



Research for health
in humanitarian crises

| elrha

A decorative graphic on the right side of the page. It features a large white arc at the bottom, a teal arc above it, and a dotted line of blue and yellow dots curving upwards from the left towards the right. The dots transition from blue to yellow as they curve.

RESEARCH PORTFOLIO 2019

Elrha's R2HC programme aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions. It is funded by the UK Department for International Development (DFID), Wellcome, and the UK National Institute for Health Research (NIHR).



ELRHA

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation.

We are an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

We have supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to evidence what works in humanitarian response.

We equip humanitarian responders with this knowledge, so that people affected by crises get the right help when they need it most.

RESEARCH FOR HEALTH IN HUMANITARIAN CRISES (R2HC) PROGRAMME

Through our R2HC programme, we aim to improve health outcomes for people affected by crises by strengthening the evidence base for public health interventions. Since 2013, we have funded over 60 research studies across a range of public health areas – see pages 6–75 for study summaries.

We work to maximise the potential for research to achieve change and transform the effectiveness of humanitarian response. We do this through four inter-connected streams of work:

1. Research gaps and identify priorities
2. Fund and support high-quality research
3. Synthesise evidence of what works and develop guidance and tools
4. Advocate for and drive adoption of what works

1. RESEARCH GAPS AND IDENTIFY PRIORITIES

To support the identification of priority research issues, the R2HC programme engages with thematic and regional humanitarian health communities, and with selected Clusters and Inter-Agency Working Groups. This enables researchers to identify which fields of enquiry have the greatest potential to generate transformative change.

In 2013, we commissioned the London School of Hygiene and Tropical Medicine to review the evidence-base that informs global public health programming in humanitarian crises and to identify priority areas for new research. The Humanitarian Health Evidence Review was a rigorous assessment of the quality and depth of the evidence base that informs humanitarian public health programming globally. We encourage applicants to consult this document before submitting proposals.

2. FUND AND SUPPORT HIGH-QUALITY RESEARCH

We manage annual open calls for proposals, with a total of approximately £3.5 million granted each year for research projects addressing priority evidence gaps and demonstrating potential for impact. We have also developed a responsive research mechanism to enable the funding of real-time research in rapid onset emergencies, with a view to generating results that can immediately feed into humanitarian response.

A unique offer of 'seed funding' is available to shortlisted applicants to strengthen their research partnerships. We also provide online and in-person support and resources to facilitate effective partnership working.

3. SYNTHESISE EVIDENCE OF WHAT WORKS AND DEVELOP GUIDANCE AND TOOLS

As our portfolio matures, we are increasingly synthesising findings from the funded research and documenting lessons learned from the wider experience of conducting public health research in humanitarian crises. We develop tools documenting good practice in a range of relevant fields, and have commissioned a Research Ethics Tool, GBV Research Methodologies Review and Guidance, and an Analysis of Operational Challenges. Our Tools and Research section on our website hosts publications from peer reviewed journals, gap analyses, case studies and evaluations from across the diverse portfolio of funded work. This knowledge source provides a one-stop shop for those looking for our humanitarian research outputs.

4. ADVOCATE FOR AND DRIVE ADOPTION OF WHAT WORKS

We are committed to ensuring all our funded studies have strong, ambitious and achievable strategies to influence humanitarian policy and practice. We work with our grantees to help them achieve research impact through a package of support that includes Research Impact workshops delivered for study teams. In collaboration with the Overseas Development Institute's RAPID Programme, we have developed a Research Impact Toolkit which provides a framework for research teams to design their engagement processes to influence change.

We work closely with an extensive range of strategic partners, including UN agencies, coordination mechanisms such as the humanitarian IASCs, IAWGs and TWGs*, and with thematic communities of practice, academic institutions and humanitarian organisations. The involvement of these partners is essential to enable us to share research outcomes and drive adoption of evidence.

*Inter-Agency Standing Committees, Inter-Agency Working Groups and Technical Working Groups

243
partners



£22m
grants
awarded



64
research
studies

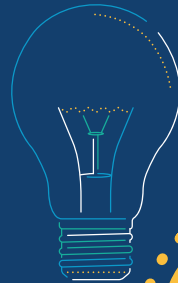


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R2HC Research Studies

On the following pages, our research studies are grouped together by thematic area. You will find a full index at the back of this booklet.

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SANITATION &
HYGIENE

Information on our research studies and outputs are correct at date of publication (August 2019).
For further information on all R2HC-funded research studies, visit www.elrha.org/r2hc

PNEUMOCOCCAL VACCINATION STRATEGIES FOR CRISIS AFFECTED POPULATIONS

Study
Location(s): Somalia & South Sudan

Lead
Organisation: London School of Hygiene and Tropical Medicine (LSHTM)

Research
Partners: Medecins Sans Frontieres (MSF); Save the Children;
Murdoch Children's Research Institute

Principal
Investigator: Stefan Flasche and Francesco Checchi, LSHTM

Duration: September 2018 – August 2021

Grant: £326,505

Aim: To identify optimal mass pneumococcal vaccination strategies to reduce disease burden in displacement, rural and urban crisis scenarios.

Focus: The study will undertake modelling to determine optimal mass pneumococcal vaccination strategies, and to estimate the cost and cost-effectiveness of these strategies. Primary data on social mixing patterns and pneumococcal carriage will be compared to secondary data from a range of emergency settings. Analysis aims to quantify the absolute and relative effect of vaccination strategies on cases averted.

INVESTIGATION OF HEV TRANSMISSION DYNAMICS AND EPIDEMIC EVOLUTION TO IMPROVE OUTBREAK CONTROL EFFORTS

Study
Location(s): Multiple

Lead
Organisation: CDC Foundation

Research
Partners: London School of Hygiene and Tropical Medicine (LSHTM); UNHCR

Principal
Investigator: Thomas Handzel, CDC Foundation

Duration: Not triggered

Grant: £388,429

Aim: To determine the primary routes of Hepatitis E virus (HEV) transmission and spread among emergency affected persons, including pregnant women.

Focus: This study aimed to investigate the spread of HEV throughout a camp setting and within households during the early stages of an outbreak. It sought to describe risk factors for HEV acquisitions through epidemiologic and environmental investigations, and make recommendations about specific interventions that reduce HEV transmission among current and future emergency affected populations. The research also sought to determine the effectiveness of chlorine disinfection to inactivate HEV. This was a rapid trigger grant which planned to undertake field research during a suitable HEV outbreak, but was not able to take place as no outbreak was confirmed.

POINT-OF-CARE EBOLA VIRUS DISEASE (EVD) DIAGNOSTIC TESTING FOR EBOLA TREATMENT CENTRES

Study
Location(s): Guinea

Lead
Organisation: Institut Pasteur de Dakar

Research
Partners: University of Stirling; Robert Koch Institute; German Primate
Center; TwistDx

Principal
Investigator: Amadou A. Sall, Institut Pasteur de Dakar

Duration: December 2014 – April 2017

Grant: £509,646

Aim: To develop and deploy a diagnostic tool for Ebola virus detection.

Focus: The study aimed to optimise and evaluate Recombinase Polymerase Amplification (RPA) assay methods for Ebola virus testing. It focused on operationalising the use of RPA from the laboratory to the field, to develop a 15-minute portable diagnostics test for use in Ebola treatment centres. A diagnostic tool – a 'lab in a suitcase' – was successfully developed which has been deployed in subsequent Ebola outbreaks.

Outputs:

- Sall, A. et al. 'Development and deployment of a rapid recombinase polymerase amplification Ebola virus detection assay in Guinea', 2015.

PARTICIPATORY BEHAVIOURAL CHANGE TO REINFORCE INFECTION PREVENTION AND CONTROL FOR EBOLA VIRUS DISEASE (EVD)

Study Location(s): Sierra Leone

Lead Organisation: International Rescue Committee (IRC)

Research Partners: Durham University; Charité – Universitätsmedizin Berlin; University of Sierra Leone; Kenema District Health Team

Principal Investigator: Lara Ho, IRC

Duration: November 2014 – July 2016

Grant: £185,621

Aim: To improve Ebola infection prevention and control in primary healthcare facilities in Sierra Leone during the EVD outbreak.

Focus: This study aimed to evaluate the processes taken by health workers in adhering to standard precautions after being trained and supplied with materials, to ensure the strict adherence required to prevent Ebola infection. The research also sought to gain better understanding of the perspectives of health facility staff and health committees on the use of personal protective equipment.

Outputs:

- Ho, L. et al. “‘We and the nurses are now working with one voice’: how community leaders and health committee members describe their role in Sierra Leone’s Ebola response”, 2017.
- Ho, L. et al. ‘Improving Ebola infection prevention and control in primary healthcare facilities in Sierra Leone: a single-group pre-test, post-test, mixed-methods study’, 2016.
- Ho, L. et al. ‘Healthcare providers on the frontlines: a qualitative investigation of the social and emotional impact of delivering health services during Sierra Leone’s Ebola epidemic’, 2016.
- IRC ‘Ebola’s psychosocial toll on frontline health workers – Research Brief’, 2016.

MODELLING EBOLA IN WEST AFRICA

Study
Location(s): Sierra Leone

Lead
Organisation: London School of Hygiene and Tropical Medicine (LSHTM)

Research
Partners: Medecins Sans Frontieres (MSF); Save the Children; WHO

Principal
Investigator: John Edmunds, LSHTM

Duration: November 2014 – May 2016

Grant: £258,922

Aim: To develop models to project transmission of EVD.

Focus: The study aimed to fit mathematical and statistical models to the epidemiological and clinical data collected during the Ebola outbreak. Models were developed and used to track changes in the epidemiology, analyse the impact of different countermeasures, and estimate the impact of different approaches to treat patients and control the epidemic.

Outputs:

- Edmunds, J. et al. 'Effectiveness of ring vaccination as a control strategy for Ebola virus disease', 2016.
- Edmunds, J. et al. 'Temporal changes in Ebola transmission in Sierra Leone and implications for control requirements: a real-time modelling study', 2015.
- Edmunds, J. et al. 'Evaluation of the benefits and risks of introducing Ebola community care centers, Sierra Leone', 2015.

EBOLA RESPONSE ANTHROPOLOGY PLATFORM

Study Location(s): Sierra Leone

Lead Organisation: London School of Hygiene and Tropical Medicine (LSHTM)

Research Partners: Institute of Development Studies (IDS), University of Sussex; University of Exeter; Njala University

Principal Investigator: Melissa Parker, LSHTM; Melissa Leach, IDS

Duration: November 2014 – March 2017

Grant: £297,160

Aim: To develop an online resource portal to enable access to information about the socio-cultural, historical, economic and political dimensions of Ebola.

Focus: The platform aimed to provide an online shared resource portal aimed at key stakeholders, practitioners and researchers responding to the West Africa Ebola outbreak. The portal provided resources on the socio-cultural, historical, economic and political dimensions of Ebola; enabled interaction with clinical, scientific and outbreak control teams; and acted as a training resource and forum for operational questions to be responded to. The Platform has been further adapted to inform global health policy and responses to subsequent Ebola outbreaks.

Outputs:

- Multiple articles and resources were published via the Anthropology Platform: www.ebola-anthropology.net

ROLE OF TRADITIONAL HEALERS IN TRANSMISSION AND MITIGATION OF THE EBOLA OUTBREAK

Study
Location(s): Liberia

Lead
Organisation: Platform for Dialogue and Peace (P4DP)

Research
Partners: Ministry of Internal Affairs, Liberia; Natural Resources
Management Consortium; Inter-Religious Council of Liberia;
University of Exeter

Principal
Investigator: James Shiloe, P4DP

Duration: June 2015 – December 2015

Grant: £84,826

Aim: To investigate the role of Traditional Healers in transmission and mitigation of the Ebola outbreak in Liberia.

Focus: The research investigated the extent to which local populations utilised traditional healers during the Ebola outbreak in Liberia, and how traditional healers understood Ebola and their capacity to cope with it. The study also aimed to explore how this group of providers could help strengthen the national health services during health crises, recognising the role of alternative health-seeking options to build resilience and reactivity into the public health system.

DEVELOPMENT OF A SOCIAL MARKETING STRATEGY TO PROMOTE EBOLA TREATMENT-SEEKING BEHAVIOUR IN SIERRA LEONE

Study Location(s): Sierra Leone

Lead Organisation: Umeå University

Research Partners: Medical Research Centre in Sierra Leone; Centre for Health Research and Training in Sierra Leone

Principal Investigator: John Kinsman, Umeå University

Duration: January 2015 – April 2015

Grant: £158,547

Aim: To design effective messaging to promote Ebola treatment-seeking behaviour in Sierra Leone.

Focus: This study took an applied anthropological approach. It examined community perceptions of early Ebola messages and the broader Ebola response. Ebola treatment-seeking messages were then developed that responded to people's concerns, including a set of gender-sensitive and urban-rural-specific Ebola messages, with accompanying messengers and channels. These messages were validated in further field work and refined and disseminated to key in-country stakeholders for use.

Outputs:

- Kinsman, J. et al. 'Development of a set of community-informed Ebola messages for Sierra Leone', 2017.
- Kinsman, J. et al. 'A database of visual Ebola messages from Sierra Leone' 2015.
- Kinsman, J. et al. 'A set of empirically-derived Ebola messages for Sierra Leone' 2015.

PREDICTING THE GEOGRAPHIC SPREAD OF EBOLA VIRUS DISEASE (EVD) IN WEST AFRICA

Study Location(s): West Africa

Lead Organisation: University of Oxford

Research Partners: Spatial Ecology and Epidemiology Group

Principal Investigator: Simon Hay, University of Oxford

Duration: January 2015 – November 2015

Grant: £95,179

Aim: To predict the geographic spread of EVD through mapping.

Focus: The study took data on human mobility in countries in West Africa affected by Ebola and used this to make quantitative predictions of disease spread. High-resolution maps of EVD importation risk in West Africa were developed and disseminated via an online geographic information system, alongside other spatial information to guide control of the ongoing outbreak.

- Outputs:
- Hay, S. et al. 'Predicting the geographic spread of Ebola Virus Disease in West Africa', 2016.
 - Hay, S. et al. 'Spread of yellow fever virus outbreak in Angola and the Democratic Republic of the Congo 2015–16: a modelling study' 2017.
 - Hay, S. et al. 'Global distribution and environmental suitability for chikungunya virus, 1952 to 2015.' 2016.
 - Hay, S. et al. 'Updates to the zoonotic niche map of Ebola virus disease in Africa.' 2016.
 - Hay, S. et al. 'Local, national, and regional viral haemorrhagic fever pandemic potential in Africa: a multistage analysis.' 2017.

EBOLACHECK: RAPID POINT-OF-NEED EBOLA VIRUS DISEASE (EVD) DIAGNOSTICS

Study Location(s): West Africa

Lead Organisation: University of Westminster

Research Partners: BioGene Ltd., US Army Medical Research Institute of Infectious Diseases; Kwame Nkrumah University of Science and Technology; Public Health England

Principal Investigator: Sterghios Moschos, University of Westminster

Duration: November 2014 – November 2015

Grant: £620,655

Aim: To develop a diagnostic tool to identify active Ebola virus infection in unprocessed blood.

Focus: The study aimed to develop a point-of-need diagnostic device to identify active Ebola virus infection in unprocessed blood. The device would enable a fast, laboratory infrastructure-free, minimal risk and simple standard operating procedure suited to frontline, field use. The EbolaCheck device was developed but was not fully tested. The diagnostic has since been validated for use in detection of other viruses.

Outputs:

- Moschos, S. et al. 'Field-deployable, quantitative, rapid identification of active Ebola virus infection in unprocessed blood', 2017.

PILOT CLINICAL BACTERIOLOGY IN THE EVD CARE RESPONSE TO DETECT INTERCURREN BLOODSTREAM INFECTIONS AND INFORM ABOUT APPROPRIATE ANTIBIOTIC TREATMENT

Study Location(s): Democratic Republic of the Congo

Lead Organisation: Institute of Tropical Medicine (ITM), Antwerp

Research Partners: Institut National de Recherche Biomédicale; WHO

Principal Investigator: Jan Jacobs, ITM; Octavie Lugunya, INRB

Duration: August 2019 – January 2020

Grant: £193,807

Aim: To examine the potential contribution of bacterial co-infections to deaths in Ebola Treatment Centres (ETCs)

Focus: This study will pilot the implementation of clinical bacteriology tools in an ETC. Research aims to determine the frequency, causative pathogen and antibiotic resistance profiles of bacterial bloodstream infections among confirmed EVD patients. The study will also assess the value of simple blood tests and Early Warning Scores to guide antibiotic treatment, and the effect of bacterial bloodstream infection on mortality. Results will contribute to the overall evidence base about hypothesised bacterial translocation in the gut as a cause of bloodstream infection in Ebola-infected patients and provide evidence about the occurrence of healthcare-acquired infections in ETC settings.

ANTHROPOLOGICAL RESEARCH ON HUMANE DESIGNS OF EBOLA TREATMENT AND CARE TO BUILD TRUST FOR BETTER HEALTH

Study Location(s): Democratic Republic of the Congo

Lead Organisation: Martin Luther University Halle Wittenberg

Research Partners: Pole Institut; Robert-Koch-Institute; Durham University; Oxford University; Bayreuth University; GOARN; WHO

Principal Investigator: Sung-Joon Park, Martin Luther University; Nene Morisho, Pole Institute

Duration: July 2019 – January 2020

Grant: £215,699

Aim: To examine how humane designs of treatment and care at Ebola Treatment Centres (ETCs) influence the formation of trust.

Focus: The study will employ a range of anthropological research methods to examine how humane designs of treatment and care for Ebola can be operationalised at ETCs. Expert interviews and observation will explore the perspectives of health care providers, survivors and the community on human designs of treatment and care at ETCs and transit centres. The research will inform the development of user-friendly recommendations for operationalising, optimising and humanising treatment and care for Ebola.

EVALUATION OF COMMUNITY-BASED EBOLA CONTROL INTERVENTIONS

Study Location(s): Democratic Republic of the Congo

Lead Organisation: London School of Hygiene and Tropical Medicine (LSHTM)

Research Partners: International Federation of Red Cross and Red Crescent Societies (IFRC); CDC

Principal Investigator: Francesco Checchi, LSHTM

Duration: July 2019 – December 2019

Grant: £274,135

Aim: To evaluate the epidemiological and decision-making impact of two community-based interventions to control Ebola.

Focus: The study will evaluate two interventions delivered by IFRC in the Ebola response: Safe and Dignified Burial programme, and a system to collect and analyse community feedback. The Safe and Dignified Burial programme will be evaluated for fidelity and performance, and the effect on Ebola transmission will be estimated. Community feedback data will be analysed to map the evolution of community perceptions regarding Ebola and the response. The study will explore how community feedback information has been used to adapt the Ebola epidemic response, including the Safe and Dignified Burial programme.

POPULATION-BASED MONITORING OF SOCIAL DYNAMICS, PERCEPTIONS AND BEHAVIOURS RELATED TO THE EBOLA OUTBREAK AND RESPONSE

Study Location(s): Democratic Republic of the Congo

Lead Organisation: Brigham and Women's Hospital

Research Partners: Université Libre des Pays des Grands Lacs

Principal Investigator: Phuong Pham and Patrick Vinck, Brigham and Women's Hospital

Duration: July 2019 – December 2019

Grant: £249,033

Aim: To investigate public perceptions and behaviours of populations in eastern DRC in response to the Ebola outbreak and response.

Focus: The study will employ a mixed-methods approach to understand the perceptions and behavioural drivers of adherence and non-adherence to Ebola prevention efforts. The research aims to identify key factors influencing adherence to Ebola risk reduction and avoidance behaviours, including community knowledge about Ebola vaccination, treatment, and survival/prognosis. Population-based surveys will be conducted among communities affected by or at-risk of Ebola. Qualitative focus groups and key informant interviews with key community stakeholders will also be undertaken.

IMPACT OF COMMUNITY ENGAGEMENT ON INFECTION PREVENTION AND CONTROL MEASURES FOR EBOLA PREPAREDNESS

Study
Location(s): Uganda

Lead
Organisation: International Rescue Committee (IRC)

Research
Partners: Makerere University

Principal
Investigator: Naoko Kozuki and Stacey Mearns, IRC

Duration: July 2019 – December 2019

Grant: £120,355

Aim: To investigate the integration of community engagement activities to an infection prevention and control (IPC) intervention package in health facilities.

Focus: The study will employ a mixed methods approach to understand the impact of community engagement on Ebola preparedness and response. Research will assess what additional impact community engagement has on IPC scores in health facilities as compared to standard IPC package implementation. The study will also investigate the impact of the adapted model in community awareness of Ebola, health care seeking behaviours and attitudes towards health workers in health facilities.



Credit: Sarah Palmer-Felgate, Elrha

ISOLATION, QUARANTINE AND RESEARCH IN EVD MANAGEMENT: A COMPARATIVE STUDY OF PERCEPTIONS BETWEEN COMMUNITIES, OUTBREAK CONTROL TEAMS AND RESEARCHERS

Study Location(s):	Liberia; Guinea; Sierra Leone
Lead Organisation:	McMaster University
Research Partners:	Medecins Sans Frontieres (MSF); National d’Ethique pour la Recherche en Santé, Guinea
Principal Investigator:	Elysee Nouvet and Lisa Schwartz, McMaster University
Duration:	January 2016 – October 2018
Grant:	£169,825

Aim: To explore what upholding standards of ethical research actually meant during the 2014–15 Ebola outbreak in West Africa, in the eyes of those directly involved in research or its oversight.

Focus: The study sought to clarify the complexities and challenges of conducting research in distinct humanitarian crisis settings, including the perspective of patients/participants and their families. Qualitative research has been undertaken with research participants and stakeholders to understand the challenges of ensuring ethical conduct during public health emergencies. The study also aimed to learn how Ebola quarantine and isolation disease control measures interacted with ethical standards of research interventions.

ETHICAL ISSUES IN HUMANITARIAN HEALTH IN SITUATIONS OF EXTREME VIOLENCE

Study Location(s): Syria

Lead Organisation: Johns Hopkins School of Public Health (JHU)

Research Partners: Syrian American Medical Society; International Rescue Committee

Principal Investigator: Leonard Rubenstein, JHU

Duration: January 2016 – June 2019

Grant: £383,088

Aim: To develop a framework, tool and recommendations to guide health care organisations in resolving ethical challenges where health care services are under persistent attack.

Focus: The study has undertaken a systematic review, followed by in-depth interviews with clinicians and managers operating in Syria, to investigate the complex ethical challenges faced by humanitarian health organisations. The findings have been used to inform the development of a framework and tools that can be used to resolve ethical questions in situations of violence affecting humanitarian operations.

Outputs:

- Funk, K. et al. 'Ethical challenges among humanitarian organisations: insights from the response to the Syria conflict', 2018.
- Rubenstein et al. 'Reality Makes Our Decisions: Ethical Challenges in Humanitarian Health in Situations of Extreme Violence' 2019.

POST-RESEARCH ETHICS AUDIT FOR HEALTH RESEARCH IN HUMANITARIAN CRISES

Study Location(s):	Afghanistan; Ethiopia; South Sudan; Nepal
Lead Organisation:	Anglia Ruskin University
Research Partners:	HealthNet TPO; London School of Hygiene and Tropical Medicine (LSHTM); Dublin City University; Médecins Sans Frontières (MSF)
Principal Investigator:	Dónal O'Mathúna, Ohio State University
Duration:	January 2016 – March 2019
Grant:	£417,270

Aim: To investigate how anticipated research ethics issues at the point of planning or review, compare to actual ethical issues experienced when humanitarian health research is conducted.

Focus: The study is developing a tool for post-research ethical reflection and sharing of lessons-learned by humanitarian health researchers. The tool is being informed by a systematic literature review and data gathered from researchers and ethics review committees about ethical challenges experienced in research implementation. The tool and algorithm have been subject to expert review, and pilot tested in multiple settings.

Outputs:

- Articles and resources published via the PREA website: <http://www.preaportal.org/>

AID WHEN THERE'S 'NOTHING LEFT TO OFFER': A STUDY OF PALLIATIVE AND SUPPORTIVE CARE DURING INTERNATIONAL PUBLIC HEALTH CRISES

Study
Location(s): Global

Lead
Organisation: McMaster University

Research
Partners: McGill University; University of Toronto; WHO; Medecins Sans
Frontieres (MSF); Palliative Care in Complex Humanitarian
Emergencies (PALCHE); Sphere Project

Principal
Investigator: Lisa Schwartz, McMaster University

Duration: January 2016 – March 2019

Grant: £254,762

Aim: To investigate ethical considerations and practical possibilities for humanitarian organisations to address patients' and families' palliative needs during health emergencies.

Focus: The research aims to generate evidence about good practices, and help identify gaps or training needs, for palliative care response in humanitarian settings. The study involves a literature review, organisational survey and interviews with stakeholders to investigate to what extent humanitarian organisations enable their staff to provide palliative care, and to explore lived experiences of palliative care needs in emergencies.

Outputs:

- Schwartz et al. 'Palliative care in humanitarian crises: always something to offer' 2019.
- Schwartz et al. 'Moral experiences of humanitarian health professionals caring for patients who are dying or likely to die in a humanitarian crisis' 2018.
- Schwartz et al. 'Palliative care in humanitarian crises: a review of the literature' 2018.
- Nouvet et al. 'Ebola virus disease and palliative care in humanitarian crises' 2019.

EVALUATING AN INTEGRATED APPROACH TO INTIMATE PARTNER VIOLENCE AND PSYCHOSOCIAL HEALTH IN REFUGEES

Study
Location(s): Tanzania

Lead
Organisation: Johns Hopkins School of Public Health (JHU)

Research
Partners: UNHCR; Muhimbili University of Health and Allied Sciences;
Tanzanian Red Cross Society; International Rescue Committee;
University of New South Wales

Principal
Investigator: Wietse A. Tol, JHU

Duration: November 2014 – February 2018

Grant: £209,263

Aim: To evaluate the effectiveness of an intervention to address psychosocial issues and intimate partner violence (IPV).

Focus: A novel intervention was developed, integrating a focus on mental health with a focus on intimate partner violence. An intervention manual was developed following qualitative interviews and a pilot test and rolled out to women with a history of past-year intimate partner violence who were experiencing moderate to severe psychological distress. It was tested through a feasibility trial. Qualitative interviews were undertaken with key stakeholders to evaluate the implementation of the research and intervention procedures.

Outputs: Tol, W. et al. 'An integrated intervention to reduce intimate partner violence and psychological distress with refugees in low-resource settings', 2017.

EVALUATING THE IMPACT OF EARLY MARRIAGE INTERVENTIONS IN THREE EMERGENCY CONTEXTS

Study Location(s): Ethiopia; Lebanon; Myanmar

Lead Organisation: Women's Refugee Commission (WRC)

Research Partners: Johns Hopkins School of Public Health; Lebanese American University; International Medical Corps; International Rescue Committee; Kachin Development Group

Principal Investigator: Sandra Krause, WRC

Duration: December 2016 – August 2019

Grant: £499,214

Aim: To research child marriage prevalence and evaluate existing programmes in three emergency settings.

Focus: The study is collecting and analysing data on child marriage prevalence in three different humanitarian settings. The research will provide new information on the scale of the problem and enable prioritisation of prevention programming and public health interventions for married adolescent girls. Research is also being undertaken on the effectiveness of prevention and response programming for child marriage, examining existing interventions in two of the humanitarian settings.

EVALUATING THE PSYCHOLOGICAL AND SOCIAL IMPACT OF PROMOTING POSITIVE MASCULINITY THROUGH THE ‘LIVING PEACE’ PROGRAMME

Study
Location(s): Democratic Republic of the Congo (DRC)

Lead
Organisation: University of Rwanda

Research
Partners: Living Peace Institute; Institut Supérieur du Lac

Principal
Investigator: Stefan Jansen, University of Rwanda

Duration: June 2018 – June 2021

Grant: £452,379

Aim: To measure the psychological and social impact of the Living Peace programme in the DRC.

Focus: The research is undertaking a randomised controlled trial to investigate the impact of a group therapeutic intervention to promote positive masculinity (Living Peace). The study seeks to understand the programme’s impact on reducing men’s sexual gender-based violence, and the psychological and social impact on the men themselves, their families and the communities in which they live. A secondary aim is to assess whether changes in behaviour are moderated or mediated by a reduction in symptoms of mental health conditions.

EFFECTS OF CASH TRANSFERS ON INTIMATE PARTNER VIOLENCE IN HUMANITARIAN SETTINGS

Study
Location(s): South Sudan

Lead
Organisation: World Vision

Research
Partners: Johns Hopkins School of Public Health (JHU)

Principal
Investigator: Kevin Savage, World Vision; Courtland Robinson, JHU

Duration: May 2019 – April 2022

Grant: £686,202

Aim: To improve understanding of the dynamics between intimate partner violence (IPV) and cash transfers in humanitarian settings.

Focus: This study aims to investigate how cash transfers can be designed to mitigate IPV risks and enhance positive effects on gender relations. A mixed methods approach will compare households receiving cash transfers with households not receiving cash transfers. The study will measure the association between cash transfer participation and IPV, to improve understanding of how receipt of cash transfers and the way they are delivered may change gender relations, power dynamics, and IPV in receiving households.

EMPOWERMENT COUNSELLING INTERVENTION FOR PREGNANT WOMEN AND GIRLS AFFECTED BY INTIMATE PARTNER VIOLENCE

Study
Location(s): Tanzania

Lead
Organisation: WHO

Research Partners: International Rescue Committee; Innovations for Poverty Action;
George Washington University

Principal Investigator: Claudia García-Moreno, WHO; Mary Ellsberg, George
Washington University

Duration: July 2019 – June 2022

Grant: £605,082

Aim: To evaluate an empowerment counselling intervention among pregnant women and girls receiving antenatal care who have experienced intimate partner violence (IPV).

Focus: This study will undertake a pilot cluster randomised controlled trial to test the feasibility/acceptability and efficacy of a brief empowerment counselling intervention in addressing IPV. The study population are women and adolescent girls presenting for antenatal care in a refugee camp setting in Tanzania. The study will measure whether the intervention improves women's self-efficacy, reduces mental distress and increases uptake of longer-term IPV services. Qualitative research will test the feasibility of integrating such an intervention into pre-existing antenatal care in a humanitarian setting.



Credit: Rana Dajani, Taghyeer

IMPACT OF TARGETED HEALTH INSURANCE ON HEALTH UTILISATION, EXPENDITURES AND HEALTH STATUS AMONG GEORGIAN IDPs

Study Location(s): Georgia

Lead Organisation: Health Research Union (HRU)

Research Partners: Abkhazeti; National Centre for Disease Control and Public Health, Georgia

Principal Investigator: Maia Butsashvili, HRU

Duration: January 2015 – September 2017

Grant: £138,590

Aim: To evaluate the impact of targeted health insurance on the health of individuals displaced within Georgia by conflicts with Russia during/prior to 2008.

Focus: The study undertook a detailed Health Utilisation and Expenditures Survey amongst 1,300 Internally Displaced People (IDP) households in Georgia. The survey collected self-reported data on health expenditures, healthcare utilisation and health status, allowing for comparison with the general population in Georgia. The research provided insight into the effectiveness of the health insurance schemes available to IDPs displaced by conflicts with Russia.

- Outputs:**
- Butsashvili, M. et al. 'Self-perceived health status and illness among Internally Displaced People in Georgia', 2018.
 - Policy brief (produced in Georgian for national Government and other stakeholders).
 - Health Service Utilization, Expenditures and Health Status among IDP Population in Georgia: survey report.

PREVENTING DEATHS DUE TO EXTREME HEAT: DEVELOPMENT AND PILOT TESTING OF INTERVENTIONS FOR URBAN POOR IN KARACHI

Study
Location(s): Pakistan

Lead
Organisation: Johns Hopkins School of Medicine (JHU)

Research
Partners: Aga Khan University; Aman Foundation; WHO

Principal
Investigator: Junaid Razzak, JHU

Duration: January 2016 – June 2019

Grant: £451,068

Aim: To develop and test a set of interventions to reduce the impact of extreme heat on urban low-income populations.

Focus: A set of messages about extreme heat were developed and delivered to community members, and a training protocol designed and provided to medical staff in four hospital settings in Karachi. The study is measuring the subsequent impact on health-seeking behaviours compared to a control group, and on improved knowledge and care practices. Data is being collected on emergency department admissions and all-cause mortality to determine the effectiveness of the intervention package, and to inform care strategies for management of people with exposure to extreme heat in both households and emergency departments.

IDENTIFYING WAYS TO PROMOTE HEALTH SYSTEMS RESILIENCE THROUGH SYSTEMS ANALYSIS OF UNRWA PROVISION TO PALESTINE REFUGEES DISPLACED BY THE SYRIA CRISIS

Study Location(s): Jordan; Lebanon; Syria

Lead Organisation: Queen Margaret University (QMU)

Research Partners: UNRWA; American University of Beirut

Principal Investigator: Alastair Ager, QMU

Duration: January 2016 – February 2019

Grant: £335,203

Aim: To identify the key vulnerabilities of UNRWA health systems in the face of disruptions associated with the displacement of Palestine refugees registered in Syria.

Focus: This study aimed to document the impact of the displacement of Palestine refugees registered in Syria on the operation of UNRWA health systems, and their adaptation to disruption, through case studies in the contexts of Lebanon, Jordan and Syria. Learning across the settings have suggested common systems principles promoting health systems resilience in the context of protracted humanitarian crisis.

- Outputs:**
- UNRWA Syria: 'Delivery of Health Services in the Context of the Syria Crisis' – policy briefs related to Jordan, Lebanon and Syria.
 - Ager et al. 'Resilience capacities of health systems: Accommodating the needs of Palestinian refugees from Syria' 2019.
 - Ager et al. 'In support of UNRWA appeal for health and dignity of Palestinian refugees' 2018.

MULTI-PURPOSE AND CONDITIONAL CASH-BASED TRANSFERS AND PUBLIC HEALTH AMONG SYRIAN REFUGEES

Study
Location(s): Jordan; Lebanon

Lead
Organisation: Johns Hopkins School of Public Health (JHU)

Research
Partners: UNHCR; Lebanese American University; Medair

Principal
Investigator: Shannon Doocy, JHU

Duration: November 2017 – April 2020

Grant: £545,931

Aim: To assess the effectiveness of cash transfers on health outcomes among Syrian refugees in Jordan and Lebanon.

Focus: The research is investigating multi-purpose cash and conditional cash transfers provided to refugees in Jordan and Lebanon. The study is examining how cash transfers affect health expenditures, health-seeking behaviour and health service utilisation. The conditional cash transfer arm of the study is focused on patients with hypertension and/or diabetes and is also investigating whether cash improves their health outcomes.

MEASURING URBAN CAPACITY FOR HUMANITARIAN CRISIS: PILOTING AN URBAN HEALTH RESPONSE SYSTEM ASSESSMENT TOOL

Study
Location(s): Pakistan; Brazil; Nigeria

Lead
Organisation: Johns Hopkins School of Medicine (JHU)

Research
Partners: ICRC; APPNA Public Health Institute, Jinnah Sindh Medical
University; Port Harcourt University; Universidade Federal do
Ceará – Fortaleza

Principal
Investigator: Junaid Razzak, JHU

Duration: November 2017 – October 2019

Grant: £498,491

Aim: To develop a tool to objectively measure and score the life-saving capability of urban health systems in the aftermath of a mass casualty event.

Focus: A literature review and in-depth interviews have been undertaken and used to inform the design of a tool to measure a city's preparedness for response to an emergency. The reliability and validity of the tool is being researched by using it to score the preparedness of three cities (Karachi, Port Harcourt and Fortaleza), and compare outcomes with results of real-life emergency simulations. Qualitative assessment of policymakers' perception of the process and outputs of the tool are also planned.

EVALUATING THE PUBLIC HEALTH IMPACTS OF ATTACKS ON HEALTH IN SYRIA

Study
Location(s): Syria

Lead
Organisation: University of California

Research Partners: Johns Hopkins School of Public Health; Syrian American Medical Association Foundation; Assistance Coordination Unit, Turkey

Principal
Investigator: Rohini Haar, University of California

Duration: September 2019 – August 2022

Grant: £374,075

Aim: To understand the nature and severity of impacts of attacks on medical facilities and personnel in Syria.

Focus: The study seeks to investigate the intermediate and long-term effects of the bombing of clinics on the health of local communities. A multi-disciplinary, mixed-methods approach will be employed utilising quantitative data analysis, key informant interviews and case studies. The research aims to understand impacts on the availability and utilisation of health services, the experiences of health workers, and on selected health outcomes such as infectious diseases. Findings will help inform health service programme planning and preparedness in Syria, and present a model for monitoring public health vulnerabilities stemming from attacks on health in other contexts.

RAPID: REGIONAL ANAESTHESIA FOR PAINFUL INJURIES AFTER DISASTERS

Study Location(s): Global

Lead Organisation: Epicentre/Médecins Sans Frontières (MSF)

Research Partners: Brown University

Principal Investigator: Carrie Teicher, Epicentre/MSF

Duration: Not triggered

Grant: £131,650

Aim: To demonstrate that local medical providers could be trained to perform regional anaesthesia safely and effectively.

Focus: The study sought to validate an intensive, two-day training in regional anaesthesia for a group of international physicians, and a subsequent identical training provided for a small group of local physicians in the immediate aftermath of an earthquake. The study also planned to determine whether regional anaesthesia could reduce suffering from lower limb injuries. This was a 'rapid trigger' study which was not in the event undertaken as no suitable earthquake took place during the designated time period. However, Standard Operating Procedures were designed which can be used in future research, and protocols have been published.

Outputs:

- Levine, A. et al. 'Regional Anesthesia for Painful Injuries after Disasters (RAPID): study protocol for a randomized controlled trial in regional anesthesia techniques for planned randomized controlled trial in a disaster setting', 2016.
- Teicher, C. et al. 'Focused training for humanitarian responders in regional anesthesia techniques for a planned randomized controlled trial in a disaster setting', 2016.

DETERMINANTS OF FUNCTIONAL OUTCOMES AFTER TRAUMA IN HUMANITARIAN SETTINGS

Study Location(s): Afghanistan; Iraq; Burundi; South Sudan; Haiti

Lead Organisation: Humanity & Inclusion (HI)

Research Partners: Médecins Sans Frontières (MSF); Karolinska Institute

Principal Investigator: Bérangère Gohy, Humanity & Inclusion (HI)

Duration: July 2018 – July 2021

Grant: £350,385

Aim: To assess functional outcomes of trauma patients in humanitarian settings and analyse the determinants of these outcomes.

Focus: The research aims to assess and validate a modified functional score for trauma patients in humanitarian settings. A cross-culturally valid and reliable functional score for trauma patients is being developed for four emergency settings. Through a case-control study, the socio-demographic, clinical and care-related determinants of optimal functional recovery are being investigated.



Credit: Kaity Kavar, International Rescue Committee



EFFECTIVENESS AND COST-EFFECTIVENESS OF SIMPLIFIED PSYCHOLOGICAL SUPPORT IN CONFLICT-AFFECTED PAKISTAN

Study
Location(s): Pakistan

Lead
Organisation: WHO

Research
Partners: Lady Reading Hospital; Human Development Research Foundation;
Rawalpindi Medical College; University of New South Wales; Vrije
Universiteit

Principal
Investigator: Mark van Ommeren, WHO

Duration: November 2014 – November 2016

Grant: £349,718

Aim: To test the efficacy of an innovative, simplified psychological intervention, Problem Management Plus (PM+).

Focus: A randomised controlled trial was conducted in three primary care centres in Peshawar, Pakistan. Adult primary care attendees with high levels of both psychological distress and functional impairment were randomly assigned to either the intervention or enhanced usual care. The intervention was delivered by lay health workers, and employed problem solving, behavioural activation, strengthening social support, and stress management strategies.

Outputs:

- Van Ommeren, M. et al. 'Effect of a multicomponent behavioural intervention in adults impaired by psychological distress in a conflict-affected area of Pakistan', 2016.
- Van Ommeren, M. et al. 'Problem Management Plus (PM+) for common mental disorders in a humanitarian setting in Pakistan; study protocol for a randomised controlled trial (RCT)' 2016.
- Van Ommeren, M. et al. 'Problem Management Plus (PM): pilot trial of a WHO transdiagnostic psychological intervention in conflict-affected Pakistan', 2016.
- Problem Management Plus (PM+) manual published in English, Urdu, Kiswahili, Arabic, Chinese, Japanese and Spanish.

LONGER-TERM MENTAL HEALTH, DEVELOPMENTAL AND SYSTEMS IMPACT OF CHILD FRIENDLY SPACES

Study Location(s): Jordan; Nepal; Uganda

Lead Organisation: World Vision

Research Partners: Columbia University; Save the Children; Columbia University Middle East Research Center; UNICEF; Makerere University; Plan International

Principal Investigator: Kevin Savage, World Vision

Duration: April 2014 – December 2016

Grant: £323,309

Aim: To evaluate the effectiveness of Child Friendly Space (CFS) interventions on improved outcomes for children and youth.

Focus: Longitudinal studies were undertaken on children and youth who had participated in CFS programmes in three humanitarian locations – Uganda (Congolese refugees), Jordan (Syrian refugees), and Nepal (earthquake affected children). The studies examined the trajectory of children’s mental health, well-being, protection and development as well as the sustained impact of CFS on strengthening formal and informal systems essential for children’s support and protection.

Outputs:

- Ager et al. ‘Technical Summary Report – longer-term mental health, developmental and systems impacts of Child Friendly Space interventions in humanitarian emergencies’, 2016.
- Metzler et al. ‘Short and longer-term impacts of Child Friendly Space Interventions in Rwamwanja Refugee Settlement, Uganda’, 2019.
- Hermosilla et al. ‘Child friendly spaces impact across five humanitarian settings: a meta-analysis’, 2019.

ENHANCING COMMUNITY RESILIENCE IN THE ACUTE AFTERMATH OF DISASTER: EVALUATION OF A DISASTER MENTAL HEALTH INTERVENTION

Study Location(s): Haiti, Nepal

Lead Organisation: Colorado University

Research Partners: Soulaje Lespri Moun, Haiti; Transcultural Psychosocial Organization, Nepal

Principal Investigator: Courtney Welton-Mitchell and Leah James, Colorado University

Duration: June 2014 – December 2016

Grant: £236,427

Aim: To evaluate a culturally adapted community-based disaster mental health intervention.

Focus: The study sought to test the effectiveness of an intervention to improve mental health and increase engagement in disaster preparedness and response. This was a 'rapid trigger' grant in which baseline data was collected in two disaster-prone settings (in Haiti and Nepal) prior to the occurrence of a particular natural disaster. Participants in intervention arms took part in a disaster resource building training course. Subsequently, both settings suffered significant flooding events during 2014 (Haiti) and 2015 (Nepal), following which outcomes for participants were compared to control groups.

Outputs:

- Welton-Mitchell et al. 'Evidence-based mental health integrated disaster preparedness in Nepal and Haiti', 2018.
- Welton-Mitchell et al. 'Community-based disaster mental health intervention: curriculum manual for use with communities affected by natural disasters in Nepal', 2016.
- 'Community-based disaster mental health intervention' curriculum manuals produced in English, Nepali and Haitian Kreyol.

ADDRESSING THE 'ACCESS' AND 'SCALE' CHALLENGE: COST-EFFECTIVENESS OF A NEW WHO-GUIDED PSYCHOSOCIAL SELF-HELP PROGRAMME

Study
Location(s): Uganda

Lead
Organisation: WHO

Research Partners: HealthRight International; Makerere University; Johns Hopkins School of Public Health; King's College London; University of New South Wales; UNHCR; University of Ottawa; University of Glasgow

Principal Investigator: Mark van Ommeren, WHO

Duration: October 2015 – April 2018

Grant: £456,713

Aim: To determine the effectiveness of Self Help Plus, an innovative WHO intervention package for people requiring psychosocial support.

Focus: The study evaluated the Self Help Plus (SH+) intervention amongst South Sudanese refugee women living in Uganda. SH+ is a form of cognitive-behavioural therapy which can be implemented in areas where humanitarian access is nominal or non-existent. The research was undertaken through feasibility and definitive cluster randomised controlled trials, followed by a process evaluation. The primary outcome measure was symptoms of psychological distress, and secondary outcome measures included depressive symptoms, post-traumatic stress and subjective well-being.

Outputs:

- Epping-Jordan, J.E. 'Self-Help Plus (SH+): A New WHO Stress Management Package', 2016.
- Van Ommeren al 'Scalable psychological interventions for people affected by adversity' 2018

HEALTH OUTCOMES OF A SCALABLE PSYCHOSOCIAL INTERVENTION FOR REFUGEE YOUTH

Study Location(s): Jordan

Lead Organisation: Yale University

Research Partners: Columbia University; Mercy Corps; University of Western Ontario; Taghyeer; Northwestern University; Harvard University

Principal Investigator: Catherine Panter-Brick, Yale University

Duration: April 2015 – July 2017

Grant: £295,131

Aim: To evaluate the progress of the ‘No Lost Generation’ programme, a psychosocial intervention for refugee youth delivered in Jordan.

Focus: The research sought to evaluate the efficacy of an 8-week psychosocial intervention delivered by lay volunteers from the community. This was a mixed-methods study combining screening instruments, cognitive evaluations and biological markers of stress. It assessed levels of psychosocial stress, mental health, and resilience, and collected pre- and post-intervention data on physiological and cognitive function. The research had a secondary goal to test different tools and methods; and to provide a ‘proof-of-concept tool-kit’ to inform innovative methods for project evaluation.

- Outputs:**
- Panter-Brick, C. et al. ‘Hair cortisol concentrations in war-affected adolescents: a prospective intervention trial’, 2017.
 - Panter-Brick, C. et al. ‘Insecurity, distress and mental health: experimental and randomized controlled trials of a psychosocial intervention for youth affected by the Syrian crisis’, 2017.
 - Panter-Brick, C. et al. ‘Resilience in Context: a brief and culturally grounded measure for Syrian refugee and Jordanian host-community adolescents’, 2017.
 - Panter-Brick, C. et al. ‘What strong partnerships achieve: innovations in research and practice’ 2018.
 - Clukay et al. ‘Association of MAOA genetic variants and resilience with psychosocial stress: A longitudinal study of Syrian refugees’, 2019.
 - Clukay et al. ‘FAAH, SLC6A4, and BDNF variants are not associated with psychosocial stress and mental health outcomes in a population of Syrian refugee youth’. 2019.

ADAPTATION AND EVALUATION OF A DISASTER MENTAL HEALTH INTERVENTION FOR EARTHQUAKE SURVIVORS IN KATHMANDU VALLEY

Study
Location(s): Nepal

Lead
Organisation: Colorado University

Research
Partners: Transcultural Psychosocial Organisation, Nepal

Principal
Investigator: Courtney Welton–Mitchell and Leah James, Colorado University

Duration: January 2015 – December 2016

Grant: £75,158

Aim: To evaluate a therapeutic disaster mental health intervention on service providers and earthquake-affected communities.

Focus: An existing mental health intervention manual was adapted for survivors of the Nepal earthquake. The study undertook pre and post training assessments for service providers, followed by pre and post intervention assessments of vulnerable community members using a stepped-wedge design. Focus group discussions with community members added qualitative information.

Outputs:

- 'Community-based disaster mental health intervention' curriculum manuals, published in English and Nepali.

STRENGTHENING EVIDENCE AND EVALUATION APPROACHES FOR SCALING PSYCHOLOGICAL FIRST AID IN HUMANITARIAN SETTINGS

Study
Location(s): Sierra Leone

Lead
Organisation: War Trauma Foundation

Research
Partners: Queen Margaret University; Vrije Universiteit; University of Makeni;
Liberia Center for Outcomes Research in Mental Health

Principal
Investigator: Joop de Jong, Vrije Universiteit

Duration: June 2016 – September 2018

Grant: £343,403

Aim: To enhance the evidence base to inform capacity building in the Psychological First Aid approach as a means of humanitarian emergency assistance and response.

Focus: The study investigated the extent to which Psychological First Aid (PFA) strengthens the provision of effective mental health and psychosocial support in the context of humanitarian crises. A replicable framework for collecting evidence of the impact of PFA has been developed. This has been used to evaluate the impact of PFA on delivery systems and providers during the 2014–2015 Ebola outbreak, and on the subsequent roll-out of PFA in the health sector in Sierra Leone.

Outputs: Horn. et al. 'The myth of the 1-day training: the effectiveness of

- psychosocial support capacity-building during the Ebola outbreak in West Africa' 2019

EVALUATION OF A SCALABLE INTERVENTION TO IMPROVE THE MENTAL HEALTH OF YOUNG ADOLESCENT SYRIAN REFUGEES

Study
Location(s): Jordan

Lead
Organisation: University of New South Wales (UNSW)

Research
Partners: King's College London; War Child Holland; WHO

Principal
Investigator: Richard Bryant, UNSW

Duration: August 2017 – April 2020

Grant: £400,176

Aim: To investigate the efficacy of a mental health support package which provides a scalable intervention to young refugees and caregivers.

Focus: The research aims to assess the effectiveness of a mental health intervention, developed with the World Health Organization – Helping Young Adolescents Cope (HYAC) – which is being delivered to Syrian refugee youth aged 10–14 years in Jordan. The study involves qualitative research to ensure the cultural appropriateness of the intervention, followed by pilot and full randomised controlled trials and a process evaluation. Findings will help inform whether such low-intensity interventions can be scaled-up to reduce common mental disorders in youth affected by adversity.

DEVELOPMENT, PILOTING AND EVALUATION OF A PHONE-DELIVERED PSYCHOLOGICAL INTERVENTION (t-CETA) FOR SYRIAN REFUGEE CHILDREN IN LEBENON

Study
Location(s): Lebanon

Lead
Organisation: Queen Mary University of London

Research
Partners: Johns Hopkins School of Public Health; American University of Beirut;
Medical School of Hamburg; Médecins du Monde

Principal
Investigator: Michael Pluess, Queen Mary University of London

Duration: September 2017 – September 2019

Grant: £383,552

Aim: To adapt and evaluate an existing transdiagnostic psychological treatment programme for delivery by phone.

Focus: This study seeks to adapt the Common Elements Treatment Approach (CETA) so that it can be delivered by telephone to Syrian refugee children. A detailed manual and training materials are being developed for the telephone-delivered psychological intervention (t-CETA). A randomised controlled trial aims to test the efficacy of t-CETA in comparison to both face-to-face CETA and treatment as usual, whilst qualitative research will explore implementation and acceptance of the treatment.

EFFECTIVENESS AND COST-EFFECTIVENESS OF GUIDED E-MENTAL HEALTH CARE FOR SYRIAN REFUGEES IN URBAN LEBANON

Study
Location(s): Lebanon

Lead
Organisation: WHO

Research
Partners: Ministry of Public Health, Lebanon; International Medical Corps;
Vrije Universiteit; UNHCR; Association Francophone pour les Malades
Mentaux; American University of Beirut; University of Zurich

Principal
Investigator: Mark van Ommeren, WHO

Duration: January 2018 – December 2019

Grant: £502,294

Aim: To test the feasibility, effectiveness and cost-effectiveness of an e-mental health intervention among Syrian refugees.

Focus: The research is investigating a guided self-help intervention called Step-by-Step, delivered with the help of Information Technology to refugees in Lebanon. Qualitative key informant interviews are being used to adapt the intervention, and a randomised controlled trial is being undertaken to assess its feasibility, effectiveness and cost-effectiveness.

IMPROVING THE MENTAL HEALTH OF REFUGEE MEN THROUGH GUIDED SELF-HELP: A SCALABLE INTERVENTION

Study Location(s): Uganda

Lead Organisation: Johns Hopkins School of Public Health (JHU)

Research Partners: WHO; UNHCR; Peter C. Alderman Foundation; Makerere University; Arua Regional Referral Hospital

Principal Investigator: Wietse A. Tol, JHU

Duration: September 2018 – August 2021

Grant: £587,779

Aim: To examine the effectiveness of a scalable psychological intervention adapted for male refugees to reduce psychological distress and associated risks.

Focus: The study aims to adapt an existing multimedia self-help intervention Self Help Plus (SH+), targeting male South Sudanese refugees. A cluster randomised controlled trial will assess the impact of the intervention on men's psychological distress, and on a range of secondary outcomes including alcohol misuse, anger, perpetration of violence against women and girls, and economic outcomes.

HUMANITARIAN EMERGENCY SETTINGS PERCEIVED NEEDS SCALE – DEVELOPING A SELF- ADMINISTRATED VERSION FOR WEB USE

Study Location(s): Kenya; Sweden

Lead Organisation: Örebro University

Research Partners: King's College London; WHO; International Organization for Migration (IOM)

Principal Investigator: Karin Hugelius, Örebro University

Duration: June 2018 – June 2021

Grant: £45,888

Aim: To develop a self-administered version of the HESPER scale, for use in a web based format.

Focus: The study aims to develop a self-administered version of HESPER – the Humanitarian Emergency Settings Perceived Needs Scale – for web use. The web version is first being tested through psychometric evaluation with asylum seekers in Sweden, with results compared against in-person HESPER interviews. Field-testing of the tool is being undertaken among refugee and displaced people in a camp setting, and then in the acute phase of a sudden onset emergency.

A RANDOMISED CONTROLLED TRIAL OF ENHANCED CHILD FRIENDLY SPACE INTERVENTIONS FOR CHILDREN AFFECTED BY CONFLICT AND DISPLACEMENT

Study
Location(s): Uganda

Lead
Organisation: World Vision

Research
Partners: Columbia University

Principal
Investigator: Cassie Landers, Columbia University; Kevin Savage, World Vision

Duration: September 2018 – September 2021

Grant: £616,655

Aim: To determine whether a newly developed Child Friendly Space (CFS) enhancement improves the effectiveness of the intervention.

Focus: The research aims to determine if an enhanced CFS package effectively improves the 'standard' approach, and inform about the practicality and cost of its implementation. The study is undertaking a three-arm randomised controlled trial to compare the enhanced CFS intervention with a standard CFS intervention and a control group. Mental health and psychosocial outcome measures are being collected.

EVALUATION OF A COMMUNITY-BASED COMPREHENSIVE EPILEPSY PREVENTION AND TREATMENT PROGRAMME

Study
Location(s): South Sudan

Lead
Organisation: Amref Health Africa

Research
Partners: Amref International University; Ministry of Health, South Sudan;
University of Antwerp; University of Oxford; Light for the World;
OVCI Ia Nostra Famiglia; Mentor Initiative Sight Savers; CUAMM

Principal
Investigator: Richard Lako, Ministry of Health, South Sudan; Jane Carter, Amref
Heath Africa

Duration: August 2019 – August 2022

Grant: £437,988

Aim: To evaluate a community-based programme to manage epilepsy and investigate transmission rates of onchocerciasis ('river blindness').

Focus: The study will evaluate a community-based programme to manage epilepsy and decrease epilepsy-related morbidity and mortality. The research also aims to investigate the effect of biannual mass drug administration of ivermectin and vector control on the reduction of transmission of Onchocerciasis. Pre and post intervention evaluations will be undertaken in three different onchocerciasis endemic areas of South Sudan. The incidences of presumed onchocerciasis associated epilepsy and nodding syndrome will be investigated.

NCD GUIDELINES AND mHEALTH RECORDS FOR REFUGEES IN LEBANON

Study
Location(s): Lebanon

Lead
Organisation: Johns Hopkins School of Public Health (JHU)

Research
Partners: Massachusetts Institute of Technology (MIT); International
Organization for Migration (IOM);

Principal
Investigator: Shannon Doocy, JHU

Duration: September 2014 – November 2016

Grant: £257,885

Aim: To develop, implement and evaluate treatment guidelines and an mHealth intervention to improve treatment of hypertension and type 2 diabetes.

Focus: The study adapted guidelines for treatment of hypertension and type 2 diabetes to an emergency context. Working in partnership with MIT, an mHealth app was developed which acted as a patient medical record and a tool to support treatment decisions. Staff in health care facilities were trained on use of the guidelines and the mHealth app. A study was undertaken to assess the effectiveness of the interventions, measuring clinical health outcomes and qualitative feedback from both patients and providers.

Outputs:

- Doocy, S. et al. 'Pilot Testing and Implementation of a mHealth tool for Non-communicable Diseases in a Humanitarian Setting', 2017.
- Doocy, S. et al. 'Guidelines and mHealth to improve quality of hypertension and Type 2 Diabetes care for vulnerable populations in Lebanon: longitudinal cohort study', 2017.
- Mobile Patient-Controlled Health Record (mHealth) app.

A NEW EVIDENCE-BASE FOR RESPIRATORY HEALTH INTERVENTIONS IN VOLCANIC ERUPTION CRISES (HIVE)

Study Location(s): Japan; Mexico; Indonesia

Lead Organisation: Durham University

Research Partners: Kagoshima University, Japan; University of Indonesia; Institute of Occupational Medicine; Universidad Nacional Autónoma de México; Pan American Health Organization; Save the Children Indonesia; International Society for Respiratory Protection

Principal Investigator: Claire Horwell, Durham University

Duration: November 2015 – March 2019

Grant: £599,939

Aim: To determine the effectiveness of a range of face masks to protect against volcanic ash, and to explore behavioural factors influencing mask use.

Focus: The study tested different face masks in a laboratory environment to determine the most effective masks to protect people from inhaling volcanic ash. Surveys and anthropological research were undertaken with volcano-affected communities in Mexico, Indonesia and Japan, to inform culturally-specific messaging to support appropriate use of masks. The research has informed the development of a protocol for a future clinical trial to ascertain the health benefits of wearing masks during volcanic eruptions.

Outputs:

- Mueller, W. et al. 'The effectiveness of respiratory protection worn by communities to protect from volcanic ash inhalation. Part I: Filtration efficiency tests', 2018.
- Covey, et al. 'Factors motivating the use of respiratory protection against volcanic ashfall: A comparative analysis of communities in Japan, Indonesia and Mexico', 2019.
- Advice and guidance products are available at: <http://www.ivhnh.org/ash-protection>.

OPTIMISING A COMMUNITY-BASED MODEL FOR CASE IDENTIFICATION, MONITORING AND PREVENTION OF HYPERTENSION AND DIABETES

Study Location(s):	Jordan
Lead Organisation:	International Rescue Committee (IRC)
Research Partners:	University of Southern California; Brigham and Women's Hospital; Jordanian University of Science and Technology
Principal Investigator:	Parveen Parmar, University of Southern California; Ruwan Ratnayake (independent)
Duration:	July 2018 – January 2021
Grant:	£448,515

Aim: To investigate and improve a community health worker based model for non-communicable disease care in a humanitarian emergency.

Focus: The study seeks to establish the prevalence of hypertension and diabetes, barriers to accessing care, and proportion of cases not under care amongst refugees in Jordan. Analysis of community health worker led service provision aims to support a redesigned care strategy for roll out. A cohort study of patients is envisaged to assess feasibility and cost-effectiveness of the strategy.

HUMAN AND ENVIRONMENTAL HEALTH COSTS AND BENEFITS OF FIREWOOD VERSUS CLEAN FOSSIL FUEL USE

Study Location(s): Bangladesh

Lead Organisation: Stanford University

Research Partners: Iccdr,b; International Organization for Migration (IOM); UNHCR; Energy and Environment Technical Working Group in Cox's Bazar

Principal Investigator: Stephen Luby, Stanford University

Duration: June 2019 – May 2022

Grant: £474,685

Aim: To investigate the human well-being and environmental impacts of the distribution of liquid propane gas (LPG) to replace firewood for cooking.

Focus: This research will conduct a cross-sectional study of communities that are and are not receiving free LPG distribution intended to reduce use of firewood for cooking. The study will investigate what are the opportunities and barriers for effective distribution and uptake of LPG, and the cost-effectiveness of the intervention. Research will also measure human impacts of propane versus firewood collection, including the use of time, security, household economics and indoor air pollution, and environmental factors such as reduced deforestation and landslide risk.



Credit: World Vision International



FOLLOW-UP OF SEVERELY MALNOURISHED CHILDREN: EFFECTIVENESS OF A COMBINED NUTRITION AND PSYCHOSOCIAL INTERVENTION ON HEALTH AND DEVELOPMENT

Study
Location(s): Nepal

Lead
Organisation: Action Contre La Faim (ACF)

Research
Partners: Icddr,b; Rajbiraj District Public Health Office, Nepal; Child Health Division, Nepal

Principal
Investigator: Cécile Bizouerne, ACF

Duration: January 2015 – July 2017

Grant: £270,384

Aim: To assess the cost-effectiveness and long-term impact of a combined nutrition/psychosocial intervention on the growth and development of children with Severe Acute Malnutrition (SAM).

Focus: The research assessed the effectiveness of the inclusion of a 7-week psychosocial intervention alongside treatment for SAM and, through a randomised controlled trial, compared outcomes to the SAM treatment alone. The psychosocial intervention was aimed at mothers of malnourished children aged 6–24 months. The study measured the impact on children's nutritional outcomes, as well as child development and the mothers' own mental health. A cost-effectiveness study sought to investigate if the inclusion of the psychosocial intervention reduced overall treatment costs.

CASH AND VOUCHERS FOR NUTRITION: A STUDY OF NUTRITIONAL OUTCOMES FOR VULNERABLE GROUPS IN THE SOMALIA FOOD CRISIS

Study Location(s):	Somalia
Lead Organisation:	World Vision
Research Partners:	Johns Hopkins School of Public Health (JHU)
Principal Investigator:	Kevin Savage, World Vision; Shannon Doocy, JHU
Duration:	August 2017 – June 2019
Grant:	£258,876

Aim: To compare the effectiveness of food vouchers to the effectiveness of mixed transfers on health outcomes.

Focus: The study aimed to address whether the provision of both cash and vouchers (mixed transfers) are more effective than vouchers alone for preventing acute malnutrition and supporting health behaviours and food security. Research is focused on pregnant and lactating women and children under five years of age during a food crisis in Somalia. Comparison was undertaken between the two voucher/cash interventions and a control group, to measure health outcomes, health service utilisation and to investigate perception and use of different types of assistance.

UNDERSTANDING THE CAUSES AND HEALTH IMPACTS OF DISPLACEMENT AND MIGRATION ON INTERNALLY DISPLACED PEOPLE IN SOUTHERN SOMALIA

Study Location(s): Somalia

Lead Organisation: University College London (UCL)

Research Partners: Concern Worldwide

Principal Investigator: Andrew Seal, UCL

Duration: August 2017 – July 2019

Grant: £197,248

Aim: To enhance understanding of the causes and impact of displacement and migration on the health of internally displaced people.

Focus: The study seeks to gain an in-depth understanding of the factors and process involved in migration decisions in southern Somalia during the 2017 emergency. Qualitative research was undertaken to improve understanding of when, why, where and how people decide to migrate, and the health impacts associated with these decisions. The study has mapped the migration routes used by internally displaced people, and interviews are being used to estimate the humanitarian status of those in inaccessible areas.

EFFECTIVENESS AND POLICYMAKING SURROUNDING COMBINED PROTOCOL FOR TREATMENT OF ACUTE MALNUTRITION IN FOOD CRISES

Study
Location(s): Somalia

Lead
Organisation: International Rescue Committee (IRC)

Principal
Investigator: Naoko Kozuki, IRC

Duration: August 2017 – June 2019

Grant: £213,950

Aim: To determine whether acutely malnourished children treated under the combined protocol meet the Sphere minimum standard for recovery.

Focus: The study investigated the effectiveness of a combined protocol for the treatment of severe and moderate acute malnutrition. Research was undertaken in a nutrition clinic in Somalia to establish if the Sphere humanitarian standards were met for children aged 6–59 months. The perceptions of clinic staff about the effectiveness of the combined protocol were documented, and policy analysis was conducted in four food crisis-affected contexts to understand factors that facilitated or hindered policy adoption.

OPTIMA: SIMPLIFIED AND OPTIMISED MANAGEMENT OF ACUTE MALNUTRITION IN CHILDREN AGED 6 TO 59 MONTHS

Study Location(s): Niger

Lead Organisation: The Alliance for International Medical Action (ALIMA)

Research Partners: French National Institute of Health and Medical Research; Haut Commissariat a L'Initiative les Nigériens Nourissent les Nigériens; Bien Etre de la Femme et de l'Enfant au Niger; Institut Pasteur

Principal Investigator: Susan Shepherd, ALIMA

Duration: September 2019 – August 2022

Grant: £606,424

Aim: To investigate the effectiveness of a single protocol for the treatment of severe and moderate acute malnutrition.

Focus: This study seeks to investigate the effectiveness of a simplified protocol for the treatment of severe and moderate acute malnutrition, known as OptiMA. A randomised controlled trial will measure child survival and nutritional status of children under 5 years. The trial will compare outcomes for children treated by the OptiMA protocol with the standard protocol for treatment of Severe Acute Malnutrition in Nigeria. Research will also determine OptiMA's cost-effectiveness compared to standard management of severe acute malnutrition.

EFFECTIVENESS, COST-EFFECTIVENESS, AND COVERAGE OF SEVERE ACUTE MALNUTRITION TREATMENT DELIVERED BY COMMUNITY HEALTH WORKERS

Study Location(s): Mali; Senegal

Lead Organisation: Action Against Hunger (ACF)

Research Partners: Research Group Epidemiology and Nutrition; Universidad Complutense Madrid; Institut National de Recherche en Santé Publique; LARTES-IFAN; University Cheikh Anta Diop of Dakar

Principal Investigator: Noemi Lopez-Ejeda, ACF; Saul Guerrero (independent)

Duration: July 2019 – June 2022

Grant: £525,544

Aim: To investigate a simplified protocol for treatment of severe acute malnutrition delivered by Community Health Workers (CHWs).

Focus: The study will undertake a cluster randomised controlled trial to compare a simplified protocol with the current Community Management of Acute Malnutrition (CMAM) protocol. Research will determine if CHWs can obtain equal or higher severe acute malnutrition (SAM) cure rates and increase treatment coverage by using a simplified protocol. The study will also assess whether coverage increases by including SAM treatment within the Integrated Community Case Management package delivered by CHWs in an emergency setting. The cost and cost-effectiveness of three different models of health service delivery will also be investigated.

ADVANCING THE EVIDENCE-BASE OF THE MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH

Study Location(s): Democratic Republic of the Congo (DRC)

Lead Organisation: International Medical Corps

Research Partners: Centers for Disease Control and Prevention; UNFPA; Ministry of Health, North Kivu Province, DRC

Principal Investigator: Michelle Hynes, CDC

Duration: January 2015 – September 2017

Grant: £465,745

Aim: To integrate a quality improvement approach in the implementation of the maternal and newborn health components of the Minimal Initial Service Package (MISP).

Focus: The study tested a Quality Improvement approach to delivering the MISP, in which additional training was provided as a minimum package of care to help improve maternal and newborn care. The research investigated whether such an approach, being used for the first time in a humanitarian context, would lead to improved outcomes in health care facilities in the Kivu region of DRC. The study used mixed methods, including interviews with women who gave birth at healthcare facilities, and evaluation of medical records completed during labour.

Outputs:

- Hynes, M. et al. 'Using a quality improvement approach to improve maternal and neonatal care in North Kivu, Democratic Republic of Congo', 2017.
- Baseline Evaluation Report: Advancing the evidence base of the minimum initial service package (MISP) for reproductive health: using a quality improvement approach in the DRC.

EVERY SECOND MATTERS FOR MOTHERS AND BABIES – KETAMINE HUMANITARIAN CRISIS™

Study
Location(s): Kenya

Lead
Organisation: Massachusetts General Hospital (MGH)

Research
Partners: UNICEF; Sagam Community Hospital; Maseno University;
College of Surgeons of East, Central and Southern Africa;
Ministries of Health (Nairobi, Turkana and Garissa); Kisumu
Medical and Education Trust

Principal
Investigator: Thomas Burke, MGH

Duration: September 2016 – June 2019

Grant: £450,500

Aim: To rigorously test the safety and effectiveness of Every Second Matters – Ketamine Humanitarian Crisis™ – when administered by non-anaesthetists.

Focus: The study is investigating an alternative form of anaesthetics, to be administered by non-anaesthetists, to assess its safety and effectiveness in crisis-affected regions of Kenya. The package involves a kit and training programme. Through a stepped wedge implementation and evaluation, the research seeks to investigate the outcomes of the package on improved access to emergency and life improving surgery, assess its safety profile and identify implementation barriers and facilitators of the package.

Outputs:

- Burke. et al. 'Safety and feasibility of a ketamine package to support emergency and essential surgery in Kenya when no anaesthetist is available: an analysis of 1216 consecutive operative procedures', 2017.
- Burke. et al. 'Intraoperative awareness and experience with a ketamine-based anaesthesia package to support emergency and essential surgery when no anaesthetist is available' 2019
- Burke. et al. 'ESM-Ketamine Manual' 2019

OVERCOMING CHALLENGES TO ACCESSING QUALITY POST-ABORTION CARE IN HUMANITARIAN CRISES

Study
Location(s): South Sudan; Afghanistan

Lead
Organisation: Columbia University

Research
Partners: International Medical Corps

Principal
Investigator: Sara Casey, Columbia University

Duration: September 2017 – September 2019

Grant: £490,286

Aim: To investigate the barriers and facilitators of use and provision of post-abortion care services in Afghanistan and South Sudan.

Focus: This is a mixed methods study including interviews, facility assessments and reviews of national policies and protocols in two emergency settings. The research aims to provide in-depth knowledge across a range of factors influencing post-abortion care services, including: the characteristics of service-users; barriers and facilitators as perceived by users and providers; and availability and quality of services.

MAGNITUDE AND SEVERITY OF ABORTION-RELATED COMPLICATIONS AND FACTORS ASSOCIATED WITH SEVERE AND NEAR MISS EVENTS

Study Location(s): Democratic Republic of the Congo; Nigeria; Central African Republic; South Sudan

Lead Organisation: Ipas

Research Partners: Gutmacher Institute; Medecins Sans Frontieres (MSF); Epicentre

Principal Investigator: Tamara Fetters, Ipas

Duration: May 2018 – May 2021

Grant: £521,367

Aim: To describe and estimate the burden of all abortion complications and factors associated with severe morbidity, among women admitted for post-abortion care.

Focus: The study aims to generate evidence highlighting the magnitude and severity of abortion-related complications, providing extensive details on women's trajectories to experiencing severe and near-miss complications. Mixed methods research is being undertaken in four MSF facilities in Africa to investigate the burden of all abortion complications, the management of post-abortion complications and the practices of health care workers.

ALTERNATIVE SANITATION IN PROTRACTED EMERGENCIES

Study
Location(s): Ethiopia

Lead
Organisation: CDC Foundation

Research
Partners: UNHCR; Oxfam; Norwegian Refugee Council

Principal
Investigator: Thomas Handzel, CDC Foundation

Duration: June 2014 – July 2017

Grant: £191,446

Aim: To determine the safety and acceptability of urine-diversion toilets in a refugee camp setting in Ethiopia.

Focus: The mixed methods study undertook qualitative surveys and laboratory-based research to determine the effectiveness of Urine Diverting Dry Toilets (UDDTs) in a long-term refugee camp setting. Surveys were carried out to determine user attitudes and practices regarding UDDTs. Environmental samples from UDDTs were collected and analysed at regular intervals to evaluate their performance. Additional research on additive use was undertaken in a controlled lab setting.

Outputs:

- Alternative sanitation in protracted emergencies: final report.

EVALUATING THE EFFECTIVENESS OF SAFE DRINKING WATER IN TREATMENT OF SEVERE ACUTE MALNUTRITION

Study Location(s): Pakistan

Lead Organisation: Action Against Hunger (ACF)

Research Partners: Johns Hopkins School of Public Health; Procter & Gamble

Principal Investigator: Silke Pietzsch, ACF

Duration: January 2015 – July 2017

Grant: £300,000

Aim: To evaluate the effectiveness of three safe water drinking measures on the treatment of Severe Acute Malnutrition (SAM).

Focus: The study investigated three household water treatment technologies amongst households where children were being treated for SAM, and compared to a control group. The impact on recovery rates, duration of malnutrition treatment and weight gain for children under five years was investigated. Household interviews investigated participants' experiences with each of the water treatment methods, and a cost effectiveness study was undertaken to compare treatment costs and costs per child recovered.

Outputs: Pietzsch, S. et al. 'Point-of-use water treatment improves recovery rates among children with severe acute malnutrition in Pakistan: results from a site-randomized trial' 2018.

- Pietzsch, S. et al. 'Costs and cost-effectiveness of three point-of-use water treatment technologies added to community-based treatment of severe acute malnutrition in Sindh Province, Pakistan' 2019.

BUILDING A CROSS-SECTORAL TOOLKIT FOR THE INTEGRATION OF MENSTRUAL HYGIENE MANAGEMENT INTO EMERGENCY RESPONSE

Study Location(s): Myanmar; Lebanon; Niger; Tanzania

Lead Organisation: International Rescue Committee (IRC)

Research Partners: Columbia University

Principal Investigator: Marni Sommer, Columbia University

Duration: January 2015 – January 2018

Grant: £497,598

Aim: To explore and analyse girls' and women's priority menstrual hygiene needs in emergency settings and develop a toolkit to guide humanitarian response.

Focus: Focus group discussions with women and girls in Myanmar and Lebanon, key informant interviews and a literature review were undertaken. These were used to inform the development of a comprehensive Menstrual Hygiene Management (MHM) toolkit. This was piloted in Tanzania and a process and endline evaluation was carried out to establish its effectiveness and use in an emergency setting. Findings informed the final version of the toolkit, which has been published in open access format and widely disseminated within the sector.

Outputs:

- Sommer, M. et al. 'Pilot testing and evaluation of a toolkit for menstrual hygiene management in emergencies in three refugee camps in Northwest Tanzania', 2018.
- Sommer, M. et al. 'Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon', 2017.
- Sommer, M. et al. 'What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review', 2016.
- Menstrual Hygiene Management in Emergencies Toolkit: full guide, mini guide and infographics.

FILLING THE GAP: RESEARCHING COMMONLY IMPLEMENTED BUT SEVERELY UNDER-RESEARCHED WATER AND HYGIENE INTERVENTIONS TO PREVENT CHOLERA

Study Location(s): Bangladesh; Democratic Republic of the Congo; Haiti; Mozambique

Lead Organisation: Tufts University

Research Partners: International Federation of Red Cross (IFRC); Medecins Sans Frontieres (MSF); Action Contre La Faim; Solidarites; UNICEF; AIDES; Oxfam and FHI360

Principal Investigator: Daniele Lantagne, Tufts University

Duration: September 2017 – December 2019

Grant: £228,000

Aim: To determine the efficacy of common interventions which seek to inactivate vibrio cholerae bacteria.

Focus: The study is investigating two common responses to cholera outbreaks: household disinfection (including household spraying and household disinfection kit distribution); and bucket chlorination. Laboratory research is being undertaken to establish the efficacy of these approaches. Tests are also being conducted in six humanitarian emergency settings where cholera outbreaks have been reported, to determine effectiveness of the application of these approaches in the field.

Outputs:

- Lantagne, D. et al. 'Study on Bucket Chlorination and Household Disinfection Information – Briefing Note' 2018.



Credit: Marion Vera Aluoch, World Vision

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