

elrha

From knowing to doing:
evidence use in the
humanitarian sector

Elrha learning paper



CONTENTS

ABOUT ELRHA	3	RECOMMENDATIONS: SIX ACTION AREAS	42
FOREWORD	4	1. Partnerships	43
ABOUT THE AUTHORS	5	2. Global South leadership	43
GLOSSARY	6	3. Evidence brokering	44
EXECUTIVE SUMMARY	7	4. Research translation and application	44
1. INTRODUCTION	10	5. Humanitarian data	45
2. METHODOLOGY	13	6. Humanitarian leadership	45
3. FINDINGS	16	KEY LITERATURE REFERENCES	46
3.1 Recent significant progress in humanitarian research	17	ANNEX A: KEY INFORMANT INTERVIEW RESPONDENTS AND ROUND TABLE PARTICIPANTS	49
3.2 The big barriers to evidence use	18	ENDNOTES	58
3.3 Political economy of humanitarian evidence production and use	23		
3.4 Pathways and approaches for promoting evidence and use	26		
CONCLUSION	40		

ABOUT ELRHA

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. 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. Elrha has two successful humanitarian programmes: Research for Health in Humanitarian Crises (R2HC) and the Humanitarian Innovation Fund (HIF).

The 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 and transform the effectiveness of humanitarian response.



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



FOREWORD

Elrha's Research for Health in Humanitarian Crises (R2HC) programme has supported more than 80 studies since its inception in 2013.

We seek to ensure that all research we fund has a positive impact and contributes to improving the public health response in humanitarian crises. Supporting research teams to increase the uptake of their research by humanitarian practitioners and policy-makers has become an increasingly important focus of our work. We support academics and their humanitarian partners to identify and overcome the 'barriers to uptake' which this paper explores. There are multiple barriers to uptake, some of which research teams can address more easily than others. Institutional barriers, which characterise both the humanitarian system and academia, are among the most challenging to overcome.

There is a moral imperative to understand and improve the pathways by which research informs humanitarian policy and practice. In 2021, 235 million people will need humanitarian assistance and protection. The UN and its partners will need to mobilise \$35 billion to meet the needs of people affected by crisis. In these difficult times, with donor countries facing the fiscal challenges of the COVID-19 pandemic at home, it's possible that some of these humanitarian needs will not be met. In this context, research that aims to improve our response to humanitarian crises must be able to navigate the complex pathways to inform and influence those who are best positioned to use and apply evidence.

We commissioned this paper recognising that, although there seems to be consensus that research uptake is difficult in the humanitarian sector, there

is a limited understanding of why barriers appear so intractable. We were interested to know how we could address barriers more effectively; what 'good' research uptake looked like; and how we – as producers and funders of research in humanitarian settings - could better support success. This paper explores and seeks to answer these questions. As the paper highlights, engaging with humanitarian contexts is an increasing area of interest and funding in academia.

We need to ensure that research conducted in such settings is relevant and useful for humanitarian stakeholders and – critically – that when new evidence is available there are clear pathways for its use. Advancements by research teams and humanitarian organisations to improve evidence use pathways, while significant, may not be enough to drive all the changes required to truly connect humanitarian research with policy and practice. While the paper does not claim to have all the answers, we hope it provides clear starting points for dialogue and action.

Recommendations from the paper will directly inform guidance and support offered through the R2HC and we hope will also prompt other research funders, humanitarian organisations and academics to reflect on their roles in improving the use and application of evidence.

We hope the paper will spark ideas and the joint action needed to build a better ecosystem for humanitarian evidence use. We look forward to engaging with partners to turn these ideas into action and welcome your comments or feedback.

Anne Harmer, Head of R2HC

Cordelia Lonsdale, R2HC Research Impact Manager

ABOUT THE AUTHORS

This learning paper was written by:

 **Anna Paterson**, an international development consultant with more than 15 years of experience in research, monitoring and evaluation, and learning.

 **Fred Carden**, an evaluation specialist with over 30 years' experience in evaluating development research and programming, and the development of evaluation methodologies.

 **Teresa Hanley**, an independent consultant active in research, evaluation, programme development and communication on humanitarian and social development issues.

Acknowledgments from the authors

We would like to thank Cordelia Lonsdale and Anne Harmer of R2HC for their significant engagement with developing the drafts of this paper, and for their support in facilitating stakeholder inputs to the research. Huge thanks are due to all our interviewees and those who participated in the round table, who are listed at Annex A.

Case studies throughout the paper were written by the authors, based both on consultations with stakeholders and secondary information sources. We would like to thank the following people for their assistance in developing case studies: Linda Doull (World Health Organisation), Simone Carter,

Gavin Wood and Kerry Albright (UNICEF), Temesgen Bocher and Michael O'Donnell (Save the Children), Gloria Seruwagi (Makerere University), Jeannie Annan and Anjini Mishra (International Rescue Committee) and Catherine Mears (British Red Cross, retired).

The views expressed in this paper are those of interviewees, round table participants, and the authors and are not necessarily those of Elrha.

Suggested Citation: Carden, F., Hanley, T., Paterson, A. (2021) From knowing to doing: evidence use in the humanitarian sector. Elrha: London

© **Elrha 2021**. This work is licensed under a Creative Commons AttributionNonCommercialNoDerivatives 4.0 International (CC BY-NC-ND 4.0).

ISBN Number: 978-1-9164999-9-7

Edited by [James Middleton](#). Designed by [Blue Stag](#).

This work is funded by the UK's Foreign, Commonwealth & Development Office (FCDO), Wellcome, and the UK National Institute for Health Research (NIHR).



NIHR | National Institute for Health Research

GLOSSARY

Evidence: we use the *Oxford English Dictionary* definition of ‘evidence’ as “the available body of facts or information indicating whether a belief or proposition is true or valid”, a definition also used in other studies of evidence use in the humanitarian sector. This information can be collected in various ways, from routine monitoring to academic studies.

Evidence brokers: individuals, teams or organisations that bridge the gap between academic research and policy-making. This involves several functions to ensure that findings reach the right people, in an appropriate format, and at the right time to influence decisions. Not all evidence brokers engage equally in all these functions, with some being more focused on evidence synthesis or communication, and others more directly involved in working with policy-makers and practitioners.

Global South and Global North: we have used these terms in acknowledgement that they can be controversial. We use them as shorthand for distinguishing between countries with high-income economies (Global North) that have historically dominated the provision of development and humanitarian aid, and countries with middle- or lower-income economies, which are located primarily in the Southern hemisphere and have historically been recipients of aid.¹ These categories matter to us because of the structural power relations that continue to exist between these two groups of countries. But no approach to describing these divisions would be perfect and we acknowledge flaws in using these terms. They obscure important differences between countries in both groups. They also obscure the profound changes that have been and are underway in international power relations, including in countries playing increasing roles in development and humanitarian aid.

Humanitarian public health: we define humanitarian public health as interventions that contribute collectively, in combination or individually, to saving lives, building resilience and promoting better health outcomes in humanitarian emergencies. In this context, public health interventions should be considered in their broadest sense, including all relevant practice areas such as communicable and non-communicable diseases, nutrition, water and sanitation, sexual and reproductive health, including gender-based violence, injuries and rehabilitation, etc.

Impact: the wider effects of a policy, response or intervention – social, economic, technical and environmental – on individuals, gender and age groups, communities and institutions. Impact can be immediate or long- range, intended and unintended, positive and negative.²

Research: the *Oxford English Dictionary* defines research as “systematic investigation or inquiry aimed at contributing to knowledge of a theory, topic, etc., by careful consideration, observation, or study of a subject. In later use also: original critical or scientific investigation carried out under the auspices of an academic or other institution.”

Research impact: an identified longer-term change that arises from research uptake leading to the use of the research evidence to change behaviour and practices.

Research uptake: the process by which specific research users engage with research findings; the step before research use (changes in awareness, knowledge and/or skills).

EXECUTIVE
SUMMARY



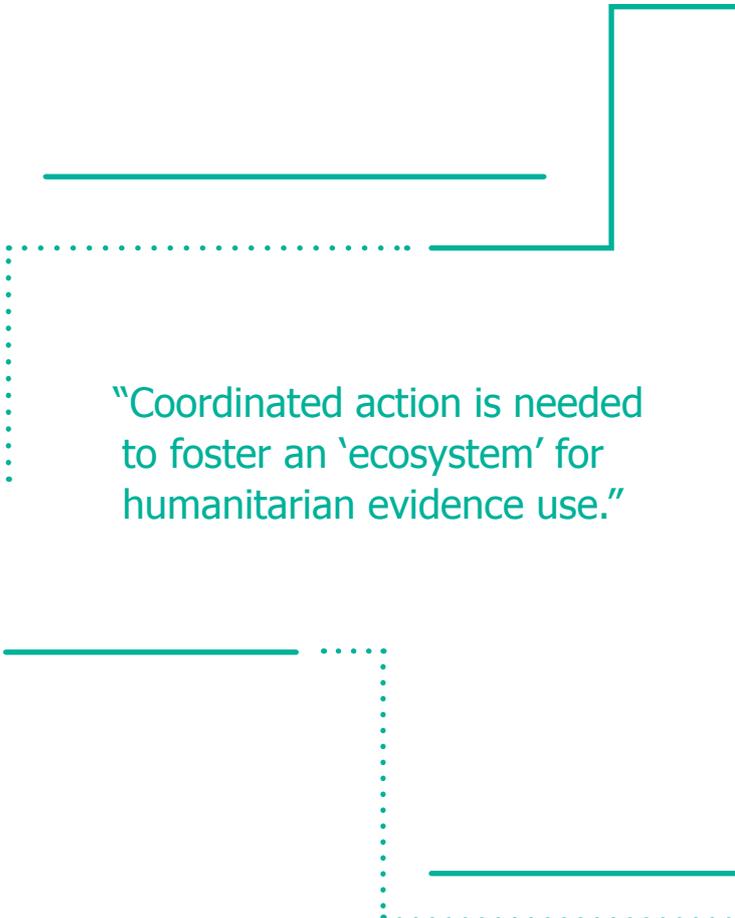
EXECUTIVE SUMMARY

In the past decade, the amount of research evidence targeted at improving humanitarian practice has increased.

Humanitarian organisations have made progress in both producing and engaging with research. However, despite global commitments and several initiatives to share and broker evidence – both within and outside humanitarian organisations – barriers to using research to inform humanitarian policy and practice still exist. This learning paper explores the current landscape of humanitarian research evidence, based on a literature review and consultation process with humanitarian stakeholders. While there is a particular focus on health evidence, we believe that the learning can be applied more broadly.

We find four basic barriers to using research evidence: time pressures; funding constraints; lack of relevance to humanitarian practice; and lack of relevance to humanitarian actors in the Global South. This paper explores common success factors and approaches that support research use, with case studies documenting examples of good practice. Many of these practices are already well known but can be difficult to implement due to political economy constraints in both humanitarian and academic sectors.

We conclude that individual study teams or evidence brokers may struggle to overcome barriers to uptake alone. Coordinated action – driven by research funders, humanitarian donors and humanitarian organisations – is needed to foster an ‘ecosystem’ for humanitarian evidence use.



“Coordinated action is needed to foster an ‘ecosystem’ for humanitarian evidence use.”

The COVID-19 pandemic may provide momentum for this change agenda, having demonstrated the centrality of evidence for effective humanitarian response, leading to the increased participation of humanitarian actors in the Global South.

However, the humanitarian system is also undergoing profound change. The changing landscape will affect evidence production and use in the humanitarian system and should be taken into account when considering how to action the following recommendations.

We propose six action areas for these humanitarian stakeholders:



Partnerships: Create, invest and participate in more sustained, diverse humanitarian-practitioner research partnership models, particularly to foster engagement beyond a single project.



Global South leadership: Fund and support research led by the Global South – invest in building capacity for grant management, as well as research practice.



Evidence brokering: Expand the range of evidence-brokering services and functions within and between organisations – brokers play a critical role in translating and communicating research evidence for humanitarian users, drawing out its operational relevance and engaging stakeholders in evidence.



Research translation and application: Increase funding, resources and focus on:

- understanding the implications of research findings and translating them into actionable recommendations for humanitarian practice
- implementing evidence-based recommendations
- developing the field of humanitarian 'implementation research'



Humanitarian data: Improve the quality of humanitarian data – increase opportunities for data use in evidence synthesis and other research processes.



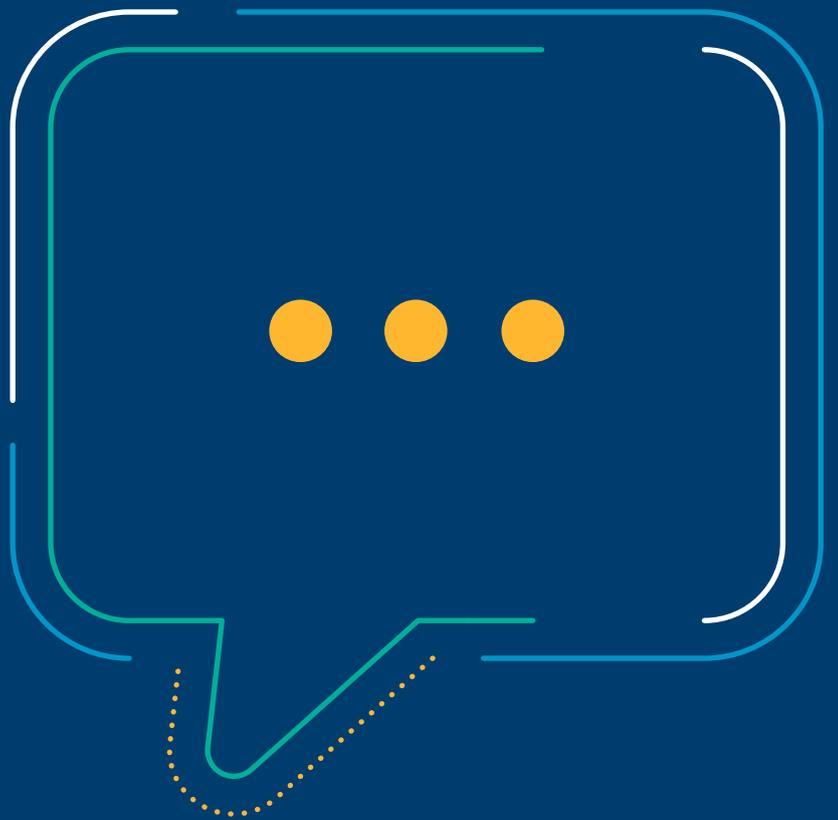
Humanitarian leadership: Provide leadership from the top of humanitarian organisations to promote the importance of staff's engagement with evidence and its pathways through to practice.



We find four basic barriers to using research evidence: time pressures; funding constraints; lack of relevance to humanitarian practice; and lack of relevance to humanitarian actors in the Global South.



1. INTRODUCTION



1. INTRODUCTION

In 2011, the UK Humanitarian Emergency Response Review (HERR) and the government response³ found a worrying lack of evidence use in humanitarian action, spurring a major UK focus on evidence in the sector.

Ten years on, there is more attention to, and also donor demand for, the generation and use of evidence in the sector, as reflected in the World Humanitarian Summit. This has been driven in part by the sustained and growing gap between need and resources, requiring donors and humanitarian agencies alike to use limited resources even more efficiently.⁴ But there are still big challenges to producing evidence for humanitarian response and, critically, in getting existing evidence into use. This is a good moment to take stock of the factors that are hindering or helping the use of humanitarian evidence.

Elrha commissioned this paper to better understand the barriers to uptake of rigorous research evidence in humanitarian response, and to identify commonalities, success factors and practical approaches that have driven the use of evidence by humanitarian decision-makers and have overcome barriers to use.⁵

It aims to generate practical guidance and actionable recommendations on what approaches work to enable evidence use in humanitarian organisations and uptake of evidence in humanitarian policy and interventions; and what changes research and humanitarian actors may need to make to maximise evidence use.

In humanitarian response, as in other sectors, 'evidence' means a wide variety of things. This paper focuses on rigorous, peer-reviewed research, and health research in particular. This focus reflects the increasing involvement of academic actors globally in humanitarian health research activities, funded by donors, including Elrha's Research for Health in Humanitarian Crises (R2HC) programme. It is important to note that peer-reviewed research is only one of the many different types of qualitative and quantitative information needed in humanitarian response, other types including "quick and dirty" research is often critical.⁶

Where needs analysis is concerned, for example, humanitarians have developed various frameworks that acknowledge the trade-off between quality and rigour, and the need for rapid assessment to drive timely response. While we are primarily interested in the role of rigorous peer-reviewed, or peer-reviewable research, it is clear that the barriers to, and pathways for, using this type of evidence are linked to broader processes for using evidence and data in humanitarian response, including monitoring and evaluation (M&E) and knowledge management.

Our focus begs the controversial question of what constitutes 'rigour' in research evidence. We will not adopt any hierarchical evidence-ranking framework in this paper. We do not associate rigour with experimental or quantitative research methods. In fact, a recent R2HC review of methods for robust research in humanitarian response found that mixed methods approaches, including qualitative and quantitative methods, were increasingly being used;⁷ and there has been much learning particularly in the past decade on ways of adapting and developing methods for assessing humanitarian interventions.⁸ At the same time, "not all evidence is equal".⁹

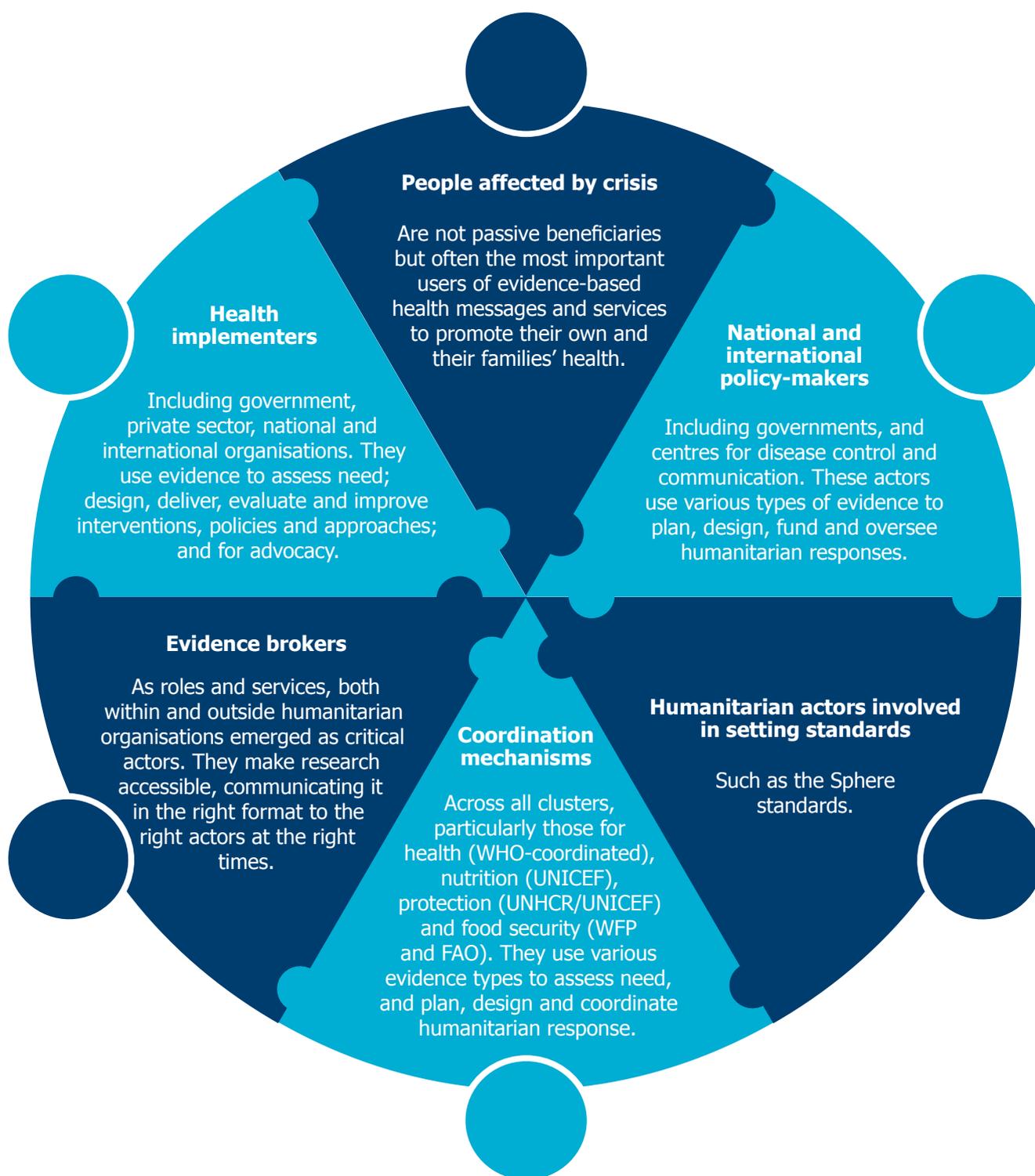


Some research designs and methods are better at answering questions of attribution and causality; others are better at gaining a rich understanding of the perspectives of communities; and all methods have their own standards to deliver valid, replicable and credible research. Peer review is normally a reliable way of ensuring that research designs have followed minimum standards relevant to their research discipline and thus are sufficiently 'robust'.

1.2 Who is involved in humanitarian evidence use?

Multiple stakeholders need to engage and interact with humanitarian research evidence in its various pathways to use and impact. These are explained in Figure 1.

Figure 1: Selected stakeholders involved in humanitarian evidence use



2. METHODOLOGY



2. METHODOLOGY

The research process comprised:

1. A literature review, covering grey literature on use of evidence in the humanitarian sector, and selected peer-reviewed publications on relevant topics, such as conducting robust research in humanitarian settings, syntheses and systematic reviews of bodies of humanitarian research, and evidence gap analyses. We also reviewed relevant evaluations and outputs of humanitarian research and evidence programmes. These findings inform analysis throughout the paper.
2. Key informant interviews with 34 respondents, including representatives of humanitarian agencies and implementing organisations, cross-sectoral initiatives, humanitarian coordination bodies and researchers.
3. A round table in February 2021, attended by 34 participants, including researchers, representatives from UN agencies, international non-governmental organisations (INGOs), the International Committee of the Red Cross (ICRC), donor organisations and national governments.¹⁰ The aim of the event was to validate the early findings, to identify outstanding issues, and to inform conclusions and actionable recommendations. We have drawn substantially on the discussions at the round table in the paper.

Lists of key informant interviewees and round table participants are included in Annex A. Interviewee responses and quotes have been anonymised. The round table event was conducted under the Chatham House Rule. We therefore share views raised in the round table without attributing them to any individual or organisation.

2.1 Limitations

- This exercise was not designed to be a robust research project in itself – a relatively small sample of stakeholders fed into the research process, which was limited to English-speaking participants and English language sources.
- While the paper endeavoured to include as many perspectives from the Global South as possible, those from the Global North outnumbered them, particularly at the round table. Consultations focused on decision-makers in humanitarian organisations rather than national governments of countries affected by crisis. This is significant, because some findings relate to the power imbalance between the Global North and Global South in both the academic and humanitarian sectors, and the need to ensure Southern leadership of research agendas. The authors and Elrha acknowledge that more work is needed to capture perspectives and recommendations from the Global South.
- The scope of this study did not include interviews with private sector actors, who are important in health-related research as well as health provision. However, the findings may still be relevant to them.



Barriers to evidence use

The most important barriers to use reported by round table participants, presented as a word cloud



3. FINDINGS



3. FINDINGS

3.1 Recent significant progress in humanitarian research

One of our key findings, which is also important in setting the context for this paper, is that many positive changes have occurred in the past 10–15 years related to the generation and use of evidence in humanitarian response.

“The humanitarian sector has gone through – and is still going through – an impressive professionalisation process. This shows, amongst other things, in the proliferation of humanitarian teaching and research programmes all over the world, as well as sector-wide activities aimed at improving accountability and performance.¹¹”

A number of interviewees mentioned the culture of humanitarian aid, including as a barrier to evidence use. But, generally, there was a sense that the caricature of “hardened aid workers, swooping in on light aircraft, looking around, deciding what’s needed, and doing just that, without necessarily asking too many questions”¹² rarely applies to the sector as it may have previously.¹³

During the same period, numerous humanitarian teaching and research programmes have emerged globally. These have sought close interaction with practitioners for access to data and people affected by crises, but also in order to influence policy and practice. For their part, many agencies have increasingly focused on the production and promotion of humanitarian evidence (eg. UNICEF Innocenti¹⁵ and the WHO R&D Blueprint).¹⁶

Many INGOs have made evidence promotion a focus of their work. Some, such as the International Rescue Committee (IRC), have become well known for their evidence-informed approach.¹⁷ We discuss organisational approaches to evidence promotion in [section 3.4](#).

Finally, there are now several initiatives, networks and online platforms for sharing and communicating humanitarian-relevant evidence. These include international platforms such as:

- The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), which was founded in 1997 and hosts the sector’s, which hosts the sector’s largest library of resources on humanitarian evaluation, learning and performance (nearly 20,000 resources).
- UK-based NGO Evidence Aid, which collates, translates and summarises systematic reviews and other robust evidence specifically aimed at humanitarian response, and the Johns Hopkins Center for Humanitarian Health.¹⁸
- Relief-Web, a leading information portal for humanitarians, hosting situation reports, evaluations, guidelines and other information on crises, including research evidence.¹⁹
- The OCHA-hosted Centre for Humanitarian Data²⁰, hosted by the UN Office for the Coordination of Humanitarian Affairs’.

There are also several sector-focused networks and platforms that promote evidence use; and national and regionally-based initiatives such as the Knowledge to Policy (K2P) Center at the American University of Beirut, which has supported evidence use in the country’s response to the Syria crisis and the COVID-19 response.²¹

However, it should be noted that regional or country-focused evidence platforms, such as the WHO-supported African Health Observatory Platform,²² may be more likely to be framed as being focused on public health, without specifying that resources are ‘humanitarian’ in nature. We discuss the role these platforms play in helping to connect research evidence with humanitarian audiences in [section 3.4](#).



3.2 The big barriers to evidence use

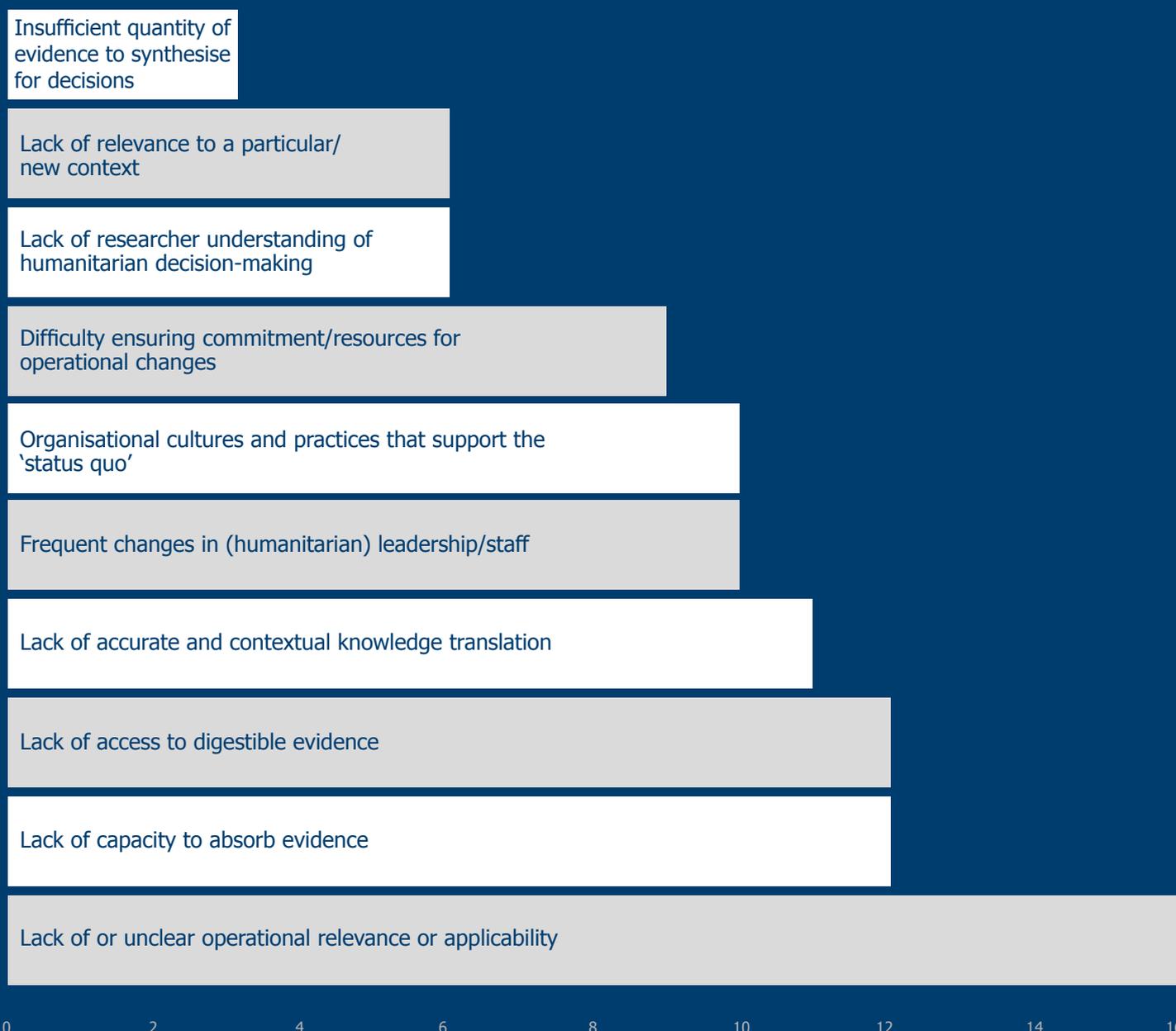
A key barrier to using evidence for decision-making is that there is not enough of it, especially high-quality evidence, as shown by the huge evidence gaps identified in systematic reviews.²³

Though significantly more research evidence has been generated in the past decade, our informants said there was often not enough evidence to be generalisable and to therefore guide decisions. The supply of evidence is still limited by operational barriers to conducting robust and relevant research

in humanitarian contexts. Funding mechanisms such as R2HC exist to increase the supply of health research evidence for humanitarian response.

Despite the progress mentioned above, other significant barriers to the uptake and use of available research evidence remain. Many of these are well known. As part of developing this paper, round table participants were asked to submit in advance what they saw as important 'barriers to uptake'. The group then voted on what they believed were the most critical barriers during the event (Figure 2).

Figure 2: Barriers to evidence use shared by round table participants (number of votes)



Many of these barriers – and the solutions they imply – are related to the four key intractable barriers to use of research that emerged from our sources. These are: time pressures; funding constraints; lack of relevance to humanitarian practice; and lack of relevance to humanitarian actors in the Global South.

3.2.1 Time pressures

The mismatch between short humanitarian response timelines and long timelines for designing, conducting, analysing and, in particular, sharing and publishing robust academic research is well documented.²⁴ This barrier is not just about project time frames, but about individual humanitarian research users' time constraints. It is certainly the case that field-level operational humanitarian staff in the most operationally challenging contexts and in acute crises may have limited time and resources for engaging with evidence, due to the urgency of implementing projects.

However, many humanitarians are working on longer-term protracted crises, where decision-making time frames are longer. At a basic level the amount of time that humanitarian actors have to engage with evidence is a function of whether their organisations have allocated, or indeed have, sufficient resources to support them to do so.

Similarly, while it is true that designing, conducting and producing rigorous research takes significant amounts of time, academic institutional practices can cause delays (eg. in sharing early findings) as we discuss later in this paper. Moreover, a frequently mentioned problem with academics' time frames was not that they took too long but that their allocated time was focused on research production rather than knowledge translation or uptake. In the words of one senior academic, "often we leave places before it gets to the point of application [of research findings]."²⁵ With research communication often stopping abruptly at the point of publication and a limited set of workshops, webinars or

conference presentations, academic engagement thereafter was often seen as insufficient to ensure adequate understanding and processing of the policy and operational implications of the findings.

3.2.2 Funding constraints

Figure 3 indicates multiple perceived barriers around lack of capacity and resources for evidence use. Similar themes emerged in the literature and informant interviews. We group these, and other barriers, under the broad heading *funding constraints*. Implementing organisations we consulted noted the preoccupation in humanitarian response with competing for limited resources in the sector when there is a large gap between humanitarian need and funding for humanitarian assistance. Even with very promising findings, organisations cannot always guarantee they will find funding and resources to put research findings into practice in operational procedures, projects and programmes.

Also, although donors often demand evidence-based interventions, the short-term cycles and limited predictability of funding can constrain the design and delivery of such interventions. The Inter-Agency Standing Committee (IASC) Humanitarian Financing Task Team has noted the limitations of "short-term programming focus, start-stop operations with sub-optimal execution, and higher transaction costs."²⁶

The experiences of humanitarian organisations show that promoting the generation, uptake, use and organisational mainstreaming of evidence does not come for free.

It requires organisational change and often new organisational functions, which require time and money. But funding pressures also affect the scope for developing strategies and structures for mainstreaming evidence use.



Staff in humanitarian organisations are primarily preoccupied with implementing humanitarian programmes and ensuring their continuity through responding to calls for funding proposals. A recent study of INGO research strategies found that instability and uncertainty over funding, and the “regular organisational restructuring” that frequently resulted, often deterred large INGOs from mainstreaming formal evidence structures and processes.²⁷

3.2.3 Lack of relevance to humanitarian policy and practice

The barrier to evidence use emphasised most frequently in our research was the lack of (obvious) relevance of much research evidence to policy, programme and response design, and especially to operations on the ground. Relevance is defined by the Organisation for Economic Co-operation and Development Assistance Committee (OECD DAC) as the extent to which the objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.²⁸

Evaluations of humanitarian research have also considered whether research responds to gaps in current knowledge as a further dimension of relevance.²⁹ Studies of health-focused research have also found that the relevance of research is increasingly a priority and basis for funders’ investment in health research, often seen as a proxy for its likely use and impact.³⁰

Operational relevance is a more specific term, relating to ‘operations.’ According to our key informants, operational relevance depended on a number of factors, including:

- The *subject, focus and questions* asked by research and how closely they relate to current issues, priorities, evidence needs and opportunities of humanitarian operations.

- The appropriateness and adaptability of research findings and implications of these for operations in specific contexts.
- The *feasibility* of acting on the implications or lessons of research within operational realities.
- The *sufficiency of evidence* for making operational decisions and to provide a basis to change current practice, which has at its core an intent to save lives and relieve suffering.
- The clarity of the research findings and their implications for an *individual’s* role in humanitarian response.

Some research may never be relevant to humanitarian actors in the ways listed above. But a lot of potentially relevant evidence is currently presented without clear demonstration of its applicability, making it less likely that humanitarian actors will seriously consider it. Some respondents suggested this was because researchers simply did not know enough about operational realities to be able to draw out operational lessons. But it may also be because researchers themselves are not the right people to translate research and apply it to operations. (*Case study 1* shows how partnerships between academics and practitioners can facilitate).

One challenge reported by humanitarian organisations was that they sometimes struggled to understand the relevance of research from contexts other than the ones in which they were working. On the other hand, research designed specifically and only for one context might be more likely to respond to a known local issue and to ‘speak to’ potential users, but findings may not be easily transferred to other contexts. In some cases humanitarian staff not accustomed to appraising evidence may lack the skills or expertise to recognise the relevance of findings from other contexts, without training and support. Another complication is that staff may be less likely to engage with relevant evidence produced by organisations other than their own.



CASE STUDY 1

A focus on research application from the outset

The Global Health Cluster coordinated a project to support good practice in institutionalising sexual and reproductive healthcare.

Key steps included creating a project team with WHO's Department for Reproductive Health and Research, practitioners and academics. It developed the research methodology and secured ethical clearance within WHO and national systems, developing a baseline study of existing evidence. Then research was carried out to identify good practice which involved partnership with local organisations including the Kinshasa School of Public Health, BRAC and others.

The project produced academic papers and – importantly – training materials and toolkits. This component was led by different partners, the United Nations Population Fund (UNFPA) and the Inter-Agency Working Group on Reproductive Health in Crises Training Partnership Initiative. These partners had been involved in the project from the beginning.

A key factor was integrating a training and operational component into the project from the start so it was not only research but also an integrated approach to build evidence and produce tools to support its application with related training.

Given persistent evidence gaps, implementing organisations also struggle to work out how many studies are enough to justify making an operational change. Our respondents were clear that they would be unlikely to change a protocol on the basis of one study. An evaluation of humanitarian research noted, "single projects will rarely achieve significant change in how the sector works but rather they can contribute to bodies of work that build the evidence base and argument for change."³¹ However, it is also the case that there is "no magic number" of studies that, when exceeded, denotes that a sufficient or adequate amount of research has been conducted on a particular topic.³²

3.2.4 Lack of relevance to humanitarian actors in the Global South

It is important to ask whether some humanitarian actors are being better served with operationally relevant evidence than others. Many of the key actors in humanitarian response are local and national organisations, governments and communities in crisis-affected countries and regions, and numbers of national versus international humanitarian field personnel are increasing.³³ But if these actors are not being sufficiently involved in the setting of research agendas and engaged by researchers, then they cannot be expected to use research fully. [Case study 2](#) documents an example where this close engagement has resulted in successful uptake.

Much of the funded humanitarian research we encountered in this study responds to the research agendas of donors and organisations headquartered in the Global North. It is disproportionately conducted by academics and humanitarian implementing organisations from the Global North, certainly as lead organisations. Examined from a resource perspective, the humanitarian assistance economy is also tilted towards the Global North.³⁴



Some national governments – especially, their Ministries of Health – may see Northern peer-reviewed publications or the involvement of Northern academics as a sign of quality. They may also be well connected with the global health evidence base. However, many of our respondents felt that the Global North-dominated research agendas often did not respond to the priority needs and demand of Global South humanitarian organisations and governments. These messages are also echoed by some authors who have found that research dominated by Northern researchers sometimes does not provide an adequate understanding of the specific local context and even risks over-researching some vulnerable host populations whilst not being positioned for use by local actors.³⁵

As we outline in [section 3](#), the need to engage more with actors in the Global South in setting humanitarian research agendas and in conducting research is important not just to achieve greater uptake and use of research, but because it is integral to key humanitarian agendas, such as the localisation agenda and the humanitarian-development-peace nexus, to which the sector is committed.

“It is important to ask whether some humanitarian actors are being better served with operationally relevant evidence than others.”

CASE STUDY 2

Bringing researchers and users together to respond to locally identified need

The Social Science Analytics Cell (CASS) in the Democratic Republic of the Congo (DRC), aims to bring social science research, evidence and data analysis into health-related decisionmaking to complement and help explain trends observed in epidemiological data. It is an example of a locally-developed research initiative promoting closer partnership between researchers and research users (the Ministry of Health in the DRC). This UNICEF initiative in the DRC grew organically from a recognition of need on the ground and availability of staff who could drive its establishment. It conducts rapid studies providing real-time evidence to inform responses to outbreaks, initially Ebola and now COVID-19 and other diseases. The cell also supports various actors, including government officials at different levels (national to very local) to use evidence and co-develop actions based on the evidence found by the reviews.

Key to the success of the initiative was the creation of a space for integrated multidisciplinary outbreak analytics (ie. bringing together data sources for improved understanding of outbreak dynamics and public health outcomes). Also vital was the training of national researchers together with government officials on the use of integrated social sciences analytics for outbreaks. An important element has also been the role of the Ministry of Health’s sign-off of the studies the CASS undertakes to build ownership.



3.3 Political economy of humanitarian evidence production and use

Many of the barriers to use of research in humanitarian response relate to the structures, power relations and, especially, the funding and incentives of the humanitarian and academic sectors, respectively. These aspects can be referred to as the political economy of these two sectors.

3.3.1 The academic research sector

There are two characteristics of universities that help to explain the limitations of research evidence discussed above.

Incentive structures

The internal reward system across the academy globally, but especially within universities of the Global North, judges performance according to the publication of peer-reviewed journal papers rather than the humanitarian impact, or usefulness, of research. Publication rankings across the Global North drive individual researchers' career paths and university rankings. The impact of this system is compounded by the decline in public funding for universities in many countries of the Global North. This means academics may delay sharing findings while papers are prepared for peer review. They may be nervous of sharing early findings that are not yet of peer review standard and may jeopardise their careers, or dilute their 'ownership' of the findings when they are published. The incentives can be particularly strong for junior and early career academics operating in an intensely competitive sector with limited stable or long-term research and teaching opportunities.

These incentives can lead to unsatisfactory or even extractive relationships between Northern academics and humanitarian organisations. Some academics may be more driven by the desire to secure permissions and access to study sites

and populations, to enable research for peer review, than by the desire to be relevant to those organisations' needs.

Further, the university sector may not prioritise hybrid roles or career structures that could bring academics and humanitarians closer together. Our respondents noted that academics who spend time embedded in or working part-time for humanitarian organisations may engage in more relevant humanitarian research. But universities do not reward such career paths, so researchers may find that choosing this approach can harm their academic ambitions.

Underlying inequalities of power and resources

Underlying inequalities of power and resources exist between universities and individual researchers in the Global North and Global South, which may limit the range of academics that can produce relevant evidence for humanitarian response. One impact of this power imbalance is in inequitable access to publication in peer-reviewed journals. The deck is stacked against researchers from the Global South. One study that reviewed authorship on the Syrian conflict found that only 62% of the 410 peer-reviewed papers identified collaboration with researchers from Syria or regional countries; and only 44% had Syrian or regional researchers as the first named author.³⁶

These inequalities also affect research partnerships between Northern and Southern researchers in humanitarian contexts. Local and regional research partners can become "relegated to the roles of securing institutional review board approvals and local permissions, accessing local populations, data collection, and translation"³⁷ for Northern academic partners.



Humanitarian studies as a field has been criticised for being centred in the Global North, with most educational institutes based there. The adjacent fields of disaster studies and refugee studies face similar criticism, although the study of disasters related to natural hazards is better represented, with many leading institutes in the Global South.³⁸ There are also several leading health research institutes in the Global South. In 2016/17, Elrha conducted a global mapping exercise of the humanitarian research and innovation landscape. It found a dynamic and growing community, with at least 825 research and innovation actors, supported by 218 funding agencies. However, it also found that actors from the Global North both provided and received the majority of resources.³⁹

At the 2016 World Humanitarian Summit, 63 humanitarian studies scholars in conjunction with the International Humanitarian Studies Association (IHSA) signed up to a list of commitments, which included supporting localisation of humanitarian research within communities and regions affected by crises.⁴⁰ In 2018 the IHSA working group reviewed progress against these commitments and found that while the commitment of individual researchers remained high, progress overall had stalled because of lack of buy-in from research institutions.⁴¹

3.3.2 The humanitarian sector

There are challenges but also some advantages to the political economy of the humanitarian sector for sharing and using evidence. A characteristic that can be a strength but also a challenge is international staffing. For example, international humanitarian staff are far more mobile than their counterparts in the development sector. They form a relatively small community, tend to be well networked with each other and change their postings on a regular basis. This means that they take evidence with them when they move and share it with each other.

However, this can also contribute to the challenge for national actors to have access to the same opportunities to engage with research, particularly at more local levels.

The structures and incentives within the sector may cause institutional resistance to change within some humanitarian organisations. One of the respondents described this as “adaptability inertia.” Factors contributing to this may include the ‘humanitarian imperative’ which prioritises rapid action and meeting needs, rather than reflection and adaptation. It may also have been influenced by the move to standardised rapid-response mechanisms by individual agencies, as well as interagency cluster mechanisms, with associated standard operating procedures for rapid scale-up of responses. Additionally, the division of the humanitarian sector into thematic clusters for coordination purposes may allow for effective evidence sharing within clusters. But it also makes cross-sectoral work difficult, despite evidence of the need for cross-sectoral programming and responses.

A story of ‘adaptability inertia’ playing out in practice can be found in the large body of literature documenting the halting and incremental adoption of cash-based approaches or cash and voucher assistance (CVA). Despite an increasing body of evidence supporting such approaches, adoption of CVA was slow, though they do now operate at scale. Adoption was challenging for some parts of the traditional humanitarian system, because large multi-sector cash programmes implied the need for integration of agency responses and even consolidation of actors. Cash-based approaches at scale also challenged the ‘organisational self-interests’ of some humanitarian actors more invested in other approaches.⁴²



However, the political economy of the humanitarian sector has been changing. Some drivers of new ways of working should, in turn, provide an opportunity for evidence to influence practice. A range of factors are contributing to change in the sector, including:

- The predominance of protracted crises as a key humanitarian operational context means the rapid scale-up of humanitarian mechanisms is less the norm as a way of working.
- Climate change, a focus on resilience, and 'the humanitarian-development-peace nexus' all call for new, longer-term approaches, which can address the vulnerability of people affected by humanitarian crises in more sustainable ways.
- The growth of a range of agendas contributing to shifting more power to local levels - including the localisation, participation and accountability agendas, and efforts to decolonise aid.
- The shift to cash-based approaches is resulting in more interagency and integrated responses to providing assistance and addressing vulnerability in crises.
- Developments in technology, including digital and communications technologies, are enabling new ways of working, such as through data aggregation and rapid mapping processes, as well as increasingly rapid global communication. This can broaden participation in consultation, research generation and communication processes. There is potential for a greater democratisation of research processes.
- Changes in the funding dynamics of humanitarian response, such as a broadening range of donors, the growth of private sector funding, and exploration of new ways of financing in the humanitarian sector, including for innovation (eg. through humanitarian bonds).⁴³

These change factors will have implications for evidence generation and use in the humanitarian sector. The current COVID-19 pandemic and global

response is also likely to prove to be a "change moment."⁴⁴

Firstly, because the crisis 'has evidence at its heart'; it has highlighted the centrality of evidence to the humanitarian response. It has also brought significant additional funding for health research, while also posing obvious challenges for humanitarian and research operations.

Secondly, COVID-19 may already have resulted in a more central role for Global South researchers in conducting humanitarian research, since international borders have been closed so frequently over 2020/21.

A similar trend may also play out in humanitarian operations, with staff from headquarters less able to travel. COVID-19 may amplify the urgency of measures such as mentoring, widespread consultation processes for setting evidence agendas and networks of focal points who have some evidence or learning focus. But this remains a challenge.



3.4 Pathways and approaches for promoting evidence use

3.4.1 Multiple pathways for research use and impact

The journeys to use of evidence that we discuss below involve different combinations of researchers themselves and research users,⁴⁵ in various steps, configurations and relationships. This demonstrates there is no 'ideal' pathway or results chain for an individual research finding or a body of evidence to get into use. But the different steps, and the actors who take them, are worth examining.

There are some cases where research is taken up by policy-makers and practitioners who were directly involved in it in a given context. In others, research findings are explicitly used and replicated in more studies to build up a body of evidence. These bodies of evidence, in turn, can be brokered within and between humanitarian actors, put directly into use in designing better response, and/or incorporated into standards and guidelines. Standards and guidelines may themselves need to be turned into tools, training and other professional development and support to be put into action.

Figure 3: Potential steps in the pathway to evidence use



3.4.2 Researcher and research team approaches

There is a large body of literature on research uptake aimed at researchers, documenting success factors in enabling research use, which are by now quite familiar. Many of these success factors were raised by our respondents. These included:

- Engaging with policy-makers and practitioners from an early point in research, and in particular, partnering with policy-makers and practitioners to produce research – the most commonly mentioned success factor.
- Having a clear plan, or Theory of Change, for how research would be used in policy and operations. It was suggested that humanitarian organisations may not, and arguably should not, support research if it was not clear how it would be used.
- Translating and communicating research findings in clear language so that practitioners and policy-makers can understand them, and packaging these findings into formats that make them more usable by different audiences a very familiar appeal to researchers. Webinars and seminars were noted as particularly useful channels for researchers to communicate findings to humanitarian actors.
- A willingness to share findings early, before peer-reviewed publication, which may also be important in informing rapid decision-making.

Engagement with affected communities throughout the research process is a success factor less well documented in the traditional uptake literature, but this has emerged as significant in our inquiry. An important dimension of this is ‘restitution of findings’: going back to share results with communities who participated in research. Sharing findings with communities helps to validate and improve findings, but it also encourages use of research by the communities themselves and by local humanitarian actors. However, it is still not common practice. As Dr Akinola Onojo of the

Institute for Security Studies in South Africa has noted:

“An obstacle particularly to researchers based outside Africa, is the common assumption that respondents in communities are naive, and therefore do not have a clear idea of the problem under inquiry by researchers. In fact, they often have a very good understanding of what it takes to solve a problem, but systemic challenges... curtail their agency. It is therefore vital for researchers who approach partners and community members to not see them solely as a source of data.”⁴⁶

Examples from the R2HC portfolio indicate that bottom-up approaches to community engagement can help the uptake of research, generating a sense of ownership through “deeper engagement with local communities.”⁴⁷ This was achieved through the involvement of a deeply respected and eminent local academic in the project, suggesting that equitable research partnerships can also support uptake by promoting local ownership.⁴⁸

Building equitable partnerships is partly about funding – discussed later in this paper – but Global North researchers can also do a lot to involve local research partners more deeply throughout the research process, including by allowing Southern research partners to take the first credit in peer-reviewed publications.

When examining the uptake pathways we have identified, and bearing in mind the political economic constraints discussed previously, it is clear that some barriers to uptake cannot be overcome by researchers. Rather, they depend on funding approaches, research design, delivery and uptake processes involving many other actors, including donors, implementing organisations and cross-sectoral initiatives.

For example, despite the call for researchers to develop better research communication and brokering skills, it is not clear researchers are always well placed to broker their research. This may require specific brokering roles and services, as we discuss in [section 3.4.3](#).

In a similar vein, developing a clear Theory of Change for the way research would be used in policy or operations may require researchers who have sufficiently deep relationships with policy and operational actors. This requires, in turn, sufficient opportunities for researchers to establish relationships with operational actors whereby they can better understand decision-making processes.

3.4.3 Humanitarian sector approaches to improving evidence use

Identifying and filling evidence gap

For research evidence to be more operationally relevant it must respond to operational demand. Many organisations have their own mechanisms for identifying and commissioning research based on their own needs (and even their own Theory of Change in the case of the International Rescue Committee). Humanitarian organisations also commonly synthesise evidence for their own needs.⁴⁹ These often bring together external research with internal knowledge, lessons derived from internally commissioned research and other evidence processes such as evaluations and reviews. Case study 3 gives an example of 'rapid evidence synthesis' undertaken by one humanitarian agency.

However, a strong consensus emerged among our respondents that humanitarian actors need to be more organised and coherent in identifying priority evidence needs and evidence gaps, not only within humanitarian organisations but also at sector level. Prioritisation also need to incorporate evidence needs that national governments and communities affected by crises have identified.

Mapping available evidence against collective needs would allow new research to be targeted at building demand-driven bodies of evidence, which our respondents confirmed were much more likely to be taken up than disparate individual research projects.

CASE STUDY 3

Rapid evidence synthesis and accelerated learning

For humanitarian operational relevance, UNICEF is piloting a rapid synthesis process called the Rapid Evidence and Accelerated Learning (REAL) approach. One example of its use was related to the 2020/21 COVID-19 response and aimed at raising awareness of gender-based violence (GBV) during pandemics.

There was already an organisational directive to consider GBV in the COVID-19 response, but the REAL process explored barriers to implementing this, in effect putting evidence and guidance into action.

The two-month process included a three-week rapid evidence synthesis of barriers to its implementation, bringing together research with organisational documentation. Tacit knowledge held by staff was tapped into using surveys.

A webinar involving internal and external stakeholders - including experts in the field - reviewed the evidence, brought in their own perspectives and knowledge, and considered the review's implications for UNICEF, thereby 'socialising' the knowledge.



More initiatives and processes are emerging for researchers and operational organisations jointly to set research agendas. For example, the Special Programme for Research and Training in Tropical Diseases (TDR) emphasises the importance of responding to questions users of research want answered, rather than being led primarily by researchers' interests. Humanitarian interagency structures, such as the clusters, have partnerships with academic organisations and sometimes engage with these to support the production of relevant evidence.

Recent initiatives to identify evidence priorities, gaps and needs in the humanitarian sector include Elrha's Humanitarian Health Evidence Review⁵⁰ and the current Global Prioritisation Exercise,⁵¹ as well as research priority-setting exercises, such as the Cholera Roadmap Research Agenda.⁵² In addition, some respondents suggested that older existing mechanisms for updating humanitarian evidence for operational use, such as Sphere guidance and other standards, could be used more fully to present analysis of evidence gaps and needs.

Significant efforts have also been made to synthesise existing data through systematic reviews, rapid appraisals and other products and processes, and to make it publicly available. Many respondents said they valued platforms such as the International Initiative for Impact Evaluation (3ie), which offers a repository of evidence gap maps, as well as systematic and other reviews.⁵³

The COVID-19 crisis has seen a rapid increase in synthesis initiatives in response to both the scale of the crisis and the abundance of different types of evidence being produced. For example, the UK's FCDO commissioned rapid syntheses of new and relevant research during the COVID-19 response through a weekly digest of new research.

Finally, the UK Collaborative on Development Research (UKCDR) has established a COVID-19 'circle' for coordination and learning.⁵⁴

Making use of all relevant, available evidence

When evidence needs are identified, different types of evidence might be needed to meet them. In the introduction, we noted that rigorous research is only one of many types of evidence that are necessary in humanitarian response. Other evidence includes needs assessments, programme design and monitoring data, reviews, evaluations, lessons learned processes and interagency documentation and reporting to share details of coverage, funding, response and subsector-specific plans.

There may be important and potentially underused interrelationships between these different types of evidence. A lot of locally-led and contextually relevant evidence is being generated (eg. through programme and project M&E). Notwithstanding the challenges of data sharing, some respondents felt this data could be collected in a more rigorous way, shared across organisations in some form where relevant and possible, and that greater efficiency could be built into the multiple evidence-generation functions in humanitarian response. This is part of the long-running effort to see M&E as a function of learning, as well as management and accountability, and to treat research as one part of an eco-system of evidence needed for humanitarian response. As one respondent put it: when assessing evidence needs, it is also important to identify where rigorous research is not needed, because other 'good-enough' evidence is available. [Case study 4](#) shows how MEAL can be linked with a humanitarian organisational research agenda.



CASE STUDY 4

Integrating research evidence with monitoring, evaluation and learning evidence

In Save the Children International (SCI)'s Somalia office, interaction between the research and monitoring, evaluation and learning (MEAL) staff with operational project managers has been a critical factor in promoting evidence use.

Regular reflection meetings have fed in evidence from M&E and from research, and have also been used to set the office research agenda. The country office research agenda covers 31 topics, derived from operations. These are reviewed formally every year, as well as being informally revised on a regular basis in the light of emerging issues.

One result of such prioritisation was seen in the country office's COVID-19 response. To inform its programming, the country office undertook a knowledge, attitudes and practice analysis of COVID-19 in a Somali community.

The study, which was local, contextualised and relevant to the current operation, was intensively used by SCI and shared with other organisations. The process of its development helped with its uptake, which is based on the validation of findings with local partners, as well as rapid publication.

Extending the role and variety of partnerships

The importance of involving practitioners throughout the research process is a key commonly noted success factor for uptake:

“The research literature on the best strategies to support the use of research evidence in decision-making suggests that interactive engagement between researchers and decision-makers may be the most effective.⁵⁵”

This approach to enhancing research uptake was endorsed in our key informant interviews.

The range of research-practice partnerships in the sector is increasing (see case study 5). For example, there are a number of academic partners among the 57 members of the Global Health Cluster, and the World Food Programme has partnerships at global and country levels on specific issues (such as with the International Food Policy Research Institute in Bangladesh).

In addition, there are many donor-funded humanitarian research programmes and several grant-making models supporting researcher-practitioner partnerships.

Grant-making models include Elrha's R2HC itself, its partner programme the Humanitarian Innovation Fund, as well as several other grant-making bodies that do not solely focus on the humanitarian sector.



CASE STUDY 5

Effective co-production and collaboration models with multiple agencies

A significant but often overlooked issue facing displaced women and girls is their ability to manage their monthly menstruation in safety and dignity in humanitarian settings, such as camps. An R2HC-funded collaboration between the International Rescue Committee (IRC) and Columbia University developed a cross-sectoral toolkit for the integration of menstrual hygiene management (MHM) into emergency response.

The study involved not just consultation, but collaborative engagement with a number of humanitarian actors during the research, and this collaborative process itself helped to raise the profile and prioritisation of MHM, and promote a more holistic approach to MHM well beyond just distributing pads.

The toolkit also employed clear messaging and involved a communication expert in its production. UNHCR, IRC, and an external stakeholder, the International Federation of Red Cross and Red Crescent Societies, report that they have taken up the key messages of the toolkit substantively in policies and practices.

Finally, individual humanitarian organisations partner with academic institutions and individual academics for one-off research studies or sometimes longer-term collaborations. In fact, many respondents from humanitarian organisations favoured longer-standing partnerships with academic researchers with whom they had built trusted relationships. This enables them to contribute to setting the research agenda, have greater control over research and ensure that the relationship is not an extractive one.

There may be a need for a greater variety of models for research partnerships or for different approaches to partnership roles. For example, approaches that encourage academics and humanitarian practitioners to cross role boundaries can be beneficial; as this can allow humanitarians to co-produce research or even to lead research activities.⁵⁶ This may, in turn, make humanitarian practitioners and their teams better users of evidence in general; and may give academics valuable operational insights, leading to more relevant research design and better-informed communication of research findings.

Many models of co-production focus on partnering with practitioners from humanitarian organisations. But respondents who had more experience working with national governments suggested that co-production with government actors can also be important (see case study 6⁵⁷). If government staff's involvement with research goes beyond approving research projects, this can influence uptake.

An independent evaluation of R2HC in Lebanon found that a mental health and psycho-social support research project co-produced with an investigator from the Lebanese Ministry of Health achieved significant policy influence and contributed to the substantial reform of Lebanon's mental health system.⁵⁸

Funding more research led by Southern actors

Supporting more research by Global South researchers, and building their research capacities and infrastructure, is important for reasons beyond the argument that this enhances the relevance and uptake of resulting findings.

Humanitarian research should not follow an agenda that runs contrary to the shared objectives and principles agreed to by the sector. Humanitarian research must therefore meet the aims of the humanitarian-development nexus, to reduce risk and vulnerability over the long term, as well as to provide evidence for more effective response to acute and protracted crises. As the academic commitments made in the 2016 World Humanitarian Summit reflect, this implies an approach that supports research responding to needs identified by communities, organisations and governments in the Global South and building sustainable local and regional research capacities to meet those needs.

However, many of our respondents also felt that the involvement of researchers from the Global South in designing, leading and communicating humanitarian research did make this research more relevant to the evidence needs of affected communities, local organisations and governments and therefore better positioned for uptake. If the localisation agenda, which aims to transfer power and humanitarian aid funding to local response NGOs, progresses as hoped, key policy and operational actors who will make humanitarian decisions will increasingly be from the Global South.

Therefore, there is a clear need for humanitarian research that will be used in future to be more relevant to these actors. But donors may need to look at how they fund research and develop new approaches to be able to increase the proportion of funding accessed directly by researchers and institutions in and from the Global South.

Many of our respondents felt there was a need to look for ways to put local research organisations and universities in the driver's seat, including putting donor money through these institutions, and tailored capacity building.

For donors unused to this way of funding, these are riskier approaches than funding Global North institutions, since Southern universities and institutions may have weaker administrative and financial capacity for grant management. There may be other challenges to overcome, such as restrictions on transferring funds to actors in humanitarian crisis locations, particularly those affected by conflict.

Some donors, notably Canada's International Development Research Centre (IDRC), have been directly funding research centres in the Global South since 1970. The centre's funding prioritises strengthening the capacity of research institutions (and researchers) in the Global South to lead their own research.

Over the past five years, IDRC has developed and applied an approach to development research quality assessment (RQ+).⁵⁹ RQ+ integrates 'positioning for use' alongside the usual criteria for assessing research quality. This criterion considers whether research is designed, implemented and disseminated in a way that enhances its potential for use in countries in the Global South. IDRC has found that when evaluated on the RQ+ framework, quality of research led by researchers in the Global South is higher than research by those in the Global North, and even by joint teams of researchers from South and North. Positioning for use is the criterion that makes a significant difference.⁶⁰

Many research institutions in the regions surrounding humanitarian crises do in fact have enough technical capacity to lead research projects, especially with targeted support and partnerships that focus on building their capacities to lead.



CASE STUDY 6

Co-production with government and other key actors

Models of co-production of research that include government partners as well as humanitarian agencies or INGOs, professional bodies and community representatives are promising in promoting use.

The Refugee Lived Experiences, Compliance and Thinking (REFLECT) study led by Makerere University responded to the need for greater understanding of the COVID-19 lived experiences and outcomes of refugees, whose complex context in refugee settlements often makes it difficult to adhere to COVID-19 prevention guidelines. The study aimed to influence policy and programming. The team was a multisectoral partnership that included co-investigators from the National Association of Social Workers, the Ugandan Ministry of Health, another university and humanitarian INGOs.

This co-production with policy-makers, practitioners and community members led to significant policy engagement with the research findings, including a new awareness of overcrowding and different socio-cultural factors in refugee settings, and their implications for COVID-19 health communication. Government partners uncovered additional relevant findings when the research was disseminated at community level. Community engagement revealed that health messaging needed to be communicated in refugees' own languages – and often in pictorial form – and that local government needed to be engaged at lower levels.

There may be promising models for providing pilot funding or targeted support to allow organisations to develop their grant management as well as their research capacities.

Longer-term research collaborations may also be critical to enhancing Southern research capacities. As the Lancet Palestinian Health Alliance, a scientific network of Palestinian and international partners, has shown, over nine years long-term mentoring and capacity building have resulted in an increased volume and quality of Palestinian research and authorship.⁶¹

Finally, even in existing research partnership models, funders could help by encouraging supported research projects to include peer-reviewed publications in which Global South researchers are credited first. This is important in building their profile in research impact indexes.

3.4.4 Humanitarian organisational approaches for enabling evidence use

Evidence use within humanitarian organisations has improved dramatically. Many organisations have set up internal evidence teams or structures, and have sought to systematise evidence use in the development of organisational and operational strategies, and in humanitarian programme design processes.

Teams are housed variously in research and operational research departments, in separate impact teams or in monitoring, evaluation and learning teams.

The following approaches have been particularly useful in promoting evidence use and explore how they were facilitated.

Leadership

Among the critical factors driving effective organisational approaches to promoting use of evidence are commitment, prioritisation and leadership by senior management.

If evidence agendas are driven from the very top of an organisation, and are front and centre in organisational strategy, this makes it easier to carve out the financing and resources necessary for implementation.

Leadership is also important in country offices, especially in organisations with more decentralised structures; local examples of good evidence use are often driven by strong local leadership.

Empowering staff

Humanitarian actors making evidence-informed decisions need to consider research evidence alongside other important factors. Practitioner judgement plays a key role in decision-making, as do other influences of context, stakeholders and circumstances.

Some of the other important factors that influence decisions are shown in [Figure 4](#) (although we do not want to present an 'ideal' structure of evidence-informed decision-making).⁶²

Staff at operational level may sometimes lack the confidence to read research evidence and be able to evaluate its relative weight and applicability for their work, especially in relation to other influencing factors.

They can find research evidence, in particular,

CASE STUDY 7

Leadership and resourcing for organisational integration of evidence

The International Rescue Committee (IRC) has gained a reputation for prioritising evidence throughout its operations. At the heart of the IRCs evidence approach is a Theory of Change for outcome areas about which IRC is gathering, synthesising and assembling different types of evidence.

This Outcomes and Evidence Framework was made publicly available (oef.rescue.org) to foster sharing of evidence and research agendas. IRC has committed significant resources to support evidence generation and use throughout the organisation, including a dedicated research and innovation arm, the Airbel Impact Lab.

Within this structure, the Evidence to Action (E2A) team develops evidence synthesis products for decision-making, providing evidence brokering within the IRC.

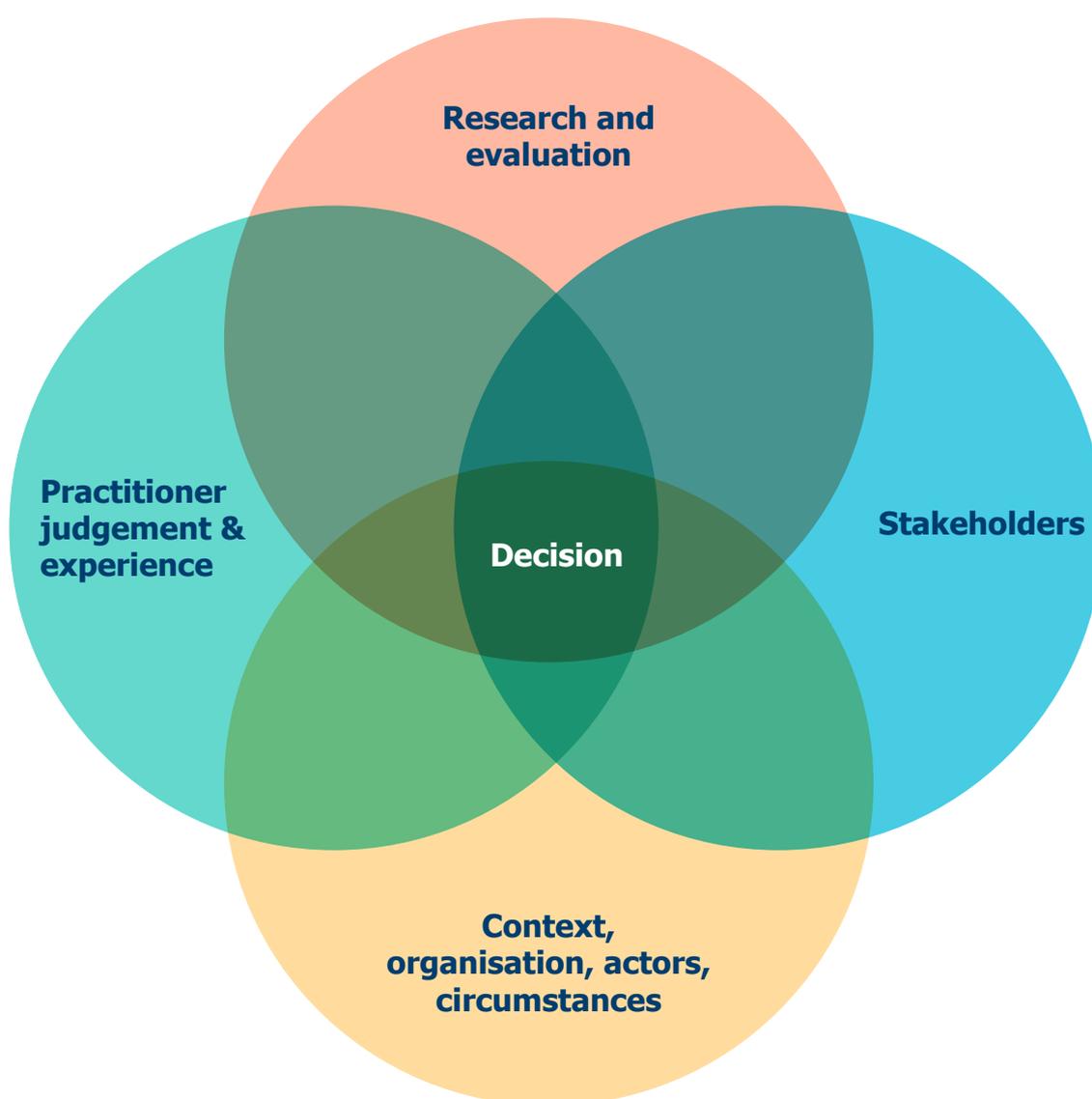
Leadership and the championing of evidence from the very top, under the current and previous presidents and vice-presidents, has played a crucial role in allowing the organisation to make the necessary changes to mainstream evidence use.



inaccessible, and overwhelming. Empowering staff regularly to discuss evidence with confidence was seen as important in developing cultures of evidence use. Organisations and technical teams that have a long-standing practice of interrogating evidence confidently as part of decision-making, especially in technical areas such as health where this is more familiar, report feeling less 'browbeaten' by it. Part of the solution to enabling staff to gain

more confidence as evidence users is to train them in research methods and even to involve them in conducting research. Humanitarians who were more involved in research became more effective at using evidence in general, and were more prepared to question their own programmes and approaches in the light of evidence, our respondents reported.

Figure 4: Four elements of evidence-informed decision making in humanitarian response



Source: Blanchet et al (2018), p7⁹

Guidance, tools and training

Humanitarian organisations have sought to ensure humanitarian practice is evidence-based by incorporating research evidence into guidance, tools and training for their staff and partners. Indeed, the development or updating of standards, guidance and tools represents a key opportunity for researchers to influence practice and promote uptake of their evidence. Our informants reiterated the importance of using opportunities such as regular reviews of the Sphere standards to ensure research findings influences dialogue which, in turn, can shape humanitarian practice.

However, guidance also has its limits in terms of research impact. Firstly, it can become so lengthy as to generate 'field guidance fatigue'. WHO and other organisations have developed abridged products for ease of use at the country level, to try and overcome this limitation. Secondly, the development of guidance is only the starting point in promoting evidence use. A further step of prioritising, adapting, contextualising and, importantly, shortening lengthy materials to something more easily used – a tool – is important. In the words of one respondent: "It's a tool that's wanted. People are sick of guidance. They want tools – simple, algorithm or similar."⁶³

The development of tools and guidance links to the question of application and operational research. "People are looking for applied solutions – they're not trying to build up expertise but to find a solution they can apply".⁶⁴ Even this step may not be enough to enable use in certain contexts. The words of one experienced promoter of research uptake within a humanitarian organisation capture the perseverance, creativity and sustained approach needed to promote research use:

"Guidelines are one thing and that was what we initially thought was needed... Then the gap between the guidelines and uptake emerged... Toolkits are important but not enough. We realised we did not have enough representation from the field in the creation of the toolkits and guidance."

CASE STUDY 8

Turning research evidence into training applications for staff

One of the approaches Save the Children uses to promote wider and more consistent use of evidence at intervention level is through 'Common Approaches', which compile external and internal evidence on the best intervention approaches to addressing common problems, ranging from 'Sexual Health and Rights' to 'Nourishing the Youngest'.

Save the Children has 18 such approaches, which aim to turn evidence into clear guidance on appropriate intervention approaches. The linked Common Approaches Learning Programme has been important in building the capabilities of staff to implement, embed and scale these evidence-based approaches. This has allowed staff to be more confident in understanding how the Common Approaches apply to their particular context.

An evaluation of the Learning Programme's blended-learning 'Silver Courses' found that they offered high-quality professional development to staff and also impacted on the quality of programme implementation and delivery.

Some 37–40% of staff reported they were actively applying their learning within two months of completing the course, either by changing current activities to bring them in line with the Common Approaches, or by designing new programmes to include the Common Approach.



Training is another key way to put research findings (and new guidance and tools) into practice. Several organisations have developed training approaches to implement tools, and engage with research, within organisations and across the sector (see [case study 8](#)).

Evidence brokering

The importance of brokering research evidence, and of evidence-brokering roles and services, is a significant driver of research use. Evidence brokers are individuals, teams or organisations that bridge the gap between academic research and policy-making, ensuring that findings reach the right people, in an appropriate format, at an opportune moment.⁶⁵

Presenting evidence in clear language and in formats that are accessible may be especially important in the humanitarian sector where operational staff lack the time to engage with long evidence products. Brokers can also help practitioners to identify evidence gaps and practitioners' needs, and review and commission evidence that meets a clear demand. Brokering activities can take place in various formats and roles. Within humanitarian organisations these roles are sometimes housed in dedicated impact and research teams, and sometimes within monitoring, evaluation and learning teams and roles. Organisations with different global structures naturally need different organisational approaches.

What evidence brokers within humanitarian organisations can do particularly well is to turn evidence into actionable operational instructions or policy recommendations, which are often missing in research outputs. A number of tools have been successful in brokering evidence, such as 'bite-sized evidence' products and phone-friendly apps to promote operationally relevant evidence to staff and partners. But brokering roles also require a deep understanding of operational roles, and a great deal of listening, understanding and relationship-building skills.

As well as brokering roles and structures within humanitarian organisations, various services and platforms offer brokering services on which humanitarian decision-makers rely. Platforms that respondents find useful include: the ALNAP global network for humanitarian learning and its extensive library of online resources; Evidence Aid, which collates, translates, summarises and communicates humanitarian evidence; and non-humanitarian organisations such as the International Initiative for Impact Evaluation (3ie) which funds, produces and synthesises rigorous evidence for the humanitarian and development sectors.⁶⁶ There may now be a need to develop evidence review and synthesis approaches to include non-English and non-European language sources – and not only source evidence from PubMed. It is important to consider not only the origin and language of evidence, but also the language of the intended audience. For example, Evidence Aid published a COVID-19 research brief and the Arabic language version was the most in-demand.⁶⁷

Some evidence promotion and brokering roles we encountered in humanitarian organisations are in effect hybrid academic and practitioner roles that blur the lines between research and practice (see [case study 9](#))⁶⁸. For example, some organisations have technical positions staffed part-time by academics who also work at universities.

The idea of 'pracademics', or researchers who have significant past or current experience as practitioners in their field, has been around for some time in fields such as public administration.⁶⁹ As discussed above, these positions can sometimes run against the career incentives of universities that prefer research and publication-focused academics who can increase their research excellence scores. However, our research suggests there is also a real appetite in the humanitarian sector for pracademics who can bring academic skills to bear, and also encourage real-time engagement with findings and their implementation.



CASE STUDY 9

Partnerships to turn research evidence into useable tools for practitioners

The establishment of hand-washing as a key component in health promotion and its integration into standard practice for emergency water, sanitation and health interventions to a great extent stemmed from work by a leading UK academic based at the London School of Hygiene & Tropical Medicine (LSHTM).

LSHTM's collaboration with the Global Public-Private Partnership for Handwashing was important: the two worked together to create the Behaviour-Centred Design model.

This model and the way it was developed in turn contributed to the uptake of the new evidence over time by implementing organisations such as the International Federation of Red Cross and Red Crescent Societies, which integrated it into approaches used by federated national organisations, as well as international emergency teams.

Implementation research

Our consultations suggest that traditional research evidence findings are often not enough to enable the uptake and application of findings in humanitarian operations. 'Implementation research' was suggested as a potential solution. As with the term 'operational relevance', definitions of implementation research differ between organisations and individuals, with terms such as implementation science, research application and operational research often used interchangeably. Indeed, ambiguity over the meaning of implementation research and implementation science exists outside the humanitarian sector.⁷⁰

However, our respondents had a broadly similar understanding of what implementation research covers. In all the interpretations we encountered, it involved looking at broader strategies and processes of implementation, not only at effectiveness of an intervention in research settings.

Implementation research usually involves both research specialists (academic or otherwise) and practitioners, benefitting from the insights and expertise of both groups. It might include:

- Research that focuses on the application of the findings of specific research studies or bodies of evidence to identify how to apply them – for example, how to maintain the fidelity of interventions in research settings in different operational contexts. Research on application also includes assessing the feasibility and nature of changes required in current ways of working in one or more organisations and settings.
- Research to identify important research studies or bodies of evidence, and their operational implications, for specific operational needs, specific contexts and/or specific potential users such as ministries of health in an epidemic.

"It's about what it takes to get research or an innovation into action – it's delivery science. It might be simple or complex. But even if it is simple, it needs to be done... You need research on how to fit [new evidence] into your work."⁷¹



Implementation research study design will depend on the precise questions being asked, and examples from health research in non-humanitarian settings range from randomised controlled trials and mixed methods studies, to qualitative research.⁷² It must also be noted, that much of the work conducted in evidence-brokering roles and teams in humanitarian organisations appears something like a less formal and perhaps less academic form of implementation research.

Although some of our respondents felt that academia had not yet paid enough attention to developing robust humanitarian implementation research methods, UNICEF and others in the sector are now conducting more implementation research and there are more publications in this area.⁷³

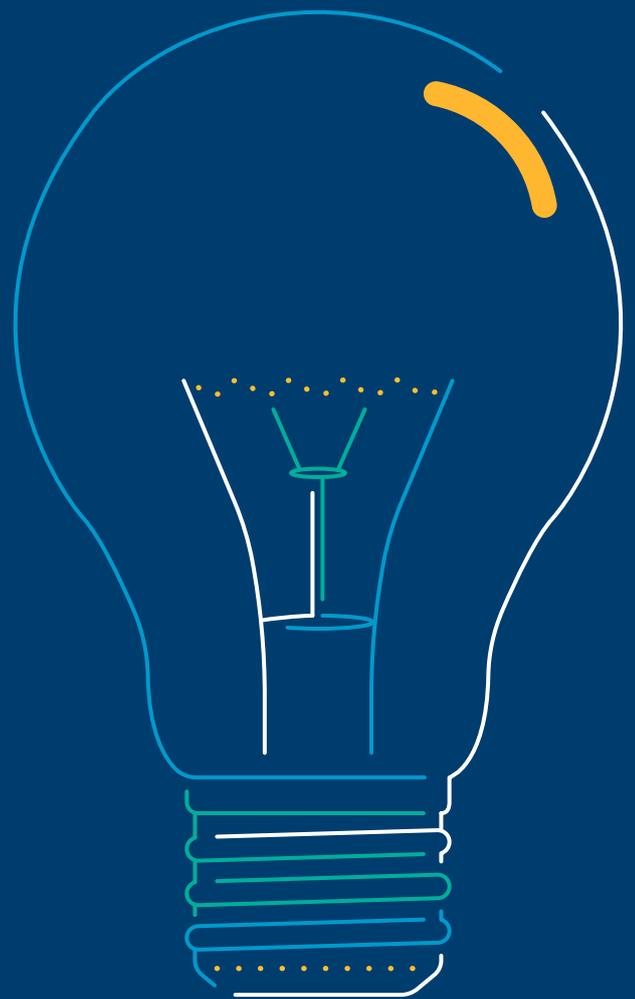
Courses in humanitarian implementation research are now available, such as the Special Programme for Training and Research in Tropical Diseases (a global scientific programme co-sponsored by WHO, UNICEF, UNDP and the World Bank), which has supported a Master's programme and online learning in implementation research. There is certainly an appetite for more implementation research in the humanitarian sector and an opportunity to develop implementation research in humanitarian response specifically as a promising approach to enhancing uptake.

“There is certainly an appetite for more implementation research in the humanitarian sector and an opportunity to develop implementation research in humanitarian response specifically as a promising approach to enhancing uptake.”



.....

CONCLUSION



CONCLUSION

Much of the content of this paper reflects changes made in the humanitarian sector over the past decade or more to increase organisations' engagement with evidence.

There has been considerable progress, with many humanitarian organisations increasingly prioritising use of evidence, with leadership from the top, and various cross-sectoral initiatives as well as platforms and networks to share evidence and learning. There has also been a proliferation of academic humanitarian research and teaching programmes internationally.

Significant barriers to evidence use remain, many of them 'baked' into the different structures, incentives and needs of the humanitarian and academic research sectors. The mismatch of time between urgency of humanitarian decision-making and the long time frame for producing robust research findings, for example, may be an unavoidable tension that can only be mitigated, but never resolved. Some barriers, such as funding pressures, may be mitigated, but given the continued funding gap in the humanitarian sector may also remain a challenge.

Several interesting approaches to promoting evidence use are already being trialled, used or expanded in the sector.

Evidence-brokering roles and services within and outside humanitarian organisations have played an important part. Some organisations are conducting humanitarian implementation research to investigate the implementation processes and strategies required to get different findings into use, which has generated great interest and some publications.

There is a clear need to make sure that evidence is more demand led and fills the critical priority evidence gaps and the evidence needs of actors across the sector, including national governments, local organisations and communities affected by crises. Some approaches to overcoming barriers to uptake and enabling research use may require significant changes in approach. These include a shift to building greater ownership of research agendas, and leadership of research by organisations and actors from the Global South.

The paper also reminds us that the period of profound change for the humanitarian sector is far from over. The COVID-19 pandemic has highlighted the centrality of evidence to humanitarian response, as well as clearly demonstrating the significance and indeed reliance on Global South actors in health and research in many humanitarian contexts. A similar paper ten years from now would be likely to encounter a very different political economy of humanitarian response.

Some of the changes that are underway may well support the generation and use of evidence and more leadership of evidence agendas and generation by actors from the Global South.

The predominance of protracted crises, the humanitarian-development nexus and climate change resilience-focused approaches all emphasise the need for more coherent and integrated responses and building more sustainable capacities, as does the localisation agenda in humanitarian response. There is also a shift in the types of interventions that are being rolled out, influenced by evidence and technology, evident in the shift to cash-based approaches, for example. Finally, changes in the type and nature of donors and funding of humanitarian response will also affect the way the sector uses evidence and encourages innovation.

Recommendations

The overall thrust of this paper highlights the need for a significant step change in current efforts to close the gap between the research and humanitarian worlds.

All stakeholders should consider the full 'pathway to evidence use' to be a shared responsibility, from identifying the research agenda through to applying evidence.

We recommend action in six key areas (Table 1), involving key actors in humanitarian research and response. These support closer collaboration, while maximising the strengths of each actor.

We include recommendations that we believe are necessary to maximise evidence use, but we recognise that some will be easier to achieve than others. These are listed in a matrix that makes it clear which actors could be responsible for implementing recommendations.

Six action areas for improving evidence use in the humanitarian sector



Partnerships



Global South leadership



Evidence brokering



Research translation and application



Humanitarian data



Humanitarian leadership

Table 1: Six action areas with recommendations for improving use of research evidence in the humanitarian sector

Action area	Recommendation	Humanitarian agencies and organisations	Funders/donors	Researchers and research organisations
1. Partnerships: create, invest and participate in more sustained, diverse humanitarian-practitioner research partnership models	a) Build long-term relationships and engagement between research institutions and humanitarian organisations at different levels (national, regional, global) that go beyond single projects	✓		✓
	b) Fund and use co-production models including with national government actors, especially where these actors are critical intended users of research	✓	✓	✓
	c) Participate in interagency and sector-wide processes to set research agendas and identify collective evidence needs	✓		✓
2. Global South leadership: increase the proportion of resources directed to research led by the Global South – include investment in capacity for grant management as well as research practice	a) Ensure research funding is available and accessible to Southern-led humanitarian research – establish a proportion of research funds that will be Southern led		✓	
	b) Ensure humanitarian agencies' country offices and Southern partners, as well as headquarters, have equal access to opportunities for engagement with research including in setting organisations' own evidence agendas – build this into partnership agreements	✓		
	c) Foster relationships between humanitarian agencies at the country level with in-country/regional research institutions, so partnerships are built that can respond to future needs for evidence and opportunities for research collaboration	✓		✓
	d) Increase collaboration with research and educational institutes in crisis-affected regions in a way that builds their recognition and capacity – this builds momentum behind existing commitments to localise humanitarian research and education within regions and communities affected by crises	✓	✓	

Action area	Recommendation	Humanitarian agencies and organisations	Funders/donors	Researchers and research organisations
3. Evidence brokering: expand the scale and influence of research-brokering services and functions within and between organisations.	a) Enhance humanitarian organisations' internal evidence-brokering capacities and support evidence-brokering networks, services and platforms	✓	✓	
	b) Increase the focus of brokering organisations and activities to reach humanitarian actors in the Global South, in field as well as central positions	✓	✓	
	c) Share lessons between organisations on how brokers have drawn out operational relevance of research, and the skills and processes that make for effective brokering in the humanitarian sector.	✓	✓	
4. Research translation and application: intensify the focus of resources and attention applied to understanding the implications of research findings for humanitarian actors and practice	a) Financially support the application of research, including the resources needed to make recommended changes evidenced by research in humanitarian operational processes	✓	✓	
	b) Support the development of more consistent methods, approaches and guidance to implementation research in humanitarian response, learning from the growing examples of its use – consider funding to support the development of humanitarian implementation research as a field	✓	✓	✓
	c) Ensure all research calls for proposals, and proposals themselves, require in their design sufficient resourcing for researchers to engage with policy and programming processes, including plans for how applications will be supported when appropriate – maintain research dissemination funds that humanitarian organisations and researchers can access after research has been completed	✓	✓	✓
	d) Foster and support ethical engagement of communities affected by crisis with research, including returning to them to present findings, in line with ethical research design and practice – be mindful that communities are often the most important ultimate users of research	✓	✓	✓

Action area	Recommendation	Humanitarian agencies and organisations	Funders/donors	Researchers and research organisations
5. Humanitarian data: enhance the quality of humanitarian data and increase opportunities for its use in evidence synthesis and other research processes	a) Be mindful of ethical, security and privacy considerations relating to data of people affected by crises – increase opportunities to make anonymised data accessible for research use including to fill evidence gaps (eg. through shared platforms and data-sharing agreements)	✓	✓	✓
	b) Increase the quality of routinely collected humanitarian data in monitoring and evaluation, such as by making explicit the methodology for sampling and data collection, disaggregation and consistent use of units (eg. household definitions, others) to enable its aggregation and synthesis (in anonymised formats)	✓		
6. Humanitarian leadership: provide leadership from the top of humanitarian organisations to champion and promote evidence use	a) Involve humanitarian field- and operational-level staff in discussions around new evidence and its implications for programme or policy change	✓		
	b) Build consideration of staff involvement in evidence-into-practice processes and partnership building, into annual appraisal systems	✓		
	c) Provide time and space for operational staff to read, reflect, discuss and participate in research processes, with particular attention to staff and partners in field roles	✓		
	d) Support the training and involvement of humanitarian operational staff in research methods and production	✓		

KEY LITERATURE
REFERENCES



KEY LITERATURE REFERENCES

For those interested in the topic of humanitarian evidence use and research uptake, we provide a list of the literature that we found especially useful in developing our analysis and conclusions. Other references and sources are referenced throughout the Learning Paper.

- Ager, A., Burnham, G., Checchi, F., Gayer, M., Grais, RF., Henkens, M., Massaquoi, MBF., Nandy, R., Navarro-Colorado, C., and Spiegel, P. (2014). Strengthening the Evidence Base for Health Programming in Humanitarian Crises. *Science (American Association for the Advancement of Science)* 345.6202 (2014): 1290–292 <https://pubmed.ncbi.nlm.nih.gov/25214616/>
- Blanchet, K., Ramesh, A., Frison, S., Warren, E., Hossain, M., Smith, J., Knight, A.I., Post, N., Lewis, C., Woodward, A., Dahab, M., Ruby, A., Sistenich, V., Pantuliano, S., and Roberts, B. (2017). Evidence on Public Health Interventions in Humanitarian Crises. *The Lancet (British Edition)* 390.10109 (2017): 2287–96 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30768-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30768-1/fulltext)
- Blanchet, K., Allen, C., Breckon, J., Davies, P., Duclos, D., Jansen, J., Mthiyane, H., Clarke M. (2018). *Using Research Evidence in the Humanitarian Sector: A practice guide*. London: Evidence Aid, London School of Hygiene & Tropical Medicine and Nesta (Alliance for Useful Evidence) http://www.evidenceaid.org/wp-content/uploads/2018/10/Practice_Guide_52pp_DIGITAL-FINAL-VERSION-2018-10-02.pdf
- Clarke, M., Allen, C., Archer, F., Wong, D., Eriksson, A. and Puri, J. (2014). What evidence is available and what is required, in humanitarian assistance? 3ie Scoping Paper. <https://www.3ieimpact.org/evidence-hub/publications/scoping-reports/what-evidence-available-and-what-required-humanitarian>
- Fransman, J. (2019). *Engaging with research for real impact: The state of research in the INGO sector and ways forward for better practice*. Bond, Leverhulme Trust and The Open University, <https://www.bond.org.uk/resources/engaging-with-research-for-real-impact>
- Gerdin, M., Clarke, M., Allen, C., Kayabu, B., Summerskill, W., Devane, D., et al. (2014) *Optimal Evidence in Difficult Settings: Improving Health Interventions and Decision Making in Disasters*. *PLoS Med* 11(4): e1001632 <https://doi.org/10.1371/journal.pmed.1001632>
- Heyse, L., (2015). Existing frameworks for humanitarian crisis analysis. In: Heyse, L., Zwitter, A., Wittek, R., and Herman, J. (eds) (2015). *Humanitarian Crises, Intervention and Security : A Framework for Evidence-based Programming*. London: Routledge.
- Heyse, L., Zwitter, A., Wittek, R., and Herman, J. (eds) (2015). *Humanitarian Crises, Intervention and Security : A Framework for Evidence-based Programming*. London: Routledge.
- ITAD. (2018). *Evaluation of the Humanitarian Innovation and Evidence Programme (HIEP): Summative Phase 2: Final Report*. ITAD, Hove, UK <https://www.gov.uk/research-for-development-outputs/evaluation-of-the-humanitarian-innovation-and-evidence-programme-hiep-summative-phase-2-final-report>

- Khalid, A.F., Lavis, J.N., El-Jardali, F. et al. (2020). Supporting the use of research evidence in decision-making in crisis zones in low- and middle-income countries: a critical interpretive synthesis. *Health Res Policy Sys* 18, 21 (2020). <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-0530-2>
- Knox Clarke, P. and Darcy, J. (2014). Insufficient Evidence? The Quality and Use of Evidence in Humanitarian Action, ALNAP Study. <https://www.alnap.org/help-library/insufficient-evidence-the-quality-and-use-of-evidence-in-humanitarian-action-alnap-0>
- Kristalli, R. and Ott, E. (2015). Evidence Synthesis in the Humanitarian Sector: A Humanitarian Evidence Programme Guidance Note (The Humanitarian Evidence Programme - ALNAP, Oxfam, Tufts University). <https://www.alnap.org/help-library/evidence-synthesis-in-the-humanitarian-sector-a-humanitarian-evidence-programme>
- Newman, K. (2014). What is the evidence on the impact of research on international development? A DFID literature review. DFID <https://assets.publishing.service.gov.uk/media/57a089aced915d622c000343/impact-of-research-on-international-development.pdf>
- Obrecht, A. (2017). Using Evidence to Allocate Humanitarian Resources: Challenges and Opportunities. ALNAP Working Paper. <https://www.alnap.org/help-library/working-paper-using-evidence-to-allocate-humanitarian-resources-challenges-and>
- Warner, A. (2014), Repeat After Me: Communicate, Disseminate and Support Take-Up, ALNAP. <https://www.alnap.org/system/files/content/resource/files/main/alnap-practice-note%28aug2014%29commdissemtake-up.pdf>

ANNEX A



ANNEX A: KEY INFORMANT INTERVIEW RESPONDENTS AND ROUND TABLE PARTICIPANTS

Key informant interview respondents			
Surname	Forename	Organisation	Position
Albright	Kerry	UNICEF Innocenti	Chief, Research Facilitation & Knowledge Management
Amin	Nuhu	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)	Assistant Scientist
Annan	Jeannie	Airbel Impact Lab, International Rescue Committee (IRC)	Head of Research/Evidence
Bocher	Temesgen	Save the Children International, Somalia	Research and Evaluation Specialist
Canavera	Mark	Care and Protection for Children (CPC) Learning Network at Columbia University/Alliance for Child Protection	Co-director of the CPC Learning Network, Columbia University Mailman School of Public Health
Carter	Simone	UNICEF, Democratic Republic of the Congo	Lead, Integrated Multidisciplinary Outbreak Analytics Public Health Emergencies
Corluka	Adrijana	International Development Research Centre (IDRC)	Senior Program Specialist, Global Health
Doull	Linda	Global Health Cluster	Coordinator
Duggan	Colleen	International Development Research Centre (IDRC)	Senior Strategist
Eijkenaar	Jan	UNICEF	Humanitarian Evidence & Learning Team
Friend	Tarah	Foreign, Commonwealth & Development Office (FCDO)	Humanitarian Research and Innovation Manager
Goulden	Jay	Care International	Knowledge Management & Learning Coordinator
Grove	John	WHO	Director, Quality Norms and Standards Dept, Science Division
Lansing	Mary-Anne	University of the Philippines	Professor (retired)
Jørgensen	Rasmus	Save the Children Denmark	Head of Evidence and Learning
Kamal	Montasser	International Development Research Centre (IDRC)	Program Leader, Health Research Partnerships
Kwong	Laura	Stanford University	Post-doctoral Research Fellow, Civil and Environmental Engineering
Laudan	Aran	Senior Fellow, Health Policy Center	Urban Institute

Key informant interview respondents			
Surname	Forename	Organisation	Position
Leader	Nick	Foreign, Commonwealth & Development Office (FCDO)	Team Leader, Humanitarian Research and Innovation Team
Liu	Danny	Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)	Communications Officer
Mahmood	Qamar	International Development Research Centre (IDRC)	Senior Program Specialist, Health Research Partnerships
McGowan	Catherine	Save the Children Emergency Health Unit and London School of Hygiene & Tropical Medicine (LSHTM)	Assistant Professor
Mishra	Anjini	International Rescue Committee	Advisor, Evidence to Action
Obrecht	Alice	Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)	Head of Research and Impact
O'Donnell	Michael	Save the Children International	Director of Evidence and Learning
Porter	Chris	Foreign, Commonwealth & Development Office (FCDO)	Head of Humanitarian Profession
Rahman	Mahbub	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)	Scientist and Project Coordinator at Infectious Disease Division (IDD); partner on R2HC study
Reader	John	TDR, the Special Programme for Research and Training in Tropical Diseases	Director
Savage	Kevin	World Vision International	Humanitarian Research Director
Seruwagi	Gloria	Centre for Health and Social Economic Improvement (CHASE-i), Makerere University School of Public Health	Team Lead at CHASE-I; Principal Investigator for R2HC study and R2HC Funding Committee member
Sieber	Samuel	Médecins Sans Frontières (LuxOR)	Policy, Practice & Communication Advisor, LuxOR Operational Research
Stern	Stephanie	Action contre la Faim Knowledge Lab	Head, ACF Knowledge Lab
Wood	Gavin	UNICEF Innocenti	Manager of Humanitarian Research

Round table Participants 18 February 2021

Name/Role	Organisation	Biography
Claire Allen, Operations Manager	Evidence Aid	Claire Allen has been with Evidence Aid since 2004. She worked for Cochrane for 15 years, during which time Evidence Aid was born as a project within the Cochrane family before it became an independent charity in 2015. Evidence Aid aims to save lives and livelihoods in disasters by providing decision-makers with the best available evidence and by championing its use. Claire is responsible for Evidence Aid's programme of research resources and works with its very committed advisers and volunteers to ensure that those resources are usable, useful and used.
Alastair Ager, Director	Institute for Global Health and Development, Queen Margaret University	Dr Alastair Ager holds academic appointments as Director of the Institute for Global Health and Development at Queen Margaret University, Edinburgh (where he is Director of the NIHR Research Unit on Health in Situations of Fragility) and as Professor with the Department of Population and Family Health at Columbia University. From 2017 to 2020 he served as the Deputy Chief Scientific Adviser to the UK Department for International Development. He has worked as a consultant and researcher across sub-Saharan Africa, South Asia, the Middle-East, Europe and North America, with a broad range of humanitarian agencies.
Katrina Barnes, Evidence Uptake and Learning Lead	Oxfam GB	Katrina Barnes leads Oxfam GB's evidence uptake and strategic learning. Katrina holds an MA in Programme Evaluation, and an BA in International Development. She has spent the past 12 years working on evidence-based humanitarian and development programming across Asia, East Africa and the Pacific. Focusing on the use of both tacit and formal information in decision-making, she has led strategy development and practitioner-focused research, and designed and evaluated adaptive and complex programmes.
Claire Beck, Humanitarian Health, Nutrition and WASH Director	World Vision International (WVI)	Claire Beck is a public health specialist with nutrition, health promotion and health programme management experience. She has worked for World Vision in a number of roles over the past 15 years. Most of her work has been with Humanitarian and Emergency Affairs and included field and remote management of emergency and recovery programmes in Africa, Asia, the Middle East and the Pacific. She has been deployed as programme manager or health and nutrition manager to responses in multiple countries. When not deployed, Claire works on policy, strategy, tools and training for regional and national offices in relation to emergency health and nutrition.
Temesgen F. Bocher, Research and Evaluation Specialist	Save the Children International, Somalia	Dr Temesgen Fitamo Bocher holds a PhD in Agricultural Economics from University of Hohenheim, Germany. Temesgen has been working as Research and Evaluation Specialist with the Save the Children Somalia Country Office since October 2019. He has more than 12 years of experience in research, monitoring and evaluations; including seven years as Senior Monitoring and Evaluations Specialist at International organisations working in Kenya, Rwanda, Mozambique, Ethiopia and Somalia.
Hannah Chirgwin, Evidence Manager	Foreign, Commonwealth & Development Office (FCDO)	Hannah Chirgwin is an evidence manager, providing technical oversight and programme leadership, in the climate, environment and water and health research teams at the FCDO. She has previously worked on synthesis and research uptake, both within the FCDO and at the International Initiative for Impact Evaluation (3ie). She holds an MSc in Economics and a BSc in Chemistry.

Bradley Dawson, Humanitarian Learning and Knowledge Management Adviser	World Vision International (WVI)	Bradley Dawson leads Humanitarian Learning & Knowledge Management and has been with World Vision for over seven years. He helps WVI constantly learn and adapt so that the organisation responds better and reaches further. One of his favourite parts of the work is listening to and learning alongside affected populations, governments, partners, donors and WVI staff to understand and leverage growth opportunities. He has facilitated learning for WVI's emergency responses across some of the most fragile contexts, including in Angola, the Democratic Republic of the Congo (DRC), India, Malawi, Mali, Mozambique, South Sudan, Syria, Uganda and Zimbabwe.
Colleen Duggan, Senior Strategist	Policy and Evaluation Division, International Development Research Centre (IDRC)	Colleen Duggan is a Senior Strategist at IDRC. In IDRC, she has played multiple roles including Program Leader of the Governance and Justice Program and Senior Program Specialist in Evaluation. She has three decades of expertise in strategic programming, planning, evaluation and donor relationship management in the areas of human rights and the rule of law in conflict-affected countries. In addition to IDRC, she has worked for more than a decade with the Office of the UN High Commissioner for Human Rights and with UNDP in Colombia, Guatemala, El Salvador, and New York. She holds a Master's in international human rights and humanitarian law from the University of Essex (UK) and a graduate degree in international development and economic cooperation from the University of Ottawa.
Kathryn Falb, Senior Researcher	International Rescue Committee (IRC)	Dr Kate Falb is a social epidemiologist and Senior Researcher at IRC where she oversees a research portfolio on what works to prevent and respond to violence against women and children in humanitarian settings. Dr Falb is also Research Practice Lead, where she oversees IRC's multidisciplinary research team and leads organisational research agenda-setting and quality assurance for all research studies.
Abdul Ghaffar, Executive Director	Alliance for Health Policy and Systems Research (WHO)	Dr Abdul Ghaffar serves as Executive Director of the Alliance for Health Policy and Systems Research. A physician by training, with a PhD in International Health from Johns Hopkins University, Dr Ghaffar has worked in and for low- and middle-income countries over the past 35 years, designing and evaluating national health systems, collaborating with policy-makers, and training the future generation of health systems leaders. He started his career as a public health physician in Pakistan, before moving into several leadership positions, including Assistant Director-General of Policy and Planning, and Dean of the Health Services Academy, a national school of public health. He later served as Regional Advisor for Research in the Eastern Mediterranean office of WHO.
Veerle Hermans, Programme Officer	Médecins Sans Frontières (MSF)	Veerle Hermans is a zoologist with a passion for tropical medicine and primates. After years in the tropical rain forest studying chimpanzees, bonobos and gorillas she committed to work as a field epidemiologist with MSF and worked in Sierra Leone, DRC and Liberia. Since 2017 Veerle has been the Programme Officer for the Operational Research Unit LuxOR in MSF Belgium/Luxembourg. This involves team coordination, overseeing operational research activities, supporting the pool of field epidemiologists and liaising between different departments and the field.
Joseph Kamara, Regional Director, Humanitarian and Emergency Affairs	World Vision East Africa	Dr Joseph Kamara is Regional Director, Humanitarian and Emergency Affairs with the World Vision East Africa regional office where he blends theory and practice in his work. He has previously worked in various countries across Africa, Asia and Australia. He holds a PhD from Western Sydney University. His research interest mainly covers disasters, drought resilience, public health and rights of young people. He is currently collaborating on a project entitled 'Global Health and Evidence-based Health Policy and Practice: Implications for International Development Agendas'. Dr Kamara has authored over 20 peer-reviewed research pieces and various commissioned reports.

Jordan Kyongo, Research Specialist	East Africa Research and Innovation Hub, Foreign, Commonwealth & Development Office (FCDO)	Jordan Kyongo is a research scientist with a passion for implementation science and evidence-informed policy making and programming. He holds a Master's degree in Molecular Biology, an MPH and a PhD in Biomedical Sciences, with experience in basic science, public health and development research. Jordan currently works as an adviser at the East Africa Research & Innovation Hub, in the Research and Evidence Division of the FCDO supporting the use of evidence in development policy and programming in Ethiopia, Somalia, Sudan and South Sudan.
Nick Leader, Team Leader, Humanitarian Research and Innovation Team	Research and Evidence Division, Foreign, Commonwealth & Development Office (FCDO)	Nick Leader is currently Team Leader for the Humanitarian Research and Innovation Team in the Research and Evidence Division at FCDO. He has worked for DFID as a governance adviser in Nepal, Tanzania and New York, for the UN as a Political Officer in Afghanistan and for ODI as a Research Fellow in the Humanitarian Policy Group.
Danny Liu, Communications Officer	Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)	Danny Liu is ALNAP's Communications Officer with a digital focus, supporting general communications activities, monitoring ALNAP's impact online and leading on digital projects. He collects and analyses uptake data in ALNAP's Humanitarian Evaluation, Learning and Performance Library (HELP) and is currently working on an ALNAP research project on communicating humanitarian learning, which looks at what the most effective formats, framing and channels are for different humanitarian audiences. Prior to joining ALNAP, Danny worked with the European Food Safety Authority and European Commission. He holds an MSc in Migration Studies from the University of Oxford.
Mesfin Loha, Country Director	World Vision South Sudan	Dr Mesfin Loha has over 29 years of experience in leadership and management, particularly in public health, including maternal and child health, HIV and AIDS and nutrition. Mesfin served in World Vision for more than 20 years in various capacities, including as Regional Director for Programs and Strategy. In his current role as Country Director in South Sudan, Mesfin provides overall strategic and operational leadership to World Vision Sudan's programmes, serving over 1 million children and vulnerable communities.
Moragh Loose, Research Specialist	South Asia Research Hub, Foreign, Commonwealth & Development Office (FCDO)	Moragh Loose is an anthropologist by trade and currently a research specialist in FCDO's South Asia Research Hub. Moragh has extensive experience in health and has worked in impact assessment for a large NGO. Moragh oversees an innovative pilot programme that focuses on embedding research use across a development portfolio. Moragh's focus is on how to embed evidence use in existing systems to encourage people to change the way they work, rather than setting up separate evidence systems.
Brian Luswata, Principal Legal Officer	Ministry of Health, Uganda	Brian Luswata is a Principal Legal Officer with the Ministry of Health, Uganda. In this capacity, he was recently a partner on an Elrha-funded research study with Makerere University. Brian was called to the bar in Uganda and is entitled to practice in the Courts of Judicature. He has worked in the public sector in various capacities for the past ten years. Brian previously served as a Senior Legal Officer in the Health Monitoring Unit for seven years before he joined the Ministry of Health, where he has been serving for the past three years as the head lawyer. Brian holds an MSc in Oil and Gas Management from the University of Aberdeen. He is an advocate of the High Court of Uganda and holds an LLB (Hons) from Makerere University.

Qamar Mahmood, Senior Programme Officer	International Development Research Centre (IDRC)	Qamar Mahmood is a Senior Program Specialist with IDRC's global health division. He has extensive experience and training in health and development, with a focus on health systems strengthening, political economy of health and the humanitarian-development-peace triple nexus. He has published on issues of comparative politics, democratic governance and civil society as they relate to the health and social sectors in particular. Qamar's focus of work has been in lower- and middle-income countries across Africa, Asia and Latin America. Qamar has an MD and obtained his Master's in Health Policy from Aga Khan University, Karachi. He holds a PhD in Health and Public Policy from Johns Hopkins University. Qamar completed his post-doctorate from the University of Toronto as a Canadian Institutes of Health Research Public Health Policy Fellow.
Anjini Mishra, Adviser, Evidence to Action	Airbel Impact Lab, International Rescue Committee (IRC)	Anjini Mishra, MSW and MSc, is an Advisor with the Evidence to Action (E2A) team at the Airbel Impact Lab. She is responsible for the coordination, development and uptake of evidence synthesis products as decision-making inputs for organisational research, and programme and resource development priorities. Anjini is also responsible for managing IRC's Interactive Outcomes and Evidence Framework (iOEF). Prior to working at IRC, she worked with 3ie and also consulted for organisations such as Cash Learning Partnership, Save the Children and Mission Measurement. Anjini has extensive experience with evidence-focused research and is an expert in systematic reviews.
Kathleen Myer, Health Advisor	Bureau for Humanitarian Assistance, USAID	Kathleen Myer is a Health Advisor for USAID's Bureau for Humanitarian Assistance. She has been with USAID for nearly five years, supporting public health programming for USAID's humanitarian responses across a variety of countries and contexts. Prior to joining USAID, Kathleen worked on emergency response and health programming for international NGOs and worked to improve the use of epidemiological methods for measurement of human rights violations in conflict settings with Columbia University. She has an MPH in Forced Migration and Health from Columbia University and a BA in International Economics from The George Washington University.
Aninia Nadig, Policy and Practice	Sphere	Aninia Nadig focuses on Sphere's policy development and outreach and supports the Sphere community through implementation guidance for the Sphere standards; she also coordinates the Humanitarian Standards Partnership. Aninia was heavily involved in the revision of the 2018 edition of the Sphere Handbook. Prior to joining Sphere, Aninia was Country Analyst at the Internal Displacement Monitoring Centre. Before that, she focused on Dutch and EU refugee and asylum policy issues with Dutch non-profit organisations. Her academic background is in forced migration studies.
Isaiah Nzima, MEAL & Research Unit Manager	World Vision UK	Isaiah Nzima is a non-profit monitoring and evaluation specialist with over 12 years of experience in developing and implementing country-level monitoring and evaluation systems; designing and executing community development projects; proposal development; evaluations design, implementation and overall qualitative and quantitative data collection protocols. He has served in various roles at World Vision: currently as the manager for the Monitoring and Evaluation and Research Unit at World Vision UK and previously as World Vision Mozambique Monitoring, Evaluation and Strategy lead, and Monitoring and Evaluation Manager for World Vision Zambia. Isaiah holds a Master's degree in development studies from the Free State University in South Africa. He is currently supporting two R2HC projects in South Sudan and Uganda.

Alice Obrecht, Head of Research and Impact	Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)	Alice Obrecht is responsible for leading ALNAP's research portfolio and guiding the content of its network learning activities. Alice has ten years' experience in qualitative research design and evidence-driven policy across a variety of topics in humanitarian response. She is an established research expert on humanitarian effectiveness, evidence uptake, aid sector accountability and innovation, and has research experience in over 12 countries. Alice earned her PhD on NGO accountability mechanisms from the London School of Economics; and has worked with multilateral institutions, donors and NGOs as a consultant on accountability systems.
Michael O'Donnell, Director of Evidence and Learning	Save the Children International	Michael O'Donnell is Save the Children International's global Director of Evidence and Learning, where he leads on monitoring and evaluation, and driving continuous improvement through quality evidence generation and uptake. Previous roles include heading UK NGO network Bond's effectiveness programme and reviewing UK government aid spending and learning practice in the Independent Commission for Aid Impact.
Rose Oronje, Director of Public Policy and Communication	African Institute for Policy Development (AFIDEP)	Rose Oronje is a development policy and communications specialist with over ten years' experience in development research-to-policy communications and conducting policy analysis research. With a strong background in communication and policy analysis, Rose has extensive experience in conducting analyses of policies and policy environments, and translating and communicating research to policy-makers and other general audiences. Prior to joining AFIDEP, Rose headed the Policy Engagement and Communications Unit at the African Population and Health Research Center from 2004 to 2009. Rose has a PhD, a Master's Degree in Communications and a Bachelor's Degree in Information Science.
Mahbubur Rahman, Project Coordinator, Emerging Infections	Infectious Diseases Division, International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)	Dr Md. Mahbubur Rahman is a medical graduate with a Master's in Public Health and Populations Science, and 20 years of experience in public health research in Bangladesh. Dr Rahman has been leading the Environmental Interventions Unit at icddr,b which employs a team of public health professionals, epidemiologists, anthropologists, social scientists and statisticians. Dr Rahman has published more than 60 articles in peer-reviewed journals. He is currently leading an Elrha-funded project 'Human and environmental health of firewood versus clean fossil fuel use in Rohingya refugee camps' as a site principal investigator in collaboration with Stanford University.
Katherine Rodrigues, Associate Director, Planning	Research and Innovation, International Rescue Committee (IRC)	Katherine Rodrigues is Associate Director of Planning within the IRC's Research & Innovation Department. Her research explores the application of behavioural insights to improve humanitarian prevention and response efforts, focusing on child protection and the impact of cash relief in crisis-affected contexts. She holds a Master's in Public Administration in Development Practice from Columbia University. Before joining IRC, she worked as a researcher at Columbia University; and has conducted research in early childhood development and women's reproductive health with vulnerable populations at Child Trends, a non-profit research organisation.
Kevin Savage, Humanitarian Research Director	World Vision International (WVI)	Kevin Savage co-ordinates and directs research at WVI to build the knowledge and evidence base for policy and practice in humanitarian response through research. In partnership with academic researchers, WVI collaborates with others to overcome the challenges of implementing research in disasters and ensure such research is relevant, with practical findings that humanitarians can apply to improving outcomes.

Louise Shaxson, Director of Programme	Digital Societies Division, ODI	Louise Shaxson has worked in the area of evidence-informed decision-making since 2003 as a policy adviser, management consultant and researcher. She has worked with UK and international governments, learned societies, research organisations and think tanks; looking in detail at effective strategies for knowledge brokering between research and policy and the structures, systems and processes that government departments put in place to strengthen their use of evidence.
Samuel Sieber, Senior Policy, Practice & Communication Advisor	Médecins Sans Frontières (MSF)	Samuel Sieber, PhD, is Senior Policy, Practice and Communication Advisor with MSF Operational Research Unit LuxOR based in Luxembourg, and is currently coordinating MSF's global COVID-19 accountability reporting with MSF's International Office. He specialises in driving evidence-informed policy change, knowledge translation, and impact communication in the humanitarian and public health sectors. With MSF, he recently supported projects and emergency response programmes in Cameroon, DRC, Pakistan and Zimbabwe.
Fiona Terry, Head of Centre for Operational Research	International Committee of the Red Cross (ICRC)	Fiona Terry has worked for over two decades in humanitarian operations in different parts of the world including northern Iraq, Somalia, the Great Lakes region of Africa, Liberia, Sudan, Myanmar, Nepal and Afghanistan, principally for MSF and the ICRC. She holds a PhD in international relations and political science from the Australian National University. Fiona is now heading the ICRC's new centre for operational research.
Gavin Wood, Manager of Humanitarian Research	UNICEF Innocenti	Gavin Wood is the Manager of Humanitarian Research at UNICEF Office of Research–Innocenti. He worked for nine years for UNICEF's Office of Emergency Programmes in the area of humanitarian sectoral coordination and information management; and co-authored guidance on needs assessments, performance monitoring, caseload estimation, and disability inclusion. His research currently focuses on disability inclusion, but he is also experimenting with a rapid evidence and accelerated learning methodology. For 16 years prior to working with UNICEF, Gavin was a senior research fellow at Cranfield University (UK) in the area of satellite remote sensing and geographic information systems.
Sian Zarkow, Senior Policy Manager	Global Challenges Research Fund, UK Research and Innovation (UKRI)	Sian Zarkow has worked for the UK Research Councils for nearly nine years and has spent the past four of those as a Senior Policy Manager in the UKRI International Development team. The main focus of her role is to support the development and delivery of research programmes that are aimed at delivering tangible development impacts, and to shape the policies that support international research projects. Alongside this, she is responsible for engaging with colleagues from across her team and UKRI more broadly to share learning and understand the opportunities for supporting translation of research into practice.

ENDNOTES



ENDNOTES

1. The UN Office for South-South Cooperation defines the 'Global South' as: Asia (with the exception of Japan, Hong Kong, Macau, Singapore, South Korea and Taiwan), Central America, South America, Mexico, Africa, and the Middle East (with the exception of Israel); <https://www.arab-ecis.unsouthsouth.org/about/what-is-south-south-cooperation/>.
2. Beck, T. (2003) Evaluating humanitarian action: an ALNAP guidance booklet. London: ALNAP. (ec.europa.eu/echo/files/evaluation/watsan2005/annex_files/ALNAP/ALNAP1%20-%20Evaluating%20Humanitarian%20Action.pdf).
For examples of intended, positive, negative and unintended impacts, see Hearn, S. and Buffardi, A.L. (2016) What is impact? London: Overseas Development Institute (www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10302.pdf). See also Hearn, S. (2016) 'What do we mean by "impact"?' Research to Action, 18 February (www.researchtoaction.org/2016/02/what-do-we-mean-by-impact/).
3. UK Government (2011). Humanitarian Emergency Response Review: UK Government Response
4. Obrecht, A. (2017). Using Evidence to Allocate Humanitarian Resources: Challenges and Opportunities. ALNAP Working Paper. <https://www.alnap.org/help-library/working-paper-using-evidence-to-allocate-humanitarian-resources-challenges-and>
5. Elrha, (September 2020). Terms of Reference: Pathways to Uptake of Research Evidence in Humanitarian Action.
6. Heyse, L., (2015). Existing frameworks for humanitarian crisis analysis', in: Heyse, L., Zwitter, A., Wittek, R., and Herman, J. (eds) (2015). Humanitarian Crises, Intervention and Security: A Framework for Evidence-based Programming. London: Routledge.
7. Smith, J and Blanchet, K (2019). Research Methodologies in Humanitarian Crises. London: Elrha. <https://www.elrha.org/researchdatabase/research-methodologies-in-humanitarian-crises-review/>
8. Ager, A., Burnham, G., Checchi, F., Gayer, M., Grais, RF, Henkens, M., Massaquoi, MBF, Nandy, R., Navarro-Colorado, C., and Spiegel, P. (2014). 'Strengthening the Evidence Base for Health Programming in Humanitarian Crises', Science (American Association for the Advancement of Science) 345.6202 (2014): 1290–292.
9. Blanchet, K. et al. (2018). Using Research Evidence in the Humanitarian Sector: A practice guide. London: Evidence Aid, London School of Hygiene & Tropical Medicine and Nesta (Alliance for Useful Evidence).
p11
p35
10. For a list of those consulted during the research process, see [Annex A](#).
11. Heyse, L., Zwitter, A., Wittek, R., and Herman, J. (eds) (2015). Humanitarian Crises, Intervention and Security : A Framework for Evidence-based Programming. London: Routledge.

ENDNOTES

12. <https://www.swissinfo.ch/eng/cowboy-culture--keeping-aid-workers-accountable/46115384>.
13. <https://www.thenewhumanitarian.org/feature/2021/2/25/then-and-now-25-years-of-aid-worker-insecurity>.
14. Heyse, L., Zwitter, A., Wittek, R., and Herman, J. (eds) (2015). Humanitarian Crises, Intervention and Security : A Framework for Evidence-based Programming. London: Routledge.
15. <https://www.unicef-irc.org/>.
16. <https://www.who.int/teams/blueprint>.
17. For more information on the approach to evidence use at IRC, see their website: <https://www.rescue-uk.org/page/how-we-use-evidence> and <https://www.rescue.org/resource/research-evaluation-and-learning-international-rescue-committee-evidence-based>
18. <http://hopkinshumanitarianhealth.org/>
19. <https://reliefweb.int/>
20. <https://data.humdata.org/dataset/global-humanitarian-overview-2021>
21. <https://www.aub.edu.lb/k2p/Pages/default.aspx>
22. <https://aho.afro.who.int/af>
23. Blanchet, K., Ramesh, A., Frison, S., Warren, E., Hossain, M., Smith, J., Knight, A.I., Post, N., Lewis, C., Woodward, A., Dahab, M., Ruby, A., Sistenich, V., Pantuliano, S., and Roberts, B. (2017). 'Evidence on Public Health Interventions in Humanitarian Crises'. The Lancet (British Edition) 390.10109 (2017): 2287–96. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30768-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30768-1/fulltext)
24. And is highlighted in a number of sources including, for example: Clarke, M, Allen, C, Archer, F, Wong, D, Eriksson, A and Puri, J (2014). What evidence is available and what is required, in humanitarian assistance?, 3ie Scoping Paper 1. New Delhi: International Initiative for Impact Evaluation (3ie).
25. Representative of a humanitarian agency.
26. IASC Humanitarian Financing Task Team (2016). Donor Conditions and their Implications for Humanitarian Response, Inter-Agency Standing Committee (IASC) Report.
27. Fransman, J. (2019). Engaging with research for real impact: The state of research in the INGO sector and ways forward for better practice, Report for Bond, Leverhulme Trust and The Open University, <https://www.bond.org.uk/resources/engaging-with-research-for-real-impact>.
28. <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

ENDNOTES

29. Hanley, T et al. (2018). Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2, Itad Report for the Department for International Development (DFID).
30. Dobrow, M.J., Miller, F.A., Frank, C. et al. Understanding relevance of health research: considerations in the context of research impact assessment. *Health Res Policy Sys* 15, 31 (2017). <https://doi.org/10.1186/s12961-017-0188-6>.
31. Hanley, T et al. (2018). Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2, Itad Report for the Department for International Development (DFID).
32. DFID (2014). Assessing the Strength of Evidence: How To Note. Department for International Development (DFID).
33. Knox-Clarke, P (2018). State of the Humanitarian System, p.102, ALNAP, <https://www.alnap.org/help-library/the-state-of-the-humanitarian-system-2018-full-report>.
34. IRIN (n.d.). Where is all the money going? The Humanitarian Economy. <https://newirin.irinnews.org/the-humanitarian-economy>
35. El-Jardali, F et al. (2017). Discussion of "Health service utilization and access to medicines among Syrian refugee and host community children in Lebanon" by Lyles et al., *Journal of International Humanitarian Action* 2017; 2: 3.
36. Sibai, Abla A M. et al. (2019). North–South Inequities in Research Collaboration in Humanitarian and Conflict Contexts, *The Lancet (British Edition)* 394.10209: 1597–600.
37. Ibid.
38. Hilhorst, D. (18 August 2020). Fighting Racism and Decolonizing Humanitarian Studies: Towards Mindful Scholarship, Peace Research Institute Oslo (PRIO) Blog, <https://blogs.prio.org/2020/08/fighting-racism-and-decolonizing-humanitarian-studies-toward-mindful-scholarship/>.
39. Elrha (2017). Global Prioritisation Exercise for Research and Innovation in the Humanitarian System, Phase One: Mapping. Cardiff: Elrha.
40. <https://ihsa.info/content/uploads/2017/11/Commitments-WHS.pdf>
41. <https://www.alnap.org/blogs/what-has-happened-with-the-academic-commitments-at-the-whs>
42. Steets, J., Binder, A., Derzsi-Horváth, A., Krüger, S., and Ruppert, L. (2016). Drivers and Inhibitors of Change in the Humanitarian System: A Political Economy Analysis of Reform Efforts Relating to Cash, Accountability to Affected Populations and Protection. Berlin: Global Public Policy Institute.

ENDNOTES

43. Willitts-King, B, Assomull, Roshni,R., Bryant, John, J., McCartney, Clare, Dhama, Tej, and Llewellyn, Dominic with Adamczyk, Sarah, C., et al. (January 2019). New financing partnerships for humanitarian impact. Humanitarian Policy Group, ODI.
44. <https://www.thenewhumanitarian.org/opinion/2020/10/29/global-systemic-crises-aid-reform>
45. As identified in [section 1.2](#).
46. DSAI (8 July 2020) Humanitarian Research Learning Series: Equitable Research Partnerships. Humanitarian Action Study Group, DSA Ireland (DSAI), https://www.dsairland.org/assets/files/pdf/dsai_humanitarian_research_learning_-_equitable_research_partnerships_summary_doc_final.pdf.
47. Panter-Brick, C. et al. (2018). 'What Strong Partnerships Achieve: Innovations in Research and Practice', Humanitarian Exchange 72: 15–19.
48. Paterson, A. (2018). [Case study 3: Research for Health in Humanitarian Crises](#) in Hanley et al. (2018). Evaluation of the Humanitarian Innovation and Evidence Programme: Final Summative Phase.
49. Informants shared examples from a range of organisations including Save the Children International, Action Against Hunger, UNICEF, WHO and the Global Health Cluster.
50. <https://www.elrha.org/researchdatabase/the-humanitarian-health-evidence-review/>.
51. <https://www.elrha.org/global-prioritisation-exercise/>.
52. <https://www.gtfcc.org/cholera-roadmap-research-agenda/>.
53. <https://developmentevidence.3ieimpact.org/>.
54. <https://www.ukcdr.org.uk/covid-circle/>.
55. Khalid, A.F., Lavis, J.N., El-Jardali, F., and Vanstone, M. et al. (2020). Supporting the use of research evidence in decision-making in crisis zones in low- and middle-income countries: a critical interpretive synthesis. *Health Research Policy and Systems* 18.1, 21 (2020): 21. <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-0530-2>; see also Knox Clarke, P. and J. Darcy, J. (2014). Insufficient Evidence? The Quality and Use of Evidence in Humanitarian Action, ALNAP Study; Warner, A, (2014), Repeat After Me: Communicate, Disseminate and Support Take-up, ALNAP. <https://www.alnap.org/help-library/insufficient-evidence-the-quality-and-use-of-evidence-in-humanitarian-action-alnap-0>
56. Graham, ID., McCutcheon, C., and Kothari, A., (2019). Exploring the frontiers of research co-production: the Integrated Knowledge Translation Research Network concept papers, *Health Research Policy and Systems* 17, 88.
57. For further background on the study discussed in [case study 6](#), see the dedicated study website: <https://www.chasei.org/reflect/>

ENDNOTES

58. Paterson, A., (2018). 'Case study 3: Research for Health in Humanitarian Crises' in Hanley, T., et al. (2018). Evaluation of the Humanitarian Innovation and Evidence Programme: Final Summative Phase.
59. Ofir, Z., Schwandt, T., Duggan, C. & McLean, R. 2016. Research Quality Plus – RQ+. Ottawa: International Development Research Centre. This original design report and follow up studies can be found [here](#).
60. Personal communication with the IDRC Program Evaluation lead.
61. Sibai, A., et al. (2019). 'North–South Inequities in Research Collaboration in Humanitarian and Conflict Contexts', *The Lancet (British Edition)* 394.10209: 1597–600.
62. Diagram as used in Blanchet, K. et al. (2018). Using Research Evidence in the Humanitarian Sector: A practice guide, London: Evidence Aid, London School of Hygiene & Tropical Medicine and Nesta (Alliance for Useful Evidence), adapted from: Barends, E., Rousseau, DM. and Briner, RB., (2014), Evidence-based Management: The Basic Principles. Amsterdam: Center for Evidence-Based Management.
63. Representative of a humanitarian agency.
64. Representative of a humanitarian implementing organisation.
65. <https://blogs.lse.ac.uk/politicsandpolicy/evidence-informed-policymaking-knowledge-brokers/>.
66. <https://www.3ieimpact.org>; <https://www.alnap.org/>; <https://evidenceaid.org/>; there is a useful summary of online resources here: <https://evidenceaid.org/online-collections-of-research-for-the-humanitarian-sector/>.
67. <https://evidenceaid.org>.
68. As well as stakeholder interviews, this case study draws on Curtis, Curtis, V. (2020), Discovering Behaviour: Inaugural Lecture. October 14, 2020. (London School of Hygiene and Tropical Medicine). <https://www.lshtm.ac.uk/newsevents/events/discovering-behaviour>.
69. Posner, PL, (2009), The pracademic: an agenda for re-engaging practitioners and academics, *Public Budgeting & Finance*, 29(1): 12–26.
70. Odeny, Odeny, T. A et al. (2015). Definitions of implementation science in HIV/AIDS, *The Lancet HIV*, Vol. 2, Issue 5, 2015.
71. Representative of a health research agency.
72. <https://researchforevidence.fhi360.org/implementation-research-the-unambiguous-cornerstone-of-implementation-science>.
73. For example: Shahabuddin, A.S.M., Sharkey, A.B., Jackson, D., Rutter, P., Hasman, A. and Sarker, M. (2020). 'Carrying out embedded implementation research in humanitarian settings: A qualitative study in Cox's Bazar, Bangladesh', *PLoS Med* 17(7): e1003148, <https://doi.org/10.1371/journal.pmed.1003148>.

elrha



VISIT US
elrha.org



FOLLOW US
[@Elrha](https://twitter.com/Elrha)



CONNECT WITH US
[/Elrha](https://www.linkedin.com/company/elrha)



GET IN TOUCH
info@elrha.org



Elrha, 1 St John's Lane, London, EC1M 4AR, UK.
Elrha is a registered charity in England and Wales (1177110).