

Terms of Reference

Conducting research in humanitarian crises: a review of methodologies

BACKGROUND

Elrha's Research for Health in Humanitarian Crises (R2HC) programme was established in 2013 with the aim of increasing the humanitarian public health evidence base for public health interventions in humanitarian crises. In addition to funding research and working with key stakeholders to ensure research findings are used to inform policy and practice, the R2HC seeks to capture broader lessons learned from conducting research in humanitarian crisis contexts. This includes documenting experience on a range of cross-cutting issues including ethics, operational challenges, partnerships, and in other fields, with a view to sharing experience and good practice across the humanitarian health research community.

RATIONALE

Overall, more than 134 million people¹ across the world need humanitarian assistance and protection, with conflict being the main driver of humanitarian need. Confronted by increasing numbers of humanitarian crises and the largest number of people affected globally by such crises, there has been an increasing demand for humanitarian response interventions to be evidence based. The need for quality research to inform humanitarian activities is greater than ever. Recent reviews^{2, 3} suggest that there is limited quality and quantity of evidence to support such interventions. Humanitarian health interventions, in some cases, are based on 'sector-wide consensus on best practice in humanitarian response'⁴ rather than rigorous, high-quality research. Whilst evidence from stable, non-emergency settings may be used to inform humanitarian response, adaptability from non-humanitarian to humanitarian settings can overlook contextual factors that influence the vulnerabilities of crisis-affected populations, requiring either different or modified interventions.

The many challenges associated with undertaking research during humanitarian crises are well understood. These include contextual challenges characterised by the specific location and type of crisis and the existence, or otherwise, of functioning health systems. There are also practical challenges associated with conducting research in such settings including the availability of reliable pre-existing data, human resource shortages, obtaining ethics approval, access and security, logistics, and data collection, reliability and management, amongst others.

In fact, the very nature of humanitarian crises means that there are barriers to conducting scientifically rigorous research⁵. The vulnerability of populations affected by crises usually requires prompt intervention; opportunities for exploring the comparative benefits and limitations of alternative approaches are generally not available. However, if a sound evidence base for humanitarian public health is to be established, the same standards of methodological and statistical rigour used in other research fields needs to be adopted.

¹ [UNOCHA 2018](#)

² Blanchet, K., Ramesh, A., Frison, S., Warren, E., Hossain, M., Smith, J. ... Roberts, B. (2017) [Evidence on public health interventions in humanitarian crises](#). The Lancet.

³ Blanchet, K and Roberts, B (2015). [Evidence review of research on health interventions in humanitarian crises](#). Elrha

⁴ Sphere Project (2011), Humanitarian charter and minimum standards in humanitarian response. Rugby, Practical Action Publishing

⁵ Ager A., Burnham G., Checchi F., Gayer M., Henkins M., Massaquoi M.B.F., Nandy R., Navarro-Colorado C., Spiegel P. (2014) [Strengthening the evidence base for health programming in humanitarian crises](#) Science

It is recognised that some research designs are more powerful than others in their ability to answer research questions that address the effectiveness of interventions, with the ‘gold standard’ randomised controlled trial (RCT) considered to provide the most reliable evidence on the effectiveness of interventions because the processes used minimise the risk of confounding factors influencing the results. Because of this, research findings generated by RCTs are likely to be closer to the true effect than the findings generated by other research methods.

In a 2014 article authored by the then R2HC Funding Committee members⁶, it was proposed that there was a need for studies that address proof-of-concept research, acceptability and feasibility evaluations, in addition to comparative effectiveness. The article noted that identifying ethical and rigorous means of counterfactual analysis is crucial, and that randomisation to a control condition might not be possible or appropriate. If this is the case, other means of attributing the effect of an intervention need to be adopted.

In humanitarian crisis contexts traditional impact study designs, such as RCTs, are not always feasible or even necessary to answer all research questions. In locations such as refugee camps, or in acute and chronic conflict settings, large sample sizes may be logistically difficult and cost-prohibitive, sampling frames are unlikely to be available, control groups may be challenging to establish and follow-up, and response rates may be low. Mixed methods approaches may be more appropriate in some humanitarian settings. Qualitative methodologies also have their place in humanitarian research, although there is little literature about the best methods to use. To ensure rigour, research methodologies need to be the strongest possible to address the identified research questions, taking into consideration also the specific context.

In the aforementioned article⁷, the authors suggested that meeting high quality research standards might require methodological adaptation and evolution to accommodate the specific practical and ethical constraints of humanitarian settings, and to reflect the current status of knowledge in their field of focus. Research, particularly that involving experimental interventions or randomization, or- more generally comparing different standards of care within the same population, is limited however.

Applicants to the R2HC programme have been encouraged to use robust innovative methodologies that advance research in humanitarian settings, as well as the creation of new research tools. While still limited, research on the effectiveness of health interventions in humanitarian crises is growing⁸. Since the R2HC was established in 2013, for example, 52 research studies have been funded through the programme. Twenty-five of these have now been completed and 69 peer reviewed publications have been generated through the programme. These studies have contributed to the growing body of evidence supported by other funders.⁹

Despite the growing body of evidence, there remains a dearth of information documenting approaches taken by health researchers to adapt or modify research methodologies for use in humanitarian contexts. Elrha is commissioning this study to document what has been learnt over the past 5 years about research methodologies used in the context of conducting public health research in humanitarian crisis.

⁶ Ager A., Burnham G., Checchi F., Gayer M., Henkins M., Massaquoi M.B.F., Nandy R., Navarro-Colorado C., Spiegel P. (2014) [Strengthening the evidence base for health programming in humanitarian crises](#) Science

⁷ Ibid

⁸ Blanchet, K and Roberts, B (2015). [An evidence review of research on health interventions in humanitarian crises](#). Elrha

⁹ [John's Hopkins Centre for Humanitarian Health](#) has initiated a repository for such publications

OBJECTIVE

This review will document the latest evidence on conducting rigorous public health research in the context of humanitarian crises by examining research methodologies used in studies conducted since 2013. The extent to which adaptive or innovative approaches have been adopted, or new tools introduced, will be documented, and analysis conducted on the strengths and weaknesses of the different methods used.

The findings will be used to inform the humanitarian health research community of the latest evidence on conducting *rigorous scientific research* in humanitarian contexts, the methodologies being used and their respective strengths and weaknesses.

METHODOLOGY

A literature review of relevant literature published since 2013 will be conducted. The review will explore the extent to which rigorous research methodologies have been applied or adapted for use in conducting public health research in humanitarian crises. An analysis of the methodologies will be conducted, describing how the methods used comply with accepted standards of rigour, and describing respective strengths and weaknesses.

A review of the methodologies used in R2HC-funded studies will be conducted by examining the methods described in research proposals, final reports or peer reviewed publications. Challenges and lessons learned from the experience of using these methods will be identified and documented, including instances where methods used might not have been as effective as expected and the reasons for this.

Qualitative key informant interviews will be conducted with selected principal investigators¹⁰ to capture the range of methods being used, particularly focusing on those Principal Investigators who have introduced adaptations, new or innovative methods.

Findings from both elements of the study will be included in the deliverables.

DELIVERABLES

The following outputs will be the key deliverables:

- A report documenting the findings from the literature review and the R2HC portfolio review. (The report will be presented in a format designed to be accessible to applicants to the R2HC programme, highlighting examples of adaptive or innovative research methodologies, and their respective strengths and weaknesses.)
- An article will be drafted and submitted to a relevant peer-reviewed journal.
- A presentation on the findings will be made at the R2HC Research Forum in Sept 2019.

¹⁰ The number will be discussed and agreed in consultation with R2HC Programme Manager once the study begins and the consultant has an initial overview of the R2HC research portfolio.



TIMEFRAME

It is anticipated that the assignment will take 60 working days between 1 December 2018 and 31 May 2019.

The proposed time line is presented in the table below:

Activity	Date
Research start date	14 January 2018
Draft report submitted to Elrha	15 March 2019
Elrha feedback provided	22 March 2019
Report finalised	8 April 2019
Presentation at Research Forum	10-11 Sept 2019 (1 day)
Journal article drafted & submitted	Sept – Dec 2019

(It is foreseen that the consultant might be invited to present the findings at other relevant conferences and meetings, but this will depend on the availability of the consultant. Any associated costs would be covered by Elrha.)

WORKBASE

The study will be conducted at the consultant's worksite. Communication with the the R2HC Programme Manager is expected to take place in person, by telephone or Skype.

REPORTING LINE

The research consultant will be accountable to the R2HC Programme Manager.

PERSON SPECIFICATION

- Post-graduate qualification (PhD strongly preferred) in a field related to public health
- Demonstrated experience of conducting public health-related research, preferably in humanitarian crisis settings or amongst especially vulnerable populations
- Must have wide multi-disciplinary expertise in appropriate methodologies for conducting public health research in humanitarian contexts
- Evidence of published research in the field of public health, ideally in humanitarian contexts
- Established connections within the humanitarian, health research and practitioner communities
- Experience of conducting reviews and preparing guidance notes

Please submit your CV and a short proposal describing how you meet the foreseen requirements to undertake this work, along with your proposed fee, to r2hc@elrha.org for the attention of Anne Harmer by **20 December 2018**.