



# RESEARCH

at the International Rescue Committee





Photo: Meredith Hutchison/IRC

## WHO WE ARE

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. The IRC's vision is to lead the humanitarian field by implementing high-impact, cost effective programs for people affected by crisis, and shape global policy and practice by sharing our learning and experience with others.

All IRC programs are designed to achieve meaningful improvements in people's health, safety, education, economic wellbeing, and ability to influence the decisions that affect their lives.

## WHY OUR WORK MATTERS

The evidence base for interventions in crisis-affected contexts is thin. This dearth of evidence means the humanitarian community often relies too often on assumptions, experience, and intuition—rather than fact or evidence—which can result in sub-optimal outcomes and inefficiencies. Several interventions across disciplines have been perceived to work by experts and practitioners, yet rigorous evaluations have subsequently found little or no impact. In cases where evidence is weak or does not exist, the IRC is committed to generating evidence about what works in humanitarian contexts to increase the effectiveness and efficiency of policies and practices in these settings, and ultimately improve the lives of people affected by crisis.

## WHAT WE DO

The IRC maintains a dedicated Research Technical Unit. We seek to

generate robust and actionable evidence across multiple crisis-affected contexts to increase the effectiveness of humanitarian prevention and response efforts. The IRC conducts research with the greatest potential to i) positively, meaningfully, and sustainably impact the largest number of people; and ii) influence the adoption and scale up of high-impact, cost-effective programs and policies in humanitarian settings.

The IRC has been at the frontier of conducting rigorous research in humanitarian settings, and is one of few response organizations conducting impact evaluations in conflict and post-conflict contexts. We partner with multilaterals, international non-governmental organizations, and academics from leading universities—such as Harvard University, the London School of Hygiene and Tropical Medicine, and Columbia University—to design and implement rigorous research studies. We share our findings to build the evidence base on what works in crisis-affected contexts, influence policy, and shape practice. Our research spans five sectors aligned with our priority outcome areas: Health, Education, Economic Wellbeing, Safety, and Power.

## RESEARCH OVERVIEW

The IRC generates robust evidence across crisis-affected contexts that:

- Is based on, and contributes to, an existing body of knowledge;
- Fills critical gaps in our understanding; and
- Can inform decision-making and be translated into action.

This document summarizes the IRC's ongoing and completed research studies. The research presented here is organized by outcome area, with each study listed only once. However, many studies are cross-cutting and could apply to more than one outcome.

**Education** *IRC's education research aims to fill evidence gaps about what works to increase students' access to safe learning opportunities and to improve their literacy, numeracy, and socio-emotional skills. Our research includes studies about the cost and effectiveness of education programs to improve students' learning outcomes; studies that identify the range of factors that contribute to or inhibit the effect of interventions; and studies to develop, adapt, and evaluate measures of students' learning outcomes and the quality of the school and classroom environments in crisis-affected contexts.*

## ONGOING RESEARCH PROJECTS

### **Evaluating the Impact of the Pakistan Reading Project on Improving the Quality of Reading Education**

2015–2018

*Funding source: U.S. Agency for International Development (USAID)*

The Pakistan Reading Project (PRP) is an extensive education program in Pakistan aimed at tackling one of the highest child illiteracy rates in the world. The IRC and its partners aim to reach 850,000 grade 1 and grade 2 students across seven provinces in Pakistan to improve reading education and thus student reading outcomes as measured by the Early Grade Reading Assessment (EGRA). IRC will work with an external research partner to test the effectiveness of the various interventions around teacher professional development and material development, as well as variations in the intervention itself. Due to the logistical and financial restrictions of the project and the cohort based roll out of PRP, the core evaluation will employ a stepped wedge design accompanied by smaller evaluation components within cohorts. Baseline data collection began in April of 2015 with endline data collection concluding in May of 2018.

### **Costing Pakistan Reading Program Interventions**

2016–2017

*Funding source: USAID*

Cost effectiveness of PRP interventions may determine whether the Pakistani government will be able to continue with the early grade reading reforms initiated under PRP. This study aims to find how much PRP interventions cost and whether the investment eventually leads to expected teacher behavior, thereby impacting improvement in reading outcomes for children. This pilot study will be implemented in four different locations in order to determine the cost implications of interventions in four contextually and administratively variant regions. The cost calculations, while not directly indicative of the improvement or lag in student reading skills, will assist PRP in establishing which intervention is the most effective at influencing teacher behavior that produces desired reading outcomes. The results from the pilot will also inform PRP about the efficacy of its interventions and will help to better plan for Cohort 3. Results from this pilot could be used to implement a more extensive study in Cohort 3 of the program, in which a larger pool of schools and teachers can shed more light on cost effectiveness of various aspects of the program.

### **Supporting Rural and Isolated Schools to Improve Reading**

2016–2017

*Funding source: USAID*

This study employs participatory research methods to build the capacity of targeted grade 1 and 2 teachers. Through dialogue and PRP training, teachers lead the process of defining and addressing immediate problems related to teaching reading to their students, developing and testing theories through practice, and implementing the practical knowledge that emerges from the process. While the study will employ researchers to lead dialogues and record processes

and events, it is teacher-led and addresses teachers' immediate, pressing concerns. With the same framework in mind, community members will also be mobilized to identify problems in their schools and work to devise their own solutions.

### **Teachers' Beliefs About Teaching Reading**

2016–2017

*Funding source: USAID*

PRP is spending sizable sums of money on the training of teachers as well as on the provision of materials for teachers so that they can provide quality reading instruction to their students. Both USAID and PRP are interested in learning about teachers' beliefs regarding reading instruction activities that might be impacted by PRP's interventions. This research will focus on the following dimensions of teachers' beliefs regarding: i) the processes of teaching reading and students' ability to learn to read; and ii) their own practices in the class.

We will use an evaluative-interpretive methodology consisting of:

1. Reading Orientation Survey, which is a measure of teacher beliefs and practices about reading and reading instruction.
2. Semi-structured interviews on teachers' perceptions about children's ability to learn to read.
3. Classroom observations to establish whether what teachers mention in the survey and interviews are reflected in their classroom practices.
4. Teacher reflective journals, the content of which PRP will analyze to assess how thought processes related to teaching reading have evolved during the research period.

### **Education in Emergencies: Evidence for Action**

2016–2018

*Research partner: NYU Global TIES for Children*

*Funding source: Dubai Cares*

Evidence for Action aims to have a catalytic effect on the education in emergencies sector, enabling global education actors to ensure that children in crisis-affected settings attend safe and predictable schools and gain the reading, math, and social-emotional skills they need to thrive and succeed in school and life. The initiative will bring the 'Learning in a Healing Classroom' approach as a base package to more than 8,000 children in Lebanon, Niger, and Sierra Leone. It will also include a three-part research agenda including measurement research, implementation research, and evaluation research to quantify the improved performance, assess implementation fidelity, and determine which interventions are most effective to achieve children's literacy, numeracy, and social-emotional learning outcomes.

Additionally, two low-intensity targeted interventions will be rigorously tested: 1) Mindfulness to reduce toxic stress: strategies to focus on breathing and attentive listening to a single resonant sound will be carried out daily, three to five minutes, three times a day; and 2) 'Brain Games,' also known as social-emotional and cognitive regulation activities: thirty minute weekly lessons will be followed by five to ten minute 'Brain Game' activities that teach mental flexibility,



working memory, focusing attention, emotion regulation, impulse control, and how to develop positive social relationships. This set of programmatic and research activities is designed to provide evidence of the mechanisms and conditions critical to the effectiveness, replicability, and scalability of these strategies, while additionally testing scientifically sound and field-feasible tools to assess impact and implementation.

### **Evaluating the Impact of Academic and Economic Interventions on Student Learning Outcomes and Attendance in the Democratic Republic of the Congo**

2013–2016

Research partner: *University of Massachusetts at Amherst*

Funding source: *DFID*

Building on previous program and research experience in improving access to quality basic education in the DRC, the IRC in partnership with Save the Children and Catholic Relief Services delivered a package of academic and economic interventions meant to improve students' attendance and learning outcomes including scholarships, tutoring, and teacher professional development. Academic partners at the University of Massachusetts tested the effectiveness of various pieces of the intervention package, which was implemented in 400 intervention schools across five provinces in the DRC in order to find what works to help primary school students learn and complete a cycle of basic education. The evaluation used a cluster-randomized design accompanied by a qualitative study. Baseline data collection was completed in October 2013, with annual data collection at the end of the school year from May 2014–May 2016 (three years of impact measurement). The midline report was completed in December 2015 and endline in December 2016.

Findings indicate that students enrolled in intervention schools showed a more pronounced growth in their literacy and math trajectory compared to those enrolled in control schools, which held across all grade levels and provinces. Girls enrolled in the intervention program scored, on average, over 10 points higher on the EGRA assessment at endline, and over 7.13 percentage points higher on the EGMA. Girls who attended Accelerated Learning Programs (ALPs) also showed improved performance. Specifically, girls who attended an ALP center at least from midline to endline scored approximately 15 percentage points higher on the EGRA and 10 percentage points higher on the EGMA compared to the girls who were out of school.

### COMPLETED RESEARCH PROJECTS

#### **Social Norms on Violence Against Children in and Around Schools in Tanzania**

2015–2016

Research partner: *Erin K. Fletcher, PhD at Harvard University*

Funding source: *Anonymous Donor*

Violence against children remains common despite efforts to eradicate it. Children in refugee camps are especially vulnerable to violence. Yet, there is little systematic research on the social drivers of violence against children in conflict-affected contexts. This formative research aimed to examine the links between violence that affects children, specifically in and around schools, and how community perceptions of acceptable behavior, or social norms, might be leveraged to change practices. One-on-one interviews were conducted to better understand violence and potential messaging around violence through vignettes, respondent experiences with violence, perceived incidence and prevalence of violence, and social networks in the camp. A survey of 306 parents, 320 children aged 7–12, and 36 teachers in Nyarugusu refugee camp, Tanzania, found that teachers and parents generally

perceived corporal punishment as frequent and tolerated. Sexual violence was also perceived as common. Additionally, findings suggest that positive messages might unintentionally reinforce perceived norms that physical discipline is acceptable, and thus perpetuate an undesirable behavior and norm. Vignettes with a clinical message about brain development, on the other hand, were associated with higher levels of reporting and lower levels of acceptance of violence.

### **Evaluating the Impact of a Focused Reading and Math Intervention Integrated with a Social-Emotional Learning Program on Student Learning Outcomes and Psychosocial Wellbeing**

2010–2014

Research partners: *NYU and Mathematica Policy Research*

Funding sources: *USAID, NoVo Foundation, Anonymous Donor, The Economic and Social Research Council*

Publications and resources: [Policy Brief](#); [Policy Brief \(French\)](#); [OPEQ website](#)

Academic publications: [Preliminary impacts of the "Learning to Read in a Healing Classroom" intervention on teacher well-being in the Democratic Republic of the Congo](#)

Based on 30 years of experience in conflict-affected settings, the IRC implemented the existing Healing Classrooms model in conflict-affected areas of the DRC through a USAID-funded intervention. The intervention augmented the Healing Classrooms model with core practices from 'Social and Emotional Learning' and focused teacher training. Despite the vast evidence supporting the impact of social-emotional learning in the United States, there is still extremely limited evidence on the effectiveness of Social and Emotional Learning programming in low-resource and conflict-affected settings. The goal of this evaluation was to rigorously evaluate the impact of the intervention on outcomes for children in 350 schools in DRC and use results to increase the effectiveness of interventions in this challenging setting. Results show positive impacts in the first year of project implementation, fading out in the second year. These results may be due to a number of factors such as fatigue among teachers given increased workloads during the two-year intervention period or high levels of internal displacement among students.



Photo: Mulugeta Ayene/IRC

**Safety** *IRC's safety research generates evidence for understanding what works best to prevent and respond to violence against women, violence against children, and violence against other household members among crisis-affected populations. Research studies range from qualitative investigations and contextual analyses regarding the phenomenon of violence within the home to impact evaluations and cost-effectiveness exercises testing a range of interventions, including improving parenting skills, developing women's economic empowerment strategies, and addressing inequitable gender norms and power dynamics within couples.*

## ONGOING RESEARCH PROJECTS

### Impact Evaluation of 'Engaging Men in Accountable Practices' in the DRC

2015–2017

Research partner: World Bank Gender Innovation Lab

Funding source: World Bank

Publications and resources: [Research Brief](#)

The IRC has developed the Engaging Men in Accountable Practice initiative, which aims to engage men as agents of change while being accountable to women's voices in their communities to prevent VAWG. The IRC is undertaking a rigorous randomized controlled trial of the initiative across 30 communities in North and South Kivu, DRC. The study will be a two-armed, pair-matched, cluster randomized controlled trial in which up to 1,500 men and their female partners will be interviewed as part of the study examining the impact of the Engaging Men in Accountable Practice initiative on potential changes in intimate partner violence perpetration and secondary outcomes such as gender norms. Three male peers of male participants will also be quantitatively interviewed at endline to assess potential diffusion of the intervention (n=4,500). All quantitative assessments will be complemented by qualitative methods at baseline and endline.

### Assessing the Feasibility and Effectiveness of COMPASS Programming to Prevent Violence Against Adolescent Girls in Pakistan, Ethiopia, and the DRC

2014–2017

Research partner: Columbia University

Funding source: DFID

Publications and resources: [Research Brief \(DRC\)](#); [Research Brief \(Ethiopia\)](#); [Research Brief \(Pakistan\)](#)

Academic publications: (1) [COMPASS program: Multi-country study protocol to protect girls from violence in humanitarian settings](#); (2) [Implementation of Audio-computer assisted self-interview \(ACASI\) among adolescent girls in humanitarian settings: feasibility, acceptability and lessons learned](#); (3) [The effect of gender norms on the association between violence and hope among girls in the Democratic Republic of the Congo](#)

Significant gaps persist in the evidence base on the most effective interventions to prevent violence against adolescent girls aged 10–19 years old in humanitarian crisis setting. The COMPASS program provides opportunities for girls to gain life skills and build assets to protect against and respond to GBV through mentorship, learning, and peer interaction in safe spaces and is combined with capacity-building activities to improve the ability of service providers and caregivers to address the specific needs of young girls. The feasibility, acceptability, and impact of these activities on reducing violence experienced by young girls are being assessed in Ethiopia, the DRC, and Pakistan. Approximately 900 girls in DRC and their caregivers, as well as nearly 1,000 girls in Ethiopia have been interviewed as part of two independent cluster-randomized controlled trials. The primary outcome is sexual violence while secondary outcomes include family violence, early marriage, positive relationships, and gender norms. More than 200 girls have participated in a pre- and

post-test in Pakistan, which centered on feasibility and acceptability. Specific research questions include: What is the overall impact of the COMPASS program on girls' experiences of violence and well-being compared to a waitlist group (Ethiopia)? What is the incremental impact of the parental component of the COMPASS program in addition to the girls' programming on girl's experiences of violence and well-being compared to girls' programming only (DRC)? What is the feasibility and acceptability of delivering COMPASS (Pakistan)? Findings will collectively contribute to understanding how to prevent GBV against adolescent girls in humanitarian contexts.

### Evaluating the Impact of the Sisters of Success Program

2013–2017

Research partners: World Bank Gender Innovation Lab and IPA

Funding source: World Bank

Publications and resources: [Summary](#); [Baseline Report](#)

The Sisters of Success program is designed to support girls' transition into adolescence and adulthood and takes place in Monrovia, Liberia. The program recruits and matches individual girls aged 12–15 with mentors. Sisters of Success mentors and mentees then meet 30 times during the course of 18 months. The impact of the program is being evaluated using the randomized control trial methodology. The program's goals are for girls to adopt healthy behaviors; build confidence and self-esteem; increase social capital through peer groups; build and practice problem solving skills; develop communication and leadership skills and healthy peer-relationships; learn and practice their rights; begin to develop savings and financial literacy habits; increase their community participation and involvement; and help them work towards their own personal development goals. Longer-term impact objectives also include increasing secondary school completion rates; reducing teenage pregnancy; improving girls' voices within their households; girls' financial decision-making; girls' social and emotional well-being; and girls' becoming agents of change and contributors within their peer groups and communities. Data was collected during the baseline from 2,884 girls (half in treatment group, half in the control group) and one guardian for each girl.

### Understanding the Use of Cash Transfers for Displaced Adolescent Girls through Participatory Qualitative Methods, North Kivu, DRC

2015–2017

Funding source: DFID

Publications and resources: [Research Brief](#)

Despite a growing use of cash transfers, there is limited evidence of the impact of unconditional cash transfers in post-conflict settings, particularly in relation to prevention of violence against adolescent girls. The purpose of this study is to implement a continuous quality improvement research approach to 1) understand the use and perceived impact of cash transfers for girls in acute emergencies, as part of the COMPASS program; and 2) to pilot different qualitative, participatory methodologies with girls (aged 15–19 years) to advance understanding of which methods resonate in this age group. Specific research questions include: what are the challenges girls face in humanitarian settings, specifically related to the intersections of violence

and economic wellbeing? How should cash transfer programming and theories of change be adapted to girls aged 15–19 years in this context? At the end of the cash delivery program, what did the girls perceive as the impact of cash transfers? Approximately 50 girls residing in three IDP camps in North Kivu have taken part in the qualitative continuous quality improvement model research.

### **Evaluating the Impact of a Girls' Empowerment Program in Liberia**

2015–2018

Research partners: World Bank, Population Council, and IPA

Funding source: NoVo Foundation

Publications and resources: [Summary](#); [Brief](#); [Baseline Report](#)

Girl Empower is an innovative program designed to equip girls with the skills and experiences necessary to make healthy, strategic life choices and to stay safe from sexual exploitation and abuse. The Girl Empower program includes mentoring, asset building (life skills, financial literacy, and savings) and caregiver discussion groups. The IRC will implement the intervention in both Liberia and Ethiopia and will run an impact evaluation in Liberia. Providing young adolescent girls support through mentorship, asset building, and life skills training, in combination with protective parenting training for caregivers, has the potential to increase knowledge, reduce rates of sexual violence, decrease the incidence of early motherhood, and improve overall wellbeing as adolescent girls transition to adulthood. This randomized evaluation aims to assess the impact of Girl Empower alone (33 communities) and of Girl Empower plus a conditional (on participating in the program) cash transfer (32 communities) compared to no intervention (19 control sites) on sexual exploitation among girls age 13–14 years (1,250 girls in total).

### **What Works to Prevent Violence Against Women and Children in Humanitarian Emergencies and Crises**

Little is known about the drivers and causes of GBV in conflict and emergency contexts, forms and trends of GBV, or interventions that are most effective for prevention and response to GBV in these settings. The IRC is implementing a research program that will consist of a set of multi-country and country-specific studies to address these questions. Six studies comprise this research program. The following four are ongoing, and two have been completed:

#### **> Prevalence, Forms, and Patterns of Violence Against Women and Girls in Conflict and Humanitarian Emergencies: A Mixed Methods Study in South Sudan**

2014–2019

Research partner: George Washington University

Funding source: DFID

Due to the lack of population-based surveys that accurately characterize the extent of the different types of violence that women and girls suffer in South Sudan, IRC, in partnership with CARE and George Washington University, is conducting this study with the following aims: 1) improve, adapt, apply and disseminate appropriate methodological approaches to determining prevalence, forms and patterns of VAWG in conflict contexts; 2) obtain data specific to South Sudan that will inform policy and programming from national government, local and international NGOs, and the wider international community. Using mixed-methodology, this study consists of survey-based interviews with a total sample size of 3,000 (men and women older than 15 years) as well as key informant interviews with service providers, humanitarian personnel, community leaders and others. This research seeks to gather information on different types of violence as well as understand the existing structures, systems and interventions that respond to and prevent violence in order to understand how they impacted on the experience of VAWG and how this may inform existing and future interventions.

#### **> What is an Effective Model of Care for Survivors of GBV in a Refugee Camp? An Assessment of a Comprehensive Case Management Model Using a Task Shifting Approach with Refugee Community Workers to Improve Access, Quality of Care, and Health Outcomes for Survivors of Violence in the Refugee Camps of Dadaab, Kenya**

2014–2019

Research partners: London School of Health and Tropical Medicine and African Population and Health Research Centre

Funding source: DFID

The aim of this study is to understand how the IRC/CARE GBV response model of individual comprehensive case management provision with expanded care through task shifting can influence access, quality, and impact on health and safety outcomes among refugee women in the Dadaab refugee camps. This research project uses a prospective cohort design (multiple data collection points, no randomization or control group) with a qualitative evaluation component in order to systematically understand and document the processes of individual comprehensive case management with task shifting model among GBV survivors accessing IRC and CARE GBV programming. Survivors are assessed at four time points: intake for IRC/CARE GBV services, during the case management process, at close of their case file, and at a three month follow-up. Refugee community workers will also be surveyed to assess perceptions on work tasks, work satisfaction, and influence on survivors' outcomes.

#### **> Evaluating the Impact of Cash Transfer Programming on Women's Empowerment and Protection Outcomes in Acute Emergencies**

2016–2019

Funding source: DFID

Given the increased use of cash transfer programming in emergencies, the goal of the prospective acute emergency study is to understand how such programming may decrease or increase women's vulnerability to violence in order to better meet their needs in acute emergencies. The cash transfer programming that will be examined will be developed as part of IRC programming or in collaboration with partner organizations in acute emergencies. The focus of the evaluation will specifically be on the impact of cash transfers, which is when money is given directly to people or households. Such transfers may be unconditional or conditional in which recipients must complete certain requirements and may be distributed directly via cash or through e-payment systems such as debit cards. The final research design will be decided upon once an acute emergency setting is selected and the exact cash transfer programming is clarified. Proposed options for the study include an individual or cluster-randomized controlled trial or a regression discontinuity design.

#### **> Exploring the Intersection of VAWG with Post-Conflict State-Building and Peace-Building Processes: A Comparative Study**

2014–2019

Research partners: George Washington University and CARE International U.K.

Funding source: DFID

The study focuses on three countries: the DRC, Nepal, and South Sudan and will review how different forms and drivers of VAWG have been addressed by national and international actors in state building and peace building processes in these three countries. The study seeks to systematically assess and synthesize existing evidence of the impacts of state building and peace building related to VAWG. It will consider a range of forms of VAWG, including but not limited to,



conflict-related and other forms of sexual violence, intimate partner violence, forced/early marriage, and female genital mutilation/cutting. Where possible, the study will capture information on how specific interventions within the state and peacebuilding process (e.g., security and justice sector reform, disarmament, demobilization, and reintegration, promoting political participation and accountable governance, economic/livelihoods activities, trauma healing and psychosocial activities or community-level reconciliation/conflict resolution interventions, etcetera) impact VAWG. A conflict analysis lens will be applied during data analysis to ensure that factors related to specific characteristics of conflict, which determine the impact of state- and peace-building processes on VAWG are identified. This will assist in making recommendations to improve the impact of state- and peace-building processes on VAWG. The results of a semi-structured survey will allow us to analyze the perceived importance and relevance of different regional and international recommendations. The study will create and use a model for data triangulation to ensure confidence in the findings.

**> Prevention and Response to VAWG in Emergencies:  
Accountability and Adherence to the IASC GBV Guidelines in the  
Response to Typhoon Haiyan**

2014–2015 (Completed)

Research partner: George Washington University

Funding source: DFID

Publications and resources: [Policy Brief](#); [Final Report](#)

This study used the 2005 IASC GBV Guidelines as a tool to understand how the humanitarian sector met the needs of women and girls in the Philippines; specifically looking at how prevention and mitigation of VAWG were carried out in the early phase of the emergency response and investigating the effectiveness of deploying GBV experts to assist VAWG mainstreaming in the humanitarian response. A document review was carried out along with semi-structured interviews with GBV experts and local and international humanitarian responders, including local women's groups. The research found that the specific needs of women and girls and their risks to GBV were not consistently taken into account across the humanitarian response to Typhoon Haiyan. VAWG prevention and mitigation activities were considered to be a secondary concern rather than a life-saving priority for women, girls, and communities. Additionally, understanding and interpretation of the IASC GBV Guidelines varied, resulting in inconsistent application and monitoring. Key barriers to implementation included lack of awareness and training, lack of accountability, and perceived lack of funding. While GBV experts strengthened the response, they were unable to sufficiently influence the wider humanitarian response overall.

**> Evaluating the Long-Term Effects of Participation in VSLA on  
Social, Psychological, and Economic Outcomes for Survivors of  
Sexual Violence in the DRC**

2014–2015 (Completed)

Research partner: Johns Hopkins University

Funding source: DFID

Academic publications: [Economic, social and mental health impacts of an economic intervention for female sexual violence survivors in Eastern Democratic Republic of Congo](#)

As part of this study, a secondary data analysis was conducted during the inception period. The purpose of this analysis was to better understand the potential differential impacts of VSLAs on social functioning, mental health, and stigma and to inform the decision about continuation of the longer term follow-up study.



Photo: Tyler Jump/IRC

**COMPLETED RESEARCH  
PROJECTS**

**GBV and Livelihood Assistance to Central African Refugees and  
Chadian Returnees in Southern Chad**

2015–2016

Funding source: U.S. Department of State, Bureau for Population, Refugees, and Migration (State/PRM)

Publications and resources: [Fact sheet](#); [Endline Report](#)

There are currently over 110,000 displaced people from the Central African Republic in Southern Chad as a result of the ongoing conflict, and more than half (52 percent) of those displaced are women. To reduce the vulnerability of women and girls to GBV, IRC implemented a cash transfer project, with the dual objective of restoring livelihoods and reducing vulnerability to GBV by reducing the need for women to resort to negative coping strategies. To date, very little cash transfer programming has been designed and implemented with the explicit intention of achieving reduction in vulnerability to and prevention of GBV. Through the proposed intervention, the IRC aimed to contribute to establishing a response to GBV in the intervention sites, to safely restore livelihoods, and to prevent and reduce the risk of GBV and negative coping mechanisms. Based on the identified objectives, the following key research questions were explored: 1) What impact do cash transfers have on women's perception of safety, the risks of GBV they face, and their survival strategies? 2) What impact do in-kind transfers designed to support income-generating activities have on women's perception of safety, the risks of GBV they face and their survival strategies?

This evaluation used mixed methods (surveys of 456 refugee and displaced women, qualitative interviews, and focus group discussions). The evaluation found that livelihoods staff reported feeling comfortable in providing referrals to GBV survivors and participants identified

a wide range of immediate positive outcomes resulting from the project, including better psychological well-being, more control over and independence in their lives, better health, improved standard of living, improved business skills, and ability to pay for school fees. Respondents also reported a decrease in sexual exploitation and early marriage, or said that they expected such a decrease as a result of the program, and described a decrease in activities that put them at risk of harm, including sexual and physical violence.

### **Mobile Teams for Responding to and Mitigating GBV Amongst Women and Girls Displaced in Urban Contexts, Lebanon**

2014–2016

*Research partner: International Center for Research on Women*

*Funding sources: State/PRM, NoVo Foundation, and Swedish*

*International Development Cooperation Agency*

*Publications and resources: [Evaluation Brief](#); [Evaluation Report](#)*

In October 2014, the IRC's Women's Protection and Empowerment Lebanon program began implementing an innovative mobile approach to gender-based violence response and mitigation service delivery in Akkar district. This mobile approach aims to reach non-camp based Syrian refugee women living within Lebanese communities with GBV case management and psychosocial support (PSS) services. The International Center for Research on Women (ICRW) collaborated with IRC to assess this approach to examine the extent to which it is able to (1) meet the safety and support needs of refugee women and girls and (2) meet international standards to guarantee safety of GBV survivors and quality of services. Findings from the evaluation indicate that the delivery of mobile services contributed to improved wellbeing of Syrian refugee women and girls in numerous ways, including by: broadening social networks and building social cohesion, increasing access to social and emotional support, improving communication skills and coping mechanisms, breaking down barriers between Syrian and Lebanese communities, increasing knowledge of safety-promoting strategies, and helping women and girls regain a sense of self.

### **Integrating Cash Transfers into GBV Programming, Jordan**

2014–2015

*Funding source: UNHCR via ECHO*

*Publications and resources: [Fact Sheet](#); [Report](#)*

The scope and complexity of the Syrian crisis has catalyzed a massive humanitarian response across the region, including the unprecedented scale-up of unconditional cash transfer programming to respond to the largely urban refugee crisis. With limited global practice and guidance on programming unconditional cash transfers to enhance protection in an emergency context, the current research was undertaken. Specific research questions included: Does the combination of cash transfer, GBV case management, and gender discussion groups increase women and girls' safety and reduce negative coping mechanisms? Does cash assistance exacerbate protection risks? How can we improve existing tools and processes to better measure vulnerability or resilience to GBV? How can we strengthen monitoring tools and systems to measure the protection outcomes of cash transfer projects and GBV services? The research utilized qualitative methodologies beginning with a desk review of existing literature on cash and protection in humanitarian contexts and IRC's program-related documentation, including assessments, project proposals, case management forms, and post-distribution monitoring reports. Other qualitative data collection included focus groups (n=72) and in-depth interviews (n=19). Findings from the research indicate that resilience to GBV is supported by receiving both cash transfers (CT) and WPE services, rather than cash alone and that receiving cash and attending the Gender Discussion Groups (GDGs) can result in a decrease of IPV and domestic violence. Beneficiaries report that the skills acquired through

participating in these psychosocial services enables them to cope positively with changing dynamics among family members. Women feel stronger, confident, respected and able to negotiate. Men and women feel listened to and report fewer arguments and conflicts over money leading to a reduction of violence in the home.

### **Bridge to Safety: An Evaluation of a Pilot Intervention to Screen for and Respond to Domestic Violence and Sexual Assault with Refugee Women in the U.S.**

2014–2015

*Research partner: Institute on Domestic Violence and Sexual Assault at the University of Texas at Austin*

*Funding sources: Open Square Charitable Gift Fund, NoVo Foundation*

*Publications and resources: [Report](#); [Research Brief](#)*

The IRC's Bridge to Safety project integrates protocols for screening and responding to domestic violence and sexual assault into IRC refugee resettlement service delivery in the U.S. The Bridge to Safety project was piloted from April 2014–April 2015 in three IRC U.S. Programs offices: Baltimore, Dallas, and Seattle. Findings from the evaluation indicate that integrating domestic violence and sexual assault screening into refugee resettlement shows promise in communicating that IRC is a safe space for women to discuss their experiences and concerns. Implementation of the Bridge to Safety project highlights the extent to which violence against women is an issue of importance to both resettled refugee women and the staff who serve them, and reiterates the critical need to make violence against women a priority in U.S. resettlement policy and practice.

### **Feasibility and Acceptability of GBV Screening: Primary Health Facilities in Humanitarian Settings, Dadaab, Kenya**

2014–2015

*Research partner: Johns Hopkins University*

*Funding source: State/PRM*

*Publications and resources: [Research Brief](#); [Presentation](#)*

Screening for GBV has become a topic of debate in humanitarian programming over the past few years as research has largely been limited to studies in developed countries. To address this, IRC has worked since 2011 on the piloting, implementation, and evaluation of the ASIST-GBV, a GBV screening tool developed by Johns Hopkins University specifically for use in humanitarian settings. Findings from the evaluation indicate that, with the appropriate measures taken and prerequisites met, GBV screening by health providers has the potential to 1) create a confidential environment where survivors can speak openly about their experiences with GBV, 2) ensure competent care and referrals based on individual needs and wishes of survivors, and 3) increase community awareness about GBV issues, thereby reducing stigma and improving attitudes.

### **GBV Among Urban IDPs in Abidjan, Cote d'Ivoire**

2013–2014

*Research partner: Yale University*

*Funding source: U.S. Institute of Peace*

*Publications and resources: [Research Brief](#)*

*Academic publications: (1) [Food insecurity associated with intimate partner violence among women in Abidjan, Cote d'Ivoire](#); (2) [Perceptions and Experiences of Intimate Partner Violence in Abidjan, Côte d'Ivoire](#); (3) [What Factors Contribute to Intimate Partner Violence Against Women in Urban, Conflict-Affected Settings? Qualitative Findings from Abidjan, Côte d'Ivoire](#)*

Despite widespread concern regarding GBV against women in Abidjan, Cote d'Ivoire as a threat to post-conflict stability and



development, systematic data on GBV and humanitarian programmatic efforts to protect and empower women in conflict-affected urban settings are lacking. Through analysis of survey data (n=80) and qualitative research (10 focus groups), the investigative team sought to advance current understanding of GBV experiences and assess the feasibility and acceptability of socio-economic programs aimed to prevent GBV and improve economic wellbeing among urban Ivorian women. This work aimed to guide empirically informed programs to address GBV in urban settings. Study findings highlight the importance of recognizing the interplay between different forms of violence within intimate partner relationships. Additionally, programs focused on economic empowerment for women were shown to have the potential to increase violence against women, including economic violence, and thus need to build in elements to mitigate this risk.

### **Private Violence, Public Concern: Intimate Partner Violence in Crisis Settings**

2013–2014

*Research partners:* Duke University and the University of Texas at Austin

*Funding source:* State/PRM

*Publications and resources:* [Report](#); [Policy Brief](#); [Practice Brief](#); [Practice Brief \(Arabic\)](#); [Practice Brief \(French\)](#)

"Private Violence, Public Concern" was a State/PRM-funded project that sought to ignite action to better address IPV in humanitarian settings by answering the fundamental questions needed to build a foundation for better programming. The IRC, in partnership with expert researchers, conducted qualitative research in Anjong Thok, South Sudan; Dadaab, Kenya; and Domiz, Iraq with over 280 respondents. This resulted in a published and widely disseminated report to guide the humanitarian community to understand: What are the drivers and nature of IPV in refugee and conflict-affected humanitarian settings? How have the refugee and humanitarian contexts affected the manifestation of IPV? How do women in these contexts experience and cope with IPV? What are the entry points and challenges for humanitarian organizations implementing GBV programs? What are women's suggestions and perspectives on how organizations can address this issue?

### **A Program Evaluation of Handheld Solar Light Distribution among Displaced Populations in Haiti**

2013–2014

*Research partner:* CDC

*Funding source:* USAID/OFDA

*Publications and resources:* [Final Report](#); [Research Brief](#)

Women and girls are disproportionately affected by GBV in humanitarian and displacement settings, as they are often separated from families, and living in contexts in which rule of law, safety, and security are severely compromised. Adequate lighting in communal areas or lighting for individual use is currently recommended in the Guidelines for GBV Interventions in Humanitarian Settings, and while previous evaluations on the use of handheld and/or street lights have been conducted in development and humanitarian settings, these evaluations recommended further work to understand if and how women use individual handheld lights. This pre- and post-test mixed methods evaluation documented the use and benefits of handheld solar lights among females aged 14 and older to mitigate the risks for violence in IDP camps and to improve their sense of safety in Port-au-Prince, Haiti (n=754). Evaluation results will be used to improve the IRCs handheld solar light program and inform decisions about how to sustain and improve the use of handheld solar lights in that population.

### **Evaluating the Impact of a Family-Based Intervention on Child Abuse and Neglect, Malaria Control, and Education Outcomes in**

## **Liberia**

2012–2013

*Research partner:* Duke University

*Funding source:* UBS Optimus Foundation, Anonymous Donor

*Publications and resources:* [Research Brief](#); [Endline report](#); [Cost Effectiveness Analysis](#)

Given the evidence that poor parenting practices—which affect the long term development of children—are common in Liberia, and that educational indicators such as reading comprehension are low, the IRC has implemented a parenting program that includes skills hypothesized to improve health and education outcomes in young children. The core parenting intervention seeks to improve the relationship between parental practices and positive outcomes for children. Parents attended parenting sessions over the course of 10 months (one session per month), and parents and children participated in the randomized impact evaluation, which included observational measures in addition to standard qualitative and quantitative measures of parenting practices, health outcomes, education, and child wellbeing. A total of 270 families participated in the impact evaluation, which used a randomized waitlist controlled trial. Results show that the intervention reduced the use of harsh punishment and improved positive parenting practices, but there was no immediate impact on malaria prevention or early childhood development outcomes. Using findings from this impact evaluation, the IRC revised the intervention and improved evaluation design to address outstanding questions around the impact of parenting on child outcomes.

### **In Search of Survival and Sanctuary in the City**

2012

*Funding source:* Stichting Vluchteling

*Publications and resources:* [Final Report](#)

Over 120,000 refugees and stateless persons from all parts of the globe have made their way to Malaysia's cities and towns in search of sanctuary and survival. Ninety five percent of Malaysia's refugees are from Myanmar/Burma. They have escaped armed conflict; attacks on their mores and villages; forced labor by the military; communal violence; and ethnic, political and religious persecution. Refugees from Myanmar now live in communities scattered throughout Kuala Lumpur's Klang Valley and other areas of the country. The study consisted of a quantitative survey of 1,003 randomly selected Burmese refugee households and 10 focus group discussions, some of which included more than 20 participants. The study found that there are a range of unmet needs impacting the lives and ability of refugees from Myanmar to survive in Kuala Lumpur. The data indicated that refugees from Burma continue to face substantial and constant protection abuses from a range of actors, and that refugees were economically struggling to meet their most basic of needs. Refugees from Myanmar had access to few resources and little recourse from abuses. Based on the study findings, the recommendations focused on five key areas—protection, refugee community development, livelihoods, health, and children and youth—and are available at the conclusion of the [report](#).

### **Evaluating the Impact of a Family-Based Intervention on Decreasing Child Abuse and Neglect and on Psychosocial Wellbeing for Burmese Communities in Thailand**

2010–2013

*Research partners:* Harvard University and Duke University

*Funding sources:* DCOF, Anonymous Donor

*Publications and resources:* [Research Brief](#); [Research Report](#); [Cost Effectiveness Analysis Brief](#)

*Academic Publications:* [Improving Mental Health Outcomes of Burmese Migrant and Displaced Children in Thailand: a Community-](#)

### Based Randomized Trial of a Parenting and Family Skills Intervention

Family and parenting interventions in the United States and Australia show powerful effects to prevent and reduce child abuse and neglect, but few evaluations of these interventions exist outside stable, developed countries. Burmese families in Thailand face multiple stressors including displacement, lack of legal status, and difficulty finding work. The IRC currently has programs addressing many of these needs, but has also identified a need to support families further to protect their children. The IRC implemented an evidence-based family intervention with Burmese migrant and displaced families in Thailand and conducted a randomized impact evaluation to assess family and child outcomes. The randomized controlled trial conducted to measure the impact used a sample size of 479 families in 20 communities. Results show that the intervention had a significant positive impact on parenting practices and family functioning, and mixed impact on harsh punishment and child psychological wellbeing. In general, effects were maintained six months post-intervention.

### **Evaluating the Feasibility of a Mental Health Intervention for Child Survivors of Sexual Violence and Other Trauma in Thailand and Ethiopia**

2010–2013

Research partner: Johns Hopkins University

Funding source: The Bill & Melinda Gates Foundation

Publications and Resources: [Research Brief \(Ethiopia\)](#); [Qualitative Report \(Ethiopia\)](#)

Women and children face significantly increased risks of sexual violence during conflict and natural disaster. The IRC's experience has shown that programs are typically designed to meet the specific needs of adult women, yet girls under the age of 18 often make up the majority of clients reporting to sexual assault and referral centers. GBV emergency responders consistently request support to better serve the needs of this particularly vulnerable population of clients; therefore, the IRC aims to introduce a new evidence-based program model that will increase the capacity of emergency responders to meet child survivors' needs more rapidly and appropriately when emergencies strike. The evaluation aimed to assess the feasibility and performance

of an adapted mental health intervention in reducing psychological distress and increasing functioning of child survivors of sexual violence and other forms of trauma in refugee settings. Findings showed that following the intervention, children and their caregivers reported an average decrease in children's internalizing or emotional problems, an average decrease in children's externalizing or behavior problems, a large reduction in children's attention, thought, and social problems, and an average increase in the children's wellbeing.

### **Comparing Mental Health and Socio-Economic Programming for Survivors of Sexual Violence in Eastern DRC**

2010–2013

Research partner: Johns Hopkins University

Funding sources: World Bank and USAID

Publication and Resources: [Final Report \(VSLA\)](#); [Final Report \(CPT\)](#); [LOGiCA Website](#)

Academic Publications: (1) [Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence](#); (2) [Economic, social and mental health impacts of an economic intervention for female sexual violence survivors in Eastern DRC](#); (3) [The Effect of Cognitive Therapy on Structural Social Capital: Results From a Randomized Controlled Trial Among Sexual Violence Survivors in the Democratic Republic of the Congo](#); (4) [Stigma Among Survivors of Sexual Violence in Congo: Scale Development and Psychometrics](#)

This study aimed to identify low-cost, scalable interventions that demonstrably improve the mental, social, physical, and economic functioning of survivors of sexual violence living in eastern DRC. While social and economic development in conflict affected areas like eastern DRC relies on populations who are ready and able to work, the psychological effects of conflict and sexual violence may mean that survivors living in these low-resource areas are less able to engage in economic opportunities even when they are available. Currently, little data exists on which strategies are most effective at helping survivors increase their ability to function. This project investigated the impact of a mental health intervention (interpersonal psychotherapy) and a socio-economic program (VSLAs) on specific domains of social, physical, and economic functioning, and on the reduction of mental health problems associated with experiencing sexual violence, including depression, anxiety, and feelings of stigma and shame. While the program was diverse in terms of its elements and who received them, the evidence from this study suggests that a service program can improve the mental health and functioning of women affected by GBV.

### **Evaluating the Impact of an Economic and Empowerment Intervention on the Prevention of Partner Violence in Côte d'Ivoire**

2010–2013

Research partner: Yale University

Funding source: World Bank

Publications and Resources: [Research Brief](#); [Research Brief \(French\)](#); [LOGiCA Website](#)

Academic Publications: (1) [Abuse from in-laws and associations with attempts to control reproductive decisions among rural women in Cote d'Ivoire: a cross-sectional study](#); (2) [Associations between Exposure to Intimate Partner Violence, Armed Conflict, and Probable PTSD among Women in Rural Cote d'Ivoire](#); (3) [Differential Impacts of an Intimate Partner Violence Prevention Program Based on Child Marriage Status in Rural Côte d'Ivoire](#); (4) [Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: a randomized controlled pilot study](#); (5) [Gender norms, poverty and armed conflict in Cote D'Ivoire: engaging men in women's social and economic empowerment programming](#); (6) [Reproductive coercion and intimate partner violence among rural women in Côte d'Ivoire: a cross-sectional study](#)



Photo: Tommy Trenchard/Panos/IRC



Building on a study conducted in Burundi (see below), this project evaluated whether participation in a savings group and a discussion group confronting gender norms leads to an increase in women's individual agency and decision-making ability, and whether those increased capacities will in turn improve their economic independence and decrease intimate partner violence in their homes. The baseline was completed in 2010, and a survey measuring the impacts of the 2010–2011 political conflict on participants in the savings groups was completed in 2011. The study found that pairing a dialogue group that engages couples on household gender dynamics with an economic empowerment program for women was more effective in reducing intimate partner violence in conflict-affected communities in Côte d'Ivoire than the economic empowerment program alone.

### **Evaluating the Impact of a Savings Program and Family-Based Intervention on Household Assets and Children's Education, Health, and Psychosocial Wellbeing in Burundi**

2010–2012

*Funding source:* DCOF

*Publications and resources:* [Fact Sheet](#); [Evaluation Brief](#)

As one of the first randomized controlled trials on the impact of VSLAs, the results from the New Generation project provide important evidence that VSLAs combined with entrepreneurship and financial literacy education can improve the economic outcomes of poor households. Limited statistical power prevents us from being able to confidently report on the impact of the economic intervention alone on child protection and wellbeing outcomes. However, results suggest that while the economic intervention improved household income and reduced family problems, it did not impact overall family functioning, reduce harsh discipline practices, or improve positive discipline, child wellbeing or mental health. The evaluation did find that the family-based discussion sessions significantly reduced harsh physical and verbal discipline by caregivers in the home. However, although children reported positive impact on their overall wellbeing, survey data from caregivers did not demonstrate that the discussion sessions had a significant impact on children's mental health and wellbeing outcomes. The results from this evaluation are an important contribution to a growing body of evidence related to economic strengthening and child protection in low-income and conflict-affected settings but findings reveal that there is still much learning to be done to determine which interventions are most needed and result in the greatest improvements to child protection and wellbeing outcomes. The program has a follow-on program and evaluation that began in 2013.

### **Evaluating the Impact of Men's Groups on Women's Empowerment and Partner Violence in Côte d'Ivoire**

2010–2012

*Research partner:* London School of Hygiene and Tropical Medicine

*Funding source:* NoVo Foundation

*Publications and resources:* [Final Report](#); [Research Brief](#)

*Academic publications:* (1) [Men's and women's experiences of violence and traumatic events in rural Côte d'Ivoire before, during and after a period of armed conflict](#); (2) [Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Côte d'Ivoire](#)

Recent research has shown that men who have experienced violence are more likely to commit violence against their partners. Practitioners recognize that engaging men is crucial to stopping violence against women and to influencing norms and attitudes about gender roles, yet there is little evidence supporting how to best engage men. Further, programs that engage men could potentially do harm by reinforcing existing male power structures or inadvertently emphasizing harmful

social norms. Based on current best practices, the IRC developed a curriculum for involving men in communities with the aim of changing harmful social norms and decreasing violence against women, which was piloted and evaluated in conflict-affected communities in Côte d'Ivoire. The study found that violence against women declined within couples in which men had enrolled in the discussion groups and men's ideas about using violence against their partners changed after enrolling in the groups.

### **Evaluating the Impact of Clinical Training on Quality and Comprehensive Care for Survivors of Sexual Violence**

2010–2012

*Research partner:* Columbia University

*Funding source:* State/PRM

*Academic publications:* [Clinical care for sexual assault survivors multimedia training: a mixed-methods study of effect on healthcare providers' attitudes, knowledge, confidence, and practice in humanitarian settings](#)

The IRC provides clinical care to survivors of sexual assault among populations affected by conflict or natural disaster in 22 countries. Training health care workers has been recognized as a key component of improving the delivery of competent and compassionate clinical care for sexual assault survivors, yet most currently available training tools are not for use in resource-poor medical settings. The IRC developed the Clinical Care for Sexual Assault Survivors multimedia training tool in 2008 using actors, case studies, and interviews that closely reflect the resource-poor settings where the IRC works. The training tool includes pre- and post-tests to evaluate short-term gains in knowledge after the training, but there has been no systematic review of the tool's longer-term impact on clinical competency, compassion, and care delivery at health facilities. This evaluation examined sustained facility-wide changes in staff competency, compassion, and care delivery three months following Clinical Care for Sexual Assault Survivors training in Kenya and Ethiopia in 2010–2011 and in the DRC and Jordan in 2011–2012. Study results indicate that training with the CCSAS multimedia tool effectively improved the capacity of healthcare providers and the quality of care delivered three months after the intervention in diverse humanitarian settings around the world.

### **Evaluating the Impact of Gender Discussion Groups on Women's Empowerment and IPV in Burundi**

2008

*Research partner:* London School of Economics

*Funding sources:* Women's Refugee Commission and State/PRM

*Publications and resources:* [Fact Sheet](#); [Impact Evaluation Brief](#)

Evidence suggests that economic empowerment combined with programming that challenges gender inequalities and prevailing ideas on masculinity leads to a decrease in levels of partner violence, but there is a gap in our understanding of what particular programming elements are required to achieve this goal. The IRC established VSLAs as a pilot initiative in Burundi to increase women's access to financial resources and randomly selected half of the members of each VSLA to receive an additional "treatment" in the form of gender discussion groups. The discussion groups attempted to encourage women and their spouses to develop progressive attitudes about communication, negotiation, and household decision-making. Results of the evaluation show that adding the discussion series resulted in a significant reduction in the incidence of partner violence. The discussion series also positively affected attitudes towards violence against women and brought about relatively significant and positive changes in household decision-making and negotiation between couples.

**Power** For the IRC, power is about making sure people have control regarding important choices in their lives: where they live, how they live, and how they are governed. Research in this area focuses on ensuring that local services and governance structures are transparent, accountable, participatory, and inclusive, and that community members hold local leaders and service providers accountable.

## ONGOING RESEARCH PROJECTS

### From Feedback to Action: Strategies to Interpret and Apply Beneficiary Feedback

2016–2017

Research partner: University of Gothenburg

Funding source: State/PRM

As a part of the IRC's Responsiveness Initiative, IRC has launched a research project in Uganda entitled "From Feedback to Action: Strategies to Improve the Use of Beneficiary Feedback". The research seeks to identify effective strategies to incentivize and assist humanitarian agency staff to use feedback from their beneficiaries more systematically when making decisions about the program. Staff from up to 150 refugee and IDP-serving NGO's will be randomly assigned to participate in a one-day workshop then to use online decision-making aids to incorporate feedback over several months. The study will use surveys and action research to assess the impact of this treatment on the reported levels of uptake and incorporation of beneficiary feedback into programmatic decision-making.

### Participatory Development in Fragile and Conflict-Affected Contexts: An Impact Evaluation of the Tuungane Program in Eastern DRC

2015–2017

Research partners: Development Impact Evaluation Initiative of the World Bank, NYU/Abu Dhabi, Bristol University

Funding source: DFID

Publications and resources: [Fact Sheet](#)

Community-Driven Reconstruction (CDR) is a widely applied and growing form of intervention that takes a bottom-up approach to designing and implementing development projects. It seeks to engage community members, encourage deliberation, build social capital, foster more successful project implementation, and ultimately align projects to the needs and preferences of the communities that they are meant to serve. There is a growing body of impact evaluations that find mixed results on these scores. Yet, there is a paucity of long-run assessments of the effectiveness of CDR programs, even while CDR programs ultimately seek to foster long-term sustainable development.

This impact evaluation was designed to assess the long-term effects of the Tuungane program's phases 1 and 2 (2007–2014), a large-scale CDR program implemented jointly by the IRC and CARE International in over 1,000 communities in eastern DRC. It asks whether Tuungane 1 and 2 were effective in improving governance, social cohesion, accountability, and notably the socio-economic outcomes of health, education, and welfare several years down the road from program implementation. A long-term experimental analysis provides a point of comparison with the short-term randomized control trial evaluation conducted between 2008 and 2011 (see below "Evaluating the Impact of a CDR Program" in Eastern DRC), with in-depth surveys conducted in 560 communities. Second, the evaluation draws upon in-depth qualitative analysis to assess program effects over time, understand community definitions of key concepts and terms, investigate the assumptions underlying the Tuungane program, and to identify mechanisms through which changes occur.

### Making Services Work for the Poor in Fragile and Conflict-affected Contexts: An Impact Evaluation of the Tuungane Community Scorecard Approach in Eastern DRC

2015–2017

Research partners: Development Impact Evaluation Initiative of the World Bank, NYU/Abu Dhabi, Bristol University

Funding source: DFID

Publications and resources: [Fact Sheet](#)

The community scorecard, a hybrid of the techniques of social audit, community monitoring, and citizen report cards, is a widely applied tool of community-driven development designed to improve local governance and development outcomes by supplying information, encouraging engagement among actors, and fostering accountability. Despite its popularity, the nascent body of research in this area has yet to provide consistent evidence about the effectiveness of community scorecards. This impact evaluation tests whether various forms of accountability improve the effectiveness of local service provision and other development outcomes as part of the Tuungane program, a community-driven reconstruction program in the eastern DRC, currently in its third implementation phase (Phase 2+). This study is a multi-arm impact evaluation that will randomize whether communities that will undertake education and health sector projects are implemented with 1) no monitoring; 2) bottom-up monitoring from communities through a scorecard approach; 3) top-down monitoring through increased line ministry intervention; or 4) a combination of bottom-up and top-down interventions. Outcomes of interest include accountability, attitudes, access to services, service performance, community participation, transparency, and social cohesion. Surveys will be conducted in 339 communities. Qualitative methods will also be used to map the mechanisms that lead to great accountability and local development outcomes, including creating collective spaces, information provision, and oversight.

## COMPLETED RESEARCH PROJECTS

### Evaluation of Hogaan Iyo Nabad: The Governance and Peace-building Program in Somalia

2014–2015

Research partner: Durham University

Funding source: DFID

Publications and resources: [Evaluation Report](#); [Summary and Programming Recommendations](#); [Poster](#)

Hogaan iyo Nabaad, also known as the Governance and Peace-building Programme in Somalia (GPC), aimed to strengthen governance and conflict management at the village level. It was implemented by a Consortium of three international organizations (Danish Refugee Council, CARE International, and the IRC) in 60 villages in Somaliland and Puntland. Hogaan iyo Nabaad used community driven and participatory methods, block grants and a broad range of trainings to enhance local governance. This mixed methods evaluation had two core objectives: 1) To unpack some of the concepts and assumptions underlying community based approaches using qualitative methods; and 2) To measure if the project has led to the intended outcomes using survey methods that will measure progress against baseline. The outcomes of interest included a) changes in



citizen participation, b) attribution of roles and responsibilities to the village council, and c) village council capacities in service delivery and conflict management.

The evaluation team conducted household surveys and surveys for leaders in 57 of the 60 Hogaan Iyo Nabaad implementation sites and in 13 non-implementation villages for a total of 1,604 survey respondents at the household level and 347 community leaders. In addition, the team conducted qualitative methods data collection in 12 villages, including rapid ethnographic assessments, 79 Key Informant Interviews (KII), and 47 focus group discussions in 21 villages. The evaluation results were mixed. While the village councils supported more participation of citizens in village decision-making (by increasing their interactions with citizens and taking the citizens' viewpoints into consideration), there was no actual significant increase in the citizens' participation in village planning. Citizens increased their level of trust in the village councils and attributed more roles and responsibilities to the councils, including social services, security, resource management, and the provision of clean water. Citizens were more likely to see the village council as protecting the rights to equality, education, health, consultation, and free speech. Also, citizens reported that conflicts were now resolved more peacefully. However, citizen satisfaction of services provided by the village councils did not improve.

### **Beyond Critique: Towards Evidence-Based CDD Strategies for Fragile and Conflict-Affected Contexts**

2014–2015

*Funding source:* DFID

*Publications and Resources:* [Final Working Paper](#)

*Academic publications:* [Community-Driven Development in Conflict-Affected Contexts: Revisiting Concepts, Functions and Fundamentals](#)

Mixed evidence on the effectiveness of Community-Driven Development (CDD) in conflict-affected settings poses a challenge to donors, policymakers, and practitioners who need to make justifiable decisions about future investments in the use of the approach or the selection of alternative interventions. Building on a well-established partnership with DFID, the IRC has written a CDD Working Paper to illuminate the policy, programming, and research options facing the international development community in light of the accumulated evidence and learning on CDD in recent years. We argue that greater infusion of social theory and more explicit articulation of theories of change will help donors, policymakers, practitioners, and evaluators in their decisions about 1) the appropriateness of CDD for addressing a given problem; 2) design options and contextualization; 3) measurement strategies; and 4) suitable alternatives to which a given CDD intervention can be compared. We discuss the process of developing more theoretically grounded CDD interventions and provide two examples of theories of change that focus on improving governance and social cohesion outcomes.

### **Supporting Traditional Leaders and Local Structures to Mitigate Community-Level Conflict in Zimbabwe**

2012–2014

*Research partner:* Social Impact

*Funding sources:* USAID and EDGE Initiative

*Publications and resources:* [Final Report](#); [Cost Effectiveness Analysis](#)

This project aimed to promote peace at the community level by training traditional leaders in human rights and mediation skills. Implemented in two districts in Manicaland, Eastern Zimbabwe, the program aimed to increase traditional leaders' capacity to perform their roles effectively and to contribute to conflict mitigation within their communities. The evaluation examined the effects of training village heads on reducing conflict, increasing interpersonal trust, and

increasing political participation within villages. In addition to studying the effectiveness of training village heads, the study examined whether training is more effective if structured in a way that creates social pressure on traditional leaders to change their behavior, i.e., if other local leaders also participate in the training. The results suggest that training village heads alone had no effect but when trained along with other community leaders, village heads were more knowledgeable and consultative. However, training a wider group of leaders also resulted in increased knowledge of political threats and decreased social trust. This suggests that there are trade-offs between consultation and social cohesion must be carefully considered.

### **A Critical Review of CDD Programs in Conflict-Affected Contexts**

2013

*Research partners:* Columbia University and Stanford University

*Funding source:* DFID

*Publications and resources:* [Report](#)

After participating in two rigorous impact evaluations of Community-Driven Development/Reconstruction (CDD/R) in Liberia and the DRC, IRC and DFID embarked on this review as a next step in learning. They also wanted this review to inform design and evaluation strategies for new CDD programming in Somalia. According to rigorous impact evaluations from programs in Afghanistan, the DRC, Indonesia, Liberia, and Sierra Leone, and interviews with practitioners, policymakers, and academics, the record of CDD/R in conflict-affected contexts is mixed and, overall, disappointing in terms of reaching the ambitious goals set out. As currently designed, implemented, and evaluated, CDD/R is better at generating more tangible economic outcomes than it is at generating social changes related to governance and social cohesion, although even the economic effects are found in just a few studies. Moreover, CDD/R programming is better at producing outcomes directly associated with the project rather than broader changes in routine life. A variety of issues related to program design merit rethinking: the relatively short timeline of CDD/R projects, the small size of block grants, the limited reach of the projects, the menu restrictions on CDD/R programming, the limitations of social infrastructure, the quality and intensity of social facilitation, the manner in which communities are conceptualized and thus often not meaningful to participants, and how community institutions build on existing institutions and relate to the state.

### **Urban Refugee Research and Social Capital: A Roundtable Report and Literature Review**

2013

*Research partners:* Women's Refugee Commission, Oxford University

*Funding source:* Stichting Vluchteling

*Publications and resources:* [Roundtable Report and Literature Review](#)

On November 15, 2012, the IRC and the Women's Refugee Commission convened a roundtable discussion on urban refugee research. Four presenters shared their research around protection strategies, profiling, livelihood, and advocacy for refugees in urban areas. During the discussions among the practitioners, policymakers, and researchers, critical gaps regarding urban refugee programming and research were identified. In brief, seven main themes emerged: 1) challenges for programming in urban environments; 2) urban mindset; 3) advocacy; 4) data for programming; 5) livelihoods; 6) role of private sector and technology; and 7) communities, social capital, and networks. The issue of urban refugee communities and social networks, widely discussed at the roundtable, was selected as the theme for the literature review because of its unexploited potential for improving programming with urban refugees.

### **Evaluating the Impact of CDD in Post-Conflict Liberia**

2009

Research partners: Columbia University and Stanford University

Funding source: DFID

Publications and resources: [Impact Assessment Report](#)

CDR projects are being employed in post-conflict situations around the globe. They are a mechanism to disburse development funds rapidly and support the war-to-peace transition by strengthening local communities and rendering decision-making more transparent and accountable. There is some evidence that CDR approaches improve material well-being, reinforce democratic political attitudes, and increase social cohesion in post-conflict countries. This evaluation examined whether the CDR project actually delivers the many benefits claimed, and showed that there were significant positive effects on social cohesion. Survey data suggest that the program reduced social tension, increased the inclusion of marginalized groups, and enhanced individuals' trust in community leadership.

### **Evaluating the Impact of a CDR Program on Economic Recovery, Social Cohesion, and the Quality of Governance in Eastern DRC**

2008–2011

Research partner: Columbia University

Funding sources: DFID and 3ie

Publications and resources: [Final Report](#)

Building on the Liberia evaluation above, this study evaluates the impact of CDR programming on social cohesion, governance, and economic wellbeing in the context of war-torn DRC. Under phase I of the

Tuungane program, communities were randomly assigned to participate in awareness and capacity building sessions, committee elections, and prioritization exercises to determine how they would invest and manage village level sub-grants. The evaluation relied on data from household and village-level surveys as well as a behavioral assessment called RAPID. Despite the implementation of over 1800 village-level projects (e.g. construction or renovation of classrooms, clinics, roads, markets, and the distribution of agricultural supplies), the evaluation found no evidence of an impact of the program on socioeconomic welfare, local governance, or social cohesion outcomes. Mandating quotas for women on the village development committees also had no effect on attitudinal or behavioral outcomes.

### **Evaluating the Impact of a CDR Program in Afghanistan**

2007–2011

Research partners: MIT and Harvard University

Funding source: World Bank

Publications and resources: [Website](#), [Papers](#), [Reports](#), [Final Report](#), [Video](#)

In Afghanistan, the IRC partnered with the Afghan government, other NGOs, and researchers from MIT and Harvard University in a large-scale impact evaluation of CDR programming. The results suggest that the strategy is working. We find that the introduction of this government-led program leads to significant improvement in villagers' economic wellbeing as well as in their attitudes towards the government. Apart from a change in perceptions and attitudes, the program also leads to an improved security situation in the long run. These positive effects on attitudes and security, however, are not observed in districts with high levels of initial violence.

**Economic Wellbeing** IRC's research in the area of economic wellbeing seeks to better understand how humanitarian responses can help, or inadvertently hinder, social and economic wellbeing. The IRC is conducting studies to better understand how economic interventions—such as cash transfers, micro-financing, mentorship, and comprehensive livelihoods packages—in conflict-affected settings can help increase economic and social empowerment.

## ONGOING RESEARCH PROJECTS

### **The Impact of Extended Case Management for Refugees in the United States: A Comparative Study**

2017-2020

Research partner: Brigham Young University

Funding source: IRC

The study aims to explore the impact of extended case management (ECM) on refugee integration outcomes in the US, and plans to do so by comparing the effects of a two-year program provided to refugees resettled by IRC's office in Salt Lake City to those of a similar arrivals cohort resettled through IRC's office in Tucson, where refugees receive a shorter period of case management services post-arrival. In total, 260 refugee clients (130 at each site) will participate in a 4 wave panel survey over a 3 year period, starting 6 months post arrival with subsequent interviews at 12, 24, and 36 months. The research seeks to answer whether ECM enables refugees to achieve economic stability more rapidly and sustainably and reduce dependence on social services more quickly. Additionally, the study will test whether ECM promotes improved refugee well-being over the initial adjustment period and assists refugees to become better oriented to their new environments and navigate the transportation, financial, education, health care, religious, legal, and cultural systems more effectively.

## COMPLETED RESEARCH PROJECTS

### **Community Consultation on Multi-purpose Cash Assistance Targeting**

2015–2016

Research partners: Lebanon Cash Consortium (ACTED, CARE, Save the Children, Solidarites International, and World Vision)

Funding source: ECHO

This study used a mixed-methods approach to explore how Syrian refugees residing in Lebanon perceive socio-economic vulnerability, selection processes for cash assistance, and coping strategies. The study found that the community (Syrian refugees) perceived socio-economic vulnerability as a dynamic construct, to which several variables contribute, including household size, household composition, shelter type and condition, debt, education, gender of the head of the household, labor skills, and household members with special needs. The community perceived that some households in high need (due to absence of a bread winner, low or no income, and high number of children) were not receiving cash assistance, while households in less need (due to a steady income) did receive cash assistance. Additionally, the participants perceived existing targeting methodology as random, but participants still reported targeting criteria in line with the actual targeting criteria used, such as the gender of the head of household. The study also found that borrowing money or food and



delaying rent are two of the most common coping strategies refugees employ when under limited resources.

### **Impact Evaluation of the 2013–2014 Winter Cash Assistance Program for Syrian Refugees in Lebanon**

2014

*Research partners:* Yale University and University of Brasilia

*Funding source:* DFID

*Publications and resources:* [Fact Sheet](#); [Emergency Economies Evaluation Report](#)

The IRC commissioned an impact evaluation of the UNHCR winter cash assistance program for Syrian refugees in Lebanon. This program disbursed more than \$41 million USD to 87,700 households from November 2013–April 2014 through a ‘winterization’ program with the objective of keeping people warm and dry during cold winter months. This is the first study to rigorously quantify the causal impact of cash assistance on refugees in post-crises settings. Overall findings showed that assistance to refugees was insufficient to meet basic needs, the majority of beneficiaries stated that they prefer cash assistance to in-kind support, and the cash assistance served as a positive stimulus for the local economy. Additionally, cash assistance increased mutual support between Syrian beneficiaries and the Lebanese host community members, while also reducing tensions within the household.

### **Evaluating the Impact of Micro-franchising with Youth in Kenya**

2010–2013

*Research partners:* University of Maryland, World Bank, Population Council

*Funding source:* Nike Foundation

*Publications and resources:* [Working Paper](#)

Microfinance—offering tiny loans to poor borrowers so that they can start small enterprises—has recently attracted attention as a revolutionary way to harness the market to reduce poverty. In spite of microfinance’s broad popularity in recent years, the empirical evidence is mixed at best. In assessing the impact of micro-franchising, the IRC’s aim was to test both its overall efficacy and to determine whether it is a more effective youth livelihood development strategy than more common microfinance interventions. At the level of the youth participating in the program, the goal was not only to measure the impact of the micro-franchising program, but also to identify the obstacles which prevented youth from starting successful micro-enterprises—or finding employment or franchising opportunities with businesses facing unmet demand—in the absence of the intervention. At endline in Year 1, the treatment group had a higher level of savings and labor income than the comparison group. However, neither difference is statistically significant given the relatively small sample size and non-compliance issues.

### **Assessing the Relative Effectiveness of Different Programs to Offset the Learning Costs Associated with Adoption of New Agricultural Technology in Sierra Leone**

2010–2013

*Research partners:* MIT and Jameel Poverty Action Lab

*Funding source:* Agricultural Technology Adoption Initiative

*Publications and resources:* [Website](#)

Significant resources have been devoted to developing new crops for Africa that have the potential to dramatically improve the lives of the poor. One of these, New Rice for Africa (known as NERICA), offers the prospect of higher yields, less vulnerability to disease and drought, early maturation during the hungry season, and multiple croppings per

year. Yet adoption rates are low, especially in the poorest countries. Many projects provide new technologies for free to help stimulate adoption, but there is increasing concern that this undermines beneficiaries’ future willingness to pay by setting expectations about market prices for new products. Other projects provide intensive training in an attempt to reduce the costs to early adopters, but this approach can be expensive. The IRC compared the effectiveness of these two approaches, tested NERICA’s effectiveness in improving the productivity and livelihoods of poor farmers, and tracked how rapidly the new rice spreads to neighboring farmers and communities in 245 communities. For this project, the IRC worked with the Sierra Leone Agriculture Research Institute.

### **Evaluating the Impact of a Comprehensive Livelihoods Package on Access to Economic Opportunities for Vulnerable Youth in Burundi**

2011–2012

*Research partner:* Harvard University

*Funding source:* Swedish International Development Cooperation Agency

*Publications and resources:* [Project Evaluation Report](#); [Two-Pager](#)

Access to livelihoods training and other economic opportunities are essential to combatting extreme youth poverty and unemployment and make a contribution to lasting peace. Since 2007, the IRC has been implementing apprenticeship and skill building programs in Burundi. Standard end-of-project evaluations raised concerns about the rationale of implementing such programs in a desperately poor setting, as in rural Burundi where purchasing power is exceptionally low. Therefore, the IRC conducted an evaluation with 1,000 vulnerable youth to assess the effectiveness of apprenticeship interventions and their ultimate impact on social and economic wellbeing. The IRC also conducted a complementary qualitative research component focused on self-esteem and self-efficacy to provide a more comprehensive picture of the project’s outcomes and generate supplementary learning mechanisms. Key findings from the evaluation suggested the apprenticeship program was successful in increasing the proportion of young people earning a salary through stable paying jobs. This positive impact of the program was also reflected in diversification of the types of employment amongst those trained in apprenticeships. The program was also shown to improve wellbeing, self-efficacy, and self-esteem.

### **Assessing the State of Economic Well-being and Protection for Urban Refugees and Internally Displaced Persons in Thailand**

2011

*Research partner:* Tufts University

*Funding source:* State/PRM

*Publications and resources:* [Final Report](#); [Thailand Case Study](#)

As a regional hub for migration, light manufacturing, and trade in gems, drugs, and illegal timber from Burma, the industrial town of Mae Sot, Thailand, epitomizes life for migrants on the Thai-Burma border. This study surveyed 772 Mae Sot residents, comparing Thai residents to Burmese migrants, both with and without work authorization in Thailand, in order to shed light on what it means to be vulnerable in Mae Sot. In-depth qualitative interviews with 50 town residents and 15 key informants deepen and complement quantitative findings from the survey. Four major domains of vulnerability were identified: employment security, household security/physical safety, community security/access to justice, and assets and housing. Migrants were always more vulnerable than their Thai peers, but undocumented migrants were not always more vulnerable than documented migrants. With regards to household security and employment, documented and undocumented migrants demonstrated approximately equal levels of vulnerability. Undocumented migrants were the most vulnerable only in community security and assets and housing.

**Health** IRC's health research examines the most effective ways to deliver proven interventions at scale in crisis-affected settings, as well as innovative approaches to working with providers and communities to improve health outcomes. The body of research includes, but is not limited to, studies on improving access to sexual and reproductive health services; developing community-based approaches to protecting populations from or treating them for malnutrition, communicable diseases, neonatal complications, and non-communicable diseases; and addressing health systems issues of fragile and conflict-affected states.

## ONGOING RESEARCH PROJECTS

### **An Impact and Embedded Process Evaluation of the IRC's 'The Fifth Child' Community Engagement Strategy Aimed at Increasing Immunization Coverage (Northern Uganda)**

2015–2017

*Research partners: London School of Hygiene and Tropical Medicine and Innovations for Poverty Action*

*Funding sources: 3ie and Pfizer*

The purpose of the study is to evaluate IRC's "Fifth Child" strategy on community engagement in defaulter-tracing and outreach planning, implementation, and monitoring strategy as a potential solution to address stagnating immunization coverage in remote areas. The evaluation team will specifically measure the extent to which the data-informed community co-managed defaulter-tracing approach works to increase diphtheria-tetanus-pertussis coverage, reduce drop-outs, and improve timeliness of immunization uptake. Heterogeneity analyses of subgroups will include impact amongst 1,760 children ages 12-13 months in households across socio-economic quintiles, by distance from a health facility, and by ethnic group.

### **Evaluating an Integrated Approach to Intimate Partner Violence and Psychosocial Health in Refugees (Tanzania)**

2015–2017

*Research partners: Johns Hopkins Bloomberg School of Public Health, Muhimbili University, University of New South Wales*

*Funding source: Wellcome Trust and DFID through R2HC/ELRHA*

This study, conducted among Burundian refugees in Nyaragusu camp in Tanzania, aims to inform public health responses to humanitarian crises, particularly with regard to psychosocial issues such as intimate partner violence (IPV). It includes a randomized controlled trial of an integrated intervention that simultaneously targets IPV and its psychosocial health consequences in a refugee camp in a low-income country. It will increase knowledge on task shifting, and make possible improved operational research to strengthen knowledge and public mental health interventions.

### **Effectiveness of a Simplified Protocol for Community Health Workers to Treat SAM in an Emergency-Prone Setting (South Sudan)**

2016–2018

*Funding source: Eleanor Crook Foundation*

*Publications and resources: [Enabling low-literacy community health workers to treat uncomplicated SAM as part of community case management: innovation and field tests](#)*

Malaria, diarrhea, and pneumonia account for the majority of under-five deaths globally with malnutrition contributing to half of these. Providing timely treatment is one of the most effective interventions for reducing mortality; however, in most humanitarian contexts with high mortality rates, facility-based or mobile services do not provide adequate access to treatment. When low-literacy CHWs are trained on simplified guidelines, supported with supervision, and provided an

uninterrupted supply of medicines, they can identify and correctly treat most children who have pneumonia, malaria, and diarrhea, and they can do so in places humanitarian actors cannot access. In areas of South Sudan where IRC supports iCCM, it has previously been shown that CHWs provide ten times more treatments than health facilities. Through a feasibility study, we will test the feasibility of integrating the treatment of SAM into the iCCM approach to deliver medical treatment by CHWs in inaccessible areas and assess impact on child morbidity and coverage by this approach. This exploratory study will provide the foundation for an effectiveness study.

### **Ethical Issues in Humanitarian Health in Situations of Extreme Violence (Jordan, Syria, Turkey)**

2016–2018

*Research partners: Johns Hopkins Bloomberg School of Public Health and the Syrian American Medical Society*

*Funding source: Wellcome Trust and DFID through R2HC/ELRHA*

The IRC is conducting qualitative research using the case study method, with partner organizations providing health assistance in opposition-controlled areas of Syria to identify the major challenges they face. The study is taking place through an interdisciplinary and iterative process and builds on prior work in the field of humanitarian ethics such as the Humanitarian Health Ethics Analysis Tool and the World Health Organization's guidelines on addressing ethical challenges arising in response to pandemic flu. The study will develop a framework and recommendations for making decisions in an ethically sound manner in the context of chronic and extreme violence.

### **Building a Research Foundation for the Integration of Menstrual Hygiene Management (MHM) into Emergencies (Lebanon, Myanmar, Tanzania)**

2015–2017

*Research partner: Columbia University Mailman School of Public Health*

*Funding source: Wellcome Trust and DFID through R2HC/ELRHA*

*Publications and resources: [Brief](#)*

*Academic publications: [What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies?](#)*

MHM is a truly cross-sectoral challenge that affects women and girls' health, protection, and wellbeing. There is a dearth of guidance for humanitarian actors on how to meet menstrual hygiene management needs across sectors in a comprehensive manner during emergencies. The objectives of the study are to develop and describe the implementation of a coordinated response integrating menstrual hygiene management, and to tie the components of the response to measurable outcomes for programming in acute emergencies. A cross-sectoral research team will develop a toolkit and will define health and social outcomes for the evaluation of integrated responses.

### **Universal versus conditional three-day follow up for children with uncomplicated fever at the community level: a cluster-randomized, community-based, non-inferiority trial (DRC)**

2015–2017

*Research partners: Johns Hopkins Bloomberg School of Public Health*

and CDC

Funding source: USAID through Translating Research into Action/  
University Research Corporation

Publications and resources: [Study Protocol](#)

Fevers in childhood are common and usually resolve without medication. According to the WHO's guidelines for CCM, a febrile child with no danger signs and a negative assessment for malaria, pneumonia, and diarrhea should be sent home with an antipyretic and advised to return in three days for a follow-up visit. These follow-up visits create an added burden for caregivers and community health workers. We hypothesize that health outcomes for these cases will be equivalent if the guidance recommends follow-up visits only if symptoms have not resolved. This hypothesis will be tested in Kalemie, a rural region of the DRC where the IRC has a large CCM program. We will conduct a cluster-randomized, community-based non-inferiority trial covering 28 health centers and enroll an anticipated sample size of 3,730 children under five years old. If the hypothesis is validated, it will justify simplifying the guidance and result in fewer unnecessary follow-up visits, reducing costs to both providers and caretakers.

### **CompPAS: Combined Protocol for Severe and Moderate Acute Malnutrition Study (Kenya and South Sudan)**

2014–2018

Research partners: Action Against Hunger USA, London School of Hygiene and Tropical Medicine, Washington University School of Medicine, University of Tampere

Funding sources: Action Contre La Faim UK, USAID/OFDA, Children's Investment Fund Foundation

Publications and Resources: [Combined protocol for SAM/MAM treatment: The CompPAS study](#)

The primary objective of the Combined Protocol for Acute Malnutrition Study (or, CompPAS) study is to develop and test a combined protocol for the treatment of severe and moderate acute malnutrition that improves the coverage, quality, cost-effectiveness, and continuity of care. Although acute malnutrition is a continuum condition, severe and moderate acute malnutrition are treated separately with different protocols and therapeutic products managed by separate UN agencies. Due to logistical constraints, many CMAM programs only offer treatment of SAM despite the fact that children with MAM are also at high risk; they have a three-fold increased risk of death compared to well-nourished children. MAM is also associated with a greater number of nutrition-related deaths than SAM. CompPAS will test a new treatment protocol within the CMAM model that allows admission anywhere along the continuum of SAM and MAM, uses one therapeutic product at tapered doses as children progress through treatment, and discharges based on response to treatment.

### **Understanding the Effect of Crisis on Integrated Community Case Management of Childhood Illness (South Sudan)**

2016–2018

Research partners: UNICEF and Save the Children

Funding source: UNICEF

This study used mixed methods to assess the effect of crisis on integrated community case management of childhood illness in South Sudan. Specifically, the research aimed to assess the ability of iCCM programs in South Sudan to continue providing services during emergencies, document past and current bottlenecks in iCCM program implementation in South Sudan prior to and during emergencies, and identify successful approaches used in South Sudan for addressing these bottlenecks. Because there has been limited documentation of implementation of iCCM in emergencies globally, this case study can contribute to the knowledge of the adjustments an iCCM program may need in a conflict setting.



### **COMPLETED RESEARCH PROJECTS**

#### **Improving the Appropriateness of the iCCM Training and Tool Package (DRC)**

2014–2016

Funding source: Global Affairs Canada via the WHO Rapid Access Expansion Program

Publications and resources: [Research Brief](#)

This research aimed to determine whether a new training package and set of tools on iCCM for childhood illness is more appropriate for the DRC than the existing one. The new training package and tools consisted of a simplified training manual incorporating adult learning methodologies, simplified pictorial tools, and a reduced number of overall tools at the community level. The new package was assessed to determine whether it maintains the quality of care children receive, increases skill acquisition of CHWs during the training, increases the quality of the data compiled at the health center level, decreases the workload of the CHWs, and decreases the roll out costs. While the methodology was non-experimental and there were limitations on the study design due to contextual restraints, the research found that children seen by relais using the improved package were 2.9 times as likely to receive correct care. Relais were 3.5 times more likely to follow all steps in the assessment and treatment of a case correctly and took an average of 10 minutes less per case, representing an average of 6.2 hours of time saved per month per relais. Finally, the estimated cost saving at scale could amount to over \$300,000 over the life of a 4-year program supporting 1,500 relais and covering a population of up to one million people.

#### **Preventable Causes of Post-Neonatal Child Deaths in Kakuma Refugee Camp: Verbal Autopsies and Pathway Analysis (Kenya)**

2016

Funding source: Private Donor

The IRC health program in Kenya's Kakuma Refugee Camp provides primary and secondary health care services at the Kakuma Main



hospital and six clinics in the community. The program conducts community outreach activities—including health education and hygiene promotion at the household level—as well as active disease surveillance and immunization services per Kenya expanded program on immunization schedule, and defaulter tracing for ante- and post-natal care. Although health services are widely available and accessible in the camp, mortality rates in children from 1–59 months remains high, with a case fatality rate at the hospital of 28 per 1,000 admissions. The currently available literature provides useful categories for examining vulnerability and health seeking among children under five, but does not tell us much about how to address these issues in long-term refugee populations. This study interviewed family members to document the events leading up to a child's death (social autopsy method) for 102 child deaths to create a more complete picture of the contributors to post-neonatal under-five mortality. This information will then be applied to develop interventions that will reduce these deaths.

### **Evaluation of Community Engagement Strategies to Increase Immunization Coverage: a formative evaluation (Ethiopia)**

2015–2016

*Research partner: London School of Hygiene and Tropical Medicine*

*Funding sources: 3ie and Pfizer*

This project supported a multi-pronged approach to improve the utilization of maternal-child health services in a timely manner using a strategy that includes a color-coded health calendar and defaulter tracing tool in Assosa and Bambassy woredas of BGRS. The IRC, in partnership with LSHTM, conducted a formative evaluation to document the project's integration in the health extension program (HEP), evaluate community co-management with health facilities and offices and utilization and acceptability of project tools, and examine the project's contribution to improving routine immunization system performance. The study is in the initial phases of disseminating the findings.

### **Participatory Action Research to Address Barriers to Timely and Safe Maternal Health Services in Monrovia (Liberia)**

2015–2016

*Research partners: Redemption Hospital, Monrovia and New Kru Town community members*

*Funding source: USAID/OFDA*

*Publications and Resources: [Brief](#)*

In 2014, Redemption Hospital, one of the largest hospitals in Monrovia, Liberia, became an Ebola holding center, ceasing all other inpatient activities due to an inability to contain the disease. When Redemption Hospital reopened inpatient services with IRC's support, significantly fewer women were coming to deliver than prior to the outbreak. As the epidemic waned, the number of women seeking maternity services increased to the point where the hospital was unable to meet the demand. This was, in part, due to new infection prevention and control measure that had reduced the number of beds available. In this participatory action research, community members, such as pregnant women and hospital staff, created and analyzed their own knowledge to provide better understanding of what influences utilization of maternal health services following the Ebola epidemic. Collective action empowered participants, improved their relationships with one another, and allowed them to reflect on the emotional and physical impacts of Ebola. While many necessary changes for maternal health will require higher level action from government and international organizations, community members felt more confident about advocating for these changes.

### **Effects of a Community Scorecard on Perception and Utilization**

### **of Health Services (Eastern DRC)**

2012–2016

*Funding source: DFID*

*Academic publications: [Effects of a community scorecard on improving the local health system in Eastern Democratic Republic of Congo: qualitative evidence using the most significant change technique](#)*

More than a decade of conflict has weakened the health system in the DRC and diminished its ability to respond to the needs of the population. Community scorecards have been conceived as a way to increase accountability and responsiveness of service providers. This study used qualitative methods to examine the effect of this approach in two provinces of eastern DRC. Between June 2012 and November 2013, 45 stories of change in the health system were collected from village development committee, health committee, and community members and healthcare providers in 25 sites using the 'Most Significant Change' technique. Stories were analyzed qualitatively for content related to the types and mechanisms of change observed. The most salient changes were related to increased transparency and community participation in health facility management, and improved quality of care. Quality of care included increased access to services, improved patient-provider relationships, improved performance of the service providers, and improved maintenance of physical infrastructure.

### **Innovative Identification of GBV Survivors through Screening in Primary Health Care (Kenya)**

2014–2015

*Research partner: Johns Hopkins Bloomberg School of Public Health*

*Funding source: State/PRM*

The IRC and other humanitarian practitioners have been working to increase the identification and care of survivors of GBV by strengthening the quality of health services and case management for survivors. The primary objective of this study was to evaluate the feasibility and acceptability of the use of the Johns Hopkins' "Assessment Screen to Identify Survivors Toolkit" for GBV, which was developed to allow skilled providers in humanitarian settings to confidentially, efficiently, and effectively identify individuals who may have experienced GBV. In total 8,369 women were screened, with an acceptance rate of 89.3 percent. GBV cases referred from the health facilities more than doubled from 17 in the previous 12 months to 58 during the intervention period. Of the women who went through the screening, 96 percent reported a positive experience.

### **Participatory Behavioral Change to Reinforce Infection Prevention and Control for Ebola Virus Disease (Sierra Leone)**

2014–2016

*Research partners: Charité - Universitätsmedizin Berlin, Durham University, University of Sierra Leone, Mercy Hospital Research Laboratory*

*Funding sources: Wellcome Trust and DFID through R2HC/ELRHA*

*Academic publications: (1) [Improving Ebola infection prevention and control in primary healthcare facilities in Sierra Leone: a single-group pretest post-test, mixed-methods study](#); (2) [Healthcare providers on the frontlines: a qualitative investigation of the social and emotional impact of delivering health services during Sierra Leone's Ebola epidemic](#)*

Owing to poor infection prevention and control (IPC), healthcare workers (HCWs) were frequently infected during Sierra Leone's Ebola epidemic. In late 2014, IPC was rapidly and nationally scaled up. We carried out workshops in sampled facilities to further improve adherence to IPC, and investigated HCW experiences and observed practice gaps, before and after the workshops. We conducted an uncontrolled, before and after, mixed-methods study in eight health

facilities in Bo and Kenema Districts during December 2014 and January 2015, using a survey on attitudes and self-efficacy towards IPC, and structured observations of behaviors. The intervention involved a workshop for HCWs to develop improvement plans for their facility. We analyzed the changes between rounds in survey responses and behaviors, and used interviews to explore attitudes and self-efficacy throughout the study period. HCWs described IPC as 'life-saving' and personal protective equipment (PPE) as uncomfortable for providers and frightening for patients. At baseline, self-efficacy was high. Responses reflecting unfavorable attitudes were low for glove use and PPE use with ill family members, and mixed for PPE use with ill HCWs. Observations demonstrated consistent glove reuse and poor HCW handwashing. The maintenance of distance and patient handwashing improved to >90%. We found favorable attitudes towards IPC and gaps in practice. Risk perceptions of HCWs and tendencies to ration PPE where chronic supply chain issues normally lead to PPE stock-outs may affect practice. As Sierra Leone's Ebola Recovery Strategy aims to make all facilities IPC compliant, socio-behavioral improvements and a secure supply chain are essential.

### **Development and Assessment of Community Event-Based Surveillance for Ebola Virus Disease (Sierra Leone)**

2014–2015

*Research partners:* CDC, Sierra Leone Ministry of Health and Sanitation, Action Contre La Faim

*Funding source:* DFID/OFDA

*Publications and resources:* [Protocol](#)

*Academic publications:* [Community Event-Based Surveillance for Ebola Virus Disease In Sierra Leone: Implementation of a National-Level System During a Crisis](#)

In 2015, community event-based surveillance (CEBS) was implemented in Sierra Leone to assist with the detection of Ebola virus disease (EVD) cases. We assessed the sensitivity of CEBS for finding EVD cases during a 7-month period, and in a 6-week subanalysis, we assessed the timeliness of reporting cases with no known epidemiologic links at time of detection. Of the 12,126 CEBS reports, 287 (2%) met the suspected case definition, and 16 were confirmed positive. CEBS detected 30% (16/53) of the EVD cases identified during the study period. During the subanalysis, CEBS staff identified 4 of 6 cases with no epidemiologic links. These CEBS-detected cases were identified more rapidly than those detected by the national surveillance system; however, too few cases were detected to determine system timeliness. Although CEBS detected EVD cases, it largely generated false alerts. Future versions of community-based surveillance could improve case detection through increased staff training and community engagement.

### **Analysis of the Community-Led Strategy Adopted in the Context of the Preparation of the Response to Ebola Virus Disease (Côte d'Ivoire)**

2015

*Research partner:* Université de Montréal

*Funding source:* USAID

In Côte d'Ivoire, the IRC led a large-scale Ebola response. From December 2014 to September 2015, there was a community-led strategy promoting behavior change to prevent potential Ebola outbreaks in Kabadougou-Bafing-Folon and Tonkpi regions. Communities are pivotal to the development and execution of Ebola response plans, and drivers of behavior change. Study objectives were focused on processes, analyzing the community-led prevention strategy, documenting lessons learned from the experience, and capitalizing on the achievements.



Photo: Joanne Offer/IRC

### **Determinants of Uptake of Intermittent Preventative Treatment for Malaria Among Pregnant Women in South Kivu (DRC)**

2013–2015

Two doses of intermittent preventative treatment in pregnancy in the second and third trimester decrease placental malaria and the associated adverse effects, including low birth weight. However, the number of women who attend the recommended number of antenatal visits is very small, resulting in low uptake of the second dose of intermittent preventative treatment, which is critical to reducing risks to the mother and newborn. This prospective cross-sectional study enrolled 368 women to look at associations between receiving intermittent preventative treatment at antenatal care visits and a variety of characteristics, including demographic factors, knowledge, and pregnancy history. Most of the women enrolled lived five kilometers or less from the health facility, confirming from the outset that distance reduces access to services. The study revealed the need to reinforce standards of care at the facilities; improve knowledge among women of reproductive age and their families, both with regard to the importance of antenatal care in general and malaria prevention in particular; and target women who had multiple pregnancies needed for education and outreach.

### **Integrating Family Planning with Maternal and Child Health Services to Reduce Unmet Need for Family Planning (Liberia)**

2012–2015 (disrupted due to the Ebola outbreak)

*Research partner:* Columbia University Mailman School of Public Health

*Funding source:* USAID

The objective of this operational research was to measure the effects of integrated family planning and maternal and child health service delivery at health facilities and in communities by community health volunteers in Liberia. The research looked specifically at family planning and maternal and child health acceptance and continuation in rural Lofa County, Liberia. At baseline, the women who accepted a contraceptive method from a community health volunteer were older, had more children, and were less educated. This finding suggests that both service delivery strategies are valuable, as they

attract different clients. Findings indicate that both strategies served populations new to family planning and did not replace other sources of services for clients. Clients of both types of service outlets identified convenience as the major reason for choosing their service location. In exit interviews of women who had come to health facilities for child immunization, 80 percent indicated that they appreciated hearing family planning messages during their immunization visit, and 75 percent said they intended visiting family planning services. This suggests that integration may have been well-received by both staff and clients, had the research not been curtailed by the Ebola epidemic.

### **Impact Evaluation of a Five-Year iCCM Program in a Conflict-Affected Area (South Sudan)**

2011–2013

Research partners: Malaria Consortium, Save the Children USA

Funding source: CIDA

A large survey of 1,200 households was conducted in March–April 2011 in several counties of South Sudan to determine the impact of the iCCM program implemented by Malaria Consortium, Save the Children, and the IRC on under-five health and mortality. The goal of the iCCM program is to provide prompt and effective iCCM of fever, diarrhea, and pneumonia (acute respiratory infections) in underserved rural areas in four countries: Mozambique, South Sudan, Uganda, and Zambia. The goal of the iCCM program was to reduce all-cause post-neonatal under-five mortality by 35 percent and avert up to 30,000 child deaths. In South Sudan, three partners have been operating an iCCM program: Malaria Consortium, Save the Children, and the IRC. Malaria Consortium has implemented iCCM in Mayendit, Pariang, and Rubkona counties since 2010. Save the Children has implemented iCCM in Kapoeta County since 2010. The IRC has implemented iCCM in Panijar County since 2006.

### **The Use of Counting Beads to Improve the Classification of Fast Breathing (Uganda and South Sudan)**

2011

Funding source: CIDA

Academic publications: [The use of counting beads to improve the classification of a fast breathing in low-resource settings: a multi-country review](#)

As part of a CHW quality of care assessment in Uganda and South Sudan, IRC tested CHW's ability to diagnose rapid breathing with counting beads as a job aide. CHWs were asked to count respiratory rates for children 2–11 months of age and for children 12–59 months of age respectively with an ARI timer, and those rates were compared against a clinician counting the rates simultaneously along with the CHW. Then, the CHW and the clinician were instructed to use counting beads with the ARI timer independently to recount the respiratory rate. The study showed an increase of correct classification from 13 percent to 63 percent in South Sudan and from 37 percent to 73 percent in Uganda when using the counting beads.

### **The Effects of an integrated community case management strategy on the appropriate treatment of children and child mortality in Kono District: a program evaluation (Sierra Leone)**

2010–2014

Research partners: CDC, Kono District Health Management Team

Funding source: CIDA

Publications and resources: Paper accepted and forthcoming in the *American Journal of Tropical Medicine and Hygiene*

The goal of IRC's CCM intervention in Sierra Leone is to increase access to prompt and effective treatment of malaria, diarrhea, and

pneumonia by treating these conditions at the community level through CHWs. In March 2009, IRC received funding from CIDA to expand the program and required the IRC to conduct a mid-term mortality survey. Integrated community case management (iCCM) aims to reduce child mortality in remote areas. iCCM was implemented in 2009 in Kono District, Sierra Leone, a post-conflict area with poor access to care and high under-five mortality rates (U5MR). We conducted cluster surveys in 2010 (midterm) and 2013 (endline) to compare indicators on child mortality, coverage of appropriate treatment, timely access to care, quality of care, and recognition of community health workers (CHWs). The sample size was powered to detect a 28% decline in U5MR. We analyzed routine program data to assess utilization and equity of access. 5,257 (2010) and 3,649 (2013) households were surveyed. U5MR did not change significantly though U5MR at midterm was lower than anticipated and the power was too low to detect a relative change smaller than 28%. The  $\geq 5$  year mortality rate increased from 0.68 to 0.93 deaths per 1,000 per month ( $p = 0.03$ ). CHWs were the first source of care for 52% (2010) and 50.9% (2013) of ill children. Appropriate treatment of fever by CHWs or peripheral health units increased from 45.5% to 58.2% ( $p = 0.01$ ). As beneficial effects for fever treatment and process indicators were observed, the findings support iCCM as a core strategy for Kono District.

### **Adherence to Amoxicillin among Children with Non-Severe Pneumonia Treated by CHWs (Northern Uganda)**

2012

Research partner: Centre for Research on the Epidemiology of Disasters

Funding source: CIDA

Pneumonia is an important cause of under-five mortality in northern Uganda, a rural region that has insufficient health workforce and has been affected by conflict with the Lord's Resistance Army in recent years. CHWs have the potential to be a valuable resource for the provision of accessible treatment of pneumonia for children 2 to 59 months of age. This study aimed to evaluate the rate of adherence to Amoxicillin and thereby provide insight into the effectiveness of CHWs in this setting. A secondary aim of the study was to assess for any difference in adherence rates on days 3 and 5 of treatment with Amoxicillin. This was a prospective, exhaustive study of 2 to 59 month old children treated for non-severe pneumonia in five sub-counties of Kitgum and Lamwo districts. 97 children and their caregivers were interviewed and adherence was measured through self-report and blister pack review. Interviews were conducted with 62 CHWs to assess their ability to classify and manage pneumonia. The adherence rate was 70.5%, and no significant difference was seen between days 3 and 5 of treatment. The age of the child (2–11 months), perceived ease of administration of the medication, and marital status of the caregivers were significantly associated with adherence. 87.9% of CHWs correctly counted respiratory rates. Few studies of antibiotic adherence within integrated community case management (iCCM) programs exist. The CHWs in this study have the knowledge and competence to identify and manage non-severe pneumonia, and adherence rates were comparable to those found in studies of adherence to artemisinin-based combination therapies in stable low-income countries. More studies are needed that evaluate rates of adherence to antibiotics in populations served by iCCM.

### **A Pilot Study of a Portable Hand-Washing Station for Recently Displaced Refugees During an Acute Emergency (Benishangul-Gumuz Regional State, Ethiopia)**

2012

Research partner: CDC Emergency Response and Recovery Branch

Funding source: IRC

Academic publications: [A pilot study of a portable hand washing station for recently displaced refugees during an acute emergency in](#)



Diarrheal disease is a common cause of morbidity and mortality. Displaced populations are especially vulnerable due to overcrowded camps and limited access to water and sanitation facilities, increasing the risk for outbreaks. Hand washing with soap is effective against disease transmission, and studies suggest access to a convenient hand-washing station may be the key to increasing hand washing behavior. This pilot study evaluated the acceptability, durability, and use of a novel hand washing bag at the household level among Sudanese refugees immediately following an acute emergency. This was the first known acceptability study of a portable hand-washing device at the household level during an acute emergency among a recently displaced population. In this evaluation, the hand-washing bag performed well during the early phases of the emergency (first three months) when the risk of disease transmission is usually highest and basic water, sanitation, and hygiene services are often insufficient; however, longer term outcomes are unclear.

### **Development and Deployment of a Vital Events Surveillance System (North Kivu, DRC)**

2011–2012

*Research partner: CDC*

*Funding source: CDC*

Based on the same concept as the project below, this vital events surveillance project uses CHWs or newly recruited surveillance workers to actively visit a certain number of households biweekly to inquire about vital events, births (by age/sex), deaths (by age/sex), and new pregnancies for a large population (above 30,000–50,000). The role of the CHWs or surveillance workers is two-fold: to monitor vital events, including pregnancy outcomes, and to form a link between the households and IRC program services. The most important aspect of this project is that the surveillance is active, i.e., the surveillance worker visits his or her families to inquire about vital events. This departs from standard passive surveillance systems where people have to come to a health facility to report vital events. As preparation for the active surveillance, CDC and IRC staff visited with stakeholders one-on-one to find out setting-specific challenges, examined existing mechanisms, and ensured that there is buy-in before setting up a surveillance system. A number of focus group discussions were held at the village level to gain an understanding of the cultural issues that exist and to learn more about informal and formal mechanisms that exist for reporting deaths, births, and pregnancies.

### **Development of a Vital Events Surveillance System by CHWs Using Mobile Technology (Sierra Leone)**

2006–2012

*Research partner: Columbia University Center for the Study of Development Strategies*

*Funding source: CIDA*

Continued documentation of the limitations of retrospective mortality surveys has increased the focus on prospective surveillance for vital event registration. Most developed countries have national vital events registration systems in place. But these systems, if they exist at all, are highly unreliable in developing countries. Faced with this reality, NGOs and ministries of health have turned to retrospective mortality surveys to collect data, which are not ideal in terms of cost or scientific rigor. Most importantly, retrospective surveys give results only after the time to act has passed. While the IRC has a proven record of conducting mortality surveys, a sustainable, validated vital events surveillance project would be the next logical step to track mortality data. This vital events surveillance project was integrated into a CIDA-funded CCM program operating in Sierra Leone that aimed to reduce child mortality. CHWs

reported all vital events (births and deaths) in their respective villages weekly via mobile phone. Reporting was followed by a supervisor audit to validate data. Program evaluation consisted of village-wide censuses that validated weekly reports against collected census data.

### **Measuring Local Determinants of Acute Malnutrition in Chad: A Case-Control Study**

2012

*Research partner: Brixton Health*

*Funding source: ECHO and USAID/OFDA*

*Publications and resources: [Abstract](#); [Determining predictors for severe acute malnutrition: Causal analysis within a SQUEAC assessment in Chad](#)*

In 2010, Guéra District, Chad, recorded a prevalence of global acute malnutrition of 16.1 percent and SAM of 4.9 percent—both signs of a critical nutritional situation. To improve malnutrition, a problem-tree analysis is normally used to propose causal factors. For this study, the IRC employed a case-control study and qualitative methods to determine causes of SAM and their effect sizes with an aim of providing evidence for programming. A matched case-control study was conducted within a coverage assessment (the semi-quantitative evaluation of access and coverage) of a therapeutic feeding program. Qualitative information on the determinants of SAM was translated into hypotheses and standardized indicators to be evaluated in the case-control study. The odds of reporting fever and diarrhea in the previous 2 weeks were eight and eleven times higher among SAM cases. Diarrhea and fever represent multiple causes that contribute, with other factors, to the development of SAM and warrant a specific focus for programs. Preventative recommendations include hygiene promotion and the routine use of bed nets for under-five year olds. Identification of the timing of the onset of disease and malnutrition is difficult and we may only show association and not cause. The ability of the matched study to detect differences among factors that do not vary at the community level (e.g., use of an unprotected water source) needs to be considered.

### **Assessing the Motivations, Barriers, and Enabling Factors for Hand Washing Behaviors in Refugee Camp Settings (Thailand, Kenya, and Ethiopia)**

2010–2011

*Research partner: London School of Hygiene and Tropical Medicine*

*Funding source: State/PRM*

*Academic publications: [Hygiene and sanitation practices amongst residents of three long-term refugee camps in Thailand, Ethiopia and Kenya](#)*

Diarrhea is one of the leading killers, globally and in refugee camps, and strong evidence indicates that hand washing with soap is one of the most effective interventions available to reduce the incidence of diarrhea. Yet little is known about why people in refugee camps do or do not wash their hands, and what approaches will increase hand washing. To address this gap, the IRC conducted formative research in three refugee camps in Ethiopia, Kenya, and Thailand. The study aimed to understand hand-washing behavior in long-term refugee camp populations, and to explore how formative research could be used to improve hygiene promotion programs. A major finding of the study was the lack of correlation between reported knowledge and actual behavior, and the value of both quantitative and qualitative data in informing hygiene promotion efforts.

# Acronym List

|            |  |
|------------|--|
| 3ie        | International Initiative for Impact Evaluation   |
| CCM        | Community case management  |
| CDC        | U.S. Centers for Disease Control and Prevention  |
| CDD        | Community-driven development   |
| CDD/R      | Community-driven development/reconstruction  |
| CDR        | Community-driven reconstruction  |
| CEBS       | Community Event-Based Surveillance   |
| CHW        | Community health worker  |
| CIDA       | Canadian International Development Agency  |
| CMAM       | Community-based management of acute malnutrition   |
| COMPASS    | Creating Opportunities through Mentorship, Parental involvement, and Safe Spaces [program]             |
| CTP        | Cash transfer project  |
| DCOF       | USAID's Displaced Children and Orphans Fund  |
| DFID       | U.K. Department for International Development  |
| DRC        | Democratic Republic of the Congo   |
| ECHO       | European Commission Humanitarian Aid and Civil Protection  |
| EGMA       | Early Grade Math Assessment  |
| EGRA       | Early Grade Reading Assessment   |
| GBV        | Gender-based violence  |
| HCW        | Health care worker   |
| IASC       | Inter-Agency Standing Committee  |
| iCCM       | Integrated community case management   |
| IDP        | Internally displaced person  |
| IPA        | Innovations for Poverty Action   |
| IPC        | Infection prevention and control   |
| IPV        | Intimate partner violence  |
| IRC        | International Rescue Committee   |
| MAM        | Moderate acute malnutrition  |
| MIT        | Massachusetts Institute of Technology  |
| NGO        | Non-governmental organization  |
| NYU        | New York University  |
| PPE        | Personal protective equipment  |
| PRP        | Pakistan Reading Project [program]   |
| R2HC/ELRHA | Research for Health in Humanitarian Crises/Enhancing Learning and Research for Humanitarian Assistance |
| SAM        | Severe acute malnutrition  |
| STATE/PRM  | U.S. Department of State Bureau for Population, Refugees, and Migration                                |
| UNHCR      | Office of the U.N. High Commissioner for Refugees  |
| UNICEF     | U.N. Children's Fund   |
| USAID      | U.S. Agency for International Development  |
| USAID/OFDA | USAID's Office of U.S. Foreign Disaster Assistance   |
| VAWG       | Violence against women and girls   |
| VSLA       | Village Savings and Loan Association   |
| WHO        | World Health Organization  |



**The International Rescue Committee (IRC)** responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 26 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure.

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