



Cost Evidence Case Studies

What is this document?

This resource compiles examples of how cost evidence has informed IRC program design, implementation, and/or policy.

Which example includes topics I care about?

- [Malnutrition \(optimized protocol\)](#) : Streamlined innovations that expand treatment through community-based delivery
- [Cash transfers](#) : Achieving scale and exploring preemptive anticipatory action to drive cost-efficiency
- [Immunization \(REACH consortium\)](#) : Innovation-enabled models delivered alongside civil society to reach zero-dose children
- [Education \(PlayMatters consortium\)](#) : Learning gains rooted in pedagogy change and community engagement
- [School Readiness \(Ahlan Simsim initiative\)](#) : Government co-design and systems strengthening achieved national sustainable scale at lower cost
- [Livelihoods \(Re:BUiLD program\)](#) : Deprioritizing traditional programming with a gender-conscious lens

Contact

For questions or additional information on any of the research included here, please contact Paige Kirby at paige.kirby@rescue.org (Senior Advisor, Best Use of Resources Policy & Advocacy).



Cost Evidence Spotlight: Optimizing the reach of malnutrition treatment

Half of all child deaths are caused by malnutrition.¹

Each year, an estimated 40 million children suffer from acute malnutrition – nearly half of whom live in conflict or crisis-affected places. Yet only 1 in 3 children receive the treatment they need.²

The IRC Approach

The IRC follows an evidence-based approach to expand the reach of highly effective malnutrition treatment by optimizing diagnosis, treatment, and delivery:

- **Diagnosis:** We equip health workers and caregivers with a color-coded measuring tape to diagnose malnutrition and prompt action earlier, even in low-literacy contexts
- **Treatment:** Instead of two food products with two supply chains, our approach treats both moderately and severely malnourished children using one easy-to-dose product
- **Delivery:** We enable community health workers to diagnose and treat children in their own communities, expanding reach beyond health clinics

Having one system and one product for one disease – and finding and treating cases earlier – drives cost-effectiveness. This treatment method is at least as effective as traditional approaches to treating malnutrition. It costs 20% less and uses 25% less product.

If we achieved similar gains across the sector, we could treat 3 million more children at no additional cost.³

¹ [World Food Programme](#).

² UNICEF-WHO-World Bank (2025) *Joint Child Malnutrition Estimates (JME)*; IRC calculation.

³ Treatment of acute malnutrition can be delivered at least 30% more cost-efficiently than standard CMAM protocols. In 2024, providers of acute malnutrition treatment reached 9.3 million children under 5 with life-saving treatment for severe acute malnutrition. The IRC estimates it is possible to treat an additional 3.0 million SAM children or 5.5 million MAM children for the same cost.



Cost Evidence Spotlight: Driving cost-efficiency through cash transfers

\$8 billion annually is transferred as cash assistance to crisis-affected people.⁴

Cash can be an effective way to meet basic humanitarian needs, often at substantially lower costs than in-kind aid. However, donor policies and funding models limit these programs' reach and impact.⁵

The IRC Approach

With the Dioptra Consortium, we conducted one of the largest-ever meta-analyses of 79 projects across 29 countries to assess cost-efficiency drivers.⁶ **Programs that reached more households and delivered more cash per household are associated with better cost-efficiency and lower delivery costs** for every \$1 of cash transferred.

Achieving locally-relevant scale through greater reach could channel \$120 million more to households.⁷

We are also evaluating anticipatory action cash transfers – delivering cash before disaster strikes – to improve cost-effectiveness (e.g., by using complementary AI forecasting technology, and calibrating funding envelope by household-level need).⁸

⁴ CALP Network (2023) *The State of the World's Cash 2023. Chapter 2: CVA Volume and Growth.*

⁵ Ibid.

⁶ Dioptra Consortium (2025) *Stretching aid funds: Maximizing the value of multipurpose cash assistance - Cost synthesis of unconditional cash for basic needs.*

⁷ IRC calculation assessing potential cost-efficiency gains by scaling more cash transfer programs to locally-relevant scale.

⁸ IRC (2025) *Follow the Forecast: An Evaluation of the Rapid contingency Planning Approach to Anticipatory Action Through a Case Study in Guatemala.*



Cost Evidence Spotlight: Pioneering to scale childhood immunization

7 million children in fragile and conflict-affected settings are unvaccinated.⁹

Standard immunization programming is not designed for fragile contexts, where many assume immunization is too costly, too complex, or only feasible through disease-specific campaigns.

The IRC Approach

Our Gavi-funded REACH program demonstrates how negotiated access, new technology, deep partnerships, and continuity can unlock cost-efficient full immunization for children in humanitarian settings:

- **Negotiated access** : Where we cannot access, we cannot deliver; all of our efforts start by engaging with authorities – whether state or de facto
- **New technology** : We determine service locations and delivery methods using GIS data, while rechargeable Indigo Backpacks provide an uninterrupted cold chain for up to five days – enabling delivery to the most remote areas
- **Deep partnerships** : Engaging with local civil society organizations helps to build trust among communities that have often not received vaccines for years
- **Continuity** : Our up-front investments in building access, relationships, planning, and delivery infrastructure achieve scale when funded and sustained in a multi-year program

These efforts halved average delivery costs to under \$2 per dose over the life of the project. As of April 2026, REACH has delivered over 30 million vaccine doses – now 1.5 million per month¹⁰. We're continuing to explore cost-efficiencies, including integrating immunization with malnutrition treatment.

Zero-dose children in fragile contexts need not carry a cost premium.¹¹

⁹ Calculation per WHO/UNICEF (2024) [Estimates of National Immunization Coverage](#): “14.3 million “zero-dose” children who never received a single dose of any vaccine... A quarter of the world’s infants live in just 26 countries affected by fragility, conflict, or humanitarian crises, yet they make up half of all unvaccinated children globally”

¹⁰ IRC (2026) [IRC, through Gavi’s ZIP program, Surpass 30 Million Vaccine Doses, Reaching Over 1 Million Zero-Dose Children in Crisis Settings](#).

¹¹ REACH average delivery costs indicate children in FCAS settings can be immunized at parity with average costs to immunize children across low- and middle-income country contexts. Sources: UNICEF (2024) [Costs of Fully Vaccinating a Child](#); IRC data.



Cost Evidence Spotlight: Unlocking the power of play

An estimated 230 million school-aged children live in fragile and conflict-affected settings worldwide.¹²

For children in crisis, education is a top priority.¹³ For humanitarian funders, education is more often an add-on.

The IRC Approach

In partnership with the LEGO Foundation, we developed and evaluated PlayMatters – one of the first large-scale learning through play projects – to understand whether this pedagogical approach could put education at the forefront of cost-effective humanitarian response. Our approach included:

- **Professional development** – featuring training, coaching visits, and peer learning – to help teachers shift pedagogy away from rote memorization toward interactive and learner-centric methods
- **Community engagement** – led by school leaders via parent-teacher-student associations – to build awareness of and support for this approach
- **Scholastic materials and targeted infrastructure rehabilitation** that ignite curiosity, engage learners, and ensure schools meet minimum requirements for inclusion and safety

Having reached nearly 1 million children, PlayMatters demonstrates that play-based approaches can drive meaningful and affordable learning gains in humanitarian contexts. In Ethiopia, PlayMatters achieved above-average effects at a lower cost per child (\$38, compared to an average \$240 per child humanitarian education program).¹⁴ We are currently evaluating PlayMatters' cost-effectiveness in Uganda to expand the evidence base for this promising approach.

Play-based approaches could allow us to reach up to 6 times as many children, with more impactful programming per dollar spent.¹⁵

¹² Education Cannot Wait (2025) *Global Estimates 2025 Update*.

¹³ Save the Children (2019), *Education against the Odds: Meeting marginalised children's demands for a quality education*.

¹⁴ IRC (2026) *Learning Through Play shows promise as a cost-effective approach to improving learning in crisis-affected schools*; IRC (2026) *PlayMatters Ethiopia Enhances Teacher Practices and Learning Outcomes using Learning through Play: A Cost-effectiveness Analysis (CEA)*.

¹⁵ IRC calculation based on a PlayMatters cost (\$38) that is 1/6th of the cost of an average humanitarian education program (\$240), and promising results from an RCT evaluating PlayMatters' learning outcomes.



Cost Evidence Spotlight: Partnering for school readiness at scale

An estimated 85 million children in fragile and conflict-affected settings are out of school.¹⁶

Many of these students are underprepared in literacy, numeracy, and social-emotional development. School readiness interventions can help address these gaps and support lifelong educational attainment.

The IRC Approach

We partnered with the Iraqi Ministry of Education to co-develop and integrate a national ten-day school readiness program through Ahlan Simsim, including:

- **Teachers** delivering activities focused on reading, writing, cognitive development, social-emotional skills, and motor development
- **Schools** ensuring intensive supervisor and teacher training, as well as the distribution of workbooks, posters, and related education materials
- **Ministry** officials providing program oversight and accountability

Securing government buy-in first and taking a systems-strengthening approach ensured IRC could cost-efficiently transfer this promising intervention to existing at-scale infrastructure. At start-up, the IRC invested \$25 per child. But when we transitioned to government-led delivery – and expanded to over half of all primary schools nationwide – IRC costs dropped to \$1.50 per child reached, reaching nearly half a million children.¹⁷

Upfront donor investments and a systems-level approach can generate scalable and sustainable programming.

¹⁶ Education Cannot Wait (2025) *Global Estimates 2025 Update*.

¹⁷ IRC (2024) *A Small Price to Pay: What the Ahlan Simsim initiative tells us about the cost of delivering early childhood development programs to crisis-affected children*.



Cost Evidence Spotlight: Leveling up livelihoods

60 million displaced people live in urban settings worldwide.¹⁸

Refugees and vulnerable groups in host communities often face high levels of unemployment and limited access to financing.¹⁹ Livelihood programs can address refugees' immediate economic needs, unlock longer-term income streams, and support social cohesion within host communities by helping local businesses recruit skilled workers and bolster local economies.

The IRC Approach

In partnership with the IKEA Foundation, our Re:BUiLD initiative rigorously evaluated the cost-effectiveness of innovative livelihood solutions for urban refugees and host communities in Uganda and Kenya.

- Overall, we found **business grants** to be the most cost-effective intervention; grants improved business ownership, profitability, and psychological well-being across all demographics: host communities and refugees, men and women
- Adding **network groups** slightly improved business ownership and collaboration, but did not affect profits
- Traditional livelihoods interventions – such as **apprenticeships and vocational training programs** – were not as cost-effective as **business grants** for improving employment outcomes

As a result of these findings, Re:BUiLD deprioritized some more traditional interventions in favor of business grants – unlocking 30% savings and enabling us to reach more refugees with greater impact per dollar spent. By evaluating cost-effectiveness by gender, Re:BUiLD made decisions that were directly informed by equity.

If similar findings applied to programs targeting just 1% of urban refugees, we could achieve \$230 million in cost-efficiency gains to reach around 200,000 more people.²⁰

¹⁸ IRC calculation based on UNHCR (2023) *Global Trends Report* (“117.3 million forcibly displaced worldwide”) and Norwegian Refugee Council *Urban Displacement* (“More than half of the world’s displaced people live in urban areas”).

¹⁹ UNHCR (2025) *Background Guide: Refugees’ Access to Jobs and Financial Services*.

²⁰ IRC estimate.