Sheree BENNETT

Senior Research and Evidence Advisor, International Rescue Committee (IRC)

Using Evidence in Humanitarian Decision Making

Wednesday 29th January 2020
12:45 – 14:00 GMT

John Snow Lecture Theatre, Keppel Street, WC1E 7HT, London
A 50 minute lecture followed by a 25 minute Q&A session

**If you are following online and have questions
please email cedil@lshtm.ac.uk
or tweet us on @CEDILProgramme**

Overview

- The Outcomes and Evidence Framework (OEF)

- Evidence-Based Decision-Making (EBDM)

- Bespoke support (Country and Regional Operations)

MISSION

The mission of the IRC is to help people whose lives and livelihoods are shattered by conflict and disaster to **survive, recover and gain control of their future.**

WHO WE SERVE

The IRC serves people

FORCED TO FLEE

from war, conflict and natural disaster and the

HOST

COMMUNITIES

that support them, as well as

THOSE WHO

REMAIN

within their homes and communities.

WHERE WE WORK

Disaster or Conflict

Poverty & Exclusion

Weak Capacity, Will or Legitimacy

WHAT DEFINES OUR SUCCESS

Our ability to help people to survive, recover and gain control of their future, as measured by improvement in client's:

- ⌃ HEALTH
- ⌃ SAFETY
- ⌃ EDUCATION
- ⌃ ECONOMIC WELLBEING
- ⌃ POWER

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GREATER IMPACT

in the lives of the people we serve, improving their

- ↑ HEALTH
- ↑ ECONOMIC WELLBEING
- ↑ SAFETY
- ↑ EDUCATION
- ↑ POWER

We must be **outcome-driven** and **evidence based** and **evidence-generating**

IRC's Organizational Research Priorities

1. Malnutrition
2. Education
3. Sexual Reproductive Health/Maternal Newborn Health

HIGH IMPACT PROGRAMS

BASED ON THE BEST AVAILABLE **EVIDENCE**

ADAPTED TO **CONTEXT**

RESPONSIVE TO **CLIENT NEEDS AND PREFERENCES**

CONTINUOUSLY **USING DATA TO IMPROVE**

WELCOME TO
THE OUTCOMES AND EVIDENCE FRAMEWORK

DESIGNING EFFECTIVE PROGRAMS CAN BE COMPLICATED. LET US HELP.

EXPLORE NOW →   LEARN ABOUT OFFLINE ACCESS →

We want to hear from you. Email us at **oef@rescue.org**

Visit our website at www.Rescue.org

See the iOEF at OEF.Rescue.org

Email us at OEF@Rescue.org

This project has been funded with UK aid from the UK government

UKaid
from the British people

Evidence-Based Decision-Making

Using evidence, cost data and technical expertise to make informed decisions about:

- Whether and how to implement interventions

- Whether and what types of research is needed around these interventions

COMMUNITY SCORECARDS
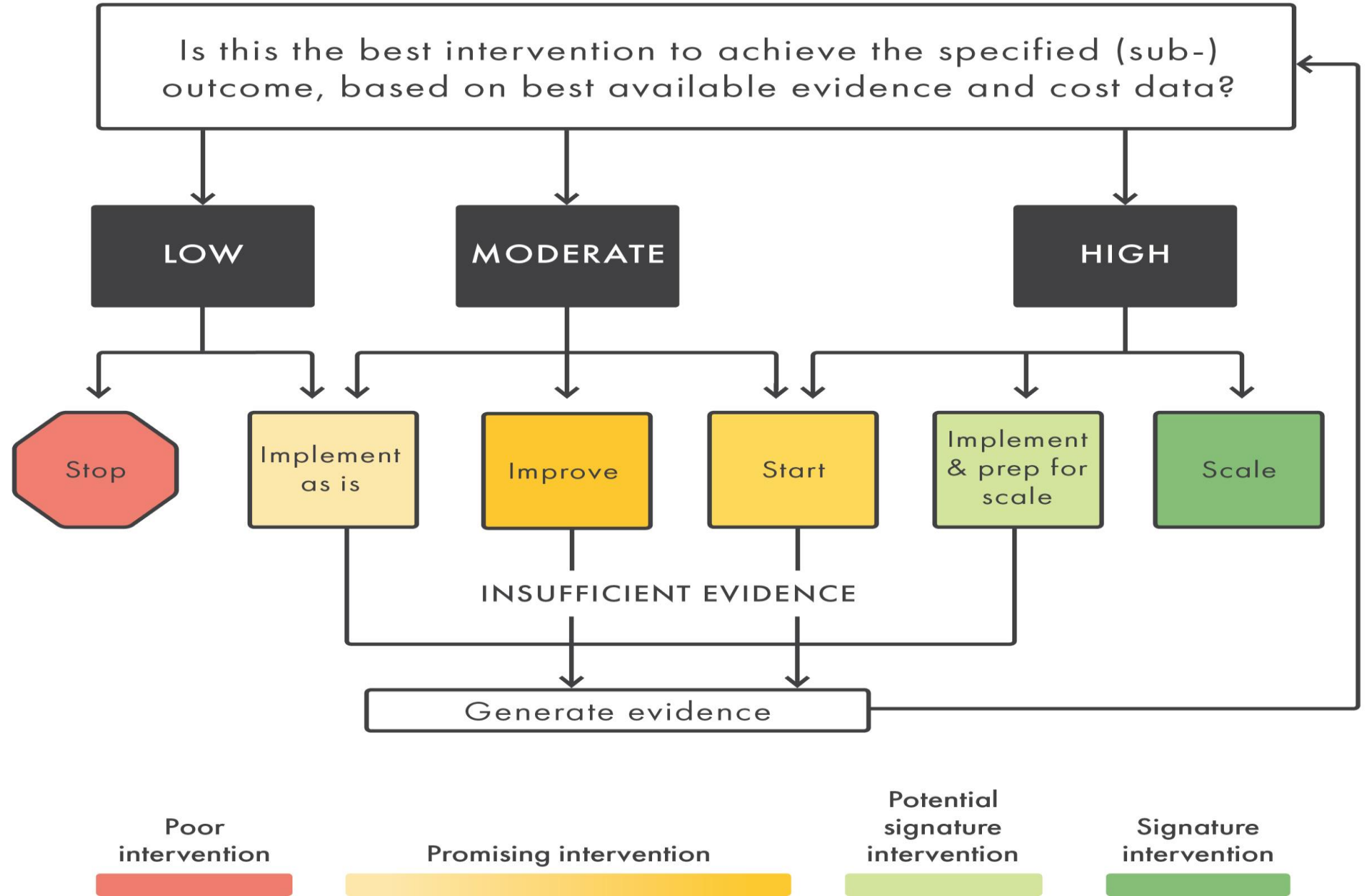

Photo: Peter Biro / IRC

⚡ *Outcome Area: Power*
Outcome: People collectively influence decisions that affect them
Sub-outcome: People provide decision-makers with key information on their demands

This month, we are talking about community scorecards. Using the evidence-based decision-making framework, we used available data to determine whether CSCs are the best intervention to achieve their intended outcomes. Our confidence in the intervention then informed the programmatic and research decisions.

DECISION

IMPROVE

DECISION SUMMARY

EVIDENCE REVIEW

While there is no systematic review level evidence that specifically identifies the impact of community scorecards on people's capacity to provide information on their demands, rigorous research in Uganda, Afghanistan, and Sierra Leone indicate a positive impact on some measures of citizen empowerment and often improvements in access and utilization of services. This review led us to have **moderate confidence** in the efficacy of this intervention.

PROGRAM DECISION

Our decision is to **improve** the program by: improving the preparatory steps in order to better embed the CSC in the 'natural' environment; integrating upward/outward advocacy components to ensure that problems which cannot be resolved locally are presented to relevant problem solvers; and collecting and analyzing M&E data on who participates and why, which problems are raised, resolved, how, and by when.

RESEARCH DECISION

Based on this decision, we will need to generate further evidence. Therefore, we plan to invest in additional **monitoring, implementation** and **impact** research.

Full report on this decision is available **here**.

NEXT STEPS

- Guidance for documenting CSC in variety of contexts
- Development of an exit interview template
- Refresher training, to be schedule soon

DECISION FRAMEWORK
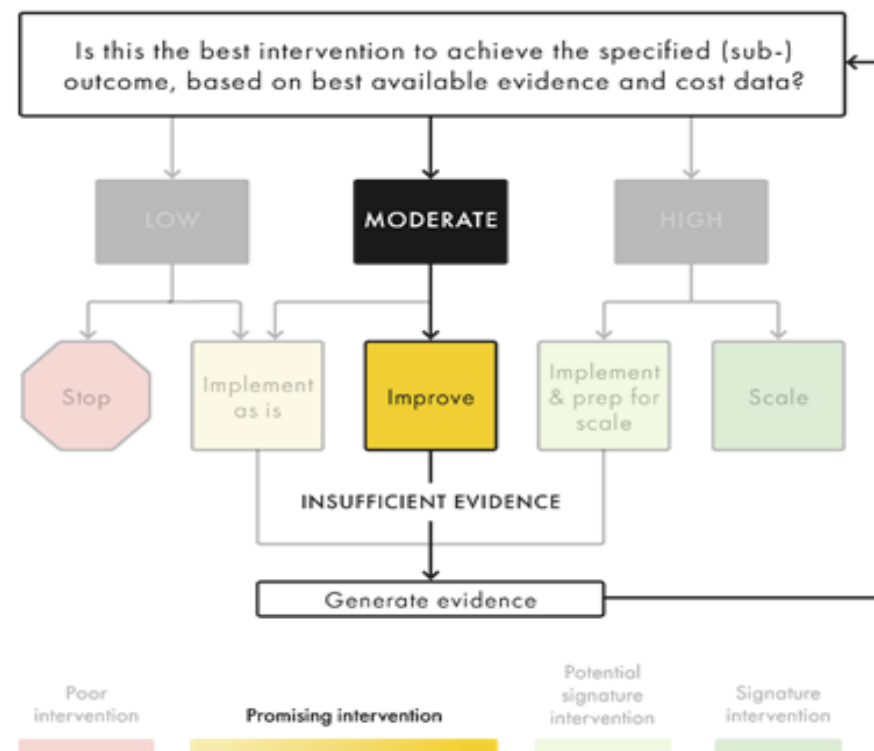
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DECISION

DECISION DASHBOARD

Listed below are the other interventions that were evaluated in this quarter. Decision details can be explored by visiting the report links. Previous quarters can be reviewed [here].

Area	Sub-Outcome	Intervention	Program Decision	Research Decision	Report
	People have access to capital, people access formal and informal financial services	Village Savings and Loans (VSLA and VSLA Plus)	IMPROVE	Cost Analyses	Link
	Families and caregivers know, perceive a need for, and believe in the efficacy of and have skills in applying best practice	Cooking Demonstrations	STOP	Exploratory/Formative	Link
	People and institutions have reliable, safe, convenient access to safe water	Well Chlorination	STOP	Evidence Review	Link
	Teachers deliver quality instruction in reading, math and SEL to all girls and boys	Teacher Professional Development	IMPROVE	Implementation, exploratory, cost analyses	Link
	Caregivers protect children from abuse and do not abuse, exploit or neglect children	Families Make the Difference	IMPROVE	Exploratory, impact, and cost analyses	Link
	Services are effectively planned, managed and budgeted	Systems Strengthening Support	IMPROVE	Implementation and cost analyses	Link

Support to Country and Regional Teams
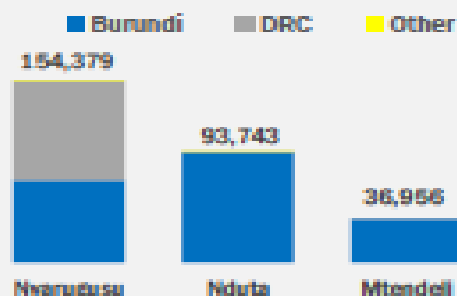
- Proactively inform decisions around maintaining or revising the country-level strategic action plans

- Inform new multi-country or cross-boarder programmatic strategies

- Adapt programming decisions to contextual shifts while maintaining alignment with IRC's outcomes and (ToCs) and best available evidence, cost data

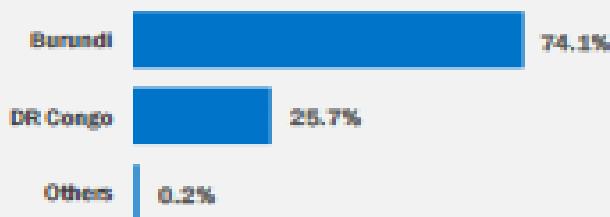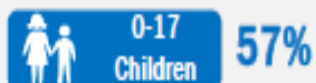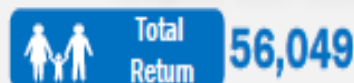- Optimize opportunities for technical and multi-sector portfolio growth

Nyagurusu camp

327,723*
Population of Concern

87.0%
285,078
Living in camps

5.6%
19,337
Living in settlements

7.0%
23,047
Living in villages

0.1%
261
Living in urban area

88%
287,088
Refugees

12%
40,635
Asylum-seekers

Camp-based population by country of origin

■ Burundi   ■ DRC   ■ Other

154,379
93,743
36,956

Nyarugusu   Nduta   Mtendeli

Country of origin

Burundi — 74.1%
DR Congo — 25.7%
Others — 0.2%

Durable Solutions

Voluntary return of Burundian refugees, 2017-2018

Total Return **56,049**
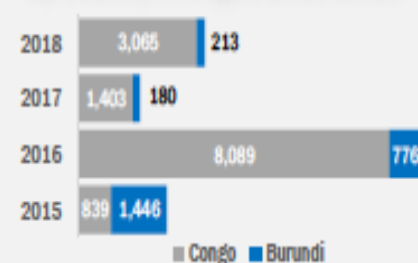
0-17 Children **57%**   **51%** Female

Women & children **79%**   **49%** Male

Local integration

162,156 former Burundian refugees (1972) granted citizenship by the Government of Tanzania in 2014.

Resettlement departures by country of origin, 2015-2018*

Year	Congo	Burundi
2018	3,065	213
2017	1,403	180
2016	8,089	776
2015	839	1,446

■ Congo   ■ Burundi

* Population of concern to UNHCR does not include the 162,156 former Burundian refugees (1972) granted citizenship by the Government of Tanzania.

*Not included are 8 Rwandan refugees resettled in 2015, 2016 and 3 from other countries in 2018.

Tanzania withdraws from UN refugee programme

Nairobi - Tanzanian President John Magufuli has announced his country will pull out of the UN's "comprehensive refugee response framework", which provides lasting solutions for refugees, including integration into host communities.

"Tanzania has decided to withdraw for reasons of security and lack of funds," a statement said.

President Magufuli announced the decision on Friday at a meeting of top diplomats in Dar es Salaam, the country's biggest city.

Tanzania informed the United Nations High Commissioner for Refugees (UNHCR) in January that it was suspending the granting of citizenship to some Burundian refugees and that it would discourage new asylum applications.

Tanzania has long been considered a safe haven for refugees, particularly from Burundi and the
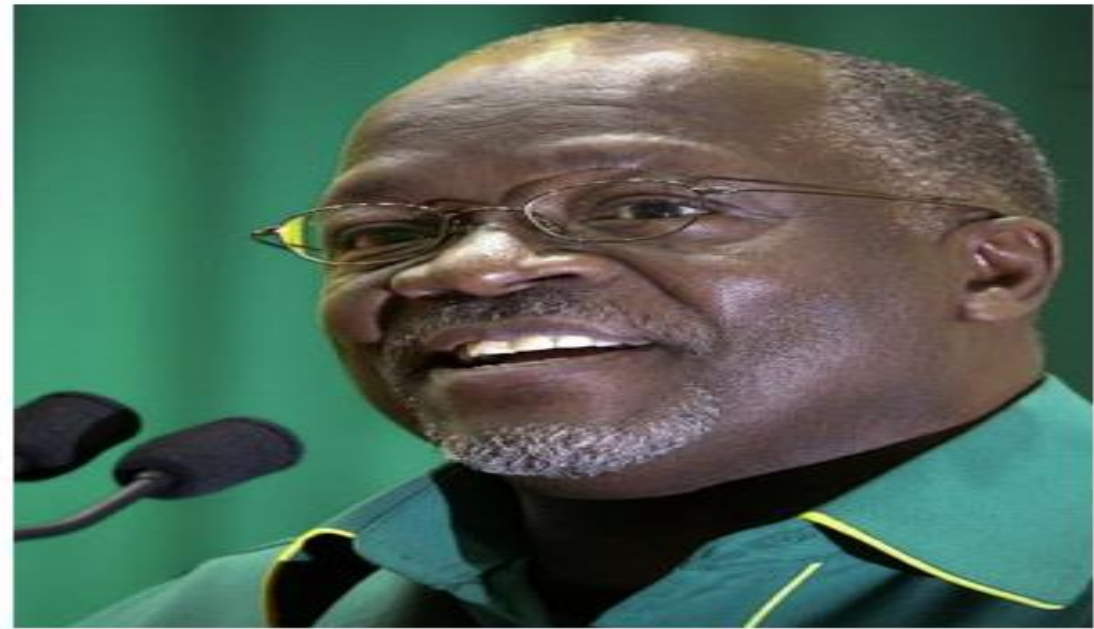
BURUNDI   EDITOR'S PICKS   SOCIETY   TANZANIA

"There is pressure on us": Burundian refugees in Tanzania pushed to return

BY THIJS VAN LAER   /   🕐 AUGUST 21, 2018   /   💬 1

2019 Revised Budget	136,888,223	2,182,815	139,071,038
Increase / Decrease	-12,988,417	0	-12,988,417
2019 Current Budget	123,899,806	2,182,815	126,082,621

UNHCR The UN Refugee Agency

$126.1 million
UNHCR's financial requirements 2019 [1]

6% funded [2]

UNITED REPUBLIC OF TANZANIA
as of 6 February 2019
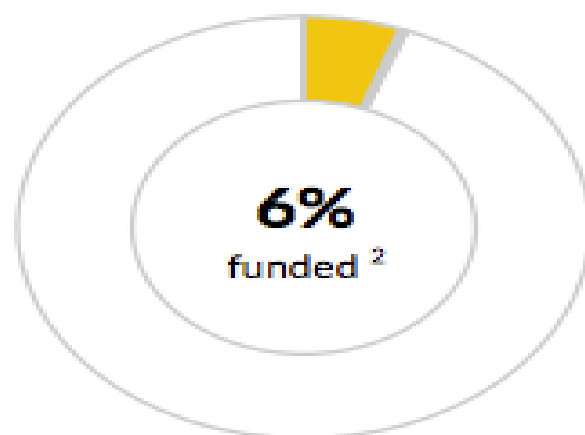
- ■ Tightly earmarked
- ■ Earmarked
- ■ Softly earmarked (indicative allocation)
- ■ Unearmarked (indicative allocation)
- □ Funding gap (indicative)

CONTRIBUTIONS [3] | USD

	Unearmarked	Softly earmarked	Earmarked	Tightly earmarked	Total
United Kingdom	-	-	6,385,696	-	6,385,696
UN Programme On HIV/AIDS	-	-	-	30,000	30,000
Miscellaneous private donors	-	-	-	17,481	17,481
Sub-total	-	-	6,385,696	47,481	6,433,177
Indicative allocation of funds and adjustments	193,871	342,639	450,272	(3,107)	983,675
Total	193,871	342,639	6,835,968	44,375	7,416,852

Methodology: Unearmarked funding is allocated and reallocated multiple times during the year to allow UNHCR to fund prioritised activities. This funding update includes an indicative allocation of funds so as to accurately represent the resources available for the country. The contributions earmarked for United Republic of Tanzania shown above are combined with an indicative allocation of the softly earmarked and unearmarked contributions listed below. This allocation respects different levels of earmarking. Adjustments relate to programme support costs and carry-over.

Structure of portfolio review

Component	Objective	Lead	Timeframe
SAP and OEF alignment	Assess extent to which programs align with SAP and TOC's	E2A	June- Sep
Intervention evidence reviews	Summarize best available evidence in priority interventions	E2A	Aug
Cost analysis	Summarize available cost effectiveness or efficiency analyses on interventions	BUR	Sept
CR review	Identify latest client needs and review internal responsiveness practices	CR/Gov	June
Donor mapping	Articulate current donor landscape, support new strategic engagements	AMU	Aug
Program performance and quality review	Determine overall health of programs through monitoring data, O&E, Measurement, CR, and Context Adaptability, Scenario generation	Consultant	Sept-Oct

GE analysis not initially in scope but integrated in action steps Full ToR [here](#)*

Child Protection Objective: This project intends to meet various needs of children at risk through identification and referral or case management in line with best interests, procedures, family tracing and reunification and alternative care arrangements for separated and unaccompanied children (UASC) through the existing case management process, which includes BIA/BID, referral systems, life skills, and recreational activities for youth.

[From UNHCR]

SAP Priority outcomes

Safety

- **People are safe in their homes and receive support when they experie**
- **People are safe in their communities and receive support when they ex harm**

Health

- **People are protected from and treated for mental health and psychoso support concerns**
- **Women and girls prevent unintended pregnancy**

Child Protection outcome: Prevent and respond to protection needs of Burundian refugee boys and girls and adolescents through case management, PSS and community-based strategies [From ECHO]

Related IRC Outcome: People are safe in their homes and receive support when they experience harm
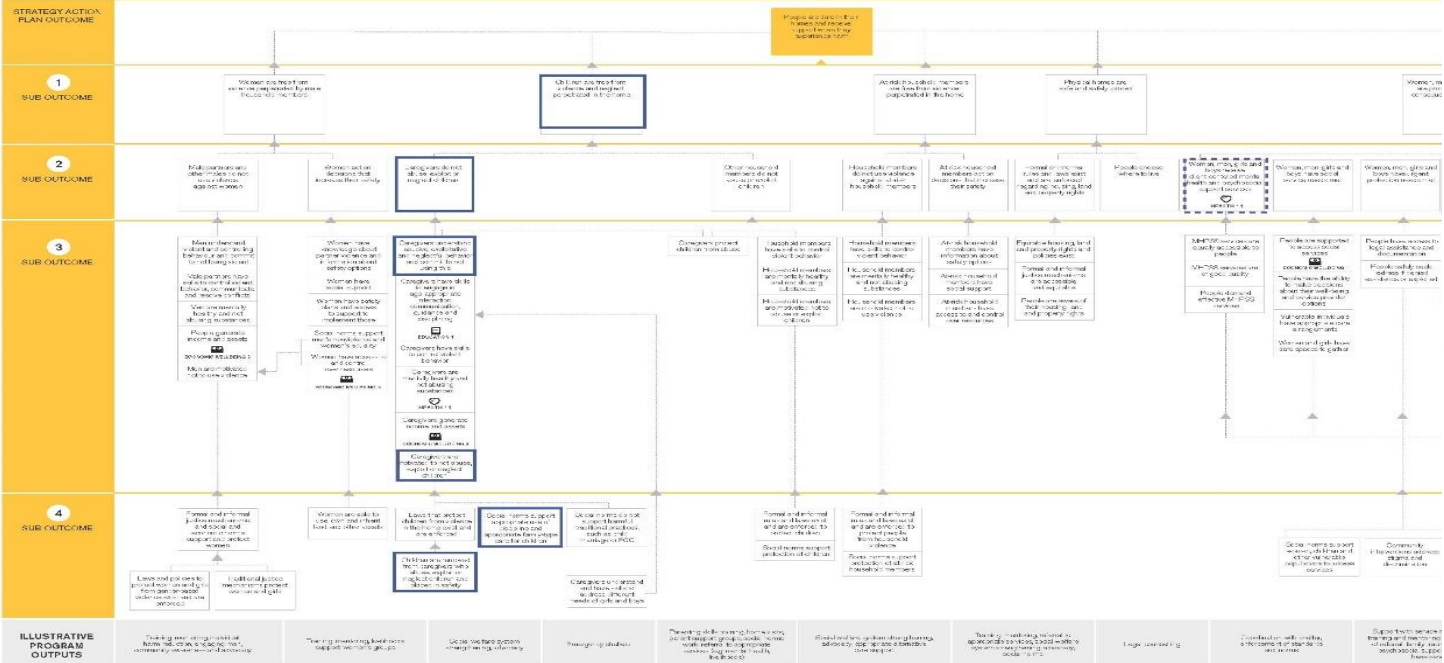
Focus Population: Burundian children

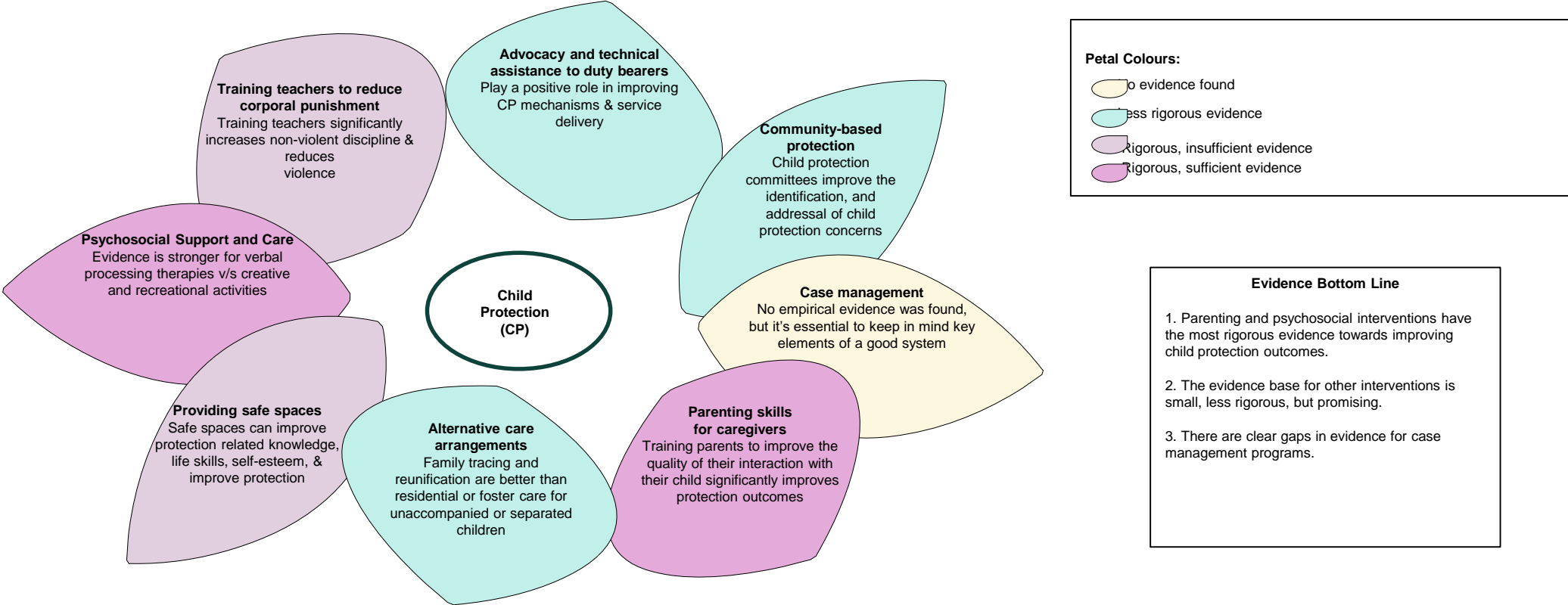**Assessment rating:** Partial alignment

Programmatic Activities:	Sub-outcomes
Parenting classes	SO4: Social norms support appropriate use of discipline and appropriate family-type care for children
	SO3: Caregivers understand abusive, exploitive and neglectful behaviour and commit to not using this
	SO3: Caregivers are motivated to not abuse, exploit or neglect children
	SO2: Caregivers do not abuse, exploit or neglect children
Family reunification & Alternative care arrangements	SO3: Children are reunited with families of live in appropriate care arrangements
	SO4: Children are removed from caregivers who abuse, exploit of neglect children placed in safety
MHPSS Services	SO2: Women, men, girls and boys receive client-centered mental health and psychosocial support services
Community based organizations – parent committees, children	SO4: Social norms support appropriate use of discipline and appropriate family-type care for children
	SO3: Caregivers understand abusive, exploitative and neglectful

SAFETY 1

PEOPLE ARE SAFE IN THEIR HOMES AND RECEIVE SUPPORT WHEN THEY EXPERIENCE HARM

Evidence and cost summaries

Training teachers to reduce corporal punishment
Training teachers significantly increases non-violent discipline & reduces violence

Advocacy and technical assistance to duty bearers
Play a positive role in improving CP mechanisms & service delivery

Community-based protection
Child protection committees improve the identification, and addressal of child protection concerns

Psychosocial Support and Care
Evidence is stronger for verbal processing therapies v/s creative and recreational activities

Child Protection (CP)

Case management
No empirical evidence was found, but it's essential to keep in mind key elements of a good system

Providing safe spaces
Safe spaces can improve protection related knowledge, life skills, self-esteem, & improve protection

Alternative care arrangements
Family tracing and reunification are better than residential or foster care for unaccompanied or separated children

Parenting skills for caregivers
Training parents to improve the quality of their interaction with their child significantly improves protection outcomes

Petal Colours:

No evidence found

Less rigorous evidence

Rigorous, insufficient evidence

Rigorous, sufficient evidence

Evidence Bottom Line

1. Parenting and psychosocial interventions have the most rigorous evidence towards improving child protection outcomes.

2. The evidence base for other interventions is small, less rigorous, but promising.

3. There are clear gaps in evidence for case management programs.

Cost Efficiency Analysis
Child Protection Case Management

INTERNATIONAL RESCUE COMMITTEE

In emergency situations, case management plays a vital role in connecting the most vulnerable members of a population with the services that they need to survive and thrive. The International Rescue Committee (IRC) addresses child protection concerns through case management services in both refugee/internally displaced person (IDP) camps and urban settings.

IRC case management services identify and assess the needs of children with particular vulnerabilities, such as unaccompanied and separated children, connect them with critical services needed through an established referral network, and ensure that children remain safe and secure. Typically, the IRC's child case management services last between six and 18 months, depending on the child's individual needs. This analysis covers six IRC case management programs in five countries and includes programs providing services within refugee/IDP camps and in urban settings.

Scenario I: Program growth	Scenario II: Program reduction	Scenario III: status quo
Program priorities		
Short-term[1]: 1. Case management 2. Alternative care arrangements 3. Safe healing and learning spaces 4. Parenting programs 5. Emergency adolescent programming 6. Adolescent sexual/reproductive health and recreational activities for youth Long-term: 1. Add: advocacy — improved access to host communities/services 2. Livelihood activities for youth (possibly mainly for Congolese) 3. Community-based protection	Short-term: (Congolese will remain — smaller number of Burundians — transiting to host communities) 1. Case management — reduced package 2. Community-based protection 3. Alternative care arrangements — unaccompanied children will remain 4. Youth: adolescent sexual health and light recreational activities Long-term: (continued decrease in Burundian caseload, only Congolese left) 1. Community-based protection 2. Transition to host community — protection in schools, 3. Light activities for youth — adolescent sexual and RH and recreation/sports 4. Child-friendly spaces	Short-term and long-term[2]: 1. Case management 2. Community-based protection 3. Child-friendly spaces (light) 4. Parenting program (reduced target no) 5. Adolescent sexual and RH, recreation and sport
Quality improvement priorities		
Outcomes and evidence: • Strengthen approach of mobile Safe healing and learning spaces/Child-friendly spaces • Review evidence on alternative to improve implementation • Emergency adolescent programming process review • Research and cost analysis of case management and alternative care	**Outcomes and evidence:** • Best use of resources/cost efficiency analysis for all interventions	**Outcomes and evidence:** • Best use of resources/cost efficiency for all interventions
Measurement: • Collection and use of data to improve implementation	**Measurement:** • Collection and use of data to improve implementation • Child protection: strengthen community-based measurement system	**Measurement:** Same as scenario II
Context adaptability: • Context analysis	**Context adaptability:** • Context analysis	**Context adaptability:** Same as scenario II

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[1] Assumptions: Short-term program growth — 6-12mnths; Response to separation of families during flight — case management follows — basic access to psychosocial; youth — new programming on emergency needs for adolescents.
[2] Assumptions: Population will stay the same but funding will decrease and stiff competition among NGOs — become competitive by doing work in host communities — case management and child friendly spaces are costly — reduce.

Lessons

- Incentivizing the use of evidence:
  - Senior leadership buy-in, strategy

- Making evidence accessible:
  - Platforms, processes and people

- Making evidence relevant and actionable
  - Specific decisions, clear decision points

- Living through failure, learning by doing