level are:

- *Existing champions within organisations and inter-agency platforms*, e.g. supporting community engagement accountability agendas; shared experience in previous responses such as Haiyan, which developed some collective approaches to accountability; active platforms, such as CDAC, and inter-agency groups, such as the IASC working group on accountability; and agencies willing to take a key role on the issues, e.g. UNICEF
- *Other external pushes for evidence*, e.g. donor demands for evidence that aid is reaching vulnerable people; the humanitarian community's shared desire to see UN Resolution 1625 extended, which requires evidence of good practice and has stimulated collective advocacy on this issue and also required sharing of information
- *Protracted crisis providing time for trust and relations to develop* in Syria, resulting in more sharing of data, at least informally between agencies at hub level, and for some improvements in coordination mechanisms, as well as growth of informal mechanisms between donors, e.g. in the Lebanon donor grouping and the Syrian INGO forum. It has also led to a greater sense of collective responsibility with more agencies saying they now see they are being perceived as a collective both by parties to the conflict and externally, so harm to or bad practice by one can damage others
- *Operational need*; i.e. remote management requires new methods of risk management and accountability
- *The existence of internal units that have a clear responsibility and interest* to take forward areas of work that SAVE addressed, i.e. accountability resources taken up by the MEAL unit

A number of factors impede more significant change at this point, including:

- Political climate around key donors, putting pressure on aid budgets, as well as a critical media and terrorism concerns, all of which combine to make open discussion difficult on issues such as aid diversion and corruption
- Changes that require an inter-agency response rather than changes that can be taken forwards by a single agency
- Lack of a formalised plan in place in DFID for how it takes forwards the work, instead relying on individuals' interest and commitment to act on the project

These examples of SAVE's contribution to change are elaborated in more detail in Appendix A.

While SAVE contribution to the HIEP outcomes has been predominantly in relation to outcome 2 as described above, there are also contributions to the HIEP outcome 3. The SAVE team report interest from USAID to support follow-up applied research on filling the evidence gaps on coverage. Furthermore, in relation to outcome 3, SAVE has made two important contributions to innovation, which are: a) methodological developments by testing methods to create coverage maps and lessons learned on the potential of different methods in conflict areas, e.g. SAVE found it achieved good results using automated interviews which were on a par in terms of quality to household surveys, and b) raised the profile and awareness of existing innovations in relation to monitoring, particularly in the use of new technology and TPM.

5.1.2 Extent to which HIEP has built capacity in Southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

SAVE did not have a capacity-building remit. However, the previous evaluation phase found the team's support to country-level researchers had benefits for individual skills and development. The country-level workshops enabled active participation by local NGOs, which made up approximately 20% of participants.

However, a challenge noted by SAVE is the impact of banking counterterrorism practice, which impedes even small payments to individuals in countries such as Syria.

6 Gender and social diversity

SAVE made strong efforts to address gender and social diversity, but also experienced limitations due to contextual factors, as well as time and resourcing. A number of steps were taken operationally to ensure the research was gender sensitive, e.g. using remote surveying potentially helped with the cultural constraints to surveying women; working with local women's groups; using female researchers as appropriate; adapting the methodology in each country in an effort to reach women interviewees; applying a gender lens to data analysis; tracking the proportion of female respondents; tracking numbers of women and men at workshops; and taking steps like using a woman's voice on automated surveys to encourage women to respond. In addition, gender risks were assessed in SAVE's approach to risk management. Previous rounds of the evaluation reported that these measures were still met with difficulty for cultural reasons and so there was a higher proportion of male respondents from community level involved in the primary research. Previous evaluation rounds heard from research teams that a higher budget, more time for the recruitment of female researchers, and more targeted approaches to women working in humanitarian agencies may have increased female representation in SAVE data from both communities and humanitarian organisations. The SAVE team have been explicit about the challenges they faced.

7 Other findings and comments

It is notable that undertaking this research presented risks not just for the researchers on the ground but also for DFID. It had potential to expose practices that could be publicly unpalatable, such as corruption in parts of the humanitarian system and diversion of aid for access. This contributed to DFID caution, which, to some extent, caused the delays in its approval of final products (this had a knock-on effect on SAVE partners who had to extend contracts and adapt plans accordingly. DFID was lucky that the partners had the capacity to do this). However, DFID is to be credited with going ahead with the work, though it now faces a dilemma about how to take forward this work internally and potentially with others. A key shortcoming is the lack of a structured plan and processes for taking this work beyond the partners' contract time with DFID internal momentum dependent on individuals' interest and will.

8 Summative phase 2 conclusions

SAVE addresses highly relevant questions for the humanitarian sector and has produced robust, high-quality research which supports dialogue in the sector on a number of sensitive issues pertaining to access to affected people and the provision of quality humanitarian assistance in volatile contexts. During the project SAVE stimulated and facilitated dialogue in the sector on these issues at both global and national levels, and between and within agencies. It has produced some practitioner-focused resources that have had good uptake and been used by agencies to develop their work, particularly in relation to accountability, development of risk management systems and approaches to negotiating access.

DFID has discussed the research quite widely and parts of it have been picked up by humanitarian advisers working in conflict areas, particularly in relation to monitoring approaches and also in discussions on policy. At this point there are not more significant changes in DFID's own funding approaches, though there is still discussion and activity under way in DFID to consider how to act on SAVE findings.

The SAVE products and process have made a valuable contribution to efforts in the system to ensure principled humanitarian action. SAVE has contributed to positive developments where there is a pre-existing momentum, such as on collective accountability processes and organisations' own risk management. However, it has not (yet) been the trigger to more transformative change in how agencies work together to

better understand their shared picture of need and coverage or in donor practice that can challenge impartiality if agencies respond by not accessing some highly affected locations. However, it also highlights the limit of any single piece of research to be the catalytic change on issues that require system change.

It is recommended that DFID continue work on how to respond to SAVE findings relating to how donors can better support the provision of quality assistance in humanitarian contexts, but also broaden this to formalise its plan for how to take forward these issues in the sector with peers and partners.

Appendix A: Contribution stories – SAVE contribution to HIEP intended changes

Change story 1

a The change and its linkage to the HIEP ToC Outcomes

Increased transparency in sharing evidence (data) among agencies in the Syria response. There are improvements in the sharing of data between agencies involved in the Syria response, particularly through informal mechanisms at field hub level, but also between donors and some agencies.²⁷⁴ This links to outcome 2 aims that humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and DRM interventions.

b What did HIEP/SAVE do to contribute to this change?

HIEP developed a methodology to show coverage of humanitarian assistance in four volatile environments of South Sudan, Afghanistan, Syria and Somalia. SAVE reports, presentations and other reports highlight the inadequacies of current sources of evidence used by decision makers at national and international level to understand the reach and quality of humanitarian assistance. It highlighted the challenges posed by the current lack of transparency between organisations in the sharing of data between agencies. This was discussed in national workshops as well as in international workshops. SAVE added value through the provision of robust, empirical data to a trend known well at field level but less visible at more senior management levels and previously based on anecdote rather than systematic research. Demonstration of similar trends across four countries also supports discussion on the issue at global level, e.g. within DFID.

c What other factors contributed to this change to enable and/or hinder it?

- The protracted nature of the crisis has enabled the building of relations between agencies and growing trust based on personal links and familiarity
- Agency coordination in preparations for joint advocacy to extend Resolution 1625 calling for humanitarian access, which has galvanised a sharing of materials between agencies for joint advocacy facilitated by an active inter-agency advocacy working group based in Amman
- Development of stronger coordination in some hubs
- The development of the One Syria Response aims for a less fragmented response and thus an increase in communication between hubs, and within and between agencies
- Other initiatives that pool information and look across the response, such as the ACAPS assessment framework, REACH monitoring and developments in OCHA-led severity scale process

Changes have been hindered by:

- Reported weak coordination mechanisms in some places
- Sensitivity of context causing distrust of some coordination mechanisms
- Competition between agencies for donor funding

²⁷⁴ Interviewees 30, 32, 34, 35, 46.

- Limited investment by key actors and donors to improve shared approaches to building a shared inter-agency picture of coverage

d Significance of the change

The change is judged to be an early change. The scale of the change at this point is relatively small and is not universally reported across the Syria response and has limited reach beyond it.

e Significance of the HIEP's contribution

There is evidence that SAVE made some contribution.

f Quality of the evidence

There is partial evidence, which is based mainly on verbal accounts from a small number of stakeholders and is not observed by all stakeholders.

Contribution to change story 2

a The change and its linkage to the HIEP ToC outcomes

There has been a cultural shift in humanitarian organisations to invest in and build skills to support systematic and robust analysis of risks in countries and in Syria. Organisations interviewed reported new internal mechanisms for risk management reflect investment of time and people in the processes of documentation, analysis and decision making.²⁷⁵ Agencies report new positions for context analysis and support to partners in-country to assess risks. At this point, the change remains with the operational organisations. This links to outcome 2, which includes a focus on culture and skills to use evidence in humanitarian decision making.

b What did HIEP/SAVE do to contribute to this change?

SAVE research highlights the need for more open discussion on risk. This was an issue highlighted in outputs and also in robust discussions in national workshops, as well as discussed in some agency briefings. It has also been raised at international level where the issue of risk transfer from donors to partners has been discussed, though with less sign of any change at this point.

c What other factors contributed to this change to enable and/or hinder it?

Enabling factors

- Remote management requiring more innovative and explicit management of risk
- Donor compliance requirements stipulating documented decision-making processes
- A growth in risk management in the sector, generally including in voluntary and development agencies with audit and other functions pushing these areas
- Attacks on agencies and field staff
- Field calls for greater investment in contextual analysis to support programme design and decision making
- Pre-existing desire and action in some agencies or parts of them to improve risk management systems

²⁷⁵ Interviewees 3, 30, 34, 39, 45, 47.

- Other agencies action on this subject of conflict and risk management in humanitarian action, e.g. Interaction and cooperation with HOs

Greater change has been hindered by:

- Limited donor investment in organisations' risk management systems. Exceptions relate to donor investment against an overall response strategy and long-term support rather than short-term project-based support. Long-term support enables organisational investment into the development of an organisation's own and partner systems
- Ongoing reluctance to discuss the issues openly, particularly between organisations, but also between field and headquarters

a Significance of the change

This is a significant change given the growing scale of humanitarian contexts affected by high risk. However, not everyone sees it as positive and some see the greater attention to risk leading to a greater risk aversion in the sector and to a clustering of assistance to areas that are relatively less insecure.

b Significance of HIEP's contribution

There is evidence of some contribution to change, particularly in agencies where there was direct and sustained contact with the SAVE team and a pre-existing awareness of the importance of the issue among some staff.

c Quality of the evidence

The evidence of partial quality drawing on six interviews which were consistent regarding the change, but with fewer reports able to identify linkage to SAVE.

Contribution to change story 3

a The change and its linkage to the HIEP ToC outcomes

Increased attention to shared systems of accountability that are evidence based and aim for engagement with affected people. This links to the HIEP outcome 2, which includes a focus on relationships, behaviours, culture and skills to promote the regular integration of evidence into humanitarian interventions. Examples of change include the inter-agency initiative hosted by UNICEF in which agencies will work together in collective community engagement and accountability mechanisms in two countries (Yemen and CAR). Interviewees cited the inclusion of SAVE recommendations in their plans for this initiative.

b What did HIEP/SAVE do to contribute to this change?

SAVE produced a range of products, with a number particularly targeting practitioners, to share the research findings on community engagement and accountability approaches, including a toolkit, resource paper and policy brief. SAVE led a process involving learning partners in research on accountability mechanisms. SAVE shared the findings through national workshops and international fora with sustained contact with IASC working groups and key influential organisations such as ICRC. DFID is reported to have encouraged the use of SAVE recommendations in the initiative.

c What other factors contributed to this change to enable and/or hinder it?

Enabling factors:

- The UN Transformative Agenda focus on Accountability to Affected Populations later reinforced by commitment to the Participation Revolution in the WHS

- There are organisational departments with responsibility and the interest to take forward this area of work, including monitoring, evaluation and learning units and also community engagement departments
- Donor demands for monitoring and evaluation data
- Remote management requires data to track progress
- Previous attempts to combined efforts on AAP, e.g. in Haiyan response, and also establishment of consortia programmes which by definition need shared approaches. Repeated evaluations also highlight beneficiary fatigue with repeated consultations done separately by organisations
- Willingness of one organisation to host an initiative (UNICEF)
- Pre-existing networks, e.g. CDAC, IASC Work Group
- Parallel growth in DFID in TPM
- Learning approach taken in the SAVE project fostered advocates for its findings within organisations and to some extent in the sector at least locally

Greater change has been hindered by:

- Limited evidence of the impact and use of the evidence in adapting programme design
- Organisational constraints to adaptation during the programme
- Funding limits the scale of the countries involved

a Significance of the change

The move to inter-agency initiatives to collect evidence from affected populations is a significant change

b Significance of HIEP's contribution

SAVE has made some contribution to the change.

c Quality of the evidence

Based on a small number of interviews, there is strong evidence of the change with documented, funded initiatives in place and partial evidence regarding SAVE's contribution.

Case study 7: Capacity building, DRM

1 Introduction

This case study report forms part of the evaluation of Department for International Development's (DFID) Humanitarian Innovation and Evidence Programme (HIEP).²⁷⁶ The five-year evaluation process tracks the DFID programme 2013–18. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. This is the final summative phase of the evaluation.

In April 2013 an accountable grant for £1.2 million was signed between UK DFID, International Federation of Red Cross and Red Crescent Societies (IFRC) and the British Red Cross Society (BRCS) for an operational research programme on national and local capacity building (CB) for disaster risk management (DRM) (henceforth the IFRC project). Additional funding contributions were made by the Canadian government (Department of Foreign Affairs, Trade and Development (DFATD), now Global Affairs Canada (GAC) and Swedish Government (SIDA).

In September 2013, IFRC contracted Oxford Policy Management (OPM) and the University of East Anglia (UEA) to conduct the research, which aims to increase the effectiveness of CB interventions for DRM at national and local level through developing robust empirical evidence on what works and why when building the capacity of national and local institutions in different contexts. The research design, informed by a review of the literature on the factors that enable and constrain the development of national and local capacity for DRM, centred on a case study approach involving fieldwork in six countries and a comparative analysis across case studies to feed into an overall synthesis of the research findings. In addition to six country case study reports and a synthesis report, the research team also planned to produce three policy briefs, three externally peer-reviewed publications, and a series of conference presentations and dissemination events at global level to support the uptake of research findings among policymakers and practitioners. The project was supposed to finish in August 2015, however a no-cost extension was agreed up until December 2015 to allow sufficient time for research uptake activities.

This case study was conducted between October and December 2017, and forms part of the final summative phase of the evaluation of DFID's HIEP.²⁷⁷ The five-year evaluation process has consisted of three data collection phases, of which this is the third and final, and tracks the DFID programme across its entire implementation period from 2013 to 2018. This research project is one of eight projects funded through the HIEP that is being tracked by the team throughout the evaluation.

2 Methodology

All case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact and also against an overall theory of change developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP theory of change. Value for money (VfM) or efficiency questions are being assessed through a separate process.²⁷⁸

It was agreed with DFID that this case study would be of reduced scope to take into account resource and time constraints of the evaluation. It was originally only undertaken to provide an evidence base for the VfM analysis, however it has been included in the series of case studies as its findings are of broader interest.

²⁷⁶ For further information see the HIEP Evaluation formative report, <http://r4d.dfid.gov.uk/Output/200759/>

²⁷⁷ For further information see the HIEP Evaluation formative report, <http://r4d.dfid.gov.uk/Output/200759/>

²⁷⁸ Five case studies have been identified for more focused value for money analysis. This is being carried out through a process separate from the case study.

Because of its reduced scope, we did not reach as wide a range of interviewees as some other case studies and the report has not gone through review by partners. It was however peer-reviewed within the team.

Findings drawn for this case study derive from two main data sources: 1) a review of secondary documentation, including annual and final project reports, research outputs, meeting minutes, workshop reports, IFRC guidelines and reports and 2) interviews with 20 key informants from IFRC, Red Cross National Societies, the OPM/UEA research team, the advisory group, the learning group, and external stakeholders. We were informed by DFID that because of staff changes there was no lead adviser to interview for this particular project. All interviews were conducted by telephone. Full details of people interviewed and documents reviewed are included in Annex 3 and 4 of the main report respectively.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified (in Humanitarian Emergency Response Review [HERR] and Humanitarian Innovation and Evidence Strategy [HIES]) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

The IFRC project is closely aligned with the evidence gaps identified in HERR and the wider debates in the humanitarian sector on the localisation of aid. The focus on capacity development, was also very relevant to process and reforms internal to IFRC. As was stated in the 2015 case study, the 2011 HERR emphasised the importance of building the capacity of national and local institutions. It also highlighted the lack of direct DFID funding to governments and national and local non-governmental organisations (NGOs) in humanitarian crises.²⁷⁹ In response to this, pillar three of the HIES focuses on how best to work with national and local institutions to prevent, anticipate and respond to disasters. It emphasises the lack of attention to CB approaches and the dearth of evidence on which interventions are effective in which contexts.²⁸⁰ The IFRC project was designed to help fill this evidence gap. This was confirmed in interviews for the 2015 case study and validated in this final summative case study.²⁸¹

A number of stakeholders also pointed to the relevance of the research to the wider debates within the humanitarian sector on the localisation of aid.²⁸² As one informant commented: *‘when looking at the localisation of aid, capacity development becomes very important. A lot of the research plugs into this agenda’*.²⁸³ Another stressed the political nature of the localisation debate and that it requires *‘a big shift in thinking and approach’*; having a strong evidence base to support the arguments was therefore key.²⁸⁴ It was this interest in localisation of humanitarian assistance that initially led DFID to commission the research in the first place.²⁸⁵ As is discussed in section 5.1.1, the IFRC and the BRCS capitalised on the relevance of the research to the localisation debate in its engagement and advocacy around the World Humanitarian Summit (WHS).

²⁷⁹ UK Government (2011) *Humanitarian Emergency Response Review*, foreword and p. 18.

²⁸⁰ DFID (n.d.) *Business Case 1: Humanitarian Innovation and Evidence Programme: Improving Disaster Risk Management Through Improved Risk Analysis and Better Use of National and Local Capacity for Response*, p. 8.

²⁸¹ Interviewees 192, 194, 203, 204, 208.

²⁸² Interviewees 193, 200, 208.

²⁸³ Interviewee 200.

²⁸⁴ Interviewee 208.

²⁸⁵ Interviewee 193.

In addition, IFRC stakeholders emphasised the relevance of the research to debates and practice internally on building the capacity of national societies.²⁸⁶ See section 5.1.1 for examples of how the research was used to inform and shape existing processes around national CB.

There are, however, concerns among some stakeholders that the research may need to be reframed in order to continue to be relevant in evolving humanitarian policy and debates. Despite this generally positive perspective on the relevance of the research, there were some indications that its future relevance could be eroded because of shifts in donor priorities. One funder for example noted that most donors have deprioritised DRM since the research was conducted, and that it needed to be updated to tie into current policy debates. This was echoed by another informant who commented that the research should be reframed and the findings repackaged in terms of humanitarian preparedness and response, not DRM. He felt that this would resonate more with the current global policy debates.²⁸⁷

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

The overall research design and the quality assurance process were robust and appropriate for the focus of the research project. The research was designed around a case study approach, with a focus on one pilot and five full case studies in a mix of low-income and fragile and conflict-affected contexts, supplemented by a financial analysis of DRM spending on CB and a global online survey.

The conceptual framework was informed by an initial literature review, which identified six core principles for effective DRM CB that formed the basis of investigation during the fieldwork.²⁸⁸ As stated in the 2015 case study, key informant interviews showed strong agreement that the study design was robust, especially given the challenging environments studied and the low starting point of evidence. The stakeholders we interviewed for the summative case study corroborated this view.²⁸⁹

The processes OPM put in place for both quality assurance and research ethics were high quality. A standardised methodology was used across the case studies which helped ensure rigour and consistency in the design and implementation and enabled core findings to be identified that were generalisable across contexts. One case study was used as a pilot to test and refine the research tools and design. The quality assurance (QA) process was bolstered with an advisory group with eight members from academia, NGOs, DFID and the World Bank. They met three times over the course of the project, with email communication where necessary. They provided high-level oversight and helped ensure a high-quality research process, and relevant and objective findings. A strength of the group was that it was deliberately composed of a wide range of expertise and perspectives in the sector, including humanitarian research funders, academia and Southern Red Cross Societies.

A weakness in the design that was raised in the 2015 case study was the lack of quantitative analysis. This was partly a consequence of the difficulties faced by the research team in accessing financial data from any organisation outside of the IFRC, but also because of the lack of quantitative skills and capability in the research team. Although this lay outside the original scope of the ToR, DFID felt that more could have been done to incorporate quantitative analysis to increase the rigour of the findings. In this summative case study, we heard how this concern about the lack of quantitative data, and the highly qualitative nature of the research, led the DFID adviser that took over the project once the original adviser left, questioning the reliability of the final report and questioning whether DFID should publicise the research.²⁹⁰

²⁸⁶ Interviewees 195, 200, 207.

²⁸⁷ Interviewee 193.

²⁸⁸ The six principles are flexibility and adaptability; comprehensive planning; ownership and partnership; attention to functional capacity; integration of actors and scales; contribution to disaster risk reduction. IFRC (2015) Strategic Research into National and Local Capacity Building for DRM: Synthesis Report, p. 25.

²⁸⁹ Interviewees 195, 200, 203, 208.

²⁹⁰ We were unable to speak to the DFID adviser to triangulate this.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

The IFRC project created links with the World Humanitarian Summit through its focus on the localisation of aid.

A notable example of how the IFRC project linked to boarder sectoral initiatives is its connection to the WHS and the localisation agenda. The research was featured in the 2015 World Disasters Report on localisation and was drawn upon in a background paper in the lead up to the WHS. (See section 5.1.1 for further details.)

In 2015, the case study indicated that there had been a connection made between the DFID-funded Disasters and Emergencies Preparedness Programme (DEPP) and the OPM research team. Although the timings of the research outputs did not allow for the findings to feed into the design of the DEPP, the case study commented that an important connection was established between the two initiatives to ensure that the DEPP continues to build on the evidence base generated by this study. While this may have happened, we were not able to speak to anyone at DEPP as part of the summative case study to further substantiate these claims.

3.1.4 Extent to which HIEP products are relevant to decision makers

While there were good efforts to tailor the projects outputs to different audiences, there were concerns expressed that the synthesis report was too long, that outputs were too academic.

An extensive range of outputs were developed by the team, intended to promote the findings and recommendations of the study to a range of audiences. The synthesis report is intended for DRM policymakers and practitioners designing and implementing CB for DRM programmes, and the recommendations are targeted at both audiences; the case study reports are aimed at those designing and implementing programmes in the case study country; the policy briefs are aimed to reach a broader policymaker and practitioner audience with a focus on specific issues highlighted by the research; the three peer-reviewed publications are intended to reach a more academic audience and to give the outputs greater longevity.

In the 2015 case study users emphasised the relevance and usability of the recommendations and practical tools, in particular the monitoring and evaluation (M&E) framework and video, as well as the grounding of the findings in the real world through the use of concrete examples. Stakeholders that we spoke to for the summative case study echoed the sentiments.²⁹¹ However similar to in 2015, a number of respondents also pointed out a number of weaknesses in the research outputs: the synthesis report was too long, and therefore would unlikely be read,²⁹² that the outputs were too academic²⁹³ and that the recommendations needed to be made more practical.²⁹⁴

3.2 Conclusion

There is good evidence to suggest that the research has produced important and relevant evidence on what works and why when building the capacity of national and local institutions to manage disaster risk in a range of contexts. It aligned well with a notable gap in evidence, as identified in HERR, and clearly linked with pillar 3 of HIEP. There is general agreement that the study design was robust, especially given the challenging environments studied and the low starting point of evidence, although, DFID did question the credibility of the final outputs given the lack of quantitative data. The research was highly relevant to the debate that emerged around localisation in the lead up to the WHS, and the IFRC was able to mobilise the outputs to influence this process. The research also aligned well with internal conversations and processes

²⁹¹ Interviewees 200, 203, 207, 208.

²⁹² Interviewee 194, 195.

²⁹³ Interviewee 194.

²⁹⁴ Interviewees 194, 195, 203.

happening in the IFRC at the time around developing a common approach to capacity development. Again the research was used to feed into these processes. Questions have been raised about the relevance of the research moving forwards given the evolution of policy debates within the humanitarian sector and there is a suggestion that it should be reframed to focus on humanitarian preparedness and response, rather than DRM.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

HIEP aims to produce three outputs which are a) high-quality research and innovation products; b) strengthened partnerships within DFID and between operational and academic organisations and partnerships strengthened with and between partner agencies; and c) development of evidence and innovation-related skills.

High-quality research and innovation products

As described above in section 3.1.2 and 3.1.4, the outputs from the IFRC project were high quality and broadly relevant to decision makers' needs. The research used an appropriate research design, and put in place a robust quality assurance (QA) process. It also benefited from an advisory group that provided high-level oversight and helped ensure a high-quality research process, and relevant and objective findings.²⁹⁵ Although a number of stakeholders raised the challenges of keeping the group adequately engaged throughout the process.²⁹⁶ This challenge was also raised in the 2015 case study. DFID and IFRC managed to successfully re-engage the group to provide comments on the final outputs and to participate in the launch events.

Partnerships strengthened with and between partner agencies

The way in which the research project was delivered and managed was considered by a number of IFRC stakeholders as an innovation. In the past, research would have been contracted out to an external consultant.²⁹⁷ The development of a partnership with OPM, and also the emphasis on supporting cross-organisation engagement through the learning group, was a new way of working.²⁹⁸ The learning group was comprised of members of the RCRC network and was supposed to support dissemination and uptake of the project's outputs and findings, in particular within the RCRC network.

While there was no evidence to suggest that the partnership between IFRC and OPM will continue, as is described below, the experience of conducting the project has led to some useful learning for IFRC on how to approach partnerships with research organisations in the future. The learning group on the other hand has continued, albeit under a different name – the IFRC Research Working Group (see below). This has helped to build new connections and networks across the Red Cross of individuals involved in and promoting research and evidence-based policymaking.

Development of evidence- and innovation-related skills

²⁹⁵ Terms of Reference for Research Programme Advisory Group, p. 1.

²⁹⁶ Interviewees 196, 205.

²⁹⁷ Interviewee 194.

²⁹⁸ Interviewee 200.

While not formally reflected in the terms of reference for the IFRC project, an objective of the research was that it would strengthen the IFRC's capacity to commission, manage and use research. Given that the IFRC's limited experience in commissioning and managing research of this scale, it was thought this would provide an opportunity to build internal skills and systems. While there were a range of other initiatives within the IFRC that were promoting research (e.g. the Netherlands RCS climate change facility among others) at the same time and therefore contributing to strengthening internal capacity, there is evidence to suggest that the project made a useful contribution; a number of stakeholders referred to the project as a flagship research project, which because of its size was able to be used to engage people in conversations about research and evidence in the IFRC more broadly. Therefore, a number of informants credited it with helping to advance the conversation and thinking internally on how to do research well and in a way that supports uptake and use.²⁹⁹ Others commented that it had provided a concrete example of how to approach and create a successful partnership with research organisations, which again has helped progress internal thinking.³⁰⁰ More concretely, it contributed to the setting up of an internal working group that emerged out of the learning group – the IFRC Research Working Group. The purpose of this group is to map the existing research being conducted across the network so as to inform a strategy on how to better coordinate and build on evidence.³⁰¹ As well as helping to spark the formation of the group, the project also covered the costs of some member's participation in the group as it got started.³⁰² As one informant commented: *'the research came along at the right time; there were a number of efforts going on within the IFRC to increase awareness and uptake of research. It was able to dovetail with these and we were able to use it as test case'*.³⁰³ The challenge that IFRC is faced with now is whether it can sustain the expertise that has been built up through the project.³⁰⁴ The two lead focal points within the IFRC have moved on, and many of the members of the learning group have too. The IFRC Research Learning Group still exists, but it is unclear what level of institutional memory of the project still sits within the group.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contribute to outcomes

HIEP aims to bring four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, also endorsed by operational actors and that they impact operations and funding by DFID and direct partners.

The establishment of two separate research support groups was an attempt to create a network of stakeholders to champion the research findings. Given the high rotation on these groups, and the challenges described above in getting members to remain engaged, this strategy has had mixed success. Despite a number of learning and advisory group members describing themselves as champions in the 2015 case study, of those we spoke to, few could point to specific things they had done to promote the research. Of those that could, one stated that they had created a topic page on their centre's website for the outputs of the research,³⁰⁵ another had shared the research internally within their organisation.³⁰⁶ Another said they fed them into internal discussion within their organisation on rethinking its approach to capacity development.³⁰⁷ Probably the best example is of the BRCS representative on the project using the research to feed into the WHS (see section 5.1.1).

A point raised by a number of IFRC stakeholders was that there wasn't a process internal to the Federation for reflecting on the findings and recommendations and developing a plan of action. This was something we

²⁹⁹ Interviewees 195, 200.

³⁰⁰ Interviewees 194, 200.

³⁰¹ Interviewees 195, 200, 206.

³⁰² Interviewee 195.

³⁰³ Interviewees 195, 200.

³⁰⁴ Interviewee 193.

³⁰⁵ Interviewee 200.

³⁰⁶ Interviewee 208.

³⁰⁷ Interviewee 203.

recommended should be put in place in the 2015 case study. This seems to be an institutional problem linked to how IFRC follows up and supports action on the recommendations from research and evaluations. It was felt that this would likely mean that the uptake of the findings among operational actors within the Red Cross programmes would be curtailed.³⁰⁸

There is evidence that operational actors involved within the research case studies are continuing to endorse and promote the outputs. For example, Community World Service Asia organised a DRR conference in Pakistan in collaboration with the Provincial Disaster Management Authority and a university in Hyderabad, at which they had a session that included reference to the research and presented the principles underpinning the research and how they apply them operationally.³⁰⁹ The research outputs have also been shared through the networks of a number of other humanitarian organisations such as ALNAP, SPHERE and the START Network.³¹⁰

The research team themselves have championed the research in a number of ways: outside of what they were contracted to do. They have given presentations at two DRM related events,³¹¹ used the research to inform future research and research proposals,³¹² and used the research outputs to inform the development of training packages in DRM for RedR UK.³¹³

In the 2015 case study, it was found that DFID has played an important role in championing the findings in a number of fora. For example, one member of the DFID humanitarian policy team had been working on applying the findings to messaging around localisation and how to develop new programming to support the building of national and local capacity as part of the WHS consultations; and another member of the DFID team spoke of the role played in helping to push the findings out through other channels such as the WDR. However, the view at the end of the project, particularly around the dissemination of the final outputs, is less positive and there is a feeling among a number of those involved in the research that DFID could have played a much more active role in championing the research.³¹⁴

4.2 Conclusions

There is strong evidence that the project has contributed to the first HIEP output of high quality and relevant research. There is some evidence that the project has contributed to the third HIEP output of strengthened skills to design, commission and apply humanitarian research. In spite of the challenges faced by IFRC in taking on a research commissioning and management role, the project has contributed to advancing the conversation and thinking internally on how to do research well and in a way that supports uptake and use. It also facilitated the setting up of an IFRC working group which has continued beyond the life of the project. There are concerns however about the extent to which the insights and experience gained from this project will be sustained and shared moving forwards.

The project identified multiple champions and networks to advocate for and broker the research findings. The success of the project in using these effectively is mixed. The high rotation on the advisory and learning groups meant that despite a number of learning and advisory group members describing themselves as champions in the 2015 case study, few in fact championed the research once it was completed. However, there were a number of notable exceptions. The role of DFID in championing the research was also mixed. While there were early examples in the research process of them advocating for the research, they played a much less active role promoting the research once it was completed. The questions that some within DFID

³⁰⁸ Interviewees 195, 200.

³⁰⁹ Interviewee 198.

³¹⁰ DFID Annual Review 2014–15.

³¹¹ DRR Capacity Development forum hosted by CADRI and Lund University (Dec 2014); Integrated Research on Disaster Risk Conference in Beijing (June 2014).

³¹² Interviewees 196, 205

³¹³ Interviewee 208.

³¹⁴ Interviewees 195, 196, 205.

had about the robustness of the research, given its lack of quantitative data, and the original DFID lead adviser for the research moving on midway through the project, may have contributed to this.

5 Impact: What contribution will the project make to HIEP's aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

HIEP has three outcomes it seeks to achieve:

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and DRM interventions
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises

The evaluation is considering impact at this outcome level as well as in relation to uses and impact of the evidence not reported in earlier sections. Not all projects are anticipated to contribute to all outcomes

5.1 Findings

5.1.1 Extent to which HIEP has achieved change in DFID and key organisations/targets

We have found a number of examples of where the research has had an impact on humanitarian programmes, tools and policy. These include the research: influencing a global set of guidelines on strengthening the capacity of national societies capacities for disaster preparedness in the IFRC; shaping the Canadian Red Cross' strategy on DRM and informing the basis for new programming; informing the design of a new CB programmes in Kenya and Pakistan; shaping the development of the theory of change for the humanitarian leadership academies; and being used to shape the commitments coming out of the WHS around localisation

IFRC's national society capacity for disaster preparedness

In the IFRC there is good evidence to show the research made an important contribution to work being done on national society capacity for disaster preparedness. The National Disaster Preparedness and Response Mechanism (NDPRM) was developed by the IFRC to support national societies in improving their disaster preparedness and response through enhancing the processes, teams and systems involved in preparing and responding to disasters and crisis.³¹⁵ A foundation of the enhancement approach is the NDPRM Guidelines developed in 2010 and a series of tools to help measure disaster preparedness capacity: the Well Prepared National Society tool and the Disaster Response Capacity Enhancement (DRCE) tool. The purpose of the guidelines and tools is to create a common approach to capacity development across the Red Cross.

In 2016 a process was started to revise and update the guidance and tools based on the best available evidence and recent experiences from the field.³¹⁶ The IFRC research project was a key input into this process.³¹⁷ A key first step for the technical working group leading the process was to bring together all the work that had been done on DRM capacity development. The fact that the research had collated the existing

³¹⁵ Preparedness for effective response – National Society Capacity Enhancement. Outcome from technical working group meeting – July 2017.

³¹⁶ Interviewee 207.

³¹⁷ Ibid.

evidence base in one place, saved the group significant time.³¹⁸ Likewise, the distillation of key findings that underpin successful capacity development also helped the group reach agreement on a common set of principles and approach. As the coordinator mentioned: *‘When you are working with lots of disparate actors, it can be difficult to get people to agree on a common approach; having an evidence base that shows what worked, made this a lot easier. It helped us define the guiding principles’* [that underpin the revised document Preparedness for Effective Response – National Society Capacity Enhancement].³¹⁹

The revision of the DRCE tool also drew heavily on the IFRC research findings and recommendations. It gave much more focus to creating an enabling environment for capacity to be built, building senior leadership support for reform and reflected a much stronger focus on functional as well as the technical capacities needed for effective disaster preparedness.³²⁰ The revised DRCE tool has now been used in 16 countries and IFRC are continuing to pilot it in a further nine in 2017-18.

This example of change is a contribution to outcome 2 of HIEP as it relates to the use of evidence into internal processes within the IFRC.

Canadian Red Cross approach to and programming on DRM capacity building

We found three examples of where the research shaped the Canadian Red Cross’ (CRC) internal strategy and programming. The Disaster Risk Management Adviser has used the research to develop a new strategy on DRM that integrates institutional capacity development much more into CRC’s approach. She said the concepts and ideas from the research helped to shape the work. It also provided a sound evidence base upon which to base the strategy, which she said was necessary to convince some senior managers of the importance in investing in long-term capacity development.³²¹ *‘It lent greater credibility to what I was saying’*.

The CRC also recently signed a five-year partnership with GAC. Part of this funding is for support to CB at local and national level. A contributing factor to them getting this funding was because of the work that they and the IFRC had been doing around the DRCE tool and the fact that they could show three years’ worth of application of the tools across diverse geographies. GAC felt the DRCE was a robust evidence-based tool, which provided a systematic and structured approach to assessing DRM capacity.³²²

Also related to the DRCE, the CRC has just started a new project with United States Agency for International Development (USAID) called epidemics in health security, a project that will be applying the tool and approach to epidemics.³²³ USAID, again, were attracted by the tools grounding in evidence, and wanted to understand its applicability in different sectors.³²⁴

These examples of change are contributions to outcome 1 and 2 of HIEP. The examples of GAC and USAID funding are, while relatively small in scale, instances of the project’s evidence shaping funding decisions, while the DRM work internal to the Canadian Red Cross demonstrated changes in internal behaviours and systems as a result of the project.

The WHS and the debate on localisation

An area where there is clear evidence that the research has had an impact on wider humanitarian policy is in relation to the WHS, the Grand Bargain and the issue of localisation. The research was pushed by both IFRC and the BRCS as an input to the WHS workstream on localisation. It was seen as an important contribution as it provided a clear evidence base to support greater investment in local and national actors, and helped cut

³¹⁸ Ibid.

³¹⁹ Ibid.

³²⁰ Interviewees 207, 208.

³²¹ Interviewee 208.

³²² Ibid.

³²³ Ibid.

³²⁴ Ibid.

through the quite heated and politically charged debate around localisation.³²⁵ IFRC and BRC sought to use the research in two ways. First, a representative from BRC was a member of the WHS thematic group on managing risk and reducing vulnerability, which is where the localisation theme sat. He contributed a background paper to the group on the need to invest in strengthening local capacity development that drew heavily on the research, particularly the need to invest in functional capacities.³²⁶ Second, the draft findings from the research were included in the 2015 World Disasters Report on localisation. This was launched at the WHS with a high-level panel including the IFRC Secretary General and Secretary General of UNHCR.

While there were of course a range of other factors that shaped the commitments made around localisation in the Grand Bargain – faith-based advocacy groups for example, were very active in pushing this agenda – looking at the eventual commitments that were signed up to, and the wording that was used, it is reasonable to argue that the advocacy that the IFRC and BRC conducted, drawing on the IFRC research, certainly contributed. Notably, commitment one under the ‘National and Local Responders (localisation)’ workstream says: *‘increase and support multi-year investment in institutional capacities of local and national responders, including preparedness, response and coordination capacities’*.³²⁷ While others were pushing for similar commitment, the IFRC and BRC were the only ones that were able to bring robust evidence to bear to the debate. This complemented the more moral arguments that were being used by others.

The British Red Cross Society’s support to DRM capacity building in Kenya

In the BRCS the research informed a successful £1 million proposal to DFID to strengthen the capacity of the Kenyan Red Cross in disaster management. This was facilitated by the BRCS representative on the advisory group feeding the research into the proposal development process. Particular issues that were reflected in the programme design that were informed by the research was focusing on building functional as well as technical capacities.³²⁸

While relatively small in scale, this example of change, is a contribution to HIEP outcome 2, as it is an instance of the project’s evidence shaping funding decisions.

Community World Service Asia’s approach to capacity building in Pakistan

In Community World Service Asia in Pakistan, one of the partners in the Pakistan case study, we heard how they use the research findings extensively in their work on capacity development. *‘When they design any future DRM capacity development programmes they use the principles detailed in the research as starting point’*. He also stressed that they often cite the research when they are justifying their CB work with local authorities.

This is a contribution to HIEP outcome 1.

Shaping the humanitarian leadership academies theories of change

Save the Children have used the six core principles for effective DRM CB outlined in the conceptual framework used in the research as part of their theory of change for the humanitarian leadership academies that they collaborate with DFID on.³²⁹

This is a contribution to HIEP outcome 1.

³²⁵ Interviewees 193, 200.

³²⁶ *Strengthening National and Local Response and Risk Management Capacity: Towards More Effective International Support and Investment* Samuel Carpenter, World Humanitarian Summit Reducing Vulnerability and Managing Risk Thematic Team and British Red Cross, 26 May 2015. <https://www.alnap.org/system/files/content/resource/files/main/%5Bcarpenter%5D-2014-05-26-whs-position-paper-nl-capacity-paper-for-gf.pdf>.

³²⁷ Grand Bargain: everything you need to know, ICVA, Feb 2017.

³²⁸ Interviewee 193.

³²⁹ DFID Annual Review 2014–15

5.1.2 Extent to which HIEP has built capacity in Southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

While the specific objective of the research was not to build capacity of Southern actors working in DRM, but rather to understand which CB models work best in which contexts, any research into building national and local capacity should necessarily engage with and build the capacity of such actors as part of the research process. The IFRC final report explains how the research team engaged in this as far as possible, including proving on the job shadowing to national consultants and researchers when conducting the research and contributing to the reports.³³⁰ Also, one respondent interviewed in Pakistan described how his organisation's involvement in the research enabled them to reflect on the extent to which the six research principles related to their work and how they needed to improve.

Another important aspect of building Southern capacity relates to the second output of the research of building cross-institutional relationships and a network of policymakers and practitioners to use the research. One of the indicators used to measure this is the number of Southern organisations involved in dissemination, for which the target was three. As stated in the 2015 case study although this was exceeded, the modest ambition of the target confirms the project's focus on uptake at the global level.

However, a number of other respondents pointed out the danger of a lack of a comprehensive dissemination plan at the local level, and the implications of this for how policy recommendations at the global level trickle down to and are understood and taken on board by implementers. The 2015 case study recommended that the IFRC develop a more strategic plan for how it will make stronger links to national actors around the findings of the research. There was no evidence that this materialised.

5.2 Conclusions

There is strong evidence of the research having quite a substantial impact on humanitarian programmes, tools and policy. These range from shaping the IFRC's internal approach to building the capacity of national societies, to informing the design of a DRM CB programme in Kenya, to helping shape the WHS's commitment on localisation. Interestingly, many of these are within the Red Cross itself, giving weight to DFID's decision to channel the grant through IFRC. If DFID has contracted a purely research organisation directly it is questionable whether many of these examples of uptake and impact would have happened.

6 Summative phase 2 conclusions

This project has addressed issues highly relevant to the humanitarian sector and has made a significant contribution to strengthening the evidence base on CB for DRM. It has responded well to emerging opportunities, particularly to increase the potential for research uptake. It has generated a range of high-quality outputs based on a robust research design, customised to the needs of a broad range of audiences. One weakness of the synthesis report was its length, which has constrained its usability. The project has contributed to strengthening the Federation's approach to research coordination, evidence sharing and learning, although there is a concern about the extent to which this is sustainable. It has identified multiple champions and networks to advocate for the research findings, but in reality, many of these didn't play the role that had been envisaged. Most notably, the research has had tangible impact, with examples of the findings and recommendations influencing a broad range of actors, both within the Red Cross and externally.

³³⁰ IFRC Annual Review Report, p. 14.

Case study 8: Building resilience and managing risk in FCAS states³³¹

1 Introduction

This case study report forms part of the evaluation of Department for International Development (DFID) Humanitarian Innovation and Evidence Programme (HIEP).³³² The five-year evaluation process tracks the DFID programme 2013–18. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. This is the final summative phase of the evaluation.

This case study report focuses on the thematic evaluation of DFID's multi-year approaches to humanitarian action, 'Building resilience and managing risk in fragile and conflict-affected states: A thematic evaluation of DFID's multi-year approaches to humanitarian action in the Democratic Republic of Congo, Ethiopia, Sudan and Yemen'.

1.1 Project description and status³³³

The purpose of the resilience and multi-year financing (MYF) thematic evaluation is to learn about factors that influence people's resilience in protracted crises, and effective ways for humanitarian programming to support this process. The resilience evaluation is implemented by Valid Evaluations, and runs from April 2014 to 31 May 2018. The study period and budget includes the addition of an integrated evaluation of the response to the 2015–16 drought in Ethiopia, at the request of DFID Ethiopia, and a no-cost extension to reflect the impact of spikes in the security situation in some of the countries on the schedule. The overall budget is £2,328,269, with an increase of £187,000 for the additional Ethiopia assessment. The evaluation corresponds to business case 3: improving the evidence base for humanitarian practice. It comprises of four-country case studies, which initially were Ethiopia, Sudan, Democratic Republic of Congo (DRC) and Yemen. Following the intensification of the civil conflict in Yemen the decision was taken to replace that case study with Pakistan in 2014. As a result, the data gathering in Pakistan started later than in the other three country case studies, with two rounds of data collection taking place in 2016 and 2017.

The core evaluation approach is to follow communities in each study country, focusing on regions where humanitarian assistance is being channelled, using a qualitative, longitudinal panel research design, to gain in-depth insights into what constitutes resilience for the studied communities and whether resilience is built or improved. Valid Evaluations together with local partners – Université des Grands Lacs in DR Congo, Academy of Health Sciences in Sudan, Glow Consultancy in Pakistan as well as multiple DFID-funded NGOs and UN agencies in each country – have conducted qualitative panel studies with individuals and communities in various areas of each country (DRC – North and South Kivu, Sudan – Kassala and West Darfur, Pakistan – Sindh and Khyber Pakhtunkhwa (KP), Ethiopia – Dolo Ado, West Hararghe and Eastern Somali region).

The resilience evaluation adjusted its evaluation questions in response to the growing policy acceptance of the use of the MYF policy instrument across DFID and the wider humanitarian system. The study takes an evaluative research approach to understand resilience from the point of view of affected communities. Since 2014, a resilience focus and MYF have become more widely used in

³³¹ Full title: Building resilience and managing risk in FCAS states: a thematic evaluation of DFID's multi-year approaches to humanitarian action in the Democratic Republic of Congo, Ethiopia, Sudan and Yemen

³³² For further information see the HIEP Evaluation formative report, <http://r4d.dfid.gov.uk/Output/200759/>.

³³³ Adapted from the project's Annual Progress Report, 2016.

DFID, alongside growing interest in multi-year approaches by other donors (see section 3 for more discussion of this evolving context). The focus of the evaluation has therefore adapted from testing MYF in order to establish it as a new policy instrument, to understanding how to optimise the use of multi-year humanitarian financing in support of resilience building, and to provide better value for money (VfM) in humanitarian response. The three original evaluation questions were updated in 2016, following implementation of the first rounds in the study countries, and broadened in scope as follows:

- 1 Are vulnerable individuals and households more resilient to shocks and stresses as a result of the work of DFID-funded (and other) interventions? What lessons can be learned about how to best enhance resilience in protracted crisis? How do investments in resilience contribute to or compromise delivery of humanitarian outcomes?
- 2 Has the availability of contingency funding enabled DFID and its partners to respond more quickly and effectively when conditions deteriorate?
- 3 To what extent does DFID MY and contingency funding provide better VfM than annual funding for DFID and partners?

The findings of the resilience evaluation are intended to be directly applicable to funding and operational decisions by DFID humanitarian advisers and implementing agencies. To support this, the study also involves an examination of the delivery mechanisms involved in translating multi-year planning and financing into implementation on the ground. Alongside the panel studies, agencies receiving multi-year funding and implementing assistance have also been studied in-depth to see how they use such funds and what changes as a result. The Valid team have provided regular briefings for DFID country humanitarian advisers as research has progressed, as well as other donors, implementing agencies and non-governmental organisations (NGOs) involved in national humanitarian responses.

In the second half of 2017, the MYF and resilience evaluation entered its summative phase, and is in the process of completing the final research rounds in the Democratic Republic of Congo (DRC), Ethiopia, Sudan and Pakistan, and producing the summative and interim outputs. Three rounds of primary data collection have been completed in DRC in North Kivu and two rounds in South Kivu region, which although faced high levels of security risk, went ahead unimpeded. In Ethiopia, two rounds of data collection were completed in Somali, in West Hararghe and Dolo Ado regions, but a third round was not possible due to security concerns in West Hararghe, and the onset of the El Niño drought. In Sudan, two rounds of research were completed in Darfur and Kassala, although hampered by the flooding in Kassala region because of the heavier than expected rainy season in 2016. The international team were only able to obtain one visa for Sudan after two years, for the team leader. In Pakistan, despite its late addition as a case study country, two rounds of data collection have been completed, one in the flood affected areas of Sindh and two in the internally displaced person (IDP) hosting areas of KP.³³⁴

2 HIEP methodology

All HIEP case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact and also against an overall theory of change developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP theory of change (ToC). VfM or efficiency questions are being assessed through a separate process.³³⁵

³³⁴ Progress report 2016; interviewees 107, 108, 109, 110, 111, 112, 113.

³³⁵ Five case studies have been identified for more focused VfM. This is being carried out through a process separate from the case study.

The 2017 case study involved 24 interviews with a range of respondents, including:

- Project team in the UK and the national research leads in DRC, Ethiopia, Pakistan and Sudan (seven respondents)
- DFID humanitarian advisers in the UK and study countries (seven respondents)
- Representative from the Government of Ethiopia (one respondent)
- Humanitarian actors in Ethiopia, including bilateral and multilateral donors, UN agencies and implementing partners (eight respondents)
- Research stakeholder working on Ethiopia (one respondent)

A number of documents were reviewed, including:

- Progress reports from the study
- Research reports from the formative phase
- Published reports from the project
- Draft interim reports, including the additional thematic reports
- A selection of recent reports on MYF and resilience by other organisations

There are a number of limitations to this case study. First, the sequencing of the HIEP evaluation and the resilience evaluation did not align to allow us to investigate outcomes and impact. The resilience evaluation is not due to complete its summative phase until mid-2018, and so has not yet produced its summative outputs, which made it difficult to find respondents who were aware of the study. However, this was mitigated by exploring the relevance and influence of Valid's interim outputs and stakeholder engagement through the research process, e.g. regular briefings and roundtables held in-country with DFID and other humanitarian agencies after each research round, and the sharing of emerging findings at DFID humanitarian cadre meetings. Second, a short country trip to Addis Ababa, Ethiopia was planned but did not go ahead because of logistical issues. As Ethiopia was visited in the first summative phase in 2015, this constraint was mitigated by contacting the respondents interviewed in 2015, following up with them for telephone interviews or being introduced to successors in post. In the end, a slightly larger sample was achieved in this phase than previously.

3 Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

3.1.1 Extent to which HIEP has responded to needs identified (in Humanitarian Emergency Response Review [HERR] and Humanitarian Innovation and Evidence Strategy [HIES]) and other emerging needs and opportunities to invest in humanitarian evidence and innovation

The use of MYF and multi-year planning has gained momentum since the study was commissioned in 2014, driven by ongoing protracted and recurrent crises in many countries, a system-wide focus on the ‘nexus’ of how humanitarian and development funding could best be organised in these situations, and the Grand Bargain focus on MYF. Respondents indicated that the case for MYF seems to have been accepted and the direction of travel towards working with multi-year approaches is now established, although DFID remains at the forefront of operationally adopting MYF.³³⁶ Interest was noted among other donors, including ECHO (EU), a German humanitarian agency, the Netherlands, Sweden, Denmark, South Korea, Japan, China and United States Agency for International Development (USAID) through (OFDA), confirmed by a recent review of MYF commissioned by Inter-Agency Standing Committee (IASC)’s Humanitarian Financing Task Team, which estimates that 85% of DFID’s humanitarian financing is multi-year.³³⁷

Interest in multi-year approaches and how to bridge from emergency response to building resilience and disaster preparedness is increasing in countries like Ethiopia, DRC and Sudan where chronic crisis is the ‘new normal’. Respondents suggested that recurrent crises in these countries are highlighting the inability of serial short term and disjointed investments to achieve lasting benefits in terms of vulnerable communities’ ability to cope.³³⁸ In these countries, a longer-term humanitarian focus on livelihoods, services and/or infrastructure, enabled by multi-year planning and financing, is seen as crucial to strengthening affected communities’ resilience to recurrent crises, but while many interventions are being tried, there is little evidence or even documented learning about what works in terms of programmes.³³⁹

In some countries, national government and donor systems are having to adapt to living with ongoing shocks, creating opportunities for new combined approaches. For example, Ethiopia is seeing a focus on multi-year or combined humanitarian-development resilience programmes, in part because of the relative predictability of recurrent and protracted shocks, and in part due to emerging changes in the national policy and institutional environment. At an institutional level, the government of Ethiopia is expanding the coverage provided by the Productive Social Safety Net (PSNP) with donor support, which has mechanisms for scaling up its support in response to a crisis. This was credited with facilitating a rapid response to the 2015-16 drought and saving lives.³⁴⁰ There is also a National Disaster Risk Reduction policy and institutional approach, which is starting to integrate emergency responses and longer-term resilience building into sectoral and local government systems. UNHCR in Ethiopia is piloting its Comprehensive Refugee Response Framework which allows for longer-term approaches and encourages the integration of the refugee response into national systems.³⁴¹ Programmatic approaches being tried by international agencies include the EU’s RESET resilience programme implemented from 2014 to 2017 in affected regions, as well as USAID programmes such as PRIME, both of which include a ‘crisis modifier’ – flexible funding which enables development programmes to pivot to emergency response when crisis hits vulnerable regions. RESET is coordinated between ECHO and the EU’s development instrument (DEVCO) to facilitate a switch between modes, which enabled a fast response.³⁴²

Against this backdrop, the resilience evaluation was seen by respondents as an important independent contribution to the evidence base on the effectiveness of MYF and resilience programmes. Important qualities of the study raised by respondents included its independence and research-based approach, rather than evaluating specific programmes. Respondents noted that its

³³⁶ Interviewees 102, 104, 106, 107, 108, 115, 116, 117, 118, 119, 120, 123, 124.

³³⁷ Norwegian Refugee Council, FAO, UNOCHA (2017) [‘Living up to the promise of multi-year humanitarian financing’, <http://www.fao.org/publications/card/en/c/1802d25b-6422-4aab-8572-1ce6adeeca61/>.

³³⁸ Interviewees 102, 103, 104, 106, 116, 117, 118, 124.

³³⁹ Interviewees 116, 119, 129, 122, 124

³⁴⁰ Interviewees 114, 116.

³⁴¹ Interviewees 119, 120.

³⁴² Interviewees 114, 115.

starting point of building an empirical, qualitative picture of communities' self-help coping strategies, alongside a focus on understanding what happens to aid and how it supports (or not) coping strategies over a five-year period was novel, and should provide important insights into what resilience and coping looks like in reality, especially in areas of protracted and recurrent crises.³⁴³ Respondents who had seen the interim thematic reports felt that the final findings are likely to be operationally relevant, and provide lessons into what works and what does not, especially given the dearth of impact data or impact evaluations in the study countries.³⁴⁴ However, some respondents reflected that while qualitative data is important to explore the dynamics of communities' coping strategies, effective quantitative studies are also needed to provide measurement of impact and large-sample evidence of what works, especially where governments are being asked to invest in new systems. From this perspective, the Valid study's focus on VfM and quantitative aspects in its thematic reports were broadly welcomed.³⁴⁵

The resilience evaluation had built-in flexibility to shift focus and has adapted well to pursue emerging specific research themes, and add activities to respond to new opportunities in the study countries. As noted above, the focus of the study has shifted from original aim of establishing MYF as a good modality and evidencing it, to gathering lessons about how to optimise MYF and ensure its benefits can be translated into benefits on the ground.³⁴⁶ There have also been adjustments to the research design in response to emerging findings and field experience, which have allowed the team to pursue specific research themes. DFID had always allowed funds for the 'real time' evaluation of a response, consequently, in 2016, funding was released in Ethiopia to allow the Valid team to assess the VfM of Early Response and Contingency planning in the response to the 2015–16 drought, and the Avoided Losses study was also added to provide the opportunity to develop quantitative work to measure avoided losses to complement the qualitative data.³⁴⁷

Given its core focus on vulnerable communities, the team applied a systematic approach to gender and social exclusion in the research, including a sample differentiated by gender and vulnerability, gender-balanced field teams and a gender-specific research theme. Progress reports and interviews with national and UK research teams confirmed the efforts to address gender and exclusion issues.³⁴⁸ The panel interview process started with an analysis of the economic and power structures within the communities, informed by a mapping process with community leaders in the absence of population data to assist in the sampling. The research design aimed to have an equal number of female and male respondents in the sample, and also to reflect vulnerable and/or marginalised groups. Sub-divisions included gender, age, education and wealth characteristics, further broken down according to different vulnerabilities, for example, marital status, social and cultural groupings and/or disability. Women were sought out for recruitment as enumerators and interviewers, despite challenges in finding skilled female researchers in Sudan and Congo, and male researchers were given training on gender-sensitive interviewing and gender issues. The role of women in crises was highlighted in the formative reports in all the study countries, and a gender-specific research theme looking at changing roles of women as a result of climatic and economic shocks emerged in Pakistan and Sudan from the panel interviews. DFID highlighted the Valid team's approach to gender and social exclusion as an example of good practice in the HIEP portfolio (DFID's response to 2016 progress report).

3.1.2 Extent to which HIEP design is appropriate to address identified needs and opportunities

³⁴³ Interviewees 102, 103, 104, 106, 112, 113, 115, 116, 118, 121, 122, 123, 124.

³⁴⁴ Interviewees 103, 104, 106, 116, 117, 118, 122, 123.

³⁴⁵ Interviewees 116, 121, 123.

³⁴⁶ Interviewees 101, 107, 108.

³⁴⁷ Interviewees 114, 115.

³⁴⁸ Interviewees 107, 108, 109, 110, 111, 112, 113.

Design of the study has been tweaked in the light of diminishing returns from the panel approach, especially when access to the research sites has proved difficult. The challenge with the original design was the team effectively only had two years for data collection, which is relatively short for a longitudinal study. The in-depth interviews with community members enabled the team to establish trust with respondents and get an authentic picture of their lives and coping strategies, but after two rounds, although these did not change very much, a large dataset was generated that was resource-intensive to analyse. Consequently, the design was adjusted to focus on specific emerging themes, such as the cost of health shocks and micro-insurance coping strategies in Sudan and Pakistan, and shock-driven changes to the role of women and girls in Pakistan and Sudan. This refocusing has enabled the team to focus on producing the four additional thematic analyses, add a quantitative aspect, and release these as interim products which are generating interest in themselves.³⁴⁹

The national researchers noted a degree of ‘research fatigue’ among communities, and disillusionment that their participation in surveys does not produce tangible benefits. The researchers in DRC and Ethiopia noted research fatigue from communities, that impacted on the study, e.g. in DRC, a village committee would not let the team enter the village because they could see no benefit, and negotiating access impacted the timeline to a degree. The researchers were quite aware of these frustrations because they spent time investing in relationships with respondents and communities, and while they welcomed a non-traditional study that built a lot of trust between researchers and respondents, ultimately there is a risk that it may feel extractive as feedback does not seem to have happened, and it is unclear if this is planned for.³⁵⁰ Given the appetite for doing this among the national researchers, it may be worth DFID and the Valid team considering if this can be done as part of the outreach planning, from both an ethical and practical perspective: first, to retain communities’ trust that their feedback can really make a difference in terms of better programmes for their benefit; and second, to maintain communities’ openness to participating in future studies.

The relevance of the findings for the study countries is clear, however, the best way to support transferability and application of findings beyond these contexts is not yet clear, although the potential is good. The first synthesis has not yet been completed and the synthesis criteria will emerge from the summative analysis process. The stakeholder responses noted in the previous section suggest that there is good potential for the study to contribute to the resilience debate, highlighting what resilience means in practice from the point of view of affected communities and their coping strategies. Given the study’s focus on the confluence of the humanitarian caseload and acute poverty in settings experiencing protracted crises, where effective approaches are very much needed, there should be good potential for findings to be transferable. The broader focus on programmes beyond DFID and the inclusion of specific quantitative thematic reports, such as the cost of health shocks and measurement of avoided losses, seem good strategies for engaging audiences outside the study countries. If the team are successful in generating operational recommendations for how resilience can take account of and support community self-help strategies, and how MYF can be optimised, e.g. specific conditions that can be put into grants to enable the funding to be more effective, these are likely to have broad resonance and applicability.

The resilience evaluation team have involved DFID advisers from the study countries from the outset, with regular briefings after each research round, and in Ethiopia, there have been validation workshops on the draft thematic reports. This has meant that DFID has maintained a close link to the emerging findings, most notably in Ethiopia, enabling the study to remain relevant, and identifying opportunities for the study team to pursue, e.g. the evaluation of the early response in Ethiopia, which has directly fed into DFID’s decision making (see section 4 for details).³⁵¹ The

³⁴⁹ Interviewees 101, 107, 108.

³⁵⁰ Interviewees 108; 109, 111, 112, 113.

³⁵¹ Interviewees 104, 105, 106.

validation workshop held in Ethiopia with humanitarian agencies around the Avoided Losses study was welcomed, producing some critique of the specific measurement approach, recognised as a helpful debate.³⁵²

However, there is not yet a wider uptake strategy in place – as noted at the last stage of the HIEP evaluation, a strategic analysis of the users of the findings, and the channels for feeding insights into operational decision making, e.g. in-country programmes, will be important to ensure that the value of the resilience evaluation is realised in as many settings as possible. The technical expertise in the Valid team and their access to operational networks to facilitate validation of their recommendations, the potential for communication and uptake of the findings is good, while their access to the Grand Bargain theme on MYF offers an international platform for communicating insights widely.

3.1.3 Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities

The resilience evaluation is linked to some similar studies but connections seem to have lessened in the final stages. The resilience evaluation is linked to the longitudinal independent monitoring and evaluation of DFID Somalia's humanitarian programme, commissioned at the same time as the Valid evaluation, but different in its approach and methodology.³⁵³ DFID advisers in DRC and Sudan made efforts to optimise linkages between the study and various interventions in their countries, to ensure that there were cross-benefits, but these have not continued.³⁵⁴ There was no evidence of connections within the HIEP portfolio.³⁵⁵

3.1.4 Extent to which HIEP products are relevant to decision makers

All of the stakeholders consulted in DFID and other humanitarian agencies felt that the study would produce operationally relevant findings, and that they could see themselves drawing on the research, if they hadn't done so already. Respondents in DFID and in other agencies felt that the community-focused approach is important to help understand the dynamics of resilience and perspectives from people's lives and livelihoods, as independent studies that attempt to measure households' coping strategies and how aid supports these are rare.³⁵⁶ An evidence-informed narrative is considered important to provide nuance to quantitative impact analyses, although there are very few of these either. For example, respondents welcome the critical findings from the forthcoming Avoided Losses and Early Response in Ethiopia because there is so little independent evidence on what works or does not work, although as noted there was some critique of the specific measurement approach used in the Avoided Losses study.³⁵⁷ In Sudan, the focus on the cost of health shocks is going to have operational relevance, with potential to inform DFID's recent humanitarian business case. This BC has a priority focus on health and is taking an adaptive approach to enable implementing partners to draw on evidence that takes a community-led view.³⁵⁸ In DRC, the Valid findings resonate with operational research that has been done on DFID programming around cash transfers and how this might link to resilience, as cash can allow households to invest in

³⁵² Interviewees 123, 124.

³⁵³ Interviewee 107

³⁵⁴ Interviewees 104, 108.

³⁵⁵ Interviewees 101, 107.

³⁵⁶ Interviewees 102, 103, 104, 106, 112, 113, 115, 116, 117, 118, 122, 123, 124.

³⁵⁷ Interviewees 122, 123.

³⁵⁸ Interviewees 102, 103.

livelihood assets, or pay off debt to allow them to borrow again next time, or to pay off healthcare fees or school fees.³⁵⁹

3.2 Conclusion

Although the final outputs of the resilience thematic evaluation have not yet been completed, we judge that the study continues to have significant relevance, especially given the lack of independent evidence on the effectiveness of aid of any duration on resilience noted by most respondents. The evaluation team and its DFID clients have responded appropriately to the rapid acceptance of MYF in the context of protracted crises and shifted the focus of the evaluation onto how best to optimise the benefits of MYF, arguably increasing its operational relevance. The adaptations to the research design have allowed the Valid team to add value to the core research through specific thematic and quantitative analyses, such as the focus on health shocks in Sudan and DRC, and changes in women's roles in Sudan and Pakistan. Respondents have emphasised the good potential for producing findings and recommendations that can support improvements in the use of MYF and resilience-oriented programming. Ongoing stakeholder engagement in the study countries, with DFID and beyond, means that the team have been able to feed emerging findings into ongoing discussions and decision making. The main area to address is to ensure that there is a well thought through uptake strategy – focused at the national level as well as international – to realise the full value of DFID's investment in this four-country, long-term study.

4 Effectiveness: To what extent and how has the project ensured the creation, support and application of high-quality and relevant humanitarian evidence and innovation?

4.1 Findings

4.1.1 4.1.1 Extent to which progress has been made towards producing HIEP outputs

HIEP aims to produce three outputs which are a) high-quality research and innovation products; b) strengthened partnerships within DFID and between operational and academic organisations and partnerships strengthened with and between partner agencies; and c) development of evidence and innovation-related skills.

The resilience evaluation is on track to produce its outputs as scheduled, although these are due after the end of the HIEP evaluation as noted in the limitations. The resilience evaluation is progressing as planned, according to the revised schedule that reflects the adjustments made due to political and security situation in each of the countries, and the addition of the quantitative study looking at DFID's early and late responses to the El Niño drought in Ethiopia.³⁶⁰ The original terms of reference detailed a number of outputs, including an inception report, evaluability reports, a formative report for each of the four countries (produced in 2015–16); summative reports for each of the four countries (to be produced from January 2018) and a synthesis report drawing all findings together (to be produced in 2018). The evaluation team have also produced four additional thematic reports, drawing on the core research supplemented with additional research activities:

³⁵⁹ Interviewee 124

³⁶⁰ Progress report 2016; Interviewee 107; 108.

- Avoided losses: The contributions of early emergency response and resilience investments to helping people cope with crisis: A study of the 2014–16 drought in Sitti and West Hararghe Zones, Ethiopia. October 2017 (draft)
- The Economic Case for Early Humanitarian Response to the Ethiopia 2015/2016 Drought, November 2017 (draft)
- Shock-driven changes to the role of women and girls in Pakistan and Sudan (still in progress in November 2017)
- Health shocks and their impact on resilience in protracted crises and the role of micro-insurance in mitigating these in DRC and Sudan (still in progress in 2017)

The MYF and resilience evaluation contributes to HIEP output indicators 1.1 on primary research papers available in open-access format, 1.2 on evaluations independently quality assured and available in open-access format and 1.3. on literature review research papers available in open-access format.

The quality of the research process and outputs to date is high, confirmed by the HIEP evaluation's quality assurance assessment, so our expectation is that the final outputs will achieve the same high levels of quality. Our quality assurance (QA) review confirmed that the case study has excellent QA processes in place. The factors supporting high quality in the study included the team of specialist evaluators leading the study, and the investment in locally tailored training and ongoing support of national research teams in the study countries (e.g. international team working alongside field teams, de-briefing sessions held after each day) to ensure consistent and confident application of the unfamiliar qualitative methodology. Field staff were recruited as locally as possible to the study areas to maximise the cultural familiarity of the team within the context being studied, and considerable efforts to achieve gender-balanced research team were made, as noted. Academic QA and support was provided by University of Sussex, Global Studies Department. However, there is no advisory or reference group, which could be a risk to the final quality, although DFID has maintained a focus on the QA aspects from the start through different advisers.³⁶¹ A close focus on the quality of the analytical approaches used in the final outputs should be maintained, as the credibility of the study is of paramount importance if it is to be influential.

Among the Ethiopian respondents, two individuals raised question marks over the measurement approach used in the Avoided Losses study, which they felt risked undermining the otherwise important effort to measure the effects of community coping strategies and support provided by humanitarian aid. Although there is insufficient evidence to make this a major finding, the observation is shared as an illustration of the need to maintain a focus on methodological approaches to ensure credibility. In a context where there have been few independent studies, and where the Avoided Losses study raises difficult findings about the low impact of aid, and blockages in the delivery mechanisms that undermine the potential benefits of MYF, these respondents suggested that there is a risk that implementers and donors will focus on debates about the measurement approach rather than engage with the findings. These respondents felt that without a very strong methodology for measuring livestock mortality the report opens itself up for criticism.³⁶² This observation suggests that there may be scope for additional collaboration with specialist academics on the topic of avoided losses and other measurement methods to derive further learning from the resilience evaluation as a pioneer in this area.

³⁶¹ Interviewees 101, 104, 106.

³⁶² Interviewee 122, 123.

The interim reports and outputs produced to date have highlighted a range of emerging findings, summarised here to provide a snapshot in the absence of other outputs. However, these findings are only emerging and have not been validated through the full analytical process being undertaken by the Valid team, who have rightly been wary of drawing strong conclusions until the study is complete. Emerging insights³⁶³ from across the country studies include:

- People's lives are precarious as a result of acute poverty, exacerbated by repeated and sustained shocks of different kinds, e.g. climate and conflict. Lack of services, infrastructure, markets and economic opportunities accentuate this precarious balance, and people prosper or suffer according to the state of the local economy.
- People cope with shock by spreading risk, which is one characteristic that looks like 'resilience', e.g. people organise loosely with neighbours and others into low-level, self-help coping strategies, such as pooling allocations from NGOs with neighbours or organising into small lending groups to pay back loans in order to borrow again from each other; those who can find work or can work on each other's' fields, do so, perhaps sharing seeds that have been given by NGOs, and then pool any income to pay school fees or health fees.
- Aid is very important in supporting people through crises, and is integrated into local economies, but despite huge efforts by aid agencies and governments, resources are too small (even humanitarian multi-year and development combined) and delivered too patchily, too thinly over too short a timeframe to really have any impact on local infrastructure, economies and livelihoods, or issues like water supply. This requires long-term, coordinated plans of investment in economic development to support the foundations of livelihoods.
- Resilience does not appear to be uniquely a household property. Individuals cope as best they can, but in times of distress it is community (as above), and, to a much greater degree, government and external agencies that make the difference in times of crisis.
- The potential of MYF seems to lie in better space for planning and design, and therefore it can be more participatory and possibly more appropriate as a result – there is potential for aid projects to take local self-help approaches into account and seek to support these via improving the enabling environment rather than direct distribution.
- Another potential offered by MYF is iterative learning – MYF allows agencies to run action research alongside their programmes – UNICEF in DRC is a good example, where action research on cash transfers is integrated into the response.
- However, the benefits of MYF are not yet translating into multi-year interventions on the ground, because of restrictions on many implementing partners' systems to work in multi-year – these need to be tackled.
- Finally, 18 months is not a multi-year programme, and even three years is not sufficiently long to tackle complex problems; as the field teams returned to the same communities over a period of time, they observed the results of abrupt cut-offs in funding that mean that services and offices are closed and power shut down literally from one day to the next, which, in the absence of any other services, leaves communities in a kind of limbo until the next crisis. As MYF lends itself to more complex funding, it may offer the potential to support longer-term planning horizons, e.g. ten years, structured into phases, with multi-year humanitarian financing providing predictable funding for the early phases, and development funding being phased in for later phases.

³⁶³ Interim findings have been collated from draft documents that have been disseminated by the Valid team, e.g. PPTs and draft reports, and interviews with team members 101, 107, 108, 109, 110, 111, 112, 113.

The HIEP outputs of partnership and skills-building have not been a core focus of the Valid study.

There are partnerships with national partners in the case study countries, which have been instrumental in facilitating access to the research sites and delivering the research – Université des Grands Lacs in DR Congo, Academy of Health Sciences in Sudan, Glow Consultancy in Pakistan. While there has been skills-building of individuals in the specific research methods, this is not considered to be a major output of the project.

4.1.2 Extent to which progress has been made to bring about HIEP-planned behavioural changes and contribute to outcomes

HIEP aims to bring about four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, that they are also endorsed by operational actors, and that they impact operations and funding by DFID and direct partners.

The timing of the HIEP evaluation precedes the production of the resilience evaluation’s final outputs and, while interim outputs have been produced and emerging lessons shared, there is no dissemination plan in place so it is not yet possible to verify the emerging influence of the study, although there is good potential for this as noted previously. The Valid team considers that DFID humanitarian advisers remain the priority audience for the findings for the resilience evaluation. The team has been consistent in sharing emerging lessons with DFID advisers in the study countries, with Ethiopia remaining the most engaged office. There have been presentations to DFID’s humanitarian cadre in the UK, but this has been opportunistic and limited without having completed the full study.³⁶⁴

The Valid team have emerging ideas about where they will position the research findings for different target groups. Findings that relate to how to optimise MYF and operational conditions and adjustments that need to be in place are likely to have traction given the growing policy-level acceptance of MYF and the ‘implementation lag’ at operational level about how best to realise the benefits. There are a range of obvious platforms for Valid to feed in their findings e.g. internationally, the Grand Bargain process and outreach to other donors, UN agencies and NGOs; in-country, the various humanitarian coordination platforms provide good reach to the operational actors. National and local governments are a key audience that needs to be considered.³⁶⁵ The resilience-related findings may prove more controversial, although our respondents have highlighted their interest in empirical studies that uncover what ‘resilience’ looks like from a community perspective. Depending on final findings, the team aims to propose evidence-based adjustments to resilience frameworks to inform policy and operational approaches.

DFID advisers have appreciated the in-person briefings given by the Valid team as a useful, immediate and ‘low bandwidth’ way to feed into decision making, given their heavy workloads, a preference echoed by stakeholders in other humanitarian agencies. In-person briefings by credible technical experts who are able to draw out operational implications and policy/programme options in an interactive hour-long meeting, backed up by valid research reports, seems to be the preferred way of engaging with research findings among the respondents we spoke to. Interactive events, such as action-oriented roundtables or policy brainstorming, going well beyond a simple launch event, were also suggested as effective ways of stimulating application among this target group.³⁶⁶ Generally, being able to draw on senior technical experts, such as the Valid team, as resource people to support ‘live’ decision making is seen as one of the advantages of having a study ongoing in the country.³⁶⁷

³⁶⁴ Interviewee 107,108

³⁶⁵ Interviewees 107, 108, 111, 112, 113.

³⁶⁶ Interviewees 101, 102, 104, 106, 124.

³⁶⁷ Interviewees 104, 106, 124.

The HIEP evaluation identified two examples of uptake of the thematic report, relating to the HIEP's 'debate' and 'endorsement' behaviour changes. In the first example, a respondent from UNICEF Ethiopia indicated that their office had convened an internal review of the Avoided Losses report's findings, to discuss the implications for their emergency water, sanitation and hygiene (WASH) programming, given the sector's significant investments in infrastructure, focusing on improving efficiencies.³⁶⁸ In the second example, the recent report commissioned by the NRC on how to optimise MYF as a contribution to the workplan of the IASC Humanitarian Financing Task Team, prominently showcases the Ethiopia Early Response report early on in the text (pull-out Box 3), alongside eight or so other independent research studies.³⁶⁹ The Valid team does not appear to be tracking debate, take-up and endorsing of its findings – this monitoring may be important to build in as part of the dissemination plan.

There is some evidence, albeit tentative, that the resilience evaluation has informed DFID Ethiopia's new 2017–2022 humanitarian business case, which moves away from stand-alone resilience programmes towards longer-term financing and systems-strengthening. The DFID team indicated that the findings of the Avoided Losses and the Early Response Assessment informed their thinking, by highlighting the two main challenges with MYF of translating into programmes on the ground, and that support needs to be sustained for longer than three years. The new business case takes a new direction to transition into using the safety net mechanism to respond to the humanitarian need, harmonising modalities, moving towards providing humanitarian assistance and resilience building through strengthened government systems. The resilience evaluation provided an independent, rigorous evidence base that analysed and demonstrated the known problems with MYF and identified new approaches. Although the findings of the resilience evaluation were not ready in time for the finalisation of the business case, preliminary findings were shared and were verbally confirmed to have fed into DFID's formulation of the new approach.³⁷⁰ The new business case also includes a 'third-party monitoring' component, intended to create space for research, impact monitoring and beneficiary feedback.

The political economy around humanitarian assistance poses some challenges for the uptake of the findings from the resilience evaluation, especially where these challenge current practices, in agencies and governments; the dissemination strategy will need to reflect these and have an appropriate budget allocation. Respondents in DRC, Ethiopia and Sudan highlighted the constraints placed by governments around collecting and publishing impact data on, e.g. post-distribution monitoring or the impact of programmes, as part of managing political perceptions.³⁷¹ In development agencies, there are also internal organisational and personal issues at play, e.g. if an individual or organisation has invested in a particular approach, building their delivery systems and fundraising around it, there is unlikely to be receptiveness to critical messages, despite the trend towards apparently more evaluation and VfM analysis.³⁷² One respondent suggested that third-party monitoring and evaluation can be a tool for creating space for impact data collection and monitoring, and some independent research. Making a link to a specific intervention can provide a bridge to government institutions, e.g. a health intervention can be tied into the ministry of health and health strategy, but this requires time and resources to negotiate.³⁷³ The dissemination strategy for the resilience evaluation will need to consider how best to engage stakeholders in constrained political and operational settings to create receptiveness to critical findings, and position their recommendations for improvement.

³⁶⁸ Interviewee 117

³⁶⁹ Norwegian Refugee Council, FAO, UNOCHA (2017) [[Correct?]] 'Living up to the promise of multi-year humanitarian financing', <http://www.fao.org/publications/card/en/c/1802d25b-6422-4aab-8572-1ce6adeeca61/>.

³⁷⁰ Interviewees 105, 106, 107, 121.

³⁷¹ Interviewees 102, 103, 106, 110, 123.

³⁷² Interviewees 102, 122.

³⁷³ Interviewee 102

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

DFID humanitarian advisers have been quite well-engaged, with some indications of joint planning in Sudan in the early stages, and DFID Ethiopia making the most use of the study results, entry points that arguably the team would not have had without the HIEP management to facilitate access. There is also an internal advisory team for the project within DFID. The Valid team have been able to maintain involvement with DFID advisers and DFID implementing partners in-country thanks to the HIEP facilitation. However, engagement has only been sustained in Ethiopia, partly due to the additional assessment of the early response requested by them, and has tailed off in DRC and Sudan. It was not possible to speak to advisers in DFID Pakistan. The Valid team have also been invited to present to DFID humanitarian cadre meetings, and there is one example of a HIEP adviser presenting the MYF study findings at a global resilience conference, suggesting that the HIEP team are facilitating these entry points, although it must be also noted that the Valid team members have extensive networks in the humanitarian sector in their own right.

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts (coherence of project with the whole)

There is no evidence of any links to other projects in HIEP.

4.2 Conclusions

Given these findings, we judge that the resilience evaluation is on track to produce good quality outputs that have considerable potential to contribute to operational improvements in how MYF is used, and note that progress towards uptake and behaviour change has started as a result of the ongoing stakeholder engagement and thematic reports. Although we recognise that the summative analyses are in progress, given that uptake has started, it would be beneficial to look ahead to the uptake strategy sooner rather than later, in order to analyse more strategically and systematically the opportunities for positioning the findings. Otherwise, there is a risk that the value of the investment in the research will not be realised, or may be curtailed, especially given the political economy dynamics in many of the countries where the findings should be taken up. Looking ahead to the target audiences and their contexts, opportunities and constraints around applying findings, could help to inform the synthesis level analyses and operational recommendations. The dissemination of findings also needs to be adequately resourced to enable the team to undertake the in-person and interactive activities that are preferred by humanitarian actors.

5 Impact: What contribution will the project make to HIEP aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

5.1 Emerging findings

5.1.1 Extent to which HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve.

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications

- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management interventions
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises

The evaluation is also considering impact at the level of the overall intended impact of HIEP, which is that humanitarian actors have the capacities to deliver improved programmes and operations that are effective at supporting the most vulnerable people. Not all projects are anticipated to contribute to all outcomes. This section details contributions of the project to the overall programme outcomes as well as towards the use and impact of particular innovations, research findings and other products and outputs of the project not already covered in the previous section.

As the resilience evaluation is not due to complete its summative outputs until mid-2018, there are no outcomes to assess as yet. However, there is potential for the project to contribute to the HIEP outcomes in the next year. Concretely, the application of operational recommendations from the study is likely to contribute to outcome 3 by improving humanitarian programmes' ability to support vulnerable people's coping strategies, by helping to optimise the use of MYF and to ground interventions in a more realistic understanding of resilience, as it has potential to do through informing the DFID Ethiopia business case. The resilience study's interim thematic reports have helped to prove its usefulness, with good potential for the summative outputs to also support improvements and contribute to HIEP's overall outcome of more effective programmes. A key example of this is how the study team have made a direct contribution to shaping the work programme of the Grand Bargain theme on how to optimise the use of MYF.³⁷⁴

More broadly, the resilience evaluation is part of a wave of independent studies commissioned by DFID five years or so ago to produce empirical evidence on the impact of DFID programmes, some through HIEP and some through country programmes. These studies are just now beginning to report but are already demonstrating how independent, longitudinal research into impacts for affected communities can provide vital insights into complex problems to improve humanitarian operations. Operational relevance was not guaranteed when these studies were commissioned, but demonstrating this was a core rationale for programmes like HIEP. Therefore, the resilience evaluation, alongside its sibling studies, has helped to make the case for more investment into research to improve humanitarian operations, through including components such as adaptive management, third-party monitoring and/or independent research components, as in the Ethiopia and Sudan humanitarian business cases. When the summative phase outputs are completed and put into use, this would represent a contribution to HIEP outcomes 1 and 2.

5.1.2 Extent to which HIEP has built capacity in southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

The resilience evaluation did not aim to explicitly build capacity for southern actors to produce research; however, the national researchers did gain new skills in qualitative and community-oriented research. The qualitative household panel method was new to many of the national researchers, who confirmed that a focus on people's lives and coping strategies was a novel approach; they were more used to structured questionnaires and surveys, and a baseline/endline approach. In both DRC and Pakistan, research teams felt that this approach had allowed them to uncover more than a conventional approach would have allowed, e.g. 'indigenous coping

³⁷⁴ Interviewee 283; internal document: 'Synthesis Paper: Multi-year planning and funding for humanitarian action: towards good practice lessons, standards or benchmarks', Background documentation – Grand Bargain consultation on Multi-Year Humanitarian Planning and Funding, Geneva, 12–13 September 2017.

mechanisms', community micro-strategies like pooling income from income-generating activities, entrepreneurial sharing of NGO allocations, changing roles of women in a crisis and/or displacement, that provided new knowledge to inform operations on the ground.³⁷⁵

6 Gender and social diversity

No additional comments.

7 Other findings and comments

Reflecting on the VfM aspects, the resilience evaluation has been effective in managing the additional costs of conducting research in insecure areas with vulnerable communities, and pivoting to new value-added activities. The budget is output-based and therefore has provided flexibility to enable the team to adjust when changes to the workplan have to be made due to security concerns or drought or floods affecting access. The budget did reflect the higher costs of conducting research in these areas. The team have shown a good ability to pivot to other activities that add value when there have been delays or diminishing value from planned data collection, e.g. hosting a round table in the capital city or researching specific topics rather than continue with the broad panel research.³⁷⁶ The evaluation will also produce important methodological and practical lessons for future research, adding to the value produced.

8 Summative phase 2 conclusions

Although the final outputs of the resilience thematic evaluation have not yet been completed, there is strong evidence that the study continues to have significant relevance. The evaluation team and its DFID clients have responded appropriately to the rapid acceptance of MYF in the context of protracted crises and shifted the focus of the evaluation onto how best to optimise the benefits of MYF, arguably increasing its operational relevance. The adaptations to the research design have allowed the Valid team to add value to the core research through specific thematic and quantitative analyses, such as the focus on health shocks in Sudan and DRC, and changes in women's roles in Sudan and Pakistan. Respondents have emphasised the good potential for producing findings and recommendations that can support improvements in the use of MYF and resilience-oriented programming. Ongoing stakeholder engagement in the study countries, with DFID and beyond, means that the team have been able to feed emerging findings into ongoing discussions and decision making.

There is strong evidence that the resilience evaluation is on track to produce good quality outputs that have considerable potential to contribute to operational improvements in how MYF is used. There is good potential for the findings to have traction and be taken up well beyond DFID, given the growing policy-level acceptance of MYF and the 'implementation lag' at operational level about how best to realise the benefits. Progress towards uptake and behaviour change has started as a result of ongoing stakeholder engagement and socialisation of thematic reports. Given that uptake has started, the main area to address is to ensure that there is a well thought through uptake strategy – focused at the national level as well as international – to realise the full value of DFID's investment in this four-country, five-year study. This should strategically and systematically analyse the opportunities for positioning the findings – there are a range of obvious platforms for these platforms, e.g. internationally, the Grand Bargain process and outreach to other donors, UN agencies and NGOs; in-country, the various humanitarian coordination platforms provide good reach to the operational actors. National and local governments are a key audience that needs to be

³⁷⁵ Interviewees 109, 110, 111, 112, 114.

³⁷⁶ Progress Report, Sept. 2016; interviewees 101, 107, 108.

considered. Otherwise, there is a risk that the value of the investment in the research will not be realised, or may be curtailed, especially given the political economy dynamics in many of the countries where the findings ought to be taken up. The dissemination of findings also needs to be adequately resourced to enable the team to undertake the in-person and interactive activities that are preferred by humanitarian actors.

There is potential for the project to contribute to the HIEP outcomes in the next year. Concretely, the application of operational recommendations from the study is likely to improve humanitarian programmes' ability to support vulnerable people's coping strategies, by helping to optimise the use of MYF and to ground interventions in a more realistic understanding of resilience, as it has potential to do through informing the DFID Ethiopia business case. The resilience study's interim thematic reports have helped to prove its usefulness, with good potential for the summative outputs to also support improvements and contribute to HIEP's overall outcome of more effective programmes. By demonstrating the operational value of independent, long-term impact-oriented research, the resilience evaluation has helped to pave the way for future investments in humanitarian research, a key outcome for HIEP. Sharing methodological and practical lessons will further enhance its value to the sector.

Appendix A: Contribution to change analysis

Contributions to change

1. What change has occurred?

The Valid team were asked by the Grand Bargain convenors to present the interim findings of the MYF evaluation on a conference call to the convenors UNICEF and Canada, as well as to other interested workstream members. The findings were also integrated into a background synthesis paper presented to participants at a workshop on MYF and MP, with a large group of stakeholders, donors and UN agencies, the Office for the Coordination of Humanitarian Affairs (OCHA), and NGO consortia, and field staff from five emergencies.

The case for MYF is accepted and how that can help improve responses, but there is a gap in understanding how programmes and operations need to be changed to optimise the use of MYF to achieve those improvements. The MYF study findings are relevant to helping shape those operational options, bringing a valuable perspective on affected people's coping strategies and how aid affects those.

2 What did HIEP do that might have contributed to the change?

Made a direct contribution through an in-person briefing, and research reports were also later used in a synthesis.

3 What other factors contributed to this change?

There are other studies being conducted on MYF, but the MYF evaluation is one of the first independent, long-term empirical studies on this topic.

4 Assessment of the significance of the change – Early change.

5 Assessment of the significance of HIEP's contribution – Significant contribution, given the dearth of other long-term, empirical studies

6 Assessment of the strength of the evidence to demonstrate the reported change – Partial, verbal stakeholder and documentary evidence.

Assessment definitions:

a) Assessment of the significance of the change.

Assessment definition – Change: 1. *Significant change* evidence that change has scale, depth and sustainability; 2. *Established change* evidence of change at scale and sustainability of change; 3. *Emerging change* evidence of pockets of change, but not widespread; 4. *Early change*; 5. *No evidence of change*

b) Assessment of the significance of HIEP's contribution.

Assessment definition: 1: Evidence that project made a crucial contribution; 2: Evidence that project made an important contribution; 3: Evidence that programme made some contribution; 4: Evidence that the HIEP intervention made very little or no contribution.

c) Assessment of strength of evidence-

Assessment definition – Strong: Multiple stakeholder verbal evidence and monitoring and evaluation (M&E) data on progress, confirmed by primary evaluation data; **Medium:** Verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress; **Partial:** Verbal team and/or stakeholder evidence, strategy and implementation documents; **Weak:** Verbal team or stakeholder evidence only; **No evidence:** There is not sufficient evidence to make a judgement.

Annex 3: HIEP interviews

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Abu Siam	Ibraheem	UNHCR Jordan	Associate Public Health Officer	3
Acheng	Christine	DanChurchAid	Head of Programme	5
Ager	Alastair	DFID	Deputy Chief Scientific Adviser	3, P
Ahmed	Khawaja Massoud	Ministry of National Health Services	National Coordinator	2
Ahmed	Elena	DFID	Social Development Adviser	3
Ait Aissa	Myriam	ACF-France	Head of research	P
Akankwasa	Robert	Uganda Red Cross Society (URCS)	Director, Disaster Risk Management	5
Alastair	Burnett	DFID Tanzania	Humanitarian Adviser (previous Sudan and DRC)	8
Ali Shah	Shiraz	Pakistan	Consultant	1
Allen	Claire	Evidence Aid	Operations Manager	4
Al-Nsour	Mohammad	The Eastern Mediterranean Public Health Network	Executive Director	3
Andy	Catley	Tufts University	Tufts AKLDP Team Leader	8
Asaf	Maya	World Vision International	Associate Director for Conflict Sensitivity	6
Ashmore	Joseph	IOM	Shelter and settlements expert and global shelter coordination focal point	4
Axisa	Tanya	UNHCR	IASC PSEA Task team coordinator	6
Baglolle	Deborah	DFID	Humanitarian Adviser	6
Bajenja	Allen	ACORD	Country Director	5
Banasiak	Magdalena	DFID	Senior Innovation Adviser	5
Bangpan	Makdurat	UCL EPPI Centre	Co-author Systematic review MHPSS	4
Basia	Benda	Valid	Project Manager	8
Bastable	Andy	Oxfam	WASH Technical Working Group - Chair	5
Beer	Robert	Care International	Transition Director, Syria Humanitarian Programme	6

³⁷⁷ People who were interviewed only at the programme level are indicated P. Many of the case study interviewees were also interviewed a second time for more depth discussion on particular aspects of the programme including for VfM, Management and outcomes analysis.

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Belbais	Dr. Adel	The Eastern Mediterranean Public Health Network	Public Health Programmes Director Assistant	3
Benelli	Prisca	Save the Children	Humanitarian research and innovation manager	4
Bennetta	Nathan	UNICEF Uganda		5
Berhanu	Taye	EU - DEVCO	EU project Manager RDFS	8
Betuzzi/Rashid	Paula/Kallashandra	Global Affairs Canada	Senior Programme Officer/Programme Officer	7
Bhutta	Zulfiqar	Centre for Global Child Health	Director	2
bin Junaid	Adnan	IRC	Country Director - Pakistan	2
Birch	Caroline	ECHO	Technical Expert	2
Blosbom	Joe	UNICEF Uganda	Supply manager, UNICEF Uganda, logistics, procurement, and systems	5
Boutin	Genevieve	UNICEF	Head of humanitarian affairs Jordan/Cross border operation/Special representative	6
Boyce	Bryn	International Rescue Committee, Jordan	Deputy Director of Programmes	3
Boyd	Erin	USAID	Nutrition Adviser	2
Bryce	Hannah	Chatham House	International Security, Assistant Head of Department	6
Buha-Collette	Julien	ECHO	Technical Assistant Syria	6
Buswell	Misty	Save the Children	Regional Advocacy and Communications	6
Cambell	Stephanie	DFID	Mena Research Hub	P
Capet	Lise	Rethink Relief	Co-founder	5
Carpenter	Sam	DFID	Humanitarian Adviser	7
Carr	Caithlin	Mercy Corps	Regional Advocacy and Communications	6
Caruso	Bethany	Emory University Rollins School of Public Health	Fellow	3
Cattermoul	Ben	DFID Uganda	Livelihoods Adviser	5
Chandran	Rahul	Global Alliance Humanitarian Innovation	Director	5
Clark	Daniel	Centre for Global Disaster Protection	Chief Economist	1

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Clarke	Nigel	DFID Jordan	Lead Humanitarian Adviser	3
Clatworthy	David	International Rescue Committee	Environmental Health (WASH) Technical Adviser	3
Cooper	Nathan	Global Disaster Preparedness Centre, US Red Cross	Senior Adviser, Innovation and Partnerships	7
Copeland	Lia	OCHA	Coordinator	2
Da Silva	Mary	Wellcome Trust	Head of Population Health	3
Dajani	Rana	Faculty of Sciences, Hashemite University, Jordan	Associate Professor, Cell biology	3
Davies	Phil	Oxford Evidential Ltd	Executive Director/Member of HEP advisory group	4
deBuck/Vande Veegaete	Emmy/Axel	Belgium Red Cross	Centre for Evidence-Based Practice	7
DeJong	Jocelyn	Faculty of Health Sciences American University of Beirut	Professor and Associate Dean	3
Dickson	Kelly	UCL EPPI Centre	Co-author- Systematic review MHPSS	4
Dismas	Masirika	Valid DRC	National Consultant (VALID)	8
Djamaa	Nauelle	WFP	Cash Coordinator for the country office	5
Dolan	Chris	Refugee Law Centre	Director	5
Doocy	Shannon	Johns Hopkins Bloomberg School of Public Health	Associate Professor of International Health	3
Dr Sam	Godfrey	UNICEF Ethiopia	UNICEF Head of WATSAN	8
Dr.Benson	Charlotte	Asian Development Bank	Principal Disaster Risk Management Specialist,	1
Dubois	Marc	Independent	Consultant/Former Executive Director of MSF UK	4
Durrani	Zohaib	Independent Consultant	National Consultant Pakistan	1
Ekwang,	Darius	DanChurchAid	Humanitarian Programme Officer	5
El Chammay	Rabih	Lebanon Ministry of Public Health	Head of National Mental Health Programme (NMHP)	3
Elden	Susan	DFID, Syria Programme Hub	Health Adviser	3
Eleni	Asmare	(Valid) Ethiopia	National Consultant (VALID)	8
Emebet	Kebede	DFID Ethiopia	Humanitarian Adviser	8
Fabre	Cyprien	OECD	Fragility, Conflicts, Humanitarian Aids -Global Partnership and Policy	

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Fateen	Janem	Ministry of Health, Jordan	Head of Mental Health, Primary Health Care Department	3
Fawad	Mohammad	International Rescue Committee, Jordan	Health Coordinator	3
Fearon	Colette	Oxfam	Deputy Humanitarian Director for Global Humanitarian Team	4
Fenn	Bridget	ENN	Consultant	2
Fernandez	Christine	Save the Children, Jordan	Humanitarian Nutrition Adviser (IYCF-E)	3
Few	Roger	School of International Development, UEA	Senior Research Fellow	7
Fisher	David	IFRC	Manager, Policy and Diplomacy Unit	7
Flinn	Bill	CARE	Senior shelter adviser	4
Fouquet	Seb	DFID	Humanitarian Adviser	6
Fraser	Stuart	Senior Disaster Risk Management Specialist,	Global Facility for Disaster Reduction and Recovery	1
Friend	Tarah	DFID	Humanitarian research and innovation manager	4, 8, P
Garafolo	Thomas	International Rescue Committee	Director of Public Affairs	6
Gelsdorf	Kiirsten	University of Virginia	Director of Humanitarian Policy/ELRHA prioritisation report lead author	P
Giesbrecht	Heidi	Medair Jordan	Health Advisor Jordan and Lebanon	3
Giraldo Ospino	Juan Pablo	UNICEF Humanitarian Education Accelerator	Manager	P
Githiri	David	UNHCR	Senior WASH officer	5
Gonsalves	Atish	Humanitarian Leadership Academy	Director of Learning and Innovation	5
Grabin	Sirka	UNICEF Uganda	You Report Youth and Civic engagement, Comms	5
Griffiths	Mark	Elrha	Head of Innovation	5
Grillion	Erwin	MSF-France	Head of Mission, Syria Crisis in Jordan	6
Gul Najam	Jamy	World Bank	Senior Technical Adviser (Safety Net Programmes)	2
Gunasekera	Rashmin	World Bank	Senior Disaster Risk Management Specialist,	1
Gupta	Manu	SEEDS India	CEO	5

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
H. Tanoli	Nasir	Community Resilience Initiative	Chief Executive Officer	1
Haj	Omar	UNOCHA	Humanitarian Affairs Officer	6
Hakiza	Robert	YARID	Executive Director	5
Halasseh	Rudaina	Ministry of Education, Jordan	Head of Protection Department	3
Harmer	Anne	R2HC	Programme Manager	3
Harmer	Adele	Humanitarian Outcomes	SAVE Director	6
Hassan	Zeina	Mediscines du Monde	Regional mental health coordinator, Middle East	3
Hastie	Rachel	Oxfam GB	Protection Project Manager	5
Haver	Jaqueline	Save the Children	Senior Specialist, School Health and Nutrition	3
Hayat	Asif	IRC	Team Leader/Chief of Party	2
Henderson	Emily	DFID	Humanitarian Adviser	2
Herinckx	Frido	Ministry of Foreign Affairs, Department for Stability and Humanitarian Aid (DSH)	Senior Humanitarian Adviser	
Hestbaek	Cecilie	Elrha	HIF Innovation Management Adviser	5
Hoffman	Charles-Antoine	UNICEF	Communications and Community Engagement Senior Adviser	6
Huhtela,	Kaisa	FINN Church Aid	Humanitarian Coordinator	5
Hunt	Matthew	McGill University	Associate Professor, School of Physical and Occupational Therapy	3
Husterman	Jeremy	UNICEF	Innovation focal point	P
Hynes	Michelle	Centre for Disease Control	Epidemiologist	3
Ian	Byram	DFID DRC	Humanitarian Adviser	8
Ibrahim	Esmail	UNICEF Jordan	Chief of WASH Section	3
Ismail	Mohammed	SIDA	Humanitarian unit, programme manager	P
James	Claire	DFID	Humanitarian adviser/humanitarian partnerships and policy group (DFAT)	P
Jansen	Jeroen	Evidence Aid	Director	4
Janssen	Rhodé	NETHERLANDS MFA:	Policy Officer	P
Jardaneh	Dinah	UNHCR Jordan	Public Health Officer	3
Jawad	Mohammed	AUB & Lancet Syria Commission	Researcher	3

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
John	Ntalemwa	Valid DRC	National Consultant (VALID)	8
Johnstone	Anne	DFID Jordan	Humanitarian Adviser	3
Julie	Desloges	Global Affairs Canada	Grand Bargain - MYF Coordinator	8
Julliard	Helene	Independent consultant	Co-author HEP systematic review-markets	4
Kajumba	Joseph	Office of the Prime Minister	Focal Point for Min of Education on Comprehensive Disaster Risk Reduction Platform, Directorate of Education standards - education in humanitarian response	5
Kallis	Olivia	DFID	Humanitarian adviser	6
Kellett	Jan	UNDP	External Engagement Manager, Climate, Disaster and Energy Team	7
Kelly-Anne	Johnson	World Bank Ethiopia	DCT/WB PSNP Coordinator	8
Khalaf	Inaam	University of Jordan-Nursing School	Professor of Maternal Child Nursing	3
Khalid	Mahmood	Senior Research Economist,	Pakistan Institute of Development Economics (PIDE)	1
Khalid	Abdelsalam	(Valid) Sudan	National Consultant (VALID)	8
Khalifa	Noha	UNHCR	Associate Information Management Officer	5
Khan	Sana	IRC	Research and Development Officer	2
Kimani	James	DFID	East Africa research hub	P
Kindness	Heather	DFID	Social Protection Team Leader	2
Kitchen	Bob	IRC	Director, Emergency Response and Preparedness Unit	6
Klansoe	Peter	DRC Jordan (Syria response)	Programme Manager	6
Knox-Clarke	Paul	ALNAP, ODI	Head of research	4
Knudsen	Christine	SPHERE	Executive Director	3
Knutzen	Anna	Analysis and advocacy specialist	UNICEF, Jordan (for Syria)	6
Komino	Takeshi	ADRRN	CEO; Project lead - HIF-ADRRN strategic partnership	5
Kristine	Hambrouck	UNHCR Ethiopia	UNHRC Head of Programme Unit	8
Krystalli	Roxani	Tufts University, Feinstein International Centre	Program Manager Humanitarian Evidence Programme	4
Kusasira	Darlon	Office of the Prime Minister	Community Services Officer	5
Labbe	Jeremie	ICRC	Policy Adviser, Policy and Humanitarian Diplomacy Division	6

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Labote	Susan	Uganda Women's Network	Sec Programme Coordinator, Women's Leadership	5
Laker	Pauline	UNHCR	Assistant Protection Officer, SGBV	5
Lang	Juliet	OCHA	Humanitarian Affairs Officer	2
Lawday	Andrew	Tripleline (HIF Evaluation team)	independent consultant	5
Lewis	SIDA	VALID	Project Director	8
Llungarotti	Laura	IOM	Senior Protection Officer	4
Lone	Tanya	OPM Pakistan	National Consultant	2
Macrae	Jo	Give Directly	Director European Partnerships	P
Maltby	Jim	Ministry of Defence	Senior Strategic Analyst	5
Mamo Zewdu	Samuel	UNHCR	Senior Livelihoods Expert - want to ask about refugee livelihoods	5
Marchand	Alexis	ECHO	Policy officer Directorate-General for European Civil Protection and Humanitarian Aid Operations Unit B1 – Policy Development and Regional Strategy I	P
Mason	Charlie	DFID Sudan	Humanitarian Adviser	8
Mathenge	Penninah	International Rescue Committee	WASH adviser, Kenya	3
Mathew	Crentsil	UNHCR Ethiopia	UNHCR Dep Rep	8
Mazhar	Siraj	DFID	Social Development Adviser	2
McClure	Dan	Thoughtworks	Innovation Design Practice Lead	5
McIlleavy	Patricia	Interaction	Vice-president, Humanitarian policy and practice	6
Medway	Peter	OCHA Pakistan	Cash and Preparedness Adviser	2
Mehsud	Idrees	National Disaster Management Authority Islamabad	Member	1
Melissa	Sirkis	UNICEF Uganda	Family Connect, support community health	5
Metz	Karin	US Red Cross	Learning Group Member	7
Michael	Jacobs	Mercy Corps	PRIME Chief of Party	8
Mistry	Amit	Fogarty International	Senior Scientist	3
Mohammed	Sawsan	Assistance Coordination Unit	Jordan country director	6
Montarulli	Chiara	International Medical Corps	Consultant	3

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Morris	Charlotte	DFID	Senior Conflict Adviser, RED	6
Mulliez	Julien	DFID	Humanitarian adviser (shelter focus)	4
Mulligan	Jo	DFID Research and Evidence Division	Senior Health Adviser	3
Murima	Boiketho	UNICEF Uganda	Risk informed policy, planning and programming specialist	5
Musaka	Alfred	UNICEF Uganda	Health system strengthening, info system specialist	5
Musoni	Fabrice	UNICEF Uganda	Working on an e-learning initiative, piloting in refugee settlements and schools in the country	5
Musoya,	Tina	Centre for Prevention of Domestic Violence	Executive Director,	5
Najem	Mohammed	Watan Foundation	Deputy Country Director, Turkey	6
Naqvi	Ali	DFID	Social Development Adviser	2
Navarro Colorado	Carlos	R2HC Funding Committee and Centres for Disease Control and Prevention (CDC), International Emergency and Refugee Health Branch (IEHRB)	Medical Epidemiologist	3
Njoroge	Mary	WFP	Country Director-Lesotho	2
Noura	Shahed	Mercy Corps	No Lost Generation Project Coordinator, Jordan	3
Obrecht	Alice	ALNAP, ODI	Senior research fellow	4
O'Brian	Clare	OPM	Team Leader and Project Manager	2
O'Connor	Helen	DFID	Team Leader, Conflict, Humanitarian and Resilience Team	2
O'Donnell	Ian	Global Disaster Preparedness Centre, IFRC	Lead- Knowledge Management and Research	7
Ogello	Tom	International Rescue Committee	WASH coordinator, Kenya	3
O'Mathuna	Donal	School of Nursing & Human Sciences at Dublin City University	Senior Lecturer in Ethics, Decision Making & Evidence	3
Owach	Charles	FAO	Deputy Country Director	5
Packham	Daniel	DFID, Research and Evidence Division	Evidence Manager, Middle East and North Africa Evidence Hub	3

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Panter Brick	Catherine	Yale	Professor of Anthropology, Health, and Global Affairs	3
Parker	Elizabeth	Independent consultant	Co-author- Systematic review shelter	4
Parsons	Imogen	DFID	Senior humanitarian adviser and SRO for HIEP	P
Patel	Ronak	Harvard Humanitarian Initiative	Director of urbanisation and crises programme/Co-author of HEP Systematic Review	4
Paul	Handley	OCHA Ethiopia	Head of Office OCHA	8
Pelham	Ariana	DFID	Senior Humanitarian Adviser	2
Pelham	Larissa	Oxfam	Global Adviser & Social Protection lead, Emergency Food Security & livelihoods; Global Humanitarian Team	2
Perry	Abigail	DFID	Senior Humanitarian Adviser	2
Petersen	Godfrey	UNHCR	Senior WASH associate	5
Phelps	Laura	Norwegian Refugee Council/Independent	HEP Co-author review - urban targeting	4
Pollard	Alison	DFID	Evaluation Adviser	3
Porteaud	Dominique	UNICEF	Global WASH Cluster Coordinator	5
Porter	Chris	DFID	Head of Cadre, Humanitarian Profession	6, P
Pufall	Erica	Wellcome Trust	Science Portfolio Adviser	3
Quazi	Sanjana	UNICEF	Senior Adviser/Team Leader, Humanitarian Partnerships and Financing Public Partnerships Division	8
Ranger	Nicola	DFID	Senior Disaster Risk Finance and Insurance Adviser, Financial Sector Team	2
Ranghieri	Frederica	World Bank	Senior Disaster Risk Specialist	7
Rashid	Tamour	DFID	Programme Manager	2
Ratnayake	Ruwan	International Rescue Committee	Senior Epidemiologist	3
Reed	Brian	WEDC	Lecturer	5
Rehmat	Yazdani	ECHO	Programme Officer	2
Reid	Kyla	GSMA	Head of Digital Identity & Disaster Response	5
Roberts	Olivia	DFID	Humanitarian Adviser	6
Routssell	Olivier	ECHO	Regional Director	2

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Royer-Thomas	Reynette	Barbados Red Cross Society	Coordinator, Red Cross Caribbean Disaster Risk Management Reference Centre (CADRIM)	7
Russell	Tom	DFID Middle East and North Africa Department (MENAD) British Embassy, Beirut	Humanitarian Affairs Adviser	3
Saboonchi	Fredrik	University College of the Red Cross	Professor of Public Health Science	7
Sacha	Manov	IRC	Deputy Director of Programmes, Uganda	5
Saez	Patrick	DFID	Senior Adviser, Partnerships and Policy, CHASE	P
Samatha	Yates	DFID Ethiopia	Humanitarian Adviser	8
Sampiev	Adam	World Vision International	Area Manager-North West Syria	6
Sanjana	Quazi	UNICEF	Grand Bargain - MYF Coordinator	8
Sarfraz	Nasir	DFID	Health Adviser	2
Schlecht	Jennifer	Women's Refugee Commission	Senior Programme Officer for Reproductive Health	3
Scott	Zoe	OPM	Senior DRR and Governance Professional	7
Seal	Andrew	UCL	Senior Lecturer	2
Sesay	Ibrahim	UNICEF	Child protection specialist/Global focal point on Child DRR	4
Shannon	Harry	McMasters University	Professor, Department of Health Research Methods, Evidence, and Impact/Co-author HEP review UASC	4
Shibru	Mulugeta	FAO	Food Security Cluster Coordinator	2
Shields	Josephine	IFRC	Head of Caribbean country cluster office	7
Shwartz	Zvia	ACF	Communications and Research Uptake Officer	2
Simpson	Alanna	World Bank	PhD - Sr. Disaster Risk Management Specialist	1
Skeels	Anna	Elrha	HIF Programme Manager	5
Snewin	Val	DoH, Science, Research and Evidence Directorate	Global Health Research Senior Programme Manager	3
Somner	Marni	Columbia University Mailman School of Pub Health	Professor of Sociomedical sciences	3
Sørbye	Ida	Norwegian Refugee Council	Project Manager	5

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Soto Franco	Marjorie	IFRC	Senior Officer, National Societies Preparedness	7
Spainhour Baker	Lindsay	Action Against Hunger	Nutrition Sector Coordinator - All of Syria	3
Spalding	Mark	DFID	Programme Manager	P
Spiegel	Paul	Johns Hopkins Bloomberg School of Public Health	Director, Director, Centre for Humanitarian Health	3
Starkulla	Judith	WHO Jordan	Public Health Officer and coordinator of Jordan Health working group	3
Steets	Julia	GPPPi	SAVE- lead on component 3	6
Stern	Stephanie	ACF-France	Research into Practice Lab	P
Stites	Elizabeth	Tufts University, Feinstein International Centre	Research Director in Conflict and Livelihoods, Feinstein International Centre	4
Syed	A.Razak	WFP	Senior Programme Policy Officer	2
Tadesse	Bekelle	GoE, Min Ag	Senior Disaster Risk Manager, National Disaster Risk Management Commission, (NDRNC) - Adviser to Ato Mitiku, Minister of State for Agriculture	8
Tarig	Elhassan	DFID Sudan	Deputy Programme Manager	8
Taylor	Stephen	Oxfam	Syria Response Director	6
Taylor	Carla	Canadian Red Cross	Senior Disaster Risk Management Adviser	7
Tebaldi	Raquel	International Centre for Inclusive Growth	Consultant	2
Tehsin	Ahsan	World Bank	Disaster Risk Management Specialist,	1
Thomson	Martha	Rethink Relief	D-Lab Instructor	5
Townsend	Neil	START Network	DEPP Labs Programme Manager	5, P
Turangazi	Asif	Asian Development Bank	Climate Risks and Vulnerability Specialist,	1
Uchida	Ikue	ADRRN	ADRRN Innovation Coordinator	5
Van Omeren	Mark	WHO Department of Mental Health and Substance Abuse	Scientist	3
Verme	Paolo	World Bank	Lead Economist and Manager of Research Programme on Forced Displacement	P
Viveros-Cano	Cynithia	UNOCHA Syria	Head of access unit	6

Family name	First name	Organisation	Job title	Case study number ³⁷⁷
Walker	Peter	Falk School of Sustainability and Environment, Chatham University	Dean, Falk School of Sustainability and Environment	4
Walmsley	Lisa	Oxfam	Humanitarian Evidence Programme and Communication Manager	4
Ward	Jeanne	Independent consultant	Gender specialist- HEP4	4
Wells	Amie	Mercy Corps	Adolescents and Youth Adviser, Middle East Region	3
Wendy	Fenton	ODI	HPN Coordinator	2
White	Thomas	Norwegian Refugee Council	Country Director-Syria	6
Whitworth	Jimmy	LSHTM	Professor of International Public Health	3
Willhoite	Ann	USAID, DCHA/DRG Empowerment & Inclusion Division	Senior Mental Health Adviser	3
Williamson	Katherine	Save the Children	Senior Humanitarian Child Protection Office/Co-author HEP Review- UASC	4
Wlodarczyk	Karolina	International Rescue Committee	Grants manager: policy and practice	3
Wooster	Kelly	Independent Consultant	Independent Consultant	7
Yakowenko	Ellyn	ACF	former REFANI research Coordinator,	2
Yohannes	Regassa	EU -ECHO	RESET (ECHO's Resilience programme)	8
Yu	Hongwon	Global Affairs Canada	Deputy Director	7
Zaki	Ullah Khan	GLOW Consultants	Research Manager	8

Annex 4: Documents reviewed

Case study documents

Case study 1

Project reports and documents

- Annual Report 2014
- Annual Report 2015
- Proposal for Funding
- Monitoring Journals
- Quarterly progress reports
- Annual Review
- Theory of change and evaluation strategy
- Disaster Risk Financing and Insurance Concept Note
- Fiscal Disaster Risk Assessment: Options for Consideration

Case study 2

- CaLP (2014) Programme Name: To strengthen and disseminate evidence-based guidance on the use of cash transfer programming in emergencies through support to the Cash Learning Partnership (CaLP) – Donor Report
- CaLP (2013) Protecting Beneficiary Privacy: Principles and operational standards for the secure use of personal data in cash and e-transfer programmes. Cash Learning Partnership. Available from: <http://www.cashlearning.org/resources/library/389-protecting-beneficiary-privacy-principles-and-operational-standards-for-the-secure-use-of-personal-data-in-cash-and-e-transfer-programmes>
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- Fenn B, Colbourn T, Dolan C, Pietzsch S, Sangrasi M, Shoham J (2017) Impact evaluation of different cash-based intervention modalities on child and maternal nutritional status in Sindh Province, Pakistan, at 6 mo and at 1 y: A cluster randomised controlled trial. PLoS Med 14(5): e1002305. <https://doi.org/10.1371/journal.pmed.1002305>

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- Jelle, M Grijalva-Eternod CS, Haghparast-Bidgoli H, King S, Cox CL, Skordis-Worrall J, Morrison J, Colbourn, T, Fottrell E, Seal AJ (2017) REFANI-S study protocol: a non-randomised cluster-controlled trial to assess the role of an unconditional cash transfer, a non-food item kit, and free piped water in reducing the risk of acute malnutrition among children aged 6–59 months living in camps for internally displaced people in the Afgooye corridor, Somalia: *BMC Public Health BMC series – open* 17: 632
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- OPM (2017a) *Building on social protection systems for effective disaster response: the Mozambique experience.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017b) *Building on social protection systems for effective disaster response: the Pakistan experience.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017c) *Building on social protection systems for effective disaster response: the Philippines experience.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017d) *Case study: Mozambique.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017e) *Case Study: Pakistan.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017f) *Case Study: Philippines.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017g) *Case study: Regional approaches to addressing food insecurity in the Sahel, and the contribution of social protection.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017h) *Case study: Lesotho.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2015a) *DFID Shock-Responsive Social Protection Systems Research: Inception report.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2014) *HIEP Shock Responsiveness ToC.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017i) *Regional approaches to addressing food insecurity and the contribution of social protection: the Sahel.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2016a) *Shock-Responsive Social Protection Systems Research, Annual Report.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2017k) *Shock-Responsive Social Protection Systems Research, Annual Report.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2015b) *Working paper 1: Conceptualising Shock-Responsive Social Protection.* Oxford Policy Management in association with ODI, CaLP, INASP
- OPM (2016b) *Working Paper 3: Shock-Responsive Social Protection in the Sahel: Community Perspectives.* Oxford Policy Management in association with ODI, CaLP, INASP

- REFANI (2015a) Annual Report: Implementation Year One (IY1). Reporting period 1 September 2014-31 August 2015
- REFANI (2016a) Annual Report: Implementation Year two (IY2). Reporting period 1 September 2015-31 August 2016
- REFANI (2017a) Annual Report: Implementation Year three (IY3). Reporting period 1 September 2016-31 August 2017
- REFANI Final Inception Report
- REFANI (2017b) Niger Study: A cRCT of the effectiveness and cost-effectiveness of early initiation and longer duration of emergency/seasonal unconditional cash transfers on children's nutritional status. February 2017
- REFANI (2017c) Pakistan Study: A cRCT of the effectiveness and cost-effectiveness of different cash transfer programmes on child nutrition status. February 2017
- REFANI (2016b) REFANI Cost-Effectiveness Analysis (CEA). Overview on Research Implementation. February 2016
- REFANI (2015c) Research on Food Assistance for Nutritional Impact (REFANI): Overview on project implementation. August 2015
- REFANI (2015d) Research on Food Assistance for Nutritional Impact (REFANI): Literature Review. Available from: <http://www.actionagainsthunger.org/publication/2015/09/refani-literature-review>
- REFANI Research Uptake Strategy
- REFANI (2017d) Somalia Study: A non-randomized cluster-controlled intervention trial to assess the impact of cash transfer programmes in reducing the risk acute malnutrition in children aged 6-59 months living in internally displaced person (IDP) camps. March 2017
- REFANI (2016c) Summary on the REFANI-hosted event, Strategies for Maximising Nutrition Impact in West Africa Terrou-bi Hotel, Dakar, Senegal 5 APRIL 2017
- REFANI (2016d) Summary on the REFANI-hosted event, Current Evidence on Improving Nutrition in Pakistan, held on 28 February – 1 March in Islamabad, Pakistan
- Sibson VL, Grijalva-Eternod CS, Bourahla L, Haghparast-Bidgoli H, Morrison J, Puett C, et al. (2015) REFANI-N study protocol: a cluster- randomised controlled trial of the effectiveness and cost-effectiveness of early initiation and longer duration of emergency/seasonal unconditional cash transfers for the prevention of acute malnutrition among children, 6–59 months, in Tahoua, Niger. BMC Public Health. 15:1289. doi:10.1186/s12889-015-2640-2
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Case study 3

R2HC

- R2HC 2016 Annual Report
- R2HC 2017 Annual Report
- R2HC 1st Call for Proposals: Guidelines for Applicants, July 2013
- R2HC 5th Call for Proposals: Guidelines for Applicants, July 2017

- R2HC (2016) Final Report on the Research Forum: The Syria Crisis: Researching Health in Urban Humanitarian Context, Amman, Jordan, 18–19 May 2016
- R2HC Research Uptake Strategy and Plan, 2017
- R2HC (2017) WASH in Emergencies Research Prioritisation Meeting: Briefing Paper June 29-30 2017
- R2HC (November 2017) 'Review of Responsive Mechanism Pilot'
- Summary of R2HC Funded Project Research Methodologies – April 2016

Other

- Ager A et al (2014) Strengthening the evidence base for health programming in humanitarian crises, SCIENCE, Special Section: Global Health, 12 September 2014, Vol. 345, Issue 6202
- Bangpan, M., Dickson, K., Felix, L. and Chiumento, A. (2017). The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review. Humanitarian Evidence Programme
- Blanchet, Karl et al. (2017) 'Evidence on public health interventions in humanitarian crises'. The Lancet, Volume 390, Issue 10109, 2287–96
- Blanchet, Karl & Frison, Severine (March 2017) 'Review of the Evidence Supporting the Sphere Standards' London School of Hygiene and Tropical Medicine (LSHTM) Health in Humanitarian Crises centre and Elrha Report
- Blanchet, Karl & Frison, Severine (March 2017) 'Survey on the Knowledge, Structure and Content of the Sphere Handbook' London School of Hygiene and Tropical Medicine (LSHTM) Health in Humanitarian Crises centre and Elrha Report
- Blanchet, Karl & Roberts, Bayard (2013) An Evidence Review of Research on Health Interventions in Humanitarian Crises, London School of Hygiene and Tropical Medicine
- Blanchet, Karl & Roberts, Bayard (2015) An Evidence Review of Research on Health Interventions in Humanitarian Crises, London School of Hygiene and Tropical Medicine
- Dahab, Maysoon (2017) "Operational challenges of humanitarian health research implementation: synthesized findings from a review of R2HC funded projects", Presentation at the R2HC Research Forum, 5 September 2017
- Dahab, Maysoon (2017) 'Operational challenges of implementing health research in humanitarian crises' R2HC paper
- Hossain, M & McAlpine, A (2017) Evidence Review and Recommendations on Gender-based Violence Research Methodologies in Humanitarian Crises R2HC Paper
- Howell-Jones, Rebecca et al (2016) 'Operational review of Research for Health in Humanitarian Crises (R2HC) scheme'
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- Richards, Paul (2016) *Ebola: How a People's Science Helped End an Epidemic*. Zed Books. September 2016
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- Smith J, Roberts B, Knight A, Gosselin R, Blanchet K (2015) A systematic literature review of the quality of evidence for injury and rehabilitation interventions in humanitarian crises. *Int J Public Health*. Nov 60(7): 865–72
- Terre des Hommes (TdH) and WHO project to implement Problem Management Plus (PM+) through humanitarian agencies; starting 1/1/2017 with ECHO funding
- Warren et al. (2013) 'Systematic review of the evidence on the effectiveness of sexual and reproductive health interventions in humanitarian crises' <http://bmjopen.bmj.com/content/5/12/e008226>
- Wellcome Trust review; Raven, Joanna et al (2016) 'Review of R2HC-funded Ebola Research Projects,' R2HC-commissioned review.

Online resources:

- <http://www.elrha.org/wp-content/uploads/2015/01/ELRHA-Interactive-Flipcards-F1.pdf>
- <http://www.elrha.org/r2hc/partnerships/>
- <https://www.fic.nih.gov/About/center-global-health-studies/Pages/health-research-humanitarian-crises.aspx>
- <https://www.rescue.org/sites/default/files/document/2113/themhminemergenciestoolkitfullguide.pdf>

Case study 4

HESC products

Evidence briefs, executive summaries and protocols

- **Shelter review:** What is the evidence on the impacts of different shelter and settlement strategies in the immediate aftermath of and recovery period following humanitarian emergencies?
- **Mental health review:** What are the effects of mental health and psychosocial support (MHPSS) interventions on affected populations in humanitarian emergencies?
- **Child protection review:** What is the impact of protection interventions on unaccompanied and separated children in humanitarian crises?
- **Urban action review:** What are the different practices to identify populations in need in humanitarian emergencies in urban settings?
- **WASH review:** What is the impact of WASH interventions in disease outbreaks in humanitarian emergencies?

- **Markets and household food security:** What is the impact of different market support interventions on household food security in humanitarian crises?
- **Food aid and pastoralist livelihoods – What is the impact of food aid on pastoralist livelihoods in humanitarian crises?**
- **Nutrition** – Recovery, Relapse, and Episodes of Default in the Management of Acute Malnutrition in Children in Humanitarian Emergencies: A systematic review

Programme documents:

- Proposal for Funding (internal to Management Committee), February 2013
- Inception Report (including research uptake plan) and Annexes, January 2015
- Programme Advisory Board Short Biographies
- Southern-Focused Research Uptake Plan 2017
- Call for Proposal – various
- Annual Report January to November 2013, November 2013
- Annual Report, September 2014
- Annual Report, October 2016
- Annual Report, May 2017
- Programme Completion Report 2017
- HEP stakeholder maps 2015
- Extension Proposal, June 2017
- HEP Extension concept 2017
- Research Uptake Questionnaire, September 2017
- Gender analysis – draft report – Humanitarian Evidence and Communication Review: What do the Findings tell us about attention to gender in humanitarian programme by Jeanne Ward (2017)
- HEP Webinar summary
- HEP research uptake questionnaire (programme review and DFID teams)
- Guidance Note: Evidence Synthesis in the Humanitarian Evidence Programme

Additional outputs

Kyrstal, R. et al. Improving humanitarian evidence: reflecting on systemic reviews in the Humanitarian Field – (working titles) Unpublished paper submitted to Disasters for publication

- evidence synthesis in the humanitarian sector: a guidance note <http://fic.tufts.edu/publication-item/evidence-synthesis-in-the-humanitarian-sector-a-guidance-note/> (February 2015)
- mapping evidence syntheses in the humanitarian sector: challenges and insights (April 2015) <http://fic.tufts.edu/publication-item/mapping-evidence-syntheses-in-the-humanitarian-sector-insights-and-challenges/>
- synthesizing practices of evidence appraisal in the humanitarian field (including accompanying briefing paper) <http://fic.tufts.edu/publication-item/synthesizing-practices-of-evidence-appraisal-in-the-humanitarian-field/> (November 2015)

Case study 5

- Accelerating the Journey to Scale: background briefings, project reports and blogs, 2016
- Gap Analysis in Emergency Water, Sanitation and Hygiene Promotion, 2013
- Gender-based Violence: background and project briefing, 2016
- 'Gender-Based Violence Interventions: Opportunities for Innovation'. Humanitarian Innovation Fund Gap Analysis, 2016
- HelpAge – project reports, financial reports, project outputs
- HIF-ADRRN Strategic Partnership Interim project report, 2017
- HIF Annual Report 2015-16
- HIF Annual Report 2016-17
- HIF Capacity Building Workshop Strengthening Humanitarian Innovation HIF Jakarta Workshop Handout, May 2017
- HIF ECHO: Innovation management guide proposal, Oct 2017
- HIF Innovating WASH: Project Health Check, 2014
- HIF Jakarta workshop handout
- HIF STRATEGY 2018–2020, Nov 2017
- HIF Team Awayday Notes, Sept 2017
- HIF WASH Challenges, Problem Exploration reports and Challenge Briefs: Surface Water Drainage; Solid Waste Management; Hand-washing; Water Treatment; Faecal Sludge Management, 2016
- HIF WASH dissemination and uptake plans, 2017
- Mensch – project reports, financial reports, project outputs
- 'More than just luck: Innovation in humanitarian action'. HIF/ ALNAP Study. London: ALNAP/ODI. 2016
- Overview of Elrha/HIF-Funded Project Highlights, April 2017
- Oxfam GB – project reports, financial reports, project outputs
- Oxfam GB (Tiger Worms) – project reports, financial reports, project outputs
- Rethink Relief – project reports, financial reports, project outputs
- Samuel Hall – project reports, financial reports, project outputs
- START Network – project reports, financial reports, project outputs
- The Humanitarian Innovation Fund External Evaluation, June 2017
- UNICEF – project reports, financial reports, project outputs
- Université Laval – project reports, financial reports, project outputs
- University of Barcelona – project reports, financial reports, project outputs
- UNRLS – project reports, financial reports, project outputs
- WASH portfolio spreadsheet
- World Vision – project reports, financial reports, project outputs
- 'Working paper: Evaluating humanitarian innovation' HIF/ ALNAP Working Paper. London: ODI/ALNAP. 2017

- YARID – project reports, financial reports, project outputs

Case study 6

SAVE programme reports

- SAVE Annual Report November 2015
- SAVE inception report and annexes March 2014
- SAVE annual review September 2014
- Methodology Conference report, 2013
- Project completion report 2017
- SAVE Research Uptake Annexes 1–3
- SAVE annual report 2015–16
- SAVE Key Stakeholder review 2017

DFID

- Humanitarian Professional Development Conference Report 2017
- Aid in insecure environments, Proposal to HIEP Management Committee, 2013

Other

- Carter, W. & Haver, K. (2016) Humanitarian access negotiations with non-state armed groups. Internal guidance gaps and emerging good practice. Resource Paper from the Secure Access in Volatile Environments (SAVE) research programme
- Dette, R., Steets, J. & Sagmeister, E. (2016). Technologies for Monitoring in Insecure Environments: A Menu of Options. Report from the Secure Access in Volatile Environments (SAVE) research programme
- Haver, K. (2016) Tug of war: Ethical decision making to enable access in high-risk environments. Network Paper jointly published by Humanitarian Practice Network (HPN) and Humanitarian Outcomes. Drawn from the Secure Access in Volatile Environments (SAVE) research programme
- Haver, K. & Carter, W. (2016). What it Takes: Principled pragmatism to enable access and quality humanitarian aid in insecure environments. Report from the Secure Access in Volatile Environments (SAVE) research programme
- Inter-agency collective service for community engagement and accountability, proposal CAR, December 2018
- Ruppert, L., Sagmeister, E., Steets, J. (2016). Listening to Communities in Insecure Environments: Lessons From Community Feedback Mechanisms in Afghanistan, Somalia and Syria. Resource Paper from the Secure Access in Volatile Environments (SAVE) research programme
- Sagmeister, E. & Steets, J. with Derzsi-Horvath, A. and Hennion, C. (2016). The Use of Third-Party Monitoring in Insecure Contexts: Lessons from Afghanistan, Somalia and Syria. Resource Paper from the Secure Access in Volatile Environments (SAVE) research programme
- Steets, J., Sagmeister, E., Ruppert, L. (2016). Eyes and Ears on the Ground: Monitoring aid in insecure environments. Briefing Note from the Secure Access in Volatile Environments (SAVE) research programme

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- Stoddard, A. (2016). The Effects of Insecurity on Humanitarian Coverage. Briefing Note from the Secure Access in Volatile Environments (SAVE) research programme
- Stoddard, A. et al., (2017). Out of Reach: How Insecurity Prevents Humanitarian Aid from Accessing the Neediest. Stability: International Journal of Security and Development. 6(1), p.1. DOI: <http://doi.org/10.5334/sta.506>

Animation

- <https://www.humanitarianoutcomes.org/save-interactive/>

Case study 7

Project reports and documents

- Proposal for Funding: Working with national and local institutions to build resilience and improve disaster response
- Inception Report
- Case Study Reports
- Synthesis Report
- Quarterly Reports
- Annual Review Reports
- Notes from Kick-Off Meeting – September 25th 2013
- Project Stakeholder Research Uptake Activity Matrix
- Concept Note: Policy Meetings for Strategic Research on National and Local Capacity Building for Disaster Risk Management
- Concept Note – Research on the Inclusion of Gender and Diversity in Capacity Building for Disaster Risk Management
- Terms of Reference for Research Programme Advisory Group
- Terms of Reference for the Research Learning Group
- London Policy Meeting PowerPoint Presentation
- Minutes from March 2015 Research Uptake Meeting

Other documents

- Carpenter, S. (2015), Strengthening National and Local Response and Risk Management Capacity: Towards More Effective International Support and Investment
- DFID (n.d.), Business Case 1: Humanitarian Innovation and Evidence Programme: Improving disaster risk management through improved risk analysis and better use of national and local capacity for response

- IFRC (2015), Workshop on Research and Evidence-Based Practice for Humanitarian Work
- IFRC (2015), World Disasters Report
- UK Government (2011), Humanitarian Emergency Response Review, foreword and p.18
- ICVA (2017) Grand Bargain: everything you need to know, ICVA, Feb 2017
- IFRC (2017) Preparedness for effective response – National Society Capacity Enhancement. Outcome from technical working group meeting – July 2017

Case study 8

- A Catalyst for Change and Results? DFID's Approach to the 2013–17 Humanitarian Programme in Somalia Final Report (Draft)
- DFID Ethiopia 2017 Humanitarian Programme Logframe, 2017
- Evaluability note Pakistan, 2016
- Flexibility in funding mechanisms to respond to shocks; Helpdesk Research report
- Formative Reports for Ethiopia, DRC, Sudan and Pakistan, 2017
- HIEP Valid DFID MYHF Eval Annual progress report, Sept 2016
- Living up to the Promise of Multi-Year Humanitarian Financing 2017
- MYF and Resilience Evaluation Terms of reference and addenda
- Presentation on Contingency Study, Feb 2017
- Presentation to DFID Ethiopia September 2017
- Presentation to DFID Humanitarian Cadre, 2016
- Researcher Training materials; team meeting notes and various internal documents, 2016
- Retreat report April 2016.docx
- 'Synthesis Paper: Multi-year planning and funding for humanitarian action: towards good practice lessons, standards or benchmarks; Background documentation – Grand Bargain consultation on Multi-Year Humanitarian Planning and Funding', 2017
- The contributions of early emergency response and resilience investments to helping people cope with crisis: A study of the 2014–16 drought in Sitti and West Hararghe Zones, Ethiopia. May 2017
- The Economic Case for Early Humanitarian Response to the Ethiopia 2015/2016 Drought, Oct 2016
- The Value for Money of Multi-Year Humanitarian Funding: Emerging Findings, May 2017
- Valid Evaluations DFID MYHF Briefing Note, May 2015

HIEP programme-level documents

HIEP project annual reports 2017

- HIEP Project annual report template and guidance, May 2016

- Research for Health in Humanitarian Crises (R2HC) Annual Report to DFID and Wellcome Trust, ELRHA October 2017
- GAHI (7) – Agenda, Cover Memo, Decision Memo Strategy, Decision Memo Budget, Decision Memo Operations, GAHI Strategy, Budget, Advisory Group Meeting Oct 2017
- HEA Report September 2017
- HIEP Social Protection – OPM Annual Report
- HIEP HIF Summary Sheet, ELRHA
- HIEP Annual Project HIF Report Final
- HIEP Annual Project Report, ELRHA 2017
- HIEP Disability Data Annual Report
- HIEP Valid MYHF Evaluation Annual Progress Report Oct 2017
- ICRC Financial statement for the project Roots of Restraint study from January to July 2017
- ICRC Logframe DFID October 2017
- MEI HIEP Annual Report 2017
- REFANI Annual Narrative Report 2017
- Roots of Behaviour in War – Study Update(RBW), October 2017
- SPSP Annual Report 2017
- Thivillier, P. From evidence to action: Filling the data gap by enhancing the availability and use of quality disability data by humanitarian actors. Oct 2017
- Urban ARK Annual Report 2017 and logframe

DFID general and management

- Management Response to Evaluation Of The Humanitarian Innovation And Evidence Programme (HIEP): Summative Phase 1 Report
- HIEP Annual Project Report Template
- HIEP Annual Review Dec 2016
- HIEP Delivery Plan (September 2017)
- HIEP Extension Submission June 2017
- HIEP Logframe 180117 – output reporting
- HIEP VfM Monitoring Framework
- Humanitarian Cadre Professional Development Conference, June 2017
- Promoting innovation and evidence-based approaches to building resilience and responding to humanitarian crises: An Overview of DFID's approach
- Virtual Team Minutes September 2017

Influencing strategy (draft)

- Country Analysis
- Events Calendar

- HRIT Stakeholder Mapping by Communication and Influencing Objective
- Humanitarian Research and Innovation Team Research Communication, Uptake and Influencing Strategy, September 2017 – draft
- Global Prioritisation Exercise for Research and Innovation in the Humanitarian System, Phase One Mapping, ELRHA 2017
- Research Communication and Influencing Implementation Plan
- Setting global priorities for Humanitarian Research and Innovation, ELRHA – priorities and phase 1 report
- Innovations for Resilience Convening event – various papers

MC advisory group

- Humanitarian Research and Innovation Advisory Group Draft Terms of Reference
- Note Of The HIEP Management Committee Meeting: 21 April 2016
- Note Of The HIEP Management Committee Meeting: 21 November 2016

New projects

- Business Case ‘Building the Evidence on Forced Displacement – a Multi-Stakeholder Partnership’
- Business Case ‘Maintaining Essential Services After Natural Disasters ’ (Maintains)’

DFID policies

- DFID Research Review, October 2016
- DFID, Saving lives, building resilience, reforming the system: the UK Government’s Humanitarian Reform Policy, September 2017
- Evaluation Of The Humanitarian Innovation And Evidence Programme (HIEP): Summative Phase 1 Report

GASi reports

ITAD internal evaluation documents

- Case study reports
- Info grids for all Case studies
- Assessment of Case Study Quality Assurance Processes

DFID and HIEP

- DFID (2017) Saving Lives, building resilience, reforming the UK government’s humanitarian reform policy September 2017
- DFID (2017) Compliance with Gender Equality Act 2014 -Smart Guide March 2017
- DFID (2016) DFID Research Review October 2016
- DFID (2016) Update from the Department of Internal Development on the recommendations of the International Development Committee Disability and Development Report in 2014 October 2016

- DFID (n.d.) Stepping up a gear for women and girls, Updates to DFID’s strategic vision for girls and women, to 2020 and beyond. A revised framework and narrative
- HIEP Annual review December 2016
- HIEP Humanitarian research and innovation team research communication, uptake and influencing strategy. September 2017 Internal document
- HIEP Logframe 524611-latest 2016
- HIEP Management response to the evaluation of the HIEP 2016
- HIEP Project Annual report template and guidance. Adapted from DFID Research and evaluation division Programme annual report format May 2016
- HIEP VfM Framework

Other

GADN (2017) DFID’s strategic vision for women and girls – response from the Gender and Development Network June 2017

- Donor Conditions And Their Implications For Humanitarian Response, Inter-Agency Standing Committee (IASC) Humanitarian Financing Task Team April, 2016
- ELRHA Guide To Constructing Effective Partnerships
- Establishing Global Priorities For Research And Innovation In The Humanitarian System, ELRHA
- No time to retreat, ‘Disaster relief Refugees Infrastructure Reports’ UN OCHA, 2017
- Informal Friends of Gender group for the Grand Bargain (n.d.) Aide Memoire on Gender Mainstreaming in the Grand Bargain. Document prepared as part of consultations during the drawing up of the Grand Bargain
- ICVA (2017) The Grand Bargain: Everything you need to know. Briefing paper prepared by ICVA February 2017

Annex 5: Methodology, matrix and tools

Contents

Annex 5.1: Methodology details and evaluation matrix	175
1 Introduction	175
2 Learning, challenges and adaptation to planned methodology.....	175
3 Evaluation approach	176
3.1 Overview.....	176
3.2 Case study level.....	177
3.2.1 Case study selection	177
3.2.2 Case study focus.....	178
3.2.3 Case study process	178
3.2.4 Analytical tools at case study level.....	181
3.2.5 Data management.....	183
3.2.6 Synthesis of case study findings.....	183
3.3 Programme level (thematic) analysis.....	184
3.3.1 Workplan	184
3.3.2 Gender and social inclusion (GASi).....	184
3.3.3 Value for money	184
3.4 Impact and outcome	185
4 Management of the summative phases of the evaluation.....	187
4.1 Quality assurance.....	187
4.2 Workplan and allocation of days within the evaluation team.....	187
4.3 Timing.....	187
4.4 Time schedule	187
5 Data requirements from DFID.....	188
Appendix 5.1 HIEP evaluation matrix.....	189
Appendix 5.2 Theory of change – summary diagram and project mapping.....	192
Appendix 5.3 Strength of quality assurance process	193
Criteria	193
Assessment process.....	193
Results of assessment.....	193
Annex 5.2: Additional tools and templates for evaluation analysis	195

Template A: Analysis against HIEP theory of change	196
Template B: Scoring against evaluation questions	197
Template C: Analysis of factors enabling and inhibiting project.....	198
Template D: Contribution to change analysis.....	199
Template E: Case study narrative report template.....	201
Template F: HIEP evaluation: summative phases – case study interview checklists	205
Template G: HIEP evaluation: outcome-level interviews	209
Template H: Annex programme – thematic reports templates.....	211
Template I: Outcome analysis.....	214

Annex 5.1: Methodology details and evaluation matrix

1 Introduction

The Humanitarian Innovation and Evidence Programme (HIEP) intends to have impact on humanitarian actors' capacities to deliver improved response and resilience programmes that are effective at supporting vulnerable people. HIEP is a £54.6million investment that is working towards three specific outcomes:

- **Outcome 1:** International donors, including the Department for International Development (DFID), develop funding instruments and frameworks for investment into evidence, innovation and its applications.
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions.
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises.

The evaluation accompanies the programme from 2013–18. The completed inception and formative stages were an opportunity to gather data and test and refine the evaluation methodology which was initially detailed in the inception report. The first summative phase assessed progress towards intermediate and programme outcomes at that point (November 2017). This document outlines our proposed methodology for the final summative phase of the evaluation. It builds on earlier stages and update meetings held between the evaluation case study leads with their counterparts in DFID and project partners as well as between the team leader and DFID HIEP Secretariat – now renamed the Humanitarian Research and Innovation Team.³⁷⁸

2 Learning, challenges and adaptation to planned methodology

First a word on some of the challenges encountered in developing the methodology.

- **Contribution analysis and anticipated change:** We had anticipated there would be a HIEP-influencing strategy and all individual projects would have research uptake strategies that would clarify the more specific aims and intended outcomes of the programme and projects. These do not exist for all projects and there is not a documented finalised HIEP-influencing strategy. Also, some project research uptake strategies are very broad, e.g. listing as key stakeholders most actors in the humanitarian sector including international organisations, the Red Cross Movement, INGOs and domestic actors. This makes it a challenge to use contribution analysis as the planned key methodology in the evaluation. In light of this, the planned methodology has been adapted and builds in a phase in September when the evaluation team interviews with HIEP personnel (in

³⁷⁸ The Humanitarian Innovation and Evidence Programme Secretariat has been renamed as the Humanitarian Research and Innovation Team. Its responsibilities encompass more than HIEP.

the Humanitarian Research and Innovation Team and case study project lead advisers) will identify significant results of the projects and programmes. This approach was used in the first summative phase and worked well. Changes to be considered are those that relate to the HIEP theory of change outcomes as well as, at project level, uptake and application of HIEP project outputs which have impact on humanitarian policy and/or practice. The evaluation team will select a number of these to explore in more depth using contribution analysis.

- **Focus on effectiveness and impact:** This phase of the evaluation focuses on effectiveness and impact. It is proposed to focus on seven case studies in this phase as well as programmatic results. Eight case studies have been considered to date but the methodology has always envisaged there might be a reduction at some point to enable more depth for assessment of effectiveness and impact. Following discussions with the DFID HIEP senior reporting officer (SRO) and evaluation adviser it was decided that case study 1 will not have a focus report in this phase but learning from it will be included in the overall report drawing on findings from earlier evaluation phases, The World Bank's Global Facility for Disaster Reduction and Recovery (GFDRR) own independent evaluation and some data gathering by the evaluation team to enable a value for money process to be undertaken.³⁷⁹
- **Draft reports:** Case study draft reports will be shared with partners when they are in near-final draft status in December 2017 to gather any feedback for accuracy but also to share findings and recommendations at an early stage so they are useful for those projects which are continuing into 2018. This was an important learning from earlier phases.
- **Value for money, effectiveness and management:** Learning from the first summative phase has been built into the value for money (VfM) assessment. In particular, the approach now (a) incorporates consideration of management effectiveness into the VfM analysis to avoid duplication of processes; and (b) VfM at project level will take place following the bulk of the case study project work to enable a VfM assessment to take account of the case study leads analysis of project effectiveness and impact (as part of the 4E approach which considers economy, efficiency, effectiveness and equity).

3 Evaluation approach

3.1 Overview

The four evaluation questions agreed at inception provide a focus for our data collection and analysis.

- **Relevance:** How well has HIEP identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?
- **Effectiveness:** Which approaches have been more effective in enabling HIEP to ensure the creation, support and application of high quality and relevant humanitarian evidence?
- **Impact:** What contributions has HIEP made to building and sustaining evidence-aware policy and practice by humanitarian organisations?
- **Value for money:** Which management and implementation approaches have enabled HIEP to deliver better VfM?

³⁷⁹ This was later changed to Case study 7 being a lighter case study process and the report is included in the annexes based on a somewhat lighter evaluation process, i.e. in terms of number of interviews and focus on effectiveness and impact.

The earlier phases provided a means to test and refine aspects of the evaluation framework and the theory of change. The **theory of change** for HIEP remained largely unchanged (Summary diagram Appendix 5.2). The **evaluation matrix** has been refined over the course of the evaluation but remains in line with the original structure, key indicators and criteria for the evaluation questions (Appendix 5.1).

The summative phases have a focus on the case studies and also on the programme-level achievements. The evaluation also includes analysis of value for money (which includes consideration of management factors) and gender and social diversity.

3.2 Case study level

3.2.1 Case study selection

At the heart of the evaluation is a case study approach. Eight HIEP projects were provisionally identified at the inception phase as case studies using the criteria listed below.³⁸⁰ The formative phase tested the appropriateness and feasibility of the case study selection. The case study project plans collectively demonstrate an intention to address change across the HIEP theory of change (Appendix 5.2).

- Represent major financial investments from HIEP (though not be confined to where the biggest expenditure lies)
- Represent new ways of working for DFID
- Enable focus on some key countries
- Enable focus on some key stakeholders, e.g. key donors and implementing agencies
- Represent a range of starting points in the HIEP timescale with an emphasis on projects which start early in the programme lifecycle
- Enable the evaluation process to examine the contribution of the projects to the overall programme aims/outcomes (i.e. levels of the theory of change [ToC])
- Represent a range of different research types (primary, secondary, research, evaluation, operational etc.)
- Represent a range of different types of project structure/partnership, e.g. narrow by contract, or broad partnerships.

³⁸⁰ See methodology section of the formative report and Inception report for details of the selection criteria.

Case studies	Lead evaluator
CS 1. Improving the Application of Risk Modelling for Disaster Management	Gregory Gleed
CS 2. Expanding the Use of Cash Transfers in Emergency Response	Gregory Gleed
CS 3. Research for Health in Humanitarian Crises (R2HC)	Anna Paterson
CS 4. Humanitarian Evidence Synthesis and Communication (HESC)	Teresa Hanley
CS 5. Innovation: Testing to Proof of Concept (Humanitarian Innovation Fund [HIF])	Isabel Vogel
CS 6. Secure Access in Volatile Environments (SAVE)	Teresa Hanley
CS 7. Strategic Research into National and Local Capacity Building for Disaster Risk Management	Rob Lloyd
CS 8. Resilience Thematic Evaluation	Isabel Vogel

3.2.2 Case study focus

In the final summative phase of the evaluation, the case studies aim:

- To assess if and how projects have remained relevant to the evolving humanitarian context, needs and opportunities.
- To assess the effectiveness of HIEP projects in terms of producing high-quality outputs (high-quality research and innovation products); relationships and partnerships built; skills developed – (see Theory of Change Appendix 5.2).
- To identify where HIEP has contributed to change: i.e. to identify where HIEP projects and the programme overall have made a significant contribution to the humanitarian sector at national/international/local levels and to assess the significance of the HIEP contribution to any identified changes or results (in line with the HIEP ToC).
- To assess the importance of HIEP design features for effectiveness, in particular partnership models between academic/research focused organisations and humanitarian agencies.

3.2.3 Case study process

Each case study will follow a similar process to review progress, identify results and lessons detailed in the table below.

Step	Activities
Step 1 Preparation Sept	<ul style="list-style-type: none"> ▪ Start-up meeting with team to fine-tune methodology (19 September) ▪ Map evaluation findings to date, against the evaluation framework to identify findings and gaps ▪ Interviews with DFID lead advisers and partner project leads to update: <ul style="list-style-type: none"> ○ (a) outputs list; (b) identify significant results at the HIEP outcome level which will be the basis of the contribution analysis; (c) set up logistical arrangements where appropriate for country visits and other data collection; and (d) collect monitoring data and other documentation ▪ GASi review of methodology
Step 2 Data gathering Oct–Nov	<ul style="list-style-type: none"> ▪ Document review including collection of available quantitative data, e.g. downloads of project reports and other outputs, distribution lists of outputs and other data on communication activities, reach and response ▪ Identification of interviewees and setting up interviews to include a range of project partners (DFID and partner) and external organisations identified as key and engaged

Step	Activities
	<p>with by DFID to promote the research findings. These will be a mix of national and international players</p> <ul style="list-style-type: none"> Interviews with key stakeholders (Annex 5 for interview tool) to gather data relevant to evaluation questions of relevance, effectiveness; assess progress against evaluation questions; develop/validate/challenge contribution stories In the case of funds established by HIEP, i.e. for CS5 – the HIF and CS2 – R2HC, a selected number of projects will be identified to hold interviews with these partners based on (a) contribution stories of change identified by DFID/partners; (b) country clustering; and (c) spread across different themes or rounds of fund Country visits where appropriate Assessment of strength of quality assurance (QA) processes in selected projects (see Annex 3 for tool)
Step 3 Analysis and reporting Dec	<ul style="list-style-type: none"> VfM process at selected project and programme level Case study report drafting including case study scoring and identification of lessons learned Exchange of case study reports for peer review and to ensure consistency in scoring approach Review of case study report by team leader Sharing of reports with partners for clarification/accuracy comment (30 November) GASi review across the programme based on case study and outcome reports
Step 4 Analysis for programme Dec	<ul style="list-style-type: none"> Finalisation of scoring with team leader Team meeting to identify key conclusions and learning Refinement of case study reports

Sampling criteria for case study interviews

The key tools for data collection are interviews to establish the contribution of HIEP projects to changes as laid out in the HIEP ToC. Five of the case studies will include country visits, which enable a more in-depth look at change at the national level. Interviews to be carried out in person and through Skype calls will include the following stakeholders and seek to reach the following numbers for each case study. The following table lays out a guide for interviewing but will be adapted for each project given the wide range of models used to implement HIEP projects.

Stakeholder	Number of stakeholders
DFID lead adviser	1
DFID humanitarian and other relevant advisers (UK based and country based)	3
Project partner – implementer	1
Research teams including field data collectors	6
Advisory committee members (mix of academic and practitioner)	4
Humanitarian International organisations representatives, e.g. cluster leads – global	2
Humanitarian International organisations representatives, e.g. cluster leads – national	2
Government representatives, e.g. disaster management committee (national)	2
Research bodies – national (university, think tanks, NGOs)	3

Stakeholder	Number of stakeholders
Organisations reached through project communication – intermediaries and implementers at national level	5
Organisations reached through project communication – intermediaries and implementers at international level	3
Organisations reached through project communication – policy – oriented at national level	4
Organisations reached through project communication – policy – oriented at international level	4
Total with country visit	40

Selection of sample of projects to review when projects are funds (R2HC and HIF)

Two of the case studies are funds (R2HC and HIF) which together have supported more than 100 projects. Both of these have undergone independent evaluations since the last phase of the HIEP evaluation. This evaluation will seek to build on and complement these external evaluations. At least eight projects per fund will be considered and five looked at in-depth. They will be selected according to criteria that they represent: (a) a broad range of the fund, e.g. the three windows of the HIF (water, sanitation and hygiene [WASH], gender, other) and different phases/rounds of each fund; (b) a geographical spread to include at least projects in Africa and Asia; and (c) projects where the project team can identify results, which the HIEP evaluation team will explore through contribution analysis to validate or challenge; and (d) include at least two projects in countries to be visited for the case study.

Country visits

A key component of the summative evaluation will be five country visits to allow more in-depth discussion with national stakeholders, analysis of relevance and effectiveness at the national level and the development of contribution stories based on analysis of reported changes at national level. Each country visit will focus on one case study (except in the case of the split visit between Ethiopia and Kenya, which enables consideration of both CS5 and CS8).³⁸¹ Country visits will also be used as an opportunity to explore programme-wide questions and, therefore, the overall coherence of HIEP with the case study respondents. Case study leads will include questions for interviewees about the wider relevance of HIEP and the findings of these interviews will be shared and used by the evaluation team leads who focus on the programme thematic areas.

Table 1: Focus by country visit

Country	Focus case study project†
Pakistan	CS2 – Expanding the use of cash transfers in Emergency response-focus country for both Research on Food Assistance for Nutritional Impact (REFANI) and Social Protection for Shocks CS1 – Improving the Application of Risk Modelling for Disaster Management: single country focus; early project
Ethiopia and Uganda	CS8 – Resilience Thematic Evaluation – focus country for project

³⁸¹ For logistical reasons the proposed country visit to Ethiopia was not undertaken but instead the interviews were carried out by phone/skype.

Country	Focus case study project†
	CS5 – Humanitarian Innovation Fund – location of HIF projects, so an opportunity to explore process to develop the innovation; challenges encountered; engagement with national actors
Lebanon/Jordan ³⁸²	CS3 R2HC – including focus on projects in mental health and psychosocial support
Jordan	CS6 SAVE – focus country for response to Syria regional humanitarian crisis

†NB country visits, all evaluation team members will consider overall HIEP coherence and engagement with key players such as DFID staff, humanitarian advisers, INGOs, Humanitarian Country Team, Government (NDMA), RCM.

3.2.4 Analytical tools at case study level

a) Strength of quality assurance processes

Given the range of types of outputs and anticipated number of overall outputs that the evaluation will produce, the evaluation will not quality assess each and every product. Instead, the evaluation in this summative phase will focus on the quality assurance (QA) processes at the two key stages of project implementation and exit. It will ask ‘How robust were project quality processes during its implementation?’ and ‘How robust are processes to assure output quality?’ and answer these in relation to identified criteria (see QA tool in Annex 3). This is a process begun in earlier phases that will be completed here for five projects. In the case of the two funds which have recently been evaluated independently, the evaluations will be reviewed for the extent to which it addressed these questions and its findings used.

b) Contribution analysis

As detailed in the inception report, the key analytical method that we will use in the case studies is contribution analysis. In each case study, the evaluation team will develop contribution stories documenting observable changes towards HIEP outcomes. This method was trialled in the first summative phase and worked well in projects that had achieved significant progress. Perceived results will be identified in start-up interviews between the case study lead evaluator and DFID lead adviser/partner project manager. The evaluation team will select from these results to assess the strength of the change and extent of the HIEP contribution to them, as well as some results that may emerge during the course of the evaluation.

Contribution analysis process

Interviews with DFID personnel, key stakeholders (internal and external) relevant to the reported change and document review will be used to assess:

- The validity of the reported change – has it happened?
- What did DFID do that might have contributed to it?
- What other factors contributed to this change?
- Assessment of the significance of DFID’s contribution.
- Assessment of the strength of the evidence.

³⁸² Due to logistical reasons the proposed country visit to Lebanon did not take place, instead the relevant interviews were carried out by phone/skype.

This process, together with comments on the significance of the reported change will form the contribution story that will be part of the case study report. The process will consider both anticipated and unanticipated results or contributions where these can be identified. It will also comment on anticipated results that have not materialised.

Contributions to change

Each case study aims to include 2–4 contribution stories with ideally at least one national level and one international level change if possible. Additional smaller-scale results will be captured in the effectiveness and impact sections. Contribution stories will follow the structure below.

1 What change has occurred?

[Summarise the change and evidence to support its validity. Link the change to the HIEP ToC – outcome or behaviour changes.]

2 What did HIEP do that might have contributed to the change?

3 What other factors contributed to this change?

4 Assessment of the significance of the change.

5 Assessment of the significance of HIEP's contribution.

6 Assessment of the strength of the evidence to demonstrate the reported change.

Assessment definitions:

a) Assessment of the significance of the change:

Assessment definition – Change: 1. Significant change evidence that change has scale, depth and sustainability; 2. Established change evidence of change at scale and sustainability of change; 3. Emerging change evidence of pockets of change, but not widespread; 4. Early change; 5. No evidence of change.

b) Assessment of the significance of DFID's contribution:

Assessment definition: 1: Evidence that programme made a crucial contribution; 2: Evidence that the programme made an important contribution; 3: Evidence that the programme made some/moderate contribution; 4: Evidence that the HIEP intervention made very little or no contribution.

c) Assessment of strength of evidence:

Assessment definition – Strong: Verbal team and/or stakeholder evidence, strategy and implementation documents and monitoring and evaluation (M&E) data on progress, confirmed by primary evaluation data; Medium: Verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress; Partial: Verbal team and/or stakeholder evidence, strategy and implementation documents; Weak: Verbal team or stakeholder evidence only; No evidence: There is not sufficient evidence to make a judgement.

c) Analysis against the theory of change

The HIEP ToC shows that relationships, networks and influence are crucial elements of the process by which HIEP anticipates achieving change. In all case studies, the team will gather data on projects' engagement with key actors and the extent to which these strategies have been employed and with what effect. The four key elements to this articulated in the ToC are:

1. Champions and sponsors within and outside of DFID advocate for and create space to debate HIEP-related activity.
2. Brokers from the sector engage wider networks in the debate.
3. Operational actors endorse the evidence.
4. DFID country offices and partners adopt and fund HIEP informed-evidence operational frameworks.

In addition, the HIEP Secretariat has previously identified support partnership between academic and humanitarian organisations as a key strategy for effectiveness. This will also be considered.

Interviews with DFID lead advisers and partner project managers and selected stakeholders to represent each of the key areas will be used to explore the extent to which these changes were achieved and their contribution to changes.

d) Case study scoring

Case studies will be scored against each of the evaluation questions using the scoring system developed and trialled in the formative and summative phases. This methodology facilitates comparison across the case studies and helps to identify patterns. The methodology is summarised below (Appendix 5.1 for detailed tools). Some adjustments were made to the scoring system in the final phase and are explained in the main report in each section.

Box 1. Scoring methodology for evaluation dimensions to be used across the case studies

In order to provide a systematic way of making judgements across the case studies, supporting comparison between cases and revealing patterns, a scoring methodology was tested in the formative and summative phases of the evaluation and will be used to assess the strength of the project in achieving relevance, efficiency,³⁸³ effectiveness and impact. For each case study, the scoring follows the following four-step process:

1. The evidence that had been collected against each of the four evaluation questions will be synthesised and conclusions from the data developed.
2. An assessment will be made of the strength of the evidence supporting the conclusion including that gathered in previous phases of the evaluation.
3. A performance score will then be assigned for each of the evaluation criteria (relevance, efficiency, effectiveness and impact) based on the finding against the indicators and judgement criteria for evaluation.
4. A four-point scoring scale will be used. When evidence is weak projects will have lower scores:
 - a) High – The project has performed strongly in relation to relevance/effectiveness/impact against all criteria.
 - b) Medium – Projects have performed strongly against at least two judgement criteria.
 - c) Low – The project has performed strongly against only one judgement criteria.
 - d) Not able to judge – There is no evidence to demonstrate performance.

3.2.5 Data management

Data from the document review and interviews will be organised against the judgement criteria in information grids based on the evaluation matrix. Where possible, interviews will be recorded and stored on Itad's server which will be secure (e.g. password protected) and available only to the Itad evaluation team. The team will explore the extent to which this will be possible in field visits. Interviewees will be anonymised in reports but recordings (where feasible) and summary interview notes will be maintained and stored on the Itad server which is backed up regularly.

3.2.6 Synthesis of case study findings

Each case study produces a report which will be shared with DFID partners. In addition, the case study findings will be synthesised across the four evaluation questions using an information grid based on the evaluation questions, judgement criteria and indicators. Each case study produces a set of tables which summarise the analysis and present the main conclusion. These tools were developed and refined during the earlier phases. This will be a key resource for the programme-level analysis. The tables include the following:

³⁸³ Efficiency will be judged for case study projects selected for VfM focus, i.e. CS3, CS5, CS6, CS7.

- Progress towards the dimensions of change as outlined in the ToC
- Conclusions and scores against the evaluation questions of relevance, efficiency, effectiveness and impact
- Learning about the processes that either are supporting or inhibiting the achievement of relevance, efficiency, effectiveness and impact, e.g. in relation to key design factors, structural or organisational factors which enabled/inhibited achievement.

3.3 Programme-level (thematic) analysis

3.3.1 Workplan

The evaluation includes a thematic focus on: value for money (including the management model and approach of HIEP) and gender and social inclusion. In addition, the HIEP outcomes are considered at programme level given that they are beyond the reach of any one project to achieve. There is a lead evaluation team member to look at progress towards each of the three HIEP outcomes as well as the two thematic areas and these are detailed in the table below.

Theme or programmatic focus	Lead	Days allocation
Gender and Social Inclusion	Mary Ann Brockelsby	5
Value for Money	Valsa Shah	15
Outcome 1	Teresa Hanley	5
Outcome 2	Teresa Hanley	5
Outcome 3	Isabel Vogel	5
Theory of change review	Isabel Vogel	0.5

3.3.2 Gender and social inclusion (GASi)

The planned approach to GASi remains the use of a GASi audit as detailed in the previous reports. Gender and social inclusion is integrated into the methodology. The GASi expert on the evaluation team will harvest data from the case study and programme reports, as well as through interviews and team discussions.

3.3.3 Value for money

The evaluation uses the 4E framework of: economy, efficiency, effectiveness and equity. The formative phase had a focus on the procurement process and the use of VfM criteria in selecting HIEP projects. In the first summative phase, there was a focus on the monitoring and management of VfM including a comparison of its costs to another model.

In this phase, we will consider at the programme level (a) developments in how VfM is monitored across the programme; (b) we will revisit the comparison with the stand-alone model undertaken in the summative phase 1 to check or if necessary, revise costings and comparisons made with the Economic and Research Council (ESRC) Raising Learning Outcomes; and (c) leveraging and additionality – we consider the additional funds that HIEP is able to leverage from other donors.

In addition, we will undertake more detailed work on four case studies (see Table 2 for which case studies have been selected). The selected focus projects allow for analysis and learning from the different models of management and implementation being applied to the projects. In each case study there will be an analysis of costs and analysis of how VfM is being managed, including consideration of:

- a) percentage allocated to direct costs;
- b) percentage of budget allocated to evidence production v evidence communication/research uptake/influencing;
- c) percentage of budget allocated to management by different partners;
- d) how costs relate to evaluation team assessment of case study effectiveness at the project level (see scoring system).

Budgets and actual expenditure data will be analysed where data is available.

Table 2: Case studies selected for VfM analysis in summative phases

Case study number and title	Rationale
CS3. Research for Health in Humanitarian Crises (R2HC)	<ul style="list-style-type: none"> ▪ Partner – Enhancing Learning and Research for Humanitarian Assistance Project (ELRHA) ▪ Model of contracted-out management; fund with multiple rounds ▪ Co-funding with Wellcome Trust and recently announced contribution from Department of Health ▪ Lean management costs – consider any implications for effectiveness
CS5. Innovation: testing to proof of concept (Humanitarian Innovation Fund [HIF])	<ul style="list-style-type: none"> ▪ Partner – ELRHA ▪ Innovation focus ▪ Two-track approach in the fund with more focused, proactive WASH fund and open HIF call for innovation provides potential for comparison ▪ Lean management costs – consider any implications for effectiveness
CS6. Secure Access in Volatile Environments (SAVE)	<ul style="list-style-type: none"> ▪ Partner – Humanitarian Outcomes ▪ ‘Traditional’ contracted-out project to single provider though additional partner arrangement also made by Humanitarian Outcomes ▪ Potential to explore costs of research in volatile and insecure environments
CS7. Strategic research into National and Local Capacity Building for Disaster Risk Management ³⁸⁴	<ul style="list-style-type: none"> ▪ Partner – International Federation of Red Cross and Red Crescent (IFRC) and Oxford Policy Management (OPM) ▪ Evidence of high administration costs, but also an additional result anticipated of increased capacity in IFRC to manage research. This provides an interesting angle to consider costs and effectiveness

3.4 Impact and outcome

Impact is being considered by assessment of HIEP’s achievement or progress towards its three outcomes. Each of HIEP’s three outcomes has a lead evaluation person. The process to assess impact will follow the steps below.

Step 1: A start-up interview by the evaluation team leader with the HIEP Secretariat in June and again in September 2017 will be an opportunity to identify other significant progress that they consider HIEP has contributed to in relation to each outcome as well as any progress/outcomes that have not been delivered as expected.

Step 2: Identification of key changes and strategies to explore. The evaluation team will take a selected number of outcome changes reported by DFID in its annual review and interviews (6–9) to explore in more depth through contribution analysis. The changes will be selected with the aim to

³⁸⁴ There will not be a full case study of CS7 but instead sufficient evidence will be gathered on its effectiveness to enable a VfM assessment to be made.

look across the three HIEP outcomes and be based on their scale and availability of data as well as taking into account the potential for country visits to explore some in more detail. Outcome-level results reported by case studies and particularly any common results can also be included.

Step 3: Interviews with DFID personnel, key stakeholders relevant to the reported change, document review which shows DFID activities to achieve the change will be used to assess:

- a) The validity of the reported change – has it happened?
- b) What did DFID do that might have contributed to it?
- c) What other factors contributed to this change?
- d) Assessment of the significance of DFID's contribution.
- e) Assessment of the strength of the evidence to demonstrate the reported change (very strong, medium, some evidence, poor evidence).

Interviews during the country-level visits will also be used to gather outcome-level data to feed into this process.

Step 4: Draft report writing.

Step 5: Meeting of the Outcomes sub-team and VfM lead person to identify key conclusions and lessons. Revision of outcome/thematic reports.

Contributions to change

1. What change has occurred?

[Summary of the change and evidence to support its validity. Link the change to the HIEP ToC – outcome or behaviour changes.]

2. What did HIEP do that might have contributed to the change?
3. What other factors contributed to this change?
4. Assessment of the significance of the change.
5. Assessment of the significance of HIEP's contribution.
6. Assessment of the strength of the evidence to demonstrate the reported change.

Assessment definitions:

- a) Assessment of the significance of the change:

Assessment definition – Change: 1. Significant change evidence that change has scale, depth and sustainability; 2. Established change evidence of change at scale and sustainability of change; 3. Emerging change evidence of pockets of change, but not widespread; 4. Early change; 5. No evidence of change

- b) Assessment of the significance of DFID's contribution:

Assessment definition: 1: Evidence that the programme made a crucial contribution; 2: Evidence that the programme made an important contribution; 3: Evidence that the programme made some contribution; 4: Evidence that that the intervention made very limited or no contribution.

- c) Assessment of strength of evidence:

Assessment definition – Strong: Verbal team and/or stakeholder evidence, strategy and implementation documents and M&E data on progress, confirmed by primary evaluation data; Medium: Verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress; Partial: Verbal team and/or stakeholder evidence, strategy and implementation documents; Weak: Verbal team or stakeholder evidence only; No evidence: There is not sufficient evidence to make a judgement.

4 Management of the summative phases of the evaluation

The following section outlines some of the main considerations for the overall management of the next two summative phases of the evaluation.

4.1 Quality assurance

- Our QA procedure for the evaluation methodology is through review by both the team's external QA adviser (Roger Few) and internal Itad QA advisers (Rob Lloyd and Julian Barr).
- At the start of the second summative phase, the evaluation team will meet to ensure consistency of approach. There will also be regular contact between the team members and team leader to ensure consistency in the application of analytical tools. The triangulation of data ensuring that findings are based on more than one source of data will also contribute to their robustness.
- Each case study report, including all scores, will be reviewed by another case study lead and if necessary adapted to ensure consistency in scoring. The team leader will then review all case study reports as a final level of QA. This process was trialled successfully during the formative and previous summative phase. The outcome-level reports will be shared between the leads for outcome-level analysis and discussed collectively to ensure consistency of rigour and also to identify linkages and themes. The team leader will be responsible for the quality of programme-level analysis with review by Itad Internal QA processes.

4.2 Workplan and allocation of days within the evaluation team

The overall allocation of days for the evaluation has not changed since the inception report but the workplan includes some changes in how days are distributed to take account of the team's experience of the earlier phases and focus areas for the summative phase.

4.3 Timing

The final summative phase is scheduled to take place September 2017 – March 2018. The timing has been discussed with DFID and fits well with internal processes.

4.4 Time schedule

Timing	Evaluation activities
September	<ul style="list-style-type: none"> ▪ Start-up meeting – team leader with DFID – for any programme developments and to identify long-list of changes HIEP has achieved (w/c 12 September) ▪ Team meeting – 19 September to finalise methodology and workplan ▪ Evaluation lead advisers start-up meeting with DFID counterparts and partner project managers to (a) collect documentation; (b) identify any key development; (c) identify changes/results/outcomes to explore in the interviews; (d) generate initial interview list; and (e) update case study summary and further refine case study focus areas
October–November	<ul style="list-style-type: none"> ▪ Case study data collection including 5 x country visits ▪ Programme-level data collection – outcomes, quality assurance assessment, VfM programme level ▪ Draft case study reports to partner and colleagues (30 November)

Timing	Evaluation activities
	<ul style="list-style-type: none"> ▪ GASi report
December	<ul style="list-style-type: none"> ▪ Revision of case study reports (11 December deadline) ▪ Final draft of programme-level reports – outcomes, VfM, GASi – 11 December deadline ▪ Outcomes team meeting to consider key messages of report (14 December)
January	<ul style="list-style-type: none"> ▪ First draft overall HIEP summative report ▪ Circulation to team and Itad QA ▪ Feedback ▪ Submission of draft report to DFID 31 January
February	<ul style="list-style-type: none"> ▪ Feedback 28 February ▪ Finalisation of HIEP summative report.
March	<ul style="list-style-type: none"> ▪ Revisions to report based on DFID response – submit by 15 March 2018

5 Data requirements from DFID

The inception report detailed a full listing of data that the evaluation will require in order to undertake its analysis. Here we re-emphasise a number of items.

- populated logframe, reports and access to data that lie behind the reports;
- financial data (project and programme budgets and reports);
- HIEP quarterly reports to the management committee to include detail on new internal and external opportunities or challenges for DFID to influence change at outcome level;
- data on funds leveraged through the project and how these have been allocated/spent;
- project data including annual reviews, partner reports, budgets and financial reports, peer review data, publication data and monitoring citations and other references to the work;
- output dissemination plans and any uptake data particularly for selected outputs for review.

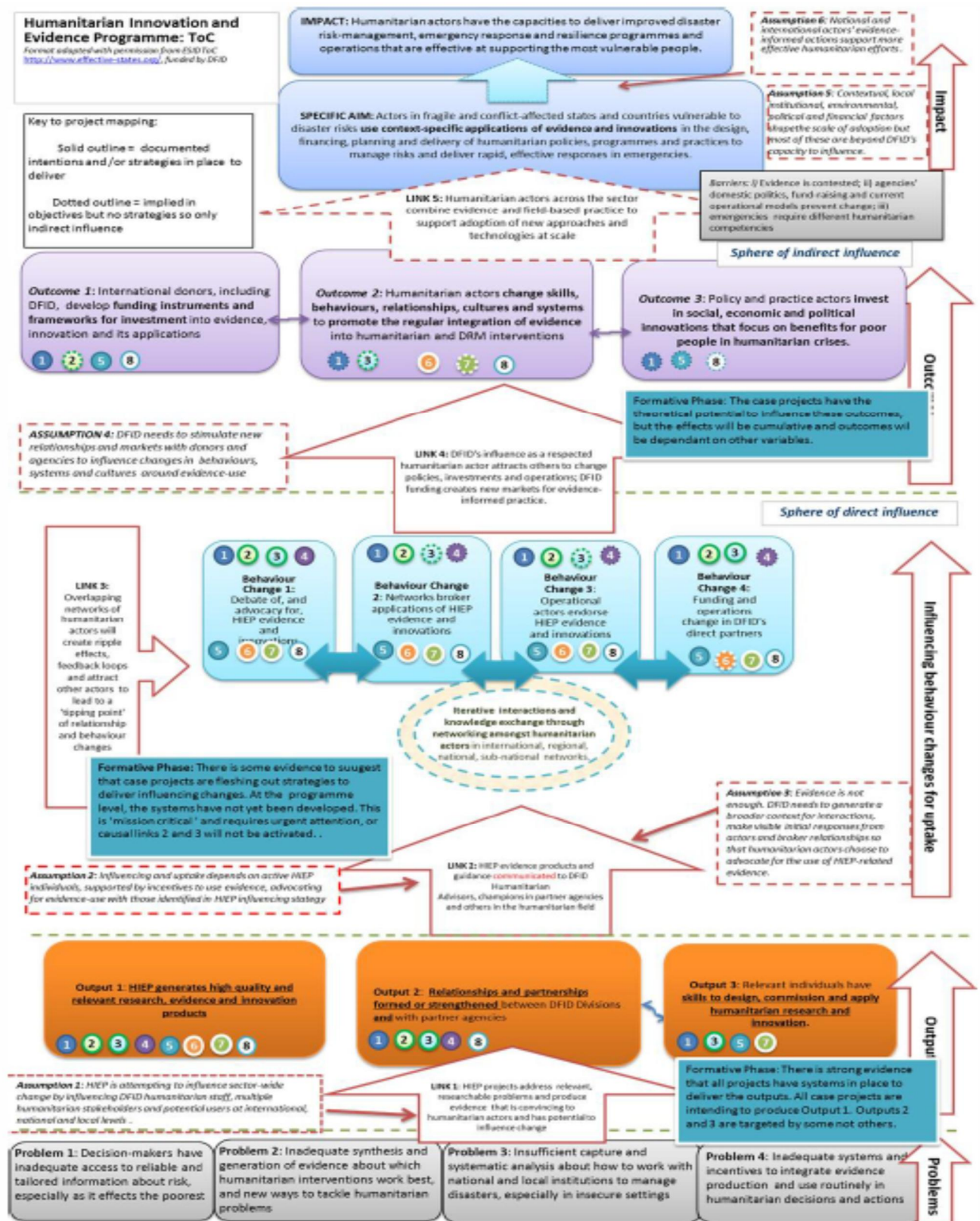
Appendix 5.1 HIEP evaluation matrix

EQ1: Relevance PROG: How well has HIEP identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation? PROJ: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?	
Judgement criteria	Indicators (drawn from the ToC)
JC1.1: Extent to which HIEP has responded to needs identified (in HERR and HIES) and other emerging needs and opportunities to invest in humanitarian evidence and innovation	<ul style="list-style-type: none"> ▪ Evidence that HIEP provides new insights, e.g. asks new questions or applies them to new contexts ▪ Evidence that HIEP has addressed gender and other aspects of social exclusion ▪ Evidence of flexibility built into the projects and programme for unplanned opportunities and developments ▪ Evidence that project teams and HIEP Secretariat/MC/virtual team scan for and take up opportunities
JC1.2: Extent to which HIEP design is appropriate to address identified needs and opportunities	<ul style="list-style-type: none"> ▪ Evidence that application and transferability of research findings is planned for ▪ Evidence that potential users are involved in HIEP design ▪ Evidence of disaggregation of population and data sets appropriate to address the need
JC1.3: Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities	<ul style="list-style-type: none"> ▪ Evidence that HIEP links to broader sectoral initiatives within DFID ▪ Evidence that HIEP links to broader sectoral initiatives outside of DFID at country and international levels ▪ Evidence that HIEP links with broader cross-cutting initiatives within humanitarian aid including though not only to address gender equality and social inclusion
JC1.4: Extent to which HIEP products are relevant to decision makers	<ul style="list-style-type: none"> ▪ Evidence of customisation of products for users ▪ Assessment by intended users of products of projects (including DFID and external) ▪ Evidence that projects are generating products and recommendations that can be applied easily to humanitarian operations
EQ2: Value for money PROG: Which management and implementation approaches have enabled HIEP to deliver better value for money (VfM)? PROJ: To what extent and how has the project delivered VfM?	
Judgement criteria	Indicators
JC2.1: Extent to which HIEP has optimised use of resources to achieve results	<ul style="list-style-type: none"> ▪ Evidence that HIEP decision making considers VfM (4E) at project and programme level ▪ Evidence of effective (level of detail and timely) budgeting and monitoring processes ▪ Evidence of additional funds being leveraged for/by HIEP ▪ Evidence that programme has and uses systems and processes within its management and implementation approaches to address gender equality and other equity issues

	<ul style="list-style-type: none"> ▪ Evidence that HIEP programme model is cost-effective compared to alternatives (programme level) ▪ Evidence that budgets are appropriate for range of activities, e.g. research production and communication; management costs are reasonable
<p>EQ3: Effectiveness</p> <p>PROG: Which approaches have been more effective in enabling HIEP to ensure the creation, support and application of high quality and relevant humanitarian evidence and innovation?</p> <p>PROJ: To what extent and how has the project ensured the creation, support and application of high quality and relevant humanitarian evidence and innovation?</p>	
Judgement criteria	Indicators
JC3.1: Extent to which progress has been made towards achieving outputs	<p>Evidence of quality assurance processes for research processes and products (see QA criteria in annex)</p> <ul style="list-style-type: none"> ▪ Evidence of sustainable cross-institutional relationships and partnerships ▪ Evidence that HIEP has strengthened skills in design, commission and application of humanitarian research among DFID HIEP staff, staff at key partner agencies and country-based humanitarian research communities ▪ Evidence that the gender and social exclusion analyses inform HIEP outputs
JC3.2: Extent to which progress has been made to bring about HIEP planned behavioural changes and contribute to outcomes	<ul style="list-style-type: none"> ▪ Evidence of resourced plans to achieve HIEP 4 behaviour changes (evidence advocated for, brokered, endorsed, influences DFID and others' behaviour) ▪ Evidence that champions advocate evidence [BC1] ▪ Evidence of networks brokering HIEP evidence [BC2] ▪ Evidence that operational actors endorse evidence [BC3] ▪ Evidence that DFID funding is based on HIEP evidence [BC4]
JC3.3: Extent to which the HIEP management model accelerates or inhibits the achievement of results	<ul style="list-style-type: none"> ▪ Evidence of learning mechanisms in place and being used to learn from and adapt HIEP management model ▪ Evidence of monitoring processes in place and being used to track progress of HIEP and also include gender-disaggregated data, e.g. use of logframe ▪ Perceptions and experience of virtual team of benefits/problems of management model ▪ Evidence that the cross-departmental structure has made research more robust, and relevant to users
JC3.4: Extent to which the programme maximises the potential impact of its component parts (coherence)	<ul style="list-style-type: none"> ▪ Evidence that HIEP virtual team sees and acts for potential collective impact ▪ Evidence of shared planning, e.g. if common target country/actors ▪ Evidence that projects and programme (HIEP Secretariat and management) adequately resourced to achieve change
<p>EQ4: Impact</p> <p>PROG: What contribution has HIEP made to building and sustaining evidence-aware policy and practice by humanitarian organisations?</p>	

PROJ: What contribution will the project make to HIEP aim to build and sustain evidence-aware policy and practice by humanitarian organisations?	
Judgement criteria	Indicators
4.1 Extent to which HIEP has achieved change in DFID and key organisations/targets	<ul style="list-style-type: none"> ▪ Evidence that HIEP has contributed to change in international donors, including DFID's funding instruments and frameworks for investment into evidence, innovation and its applications (O1). ▪ Evidence that HIEP has contributed to change in humanitarian actors' skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and DRM interventions, e.g. evidence that HIEP has brought in new providers and created markets for evidence-informed practice including research (O2). ▪ Evidence that HIEP has contributed to change in policy and practice actors to invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises (O3). ▪ Evidence that changes in humanitarian actors contributes to improved results for vulnerable people (impact).
4.2 Extent to which HIEP has built capacity in southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation	<ul style="list-style-type: none"> ▪ Evidence including resource allocation of plans in place and being implemented to build capacity in southern actors and that` takes into account gender differences and diversity.

Appendix 5.2 Theory of change – summary diagram and project mapping



Appendix 5.3 Strength of quality assurance process

Criteria

The assessment criteria used to assess the quality assurance (QA) processes fulfilled Itad's requirements outlined at the meeting on 27 September 2017. The framework draws upon the Social Research Association guidelines 'What is high quality social research?'³⁸⁵ the Government Statistical Service guidelines on statistical quality dimensions,³⁸⁶ and takes account of the humanitarian context in which the case studies operated. Table 3 below provides an overview of the seven areas of quality assessed. The assessment investigated the extent to which the case studies had assurance processes in place that ensured each aspect of quality was considered and upheld.

Table 3: QA assessment framework

Quality criteria	Description
Independent validation	The extent to which the research cycle was overseen by appropriate experts with relevant methodological competence to judge the quality and robustness of the design, and whether the conclusions are supported by the evidence collected
Accuracy	The extent to which the data produced describes what they were designed to measure. This relates to the research design, data collection and data processing
Comparability	The degree to which the findings can be used alongside other data and outputs. This is reflected in the use of standardised methods/concepts, the extent to which it builds upon other substantive knowledge and can be applied to other contexts
Relevance	The degree to which the outputs meet the current and/or potential or emerging needs of the audience, i.e. whether they are needed, useful and shed light on issues of importance to users
Timeliness and punctuality	The gap between when the data was collected and the point at which the data became available, and adherence to the publication timetable
Accessibility and clarity	The ease with which the data can be obtained from the data sources by users and the availability of supplementary information needed to understand the data effectively, e.g. published research methodology, metadata
Ethics	Whether the research was fully ethical in line international standards

Assessment process

It was agreed with DFID that there would not be in-depth assessments of 'Research for Health in humanitarian crises' (case study 3) and 'Innovation: Testing to proof of concept' (case study 5) because these have been subject to separate evaluation processes outside of the HIEP evaluation. To minimise burden on project partners, assessment of the remaining case studies primarily drew upon programme documentation, followed by verification of the information by case study leads by telephone and/or email. However, to supplement gaps in understanding, project partners from 'Humanitarian Evidence Synthesis and Communication' (case study 4) and 'Resilience Thematic Evaluation' (case study 8) were interviewed, and a project partner from 'Secure Access in Volatile Environments' (case study 6) reviewed the information by email.

Results of assessment

³⁸⁵ <http://the-sra.org.uk/wp-content/uploads/what-is-high-quality-social-research.pdf>

³⁸⁶ https://unstats.un.org/unsd/dnss/docs-nqaf/UK-Guidelines_Subject.pdf

The results are presented in a series of tables, each presenting the results for one case study. A 'red', 'amber', 'green' (RAG) status is assigned to each area of quality along with a brief explanation for the scoring that has been applied in each case.

Annex 5.2: Additional tools and templates for evaluation analysis

- Template A: Case study – Analysis against theory of change
- Template B: Case study – Scoring against evaluation dimensions
- Template C: Case study – Analysis of factors enabling/constraining relevance/effectiveness/impact
- Template D: Contribution analysis
- Template E: Case study report
- Tool F: Case study interview checklists
- Tool G: Programme-level interview checklists
- Template H: Programmatic report templates
- Template I: Programme – Outcome mapping

Template A: Analysis against HIEP theory of change

The table below details how the case study addresses each of the dimensions of change detailed in the HIEP ToC. It summarises progress and results towards each stage of the ToC. It is not anticipated that all projects address all levels. This is cumulative and should include key findings from the previous phases unless they are being updated or are no longer relevant. For further detail on changes refer to the diagram or narrative theory of change (diagram attached to the methodology paper for this phase and the narrative is in the DropBox at Internal/Formative-phase/Report/Final-proofed_Jan2015/Annex 3-ToC 180817).

Change areas (Taken from HIEP theory of change)	Summary of the intended changes (if any) and evidence of progress in this change area
Output 1: <u>High quality and relevant</u> research and evidence products [LIST OUTPUTS produced]	
Output 2: Relationship and partnership formed or strengthened between DFID divisions (e.g. Research and Evidence Division [RED] and CHASE/Africa/Policy) and with partner agencies (including between humanitarian and academic organisations)	
Output 3: Relevant individuals have skills to design, commission and apply humanitarian research [New skills gained]	
Behaviour Change 1: Debate of and advocacy for HIEP evidence	
Behaviour Change 2: Networks broker applications of HIEP evidence	
Behaviour Change 3: Operational actors endorse HIEP evidence	
Behaviour Change 4: DFID funding and operations change	
Outcome 1: International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications	
Outcome 2: Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and DRM interventions	
Outcome 3: Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises	

Template B: Scoring against evaluation questions

Case studies will be scored against each of the evaluation questions using the scoring system developed and trialled in the formative and summative phases. This methodology facilitates comparison across the case studies and helps to identify patterns. The methodology is summarised below and the template to use is below that.

Box 2. Scoring methodology for evaluation dimensions to be used across the seven case studies

In order to provide a systematic way of making judgements across the case studies, supporting comparison between cases and revealing patterns, a scoring methodology was tested in the formative and summative phases of the evaluation and will be used to assess the strength of the project in achieving relevance, efficiency,³⁸⁷ effectiveness and impact. For each case study, the scoring follows the following four-step process:

1. The evidence that had been collected against each of the four evaluation questions will be synthesised and conclusions from the data developed.
2. An assessment will be made of the strength of the evidence supporting the conclusion including that gathered in previous phases of the evaluation.
3. A performance score will then be assigned for each of the evaluation criteria (relevance, efficiency, effectiveness and impact) based on the finding against the indicators and judgement criteria for evaluation.
4. A four-point scoring scale will be used. When evidence is weak projects will have lower scores.
 - a) High – The project has performed strongly in relation to relevance/effectiveness/impact against all criteria.
 - b) Medium – Projects have performed well against at only two judgement criteria or moderately against all criteria.
 - c) Low – The project has performed well against only one judgement criteria.
 - d) Not able to judge – There is no evidence to demonstrate performance.

Scoring table at evaluation question level

The table below will be used to summarise conclusions and support scoring of case studies against the evaluation questions.

EQ1: Relevance	
Summary of judgement: Provide score, summarise details drawing on judgement criteria and conclusions.	
EQ3: Effectiveness	
Provide score, summarise details drawing on judgement criteria and conclusions.	
EQ4: Impact	
Provide score, summarise details drawing on judgement criteria and conclusions.	

³⁸⁷ Efficiency will be judged for case study projects selected for VfM focus, i.e. CS3, CS5, CS6, CS7.

Template C: Analysis of factors enabling and inhibiting project

The table below will be used to collect key learning from the case study projects, e.g. in relation to key processes, opportunities or structural or organisational factors which enabled/inhibited achievement in each evaluation question area. This is important because we have structured the evaluation questions to focus on understanding about the different models for each of the project and what it is about that or the context that has helped or hindered success in each of the areas we are evaluating. In each phase so far we have shared learning on significant factors to date.

Learning points/area of evaluation	What factors enabled achievement in this area?	What factors inhibited achievement this area?	What learning can be drawn from these for other contexts?
Relevance			
Effectiveness			
Impact			

Template D: Contribution to change analysis

The key analytical method that we are using in the case studies is contribution analysis. In each case study we collect stories of change in relation to: (a) changes anticipated in the theory of change; and (b) stories of uptake of research and innovation and if possible any impact of that. In start-up interviews between the case study lead evaluator and DFID lead adviser/partner project manager, perceived results will be identified (planned and unplanned). The evaluation team will select from these to ensure a spread across the ToC to assess the strength of the change and extent of the HIEP contribution to them, as well as some results that may emerge during the course of the evaluation.

Contribution analysis³⁸⁸

Interviews with DFID personnel, key stakeholders (internal and external) relevant to the reported change and document review will be used to assess:

- a) The validity of the reported change – has it happened?
- b) What did DFID do that might have contributed to it?
- c) What other factors contributed to this change? Consider both enabling and inhibiting factors in the external environment.
- d) Assessment of the significance of DFID's contribution.
- e) Assessment of the strength of the evidence.

This process, together with comments on the significance of the reported change will form the contribution story that will be part of the case study report.

Contributions to change

Include 3–5 contribution stories. Include at least one national level and one international level change if possible. Additional smaller-scale results should also be captured in the effectiveness and impact sections. Lengthy contribution stories should be annexed and a one-page summary included in the main case study narrative.

1. What change has occurred?

[Summarise the change and evidence to support its validity. Link the change to the HIEP ToC – outcome or behaviour changes.]

2. What did HIEP do that might have contributed to the change?

3. What other factors contributed to this change?

4. Assessment of the significance of the change.

5. Assessment of the significance of HIEP's contribution.

6. Assessment of the strength of the evidence to demonstrate the reported change.

Assessment definitions:

- a) Assessment of the significance of the change:

Assessment definition – Change: 1. Significant change evidence that change has scale, depth and sustainability; 2. Established change evidence of change at scale and sustainability of

change; 3. Emerging change evidence of pockets of change, but not widespread; 4. Early change; 5. No evidence of change.

b) Assessment of the significance of HIEP's contribution:

Assessment definition: 1: Evidence that project made a crucial contribution; 2: Evidence that project made an important contribution; 3: Evidence that the programme made some contribution; 4: Evidence that the HIEP intervention made very little or no contribution.

c) Assessment of strength of evidence:

Assessment definition – Strong: Multiple stakeholder verbal evidence and M&E data on progress, confirmed by primary evaluation data; Medium: Verbal team and/or stakeholder evidence, strategy and implementation documents, confirmed by M&E data on progress; Partial: Verbal team and/or stakeholder evidence, strategy and implementation documents; Weak: Verbal team or stakeholder evidence only; No evidence: There is not sufficient evidence to make a judgement.

Template E: Case study narrative report template

The case study report is made up of a main narrative report plus four annexes (information grid; analysis against the ToC; Scoring against evaluation questions; learning on evaluation dimensions of relevance, effectiveness and impact;) as well as list of interviewees, documents reviewed and interview notes and recordings.

Only the main narrative section is for sharing with the project partners and DFID. All sections should be shared with team members for peer review and the team leader by 30 November latest for their comment back within one week and final report with Teresa by 15th December. The sections of the report are:

- a) narrative report including list of interviewees and documents reviewed;
- b) dimension of change – mapping the project and progress to the HIEP ToC;
- c) case study scoring;
- d) learning on achieving relevance, effectiveness and impact.

Case study title *[Number and Name of case study]*

[Author and date]

1. *[Instructions to author all italics and square brackets – please delete before submission.]*
2. *Please footnote or refer to specific documents and interviews (by number) to support findings.*
3. *Case study reports should be **no longer than 10–12 pages MAXIMUM** excluding annexes. Please keep the margins at moderate and line spacing at 1.15.*
4. *Provide responses to the HIEP evaluation questions organised by judgement criteria, detailed in this template and drawing on the indicators of the evaluation matrix. Do include additional findings that fall outside the matrix if they are relevant to the evaluation questions.*
5. ***Please add annexes with interviewees and documents reviewed in addition to the templates attached. Thanks.***
6. *To write up evaluation finding use the ‘pyramid’ approach, i.e. **Key findings are bolded, at the start of a paragraph.** The nuances of the evidence behind the finding is discussed within the paragraph.]*
7. *Some text to be included in all reports is inserted in the template below – please include.*

1. Introduction

[Summarise the aim of the project; start and end date; partners; budget; other information as appropriate including any evolution of the project from inception to now. Refer back to the original internal DFID proposal signed off by DFID Management committee as well as partner proposal].

[Introduce the evaluation – sample text below].

This case study report forms part of the evaluation of DFID's Humanitarian Innovation and Evidence Programme (HIEP).³⁸⁹ The five-year evaluation process tracks the DFID programme 2013–18. Selected projects funded through the HIEP have been identified to follow as part of the evaluation. This is the final summative phase of the evaluation.

2. Methodology

All case studies are assessed using a common methodology adapted to the specific circumstances of the project. The case study is assessed in relation to three evaluation questions of relevance, effectiveness and impact and also against an overall ToC developed with DFID for the HIEP. The judgement criteria and indicators used in the assessment draw on the HIEP ToC. Value for money or efficiency questions are being assessed through a separate process.³⁹⁰

[Summarise the specific case study methodology – e.g. country visit/not, range of interviews attach documents reviewed and interviews undertaken to share with partners. Include detail of any constraints and how these have been dealt with or affected the report.]

3. Relevance: How well has the project identified and responded to evolving priority needs and opportunities for investment in humanitarian evidence and innovation?

3.1 Findings

- Extent to which HIEP has responded to needs identified (in Humanitarian Emergency Response Review [HERR] and Humanitarian Innovation Evidence Strategy [HIES]) and other emerging needs and opportunities to invest in humanitarian evidence and innovation
- [Consider in relation to the project's own evidence reviews/gap analyses where appropriate as well as interviewees' views on relevance and emerging /changing context]
- Extent to which HIEP design is appropriate to address identified needs and opportunities *[Draw on the QA assessment done by Genevieve here as well as your other findings]*
- Extent to which HIEP fits/harmonises with other relevant institutional, sectoral and country-based initiatives and opportunities
- Extent to which HIEP products are relevant to decision makers

3.2 Conclusion

[Include key learning on what contributed to or hindered success as well as overall conclusions in relation to this evaluation question. Include consideration of how the context has evolved and its impact on project relevance]

4. Effectiveness: To what extent and how has the project ensured the creation, support and application of high quality and relevant humanitarian evidence and innovation?

[Draw on the QA assessment; Note the HIEP outputs from the theory of change]

[INSERT CHANGE STORIES THAT RELATE TO BEHAVIOUR CHANGE LEVEL IN THE THEORY OF CHANGE. NOT NECESSARILY IN A BOX BUT CAN BE SUMMARISED IN A PARAGRAPH AND ANNEXED TO THE MAIN REPORT WITH SCORINGS AND THIS ANNEX GOES TO THE PARTNER. 'Country or thematic spotlight' sections could be relevant here to highlight national level findings – some may fit better in the outcome level – please use your judgement.]

³⁸⁹ For further information see the HIEP Evaluation formative report available at <http://r4d.dfid.gov.uk/Output/200759/>

³⁹⁰ Five case studies have been identified for more focused value for money analysis. This is being carried out through a process separate from the case study.

4.1 Findings

4.1.1 Extent to which progress has been made towards producing HIEP outputs

HIEP aims to produce three outputs which are (a) high-quality research and innovation products; (b) strengthened partnerships within DFID and between operational and academic organisations; (c) partnerships strengthened and with and between partner agencies; and (d) development of evidence and innovation-related skills.

4.1.2 Extent to which progress has been made to bring about HIEP planned behavioural changes and how they contribute to outcomes

HIEP aims to bring four behaviour changes to support its outcomes. These are debate and advocacy for its outputs, that these are brokered, also endorsed by operational actors and that they impact operations and funding by DFID and direct partners.

Contributions to change

Include 2–4 contribution stories. Include at least one national level and one international level change if possible. Additional smaller-scale results should also be captured in the effectiveness and impact sections. Lengthy contribution stories should be annexed and a one-page summary included in the main case study narrative.

4.1.3 Extent to which the HIEP project management model accelerates or inhibits the achievement of results

4.1.4 Extent to which the HIEP programme maximises the potential impact of its component parts (coherence of project with the whole)

[Consider any links made to other projects in HIEP]

4.2 Conclusions

[Include key learning on what contributed to or hindered success as well as overall conclusions in relation to this evaluation question.]

5. Impact: What contribution will the project make to HIEP aim to build and sustain evidence-aware policy and practice by humanitarian organisations?

5.1 Emerging findings

Extent to which HIEP has achieved change in DFID and key organisations/targets

HIEP has three outcomes it seeks to achieve.

- **Outcome 1:** International donors, including DFID, develop funding instruments and frameworks for investment into evidence, innovation and its applications.
- **Outcome 2:** Humanitarian actors change skills, behaviours, relationships, cultures and systems to promote the regular integration of evidence into humanitarian and disaster risk management (DRM) interventions.
- **Outcome 3:** Policy and practice actors invest in social, economic and political innovations that focus on benefits for poor people in humanitarian crises.

The evaluation is considering impact at this outcome level as well as in relation to uses of the project evidence and innovations not already reported in earlier sections. Not all projects are anticipated to contribute to all outcomes.

[INSERT CHANGE STORIES THAT RELATE TO HIEP ToC OUTCOME CHANGE AS WELL AS EXAMPLES OF RESEARCH/INNOVATION BEING USED AND IF FEASIBLE IT'S IMPACT. NOT NECESSARILY IN A BOX BUT CAN BE SUMMARISED IN A PARAGRAPH AND ANNEXED TO THE MAIN REPORT WITH SCORINGS AND THIS ANNEX GOES TO THE PARTNER]

Contributions to change

Include 2–4 contribution stories. Include at least one national level and one international level change if possible. Additional smaller-scale results should also be captured in the effectiveness and impact sections. Lengthy contribution stories should be annexed and a 1-page summary included in the main case study narrative.

5.2 Extent to which HIEP has built capacity in Southern actors to be able to access funding for research and also to support, produce and apply evidence and innovation

5.3 Conclusions

[Include key learning on what contributed to or hindered success as well as overall conclusions in relation to this evaluation question]

6. Gender and social diversity (any additional comments not covered above)

7. Other findings and comments

[Include efficiency/value for money findings here if any emerge. Or other areas that are important to report but not covered in previous sections.]

8. Summative phase 2 conclusions

[Detail key conclusions. Discuss briefing their implications for HIEP and/or research/innovation in the humanitarian sector more generally including for those undertaking research, using it, communicating it and any that are specific for DFID/partner/other].

Annex A **Interviewees**

Annex B **Documentation reviewed**

Tool F: HIEP evaluation: summative phases – case study interview checklists

Value for money (VfM) and gender and social inclusion (GASi) questions are integrated below. For VfM encourage interviewees to give specific examples, evidence, figures to back up assertions. Please keep in your mind that the emphasis is on learning. How can we learn from this experience for future programmes' VfM? And probe around the generic questions.

For DFID advisers, partners, advisory group members

General

- a) Can you give me an introduction to the research project and your role?
- b) What stage is the project at now?
- c) What has gone well and what been difficult?
- d) What have been some of the major changes in the external environment (opportunities and constraints; national and international level) during the life of the project/fund that impact on its relevance? Specific examples?

Relevance

- a) What was new about the questions this project asks or the products it will produce? Is it still new? How do findings/research map to gaps originally identified?
- b) How has the project/fund responded to new needs and/or opportunities emerging during the project's lifespan? What helped/constrained adaptation?
- c) What learning is there about the appropriateness of the design of the project? What would you change drawing on the benefit of hindsight?
- d) How has the humanitarian context impact on methodology? How have you dealt with this?
- e) How have you planned for the research findings to be relevant to contexts that are not being directly researched?
- f) How are issues of gender and social inclusion being addressed?
- g) How does the project fit and relate to other initiatives in the country/system? What are the key initiatives?
- h) How have project products been customised for different audiences?
- i) How is it relevant to women and girls/disability [Note – this is a legal requirement from 2014 Development and Humanitarian Related Act on Women and Girls that all funding must be relevant to women and girls and another act says development will collect data on disability and 2015 disability framework for DFID].
- j) VfM – Did the project design and areas of focus match upfront identified needs? *[expand accordingly]*

Effectiveness and impact

Outputs

- a) What evidence products have been produced?
- b) What are your reflections on the quality of research process (data collection and analysis) – any impediments and how were these overcome?

Engaging potential audiences

- a) What audiences were prioritised in the project (geographical, policy/practice, type of organisation – how specific)?
- b) How were these audiences engaged?
- c) How were evidence products disseminated? What dissemination process was most effective?
- d) How were products contextualised, e.g. by language, context for different audiences? Is this budgeted?
- e) The HIEP ToC is based on evidence reaching humanitarian actors through a number of channels including that:
 - i. Champions will advocate for the evidence
 - ii. Intermediaries will link the evidence to actors, e.g. through training, workshops, other
 - iii. Operational actors will endorse the evidence
 - iv. DFID funding decisions will be based on this.

Were these strategies you drew on to promote use of evidence? With what effect? To what extent did these strategies include specific attention to gender and social inclusion (GASi) issues?

- f) What evidence is there of products being used? With what effect?

Partnership – academic operational

- a) What were the key cross-organisational (academic-humanitarian) relationships in this project?
- b) How have the relationships been supported?
- c) What have been the challenges and benefits for each organisation of this relationship? Please give specific examples. Consider skills developed, changes in culture in evidence production and use, other.
- d) What have been the benefits for the research/innovation process and products?
- e) Have there been any changes in the humanitarian organisations use of evidence more generally because of this relationship? How can that be seen (or in the future looked for)? Or in the academic partner's approach to evidence/innovation?
- f) **DFID** – How has cooperation across DFID been implemented in this project? What were the challenges and benefits of cross-department working?

Theory of change and outcomes

- g) The HIEP ToC aims to achieve change in how evidence and innovation is used and funded (culture of individual organisations and the humanitarian system). Has this project contributed to any changes that relate to this? Please give specific details.

- h) Did the project aim to build southern actors' capacity to support, produce and apply evidence and innovation? How? Can you provide specific examples of capacity built? What approaches have worked best? Can you give me an idea of how you dealt with GASi issues? (E.g. Gender balance within training, mentoring or coaching processes; specific strategies to include women practitioners/actors etc.)

Contribution to change stories

- a) The project has contributed to change in xxx (link to theory of change). How important is this change in the sector?
- b) How did the project contribute to this change?
- c) What other factors and trends were in the external environment that supported this change? Inhibited this change?
- d) How would you describe the significance of the project/HIEP/DFID contribution?

Value for money

- a) **[Efficiency]** In terms of the management and delivery model, what are the key aspects that have allowed facilitated or hindered speed and efficiency?
- b) **[All Es]** Do you think the programme offered good value for money? Why? What were the main drivers (in terms of value add, cost drivers) for this finding? What are the top three key things that you would do differently to improve VfM?
- c) **[All Es]** What were the main challenges that prevented the programme from offering VfM?
- d) Did you change activities or ways of doing things which improved results and reduced costs over the course of the project?
- e) **[Equity]** Did the targeting of beneficiaries (vulnerable populations) meet research objectives identified upfront?
- f) Did you sufficiently budget for targeting the right beneficiaries (usually higher cost) IF not, did you adjust budgets and programmes over time? Did you have incentives to course correct?

Learning and recommendations

- a) What lessons or messages would you like to highlight about:
 - i. undertaking research and innovation in humanitarian contexts
 - ii. promoting its use in the sector
 - iii. other?

For external stakeholders – to validate/challenge contribution stories

Introduce HIEP, the evaluation and project being explored.

NB: At times DFID humanitarian advisers and others in DFID can be considered external audiences/users of evidence/targets of behaviour change to engage with evidence and innovation more as well as having a role.

Introduce HIEP, the evaluation and project being explored.

General

1. What is your role in relation to humanitarian practice [or more specific aspect of it that relates to the contribution story]?
2. What connection have you had with project x up to now?

Relevance

1. What are some of the key issues in the sector relating to [question that the research is addressing]

Effectiveness – general

1. What changes have you seen in the sector that relate to [reported result]
2. What have been some of the factors driving this change?
3. Have you/your organisations drawn on the research in any way? Please give details.

Effectiveness – contribution to change story

1. We are exploring the extent to which xxx has changed. What is your view?
2. What is your view of the significance of the change
3. What have been some of the factors contributing to this change?
4. What has inhibited it?
5. What is your view of how x project contributed to the change? How significant was that?
6. What did HIEP/DFID/Partner do to support the change?

Impact

1. What are your observations about current trends in the humanitarian sector regarding the production and use of research evidence and innovation?
2. What recommendations do you have for DFID for how to increase support for use of research evidence and innovation to increase.
3. Other.

Tool G: HIEP evaluation: outcome-level interviews

Trends and change

1. What key trends have you observed over the past 5 years in relation to innovation and evidence production and use in humanitarian policy and practice? Please consider donors, humanitarian organisations and research producers, other. Were any unexpected developments?
2. What factors have driven any changes? (outside of HIEP)
3. Has there been any change in factors which inhibit evidence use and support for evidence and innovation in the sector?, e.g. obstacles overcome or new obstacles? Any new opportunities to overcome these?
4. Where there has been change is there any evidence of the shift having an impact of the effectiveness or quality of humanitarian action or on vulnerable people?
5. To what extent do you recognise or agree that there is a problem with the level of support from donors, practitioners and policymakers for research evidence production, for innovation? Do you think there are challenges in organisations skills, behaviours and attitudes towards evidence and innovation? Are these changing?

[Opportunity to explore political economy of change or explore the barriers, assumptions links in the ToC more explicitly, i.e. evidence is contested; agency politics; current operational models; competencies required in emergencies; are there signs of actors combining to support new approaches and practices at scale?]

HIEP contribution

1. What action are you aware of DFID taking to support evidence and innovation?
2. How has HIEP and DFID more generally been connected to these trends?
3. What has been the added value of the HIEP /DFID contribution and role in evidence and innovation over the past five years?

National level

1. Are there changes you have seen at national level in how evidence and innovation is produced, supported and used?
2. What are the implications of the localisation agenda for southern-led or participation in evidence and innovation initiatives? Are there new initiatives you are aware of? Any HIEP linkage?

Coherence

1. How has HIEP linked with other evidence and innovation initiatives within and outside of DFID? With what effect?

Impact

1. Are you aware of any emerging networks and new partnerships in the sector to support evidence and innovation? What is driving these connections?
2. Have you observed any of the following changes [select as appropriate]?

- a) Evidence gone up the humanitarian agenda – signs could be more activity, more research, more funding...
 - b) More coordinated approach to support innovation – via the World Humanitarian Summit, previous activities, HIF, other innovation, making links with other DFID/external innovation funds
 - c) New vehicles for donor funding of evidence and innovation (e.g. R2HC/HIF) increasing the effectiveness and/or overall levels of funding? [Sustainable?]
 - d) Development of networks particularly between different sectors, e.g. academic operational, among donors, operational organisations, other
 - e) New humanitarian research funding taking on learning from HIEP re flexibility, need to support communication and active support to follow up, challenge for organisations to get funding for programmes and integrated research or vice versa, value of academic/operational partnerships, other.
3. What has contributed to these changes? What has been the HIEP contribution? What impedes greater progress?

Some potential areas to explore as above

- a) DFID contribution to sector coherence in its push for more effective innovation and evidence production and use? Distinctiveness of HIEP role?
- b) DFID contribution to increased activity/support/changing behaviour of donors/policy and practice players?
- c) Examples of HIEP projects having a combined effect?
- d) Engagement with private sector?
- e) Linkage between HIEP and other DFID support?
- f) Do funds such as R2HC and HIF make a difference to funding effectiveness? Do they stimulate more allocation?
- g) Linkage with Grand Bargain agenda in DFID?
- h) Other?

Recommendations

1. What recommendations would you like to make to DFID how it shapes future investment into humanitarian innovation, evidence (which it has committed to double by 2020)?
2. And roles it can take at national and international levels? Consider role in relation to donors, practitioners, policymakers, other?

Template H: Annex programme – thematic reports templates

Thematic reports: Gender and social inclusion

Suggested format

- Please reference sources of data where possible so have a clear trail from evidence to overall findings, conclusions and recommendations, i.e. say when it is an external/partner/DFID lead advisory or management committee or secretariat /other interviewee and provide interview number; reference documentation.
- The report format follows the evaluation framework. However, do include any important relevant findings that fall outside of the framework – it's a live framework and we can adjust it for future phases. Where possible refer to the HIEP ToC.

1 Gender and social inclusion (3–6 pages excluding annexes)

- a) Introduction box – key findings in 3–4 sentences
- b) Introduction with aim of the GASi assessment, overview of evaluation methodology to assess GASi; key findings, conclusions and recommendations at earlier phases and DFID response; context-legal and other developments
- c) Achievements and strengths of HIEP. Might be useful to organise around the four evaluation questions of relevance; effectiveness, VfM and Impact. Include progress against our recommendations
- d) Challenges faced and weaknesses of HIEP approach in addressing GASi. Include areas where no progress in response to our recommendations
- e) Other comments on gender and social inclusion – contextual developments, other initiatives if known
- f) Conclusions, Key learning and any recommendations
- g) Annex 1 – documentation reviewed
- h) Annex 2 – any analyses of data to support findings and conclusions -this may be attached at least to first submission of report for QA

2 Value for money

Thematic reports: Value for money

Format

- The report format follows the evaluation framework and is designed to provide input which can fit within the final report but also provide all the additional background data in case we are asked to support and justify any statements.
- Please reference sources of data – NB when source is interview number please describe stakeholder, i.e. advisory group, Secretariat, other and provide number from excel worksheet (not the excel numbering but from Column A); reference documentation.
- Annex case study grid and other workings.
- Please do include any important relevant findings that fall outside of the format.

Report format – suggested (4–7 pages maximum excluding annexes)

- a) Summary at top** – Evaluation question value for money: Which management and implementation approaches have enabled HIEP to deliver better value for money (VfM)? with key findings in 3–5 sentences.
- b) Introduction**
- Aim of the value for money assessment
 - Judgement criteria:
 - Extent to which HIEP has optimised use of resources to achieve results:
 - Evidence that HIEP decision making considers VfM (4E) at project and programme level.
 - Evidence of effective (level of detail and timely) budgeting and monitoring processes.
 - Evidence of additional funds being leveraged for/by HIEP.
 - Evidence of systems and processes to address gender equality and other equity issues.
 - Evidence that HIEP management model is cost-effective compared with alternatives (programme level).
 - Evidence that budgets are appropriate for range of activities.
 - Overview of evaluation methodology to assess VfM; earlier phase key findings, conclusions and recommendations. Some comment on context, i.e. common challenges and sector progress in addressing VfM in research and communication programmes.
- c) Summary table of case study findings** – table with overall VfM score for four focus case studies and summary of rationale.

Table X – Case study scores

Case study number and title	Score	Summary of key findings and justification for score
CS3. Research for Health in Humanitarian Crises (R2HC)		
CS5. Innovation: testing to proof of concept (Humanitarian Innovation Fund [HIF])		
CS6. Secure Access in Volatile Environments (SAVE)		
CS7. Strategic research into National and Local Capacity Building for Disaster Risk Management		
Explanation of scoring: <ul style="list-style-type: none"> a) High – There is strong evidence of progress to demonstrate efficiency/VfM against all criteria b) Medium – There is some evidence of progress to demonstrate efficiency/VfM against some criteria c) There is some but limited evidence of efficiency/VfM d) None – No strategy or evidence in place 		

a) Economy

- key findings relating to i) case studies and ii) programme.
- Strengths and weaknesses of HIEP in relation to economy including budget allocation; key cost drivers' management; funds leveraged.

- b) Efficiency** – key findings relating to i) case studies; and ii) programme.
- c) Effectiveness and equity** – key findings relating to i) case studies and ii) programme strengths effectiveness and equity; comparison to other models. This section includes elements relevant to HIEP management including benefits, challenges and evolution of HIEP management model, coherence of HIEP programme.
- d) HIEP strengths and challenges** – Overall analysis of HIEP strengths in its approach to VfM at project and programme level. Key factors which enabled or inhibited VfM.
- e) Conclusions and recommendations** responding particularly to the overall evaluation question ‘Value for money: Which management and implementation approaches have enabled HIEP to deliver better VfM?’ Include findings and reflections from the different case studies and their management approaches as well as those of the overall programme and including detail on the factors which contributed to or inhibited good practice in relation to VfM at case study project and/or programme level. Include in the conclusions a one-page summary table of Annex 6 – the case study scores.

Annexes (please add anything additional you think relevant to support the report)

Annex 1 – Interviewees – full name, job title and contact details

Annex 2 – Documentation reviewed – full list

Annex 3 – Case study cost analysis including (by case study)

- Percentage allocated to direct costs
- Percentage of budget allocated to evidence production v evidence communication/research uptake/influencing
- Percentage of budget allocated to management by different partners

Annex 4 – HIEP programme budget and Comparator analysis – modelling of the programme costings for HIEP and comparator (ESRC Learning Outcomes)

Annex 5 – case study mini reports and scorings/grid

Short report and/or table for each case study to including findings on:

- economy – comment on budget allocation; other
- efficiency – progress against time; how VfM is managed by DFID and partner
- effectiveness – evidence and comment on budgeting and monitoring processes used
- equity – how consideration of equity consider in project decision making
- scoring and justification.

Template I: Outcome analysis

HIEP contribution to outcomes: evidence table – summary

Ratings – details

Assessment of the significance of the change:

1. Significant change evidence that change has scale, depth and sustainability;
2. Established change evidence of change at scale and sustainability of change;
3. Emerging change evidence of pockets of change, but not widespread;
4. Early change
5. No evidence of change

Assessment of the significance of HIEP contribution to change

- **Crucial contribution:** Evidence that programme made a crucial contribution to observed change; i.e. change would not have happened without the programme. OR observed change is directly attributable to the programme.
- **Important contribution:** Evidence that programme made an important contribution alongside other factors.
- **Some/moderate contribution:** Evidence that programme made some contribution alongside other factors, but was not the most important cause.

Outcome 1: International donors, including DFID, develop **funding instruments and frameworks** for investment into evidence, innovation and its applications

[DITTO FOR Outcome 2 AND 3]

Contribution to outcome change	Evidence of examples of this type of change	Evidence of other factors +and –/ rival explanations	Extent of change – rating	Extent of HIEP contribution – rating	Evidence sources

Annex 6: Composition of the Humanitarian Innovation and Evidence Programme

Project title (Full and Shortened)	Project purpose	Allocation (£)	MOU / Payment (actual cost)
Improving the application of risk modelling for disaster risk management (Disaster Risk Pakistan)	Working with the Pakistan National Disaster Management Authority, DFID is supporting the World Bank to pilot a new participatory approach to integrated risk assessment and risk financing	1,500,000	1,550,000
Building the evidence base on the risk to urban populations in developing countries (ESRC Urban)	Research on the nature, scale and distribution of risk in urban areas in Sub-Saharan Africa	2,200,000	2,201,474
Secure Access in Volatile Environments (SAVE)	A research project to improve the delivery of humanitarian aid in insecure environments	1,600,000	1,583,788
Improving the evidence base on how to work with national and local authorities to improve disaster risk management. (IFRC)	An investigation into which approaches are most effective at building the capacity of national and local organisations responsible for disaster risk management	1,200,000	882,133
Improving outcomes for people displaced by conflict for long periods: a programme of research and innovation (Protracted Displacement)	A study into how policy frameworks, institutional arrangements and humanitarian assistance could improve the livelihoods and self-reliance of people who have been displaced by conflict for long periods	79,850	79,851
Enabling the diffusion of cash-based approaches to emergencies: the role of social protection (Social Protection)	Research to strengthening the evidence base on efficient and effective shock-responsive social protection, particularly in slow-onset and protracted crises contexts	792,000	Revised 998,521
Protection of civilians: building the evidence base on what works (ICRC) (Roots of Behaviour)	A study to broaden and deepen the understanding of the behaviour of combatants, with a particular focus on respect for International Humanitarian Law (IHL)	249,600	249,600
How can insurance be used to build disaster resilience (Sovereign Insurance)	Development and testing of a methodology to evaluate a range of disaster risk financing and insurance programmes	2,100,000	2,100,000
Impact assessment in humanitarian crisis (3ie Impact Assessment)	Establishment of a platform to commission impact evaluations in humanitarian emergencies	1,672,000	1,671,534

Project title (Full and Shortened)	Project purpose	Allocation (£)	MOU / Payment (actual cost)
Development of technical guidance to improve humanitarian practice (Technical Guidance)	A project to turn findings from the wider DFID humanitarian research strategy into practical guidance for humanitarian advisers in DFID	22,318	22,318
Innovation in humanitarian response (technologies and processes): testing to proof of concept (HIF)	This project provides support through the Humanitarian Innovation Fund (HIF) to operational agencies, private companies and research organisations to develop new ways of responding to humanitarian crises	11,405,277	11,399,083
Improving understanding of the institutional framework for delivering cash in emergencies at scale (CaLP)	An investigation into whether the international humanitarian community is well placed deliver emergency cash transfer programming in the future	40,000	Revised 90,500
Improving the evidence base on public health in emergencies. (R2HC)	A challenge fund to improve the evidence base for humanitarian public health interventions in rapid onset and complex emergencies	4,755,202	8,915,518
Improving the evidence base on public health in emergencies. (R2HC) Further calls – 2016 /17.	Second phase A challenge fund to improve the evidence base for humanitarian public health interventions in rapid onset and complex emergencies.	4,160,408	In above
Innovation in humanitarian response (technologies and processes): taking innovations to scale core grant (DIV)	Project closed without spend	571,381	Project did not proceed
Preventing acute under nutrition using food and cash-based approaches (REFANI)	A comparative study of food and cash-based approaches to combating acute under nutrition	2,729,797	Revised 3,183,150
Rigorous literature review on the evidence in emergency education (Education in Emergencies Literature Review)	A literature review to bring together evidence on what works when implementing education in emergency responses	35,000	45,979
Education in Emergencies - Amplify (EiE phase 1)	A project with the Amplify Programme to source, prototype and test new and early innovations that respond to the challenge of maintaining and improving learning in conflict-affected contexts	117,352	97,412
Education in Emergencies – Humanitarian Education Accelerator (HEA - EiE phase 2)	Partnership with UNICEF and UNHCR to launch Humanitarian Education Accelerator (Accelerator) which is looking for projects which have already demonstrated some impact and are ready to build evidence and scale-up	4,000,000	4,131,225

Project title (Full and Shortened)	Project purpose	Allocation (£)	MOU / Payment (actual cost)
Education in Emergencies – EiE ‘Platform’	Bringing actors in the EiE sector together to stimulate and coordinate work, following Oslo summit. HIEP one of contributors	113,000	
Protection of civilians: building the evidence base on what works (UNICEF) (Digitisation of child records)	Research on to what extent improved information management and digitisation of information on child vulnerability in emergencies can actually improve access to services for immediate response and longer-term prevention of vulnerability	117,500	117,500
Innovation in energy (Moving Energy)	Improving evidence on increasing access to sustainable energy for displaced people	Phase 1 642,000 Phase II 2,998,768	Revised 3,640,544
Strengthening the quality and use of humanitarian evaluation (Thematic Evaluation)	A project to strengthen the evidence base on building resilience and managing in fragile and conflict-affected states through an evaluation of a number of DFID’s multi-year humanitarian programmes	2,292,830	Revised 2,516,067
Improving access to humanitarian evidence (HESC)	A project to provide humanitarian decision makers and practitioners with access to a wider range of new and existing research, through synthesis and communication	1,030,500	1,030,500
Building capacity for the production and use of evidence on disaster risk management in developing countries (East Africa Mapping)	A scoping study to map and conduct a political economy analysis of the humanitarian research and evidence systems in East Africa	95,646	79,705
Independent evaluation on the programme	A multi-year evaluation of the Humanitarian Innovation and Evidence Programme	484,250	Revised 554,484
Improving the quality of data used for decision making by the international humanitarian system (HDX)	The aim of this project led by OCHA is make operational data easily available and accessible for humanitarian decision makers	320,000	320,000
Disability Data	A project to ensure that key humanitarian actors (UN, donors, INGOs) are better informed and have skills, tools and incentives to count and plan for people with disabilities in humanitarian programming	£542,532	542,532
Global Alliance for Humanitarian Innovation	A strategic investment to establish better institutional relationships, share knowledge, capacity and collaborate to enhance the contribution of humanitarian innovation	350,000	350,000
Global Prioritisation	Phase I will undertake a global mapping exercise to identify key actors, strategic interests and investments, centres of	150,000	150,000

Project title (Full and Shortened)	Project purpose	Allocation (£)	MOU / Payment (actual cost)
	expertise, and major outputs in humanitarian research and innovation		
Total approved to date		£46,367,211	£48,503,418

Annex 7: Analysis of the HIEP theory of change

1 The HIEP theory of change

A theory of change (ToC) for HIEP was developed by the evaluation team with DFID in the inception phase. It built on a generic research uptake change pathway, drawing on current research impact literature and practical experience, and was validated by DFID. The HIEP ToC diagram and narrative showed the progression from HIEP's research outputs and partnerships through to intermediate changes in awareness, debate and uptake arising from influencing and networking activities, which in turn supported outcome-level changes.

Uniquely, the main driver of change in HIEP was intended to be DFID itself, with its own humanitarian advisers in the UK and country offices creating a 'transmission belt' for moving HIEP evidence and innovation into use, and influencing other actors to change in support of HIEP's longer-term impact. The original HIEP ToC was centred on a vision of DFID as a uniquely placed, global institutional change agent, able to influence change at a system-wide scale through its humanitarian research, policies, financing, operations and global convening. HIEP outputs were intended to shape DFID's own humanitarian work:

- changes which were then intended to influence other humanitarian actors to alter their policies and operations in order to catalyse HIEP's desired outcome-level changes;
- changes in financing and investment for evidence and innovation;
- changes in skills and systems for the routine integration of evidence use into humanitarian responses, and the use of evidence and adoption of innovations to improve practice across the global humanitarian system.

The causal linkages and assumptions associated with DFID's role as the driver of change were documented in the HIEP ToC, which was validated by DFID stakeholders. The ToC was used as the basis of the HIEP logframe and reporting. A summary of the ToC is given in Box 1 below. The fuller diagram of the ToC follows in Figure A7.1.

HIEP theory of change summary

Through its operations, networking, influencing and funding, alongside coherent and convincing evidence products, DFID will attract other humanitarian funders and practitioners to invest in new technologies, evidence-informed operational approaches and systems that HIEP will produce. This will influence skills, behaviours, cultures and systems among humanitarian actors to promote the routine integration of evidence into the financing, design and implementation of humanitarian interventions.

In turn, these enabling conditions, capacities and systems will support international agencies, national governments, public sector actors, civil society and private actors in fragile and conflict-affected states and countries vulnerable to disaster risks **to use context-specific applications of evidence and innovations** in their design, financing, planning and delivery of humanitarian policies, programmes and practices to manage risks and deliver rapid, effective responses in emergencies.

This will improve programmes so that lives are saved and communities recover quickly from economic and livelihood losses that arise from humanitarian crises.

2 How and to what extent was the HIEP ToC used?

As a framework and process a theory of change works best if used actively for programme management, and regularly updated with evidence about results and causal factors; however, the HIEP DFID team did not use the ToC optimally. Use of an evolving ToC is especially helpful where the links between interventions and results are complex and emergent over time, as is the case in how humanitarian research and innovation might influence change in humanitarian operations on a system-wide scale in HIEP. Evidence that supports or challenges the ToC can be fed back at each evaluation stage to help adjust the programme to meet its aims more effectively.

The two main users of the HIEP ToC were the evaluation team and the HIEP Secretariat (now the Humanitarian Research and Innovation Team – HRIT) and the Management Committee (now Advisory Group) at DFID. The HIEP evaluation team used the ToC as the backbone of the HIEP evaluation from 2015–18, deriving evaluation questions, progress milestones and judgement criteria for assessment and learning. The ToC was reviewed after each evaluation stage, reflections were included in the synthesis reports, and recommendations made to DFID. The HIEP ToC itself remained consistently relevant (discussed further in the next section) and so was not adjusted during the course of the evaluation.

However, after the initial validation by DFID stakeholders, the HIEP Secretariat and Management Committee there was limited further debate or reflection on the ToC within HIEP as the evaluation progressed, although the ToC was used to structure the reporting from across the HIEP portfolio. This was partly due to changes in the management committee and HIEP team, and partly to HIEP team resources being over-stretched during the same period.

3 What happened in practice – how far did the projects progress along the HIEP ToC, and to what extent did the ToC hold true?

The change process anticipated in the HIEP ToC has remained valid, confirmed by evidence from the evaluation, but strategies to activate the causal links were not fully implemented, and the assumptions and risks were not taken on board by the implementing team. HIEP case study projects have all contributed to the behaviour changes anticipated in the ToC – awareness, debate, advocacy and validation of evidence and innovations – as well as making important contributions to the HIEP outcomes in terms of new financing and skills for integrating evidence and innovation, as well as the uptake of new processes, products and services to improve humanitarian response. However, this change has been largely driven by the HIEP projects' own stakeholder engagement efforts and operational networks, rather than being driven by DFID in a coherent way at a system-wide scale, as originally anticipated in the ToC. HIEP has been successful in many areas, but the question remains of how much more could have been, or still could be, achieved at a system-scale if DFID had played a more proactive role in mobilising HIEP knowledge and innovation more strategically through its own channels of policy influence and financial incentives as envisioned in the original HIEP ToC.

Several internal and external factors meant that the causal links and assumptions in the HIEP ToC were not fully activated. First of all, internally, the relative lack of engagement by DFID with the HIEP ToC meant that the vision of DFID as the uniquely placed driver of system-wide change through HIEP did not have sufficient institutional ownership and therefore seems it was not fully adopted by the new HIEP leaders and staff. As a consequence, DFID's role became largely diluted to portfolio management rather than proactive knowledge mobilisation and influencing, with the result that key programme-level strategies were severely delayed, and not adequately resourced, e.g. the influencing strategy which was meant to guide the virtual team as to where to direct their policy influencing and financing efforts to support HIEP outcomes was not developed until 2017. Second, over-stretched staff resources in the HIEP Secretariat meant a loss of momentum around the

innovative HIEP/DFID internal model, so that DFID's three divisions did not fully coalesce to work together through a virtual team across research, CHASE and Africa Regional Department. The incentives for country offices to engage with the central HIEP team were not fully catalysed, noted early on as a risk by both the evaluation team and DFID itself. Although HIEP evidence and innovation outputs were communicated regularly to DFID advisers and other humanitarian actors (causal link 1), this was done on an ad hoc and piecemeal basis, i.e. single projects rather than a body of work, compounded by the challenges of engaging CHASE OT/contracted staff outside the humanitarian cadre. Where project results were taken up and applied by DFID advisers, these tended to be project specific, as in the Multi-Year Financing and Resilience evaluation and R2HC and were driven largely by project teams, with minimal coordination from the HIEP Secretariat. This meant that the first causal link in the ToC was not fully activated, and the two critical assumptions that DFID would create as incentives for DFID staff to promote HIEP outputs and create a broader context for debate and uptake were not sustained through implementation.

The causal link from behaviour changes to system-level outcomes (link 4) proposed that if DFID changed its policies and was able to provide financial incentives for other actors to change operations, this would attract new actors to enter newly emerging markets for humanitarian evidence and innovation. However, the scaling back of DFID's role as the institutional driver of change in HIEP meant that HIEP projects acting separately rather than together made only limited and piecemeal progress in shifting the political economy incentives around incumbent humanitarian actors and established practices, and so fell short of fully catalysing the HIEP's outcomes. At the outcome level, there was potential for more change to emerge – the HIEP evaluation noted the willingness and interest among humanitarian advisers to engage with HIEP evidence as new business cases and funding instruments were developed over the five-year period.

However, it must be noted that the time scale required to influence widespread change through research and innovation in the complex humanitarian system realistically lies well beyond five years. Even if DFID had been more proactive in using its global institutional influence, outcome-level changes might only just be emerging at the five-year point. The HIEP evaluation team made several recommendations to help re-focus the DFID team on their core role in making change happen through HIEP, most of which were accepted by DFID in their management response, with caveats on the need to be realistic and to prioritise the work of the HIEP virtual team on a focused and achievable set of aims and outcomes. This suggests that the HIEP ToC could have been overly ambitious for the timeframe and resources, and could have benefited from more regular review and adjustment by the management team. This suggests that there is still time for DFID to ramp up research uptake and influencing efforts, building on the success of HIEP to date.

4 How should the ToC be adapted for future use?

The HIEP ToC has been largely confirmed by the evaluation, and so offers an evidence-based model to guide future humanitarian research and innovation efforts. However, we would recommend that the HIEP ToC be adapted in the following ways to optimise its utility:

1. ToC process

- Documenting an agreed management process for reviewing the ToC (context update, updating of change pathway, causal links and assumptions) as part of the annual review, informed by the evaluation evidence, as well as a schedule for the management committee to review and adjust the ToC to ensure institutional ownership.

2. ToC products

- If 'DFID' is positioned as the main institutional change agent, its divisions and roles should be differentiated and made explicit, e.g. HIEP Secretariat/HRIT and commissioning team at DFID HQ;

DFID country offices; DFID CHASE, humanitarian advisers and operational staff (and their incentives).

- More focus on and analysis of political economy drivers in the humanitarian system, positive and negative incentives and ‘windows of opportunity’ to influence change.
- More explicit focus on and analysis of the incentives for advocates (both individual and institutional) to champion systems and/or policy and/or operational change.
- More explicit focus on how humanitarian research and innovation would be ‘translated’ into operational applications, e.g. by adding an explicit evidence broker and/or knowledge translation stage as a causal link.
- A timeline of 5–8 years should be added to reflect more realistic timeframes for systems and/or large-scale change to emerge, allowing for an uptake, advocacy and scale-up phase once HIEP-funded research and innovation outputs have been completed.

Figure A7.1: HIEP's theory of change

