HUMANITARIAN ASSOCIATES

Pathways to Scale in Rapid Responses

Report for: Elrha

By: Humanitarian Associates

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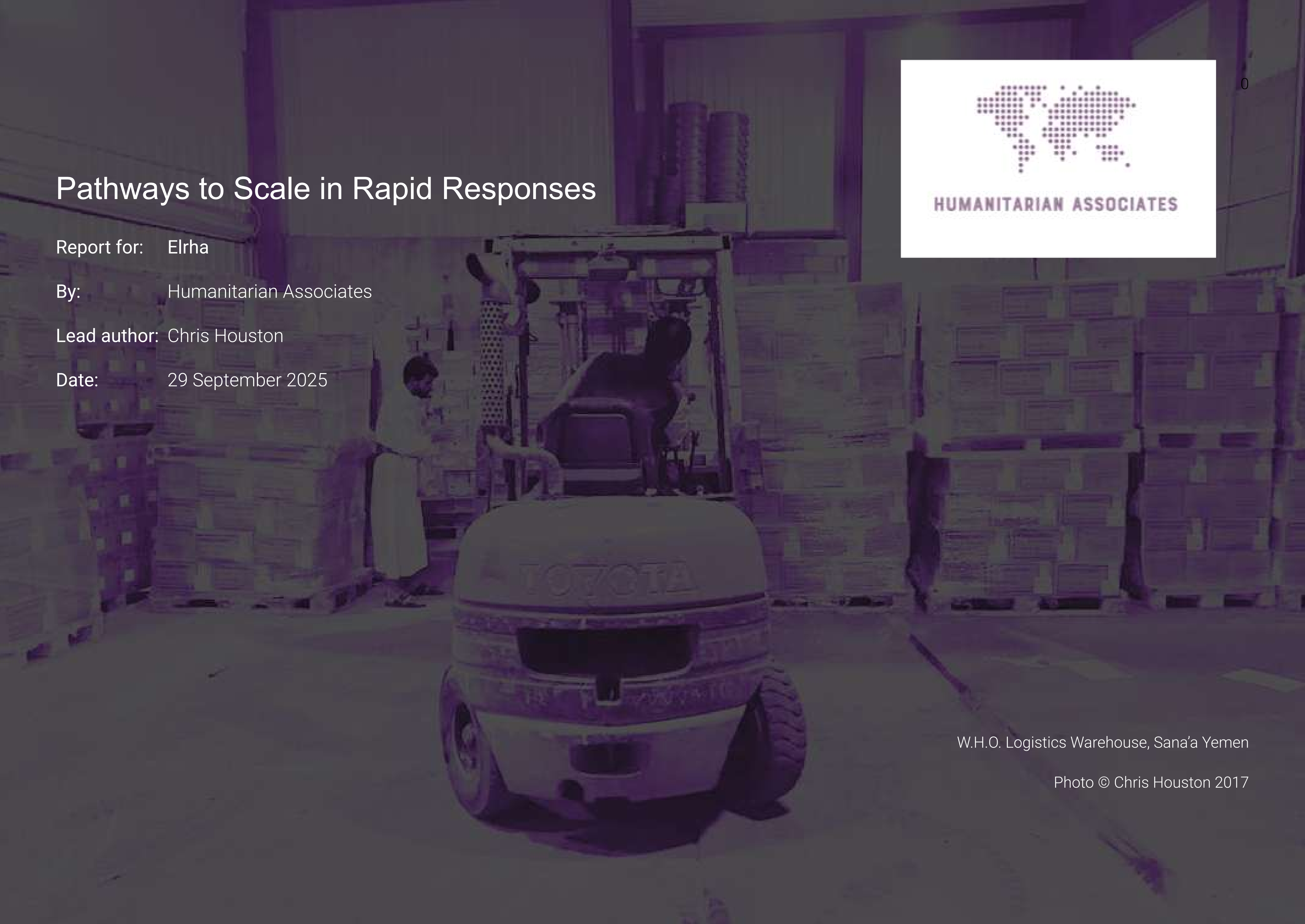
Date: 29 September 2025



W.H.O. Logistics Warehouse, Sana'a Yemen

Contents

Executive Summary

The purpose of this report is to assess how partnerships can pre-position mature, well-evidenced innovations for rapid humanitarian responses, and what Elrha and other funders can do to support uptake.

This report includes findings from a literature review, interviews, desk-based case studies, and a real-time case study of Elrha funding Oxfam to use a menstrual hygiene innovation in Gaza. The period underwear, washing bag and drying bag were manufactured by Reemi, a registered charity, based in New Zealand.

Reemi's period underwear

The lack of menstrual hygiene options in Gaza has been described as an emergency. It is a priority for health, sanitation, protection, and human dignity.

Our research found that the steps needed to enable widespread adoption in rapid responses are not fundamentally different from those in other contexts. There are differences in pressure. When an innovation fits an unmet humanitarian need, the attention and funding around rapid-onset emergencies create an opportunity. At the same time, the common barriers to innovation adoption are exacerbated. Humanitarians are at capacity and busy. Humanitarian work is costlier and, in the context of conflict zones, more dangerous.

For innovators, especially those outside the humanitarian system, forming partnerships with agencies usually needs the help of innovation supporters and flexible funding.

Larger humanitarian agencies, especially the United Nations, have low risk tolerance to use humanitarian innovations. They do not pre-position unproven solutions. They favour large procurements of proven technologies that are available from multiple suppliers on the open market.

To get to the point of large scale adoption, innovators need to complete the long and taxing series of steps that include piloting, refining and increasingly sized case studies in multiple contexts. These pilots need to be documented and the evidence of impact needs to be publicised

Private-sector innovations can take a generation to become widely adopted. In the more complex humanitarian world, ideas will also commonly take a decade or more to scale. Faster paths are mostly limited to free-to-use, open-source digital tools.

Diffusion of Innovations theory (Rogers, 1962) still applies. People adopt what trusted peers use and vouch for. Information about new innovations is transmitted via personal and professional networks. Decisions are made, not so much based on facts, but on *perception* of facts.

In a sector where promises to localise have not been met, the chance an innovation is tested often depends on breaking into networks centred in Europe, and the United States. Passport and visa privilege, plus location, language, and cost, shape who gets into the room. Yet, humanitarian conferences are hosted in cities such as London, Geneva and New York City. These locations are expensive to travel to and due to travel restrictions difficult to travel to for many people, especially those from places experiencing humanitarian crises.

People tend to be persuaded to try innovations by people in their close network. Because the humanitarian system is dominated by agencies in high income countries, innovators in lower income countries have less ability to persuade humanitarian organisations to try innovations. To understand who can and who cannot navigate these unfair systems is to understand the well documented systems of global inequity. Innovation supporters need to understand this and work to reverse it.

In Gaza, Oxfam's use of Reemi's product appears successful at the time of writing. Elrha's five-years of support helped Reemi be ready, and Elrha's rapid-response-adoption funding made the program possible. The call also connected Reemi to another humanitarian organisation that did not receive Elrha funding but did choose to try the product at their own cost. When a solution fits an urgent need, doors open.

The pathways to scale are clear. Work on a problem that matters. Allow time to learn, refine, and build networks. Secure flexible finance. Test in different contexts. Produce persuasive evidence. Build relationships where decisions are made. Confront access barriers, especially passport and visa barriers.

The barriers to scale are also clear. Increasing global humanitarian needs and decreasing funding are stretching a system that was already stretched to the point of failing to be able to respond to all the basic needs.

In the overworked, underfunded system, humanitarians are skeptical of outsiders, and have low tolerance for being presented with inappropriate solutions.

Pre-positioning of innovations is rare: agencies pre-position proven products, not pilots. Making a proven innovation mainstream demands partnerships with humanitarian agencies, built on awareness, trusted evidence, and steady relationship-building. Mainstreaming innovations can be accelerated if funders increase flexibility and the quantum of funding. Passport and visa constraints remain barriers to success.

The lesson from Gaza is clear: when a product meets a real need and flexible finance is in place, doors open. Scale comes from needs-driven partnerships, clear evidence, and timely, flexible funding—plus opening the rooms that passports still close and backing local leadership.

During this research, interviewees frequently offered opinions on the ethics of using well-evidenced innovations in rapid response to humanitarian crises. Interviewees supported the use of innovations in such contexts, providing there is good evidence of efficacy, low risk of harm, and a great need for the innovation.

Production and Acknowledgements

This report was written by Chris Houston, Sherwood Hines, Laura Callaghan, Becca Smith, and Gautham Krishnaraj, and produced for Elrha by [Humanitarian Associates](#).

Literature searches in non-English were undertaken by: Amr Al-Faham P.Eng (Arabic), Halil Çepoğlu (Turkish), and Becca Smith (French).

Part 1. Introduction

This report documents the findings of research on pathways to enable mature, well-evidenced innovations to be pre-positioned to deploy in rapid humanitarian responses within very tight timelines.

This research occurred while Elrha was contemplating the ethics of supporting innovations in rapid onset emergencies.

1.1 Research Questions

This report answers the following research questions:

1. How may partnerships between innovators and humanitarian agencies ensure that mature, well-evidenced innovation can be pre-positioned and or otherwise effectively and ethically deployed in rapid humanitarian responses within very tight timelines?
2. [a] What are the key challenges for humanitarian agencies in partnering with innovation teams to pre-position and effectively deploy innovations in rapid responses?
   [b] How may these challenges be addressed to create a clearer, more effective and sustainable pathway for innovations to response programming?
3. How may Elrha and other humanitarian innovation funders support, incentivise and enable these types of partnerships?

1.2 Methodology

This report is informed by evidence gathered through a qualitative enquiry drawing upon primary and secondary research including reviews of academic and grey literature, interviews, and case studies. Information was also gathered directly from Oxfam, Reemi, Elrha, and Groupe URD.

The first stage of the research was a **desk based literature** review, including the literature on seven historical case studies of attempts to scale humanitarian innovations.

Literature on scaling humanitarian innovations was selected using the following criteria:

- **Relevance**: Prioritise documents directly addressing the challenges and strategies of scaling innovations in humanitarian settings.
- **Credibility**: Choose literature published by recognized and respected humanitarian innovation platforms and non-profit organisations.
- **Temporal Relevance**: Focus on recent publications from 2016 onwards to ensure applicability to current contexts.
- **Practicality**: Prioritise literature that includes case studies, practical applications, and proven outcomes.

The review included 72 publications which included formal research papers, reports, articles from journals, news articles, blogs and books. An initial set of publications was identified through online searches. Google, Google Scholar and ChatGPT were used to identify relevant documents. Many of the publications were identified via a snowball methodology, whereby additional documents were identified based on footnotes and references in literature being read, or from recommendations from interviewees.

One real time case study informed this research, and learnings from other sources were also used. Information on the real time case study was collected through interviews with staff from Oxfam (UK and Palestine), Reemi (New Zealand) and Elrha (UK) and documentation and conversations with the lead evaluation partner, Groupe URD.

Seven historical case studies were also studied. The seven were a mixture of innovations that had been widely adopted, and those that had not been widely adopted. See *Appendix 1: Case Studies* for more details on each case study.

The initial findings of the desk based literature review were shared with Elrha, Oxfam, Reemi and Groupe URD for quality assurance and validation purposes. After feedback was received, the second stage of the research included **interviews with internal (45%) and external stakeholders (55%).** Internal stakeholders were defined as those affiliated with Elrha's funding of Oxfam. External stakeholders were identified as those unaffiliated with Oxfam's project.

Interviewees were selected by the research team, in collaboration with Elrha. 45% of interviewees were those who provide support (financial or otherwise) to innovators, 18% were innovators, and 36% were professional humanitarians. While Elrha is aware of the names of interviewees, to protect sources, most statements are not attributed to any individual interviewee and interviewees are not named in the public version of this report. When the source is Oxfam, Reemi or Elrha or when the interviewee was in Gaza and this information is relevant to the point being made, this is noted in the report.

Twenty-two people were interviewed in semi-structured interviews. Most were interviewed individually and only once, and some were interviewed in pairs and some people were interviewed more than once. Most interviews were done by video, two were done in person. Our quality assurance process included every interviewee being provided with a draft copy of findings and invited to critique them.

Interviewees were 65% women. Interviewees were located in Oceania (2), North America (6), Europe (10), the Middle East (3), and South Asia (1).

Approach to Analysis

Findings were generated from the data collected using a content and thematic analysis.

1.3 Challenges and Limitations

Limitations specific to the literature review:

Relevance:

There is a scarcity of literature on the specific topic of prepositioning proven humanitarian innovations for rapid onset emergencies. In particular, the literature on humanitarian innovations does not differentiate between rapid and slower onset emergencies. 75% of the literature on humanitarian innovation fails to define key terms, and the remaining 25% defines key terms inconsistently (Bruder & Baar, 2024). Particularly challenging is the very loose definition of humanitarian action, with many innovations appearing at different points on the humanitarian-development spectrum. "Rapid response" is an uncommon phrase. Literature defines humanitarian action by its urgent nature, implying that all humanitarian responses are rapid. In practice, humanitarians commonly respond to protracted crises, further complicating any attempts to separate rapid responses from other types of humanitarian actions.

1. **Nicheness of topic:** No literature was found that focuses on "challenges" or "opportunities" in "scaling humanitarian innovation" in "rapid responses." Instead, we reviewed the literature on scaling humanitarian innovation and identified lessons relevant to rapid responses.
2. **Few examples:** Arguably, everything was once an innovation and every act happens at some scale, small or large. For this work, we favoured case studies where bolder innovations had a significant uptake in terms of geographic reach and/or user numbers. There are few humanitarian innovations that clearly meet this criteria.
3. **Self-publishing:** Publishers of grey literature on scaling humanitarian innovations tend to focus on their own funded work. We favoured peer-reviewed sources, and publications from independent evaluations, but included a consideration of literature about the publishing organization's own work or funded work.
4. **Geographic Clustering:** Literature was overwhelmingly from North America and Europe. A search for documents in French, Arabic and Turkish identified one non-English source.
5. **"Rapid onset" and "rapid response" definitions:** Interviews identified that the term "rapid onset" is not consistently used in the humanitarian innovation sector. Some considered the term to apply to conflict-related emergencies, despite the rapid onset of many non-conflict driven emergencies. Some perceived rapid onset to be different from protracted crises, despite emergencies often starting rapidly and then becoming protracted.

   The need to define the plain-English terms was not apparent at the start of this work, making the review and analysis more challenging.

Limitations specific to the interviews:

With the implementation being undertaken in an active conflict zone, no field visits were possible. The Oxfam team had a high workload, increased by the ongoing Groupe URD's evaluation, limiting staff availability. The authors of this report received one opportunity to engage with Oxfam's local team in Gaza by video link. Workloads prevented interviews with Oxfam's team in Lebanon and limited interactions with their UK team.

Interviewee availability also limited this work. Oxfam's Gaza team advised that the lead author's identity was not a barrier to discussing menstrual hygiene; alternative Associates of different gender and religious identities were offered.

Practical limitations

Significant aspects of the analysis are informed by one real case study of Oxfam.

1.4 The need for humanitarian innovation and Elrha

At ALNAP[1]'s 25th annual meeting in November 2009 featured an innovation fair featuring "23 real-world examples of innovations that have helped to change the way in which humanitarian action is delivered." (Scott-Smith, 2016)

ALNAP's July 2009 8th Review of Humanitarian Action lamented the lack of "pioneering, creative spirit" in the humanitarian system and recommended the creation of " a cross-sector mechanism or intermediary to facilitate innovation processes." (Ramalingam et al, 2009)

Elrha, which had been founded in January 2009 launched the first humanitarian-invitation platform in March 2011. (Elrha) Within a few years, more humanitarian innovation support efforts started, both in the United Nations and in humanitarian organizations. (Elrha 2022)

In 2016, Istanbul hosted the first ever World Humanitarian Summit. A main theme at the event was "Transformation through Innovation" (Elrha 2022).

[1] Active Learning Network for Accountability and Performance in Humanitarian Action

Amidst increasing humanitarian needs and reducing resources to respond, a desire to invest in innovation was agreed between donors and aid agencies at the meeting. Signatories to the May 2016 *The Grand Bargain –A Shared Commitment to Better Serve People in Need* included the United Kingdom. The agreement included a commitment to "increase efficiencies of delivery aid with a focus on technology and innovation." (UN OCHA, 2017).

The GSMA, supported by the UK's Foreign, Commonwealth & Development Office launched the Disaster Response Innovation Fund. The fund was renamed to the Mobile for Humanitarian Innovation in 2018. (GSMA 2018) Grand Challenges Canada launched their humanitarian innovation program, Creating Hope in Conflict, in 2018. (Triple Line, 2023)

In 2024, Elrha reported that the humanitarian system had not fully embraced innovation, and that investment investment in humanitarian innovation was increasing, but remained low. 0.2% of spending in the humanitarian system (Elrha, 2024)

The same year UN University PhD Fellow Maximilian Bruder and Tomas Baar published their systemic literature review of 301academic and practitioner publications on humanitarian innovation.

Bruder and Baar described the humanitarian innovation system as "***ad hoc, fragmented, and serving miscellaneous separate objectives"*** (Bruder & Baar, 2024)

The researchers lamented the over-focus on technology at the expense of innovations that can create paradigm shifts. Their paper noted a shortage of funding to scale up innovations beyond the pilot stage. The paper noted that the focus of publications on humanitarian innovation included technology, inclusion of local people, partnerships. (Bruder & Baar, 2024)

The paper states that "***The humanitarian innovation sector is widely believed to have the potential to transform humanitarian practices; however, the surveyed literature suggests that the sector is not living up to this potential."*** (Bruder & Baar, 2024)

Yet enthusiasm for humanitarian innovation remains. UNICEF states that "***Innovation in humanitarian action is vital for mitigating vulnerabilities and building resilience, especially amidst diminishing resources and escalating crises***." (UNICEF)

In January 2025, the IFRC's Shaun Hazeldine said that **"*innovation must become a core way of working in humanitarian action, not an occasional effort or isolated project. Building systems to support grassroots ideas, fostering cultures that embrace risk-taking, and investing in localised leadership are essential steps*."** (Hazeldine, 2025**).**

In July 2025, UN Under-Secretary-General for Humanitarian Affairs Tom Fletcher spoke of the need for more humanitarian innovation **"*I don't think that we've suffered in the past from an absence of ideas***

***in the sector*,**" he says**. "*But we've often suffered from a failure to implement and execute on those ideas*.** (Loy, 2025).

Elrha

Elrha is a charitable organization that was founded in 2009 to support humanitarian action through research and innovation. (Elrha, 2023). Elrha funds "transformative research studies and innovative solutions addressing global humanitarian challenges." Elrha partners "with organisations in all areas of the sector, working in our focus areas, to find solutions tailored to communities affected by crisis."

The organization's 2023-2040 strategy "Shaping the Future," describes the organization's purpose: "We work in partnership with a global community of humanitarian actors, researchers and innovators to improve the quality of humanitarian action and deliver better outcomes for people affected by crises."

1.5 Menstrual hygiene management in Gaza

The 2015 paper *Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue* argues for the greater prioritization of menstrual hygiene.

The 2025 paper *Adolescent menstrual health must go beyond pads* draws links between the absence of menstrual hygiene products and the sexual and gender based violence, sexually transmitted infections, and links the presence of such products with gender equity, sexual and gender based violence and sexually transmitted infections.

The April 2024 Flash Appeal for the Occupied Palestinian Territory identified menstrual hygiene management as a priority activity with regards to gender based violence and WASH (water, sanitation and hygiene). (UN OCHA, 2024).

In April 2024, UN Women reported that "***Women and girls in Gaza are resorting to the use of desperate coping mechanisms including using improvised sanitary cloth or sponges as sanitary pads to compensate for the lack of menstrual items***." The organization detailed the negative impacts on women and girls' health and dignity. (UN Women, 2024).

In May 2025, the Palestine Health, WASH, and GBV Clusters, with UNFPA's Sexual and Reproductive Health Working group, jointly reported that: "***Amid ongoing displacement and aid restrictions, managing menstruation is no longer a matter of discomfort but a daily struggle with serious health, protection, and psychological consequences. Menstruation has become a silent emergency***" in Gaza. (UNFPA, 2025).

The lack of hygienic products forced women and girls to use makeshift products which UNFPA described as "***not only painful and undignified, but they can also cause infections and long-term reproductive health issues. With the health system on the brink of collapse, thousands of women may go untreated***."

In June 2025, UNFPA described the lack of menstrual hygiene products a matter of health and also a matter of dignity. As per UNHCR "***The principal motivation behind humanitarian action is to save lives and alleviate suffering while upholding and restoring personal dignity***" (UNHCR, 2025; MSF, 1999)

Oxfam staff are passionate advocates for innovations that improve the dignity of people. They also consider Reemi's product to be life saving.

Oxfam staff stated that while women and girls in Gaza needed 10 million disposable pads per month, only 7 million were imported over a 9 month period.

Gaza lacks a suitable mechanism to properly dispose of disposable pads

1.6 Reemi, Elrha, and Oxfam

Reemi is a New Zealand-based registered charitable organization "that exists to see the end of global period poverty." (Reemi) The organization is a supplier of anti-microbial, reusable period underwear, that is typically distributed in humanitarian emergencies with soap, washing powder, shampoo, and disposable pad, along with a washing and drying bag to maximise privacy (see photographs, below and right). (Elrha)

See also: Video featuring Reemi's product

In 2020, Reemi was funded by Elrha to test their period underwear in Bangladesh and Vanuatu. (Elrha, 2022).

In 2023/2024, Elrha ran two distinct but complementary funding calls aimed at supporting the uptake of proven humanitarian innovations, both of which, independently, resulted in funding for a partnership between Oxfam and Reemi.

First, Elrha launched a *High Severity* funding call, designed to support innovation deployment in some of the most challenging humanitarian settings. This was an open but targeted process, where Elrha encouraged the update of previously funded innovations to humanitarian actors working in high-severity contexts. Reemi were successful in obtaining a £150,000 grant to test their products in "high severity contexts." The work occurred in the Central African Republic, Mali, and Somaliland. (Elrha, 2024).

Elrha also launched a *Rapid Response* funding call, which was a closed call inviting five trusted humanitarian-innovation duos to apply for funding to respond quickly to emerging needs. A £500,000 proposal from Oxfam to use Reemi's product in Gaza was approved by Elrha.

Elrha's strategy of funding humanitarian organisations to use an innovation was a departure from Elrha's tradition of funding innovators.

Later, the geographical scope of Oxfam's was expanded to Lebanon, the value of the grant was increased to £779,680, and the duration of the funding was extended. (Elrha, 2025).

Both funding calls ultimately supported the Reemi/Oxfam partnership, although they were independent initiatives with distinct objectives, contexts, and selection processes.

Elrha have stated that "the convergence reflects both the strength of the Reemi innovation and the strategic importance of uptake-oriented funding mechanisms within Elrha's broader scaling strategy; an area influenced by Elrha's strategic plan and early direction from FCDO and internal leadership."

1.7 Ethical problems with the quest for scale

Donors and other innovation supporters commonly wish for new ideas to "scale." The quest for rapid widespread adoption can disincentivise the care needed to adapt an innovation to the context.

Designer Daniel Fridgren's essay *Sorry, love the idea, but it doesn't scale* emphasized how the quest for scale can decrease the quality of the user experience, remove local cultural adaptations and produce less robust innovations. Quoting Fridgren, Creativity Expert Paula Gil Baizan called for investments in ideas that advanced human dignity and wellbeing and stated that "***The term 'scale' perpetuates a global culture of oppression. We need to stop using it.***"(Baizan, 2025).

Gil Baizan's July, 2025 article *How do you know when an innovation is ready to scale?* argued innovations must be co-defined with crisis-affected people and aligned with local values.

While donors can push innovators to scale up in a few years, history shows that it takes longer. The case studies in this document that focus on innovations that significantly scaled took on average over 10 years to become widely adopted. Even in the private sector, where it is easier to scale up ideas (GCC 2021), scaling innovations in the private sector can take a generation. In his 2013 essay, *Do Things that Don't Scale*, Paul Graham reminded us that the initial work of AirBnB and Microsoft did not seem scalable. Uber launched in 2010, (Terdiman, 2010) went public in 2019 and didn't turn a profit until 2024. (Chapman, 2024).

Part 2. Challenges

This section details the key challenges for humanitarian agencies in partnering with innovation teams to pre-position and effectively deploy innovations in rapid responses

There are a wide range of challenges faced by innovators wishing for humanitarian agencies to use their innovations in rapid responses. Some of those are unique to rapid response, some are true for all response types. The following list includes both, with emphasis on challenges specific to rapid response.

2.1 General challenges for innovators

The following list are challenges not specific to Elrha's funding of Oxfam's use of Reemi's product in Gaza.

2.1.1 Operational and Resource Constraints

Workloads & cost

In rapid onset emergencies, humanitarian workers are commonly working at or beyond their capacity, and have low or zero capacity to take on extra tasks, including the extra tasks required when incorporating a new innovation. Such tasks will include community consultations, gathering baseline data, training for humanitarian staff, capturing data during implementation, and assessing the impact of the innovations.

Rapid onset emergencies are complicated and humanitarian agencies are faced with higher costs associated with moving people and goods. The complexity and cost of rapid responses can incentivise humanitarian agencies towards testing innovations in more predictable, less costly contexts.

Oxfam considered their planned use of Reemi's product in Gaza to be ambitious due to the high number of beneficiaries, the high state of emergency, and the complexity of working in a conflict zone. While the initial decision to award £500,000[2] was higher than typical innovation awards from Elrha, those awards are typically in less complex contexts and involve hundreds, not thousands, of end users.

Oxfam described £500,000 to be a larger budget than many innovation grants, yet still insufficient due to ambitious volume of products (initially planned as 5,000 units later increased to 7,000), and the complexity of using a new menstrual hygiene product. While sending Reemi's product to Gaza, Oxfam incurred importation taxes, and high freight costs.

[2] This was later increased

Oxfam staff stated: "**Whenever you test innovations in an emergency, be generous with the budget, especially if you want to do a good job with regards to learning partners, and implementing partners**".

Elrha staff agreed with Oxfam's perspective and stated that £500,000 is unlikely to ever be enough to help an innovation reach a significant scale.

Both innovators and innovation supporters will face challenges in persuading humanitarians to consider partnerships.

Manufacturing & supply constraints

Local manufacturing capacity and expertise can be rarer in some places more commonly affected by rapid-onset humanitarian crises. In rapidly changing crises, there can be a shortage of available raw materials.

Contexts with rapid onset emergencies often lack manufacturing quality assurance mechanisms that humanitarian agencies expect.[3]

Reemi's supply chain issues were exacerbated by contracting timelines. As is typical for innovators, especially non-profit innovators, Reemi keeps no stock on hand. Reemi's suppliers take three months to manufacture.

[3] The case study (see Appendix A1.2) on ready to eat therapeutic food gives details of these challenges.

Innovators without stockpiles will be hampered in their ability to rapidly respond to emergencies.

Donor politics & compliance burdens

Government donors' desire to fund responses to emergencies is linked to political considerations, rather than being solely linked to humanitarian principles. The advantage of high donor enthusiasm for the current largest emergency diminishes when a more recent emergency occurs, or when political priorities change.

Donors' actions can create perverse incentives. For example, when coordination mechanisms measure imported goods, but do not measure repaired goods, then it incentivises replacing items over repairing items. When grant agreements lack budgets for repairing items, humanitarians can be incentivised towards importing things, rather than the more sustainable repair. For innovators working on local manufacturing or repair, donor norms can disincentivise the uptake of sustainable solutions.

Sometimes existing standards exclude new ways of doing things. For example, when standard WASH kits do not consider the full range of menstrual hygiene solutions.

Both humanitarians and innovation funders were critical of the humanitarian system for rigid adherence to bureaucratic rules on spending, monitoring and evaluations. Interviewees felt that these rules were designed to minimise corruption, counter-terrorism compliance and aid-diversion risks rather than to maximise impact. This approach was described as lacking humanity and attributed to burdensome rules from government donors.

Humanitarian innovation is often funded by a small number of Western donors and innovation support platforms. Innovation supporters can limit their flexibility by over-relying on these donors.

Elrha's 2024 report *Failure to Scale* documents how procurement policies thwart innovators. One innovation supporter interviewee called for a review of procurement policies in larger humanitarian organisations, noting that three quotes should not be needed for unique products, and for flexibility in accessing innovative solutions.

In order to preposition stock, and to demonstrate they are getting maximum value from public funds, many humanitarian organisations need to obtain multiple quotes. This presents an impossible challenge for the manufacturer of a unique innovation. This challenge is more common with the large UN agencies.

Intellectual property rules

Elrha generally writes contacts in a way that leaves the intellectual property rights with the innovators. Because, in the Reemi/Oxfam case study, the contract was with Oxfam, contract terms were not designed to protect Reemi's ownership of intellectual property.

Without revising contract terms, innovators will be disincentivised to work with Elrha in rapid response.

2.1.2 Institutional Culture, Risk, & Trust

i Big agency dominance and trust gaps

80% of humanitarian work is done by 20 organisations (Grand Challenges Canada, 2023.) leaving innovators with a small number of possible partners. The Urban Institutes notes that "***Private companies and humanitarian organizations…lack a shared world view***" (Malik et al, 2018)

Staff at the larger humanitarian agencies that dominate the sector frequently have low levels of trust of those outside the sector, especially private-sector entities: "***the humanitarian community remains suspicious of the private sector and its motives***" (Willitts-King & Spencer, 2021)

Trust-based relationships are needed to create partners, yet humanitarian funders commonly restrict innovators from spending activities needed to build trust based relationships: marketing materials (web, documents), travel, meals, and entertainment budgets, hosting events.

ii Risk tolerance and INGO mandate

One interviewee, with deep experience of supporting humanitarian innovators, lamented how many humanitarian organisations act primarily to implement the foreign policy of Western donor nations, and prioritize compliance with donor obligations over humanitarian principles or the impact on unmet humanitarian needs. They reported that some of the largest humanitarian organisations have **"*Not set themselves up as deliverers of humanitarian assistance, but as good grant managers, professional grant seekers and managers*."**

The same interviewees noted the 2024 shut down of the *Talk to Loop*. Loop was a platform that solicited feedback on aid delivery. 2024 reporting on Loop by The New Humanitarian noted how some humanitarian organisations refused to collaborate with Loop, reportedly due to reputational risk. Meanwhile, Loop staff received threats leading to the cessation of work. (Loy, 2024.)

iii Larger humanitarian organisations are inflexible

United Nations and Red Cross movement headquarters have low risk tolerance and are unlikely adopters of innovative solutions from outside their institutions. A UN interviewee described how they were "***unlikely to be early adopters and are more frequently laggards on the adoption curve***."

Larger humanitarian, development, and advocacy INGOs "***are struggling to keep up***," and "***like many established large bureaucracies***" have struggled "***to develop their capabilities, functions and structures to keep pace with rapid changes in the world, including technology, wider social demographic changes, and the greying of sector boundaries***." (Lawrence, 2018)

It is exceptionally difficult for innovators to persuade most of the well-known humanitarian agencies to try something new.

Ethical concerns about rapid-onset emergencies

We heard mixed views from interviewees about the ethics of using innovations in rapid onset emergencies. Some interviewees felt that if the risk of harm was low and the evidence of impact and need was high, there was a humanitarian imperative to get useful products where they are most needed.

Conversely, and notably amongst some staff in larger humanitarian organisations, others had a preference to not try innovative solutions in rapid onset emergencies. Those staff expressed an ethical preference to use innovations in well established crises where the context was stable, where conflict was absent, and where they felt it was easier to carefully refine an innovation and the risk of harm was lower.

Innovators should note this extra challenge when trying to partner with larger humanitarian organizations.

2.1.3 Awareness, Evidence, and Perceptions

Awareness & evidence

Innovators frequently do not provide the robustness of evidence needed to persuade humanitarians that their innovation can have the necessary impact. Innovators may find themselves in an impossible *Catch 22* citation where more field work is needed to obtain the evidence needed, while humanitarian organizations are unwilling to partner to help produce the evidence.

There is a lack of systemic impact data gathering. Rapid onset emergencies include volatile locations where safety hazards inhibit data collection and where existing data is less useful due to the massive context changes.

To be persuaded to try an innovation, humanitarians first need to be made aware of it.

Elrha's 2022 document *How to Scale: Tactics to Enable the Adoption of Humanitarian Innovations* notes: that "***Raising awareness of a problem and your innovation as a solution are both vital***." (Elrha, 2022. p23) The third pillar of Grand Challenges Canada's humanitarian innovation adoption strategy focuses on sharing knowledge through "***persuading public- and private-sector entities of the impact of innovations, as well as using events and publications to inform and influence the humanitarian system***." (Grand Challenges Canada, 2023. p3)

Awareness of innovations goes hand in hand with presenting compelling evidence that the innovation meets the needs of the innovator.[4] Yet, opportunities to present evidence to humanitarians are rare.

Innovators are often unsure of what evidence will persuade humanitarians, partly because the evidence demands from humanitarians are inconsistent.

Evidence and perception

Reviewed literature ubiquitously emphasised the need for evaluations of innovations and evidence of impact (e.g. Elrha, 2018.) Yet, people's *perceptions* of an innovation's attributes can be as important as its actual attributes (See *Appendix 2: Innovation Theory*). Perceptions are influenced by peers, the adoption of the innovation by perceived leaders, awareness of innovations, and how observable the features of an innovation are.

[4] The specific needs of such documentation is discussed later in this report.

2.1.4 Conferences, Networks & Power Asymmetries

Humanitarian-themed conferences are relevant venues to raise awareness of innovations to senior humanitarian workers. Many such events are hosted in cities such as London, Geneva and New York City. These locations are expensive to reach and, due to travel restrictions, difficult for many people - especially those from places experiencing humanitarian crises. (Pai, 2022.)

The increasing frequency of online conferences may partly solve these issues and reduce barriers for people with disabilities. However, the language used at digital conferences and the timing tend to be chosen to favour those in North America and Europe.

While digital events increase inclusion, they significantly reduce opportunities for informal networking. (Zadela et al., 2025.) The Humanitarian Congress Berlin reported a "lack of in-person exchange" during their digital conferences in 2020 and 2021 (Humanitarian Congress Berlin, 2025.)

Interviewees reported that partnership building was advanced by networking and social activities that took place after conferences, citing shared meals and in social settings.

The ability to persuade humanitarians of an innovation's value at conferences favours those with the wealth, time and passport needed to attend. Interviewees also said extroverted people had greater likelihood of success. They reported that race, gender and social markers of class helped innovators. One innovator explained that their American peers who could swap anecdotes about recent baseball games had advantages over innovators from lower income countries. Humanitarian leaders are commonly from Europe and North America, and innovators from the same locations find it easier to network.

In rapid onset emergencies, humanitarian agencies increasingly rely on their international workforce. The increased presence of international humanitarian staff increases language and cultural barriers between humanitarian agencies and local populations. This adds to the complexity of humanitarian responses and increases the friction surrounding the introduction of an innovation, especially if the innovation is culturally sensitive.

Diffusion of Innovations theory (Rogers, 1962.) explains how people are persuaded to try innovations by their close network. In a humanitarian system dominated by agencies in high income countries, this means that innovators in high income countries have more ability to persuade humanitarian organisations than those from countries closer to the need.

2.2 Specific barriers related to Oxfam's project

There were specific barriers to Oxfam's use of Reemi's menstrual hygiene innovation in Gaza. Not all of these factors are linked to the speed of the onset of the emergency. The challenges and barriers are listed below.

2.2.1 Operational constraints (access, staff movement, water)

In July 2025, Oxfam publicly stated that "***Israel has put Gaza under a near total blockade since March 2 of this year stopping all but a trickle of aid.***" (OXFAM, 2025.) This matched statements from interviewees who attributed project delays to the Israeli government and described Israeli military action as hindering the success of the project. Oxfam also reported that the Israeli Defence Forces implemented rules requiring everyone in Gaza to re-register before getting aid, thus delaying progress.

The inability of Oxfam to easily move their senior international staff into Gaza made the work difficult.

Oxfam described the near constant forcible displacement of Palestinians in Gaza as impeding their community relations and ability to manage the project.

Reemi's re-usable product requires water. Oxfam therefore only distributed Reemi's product where sufficient quantities of safe water were also distributed.

2.2.2 Knowledge & stigma barriers to MHM

There is a widespread lack of appreciation of the importance of menstrual hygiene management. As per one interviewee: ***"It's not yet seen as a really important product that needs to be distributed in the first phase [of humanitarian emergencies]"*** This knowledge gap is directly linked to the stigma surrounding menstruation and a patriarchy that is primarily in charge of "priority" decision making, a patriarchy that is widespread between many cultures in high and low income countries.

The knowledge gap is exacerbated by the high workloads and competing challenges of rapid onset emergencies. We heard that non-experts can consider menstrual hygiene products as nothing more than a standard component of a non-food item [NFI] kit (UNHCR, 2024.)[5], with no awareness that good menstrual hygiene management improves the safety, health, and dignity of women and girls. These challenges are further compounded by a lack of published research linking menstrual hygiene management in humanitarian crises with improved health, improved safety, and reduced mortality. (Sommer, et al. 2025.)[6]

Much humanitarian work is done by agencies that deliver both international development and humanitarian programs. One interviewee stated that when an agency's country director is more skilled in international development, their risk tolerance for trying humanitarian innovations can be reduced. The initial phases of a rapid onset emergency are often managed by non-humanitarian leadership. This presents challenges to innovators working on complex problems.There are often knowledge gaps relating to the needs of the population in rapid onset humanitarian contexts.

It took time for people to support the program. This was true of the women and girls who may use the product, and especially true of men in the local community. It was also true of many humanitarians who had different "emergency" priorities.

[5] "NFIs are individual and household items that enable forcibly displaced and stateless persons to conduct their daily lives (eat, drink, sleep, cook, wash and store belongings) and maintain a minimum standard of living."

[6] "A major barrier to increasing global and national investment in menstrual health is the argument that limited resources should be prioritised for social challenges and interventions that have stronger evidence for reducing girls' morbidity and mortality. These include risks such as gender based violence, early and unintended pregnancy, HIV infection, and cervical cancer in the absence of the HPV vaccine. However, all these issues have important fundamental links to menstrual health."

2.2.3 Humanitarian coordination challenges

The siloed nature of the coordination teams (i.e. Clusters) that organize and group humanitarian activities under "protection", "gender", and "Water & Sanitation", inhibit cross-cluster collaboration.

We heard from an Oxfam interviewee that the negative impacts of this on MHM have reduced in recent years, as cooperation between clusters and awareness of MHM increases and as awareness of MHM increases.

2.2.4 Rumours & misinformation

Oxfam were advised by an external evaluation partner that local women had tried period underwear in a pilot study or focus group and were unsatisfied with such products. Oxfam readied themselves to end the project, before establishing that the news was incorrect - there was no pilot and there were no such findings. There had been a small and informal conversation in which local women stated they were not accustomed to the project and had questions about washing the reusable product. Oxfam described the error as "really harmful," noting that such misinformation was repeated by others, despite there being no evidence to support it.

Elrha informed us of "Another example of that was a rumor that the protection cluster advised against the use of reusable based on security concerns. Groupe URD spent a while trying to track this down but due to policies around not disclosing sources this was very difficult to verify as there was no publicly available record."

Misinformation and rumours are more common in rapid onset emergencies, specifically conflict settings. (Wardle, 2024)

2.2.5 Elrha process

Oxfam described Elrha's contracting process as causing delays. Elrha reported that the contracting process took around eight weeks. Approximately half of that time was due to contracting processes related to reconciling errors in paperwork, while the other half was considered normal by Elrha and reflected the Funding Committee's advice to increase the project's likelihood of success.

At Elrha's February 2025 Humanitarian Innovation Forum, one of the four emerging themes was described as "the boring revolution." The meeting discussed how "operational challenges such as compliance, procurement, and data governance often limit innovation" Participants discussed "how these processes can instead be leveraged to enable more effective humanitarian solutions." (Elrha 2025).

In contrast to private sector innovators, humanitarian innovators often lack the collateral to secure rapid access to credit.

2.2.6 Neglecting dignity

While the humanitarian system is understood to prioritize saving lives, reducing suffering and restoring dignity, many interviewees noted that humanitarians and donors tend to neglect the prioritization of restoring dignity - a key feature of menstrual hygiene management. (UNHCR, 2025.)

Part 3: Solutions

This section describes how to overcome the partnering challenges detailed in Part 2. The guidance in this section aims to help innovators and innovation supporters create clearer, more effective and sustainable pathways for innovations to be used in rapid responses.

The normal chain of events to have innovations pre-positioned includes the following major milestones:

1. People have an unmet humanitarian need.
2. Humanitarians are able to identify and understand the unmet need.
3. An innovation exists that can solve the problem.
4. Staff at a humanitarian agency are aware of the innovation.
5. Staff are self-motivated, or persuaded to try a solution, most likely by evidence of impact.
6. Funding is available and the innovation is available to the humanitarian organization.
7. Wider humanitarian use follows.
8. Major humanitarian endorsement influences users.
9. Procurement challenges are resolved (RUTF Case Study).

To pre-position for rapid deployment, innovators first need to do the time-consuming work that precedes it. Generally there are no shortcuts and the process does not vary between rapid onset and other types of humanitarian contexts.

Examples of solutions to the challenges listed in Part 2 follow:

3.1 Financing Adoption and Scale

Responsive Innovation Funding

Oxfam reported that the collaborative nature of Elrha staff was a significant factor in the success of the project. Oxfam described a culture of trust as being an essential component in the success of the Reemi work in Gaza by both Oxfam and Reemi.

Oxfam described the contracting and cash flow process as delayed and noted communication complexity. Efficient due diligence and contracting will increase success.

Elrha's willingness to fund Oxfam to use Reemi's innovation was a key factor in the project's apparent success. Interviewees described Elrha's funding as an endorsement of an innovation. "***Elrha's reputation is an endorsement…[it] gives credibility***."

Elrha's flexibility to increase the budget when complexity was identified was also attributed to the project's success - see Box 1

Providing sufficient, flexible funding for rapid-onset contexts is critical to enable evidence generation, early adoption, and pre-positioning. Innovation-supporter's ability to provide flexible funding to innovators can be maximised if funding is secured from a wide range of donors.

Box 1: Oxfam & Reemi

In early 2025, Elrha described their ongoing partnership with Reemi as successful, noting Reemi's five years of progress learning, and product refinements. Elrha noted that much of the learning was about the social aspects of using period underwear, including the complicated work to get men informed enough to support use of the product in places including Central Africa Republic (CAR), Mali, and Somalia.[7]

The community's appreciation of the innovation is high. In June 2025, Oxfam's staff in Gaza told Humanitarian Associates that 86% of beneficiaries reported using the product and appreciating the benefits of it. 80% said that they intended using the product after the current emergency passed.

[7] Elrha interviewee, 2025

3.2 Building Partnerships and Trust

Strengthen humanitarian innovation coordination

Since the Global Alliance for Humanitarian Innovation [GAHI] closed in 2019, there has been no effective mechanism to coordinate humanitarian innovation. The need for one remains (Karunakara 2019; Elrha, 2024).

Elrha staff shared their hopes to develop a "humanitarian innovation manifesto"; an agreement between funders to operate with a shared set of ethical approaches.

In the Reemi/Oxfam case study, relevant local stakeholders included GBV cluster, WASH Cluster, hygiene promotion working group, health cluster, and many working groups. All met digitally due to safety concerns.

Oxfam attributes the success of Reemi's product to the widespread engagement of relevant local stakeholders.

The list of stakeholders will vary between contexts and depending on what humanitarian cluster innovators are working in. International innovators will likely need advice and support in making connections to stakeholders.

Maintain institutional relationships

Elrha's Technical Working Groups ceased to meet in person during the peak of the COVID-19 pandemic. Elrha staff expressed a need to re-instigate the in-person meetings.

Grand Challenges Canada staff invest time in fostering relationships with some of the largest humanitarian organisations to understand their needs, to help them strategize, and as a precursor to suggesting innovations. They found these activities to be helpful in fostering partnerships between innovators and humanitarian organisations.

Elrha's relationships with INGOs centres on organisations that are recipients of Elrha funding. Elrha could deepen its connections to the humanitarian system by developing relationships with more humanitarian agencies. The objective of such work would be to better understand humanitarian's needs and to help advance partnerships with innovators.

The impacts of major upheaval in the humanitarian system in 2025 are yet to be understood, but will certainly be chaotic (Cavalcanti at al, 2025 & ALNAP 2025). They may also incentivise Elrha to consider partnerships wider than the top humanitarian INGOS.

Localise partnerships and decision-making

There is widespread acceptance that the people who understand the needs the most are the local community, yet they tend to be excluded from decision making and funding opportunities.

The push for localisation is ongoing. Localisation includes consultations, and importantly getting **"*funding to local and national responders*." (Goodwin and Agar, 2021).**

In a more equitable world, partnerships would be driven by community needs (Mwenda & Tanner 2020). Too many humanitarian innovations are supply-driven (trying to inject a solution into the humanitarian ecosystem) rather than demand-driven (trying to respond to needs) (Elrha, 2024; Krishnaraj, 2021): **"*Solutionism (loosely defined as a situation where the solution precedes the problem, or generates the problem) precludes a good-faith effort to engage in participatory, user-driven innovation approaches, as the solutionist's aim is to facilitate buy-in rather than identify genuine need within the community*"** *(Krishnaraj, 2021).*

The calls for increased localisation were not purely ethical arguments, but also pragmatic ones. Foreign innovation teams can move faster with local NGOs. To quote an innovator, **"*If you want to go fast, go with a local NGO, they have much more lobbying power*."**

Elrha defines localisation as "ensuring that the end user of an innovation or research initiative is actively involved at every stage of the process." Elrha stated that they are "working toward a future where those impacted by our work hold decision-making power". Elrha did not share data on what percentage of innovations are locally owned or led. Humanitarian Innovation Fund staff acknowledged that many of their innovations are developed in high income countries, by people from high income countries.

Target the right first partners

Many of the largest humanitarian actors are UN agencies. We heard from UN staff that these agencies are risk averse and their ways of operating make adopting innovations difficult: "***we can easily rapidly deploy good things if we have the evidence but many innovations need inputs to refine them and in emergencies we can't do that as we deploy and hand over to someone else***".

The literature review identified UN agencies as needing to have multiple quotes for comparable products, which is an impossible hurdle for new and unique products. UN staff recommended innovators try to partner with small NGOs, and consider the UN as a possible partner for co-creation of innovations.

Leadership in private humanitarian agencies (in contrast with UN agencies and Red Cross organisations) can have powerful levels of autonomy to use innovative responses. (Grand Challenges Canada, 2021).

Innovators often had more success in persuading smaller and less famous humanitarian organisations to test innovations.

The challenges in partnering on rapid responses differ between different types of humanitarian organisations. Based primarily on our interviews, and are supported by literature (Malik et al, 2018):

- Smaller, less well known organisations have less bureaucracy and may have a greater appetite to try something new. This is especially true of local NGOs.
- Globally renowned NGOs are generally more difficult to partner with. Partnership with these organization can be easier for innovators who have a professional connection to staff at the NGO.
- The International Federation of the Red Cross is generally unwilling to take innovative solutions into rapid onset emergencies, but Red Cross National Societies may be a suitable starting point if the innovator is based in the same nation.
- United Nations headquarters are an exceptionally unlikely partner for anything considered as an innovation. In contrast, we heard that the leaders of UN country offices can have high levels of autonomy and can represent possible scaling partners due to their ability to plan and implement programs without needing HQ approval.

Build trust deliberately

Persuasion and trust between early adopters and the wider group of people who may adopt new ways of working (Rogers, 1962 & Bahmanziari et al, 2003)

The importance of trust is amplified in humanitarian innovation where humanitarians have low trust in outside ideas (Rush et al., 2021) especially private-sector concepts (McClure et al., 2019). Humanitarians favour ideas from their own innovation teams (Elrha., 2018). Partnerships can be easier to broker with smaller, local organisations (Elrha., 2018). Inter-agency forums are good places to build partnerships, for example, the Global WASH cluster. Forums like the Cash Learning Partnership and Crisis Mappers are examples of where successful innovation partnerships have been created (Rush et al., 2021).

Humanitarian supporters (more generally and not specific to Gaza) noted the importance of field visits by innovators to learn context and build trust-based partnerships. Other local partners will include local authorities, community groups, faith groups and leaders, humanitarian organisations.

Partnership development

Successful scaling of humanitarian innovations in rapid responses depends on two elements: building demand-driven partnerships with humanitarian agencies and providing targeted funding for marketing, networking, and evidence generation.

Innovation funders can strengthen both by financing relationship-building activities and by supporting tailored marketing tools that help innovators connect with agencies seeking solutions.

Strategic principles for partnership development

Marketing of innovations is vital and can take the form of tailored communications, presentations at conferences, and networking efforts with potential partners such as humanitarian agencies or policymakers (Elrha, 2022). Tactics to foster partnerships include collaborations on research, joint publications, and conversations about needs (HGC, 2024).

The time-consuming activity of building relationships and networking is rarely funded via innovation grants (Elrha, 2022).

The case studies that achieved the greatest scale had similar origin stories. They were not examples of innovators persuading an agency to try something. They were agencies seeking solutions to huge problems. In each of the most compelling scale-up case studies, the first move came from the humanitarian agency doing something or approaching an expert for help. Innovators will likely scale ideas when they respond to humanitarian's requests, rather than cold-calling them to pitch solutions.

Across sectors (although much less so in health, and less so for WASH), innovations often advance without sufficient impact evidence, innovations tend to move through the scaling process without generating plausible evidence of impact. Gathering data is difficult, but examples of good processes include UNHCR's demonstrations of new shelter innovations to NGOs. Impact evidence generated about cash programming was another good example (Rush et al., 2021. Case Study).

Practical funding and marketing tools for partnerships

Providing more funding to innovators for travel to conferences and to network with and meet humanitarian staff could help foster partnerships between innovators and humanitarians.

The need to fund marketing was widely appreciated. As articulated by one interviewee, "marketing is communicating the value and persuading people of value." Yet, we heard discomfort from humanitarians who "did not want to be marketed to" and we heard perceptions that donors don't wish to fund marketing. As a result, much of the marketing of humanitarian innovations is informal.

Innovation funders can support innovators to communicate the features of their innovation via their websites, through marketing, production of samples, video production and photography, and technical document production. Marketing budgets might also include the costs for travel and meals with humanitarians.

The best marketing approaches will differ per innovation; there is no one-size-fits-all approach. One major innovation supporter advocated for marketing innovations via LinkedIn, and encouraged people who work in the humanitarian innovation sector to influence others by sharing stories of the impact of innovations. Others saw value in paid advertising, including targeted ads on social media.

Elrha has given communication support in the form of staff support time and paid-for photography services, as well as funding travel and other types of activities categorized as "information dissemination" support. Reemi, unprompted, noted the usefulness of the marketing support in advancing their innovation.

Innovators who have funding from Elrha to help scale innovations have access to a "dissemination and update" budget which can be used to attend conferences and meet humanitarians. Elrha sometimes provides small "dissemination grants" to innovators for such activities.

Use convenings to unlock adoption

Over 100 people attended Elrha's Humanitarian Innovation Forum 2025. Of the several that spoke to Humanitarian Associates, all strongly appreciated the event and many advocated for humanitarian innovation supporters to host more. Yet, outside the innovations enthusiasts in large humanitarian organisations and even within that group, few had the time or inclination to attend such events, citing workloads and costs and an allergy to anything that felt like marketing.

Online forums may increase equity and reduce environmental harm, but have inferior results for networking. The Humanitarian Congress in Berlin reported a "lack of in-person exchange" during their digital conferences in 2020 and 2021 (Humanitarian Congress Berlin), In-person events have significantly more informal networking time than digital events. (Zajdela et al., 2025).

Prefer accessible locations (e.g., Nairobi) over London/Washington/Geneva. Elrha's Humanitarian Innovation Forum 2025 in Nairobi, Kenya therefore avoided the many inclusion pitfalls associated with London, Washington D.C., and Geneva based conferences. For WASH innovators, attending the: Emergency Environmental Health Forum is recommended.

Commonly, humanitarians report low enthusiasm for events that promote innovations, and from interacting with innovations who are not already deeply immersed in the humanitarian system. While some humanitarians are keen to embrace innovations and seek out information from innovation supporters, this group is a minority, even if it also represents an important group of stakeholders.

Personal introductions from trusted practitioners or funders are the main bridge from early adopters to the early majority

Many innovators and those who support innovators saw Elrha events as good opportunities for innovations to become more widely known. However, enthusiasm for such events was mixed amongst the humanitarians, the same group who commonly expressed skepticism of outsiders, innovations, marketing, and private sector solutions. Yet the humanitarians who were pro-innovation did embrace Elrha events.

Innovation support platforms that wish to use events to drive partnerships should consider these points made by interviewees:

- Events should be themed by humanitarian sectors and/or regionally.
- Events should have plenty of time for informal conversations and networking.
- Humanitarian invitees should be at the operational director level, or regional manager level rather than Executive Directors.
- Only convene events if you are really good at it. One interviewee cited Response Innovation Labs as good conveyancers of humanitarian innovation events.
- Framing events around "innovation" is not recommended, due to a widespread skepticism of the term. Framing events around issues is recommended.

3.3 Designing Innovations for Adoption

Anchor to needs and user value

Innovation theory indicates that the uptake of new ideas occurs when the solutions match needs (Rogers, 1962; Appendix 2). The best examples of large scale-up within the case studies started with a significant need (Case Studies: Cash, RUTF, LLIN).

Likewise, humanitarian principles call for needs-based programming (UNHCR, 2024) however, there must be a systemic approach to identifying humanitarian needs (Rush et al., 2021). There is also a high demand for innovations to address systemic problems, including the impact of, and response to, climate change (Elrha, 2024).

There can be differences between needs as perceived by humanitarian agencies and the needs experienced by communities (Rush et al., 2021). To scale innovations, the end users, humanitarians, and sometimes donors need to be convinced of value (McClure et al., 2019). With the exception of Oxfam's 2012 analysis of WASH needs for the HIF, systematically identifying needs and opportunities for innovations is rare (Rush et al., 2021).

Raising awareness - alternatives to conferences, catalogues, art.

Elrha saw value in producing innovation catalogues. Leading scientists and humanitarians are increasingly using art as a tool to inform and persuade. The Red Cross Red Crescent Climate Centre has an artist in residence (RCRC, 2024 & Caulfield 2018) and uses story telling to inform communities about climate risks and climate futures.

Design for easy adoption

Open source, easily replicable, and zero- or low-cost innovations are easier to adopt and scale. (Rogers, 1962). Innovators improve the odds of partnerships and innovation uptake if they make things easy to use, including solutions using relevant languages (Elrha, 2022).

Innovations funded by users paying for them face extra adoption challenges. Behaviour change and social norm programs have been proven to advance this. (Gandrup-Marino, 2022).

Use windows of opportunity in rapid-onset contexts

The literature review identified how some of the most widely adopted ways of working were scaled up in rapid onset humanitarian emergencies. (Harvey, 2005). Interviewees also identified rapid onset emergencies as good opportunities to try new innovations. Oxfam staff stated that "***the emergency made it easier***" to implement an innovative solution as the need to try new approaches was evidenced and matched with a high desire to act.

Enable pre-positioning

Pre-positioning requires having stock on hand. This is both a technical necessity for pre-positioning (as per the research question) and unrealistic for an innovator.

A key barrier to the pre-position of innovations to deploy is the lack of stock and the lead time on the products. This is especially true if stock is made in a different country from the emergency.

Innovations are by definition not mainstream items and it is not realistic to expect most innovators to be able to stockpile technologies that are not yet mainstreamed due to the cost involved.

Train innovators in humanitarian basics

We heard from multiple interviewees that knowledge gaps amongst innovators thwarts their engagement with humanitarians. Innovators from outside the humanitarian sector commonly failed to understand how the humanitarian system works.

Solutions to this include providing training on clusters, procurement, ethics, logistics, monitoring and evaluation.

3.4 Generating Evidence and Research

Generate decision-grade evidence

Innovations occur when humanitarian leaders are enthusiastic. This enthusiasm is created by evidence of an innovation's impact.

Amongst the humanitarians interviewed, there were mixed views on the need for academic papers, a slight majority describing these as lower value or not needed. Yet, the slight minority did find them persuasive and important or necessary to justify a decision to try an innovation. Innovators shared the view that academic papers were less useful to encourage innovation updates than self-published case studies. One innovator quoted a humanitarian's low enthusiasm for publications: "***we don't care for your papers, show us photos***." A humanitarian stated "***I don't care about a Lancet Global Health paper, but I do care about the white paper that it came from.***" Another said "***Everybody wants evidence, we need to generate evidence, but it is not always clinical trials and peer reviewed papers, and that can be done, but the real thing is implementation in the field and testimonies from people who used it***."

While some people may be persuaded by one case study, staff at larger agencies may need multiple case studies from different humanitarian contexts. Two interviewees, both employees of humanitarian organisations, were persuaded to try an innovation having seen one case study. Another, who worked for a UN agency, needed to see case studies about an innovation in multiple contexts.

Box 2: HEALTHCARE INNOVATION EVIDENCE

One healthcare innovator spent US$14,000 to create a case study to evaluate the impact of their innovation in South East Asia.

They initially planned to use KoBo Toolbox for data collection, but the local healthcare workers found it easier to use paper and pen. The process went slower than the innovator hoped and expected. Delays were exacerbated by an escalation in the war and weather. The innovator spent US$7,000 to hire a local consultant and paid another US$7,000 to organize an event in the implementation country, flying in their team and bussing in the local staff who would provide the data for the evaluation.

The project goals were to document 30 uses of the product, and produce 5 case studies. Obtaining photographs of the work was a key objective.

While the work is ongoing, lessons have been learned already about the challenges of importing and how much the healthcare workers ration high value medical consumables saving it for use on conflict front lines rather than the expected in-hospital use. The innovator reported that local healthcare workers' enthusiasm to participate in such case studies bolstered when they were invited to participate in academic publishing.

Persuasive evidence will include:

- That the innovation is effective, noting where it works, how did it work, what lessons were learned, what impact it had on people's lives - i.e. health impact, financial impact
- The innovation has local cultural acceptance
- The innovation is high quality
- The innovation is easy to use and adopt
- The innovation is locally available
- The cost of the innovation
- Testimonies - interviewees recommended that papers include testimonies from people and experts connected to the context.
- Specifications and quality-assurance documentation
- Discussion on ethical dilemmas

Interviewees emphasised the need for such documents to use story-telling as well as sharing data of positive impact. We heard that the original belief in what the story would be often changed as the product was refined and its costs and benefits are better understood.

Despite the slight overall favouring of self-published case studies, many saw significant value in academic papers, especially those in the United Nations system.

Reemi recommended publishing impact studies in following academic health journals: BMC Public Health, Lancet Public Health, Lancet Global Health, International Journal of Public Health, and BMJ Global Health. Reemi also recommended the following academic WASH journals: Frontiers in Public Health, and the Journal of Water, Sanitation, & Hygiene Development.

Use targeted academic partnerships

Innovators benefited from academic support. Universities mentioned included LMU (in Munich), Tufts University, École Polytechnique Fédérale de Lausanne in Switzerland (that operate the Essential Tech Centre and the Tech4Dev programs), and especially the London School of Hygiene & Tropical Medicine

A key academic partnership for Reemi was created as a result of good marketing and luck: A researcher at LMU had recently returned from Bangladesh, where they were visiting garment factories producing menstrual hygiene products. When the researcher Googled "Bangladeshi garment worker", a photo of Reemi's Executive Director Emily popped up, linked to an article. The researcher messaged Emily via Instagram. When both Emily and the researcher realised they would be in Dhaka a month later, and as Elrha had encouraged an academic partnership, Emily was enthusiastic to meet.

Note from Humanitarian Associates, although this did not come up interviews, also consider universities more proximate to humanitarian crises:

- Simad University, Somalia
- Gulu University, Uganda
- Solution Exchange for Climate Change and Development Community (Pacific Islands only)
- RISE South Sudan Consortium — noted for low-tech, frugal innovations

Fund research on neglected needs

Oxfam acknowledged the important body of research undertaken by Dr Marni Sommer, and other humanitarian actors to increase awareness of the importance of menstrual hygiene management (MHM) and the links between MHM and health.

Part 4 - Key Actions for Innovators

This section details how partnerships between innovators and humanitarian agencies can ensure that mature, well-evidenced innovation may be pre-positioned and or otherwise effectively and ethically deployed in rapid humanitarian responses within very tight timelines.

All of the content for this section is informed by section 3, and this section highlights the key activities that innovators should focus on. The next section highlights the key activities that Elrha and innovations supporters should focus on.

The actions relevant to innovations specifically are:

1. Anchor to needs and user value; Design for easy adoption.
2. Localise partnerships and decision-making.
3. Target the right first partners.
4. Build trust deliberately. Partners will include humanitarians, and the local community. It may include officials and people in the private sector.
5. Engage coordination platforms early.
6. Do field visits for context and consent.
7. Have a strategy for engaging with humanitarians. This will likely include events, networking, and tailored outreach.
8. Communicate the features of your innovations. This will likely include investing in a website, photography or videography, and producing samples and brochures. Ultimately you need to generate decision-grade evidence.
9. Embrace academic partnerships.
10. Learn the humanitarian basics.

Innovators outside the humanitarian system will generally need support from those within the system to advance their innovations.

They key actions that innovators can do are:

1. Work on a problem that is perceived as a priority by humanitarian agencies.
2. Identify appropriate humanitarian partners, as per *Section 3.7*.
3. Persuade humanitarians to adopt an innovation. This includes generating quantitative and qualitative evidence needed. It will likely include document production, web activities and in-person activities. Tactics will include story telling and high quality document production. Success will be influenced by persuasion and communications skills. Training may be needed. There is no one-size-fits-all approach here. While some favour reading about innovations in academic journals and some are satisfied by case studies, the key action is to get the innovation piloted in multiple contexts experiencing rapid onset emergencies.
4. This is easier if the innovation is free to use. For the majority that need the humanitarian agency to purchase the innovation, the objective is to secure funding to help the humanitarian agency procure the innovation.
5. Have a marketing and networking strategy and understand that the perception of an innovation's value is just as important as the value.

Part 5 - Key Actions for Innovation Supporters

This section suggests how Elrha and other humanitarian innovation funders might support, incentivise and enable partnerships.

All of the content for this section is informed by section 3, and this section highlights the key activities that Elrha and other innovation supporters should focus on. The prior section highlights the key activities that innovators should focus on.

The list of actions that innovation supporters, such as Elrha, can do are:

1. Support innovators with all the activities identified in Section 4.
2. Streamline due diligence and contracting.
3. Align cash-flow to production timelines.
4. Provide flexible, sufficient funding.
5. Offer financial top-ups when complexity rises.
6. Lend brand endorsement to de-risk adoption.
7. Work with innovation coordination mechanisms.
8. Maintain year-round agency relationships.
9. Deepen links to humanitarian agencies beyond current grantees.
10. Engage humanitarian coordination platforms early.
11. Host convenings in accessible locations and/or support others more proximate to humanitarian crises to host events.
    a. Theme events by sector or region;
    b. Invite operational decision-makers;
    c. Maximise unstructured networking; time
    d. Frame events around problems, not "innovation."
12. Finance innovator's networking, marketing, outreach activities.
    a. Fund practical comms assets (web, photos, short video) and/or provide staff comms support and photography.
13. Encourage practitioner storytelling on trusted channels.
14. Broker academic partnerships.
15. Train innovators in humanitarian basics.
16. Fund research on neglected needs.
17. Advocate to government donors for flexibility and the prioritization of humanitarian principles.

Specific actions for Elrha include:

18. Develop a shared ethical manifesto between humanitarian innovation supporters.
19. Re-instigate Technical Working Groups in-person meetings.
20. Secure a wider range of donors to increase flexibility.
21. Carefully review contract terms. Since rapid response granting contracts are now with NGOs rather than innovators, a review is needed, including on rules about intellectual property.

Appendix 1 - Case Studies

Case studies were selected that demonstrated:

A. Significant scale in the humanitarian sector (Cash, Ready-to-Use Therapeutic Food, and Long-Lasting Insecticide Nets, Digital Mapping);
B. Significant scale in international development where useful lessons can be drawn (Friendship Bench);
C. Barriers to scale in the humanitarian sector (Surprise Soap, Local Repairs).

In selecting the case studies, we favoured product innovations, due to the research questions focus on pre-positioning.

In part of the report:

Scaling barriers - are emphasised in burgundy,

Scaling enablers - are emphasised in green, and

Ethical complexity - is emphasised with bright purple text.

Quotes - remain in dark purple and bold text

List of Case Studies

A1.1 Cash Programming, 2004 Tsunami

US Navy Food Distribution, Jan 2005 (P. McDaniel, Public Domain)

Themes: Cash, Collaborative Learning

Selection rationale: The scale-up of cash programming that followed the 2004 Indian Ocean Tsunami is widely perceived as an example of successfully scaling a humanitarian innovation (McClure et al. 2019.; Elrha, 2018.; Obrecht & Warner, 2016.; Grand Challenges Canada, 2021) and described by ODI in 2024, as "one of the few successful humanitarian reform initiatives in the past few decades."(ODI, 2024). In the past 15 years, use of cash transfers has increased from 1% of humanitarian assistance to 19% (ODI, 2024).

Background & Timeline: Previously, humanitarian aid was overwhelmingly donations of goods or services, rather than cash (CALP).

The huge scale of the crisis was met with a strong desire in the aid community to respond accordingly. The Cash Learning Partnership (now CALP Network) grew from efforts by Oxfam GB, Save the Children UK, Mercy Corps, Concern, and the British Red Cross to share learning from their Tsunami responses. ACF and NRC joined later. (CALP, 2021).

A 2005 working paper published by the ODI addressed specific concerns of those sceptical of cash, noting some hypothetical concerns were not borne out in reality. The document lists possible advantages and disadvantages and then presents evidence that cash programming was "overwhelmingly successful", whilst also acknowledging that more study and evidence were needed (Harvey, 2005). Later scale up was attributed to narratives on efficiency and autonomy for people in humanitarian crises (ODI, 2024)

ECHO funding of the CALP Network in 2009 enabled the organisation to formalise, open a UK office, and to develop a common standard for cash programming. A 2014 evaluation recommended CaLP continue its work to enhance cash transfers (GCC, 2021; CALP).

By 2011, seven years after its widespread use, the Sphere Standards incorporated guidance on the use of cash programming. Nairobi, Dakar, Washington D.C. and Amman offices opened in 2011, 2012, 2015, and 2017 (CALP).

Success was enabled by changes in donor regulations to permit the necessary flow of funding, ODI's evidence, and collaborative partnerships between NGOs (GCC, 2021; McClure et al., 2019).

Barriers:

- Scepticism of the risks (gender-inequity, anti-social use of cash, corruption)

Enablers:

- High need
- A solution from within the humanitarian system
- Partnerships were created through an informal collaboration between humanitarian organisations, which became a formal entity.
- Ongoing funding
- Developing a robust set of publications

A1.2 Ready-to-Use Therapeutic Food

Plumpy'Nut, Kenya [Public Domain](#) (DFID 2017)

Themes: Nutrition, big-tent partnerships, 11-year journey, multilateral agency support, business models.

Selection rationale: A very clear example of product scaling. 62,500 metric tons (around 700 million packs) of Ready-to-Use Therapeutic Food (RUTF) are used annually, the vast majority being Nutriset's Plumpy'Nut® brand (UNICEF, 2023) see graphic, right).

Background & Timeline: RUTF was adopted by MSF after the medical community's improved understanding of the importance of early childhood nutrition (Bradol & Jézéque, 2009). Unlike traditional in-patient treatments for severe acute malnutrition,

RUTF can be given by parents at home, making the innovation both a product and a systems innovation.

RUTF was invented in 1996 by French nutritionist André Briend at the Institut de Recherche pour le Développement (IRD). Briend had been working on malnutrition innovations since encouragement from MSF's Epicentre in 1993. His earlier prototypes failed due to problems with shelf life, taste, and logistics issues with local manufacturing (Nutriset, 2018).

Action Contre la Faim used RUTF with the Chad Ministry for Health in 1997. MSF's first large-scale use occurred in Niger in 1998. A Lancet paper on the acceptability and efficacy of RUTF was published in 1999 and another Lancet paper on Concern Worldwide's use of RUTF in Ethiopia followed in 2002 (Collins & Sadler, 2002; Nutriset, 2018).

UNICEF started buying RUTF from Nutriset, the sole manufacturer in 2001 (UNICEF, 2019). MSF's use of RUTF in 2005 saw a 90% patient recovery rate, prompting widespread adoption in the humanitarian sector. The same year, Nutriset, who shares the patent with IRD on the manufacturing process, licensed the patent to factories proximate to the need. Noting that humanitarian crises tend to impede local manufacturing, just as RUTF tends to be needed most, by 2010, Nutriset remained the majority global supplier. A lack of competition, especially in North America where mass production is most likely, kept RUTF prices high (MSF, 2005; Nutriset, 2018; Kraemer, 2010).

UNICEF collaborated with factories in Niger and Ethiopia in 2006, but quality and capacity issues limited production. Nutriset's French factory remained the majority producer and vendor (UNICEF, 2019.)

Weak regulatory environments around local factories gave buyers concerns. Quality assurance from UNICEF and MSF overcame that. Inconsistent packaging between factories also hindered NGO uptake until MSF issued packaging specifications (UNICEF, 2019)

In 2007, the WHO, UNICEF, WFP, and the UN Standing Committee on Nutrition issued a joint statement advocating for home treatment of severe acute malnutrition with RUTF (WHO, 2007) prompting demand for the product to almost double within one year (UNICEF, 2019). A negative consequence of the UN endorsement was the negative impact on locally-made and adapted solutions, which may be more suitable and cheaper (UNICEF, 2019).

After a competitive RFP, UNICEF started to pre-position RUTF in 2009 (UNICEF, 2019). MSF accused Nutriset of impeding access to RUTF products the same year.(Kraemer, 2010).

Demand soared during the 2010 Niger food crisis (IRIN, 2010). In 2019, the absence of RUTF on WHO's Model List of Essential Medicines limited further scaling into national health systems, which procure based on the list. After UNICEF efforts to get RUTF on the list, it appeared in 2023 (WHO, 2023; UNICEF, 2019).

Timeline: Since MSF identified the need in 1993, the scaled solution took 3 years of prototyping, 8 years before the first large-scale use, and 2 more years before the RUTF received UN endorsement.

Partners: Nutrition scientists, academic researchers, ACF, MSF, Nutriset, UNICEF, Chad Ministry of Health.

Barriers:

- Manufacturing capacity and access to raw materials
- Weak local regulatory environment
- UN procurement rules (UNICEF sole supplier issues, WHO Essential Medicines endorsement)

Enablers:

- Use and endorsement from MSF, UN agencies
- Franchising
- MSF & UNICEF quality assurance

Ethics:

- Concerns were raised that one commercial entity was allowed to hold the IP for manufacturing a life-saving product (Kraemer, 2010).

A1.3 Long-Lasting Insecticidal Nets (LLIN)

LLIN, Ethiopia, 2017 Public Domain (U.S. Gov. 2017)

Themes: Health (product), private-sector partnerships, politics, economics, marketing

Selection rationale: Massive scale-up of a simple health product on the humanitarian-development spectrum. Lessons on partnering, business modelling, communications and marketing when politics and economics block scaling.

Background & Timeline: The invention of Long-Lasting Insecticidal Nets (LLIN) has been instrumental in reducing malaria deaths. Before 2005, nets needed to be dipped in insecticide every 6 or 12 months. In 2001, long-lasting nets that remained effective for twenty years in laboratory conditions and three years in the real world were developed.

In 2003, such nets were endorsed by the WHO's Pesticide Evaluation Scheme and by 2005, 80% of nets were long-lasting (CDC, 2010; WHO, 2010).The scaling story is as much about overcoming philosophical and economic challenges as it is one of technology and evidence.

LLINs were invented after Malaria researchers and the RBM partnership[8] encouraged private sector companies to design better nets. However, the $4 price tag was unaffordable for people who needed them and outside what donors were willing to pay. A philosophical debate ensued (Moore-Sheeley, 2017; CDC, 2010).

UK entomologist Chris Curtis and WHO macroeconomist Jeffrey Sachs railed against Western donor ambitions to fund consumer-market creation efforts by investing in the private sector and advocated for free distribution funded by donations. The public debates and stalemate stalled scale up by a decade. Political will, motivated by public pressure ballooned donor generosity, but not until a decade later. (Moore-Sheeley, 2017).

[8] Roll Back Malaria (a partnership of the World Bank, UNICEF WHO and UNDP)

At the turn of the millennium, public outrage about funding gaps in HIV programs and the price of pharmaceuticals pushed G8 nations to create The Global Fund. Scale-up of LLINs advanced when new NGOs sprung up and successfully attracted Global Fund support after deploying new fundraising messaging. Rather than talk about complicated needs and human impact, they told the story of a product with a price tag, the LLINs. They emphasised efficiency and presented malaria avoidance as not just a global health need, but an essential element of ensuring global economic activity (Moore-Sheeley, 2017).

UNICEF was critical. Executive Director Carol Bellamy stated that it was "critical to remember that simply purchasing essential supplies will never be enough; other elements – including strengthening health system infrastructure – are just as important." (Moore-Sheeley, 2017, especially p275-277)

However, the new framing of the issue was successful in unlocking funds. Massive financial support from donors including the Global Fund, the World Bank, and the Gates Foundation closed the funding gap (Moore-Sheeley, 2017).

The scaling of long-lasting nets is therefore attributed to reframed and simplified storytelling that resonated with the market-driven, neoliberal philosophies of the new donors (Moore-Sheeley, 2017).

"The intensified decentralization, privatization, and corporatization of global malaria control during the twenty-first century further encouraged health officials to embrace [Insecticide Treated Nets], a 'cost-effective' tool attractive to a range of patrons looking to fight poverty and disease in Africa without changing entrenched power structures. In this case, the individualistic orientation of biomedicine worked synergistically with the individualistic orientation of neoliberal, economic development models prevalent in the 2000s to construct malaria control in Africa as a problem of personal and individual management—a problem amenable to ITNs."

Scale-up was also advanced by complimentary programming. Distributing LLINs as an incentive to promote the uptake of childhood vaccines proved effective in Nigeria, despite previous local vaccine hesitancy. (Moore-Sheeley, 2017).

In 2006, LLINs got the important endorsement of the WHO. The WHO's Pesticide Evaluation Scheme published the sixth edition of *Pesticides And Their Application For The Control Of Vectors And Pests Of Public Health Importance* which noted the 2001 and 2003 successful evaluations of LLIN's impact. (WHO, 2010).

By April 2024, almost 3 billion long-lasting nets had been distributed. However, the U.S. Centers for Disease Control and Prevention noted that funding challenges were again limiting ambitions (CDC, 2024).

Barriers:
- Cost of product
- Philosophical disagreement on economics and ethics

Enablers:
- Impact Data
- Reframing the solution
- Marketing and advocacy
- WHO endorsement
- Private sector innovation partner
- Complimentary programming (vaccines)

Ethics: UNICEF's statement highlights an ethical concern about the potential reductionism in humanitarian aid, where the focus on quantifiable outputs (e.g., numbers of nets distributed) can neglect the more complex, less quantifiable but equally vital elements of health systems strengthening. Desires for efficient measurable solutions can undermine efforts to implement sustainable, contextually-appropriate humanitarianism. (Eckl, 2014)

A1.4 Surprise Soap, Iraq & Somalia

Surprise Soap © Elrha

Themes: WASH (product), evidence, supportive programming.

Selection rationale: An illustration of how wider support could scale an innovation further.

Background & Timeline: In 2016, 2017, 2020, and 2022 Save The Children deployed surprise soap, a handwashing innovation that incorporated an embedded toy within a bar of soap. Local production was supported by Field Ready.

When deployed after WASH behaviour change programming, children washed their hands four times more often than before. When deployed without the behaviour change programs, the impact was not observed.

Challenges in scaling up the innovation included the rigid humanitarian procurement systems which did not include toy-embedded soap as part of a standard hygiene kit. A lack of local production capacity and raw materials also hindered local manufacturing.

Despite the evidence generated during the work, the lack of UNICEF and other major aid agency support was attributed to insufficient impact evidence. Other issues were the safety (choking) risk presented by the toys and the lack of supporting guidance materials for local manufacturing (Elrha, 2022).

Barriers:
- Procurement systems
- Inflexible standard kit
- Local manufacturing capacity and raw materials
- Lack of evidence of impact

Enablers:

- Behavioural change interventions

A1.5 Digital Mapping, Haiti, from 2010

Humanitarian OpenStreetMap Team

Themes: Technology, well-matched problem and solution, networking and fundraising.

Selection rationale: A story of rapid digital scaling, linked to the design of the innovation and a good set of enablers**.**

Background & Timeline: The need for digital mapping in the immediate aftermath of the 2010 Haiti earthquakes prompted local and international volunteers to harness the functionality of OpenStreetMap data. Coordination of activities was started by the Humanitarian OpenStreetMap Team (HOT) who developed the task management software (GCC, 2021).

A HOT Project Manager told us that the ubiquitousness of cellphones and mobile devices make for a natural fit in geo-data collection:

"However, without the [Open Street Map] activity in Haiti (and, of course, the funding thereof, the storytelling, and the cholera epidemic following the earthquake, which is where the data actually made a difference) it probably would have been Google or Facebook who ended up providing (and owning) the data.

Because of the funding and success of HOT in Haiti, the course of history was altered in one very significant way: the geo-data in humanitarian and development response is now overwhelmingly open data, not corporate-owned or institution-owned data.

UN OCHA's Humanitarian Information Center (HIC) controlled all Global Information Systems [GIS] in cluster responses. From the early 2000's all agencies taking money from the UN system were required to provide their raw geo-data to the HIC (mostly GPS tracks and waypoints), and the HIC would curate them into thematic maps. They wouldn't allow people to access the raw data, only their printed or PDF maps made from the data that they'd 'professionally quality-checked.'

It took a big, public success to counter the usual arguments of 'yah sure this open-source, crowd-sourced, community-driven thing may be a nice feel-good story, but if you want to do professional work you need to do things professionally' (this argument was made in Haiti, where the UN OCHA Humanitarian Information Center asserted that the OSM data was not quality-assured by professionals and therefore not fit for use).

The UN OCHA HIC guys were blown out of the water (and the HIC was disbanded sometime after Haiyan) because they were shown to be massively, overwhelmingly wrong about that."

The success saw demand for digital mapping after Typhoon Haiyan in 2013 and the West Africa Ebola Outbreak in 2014. The success was attributed to high demand, funding from Elrha and Grand Challenges Canada, and the empowerment of local actors. Fundraising success was attributed to good use of storytelling and a well-connected fundraising director (GCC, 2021). Significant funding was provided by the Audacious Project in 2020. (The Audacious Project.)

Enablers:

- Ease of uptake: free, digital, open-source solution
- Local partnerships
- Good storytelling
- Networking, and fundraising.

A1.6 Local Repairs, NW Syria 2020-22

Themes: Localisation, politics, priorities & bureaucracy.

Syria Medical Repair © Field Ready

Selection rationale: Attempts to scale this innovation further were unsuccessful, primarily as a result of factors external to the innovators. This case study highlights how systemic barriers thwart innovation and highlight a possible path forward via advocacy.

Background & Timeline: Creating Hope in Conflict supported Field Ready in scaling its process innovation in Northwest Syria. The innovation improved the local capacity to repair biomedical equipment.

Triple Line's report described the project as a success. Two assessments comparing local repair with the traditional solution of importing new equipment found the innovation to meet quality objectives, accelerate repairs, and significantly reduce costs. This innovation was deemed to strengthen the humanitarian ecosystem (GCC, 2023).

Despite the innovations' obvious advantages and the project's perceived success, activities in Syria did not continue beyond the end of grant funding and lacked wider adoption by humanitarian actors (Hale et al., 2023).

Barriers to greater success included funding gaps, the need for more evidence of impact, and improved advocacy.

Successes identified included partnerships with the Syria Health Cluster and the World Health Organization and the creation of a Local Procurement Learning Partnership. The partnership undertakes research, engages in donor relations, and shares lessons on local manufacturing (Hale et al., 2023).

Despite the local demand, the proven cost savings and very high user satisfaction with quality, donors continued to favour buying new equipment over repairing existing equipment and did not provide the budget for repairs. A shift in donor focus away from Syria and towards Ukraine also impeded fundraising efforts. The literature recommended advocacy and evidence generation to increase the likelihood of innovation uptake by other actors (Hale et al., 2023).

Barriers

- Funding gaps: donor priorities shifted towards the Ukraine crisis.
- Funding challenges: agency donor budget protocols lacked a budget line for repairs, despite having a line for importing new equipment.
- Incentives: coordinating bodies track imports but do not track repairs.
- Evidence: despite independent evaluations, more evidence was desired.

Needs:

- Advocacy to donors and aid coordinators to measure and incentivise local repair.

A1.7 Friendship Bench, Zimbabwe

Friendship Bench, Zimbabwe, 2022 CC 4.0

Themes: Mental health, partnerships, local adaption.

Selection rationale: Friendship Bench was not deployed rapidly nor in a humanitarian crisis, but the wide scale-up from Zimbabwe to three continents of this frugal, easier-to-replicate, social innovation emphasises the importance of partnerships and local context adaptation.

Background & Timeline: Depression reduces longevity by between 7 and 11 years (Riley, 2018). Zimbabwean psychiatrist Dixon Chibanda conceptualized Friendship Benches after the suicide of one of his patients in 2005. He piloted the innovation in 2006. Studies on the innovation were published in 2011 (Chibanda et al., 2011) and 2016 (Riley, 2018). Friendship Bench was piloted in India in 2017, and adopted in New York City in 2017. It was later used in Malawi, Botswana, Zanzibar, Vietnam, Jordan (LSHTM) and Canada where it was adapted to enable peer support among students (Fiorella, 2019).

The use of the innovation was hindered by scepticism from the local community. Despite Professor Chibanda being born in Zimbabwe and growing up near the community where it was being used, his European education and slightly different dialect identified him as an outsider, influenced too much by Western concepts of mental health (Chibanda, 2022; Riley, 2018).

Despite the overwhelming need, a robust needs assessment, and a locally-invented, frugal and easily replicable solution, the community's pushback was the key barrier. Complicating matters was the fragile healthcare system, overburdened by cholera, Tuberculosis and HIV cases (Fiorella, 2019).

The local scepticism was overcome after Dr Chibanda made two changes: reframing the innovation using local phraseology for mental health, and partnering with the deeply respected network of grandmothers. Pivoting away from healthcare workers, grandmothers received 8 days of training (Chibanda et al., 2011; Fiorella, 2019).

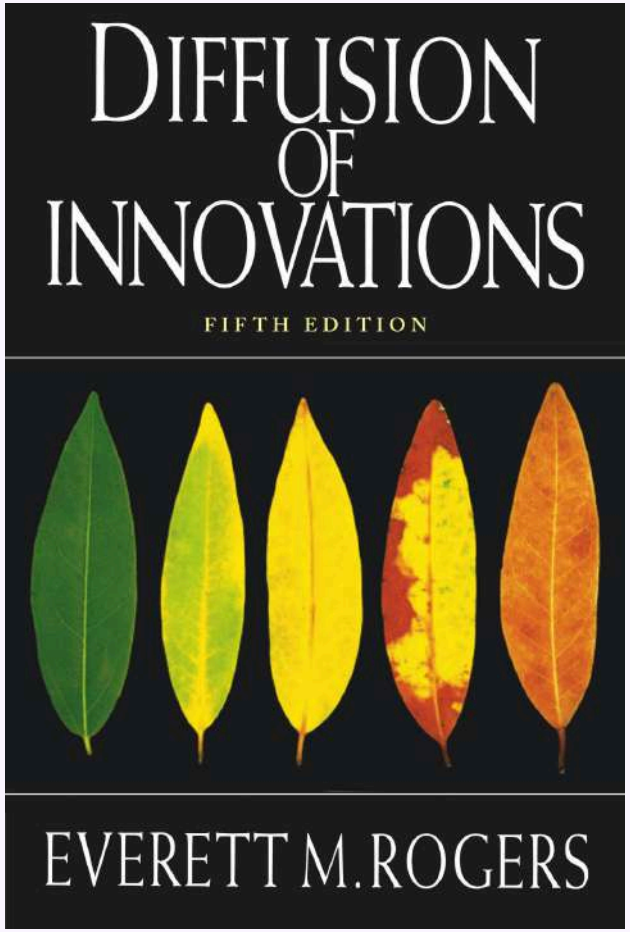
Key academic partners Harvard Medical School; King's College London; and Maudsley Hospital, London, along with critical funding from innovation platforms helped advance the scaling.

Barriers:
- Local scepticism

Enablers:
- Funding
- Frugal innovation
- Academic and community partnerships
- Local adaption

Appendix 2 - Innovation theory

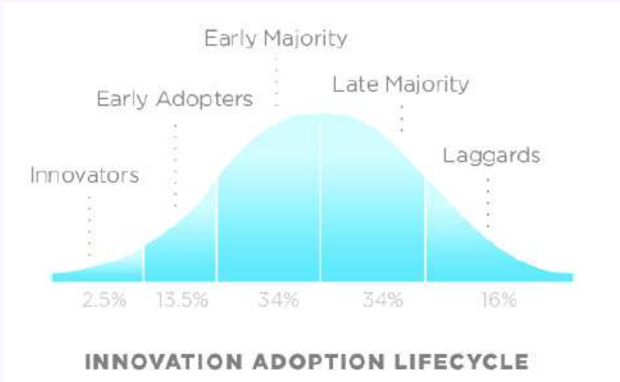
Diffusion of Innovations theory has been widely accepted since its development by Everett M. Rogers in his 1962 book (below).



The *Diffusion of Innovations* model (as it relates to individuals) states that for innovations to become widespread takes time.

Different groups of people try new ideas during that time, starting with "innovators" and then "early adopters". (Singer, graphic below).

Those who try things initially are more risk-tolerant and less susceptible to peer influence.



Diffusion of InnovationsTheory, created and shared under the Creative Commons Attribution-Share Alike 3.0 Unported license

People or groups decide to try innovations based on awareness and knowledge. For the most part, early users decide to try it based on communications from within their professional or informal relationships and the influence of people they perceive as leaders. Ideas from outside people's cliques rarely get adopted. During the initial use, the user learns about the features and advantages of the innovation. This learning, along with any other incentives, will influence if they continue to use the innovation. Scaling is self-sustained once a critical mass of users is reached. (Singer).

In the model, *perceptions* of an innovation's attributes are more important than the *actual* attributes. The speed of adoption is also influenced by alignment with values and needs, ease of incorporation, and perceived complexity. Shorter-term trials of new ideas increase adoption, and innovations with more observable positive results and which can be refined more easily are also adopted more quickly. (Singer; Greenhalgh et al., 2004).

Organisational Innovation Process

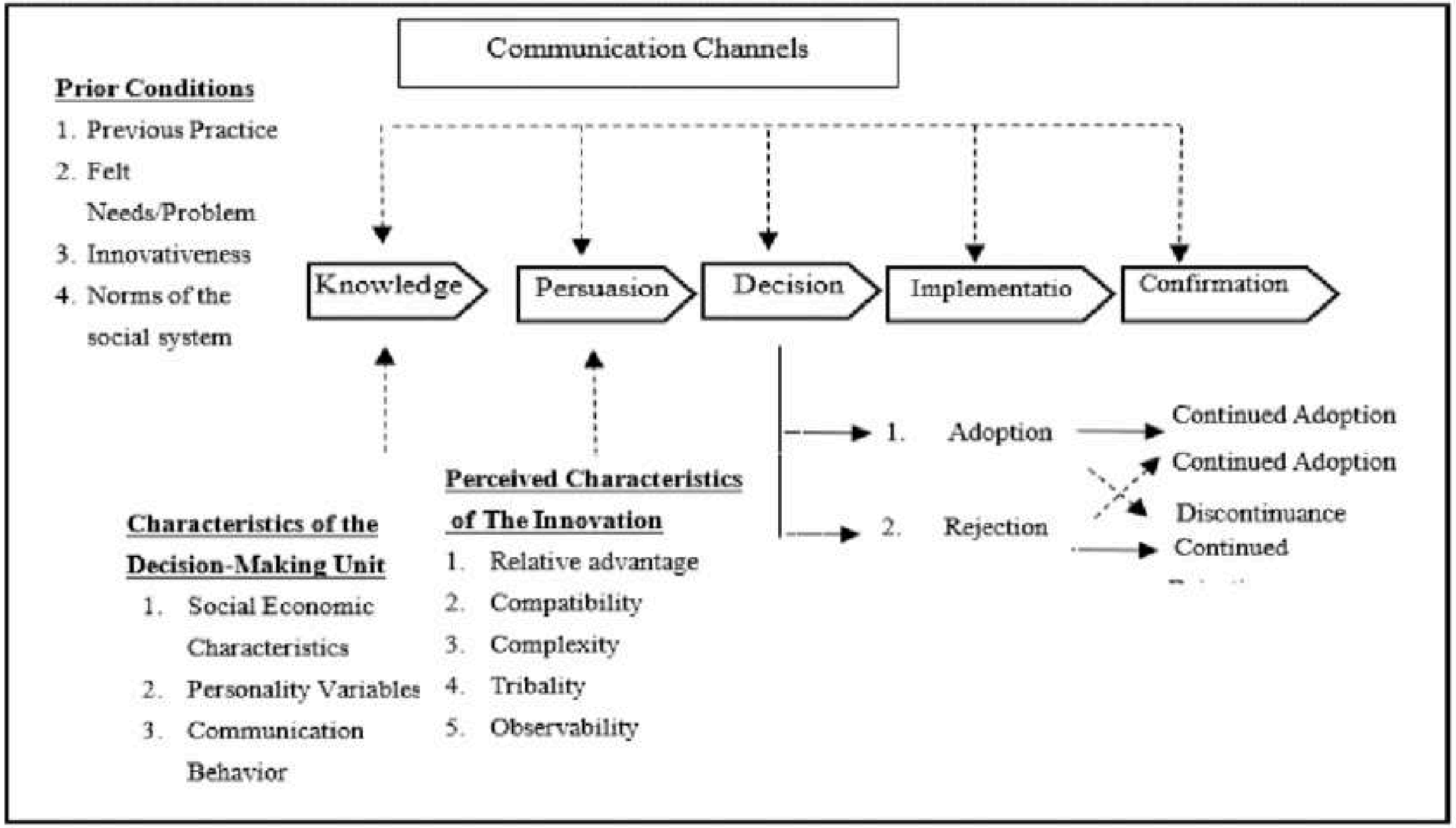
Groups adopt ideas after agreeing on priorities, identifying innovations that solve them and adapting them to their needs. (Singer)

Some literature states that organisations take a systemic approach to adopting innovations as follows:

1. Knowledge-awareness,
2. evaluation choice, and
3. adoption-implementation.

However, a 2004 systematic review of the literature found that organisations actually adopt innovations in an organic and messy manner (Greenhalgh et al., 2004; Van de Ven, 2016). Organisations are messy, but certain features enable innovation uptake, including experience of innovation, learning by trial and error, and forming partnerships with established institutions (Van de Ven, 2016).

Analysis, while humanitarians often cite *evidence* as being needed, diffusion theory (not unique to humanitarianism) states people are persuaded more by perceptions. Of course, the literature is also clear that evidence is critical for humanitarian organisations and evidence influences perceptions. Nonetheless, overlooking the influence of peer influence, marketing, and communications is at odds with theory.



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