

elrha



Pathways to Change 2020

A world equipped to mitigate the
impact of humanitarian crises



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INTRODUCTION

We are Elrha. 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 equip humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most.

Our two world-class programmes, the **Humanitarian Innovation Fund (HIF)** and **Research for Health in Humanitarian Crises (R2HC)**, are central to our impact. We are driven by the needs and priorities of people affected by crises. Our work focusses on high-quality research to grow the evidence base, and on innovation to identify, test and scale solutions. We have supported 282 research studies and innovation projects to date, championing new ideas and different approaches to evidence what works in humanitarian response.

We believe research and innovation should be central to global efforts to improve the effectiveness of humanitarian response, and we engage collaboratively with strategic actors and partners to make this happen. But research and innovation take time to create positive change in the lives of people affected by crises.

This Pathways to Change report – our first – provides an overview of our key activities and charts the process through which they achieve impact. We outline our approach to creating pathways to change, and explore narrative examples of how we affect change across our research and innovation programmes.



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FOREWORD

By Jess Camburn, CEO, Elrha

In a world of increasing humanitarian needs and stretched resources, it's more important than ever for humanitarian organisations to demonstrate the difference they make to the lives of people and communities affected by crises.

At Elrha, we are committed to understanding and sharing the results of our work. I am therefore delighted to share our first Pathways to Change report for our two programmes - the Humanitarian Innovation Fund (HIF) and the Research for Health in Humanitarian Crises programme (R2HC).

We have seen much progress since our establishment in 2009, but we remain concerned that humanitarian response is not routinely informed by evidence of what works. It continues to suffer from under-investment in proven new solutions that can address the problems faced by people living through crisis.

Our aim is for research and innovation to be embedded as central pillars of the humanitarian system and, ultimately, to drive the adoption of evidence-based innovative practice to improve the effectiveness of humanitarian response.

We know we can't achieve this alone – that's why we actively seek partnerships with other likeminded organisations and communities. Our work is also supported by experts from around the world through our programme Advisory Groups, Funding Committees and Technical Working Groups (TWGs), as well as those who act as technical reviewers.

In this report, we outline illustrative stories of change in four areas of work, alongside several project-level case studies - these provide an overview of what we do and why we do it.

I hope you enjoy reading about the approach we take along our pathways to change. We welcome and encourage feedback and thoughts on what more we can do to achieve the change we wish to see, and on the role research and innovation can play in the humanitarian system.

We are part of an extraordinary community of humanitarian researchers and innovators, and are grateful to our donors – past and present - for supporting our vision of a world equipped to mitigate the impact of humanitarian crises.

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In recent years, Elrha has also received funding from EU Humanitarian Aid through the European Commission's Civil Protection and Humanitarian Aid department (ECHO), and the Swedish International Development Cooperation Agency (SIDA), who have both contributed to the work documented here.

We would also like to thank Save the Children UK for its years of support, from our establishment in 2009 as a hosted initiative to our transition to a subsidiary in 2018.

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GLOSSARY

ADRRN: Asia Disaster Reduction and Response Network

AIHT: African Institute for Health Transformation

CBM: Christian Blind Mission

COSECSA: College of Surgeons of East, Central and Southern Africa

CUMERC: Columbia University Middle East Research Center

DOAI: Disability and Older Age Inclusion

FCDO: UK Foreign, Commonwealth and Development Office

GBV: Gender-based Violence

GLAD: Global Action on Disability

HIF: Humanitarian Innovation Fund

IASC: Inter-Agency Standing Committee

ICRC: International Committee of the Red Cross

IDIA: International Development Innovation Alliance

IFRC: International Federation of Red Cross and Red Crescent Societies

IRC: International Rescue Committee

MHPSS: Mental health and psychosocial support

MSF: Médecins Sans Frontières

NGOs: Non-Governmental Organisations

ODI: Overseas Development Institute

OPDs: Organisations of persons with disabilities

PAHO: Pan-American Health Organisation

PTSD: Post-traumatic stress disorder

RAM-OP: The Rapid Assessment Method for Older People

RIT: Research Impact Toolkit

ROMA: RAPID Outcome Mapping Approach

R2HC: Research for Health in Humanitarian Crises

TWG: Technical Working Groups

UCCE: User-Centred Community Engagement

UNAM: University of Mexico

UNHCR: United Nations Refugee Agency

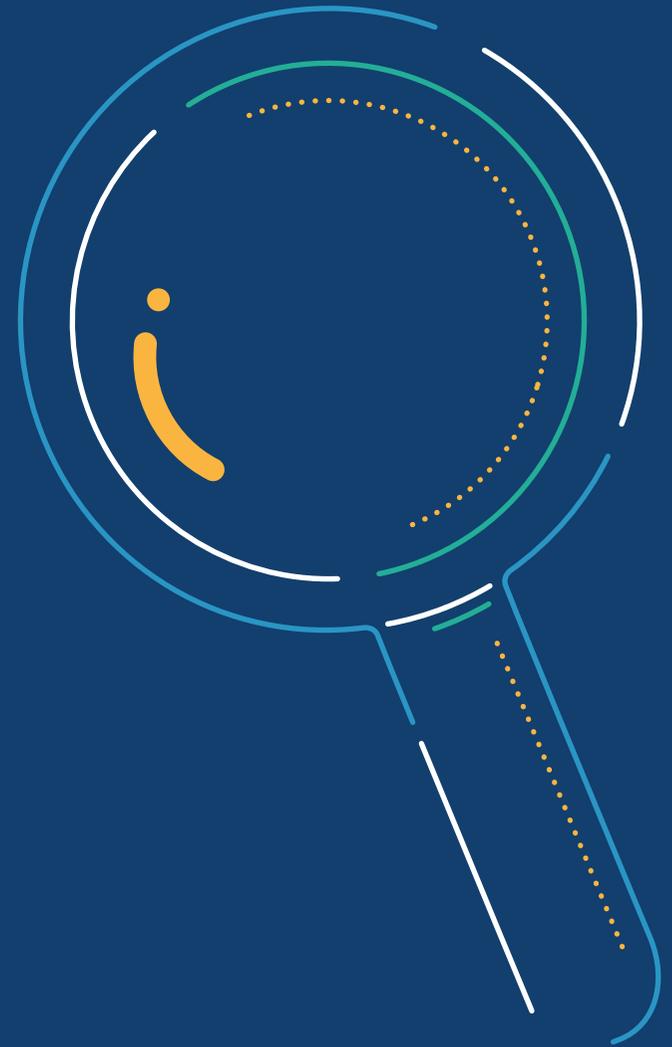
UNICEF: United Nations International Children's Emergency Fund

UNPRPD: United Nations Partnership on the Rights of Persons with Disabilities

WASH: Water, Sanitation and Hygiene

WHO: World Health Organisation

OUR VISION



OUR VISION

We want to contribute to a global community where humanitarian actors at all levels are well prepared to respond effectively and efficiently to crises.

We want to equip the community with the evidence-based approaches it needs to tackle complex humanitarian problems. As a result, many more lives will be saved and people affected by crises will feel better supported.

Our strategy is composed of four interconnected streams of work – our 'Four Ds'. Taken together, these are the building blocks of our pathways to change.

Our aim: To improve humanitarian response through uptake of research and innovation into policy and practice.

Defining problems

We identify and prioritise the most pressing problems within humanitarian response and plan research and innovation approaches to tackle them. We are solution-focused, even where problems are at their most complex. We engage stakeholders at multiple levels to achieve consensus and deepen our understanding around both the environment in which problems are situated and the needs of those affected.

Developing and supporting grantees

We fund high-quality humanitarian research and innovation projects. We use our experience and expertise in supporting projects over more than a decade to ensure the highest possible chance of success. We provide those we fund with a robust package of support. This ensures our projects adopt a responsible and ethical approach, reflect the needs of end users, and integrate with our pathway to change strategy.

Distilling evidence

We create and share practical tools and guidance based on evidence of what works. We systematically collect evidence on study findings and effective innovation solutions from across the humanitarian community. We develop tools and guidance based on what we've learnt from carrying out research and innovation in humanitarian contexts and make them available in user-friendly, accessible and appropriate formats.

Driving change

We empower the humanitarian community to adopt what works. We support projects from start to finish, focusing on achieving maximum impact. We engage early and regularly with key influencers and decision makers at global and national levels to ensure their involvement and commitment from the beginning - a crucial component of success in this area.

The problem: Humanitarian policy and practice tends not to be based on robust evidence of what works or new solutions to problems.

Our programmes

Research for Health in Humanitarian Crises (R2HC)

R2HC aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions.

Our globally-recognised research programme focuses on maximising the potential for public health research to bring about positive change in humanitarian response. The work we do through the R2HC helps inform decision-making. Through annual calls for proposals, we fund rigorous research addressing critical evidence gaps. We focus on research that has the greatest potential to improve public health response in humanitarian settings. Through a responsive mechanism, we also fund rapid research around unforeseen humanitarian crises or infectious disease outbreaks.

Humanitarian Innovation Fund (HIF)

The HIF aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. The HIF is our globally-recognised programme leading on the development and testing of innovation in the humanitarian system. Established in 2011, it was the first of its kind – an independent grant-

making programme open to the entire humanitarian community. Through HIF, we fund, support and manage innovation at every stage of the innovation process. Our portfolio of HIF-funded projects informs a more detailed understanding of what successful innovation looks like, and what it can achieve for the humanitarian community. The HIF focuses on innovation in Water, Sanitation and Hygiene (WASH), Gender-based Violence (GBV) and Disability and Older Age Inclusion (DOAI) in humanitarian action. It also has dedicated areas of focus on scale, community-led innovation, and capacity and skills building for innovation management.

Expert input

Both R2HC and HIF benefit from expert Advisory Groups. Members of the [R2HC Advisory Group](#) and the [HIF Advisory Group](#) contribute strategic guidance around funding needs, priorities, approaches and criteria, and support our wider positioning and stakeholder engagement work.

Our HIF and R2HC funding committees provide independent assessment and recommendations around funding decisions, and engage expert technical reviewers in our decision-making processes.

The HIF is additionally supported by TWGs. These groups provide a greater depth of technical expertise, dedicated to [WASH](#), [GBV](#) and [DOAI](#).

They advise on programme strategy, key success indicators and funding, and quality-assure publications where appropriate. Through these mechanisms, we engage collaboratively with senior-level experts across academia, humanitarian policy makers, practitioners and funders.

STORIES OF CHANGE



STORIES OF CHANGE

Our stories of change are drawn from across our research and innovation programmes.

Each illustrates the interplay between our 'Four Ds' – define, develop, distil and drive – and their contribution to our pathways to change.

Gender-based violence (GBV)

GBV is a human rights violation. And for many women and girls across the world, it is an insidious reality. The risk of abuse, violence and exploitation increases through all phases of humanitarian crises. The Covid-19 pandemic has served only to exacerbate its prevalence and impact on people's lives.

High-quality innovation and research is needed in this area now more than ever. But GBV doesn't always receive the critical attention and resources it requires. For example, between 2016 and 2018 GBV accounted for just 0.12% of all humanitarian funding.¹

By 2015, the potential for innovation in this area was relatively unexplored. Although interest was rising, the humanitarian community lacked a shared understanding of what successful innovation might look like, and the kinds of problems it could help address.

In response, we established a dedicated area of focus for GBV within the HIF. In line with our strategic ambition to tackle bigger system problems, we placed an emphasis on monitoring and evaluation. Through this, we support and encourage innovators to tackle complex systemic barriers standing in the way of improvements to GBV programming, such as gender bias.

Define

In 2016, our HIF programme commissioned the first-ever gap analysis identifying specific challenges in humanitarian GBV programming through the lens of innovation. The gap analysis – '[Gender-based violence interventions and the opportunities for innovation](#)' – gave an overview of priority problems experienced by the GBV humanitarian community of practice. It generated a series of clearly-defined, accessible, and impactful innovation challenges to address gaps in programming.

In 2017, we commissioned an evidence review under R2HC on '[Gender-based violence research methodologies in humanitarian settings](#).' This offered recommendations on research methodology and ethics to support researchers developing research proposals around GBV.

Evidence shows that, despite their increased risk of suffering GBV, people with disabilities and older people have limited access to services and tend to use them less. So in 2019, building on insights captured from the gap analysis and evidence review, we commissioned a '[Rapid review of evidence on the inclusion of people with disabilities and older people in humanitarian gender-based violence programming](#).'

Our second '[Gap analysis of gender-based violence in humanitarian settings: a global consultation](#),' to be published in 2021, builds on our learning in 2016 and identifies changes. The document provides a systematic and comprehensive assessment of GBV in emergencies in a framework of risk mitigation, response and prevention.

Develop

Since 2014, we have funded five GBV studies under R2HC and 21 innovation projects under HIF. We launched our first GBV HIF innovation challenge in 2017 – '[Innovative monitoring and evaluation tools: Measuring the impact of gender-based violence programmes and developing real-time measurement tools](#).' This funding call supported three projects aimed at ensuring quality monitoring and evaluation data on GBV services and more efficient data collection methods in crisis contexts.

1. VOICE and IRC, (2019). '[Where is the money? How the humanitarian system is failing in its commitments to end violence against women and girls](#).' IRC: New York

Building on our learning from the 2017 challenge, the second innovation challenge was launched in 2018 to address **'Localised perspectives of monitoring and evaluation for gender-based violence programming.'** This call supported five projects addressing contextual differences and practices in GBV monitoring and evaluation. It generated new perspectives and insights to inform and progress the global agenda on measuring the impact of emergency programmes in this area.

Bringing together our work in developing innovative monitoring and evaluation tools, and aligning activity with context-based insights, we focused our third innovation challenge, launched in 2019, on adoption: **'Driving the adoption of gender-based violence monitoring and evaluation approaches.'** We supported two projects testing innovative solutions to the barriers preventing humanitarian actors adopting approaches that measure the effectiveness of GBV programmes.

Recognising the need to support innovations at the later stages of their innovation journeys, in 2020 we established **'Advancing gender-based violence innovations.'** This is a new funding opportunity for innovations we have supported previously. Its aim is to advance their reach, scale and impact.

Distil

In 2019, at the Sexual Violence Research Initiative's Forum, we organised an event for innovators and researchers – **'Humanitarian gender-based violence research and innovation.'** This created space for our grantees, strategic partners and experts to share experience and learning.

As part of our efforts to actively promote learning from our innovations, we advocated for several of our projects to be included in the International Development Innovation Alliance (IDIA) paper **'Innovating to address gender-based violence (2020).'** This unique resource includes a collection of promising innovative practices to effectively tackle GBV. It is addressed to practitioners and provides them with an update on the latest developments.

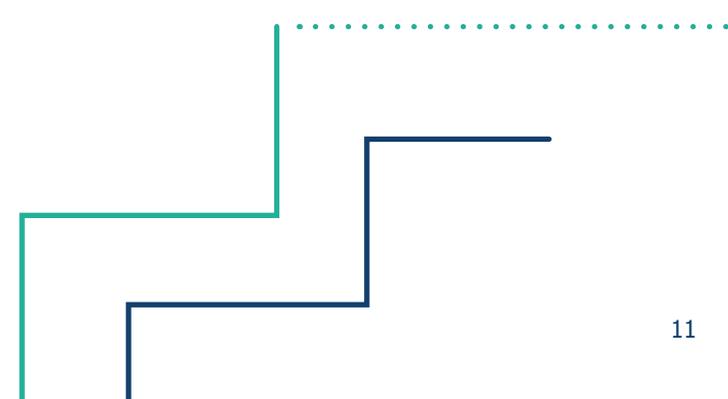
In 2020, we produced the report **'Innovation to improve monitoring and evaluation for humanitarian gender-based violence programming: an overview of findings from the Humanitarian Innovation Fund portfolio.'** This review synthesises key lessons in monitoring and evaluation for GBV programming. It demonstrates the valuable contributions made by innovation and sparks further reflection to improve GBV programming in humanitarian response. The report will be published in 2021.

Drive

Since 2018, Elrha has been part of the **Call to Action on Protection from Gender-based Violence in Emergencies International Organisations Working Group.** This is a global initiative to drive change and foster accountability from the humanitarian system to address GBV. Our participation allows us to draw on the group's expertise to gain insights for our work and to share learning from the innovations and research we fund.

We are also part of the **International Development Innovation Alliance's (IDIA) Gender and Innovation Working Group.** Through this group, we share our learning with some of the world's leading development agencies.

In early 2021, we were invited to join the **Global Women's Institute Technical Advisory Group** for their new grant stream focused on building GBV evidence. As part of this group, we will contribute findings and learning from our focus on monitoring and evaluation.



Inclusion of people with disabilities and older people (DOAI)

The World Health Organisation (WHO) estimates 1 billion people worldwide have some kind of disability – around 15% of any given population. For people over 60, this rises to 46%.²

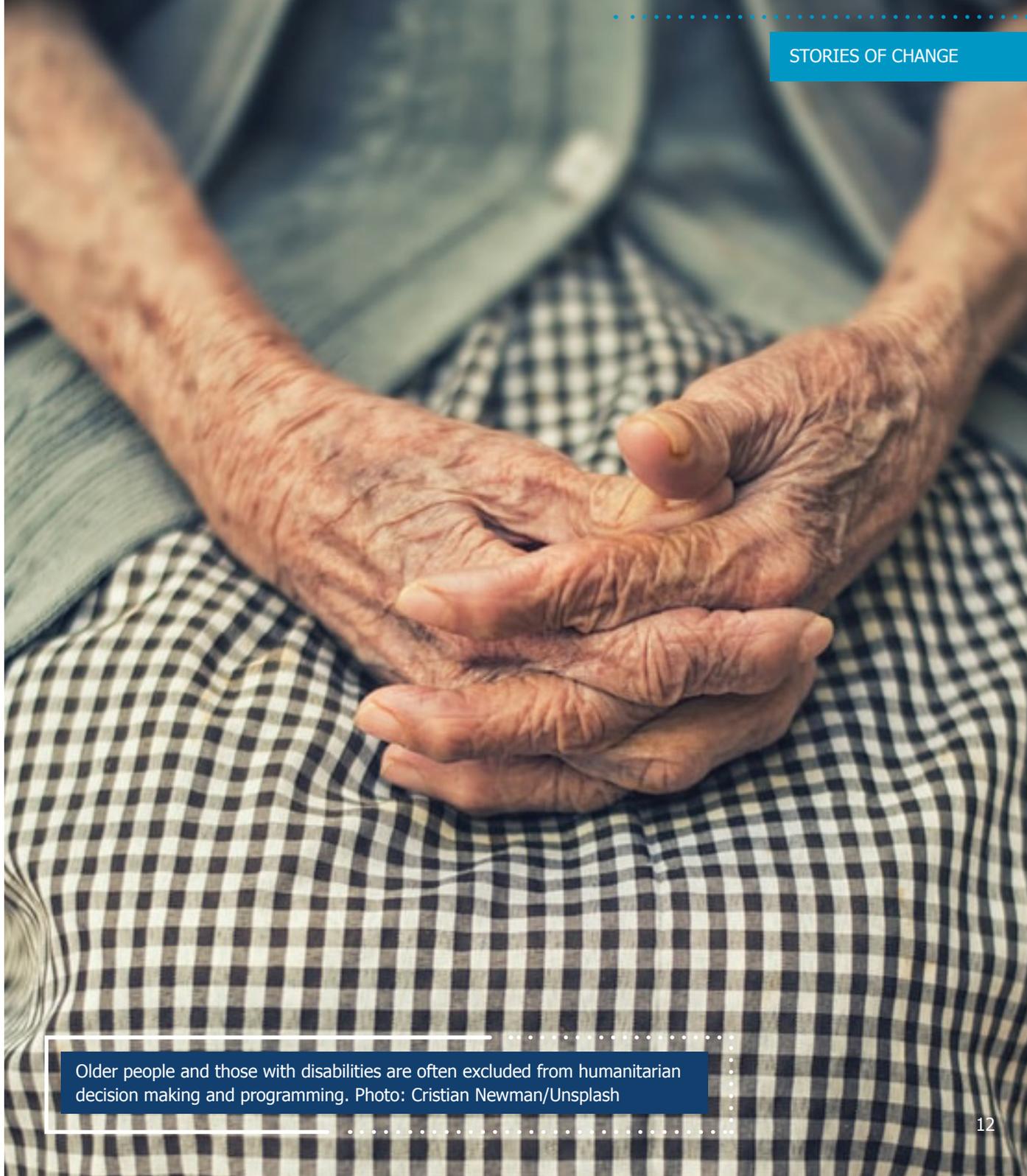
Demographic trends and increased rates of chronic health conditions are both driving these figures upwards. Disability rates are also substantially higher in humanitarian settings.

People with disabilities and older people are often excluded from humanitarian programming and decision-making processes. People in these groups face a series of cultural, attitudinal, physical, communication, legal and policy barriers. As a result, their rights, perspectives and agency are frequently overlooked, leaving them disproportionately affected by crises.

Recognising this, and building on our strategic commitment to include marginalised and excluded groups in humanitarian action, we set up a specific area of work focused on disability and older age inclusion. This focus area, established in 2019, will generate a better understanding of barriers, opportunities and rights, and drive adoption of innovative approaches. Its ultimate aim is for a more effective and inclusive humanitarian response.

These issues are cross-cutting in nature and require a holistic approach. This area of focus is therefore integrated closely with our work on WASH and GBV.

2. WHO, (2020). 'Disability and health'.



Older people and those with disabilities are often excluded from humanitarian decision making and programming. Photo: Cristian Newman/Unsplash

Define

In 2019, building on our experience in WASH interventions in humanitarian contexts, we commissioned a 'Rapid review of disability and older age inclusion in humanitarian water, sanitation and hygiene interventions.' This review identifies good practices, key trends and existing gaps. It improves the humanitarian community's understanding of the intersection between these two areas and, in turn, informs our priorities for further innovation and research.

Following a similar approach, and also in 2019, we commissioned a 'Rapid review of evidence of the inclusion of people with disabilities and older people in humanitarian gender-based violence programming.' The review addresses a lack of evidence in these areas and documents promising examples, gaps and challenges.

Building on the emerging findings of these two rapid reviews, in 2020 we commissioned a comprehensive 'Gap analysis on the inclusion of people with disabilities and older people in humanitarian response.' The research, led by the Nossal Institute at the University of Melbourne, is organised in two reports. The literature review synthesises the findings of academic publications and grey literature, while the beyond the evidence report presents additional insights from individuals working in humanitarian response, disability inclusion and older age inclusion.

This was the first piece of work to systematically review the evidence in these areas.

Develop

Informed by our evidence reviews, and in consultation with our TWG and donors, we launched our first two innovation challenges in 2019:

- **Exploring barriers to inclusion in WASH humanitarian programming faced by people with disabilities and older people.**
- **Exploring barriers to inclusion in GBV humanitarian programming faced by people with disabilities and older people.**

Our gap analysis identified preparedness as an important and neglected area. In response, we focused our third innovation challenge on 'Exploring how inclusive preparedness enables inclusive response'. Launched in 2020, this challenge has supported five projects. For example, one team in the Philippines is addressing the availability of actionable and shareable data to increase provision of inclusive shelters when a crisis strikes.

Our gap analysis also highlighted a lack of mechanisms for meaningful participation by older people and people with disabilities in humanitarian programming, and a lack of evidence around the effectiveness of existing mechanisms. We therefore directed our

fourth innovation challenge to 'Increase meaningful participation of people with disabilities and older people'. Through this challenge, also launched in 2020, we've funded three projects exploring innovative ways to move beyond the rhetoric of participation to use new and adapted approaches to increase participation in practice.

Distil

In Part One of our gap analysis, we made a strategic decision to categorise, analyse and map evidence against the Sphere companion guide – 'Humanitarian inclusion standards for people with disabilities and older people.' This distilled evidence in a familiar and well-regarded framework for the humanitarian community and helped make our findings more accessible and relevant to our audiences. Part Two went beyond the evidence by overlaying this mapping with insights from the humanitarian community. This approach allowed us to distil detailed and diverse evidence into seven potential areas for innovation.

Our innovation challenges are designed to respond to particular problem areas. From seven potential areas presented by the gap analysis, we followed a consultation process to refine our focus. A workshop with our dedicated TWG prioritised three areas to take forward. Next, we drafted challenges and consulted with a wider range of people. This included in-depth conversations with TWG members, discussions with members of a volunteer challenge reference group (made up of the humanitarian community and relevant

experts), and a group discussion with members of the International Disability Alliance. This process helped us build on findings from the gap analysis and better articulate the innovative approaches we're looking for.

Drive

Although this is a relatively new area of focus for us, we have already engaged with key stakeholders and experts in the field by participating in forums tackling disabilities in humanitarian action. These engagements strengthen the content of our gap analyses and challenges, and deepen our understanding of the core principles related to DOAI. They also drive uptake and awareness of our evidence and innovations in the broader humanitarian community, including amongst both practitioners and decision-makers.

We joined the [Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action](#). We became an active member in Working Group 6, focused around the participation of organisations of persons with disabilities (OPDs). The working group aimed to increase genuine engagement in humanitarian action. As part of the [Stakeholder Group of Persons with Disabilities for Sustainable Development](#), we also joined the [thematic group on disaster risk reduction and climate action](#).

This group ensures global and regional disaster risk reduction and climate action is inclusive, allowing equal participation of persons with disabilities and their representative organisations. The group is also a key audience for our innovation challenges. Our

engagement has helped us reach organisations that are under-represented in our grants – for example, organisations of persons with disabilities and locally-led organisations.

We were invited to join the advisory group for a set of partnership activities organised by the Arts and Humanities Research Council (part of UK Research and Innovation) and the [United Nations Partnership on the Rights of Persons with Disabilities \(UNPRPD\)](#). And we were among 120 organisations in the sector to endorse the [Global Action on Disability \(GLAD\) Network's 'Call to Action to all stakeholders to include persons with disabilities in the response and recovery phases of the Covid-19.'](#)

One of our grantees, Heartland Alliance, was invited to participate in the event ['Inclusion of persons with disabilities and older persons in the humanitarian response to gender-based violence.'](#) The event was organised by the [Global Protection Cluster](#) to present findings from their study on barriers to inclusion, and strategies to improve access to GBV humanitarian programming among older people and people with disabilities in Iraq.



CASE STUDY

HIF - Rapid assessment of older people's needs

HelpAge International UK and its partners Valid International and Brixton Health.

The Rapid Assessment Method for Older People (RAM-OP) innovation sought to develop a rapid, low cost, multi-sectoral and simple tool to conduct assessments of older people's needs in humanitarian response. Ultimately it aimed to avoid one-size-fits-all programmes that fail to take into account the specific needs of older people.

We have supported this new assessment method on two occasions – through its initial development in 2013 and its roll-out and uptake in 2018.

The tool entails a spatial sampling methodology, a questionnaire and dedicated software to analyse data. These components, alongside detailed guidance for implementing the surveys, are freely available on a dedicated website for any organisation to use. To date, the analysis software has been downloaded more than 7,000 times.

The new tool was tested in Ethiopia and Tanzania. Its performance was compared against SMART – the most widely used methodology for nutrition assessments. RAM-OP produced similarly precise results at about 60% of the cost. This demonstrates that identifying

specific requirements and needs for particular groups, such as older people, is not as costly and time-consuming as often believed. In doing so, it addresses one of the key barriers to this type of assessment in emergency response.

The results have been widely shared within the humanitarian sector – particularly among nutrition forums. This has led to their inclusion in influential guidelines such as the Sphere Handbook and the Humanitarian Inclusion Standards for older people and people with disabilities.

The project is a strong example of our funding allowing the benefits of an innovation to be validated and freely shared within the sector. Ultimately, it means any humanitarian organisation conducting needs assessments can benefit from an alternative, more cost-effective tool.

Mental health and psychosocial support (MHPSS)

Refugees, displaced people, and people affected by conflict or a natural disaster often experience challenges to their mental health and psychosocial wellbeing. Evidence shows increased rates of psychological distress, social problems, and both common and severe mental disorders. In June 2019, WHO updated its estimates for the prevalence of mental disorders in low and middle-income settings affected by conflict. The review estimated more than one in five people (22.1%) in post-conflict settings live with depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder or schizophrenia. Almost one in 10 (9.1%) have a moderate or severe mental disorder.³

This high prevalence of mental disorders demands sustainable mental health care in crisis affected contexts. This requires investment in leadership and governance for mental health. We need integrated and responsive MHPSS services in community-based settings, strategies for mental health promotion and prevention and strengthened information systems, with evidence and research for mental health in humanitarian settings.

The last 15 years have seen more humanitarian actors addressing the MHPSS needs of refugees, as well as those affected by conflict and displacement.

But the effectiveness of these interventions is largely unknown. There is a widely-recognised need for research to evaluate interventions, including those in contexts where there are no skilled service providers. Evidence-based approaches are critical to inform the decisions of those funding and implementing humanitarian response.

We aim to improve understanding of which approaches and interventions are most effective. We promote the uptake of our research findings to inform policy and programming, so that children, young people and adults struggling with mental health problems can receive the best possible support.

Define

There is a long-recognised need for increased investment in evidence-gathering and research for mental health, as highlighted in our 2015 '[Humanitarian health evidence review](#)'. The review highlighted the lack of available evidence on the effectiveness and feasibility of scaling-up low-cost, low-intensity psychological interventions in settings with no skilled mental health experts. It also noted a lack of evidence on the effectiveness of individual versus group-based interventions – such as those involving parents, peers, and schools. In addition, it found a key evidence gap around inter-sectoral approaches, such as the integration of MHPSS interventions with nutrition, protection and education services.

In 2020, we commissioned a research priority setting on MHPSS, updating an earlier initiative covering the period 2010-2020. Coming under the auspices of the IASC reference group, we anticipate a consensus-based research agenda will be agreed through consultation with practitioners and researchers at global, regional and local levels. The priorities we identify will guide humanitarian research in this area for the next 10 years, ensuring relevant and appropriate research questions.

Develop

Between 2014 and 2020, our annual calls for research proposals funded 19 studies on MHPSS. These studies have investigated the effectiveness of a range of interventions in Africa, the Middle East and Asia, mostly in conflict settings but with some related to natural disasters.

Our studies have tested interventions developed by WHO, as well as innovative approaches to engaging young people struggling with mental health issues through mobile apps.

In 2017, we convened a meeting with WHO, bringing together our R2HC-funded researchers with humanitarian practitioners from the MHPSS IASC reference group. The meeting sought to bridge the gap between researchers and practitioners. We shared information on research funded by R2HC, identified the evidence needs of MHPSS practitioners, and

3. WHO, (2019). '[Mental health in emergencies](#)'.

explored approaches to encourage uptake of research findings and ultimately improve humanitarian MHPSS response. This resulted in the collectively written paper 'Improving mental health and psychosocial wellbeing in humanitarian settings: Reflections on research funded through R2HC,' published in Conflict and Health.

Distil

We worked with the ODI to co-edit a [Humanitarian Exchange Special Edition](#) (2018). We sourced articles from the MHPSS community of practice, including those who attended our 2017 meeting convened with WHO.

In 2020, we commissioned a [review](#) of research conducted since 2010, assessing how far research has informed programming needs in humanitarian settings. Historically, mental health research around humanitarian crises has largely concentrated on identifying rates of post-traumatic stress disorder (PTSD) and other common mental disorders. Severe mental disorders, non-specific forms of psychological distress, and psychosocial problems have received less attention. More broadly, there is a wide disconnect between research and practice in MHPSS.

Drive

Through our MHPSS research priority setting initiative, we established a policy and funding committee. This is made up of key funders and policy leaders committed to strengthening MHPSS in humanitarian settings whose views will inform the initiative. We hope they will continue to advocate for research in this area and help secure longer-term funding.

We have observer status on the MHPSS IASC reference group and, at their 2020 annual meeting, shared findings of our research review and gave an update on our research priority setting. Engaging with the reference group gives us a valuable opportunity to connect with the practitioners and funders most likely to use the evidence from our funded studies.

We have a number of strategies for achieving research uptake. We encourage an early focus on impact through effective research-practice collaboration and strategic engagement with key global stakeholders (such as the IASC MHPSS reference group). We aim for publication in high-quality journals and focus on knowledge translation products to engage practitioners in research outputs – with particular attention paid to language and cultural adaption.

CASE STUDY

R2HC - Simplified psychological support in conflict-affected countries

WHO and its partners the Lady Reading Hospital, Peshawar; Human Development Research Foundation; HelpAge International UK, Valid International and Brixton Health. (Call 1, 2014-2016)

People affected by humanitarian crises are at high risk of developing mental health problems. This can include depression, anxiety, post-traumatic stress disorder (PTSD) and non-pathological psychological distress. In many humanitarian settings, nonspecific counselling programmes are practised with unknown efficacy and safety, or aren't available at all.

The WHO developed a low-intensity five-session programme, termed Problem Management Plus (PM+). The programme trains non-specialist helpers to reduce symptoms of depression, anxiety, PTSD and stress in the wake of adversity and trauma.

It encompasses evidence-based techniques of problem-solving, stress management, behavioural activation and accessing social support. Before officially endorsing PM+ as an intervention for global use, the WHO required two randomised control trials (RCTs) to evidence its cost-effectiveness. The RCT we funded in Pakistan was the first of these.

The evidence provided by the trials meant the programme was referenced in the Sphere Standards on Mental Health (2018). It was also included in WHO's 'Mental Health Global Action Plan (MHGap)' programme, which is recommended for national health programming in WHO member states.

The successful trial results allowed WHO to secure additional funding (from European Commission's 'Horizon 2020' and the United States Agency for International Development) for further PM+ trials. Our HIF programme provided additional funding for scaling up.

The trial was key to bolstering the credibility of the intervention as genuinely evidence-based. Its evidence allowed WHO to endorse PM+ and, in doing so, created widespread awareness of the programme among national governments, leading humanitarian agencies, and international NGOs.

Organisations which now include PM+ as part of their programming frameworks for MHPSS include:

- UNICEF
- Save the Children
- World Vision
- The International Organisation for Migration
- Terre des Hommes
- International Medical Corps
- International Rescue Committee
- Médecins Sans Frontières (MSF)
- IFRC.

This research is an excellent example of how our funded projects contribute rigorous evidence on the effectiveness of health interventions. It demonstrates how our programmes can influence key stakeholders' practice, and potentially the entire humanitarian community.

CASE STUDY

R2HC - Longer-term mental health, developmental and systems impact of child-friendly spaces

World Vision International and its partners the Columbia University; Columbia University Middle East Research Center (CUMERC); Save the Children; Makerere University; UNICEF; Plan International. (2014-2016)

Child-friendly spaces are widely used to provide psychosocial support and protect children in humanitarian emergencies. However, there is little evidence documenting their outcomes and impacts. Recognising this, the Child Protection Working Group of the Global Protection Cluster, and the IASC Reference Group on MHPSS in Emergency Settings, identified this area as a high priority for research. World Vision started studying the issue in 2012 and, in 2014, sought R2HC funding to build on existing evaluations with their own rigorous impact evaluation. The study measured the long-term impacts of child-friendly spaces through follow-up studies in Jordan and Uganda, and through a multi-agency impact evaluation following the Nepal earthquake response. The study set out to inform child protection by documenting the outcomes and impacts of child-friendly spaces and developing workers' capacity to conduct rigorous evaluations.

The team and their research have influenced the knowledge and understanding of leading agencies in child protection policy and practice around the world.

The study strengthened a multi-agency network of research and practice collaboration to improve the implementation and quality of child-friendly spaces. World Vision, Save the Children and IFRC have all exhibited evidence of positive changes. The study also influenced changes to the 'Child Protection Minimum Standards' concerning child-friendly spaces, which are among the key guiding resources for humanitarian actors worldwide.

Agencies may have improved delivery and standards in child-friendly spaces without our funded study, due to contextual factors and a general shift in the sector towards needs- and impact-focused approaches. However, the evidence provided by this first robust evaluation, and the tools informed by the study, mean it has likely driven change in a more timely and coordinated way than would otherwise have been possible.

This research stands as an excellent example of our role as funders in catalysing coordination within the humanitarian sector.



Child-friendly spaces provide psychosocial support and protect children in humanitarian emergencies. Photo: Ahmed Akacha via Pexels.

Water, Sanitation and Hygiene (WASH)

The need for humanitarian aid grows year-on-year. However, the way WASH aid is delivered has changed very little in decades. Our research shows that many practitioners continue to struggle with fundamental challenges, including human waste management, safe and accessible latrines, handwashing and support for women and girls with menstrual health. Limited access to clean water and poor sanitation drive the spread of diarrhoeal diseases – a critical challenge during humanitarian crises. These diseases account for more than 40% of deaths in the acute emergency phase, and 80% of deaths in children under the age of two. Girls and women are particularly affected by a lack of well-designed latrines and access to safe water.

We began our work in this area in 2013. Our ambition was to identify and prioritise key problems in the field, and to nurture innovative solutions to address them at scale. Through an extensive global consultation, alongside in-depth evidence reviews, we identified a list of challenges the sector urgently needed to resolve and began running innovation challenges to address them.

Our ambition is to develop the sector – to encourage it to adopt new ideas, solutions and partnerships. Through this, we will begin to address some of the bigger problems we have identified. Our portfolio of research and innovation is exciting, and promises much for the future.

Define

In 2013, we commissioned a global gap analysis under HIF, consulting more than 900 practitioners and people affected by crises. This highlighted major areas in which a lack of adequate solutions was limiting access to safe and dignified WASH services for people affected by crises. To understand these gaps, and how innovation could help, in 2015-16 our HIF programme commissioned explorative reports in five technical areas:

- faecal sludge management
- handwashing
- surface water drainage
- solid waste
- water treatment.

The reports reviewed evidence and highlighted areas in most need of innovation.

Building on these reports, our R2HC and HIF programmes came together in collaboration with the Global WASH Cluster in 2017 to convene a group of experts to identify and prioritise key areas for research. This led to the development of the Global WASH Cluster Research TWG, to coordinate further research and address gaps the group had identified.

Elrha champions the adoption of new ideas, solutions and partnerships within the WASH sector. Photo by Nathan Dumlaio on Unsplash

Develop

Between 2016 and 2020, our HIF programme launched a range of large WASH innovation challenges. The challenges convened diverse groups from humanitarian agencies, academia and the private sector, and supported innovation processes at all stages. We designed them in close collaboration with our TWG of around 20 academics and practitioners.

Our WASH focus has supported more than 50 innovation projects. Together, these have made a significant contribution to the evidence base. Ultimately, they have created new solutions in the areas of safe water, hygiene, sanitation, surface water management and community engagement.

Distil

In 2019, we published the first edition of our [WASH Innovation Catalogue](#). The first of its kind, the catalogue offered a unique overview of the most promising solutions in WASH. We launched it at a two-day event in London with innovation pitches, discussions and a marketplace for selected, mature innovations.

In 2020, we updated the Innovation Catalogue and published the [second edition](#). The catalogues have global reach and have been downloaded more than 2,000 times. The first catalogue has been used by the Global WASH Cluster to train coordinators.

Four of our grantees have used it to pitch their innovation and 12 grantees have seen one or more potential scaling partner get in touch with them after reading the catalogue. One of our grantees was approached by WHO to be part of their prestigious 'International scheme to evaluate household water treatment technologies.'

The catalogue is the focal point for our WASH Adoption Challenge, inviting humanitarians to apply for funding to adopt listed innovations.

Drive

Through our collaboration with the Global WASH Cluster, UNICEF and all the main international agencies in this area, we have established Elrha as a central strategic actor for WASH in the humanitarian system.

As a result, the Global WASH Cluster approached us to partner with them for a second edition of the gap analysis.

This collaboration – which included Oxfam, Tufts University and others – has resulted in the most extensive research on WASH gaps ever carried out in this area. Almost 2,000 people affected by crisis, and humanitarians across 35 countries, have been consulted on what they see as the most pressing gaps in humanitarian WASH provision.

The report will be published in 2021 and launched at the annual the Global WASH Cluster meeting. Similarly, we will soon start work with Global WASH Cluster to map evidence gaps and the research needs across the sector.

In addition, a meeting we convened in Geneva in October 2019 resulted in the United Nations Refugee Agency (UNHCR) and UNICEF combining their process for assessing new WASH technologies. We feed into these assessment meetings on a regular basis, and raise awareness of HIF-funded innovations through our networks and communication channels.



Refugee women carrying their newly-received menstrual hygiene management kits in northern Uganda.
Photo: Netherlands Red Cross/IFRC

CASE STUDY

R2HC - Integration of menstrual hygiene management into emergency response

International Rescue Committee (IRC) and its partner the Columbia University Mailman School of Public Health. Call 2 (2015-18)

The ability of displaced women and girls to manage their monthly menstruation in safety and dignity is a significant but often overlooked issue in emergency response. Despite increased focus on effective menstrual hygiene management approaches within the sector, little cross-sectoral guidance was available to humanitarian agencies, and robust evidence to inform such guidance was lacking.

This study examined the effectiveness of a 'Menstrual hygiene management in emergencies toolkit,' which would equip humanitarian actors to provide an improved and integrated response across sectors. The study built on learning from the project 'Improving menstrual hygiene management in emergencies' led by IFRC in 2014.

The study's evidence has influenced policy documents and practice standards, including the 2018 Sphere Handbook and the 'Inter-Agency Minimum Standards for Gender-based Violence in Humanitarian Emergencies.'

The project also resulted in significant uptake through programmatic changes and practice in three key humanitarian agencies:

- IFRC
- IRC
- UNHCR.

While the study's influence is significant – especially in global WASH policy, and technical dialogue – it is likely the toolkit's generic guidance will need to be further adapted, tailored and expanded by humanitarian agencies to increase organisational ownership, and promote its use in programme planning and design. This is especially the case for those outside the WASH sector.

This project is an excellent example of how our two programmes, HIF and R2HC, complement one another, and build on one another's learning, to achieve positive results and improve the lives of people affected by crises.

CASE STUDY

HIF - The \$1 open water filter

FairCap and its partner Oxfam.



FairCap’s innovative point-of-use membrane filter provides an effective, low-cost solution for purifying contaminated water in humanitarian settings.

The FairCap project started in November 2016 with support from our HIF programme and other organisations. We’ve been supporting the innovation through its development, both financially and more broadly by supporting the team to establish links within the complex humanitarian ecosystem.

FairCap Mini is a small, easy-to-use water filter for individual bottles. It can be screwed onto standard plastic bottles, allowing the user to transport water and purify it instantaneously without chemicals or electricity.

FairCap Family is a higher-volume filter that can meet a family’s needs by installation onto existing containers, such as buckets and jerrycans. The initial 3D-printed prototypes have now evolved into fully functional filters. In both its Mini version and the Family size, the filters have proved their efficacy in several independent laboratory tests, and

in communities in Columbia, Kenya, Lebanon and Mozambique. These trials improved their design, with feedback from both users and aid agencies.

The filters reduce water turbidity, remove 99.99% of larger pathogens such as escherichia coli, and eliminate 99% of bacterial viruses when applying a smaller pore size membrane.

FairCap has built a wide network of partners and contacts within the humanitarian WASH sector to continue their learning and development and advocate for the filter’s uptake.

The project now aims to conduct more extensive trials to generate the evidence needed by international organisations to adopt the filters at scale. Working with the University of Applied Sciences and Arts North-western Switzerland, FairCap has successfully secured funds from our ‘Water, Sanitation and Hygiene Evidence Challenge’ to carry out this research.

This is a successful innovation with an immediate positive impact on lives from the moment it is distributed. It also presents advantages for humanitarian actors due to its low cost and small size, making it highly cost-effective and easy to transport.



A person drinks from a bottle with a Faircap water filter. Photo: Faircap

KEY ACTIVITIES
CONTRIBUTING TO
OUR PATHWAYS TO
CHANGE IN 2020



KEY ACTIVITIES CONTRIBUTING TO OUR PATHWAYS TO CHANGE IN 2020

Here we outline our key strategic activities in 2020. Alongside new initiatives, many of our activities in 2020 have built on previous work and contributed at various points along our pathways to change. All activities align with one or more of our 'Four Ds' - defining problems, developing and supporting research and innovation projects, distilling evidence of what works and driving change.

Defining problems

R2HC - Humanitarian research priorities

To help identify priority research issues, our R2HC programme collaborates with the WHO, humanitarian organisations, thematic communities of practice, humanitarian coordination clusters and inter-agency working groups. Our reviews of public health evidence in humanitarian settings, along with our thematic research priority settings, help researchers identify evidence gaps with the greatest potential to generate change.

Our findings help the humanitarian sector direct attention, funding and resources to fill these evidence gaps and, in doing so, help drive evidence-based policy and practice.

In 2020, we began our update to the **Humanitarian Health Evidence Review**. This will be published in 2021. The first 'Humanitarian health evidence review', published in 2013, provided an evidence base to inform the shape of public health programming in humanitarian crises. Critical evidence gaps were identified across most areas of public health:

- communicable and non-communicable disease control
- maternal and child health
- GBV
- injury and rehabilitation
- MHPSS
- nutrition
- WASH.

The review also found gaps related to health service delivery and health system effectiveness.

Applicants to our R2HC programme use the 'Humanitarian health evidence review' to guide their proposals. Since 2014, we have funded more than 50 studies addressing identified evidence gaps across these areas.

Our 'Violence against health care: Gaps and priorities' report, published in 2020, is the result of a strategic collaboration with the International Committee of the Red Cross (ICRC). The review was completed by RAND Europe, and is the first global review of literature addressing violence against health care. It was informed by an expert working group of 12 specialists representing key organisations. The study identified 23 research gaps across six key areas. In our ongoing strategic collaboration with ICRC, we continue to advocate a body of evidence on violence against health care in conflict, post-conflict and fragile settings. This is needed to inform policy and practice, to protect health care from violence, and to mitigate its wider impacts on health.

Since 2014, we have funded 19 studies focusing on MHPSS. Building on our collaboration with the MHPSS research community, in 2020 we commissioned an MHPSS research priority setting to cover the next ten years. Under the auspices of the IASC Reference Group and its member organisations, our new research priority setting is led by HealthRight International. It is steered by a funding and policy council of key MHPSS funders and stakeholders. We are using an adapted Child Health and Nutrition Research Initiative methodology to determine research priorities, with a range of consultations underway including three at a regional level. The work will be completed in 2021.

HIF - Humanitarian innovation gap analyses

In line with our strategic commitment to target the most pressing challenges in the sector, and to ensure innovation processes are evidence-based and problem-led, we commission robust gap analyses. Led by sector experts, these analyses provide a comprehensive and up-to-date overview of the key issues, gaps and priorities within our focus areas. On the basis of this evidenced understanding of problems, we then explore where innovation has the potential to generate solutions and, ultimately, improve outcomes for people affected by crises. These gap analyses are an important contribution to the humanitarian sector, fostering coordination and strengthening its commitment to robust solutions.

In 2020, we commissioned three substantial gap analyses on:

- humanitarian WASH
- DOAI
- GBV.

All three have a global remit. They involve extensive desk-based research, literature review and primary data collection, and seek to incorporate the views of people affected by crises. The Covid-19 crisis, however, has presented some challenges to engaging directly with people affected by crisis.

Our 'Gender-based violence gap analysis: A global consultation (2020)' builds upon and updates a previous gap analysis from 2015. It is designed to demonstrate the outstanding and persistent gaps challenging the GBV humanitarian sector. Launched in 2021, this report identifies both operational and systemic challenges. The gap analysis is informed by targeted outreach with strategic actors throughout the community of practice, including members of the Call to Action on Protection from Gender-Based Violence in Emergencies 2020 Annual Partner Forum.

Direct consultation at community level was limited by the Covid-19 pandemic. Instead, secondary data analysis through literature review and analysis of existing datasets has allowed us to incorporate the perspectives of women and girls. Over 90 humanitarian professionals performed an initial ranking and prioritisation of gaps. This was then further refined by a group of 40 experts. A steering committee, alongside our GBV TWG continues to support the gap analysis to increase awareness and drive change in the sector. A second phase of work commences soon. This will ensure the voices of women, girls, and GBV practitioners in humanitarian settings are prominent and accurately represented.

Our 'Disability and older age inclusion gap analysis' is the first systematic review of its kind in this area. Supported by an expert TWG, it maps DOAI gaps against each of the global humanitarian inclusion standards and by the humanitarian sector. The

review consulted 63 people with disabilities and older people affected by crises in Indonesia (other planned consultations in Malawi, Pakistan and Tonga were not possible due to Covid-19), and around 80 individuals working in humanitarian response, disability inclusion and older age inclusion.

The review is split into two reports. The first presents findings of a grey and academic literature review. The second builds on this with findings from interviews, consultations and workshops, and includes recommendations on areas for innovation. It has received strong support from key stakeholders, including CBM, HelpAge and Islamic Relief, who will use the review to drive a more coordinated and evidence-based approach to humanitarian inclusion.

The 'Water, sanitation and hygiene gap analysis' is a collaboration with Oxfam, the Global WASH Cluster (GWC), Tufts University, Cranfield University and Leeds University. The analysis consulted 2,000 people affected by crisis, as well as practitioners in 35 countries. We are working with our expert TWG and key partners to engage further with strategic actors, decision-makers and networks. This will stimulate demand for evidence and help direct investment and resources at identified gaps.

CASE STUDY

HIF - Safe water for refugees

Dahdaleh Institute for Global Health Research and its partners Médecins sans frontières and their partners Tufts University; United Nations High Commissioner for Refugees; University of California – Berkeley.

During a humanitarian crisis, responding agencies often have little in place to ensure drinking water complies with safety guidelines. Chlorinating water is the most widely practised water treatment technique and, managed well, it can stop contamination between collection and consumption.

To assure water safety, most agencies follow guidelines such as the Sphere Standards, specifying free residual chlorine (FRC) levels for camp water distribution. Multiple anecdotal reports, however, suggested the guidelines were often not strong enough. Systematic studies also indicated a lack of effectiveness of the advised FRC levels because of chlorine dissipation as a result of several environmental factors.

After field studies in refugee camps in Jordan, Rwanda, South Sudan and Tanzania, the research team developed robust, evidence-based guidance with water chlorination targets that took into account local conditions and ensured water safety at the point of consumption. This new guidance was shared at multiple events with humanitarian practitioners and donors, and through peer-reviewed articles.

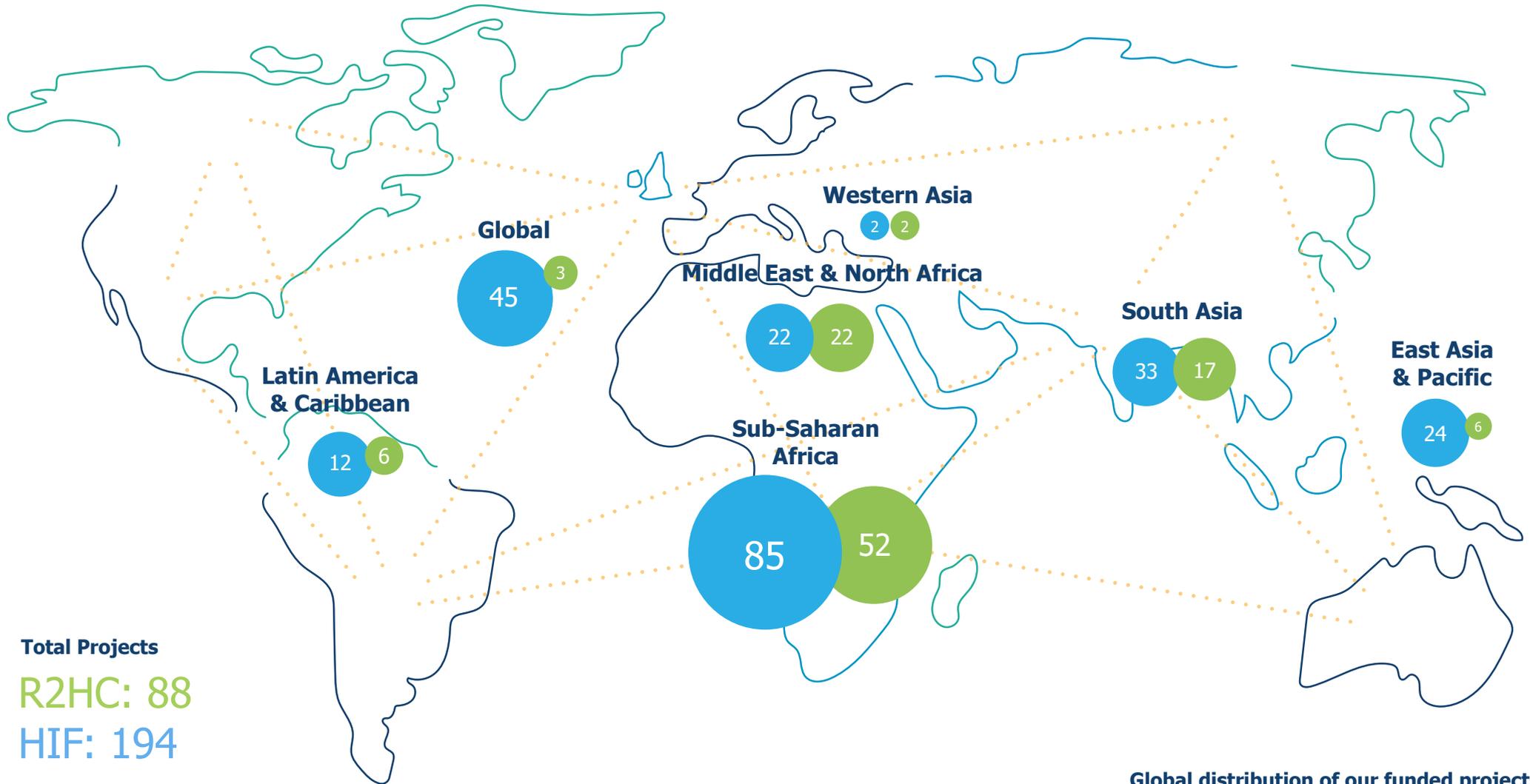
The findings of the research have since been adopted as standard practice for MSF and applied in several UNHCR interventions.

The latest edition of the Sphere Handbook (2018) includes the need to monitor FRC at the point of consumption due to chlorine dissipation, as highlighted through this research. The project secured additional funding from the Achmea Foundation (Netherlands) and Grand Challenges Canada, and evolved into the Safe Water Optimisation Tool (SWOT). This generates site-specific tap stand FRC targets to maximise the number of camp households with safe water at the point of consumption.

This project is an excellent example of how research initially validated in a single setting, then further tested and refined in other locations, can influence standard practice in large international NGOs and help shape sector-wide guidelines. It also illustrates how a variety of funding mechanisms across the sector can complement one another to support and evolve innovations throughout their development cycles.

Developing and supporting research and innovation projects

To date, we have funded 282 projects across our R2HC and HIF programmes.



Total Projects
R2HC: 88
HIF: 194

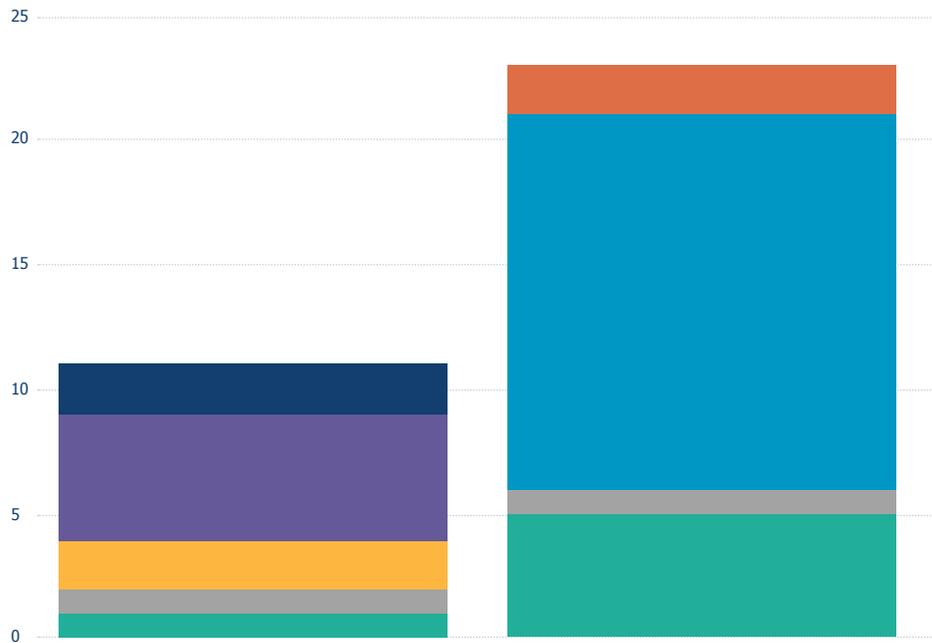
Note that some projects are implemented in more than one region.

Global distribution of our funded projects.

Our research and innovation funding supported projects across a wide range of themes under our previous strategy.

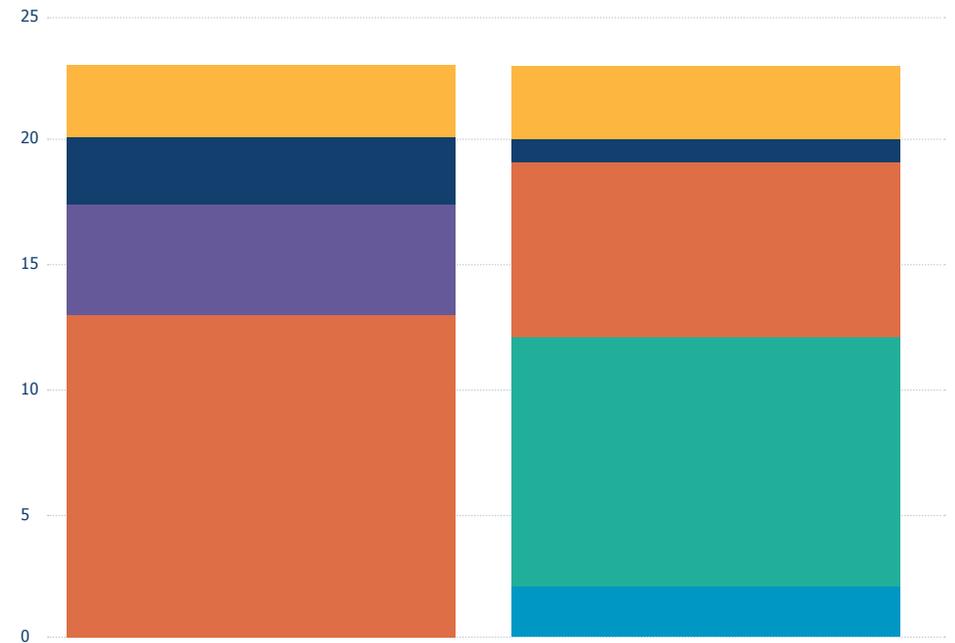
After the introduction of our 2019-2023 Elrha Strategy, the R2HC continues both open and responsive calls and the HIF has six areas of focus.

R2HC total projects by theme (2019-2020)



- Mental and psychosocial health
- Non-communicable diseases
- Nutrition
- Responsive call: COVID 19
- Responsive call: Ebola
- Sexual and reproductive health
- Gender-based violence (GBV)

HIF total projects by theme (2019-2020)



- Responsive call: COVID 19
- Scaling
- Water, sanitation and hygiene (WASH)
- Disability and older age inclusion (DOAI)
- Gender-based violence (GBV)
- Locally-led innovation

R2HC research grantees

Our annual research calls are open to any area of public health in a humanitarian setting. Our responsive calls, meanwhile, are typically issued in response to infectious disease outbreaks such as Ebola in West Africa and the Democratic Republic of the Congo (DRC) in 2014, and the COVID-19 pandemic.

Research funded through annual calls may be up to four years in length, including a dissemination and uptake phase. Responsive research lasts up to nine months with research findings feeding into the humanitarian response in real time.

Our research calls are unique. All R2HC applications must include an operational humanitarian organisation and an academic partner.

They must now also include a research partner from the country or region where the study is to take place. This is to ensure the relevance and feasibility of the research question on the one hand and academic rigour on the other.

Teams must also include a research uptake focal point to maximise the potential for influence on policy and practice.

Our HIF innovation challenges

Our work is problem-led and evidence-based. Our HIF innovation challenges are robustly researched and evidenced through our gap analyses, problem exploration reports, 'deep dives' and consultation with experts through our TWGs. We ensure a full and current definition of the problem is set out in a challenge handbook for each funding call alongside clear and comprehensive information on eligibility criteria and application processes. We frame our innovation challenges to actively encourage and support applications from stakeholders and community-based organisations in areas affected by humanitarian crises.

CASE STUDY

HIF - Responsive listening

Oxfam GB and its partners Projects by IF; Survey CTO; University of Sheffield.

- project design
- identifying people requiring services
- programme implementation
- monitoring and evaluation.

The final project evaluation showed an overall improvement in responsiveness, inclusiveness and coordination, alongside changes to programmes resulting from the intervention. It concluded the project was an effective platform to improve responsiveness and overall country-level accountability towards staff, partners and the communities where Oxfam works. It also showed the approach had potential for scaling up.

Oxfam has continued to promote the tool and linked processes across several countries, and has made improvements in its feedback and accountability

mechanisms an organisational priority. Lessons learnt through the project have improved Oxfam's understanding of the intersection between feedback, safeguarding and fraud complaints. The project has also provided insights to inform further research on barriers to misconduct reporting.

Beyond the scaling-up of the project within the Oxfam confederation, the experience acquired by the team in the Occupied Palestinian Territories and Israel Country Office contributed to a proposal selected by UNICEF to design and implement more effective systems of accountability among their partners.

This project is an excellent example of how our funding enabled a one-country pilot innovation, which was further scaled up and may eventually influence standard practice of large international NGOs and UN agencies.

To help humanitarian interventions become more responsive to people's needs, this project sought to refine and further trial a mobile case management tool. The tool aimed to improve management of feedback from people affected by crises, building on learning from a previous pilot we funded. The new system improved how populations affected by crises participate in and influence all programme cycle stages, including:

Covid-19

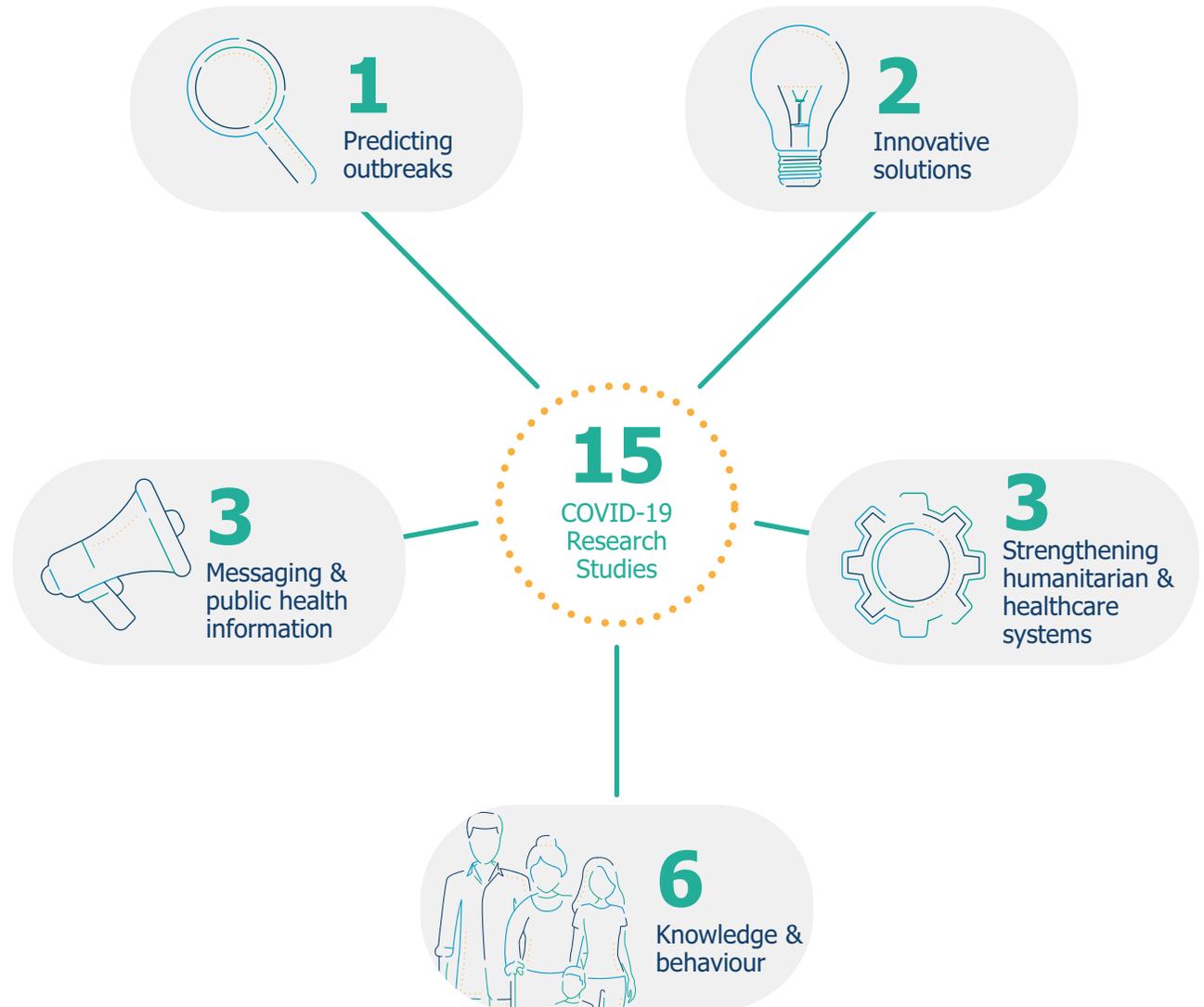
In early 2020, in response to the challenges of the Covid-19 pandemic, we rapidly put risk mitigation strategies in place to support all our grantees. We worked with grantees to adapt their work and redesign aspects of delivery where necessary, providing further support to grantees as needed.

R2HC

We launched an R2HC responsive research call for robust research to improve the humanitarian response to Covid-19. The call targeted:

- refugees and internally displaced people living in camps or urban settings
- conflict-affected people in low- and middle-income countries
- health systems and health care workers supporting the Covid-19 response in humanitarian settings.

Our research priorities were guided by the WHO 2019 Novel Coronavirus Global Research Roadmap, with our funded studies complementing clinical and biomedical research funded by other donors. We funded 15 studies in total. We gave guidance to grantees on effective research uptake strategies and knowledge translation. To encourage experience-sharing between the Covid-19 cohort of grantees, we also held several webinars and organised two external research panels. Close collaboration with the UK Foreign, Commonwealth and Development Office (FCDO) ensured the learning emerging from ongoing studies quickly reached end users.



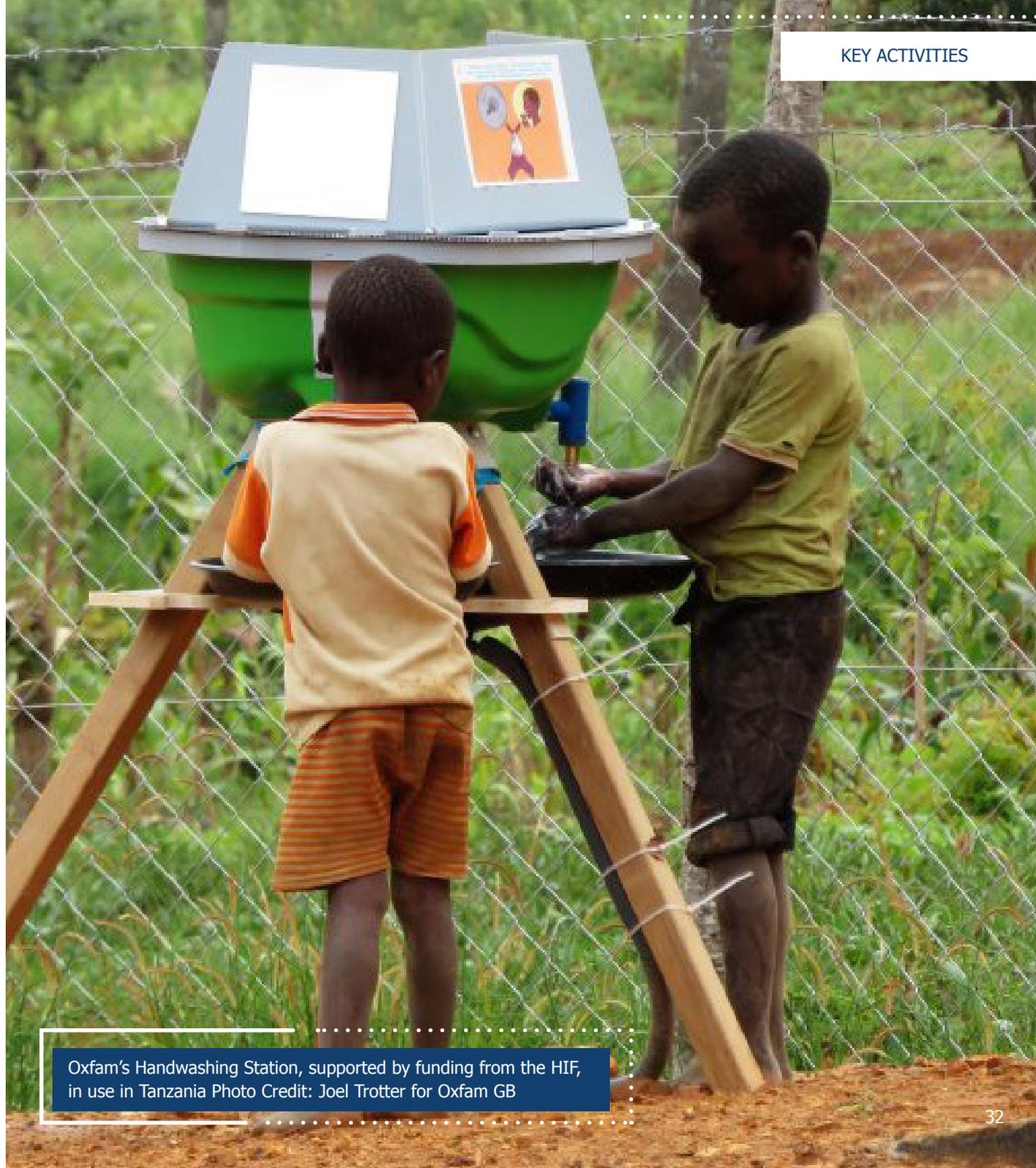
HIF

Our response to the Covid-19 crisis included a proactive, closed scaling call under HIF. In collaboration with FCDO, we invited a selection of previously funded innovations to apply for scale-up funding. Innovations were chosen for their potential to have an impact on pandemic response.

To balance the need for rapid response with the need for robust scrutiny of proposals, HIF designed a fit-for-purpose, rapid application, review and grant sign-off process. In parallel, we fast-tracked our due diligence and contracting process.

The two projects funded under this call are:

- [Oxfam Handwashing Station](#) – which will scale up across Bangladesh, DRC and Ethiopia, providing 2,000 handwashing stations and benefitting an expected 87,500 people. This has also catalysed production of a further 3,200 stations to be deployed throughout 2021.
- Testing of the [SuperTowel](#) by Stanford University – researchers are investigating whether the portable and reusable 'SuperTowel' – supported through HIF since 2015, and developed by Danish company Real Relief – could be an alternative to handwashing during the Covid-19 outbreak and beyond. The towel's antimicrobial properties kill the bacteria that cause cholera and diarrhoea, and scientists believe it may also kill, or inactivate, viruses.



Oxfam's Handwashing Station, supported by funding from the HIF, in use in Tanzania Photo Credit: Joel Trotter for Oxfam GB

CASE STUDY

HIF - Child-friendly sanitation facilities

Save the Children UK and its partner Eclipse Experience Ltd.

When a sudden-onset humanitarian crisis occurs, dedicated resources and skills to meaningfully engage with those affected are often not readily available. To address this problem, in 2017, we launched an innovation challenge to develop rapid community engagement approaches informing emergency sanitation delivery.

Eclipse Experience, a private design consultancy, partnered with Save the Children UK to design and test the User-Centred Community Engagement (UCCE) methodology. The team used a digital visual tool to avoid literacy issues and facilitate quick data collation and rapid insights. They complemented this with more traditional face-to-face methods to re-evaluate insights before influencing designs and decisions. This combination allowed the rapid collection of actionable data, in context and at scale, and direct involvement of users in the decision-making process.

Save the Children piloted the UCCE in Bangladesh and Iraq to engage children aged 5-12 years and their primary caregivers in displacement camps. The approach involved children and their carers in the design and decision-making processes behind

child-friendly sanitation facilities. An independent evaluation found the approach successful and resulted in UCCE achieving proof of concept.

The tool was further piloted in Ethiopia and adapted in Peru, with funding from Plan International, for an education intervention, testing the validity of the tool in different settings and sectors. These additional pilots were also independently evaluated, and similar positive results are expected once published.

The project has been highly successful in sharing evidence and promoting its uptake within the sector – for example, being presented to the Emergency Interagency WASH Group.

This project is an excellent example of innovation achieving direct impact in the field at its pilot stage. The use of the UCCE methodology allowed Save the Children to provide better sanitation facilities based on joint work with end-users – in this case, children and their caregivers.

A new partnership

In 2020, in line with our commitment to the localisation stream of the Grand Bargain, we entered into a new partnership with the Start Network and Asia Disaster Reduction and Response Network (ADRRN) to drive community-led innovation. This programme funds innovators working within communities to tackle locally-defined problems, supporting and strengthening humanitarian innovation ecosystems at community and country levels.

Our approach to ethics

We are committed to ensuring every research and innovation project we fund 'does no harm', and protects the dignity, rights and welfare of those involved. This means supporting all our projects to take an ethical and responsible approach. Our approach seeks not only to 'do no harm', but to pay close attention to who benefits, inclusion and equity, and informed choice or consent. Humanitarian research and innovation require dynamic attention to ethics sustained throughout the research and innovation process. Our Research Ethics Tool prompts humanitarian researchers to put communities affected by crises at the heart of the research process, and prompts them to consider key ethical questions throughout. Our 'Toolkit for ethical humanitarian innovation', developed in 2020 and to be launched in 2021, sets out ethical considerations for each stage of the innovation journey, alongside tools fostering an ethical approach to humanitarian innovation in practice.

Distilling evidence

The HIF Humanitarian Innovation Guide

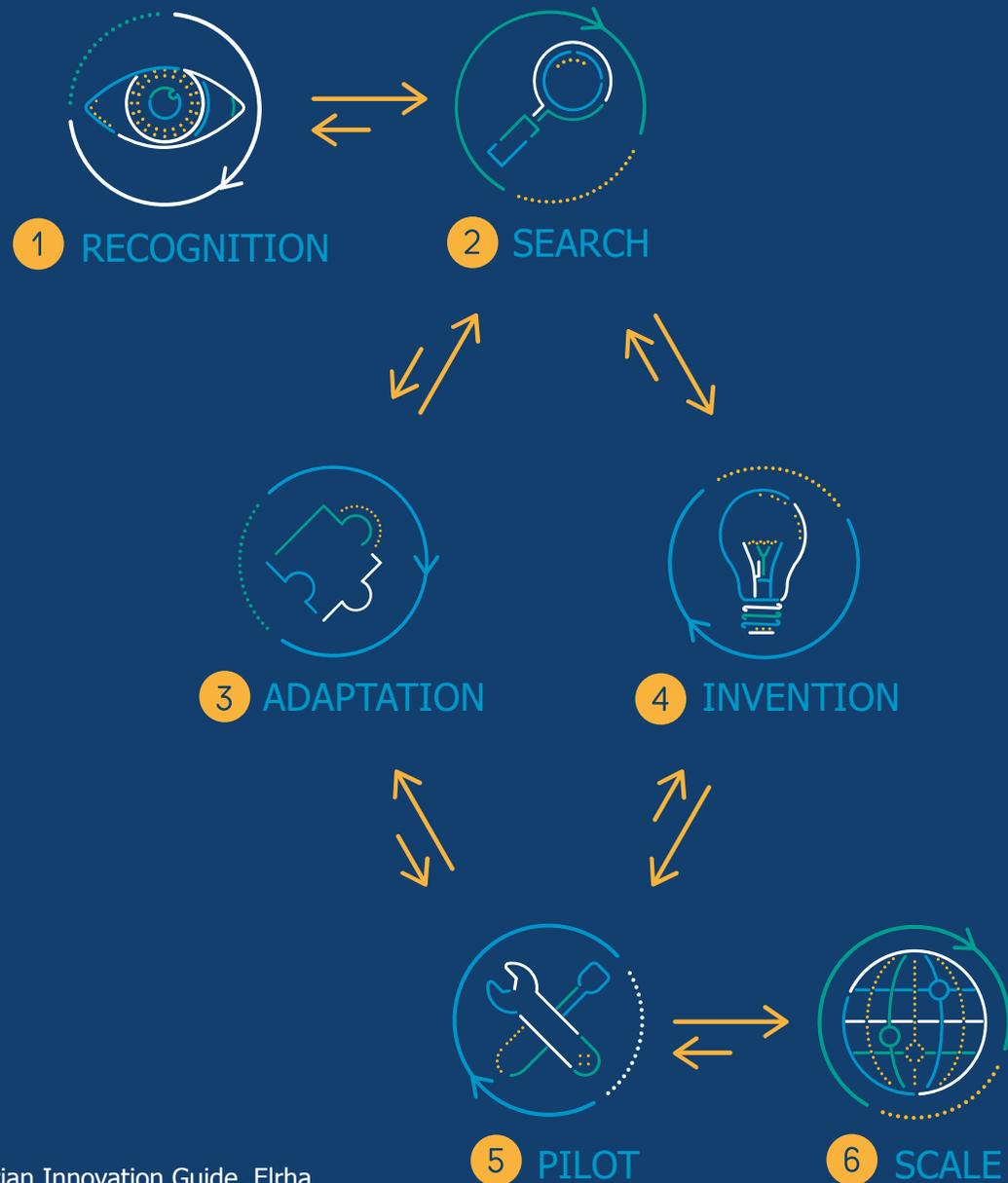
The Humanitarian Innovation Guide is a constantly evolving online resource to help individuals and organisations navigate the different stages of the humanitarian innovation journey. It has become a key resource for the sector, with over 18,000 visits in the year to September 2020.

Launched in 2018, this was the first ever innovation guide with a practical focus on methods, tools and approaches for humanitarian innovation management.

The Guide is structured according to the stages of the humanitarian innovation process as well as the key parameters defining the humanitarian sector. This includes, for example, principles and standards, humanitarian coordination mechanisms and architecture. It aims to bring together and inform humanitarian practitioners new to innovation, along with innovators new to the humanitarian sector.

We are keen that it remains fit for the future. It needs to be flexible enough to accommodate new resources and ensure they are easily accessible. We will scope priority innovation management competency areas, and will continue to actively develop the Guide and its content.

Stages of the innovation process in the humanitarian sector



CASE STUDY

R2HC - Ketamine for surgical procedures in resource-limited settings

Massachusetts General Hospital Division of Global Health and Human Rights and its partners UNICEF; County Ministries of Health (Garissa, Nairobi, Turkana); African Institute for Health Transformation (AIHT) at Sagam Community Hospital; Kisumu Medical and Education Trust; College of Surgeons of East, Central and Southern Africa (COSECSA). Call 3 (2016-2019).

The scarcity of anaesthesia services is one of the main factors denying 5 billion people in low-income settings access to emergency and essential surgery. This 'anaesthesia gap' causes considerable suffering and death. In these environments there is widespread use of ketamine as an anaesthetic. However this is often unregulated and administered without clear protocols or guidelines.

We funded a study to evaluate the safety and feasibility of the 'Every Second Matters for Essential and Emergency Surgery (ESM)' ketamine package for surgical procedures in resource-limited settings where no anaesthetist is available. The initiative supports the primary healthcare pathway in crisis-affected areas such as Kenya, where the study took place. Evidence suggests the medical guidelines and training developed through the study have led to positive health outcomes for at least 2,000 people in rural Kenya. Surgeries provided with the support of the ESM-ketamine package would not otherwise have been possible.

The research provided substantial evidence, not only on the effectiveness of ketamine in facilitating operations and saving lives, but also on increased patient satisfaction.

In Kenya, the study met its objectives in full and secured additional funding for scaling up. There is also high potential for the ESM-ketamine package to be further applied in humanitarian response, and the study team are now working to promote their findings more widely among relevant stakeholders. For example, they are contributing to high-level global discussions with the WHO.

This project is a strong example of a funded study generating an evidence base around a critical health intervention. This could now be applied across multiple humanitarian and non-humanitarian settings, and has the potential to leave a substantial positive impact worldwide.

The R2HC Research Impact Toolkit (RIT) – developed with the ODI

The RIT was produced in late 2018, with content derived from the ROMA (RAPID Outcome Mapping Approach) methodology. It forms the basis of a two-day interactive workshop. The workshop supports study team partners to build a stakeholder engagement strategy that effectively drives uptake and use of research by humanitarian stakeholders.

In 2019, the core materials were expanded and developed based on the needs of our R2HC grantees. This included additional content around communicating with humanitarian audiences. In 2020, due to COVID-19 travel restrictions, in-person workshops were not possible. In response, RIT materials were converted into an online course with an accompanying strategy template so study teams could continue to benefit remotely.

In 2021, we will improve materials based on grantee feedback and make this course available as a public good for the humanitarian health research community.

Driving change

As we mature as an organisation, driving change becomes an increasingly important focus of our work. We coordinate efforts across Elrha to strategically engage with other actors and promote uptake of research and innovation into policy and practice in the humanitarian system. Our organisational strategic engagement plan outlines our contribution to bringing people, networks, collaborations, and partnerships together, and helps us coordinate and systemise our collective efforts.

We work closely with a broad range of stakeholders, including:

- UN agencies
- cluster coordination mechanisms and the Inter-Agency Standing Committee (IASC)
- inter-agency working groups
- the International Red Cross and Red Crescent Movement
- NGOs
- members of civil society, academia, private sector and experts on our own Advisory Groups, Funding Committees and TWGs.

Our grantees and their partners also have significant reach around the world to help leverage the change we collectively want to see.

A network map illustrating our grantee relationships across the globe.



CASE STUDY

R2HC - Respiratory health interventions in volcanic eruption crises

Durham University and its partners Kagoshima University, Japan; University of Indonesia; Institute of Occupational Medicine, Edinburgh; University of Mexico (UNAM); Pan American Health Organization; Save the Children Indonesia; Red Cross Indonesia; International Society for Respiratory Protection. (Call 2, 2015-2019)

One in 10 people live near an active volcano – most of them in low-income countries.

When a volcano erupts, humanitarian agencies frequently distribute face masks to protect people from breathing in ash which can lead to serious health problems including lung cancer. However, agencies often use and distribute a range of different masks without robust evidence on which are effective or safe, nor clear communications and messaging on correct usage.

In response, we funded a study on the use of face masks as respiratory protection in volcanic eruptions. Through a clinical trial and laboratory experiments, the research team investigated whether some forms of protection were safer than others, and whether some protection is better than no protection.

A qualitative research arm also explored behavioural factors influencing mask usage in various countries and contexts. Its aim was to inform advice on how protection should be adapted for different environments.

The study achieved global recognition via the WHO's endorsement of key research outputs, including the 'Ash Protection Guidelines'. The Pan-American Health Organisation (PAHO) used the work to inform regional response tools and protocols.

The study team also worked with representatives of nine Latin American ministries of health to upskill their volcano response protocols and improve their national emergency plans. The research also had direct benefits for people affected by volcanic eruptions in Guatemala and Indonesia.

This study is an excellent example of how evidence generated by our funded research directly influences policy and practice among key humanitarian actors managing emergency response.



A mural board at the 2019 R2HC Research Forum at Royal Holloway University, London. Photo: Craig Kirkwood/Elrha.

Our forums

Our forums are a key mechanism driving the uptake of our research and innovation. Since 2017, we have held biennial R2HC and HIF forums for key stakeholders within the humanitarian sector.

The forums encourage discussion, debate and sharing around critical elements of research and innovation in humanitarian contexts. Topics have included:

- accountability to marginalised and excluded populations
- research methodologies
- research uptake
- ethics
- partnerships
- stages of innovation
- meaningful participation of people affected by crisis.

We have worked together with key stakeholders in the sector to ensure these forums are successful. Each of our forums has involved more than 100 participants from international NGOs, donors, practitioner communities, and academia, and has helped progress important agendas. They have led to initiatives addressing:

- diversity in our research portfolio, particularly inclusion of research expertise from lower and middle-income countries

- greater co-creation of research questions with those delivering response
- development of a 'Toolkit for ethical humanitarian innovation.'

Our first Elrha combined research and innovation forum is now being planned for 2021/2022.

Publications - engagement and uptake

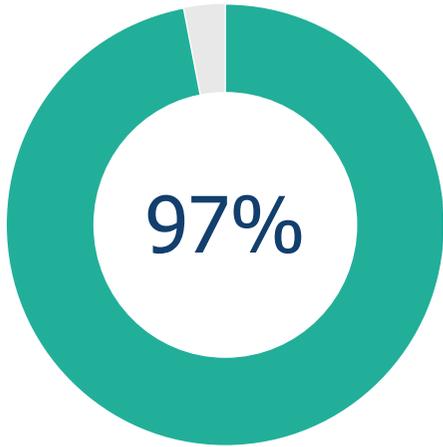
Research and innovations we have supported and funded have been cited by, or influenced the content of, key humanitarian documents, standards, guidelines, and tools, reaching across various themes and areas of focus.

For example:

- Our research and innovation work features in the 'Water Supply', 'Sanitation and Hygiene', 'Food Security and Nutrition', and 'Palliative Care' sections of the [Sphere Handbook](#). The document describes the most commonly-used and widely-known set of humanitarian standards.
- Our problem exploration related to handwashing informed UNICEF's Fact Sheet: '[Handwashing Stations and Supplies for the COVID-19 response \(May 2020\)](#).' WASH innovations supported by our Humanitarian Innovation Fund feature in UNICEF's '[Household water treatment filters product guide \(2020\)](#),' aiming to raise awareness of the various water filtration products available on the market.

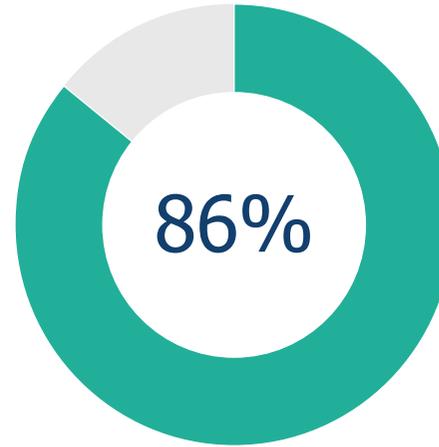
- The current '[Minimum standards for child protection in humanitarian action](#)' – a key resource for humanitarian workers since its launch in 2012 – includes Elrha-funded research under 'Standard 15', related to child well-being and child-friendly spaces across humanitarian settings.
- Our innovation work around data collection for older people features in the 'Tools and resources' section of the '[Humanitarian inclusion standards for older people and people with disabilities](#),' the Global Health Cluster's '[Practical guidance: programming in access-constrained environments](#),' and in the nutrition assessment methodologies in the [Sphere Handbook](#).
- The learning and good practice captured through our GBV innovation work are included in the GBV Area of Responsibility's Guidance Note: '[Harnessing technology to prevent, mitigate and respond to GBV in emergencies](#),' describing the latest developments and providing recommendations for humanitarian practitioners working in GBV prevention at global, regional and country levels.

Our programme monitoring captures uptake of our own publications and those of our grantees.



97% of R2HC-funded project publications are open access in reputable journals, including:

PLOS Neglected Tropical Diseases, Wiley Online Library Child Development, The Lancet, BMJ Global Health, JAMA, Critical Public Health, Trials, World Psychiatry, Journal of Biosocial Science, Chemical Science and Waterlines.



86% of R2HC-funded research studies reported uptake of evidence by humanitarian actors within 18 months of project closure.

	Total grantee publications related to funded projects	Citations of these publications in other articles and literature	Mendeley readers
R2HC (since 2013)	153	2,841	9,299
HIF* (since 2011) *Numbers are expected to be lower than our research programme as this is not a required output.	44	103	832
Elrha total	197	2,944	10,131

Source: Dimensions/Altmetric

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