



RESEARCH AT THE INTERNATIONAL RESCUE COMMITTEE:

Looking Back on 2018, Looking Forward in 2019

OVERVIEW

This document summarizes results from the International Rescue Committee's research in 2018 and provides an overview of ongoing research in 2019. These research findings help us understand the impact of our interventions and how we can continue to improve our effectiveness. The completed and ongoing studies aim to inform critical decisions for the IRC and the humanitarian field about which programs we do, how best to implement programs, and the cost implications of these choices.

Please note that all resource links marked with an asterisk () are academic publications.*



**LOOKING BACK:
FINDINGS FROM 2018 RESEARCH**

Health

The 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. This body of research includes, but is not limited to, developing community-based approaches to protecting children from or treating them for communicable diseases and malnutrition, exploring the burden of noncommunicable diseases in fragile contexts, testing strategies to improve accountability within health systems, and improving access to sexual and reproductive health services.

CHILD HEALTH & NUTRITION

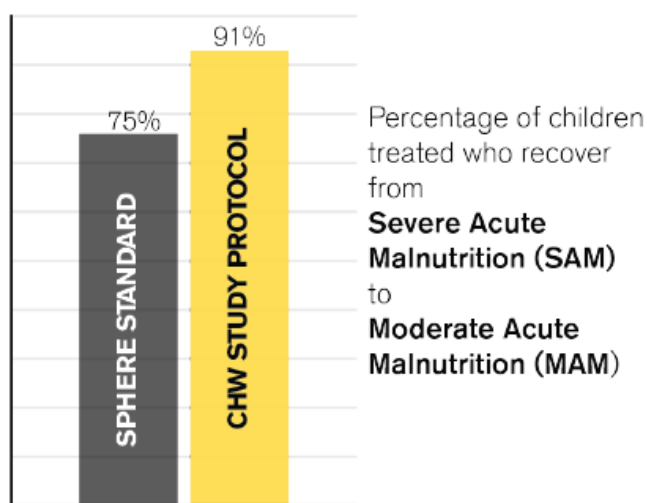
Effectiveness of a Simplified Protocol for Community Health Workers to Treat Severe Acute Malnutrition (SAM) in an Emergency-Prone Setting

South Sudan
2016–2018

Funding Source: Eleanor Crook Foundation

Publications & Resources: (1) [Enabling low-literacy community health workers to treat uncomplicated SAM as part of community case management: innovation and field tests](#); (2) [Research Brief](#)

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-literate 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 the IRC supports integrated community case management (iCCM) of childhood illness programs, it has previously been shown that CHWs provide ten times more treatments than health facilities. Through a feasibility study, we tested the feasibility of integrating the treatment of severe acute malnutrition (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. The treated children had a recovery rate of 91% to moderate acute malnutrition (MAM) and 75% to full recovery. A peer-reviewed publication will be featured in the upcoming supplement in *Maternal and Child Nutrition* "How to Strengthen Nutrition within the Health Platform: Programmatic evidence and experience from Low and Middle-Income Countries."



ComPAS: Combined Protocol for Severe and Moderate Acute Malnutrition Study

Kenya, 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/University of Copenhagen
Funding Sources: Action Contre La Faim UK, USAID/OFDA, Children's Investment Fund Foundation

Publications & Resources: (1) [Combined protocol for SAM/MAM treatment: The ComPAS study*](#); (2) [Combined Protocol for Acute Malnutrition Study \(ComPAS\) in rural South Sudan and urban Kenya: study protocol for a randomized controlled trial*](#); (3) [The "ComPAS Trial" combined treatment model for acute malnutrition: study protocol for the economic evaluation*](#)

The primary objective of the Combined Protocol for Acute Malnutrition Study (ComPAS) was to develop and test a simplified and 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 United Nations agencies. Due to logistical constraints, many community-based management of acute malnutrition (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.

ComPAS has tested 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. ComPAS Stage 1 (secondary analysis of 10,000 children from 5 countries) found that: two 92g sachets of ready-to-use therapeutic (RUTF) (1,000 kcal) meet the total energy requirements for >95% of children with a mid-upper arm circumference (MUAC) <115mm, and one 92g sachet of food RUTF (500 kcal) meets half the energy requirements for >95% of children with a MUAC of 115-125mm, and serves to simplify and streamline the treatment to be tested in a combined protocol. Final results will be available in early 2019.

Long-Term Risks and Benefits for Children Treated for MAM Using RUTF (FU-ComPAS)

Kenya
2018

Research Partners: Action Against Hunger-UK, London School of Hygiene and Tropical Medicine, Washington University School of Medicine, University of Tampere/University of Copenhagen
Funding Sources: ACF Foundation, ACF-UK/CIFF, USAID-OFDA
Publications & Resources: (1) [Combined protocol for SAM/MAM treatment: The ComPAS study*](#); (2) [Combined Protocol for Acute Malnutrition Study \(ComPAS\) in rural South Sudan and urban Kenya: study protocol for a randomized controlled trial*](#); (3) [The "ComPAS](#)

This study aimed to understand the potential longer term health risks and benefits of treating MAM with RUTF, and is a direct response to research questions raised by the World Health Organization (WHO) in 2017. No previous studies had considered the exploration of body composition and food insecurity status following treatment of MAM using RUTF. This study added body composition, muscle strength and fasting glucose, as well as food insecurity measures, to the 4-month post-discharge follow-up of children in the ComPAS trial described immediately above.

Results from the study indicate that body composition indicators are not significantly different at 4 months post-discharge in children treated with RUTF vs ready-to-use supplementary food (RUSF). There is no evidence of a difference in any of the outcomes assessed (body composition or relapse) in children treated with the combined protocol using RUTF vs the standard protocol using RUSF.

NON-COMMUNICABLE DISEASE

Assessing and Improving Primary Health Care Models for Non-Communicable Disease (NCD) Management in Two Complex Emergencies: Operational Research in Southern Syria and DRC

Syria, DRC

2017-2018

Funding Source: OFDA

The IRC conducted a study describing NCD services in acute crises, looking at Southeast Syria and North Kivu, DRC. There are few research studies on non-communicable diseases being undertaken in primary care settings affected by conflict. However, the activities and operations were severely limited in both contexts due to emergencies, impacting data collection and results.

The main objectives were to: (1) describe primary care models to manage NCDs and challenges to patient access and delivery of care by healthcare workers in acute crises, and identify opportunities for improvement; (2) assess the feasibility of health facilities collecting and analyzing cohort clinical data to describe the burden of disease, programmatic indicators, defaulting and treatment outcomes; and (3) investigate feasibility of enhanced adherence strategy (basic patient monitoring, cohort reporting and analysis, and community outreach) to improve adherence to care and rational planning. Additionally, a secondary objective was to produce cohort clinical data to describe the burden of disease, programmatic indicators, defaulting and treatment outcomes.

The results indicated that NCD care in both settings tended to be medication-focused due to the acute lack of resources and large burden of disease (Syria) and lack of developed clinical capacity (DRC). It also demonstrated that cohort monitoring was feasible and useful for the monthly review of cases and outcomes and demonstrated gaps in the continuum of care for NCDs. The cohort clinical data indicated for both settings that the largest proportion of patients were registered with hypertension, high proportions (27-43%) of displaced patients were registered, and the majority of patients (58-76%) missed at least one monthly appointment, although those lost to follow-up (missing 3 months consecutively) were the minority (42%). Finally, despite reinforcement of the continuum of care using the NCD model (e.g. through health facilities, CHWs, and home management), acute civil conflict and health emergencies destabilized access and operations of NCD programs.

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 Sources: Wellcome Trust and DFID, through Research for Health in Humanitarian Crises (R2HC) / Elrha

A team from the Johns Hopkins Bloomberg School of Public Health, the Johns Hopkins Berman Institute of Bioethics, the IRC and the Syrian American Medical Society (SAMS), undertook a project to understand the ethical challenges that international and local organizations face in providing health care during the Syrian conflict. The project sought to provide guidance to health providers working in situations of extreme violence and to increase organizational capacity to address their ethical challenges. The project had four components: 1) a systematic literature review of relevant ethics and humanitarian principles and strategies; 2) interviews with 34 organizational managers from humanitarian health organizations working in Syria; 3) in-depth interviews with 58 front-line workers providing health care services in Syria; and 4) workshops with humanitarian health organization managers and line staff in Gaziantep, Turkey and Amman, Jordan. Results from the project offer recommendations and guidelines on ethical decision-making for organizations providing or supporting health services in violent contexts. Recommendations are that humanitarian health organizations should: 1) commit to addressing key ethical issues that they are likely to face; 2) embrace ethical and humanitarian principles and disseminate them throughout the organization; 3) provide training and support in ethics to staff; 4) create structures within the organization to aid decision-making and adopt a framework for addressing ethical challenges, recording the process of decision, and sharing the results; and 5) Provide psychosocial and other forms of support to staff who must make ethically challenging decisions.



Understanding the Effect of Crisis on Integrated Community Case Management of Childhood Illness

South Sudan

2016–2018

Research Partner: UNICEF

Funding Source: UNICEF

Publications & Resources: (1) [Final Report](#); (2) [The resilience of integrated community case management in acute emergency: A case study from Unity State, South Sudan](#)

This study used mixed methods to assess the effect of crisis on integrated community case management (iCCM) of childhood illness in South Sudan. Specifically, the research aimed to assess the ability of integrated community case management programs in South Sudan to continue providing services during emergencies, and document

past and current bottlenecks in iCCM program implementation in South Sudan prior to and during emergencies. The case study found that some displaced community health workers (CHWs) continued to provide treatment in communities they were displaced to, if they were able to take supplies with them.

Despite no formal community mobilization effort, the information that CHWs had drugs spread throughout displaced communities, with caregivers subsequently seeking care. Caregivers preferred receiving care from CHWs, particularly with the alternative being risking an insecure journey to health facilities. Based on our findings, the IRC's Emergency Health Team, Primary Health Care Team, and the Health Research Team are collaborating to develop a protocol for iCCM programs during acute emergency onset, and are actively seeking opportunities to pilot and evaluate the protocol.



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.

Raising the Bar for Routine M&E in GBV Programs: a Psychometric Study to Improve Measurement of Psychosocial Well-Being and Felt Stigma Outcomes (HIF GBV M&E)

Jordan, Kenya
2017 - 2018

Funding Source: Humanitarian Innovation Fund / ELRHA

The IRC has developed and piloted measurement tools that allow the humanitarian community to validly and reliably measure the impact of gender-based violence (GBV) programming in terms of psychosocial well-being and felt stigma – both essential to the success of services provided and have impact on survivors' lives. Knowledge of successful GBV interventions in crises has increased significantly over the last decade and international guidelines inform humanitarian actors about how to provide quality comprehensive care. Monitoring and Evaluation (M&E), analysis and use of data to inform programming is an important part of accountable GBV programming, but traditionally the sector has focused on output indicators such as number of survivors seen, number of providers trained, etc. What we should be measuring is how survivors respond to the services provided, if they feel that the interventions help them heal and increase their sense of power and safety.

The IRC succeeded in finding an innovative solution to this challenge by developing simple tools for measuring outcomes around 'felt stigma' and 'psychosocial functioning' among women and older adolescent girls receiving GBV case management. The tested and validated GBV outcome measurement toolkit is currently adapted for Syrian refugees in Jordan, Somali refugees in Kenya and Congolese populations.

Preventing Violence Against Children in and Around Schools in Nyarugusu Refugee Camp Phase II: Assessing the Feasibility and Acceptability of a Low-Intensity Cognitive Behavioral Therapy Based Approach for Teachers

Tanzania
2016 – 2018

Research Partner: The Behavioral Insights Team

Funding Source: Anonymous donor

Publications & Resources: (1) [Phase I Report](#); (2) [Phase II Report](#)

In partnership with BIT, the IRC designed EmpaTeach, a program aimed at preventing violence against children in schools. During this low-intensity 10-week intervention, teachers are equipped with strategies to maintain discipline in their classrooms and to address some of the drivers of violence against children, including the normalized nature of physical punishments and stressful classroom environments. Using tools inspired by cognitive-behavioral therapy and behavioral science, teachers learn to identify their triggers, change destructive thought patterns, and plan for positive reactions.

During the second phase of this project, researchers conducted a small-scale pilot study in two schools in Mtendeli Refugee Camp to assess the acceptability and feasibility of EmpaTeach, and to generate insights to improve the intervention. Pilot findings show a lower

incidence of physical and emotional violence in schools that received the program, compared to non-program schools (as self-reported by students). The researchers also found that students in schools that experienced EmpaTeach felt more connected, less depressed, and more engaged in school than students in non-program schools. However, the pilot results did not provide evidence that the program decreased the incidence of depression among teachers or led to an improvement in teachers' self-efficacy or growth mindsets. Teachers in program schools show slightly less favorable attitudes towards the use of corporal punishment when asked whether it was appropriate to use in a variety of classroom situations, but the researchers did not observe a difference regarding teachers' general opinions about physical punishment, such as whether it is "wrong" for teachers to hit their students. Taken together, the pilot shows the potential of EmpaTeach to reduce violence against children in the classroom as well as to improve student wellbeing and their relationship with school. The pilot findings have been used to make further adjustments to the program. EmpaTeach is currently being evaluated in a cluster randomized controlled trial (RCT) and findings will be available in late 2019.



Evaluating the Impact of a Girls' Empowerment Program in Liberia

Liberia
2015–2018

Research Partners: World Bank, Population Council, and IPA

Funding Source: NoVo Foundation

Publications & Resources: (1) [Summary](#); (2) [Brief](#); (3) [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 implemented the intervention in both Liberia and Ethiopia and is conducting an impact evaluation in Liberia.

GIRL EMPOWER PARTICIPANTS ARE...



25%
more likely to practice
safe sex



20%
less likely to accept
intimate partner violence

AND GIRLS WHO RECEIVED CASH TRANSFERS EXPERIENCED...



50%
more positive impact on sexual
and reproductive health outcomes

Girl Empower was implemented in two treatment variations, called “GE” and “GE+”. Both GE and GE+ consisted of 1) Girl Empower life skills curriculum, 2) facilitated by young female mentors from the community in safe spaces; 3) Caregiver discussion groups, facilitated by IRC staff; 4) Individual savings start-up for the girls; and 5) Capacity building for local health and psychosocial service providers. In the GE+ variation, the IRC added a participation incentive payment for the girls’ attendance in the program sessions, paid to their parents (conditional cash transfer). This rigorous impact evaluation of the Girl Empower program demonstrated that:

- Adolescent girls in Nimba County, Liberia, were exposed to staggeringly high rates of sexual violence.
- The Girl Empower program filled a need in the community. Attendance rates of girls and their parents, even outside of the group that received the conditional cash transfer, were high over a period of 32 weekly sessions.
- Girl Empower reduced rates of child marriage and risky sexual behaviors, all of which were sustained one year after the end of the program.
- Girl Empower plus the cash incentive for participation (conditional cash transfer) reduced the likelihood of marriage and the number of sexual partners in the past 12 months and increased the sexual abstinence and condom use in the past 12 months by more than 50% compared to Girl Empower alone.
- Girl Empower equipped adolescent females with important life skills and positively influenced gender attitudes.

Increasing Access to Care and Healing for Gender Based Violence (GBV) Survivors: a Feasibility and Acceptability Study for Innovative Approaches to GBV Case Management in Emergency Environments

Iraq, Burundi, Myanmar

2016-2018

Research Partners: Courtney Welton-Mitchell and Leah James (affiliated with University of Colorado, Boulder)

Funding Sources: ECHO and BPR0M

Mobile and remote technology-based programming may be able to address key gaps in service delivery for gender based violence in emergencies but little is known about the feasibility and acceptability of these methods. The guidance aims to support donors and GBV practitioners to effectively resource and design quality mobile and remote technology-based programming for GBV Service Delivery. Mixed-methods data from individual interviews and focus group discussions in Iraq, Burundi, and Myanmar was completed in 2018. Findings indicate that mobile and remote GBV service delivery is feasible and acceptable with beneficiaries across all settings. From this, the IRC developed [Guidelines for Mobile and Remote Gender-Based Violence Service Delivery](#).

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

Pakistan, Ethiopia, DRC

2014–2018

Research Partner: Columbia University

Funding Source: DFID

Publications & Resources: (1) [Research Brief \(DRC\)](#); (2) [Research Brief \(Ethiopia\)](#); (3) [Research Brief \(Pakistan\)](#); (4) [Preventing violence against refugee adolescent girls: findings from a cluster randomised controlled trial in Ethiopia](#); (5) [Building caregivers’ emotional, parental and social support skills to prevent violence against adolescent girls: findings from a cluster randomised controlled trial in Democratic Republic of Congo*](#); (6) [Other publication and resources](#)*

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 (Creating Opportunities through Mentorship, Parental involvement, and Safe Spaces) 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 were 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 were interviewed as part of two independent cluster-randomized controlled trials. The primary outcome was sexual violence while secondary outcomes included family violence, early marriage, positive relationships, and gender norms. More than 200 girls participated in a pre- and post-test in Pakistan, which centered on feasibility and acceptability. Specific research questions included: 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 from these studies combined indicate very high acceptability and feasibility of the COMPASS program. While no significant changes related to violence were observed, numerous secondary outcomes such as gender norms, aspirational attitudes, and increased social networks were improved. Results of this work have led to an adapted adolescent girl program, [Girl Shine](#).

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

DRC, Nepal, South Sudan

2014–2018

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

Funding Source: DFID (U.K. Department for International Development)

The study focuses on three countries: the DRC, Nepal, and South Sudan and will review how different forms and drivers of violence against women and girls (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, etc.) 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.

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

South Sudan

2014–2018

Research Partner: George Washington University

Funding Source: DFID

Publications & Resources: (1) [Final Report](#); (2) [Policy Brief](#)

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, the 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

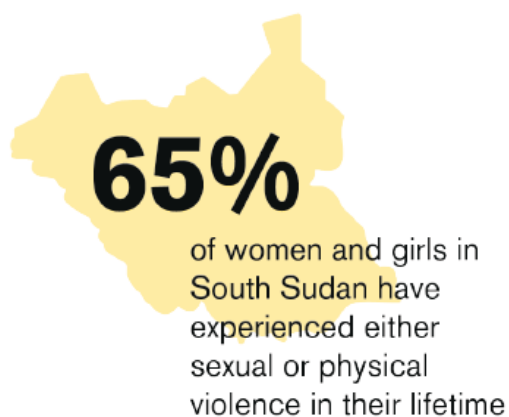
Kenya

2014–2018

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.



CONTRIBUTING FACTORS

CONFLICT

raids, abductions, displacements, breakdown of rule of law

CULTURE OF SHAME

stigma around rape, fear of repercussions from reporting

DISCRIMINATORY PRACTICES

forced marriage, polygamy, bridge price, wife inheritance

Evaluating the Impact of a Positive Parenting Intervention on Child Maltreatment and Parent-child Interactions

Liberia

2014–2018

Research Partners: Duke University

Funding Source: Anonymous Donor

Publications & Resources: (1) [The impact of a positive parenting intervention on child maltreatment and parent-child interactions: Results of a randomized controlled trial in Monrovia, Liberia](#);

(2) [Research Brief](#); (3) [Project website](#)

The lasting and detrimental consequences of physical, verbal, and sexual abuse endured by young children are clear, and children in post-conflict settings are often at elevated risk. As parents are often perpetrators of child maltreatment, interventions at the parent and family levels allow the important opportunity to decrease negative or abusive behavior. The IRC and researchers at Duke University developed a positive parenting intervention in Liberia called “Parents Make the Difference” (PMD). This 10-session intervention is designed to help parents and guardians of young children learn and practice alternatives to harsh punishment; develop more nurturing, warm relationships with their children; and to actively participate in promoting their child’s positive emotional and pre-academic skills development.

This study used a parallel randomized superiority trial design with equal allocation to three study arms to estimate the impact of the PMD program on parent/guardian and child outcomes. Parents were randomly assigned to either the group parenting program (PMD) alone or the group parenting program plus home visits (PMD+). The waitlist control arm was offered the group parenting program (without home visits) after the 12-month post-intervention survey round was completed. Follow-up surveys were conducted with participants in all study arms at 3-months and 12 months post-intervention.

This study found that PMD reduced child maltreatment, as measured by caregivers’ discipline preferences, and improved parent-child interactions 3-months after the intervention concluded. However, one year after the intervention, we no longer see differences between the intervention and control groups on our primary outcomes of harsh discipline or parent-child interactions. This suggests that we are not seeing continual growth in parenting skills over time post-intervention.

We observed clinically meaningful reductions in parent depression, and found some support for improved attitudes about discipline practices at 3-months post-intervention. Couples’ relationships also appear to have improved as a result of the intervention, but the estimates carry more uncertainty because only a subset of the sample was married or in a union (i.e., we have fewer data points to estimate the effect). At the child level, we have some evidence for small improvements in perceived child behavior problems as assessed by parents’ levels of anger related to specific problem behaviors.

Results suggest that home visits did not uniquely impact any of the study’s primary outcomes. Although, it is notable that children of families receiving home visits experienced benefits in academic readiness. However, as conducting home visits is incredibly time and resource-intensive, the inclusion of home visits does not appear critical and is very unlikely to be cost effective.

Importantly, we do have limited evidence of longer lasting program impacts on parents of children in the sample with the highest levels of behavior problems at baseline. These results suggest that children and families who need the intervention the most receive the most benefit. If this is the case, targeting children and caregivers with existing problems may increase the positive impact of PMD and, ultimately, cost effectiveness.



Education

The 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 school and classroom environments in crisis-affected contexts.

The Impact of IRC's Healing Classrooms, Tutoring and Targeted Socio-Emotional Learning Activities on Children's Learning and Social-Emotional Outcomes in Conflict and Crisis Settings (3EA)

Lebanon, Niger

2016–2018

Research Partner: NYU Global TIES for Children

Funding Source: Dubai Cares

Publications & Resources: (1) [Niger Impact Report](#); (2) [Lebanon Impact Report](#); (3) [Niger Policy Brief](#)

Education in Emergencies: Evidence for Action (3EA) aimed 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 brought the 'Learning in a Healing Classroom' approach as a base package to more than 8,000 children in Lebanon and Niger. It also included a three-part research agenda including measurement research, implementation research, and evaluation research 1) to quantify the improved performance, 2) assess implementation fidelity, and 3) determine which interventions were most effective to achieve children's literacy, numeracy, and social-emotional learning outcomes.

Two low-intensity targeted interventions were rigorously tested: 1) Mindfulness to reduce toxic stress: strategies to focus on breathing and attentive listening to a single resonant sound were 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 were 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 was 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.

Evidence from one of the randomized control studies that 3EA conducted in Niger showed that providing Healing Classroom Tutoring (HCT) and Healing Classroom Tutoring + Targeted Social Emotional Learning (SEL) activities led to improvement in children's math and reading skills, but not on their SEL skills. Adding targeted SEL programming to HCT led to an improvement on children's average public school grades. But targeted SEL activities did not make a statistically significant difference in improving children's measured reading and math skills over the effect obtained by HCT. The findings to date do not support the hypothesis that targeted SEL programs have beneficial impacts on social-emotional outcomes over and above the impacts of HCT. It is important to highlight that this is the first attempt at implementing and rigorously evaluating targeted SEL programs. Little evidence of SEL intervention impacts may suggest Mindfulness and Brain Games may not be appropriate for the context, culture and population. Alternatively, findings may reflect the challenges of implementing quality programs in crisis contexts, where front-line service providers, teachers and children face numerous barriers which may compromise how these programs are delivered and taken up.



**Impact Evaluation of the Pakistan Reading Project:
Cohorts 1 and 2 (PRP)**

Pakistan

2015–2017

Funding Source: USAID

Publications & Resources: [Policy Brief](#)

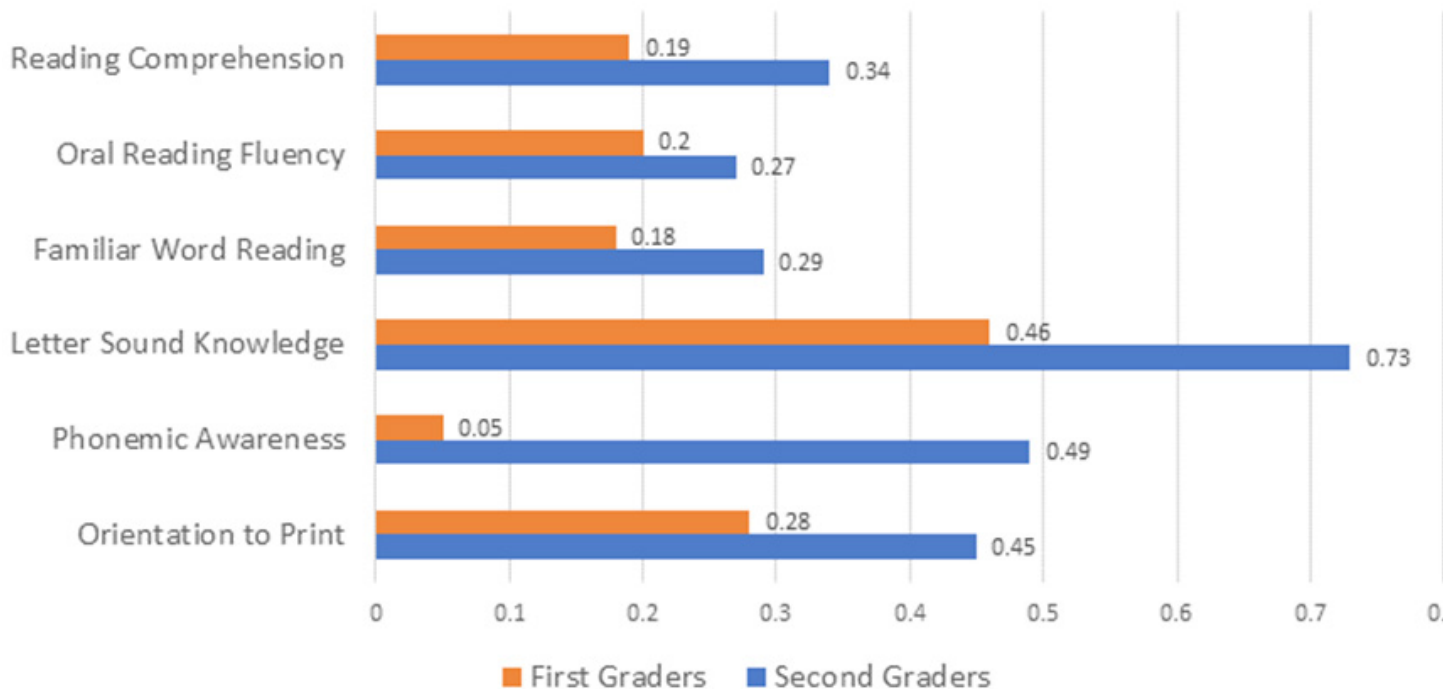
The IRC used a quasi-experimental design to compare the reading outcomes of two cohorts of students in Urdu-medium schools who received the PRP intervention (Cohort 1 and 2) with the outcomes of a comparison group that had not participated in the program at the time of data collection (Cohort 3). A cross-sectional sample was used to assess students' reading performance and teachers' instructional practices at baseline and endline to identify the effect of the program on students' reading skills and teachers' instructional practices.

The project collected data from 192 schools (132 treatment, 60 in control), 344 teachers (233 treatment, 111 in control) and 5523 students (3767 treatment, 1756 in control) using Early Grade Reading Assessment (EGRA) to measure students' reading skills and a classroom observation tool to capture teachers' instructional practices. Researchers used a difference-in-differences approach to identify the learning gains observed in students and teachers in the treatment (Cohorts 1 and 2) and control (Cohort 3) groups, from baseline to endline. Findings suggest that PRP had positive and statistically significant effects on students' reading outcomes and teachers' instructional skills.

Students in first grade who received one year of the intervention showed small non-significant gains on their reading skills, but second graders who received two years of the intervention showed significant moderate-to-large learning gains, reflecting the accumulated effect of the program on students' reading skills. Girls exhibited higher baseline performance in all reading outcomes than boys. While first grade girls are reaping greater benefits from PRP than boys, in second grade results are mixed with boys obtaining larger gains in key reading outcomes such as oral reading fluency and reading comprehension.

With regard to teachers, findings suggest that PRP may have had a positive, moderate-to-large and statistically significant effect on teachers' instructional practices, which increase with higher dosages. The effect of PRP on teachers' instructional practices is moderate for Cohort 2 teachers who received one year of continuous professional development (CPD) and large for Cohort 1 teachers who received two years of CPD. Teachers' ability to promote students' participation and well-being in the classroom exhibits a high correlation with students' oral reading fluency. When teachers focus on teaching reading at the expense of students' participation and well-being, oral reading fluency scores decrease. The report discusses limitations of the study and implications for researchers, practitioners, and policy makers. A main limitation to the study is that the cohorts were not randomly assigned and therefore we cannot be certain that the effects resulted directly from PRP domains, as well as measures of program implementation quality.

Effect Sizes of PRP on First and Second Grade Students



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.

Participatory Development in Fragile and Conflict-Affected Contexts: The Five Year Follow up of the Tuungane Phase I and the Evaluation of Tuungane Phase II in Eastern DRC

2015–2017

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


Funding Source: DFID Publications & 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. The evaluation found that Tuungane phase 1, five years after the conclusion of program, had a positive impact on the quality of primary schools and health facilities, and on the presence of material and supplies in these facilities. However, the evaluation found no evidence that the program had an effect on other dimensions of service provision: capacity, staff quality, quality of administration, community participation, service cost or utilization. There was no evidence for improvement health, education or economic outcome indicators. Moreover, the evidence does not suggest that Tuungane 1 led to improvements in women's empowerment and implies that the imposition of gender parity requirements is not an effective way to strengthen the position of women in this context.

In the case of Tuungane phase 2, the evaluation also found that, like for Tuungane phase 1, the program had a positive impact on infrastructure quality for both the health and education facilities, but there were few effects on other components of service provision. However, unlike Tuungane phase 1, the 2nd phase of the program was also related to higher school attendance rates and it had effects

on governance outside the sphere of service provision: participation, accountability, transparency, efficiency, and capture. There was also scattered evidence that the T2 program contributed to women's empowerment. The Tuungane 2 program also performed well on outcomes related to the relationship between villagers and service providers. We found evidence that service users and service providers were better informed about line ministries; there was more interaction between villagers and user committees and service providers and user committees; and villagers in Tuungane 2 areas were more positive about service provision and the actions of their local user committees.

TUUNGANE PHASE 1



POSITIVE IMPACT ON HEALTH AND EDUCATION FACILITIES

2,381 NEW CLASSROOMS AND 287 HEALTH STRUCTURES BUILT

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

Uganda

2016–2018

Research Partner: University of Gothenburg/University College London

Funding Source: State/PRM

Publications & Resources: [Final Report](#)

As a part of the IRC's Responsiveness Initiative, the IRC conducted a research project in Uganda entitled "From Feedback to Action:

COMPARED TO CONTROL AREAS, TUUNGANE 2 AREAS...



Participated in 13% more voluntary projects in the community



Are 25% more likely to say that they can influence leaders' opinion



Are better informed about public decision-making



Are 28% more likely to participate in election meetings or campaigns

Strategies to Improve the Use of Beneficiary Feedback". The research sought to identify effective strategies to incentivize and assist humanitarian agency staff to use feedback from their beneficiaries more systematically when making programmatic decisions about the program. Our own experience and preliminary research suggest that beneficiary feedback, though deemed important, often gets 'crowded out' by other types of information during decision-making processes. This is particularly the case when staff are under time and resource constraints. Acknowledging this problem, the IRC pulled on behavioral science to identify strategies and tools that can ease decision-making under such conditions. In collaboration with Behavioral Insights Team North America (BIT), the IRC developed and shared decision-making tools and guidance with 51 refugee and internationally displaced person-serving non-governmental organizations (NGO's) operating in both urban and rural Uganda.

Prior to the intervention, we collected baseline data on feedback practices within these organizations. Four months after a workshop

that brought the organizations together to use the tools and learn from each other, we administered a follow-up survey. In partnership with CDA Collaborative Learning, we also conducted action research and provided coaching support to a small subset of the participants. Though there was not a big enough sample to measure statistical differences, there were substantive differences in two areas between baseline and follow-up: More agencies reported using feedback in five (5) or more meetings in the last two months and more agencies reported using feedback to make small changes to programming or implementation. The action research identified several institutional factors as most likely to enable feedback including (i) consistent internal processes (e.g. training for all staff and standard operating procedures for feedback collection and handling); (ii) internal learning and reflection processes and (iii) strong senior leadership buy-in to prioritize and resource feedback processes. The challenges of resourcing systems, handling negative feedback and developing common platforms for processing feedback persist.



LOOKING FORWARD: ONGOING RESEARCH IN 2019



Photo: Peter Biro/IRC

CHILD HEALTH & NUTRITION

RISE for Nutrition

Kenya, Malawi, Nigeria

2017-2019

Funding Source: Eleanor Crook Foundation

The RISE for Nutrition study is a follow-on study to the IRC's work in South Sudan listed on page 3. The RISE study will build on this evidence by positioning the IRC to lead a coalition of other implementing agencies who will operationally test the integration of treatment of uncomplicated SAM with their own ICCM programs, share experiences, and consider necessary revisions to bring the protocol and toolkit to scale. The IRC will provide technical support to 4 coalition members to implement 4 pilot studies in 3 countries: Kenya (Action Against Hunger, Save the Children), Malawi (Concern Worldwide), and Nigeria (Malaria Consortium). The Malawi and Nigeria pilots are complete and results will be available in early 2019. Kenya pilots are in progress as of early 2019.



Effectiveness and Policymaking Surrounding the Combined Protocol for Acute Malnutrition in Food-Crisis Affected Contexts

Somalia, Niger, Nigeria and South Sudan

2017-2019

Funding Source: R2HC

Publications & Resources: (1) Wellcome Trust and DFID, through Research for Health in Humanitarian Crises (R2HC) / Elrha

Publications & Resources: [Research Brief](#)

The combined protocol for acute malnutrition simplifies the existing treatment protocol of CMAM by 1) treating severe acute malnutrition SAM and MAM as one condition on a spectrum, 2) providing one product for treatment (RUTF), 3) diagnosing children on mid-arm circumference and oedema, and 4) simplifying the dosage protocol (two RUTF sachets/day for MUAC <115mm, one RUTF sachet/day for MUAC 115-<125mm). While this is a protocol endorsed by the World Food Program (WFP) in emergency contexts, there is limited evidence on its effectiveness and a lack of understanding of the barriers to adoption in crisis-affected contexts.

The objectives of the study are: 1) To determine if severely acutely malnourished children (6-59 months) treated under the combined protocol meet the Sphere minimum standard of 75% recovery rate in a nutrition clinic in Karaan District, Somalia, 2) To document the clinical staff's perspectives on ease, workload, and effectiveness of implementing the combined protocol compared to the CMAM protocol, and 3) To conduct policy analysis on use of the combined protocol in four different food-crisis affected contexts to describe how the protocol was presented regarding its benefits, requirements for implementation, and boundaries. This analysis will be conducted ultimately to understand requirements for adaptation and adoption of the protocol. Results will be available early 2019.

NON-COMMUNICABLE DISEASE

Investigating and Improving a CHW-based Model for NCD Care Among Syrian Refugees in Jordan

Jordan

2019-2021

Partners: University of Southern California, Jordan University of Science and Technology

Funding Source: Wellcome Trust and DFID, through Research for Health in Humanitarian Crises (R2HC) / Elrha

Publications & Resources: [Elrha Project Report](#)

Through a population-based survey, the IRC will establish the prevalence of hypertension and diabetes, barriers to accessing care, and the proportion of cases not under care. With this and data from a systems dynamics analysis and qualitative research with stakeholders, the study will identify pathways for CHW service provision, technical gaps, and areas of adaptation. This re-designed CHW strategy will then be implemented and tested, including a cost-efficiency analysis. The study is in the beginning stages, and full results are expected in 2021.

REPRODUCTIVE / ADOLESCENT HEALTH

Improving Services for Adolescent Sexual and Reproductive Health

Myanmar, Nigeria

2018-2019

Funding source: OFDA

This project is piloting two different packages of interventions to increase access, use, and quality of Adolescent Sexual and Reproductive Health services in complex emergency settings and draws on participatory action research. The study is being conducted in Nigeria and South Sudan, and results are expected mid-late 2019.

Improving Guidance on Menstrual Hygiene Management

Nigeria, Myanmar

2018-2020

Research partner: Columbia University School of Public Health

Funding Sources: OFDA

Following on previous research that led to the development of a Menstrual Hygiene and Management in Emergencies toolkit, this project is being undertaken in Myanmar and Nigeria (and possibly elsewhere) to improve the technical guidance available for humanitarian responders seeking to address Menstrual Hygiene Management, including disposal, waste management and laundering needs of girls and women.

Safety

Safe at Home: A Mixed-Methods, Pre-Post Study to Develop Family Violence Program Model to Prevent and Respond to Violence Against women and children in the Home in Humanitarian Settings

2017-2019

Funding Source: OFDA

To date, the humanitarian community has largely focused on intimate partner violence (IPV) and child maltreatment via separate and distinct interventions and strategies. While standalone programming can be effective, the effects of each type of programming can be magnified on other forms of violence in the home through a family violence approach. To fill this gap, the IRC is conducting formative research in two countries, DRC and Myanmar, to understand the factors that enable IPV against women and the abuse, neglect and exploitation of children and against other vulnerable members within the household and how they are interrelated. Following this learning, the IRC will adapt parenting and engaging men programs to better address shared drivers of violence in the home. Investment into understanding how to best design and implement a family violence program model may result in current reductions in IPV and child maltreatment in the home as well as in reductions of violence in future generations.

Safer Cash: Using Iterative, Mixed Methods Research to Improve Effective Identification, Targeting and Risk Mitigation for Vulnerable Groups in Multipurpose Cash Assistance

Afghanistan and Cameroon

2017-2019

Research Partner: Harvard Humanitarian Initiative

Funding Source: OFDA

Cash assistance is one of the fastest growing interventions for supporting people affected by humanitarian crises. However, there remains critical knowledge gaps around effective targeting strategies to ensure vulnerable groups are safely identified and meaningfully supported. Through qualitative, formative research in two countries, Cameroon and Afghanistan, and mixed methods piloting of a new toolkit examining safety outcomes for vulnerable groups, this project will produce an evidence-based toolkit that will enable humanitarian actors to determine the safest, most accessible and dignified targeting, and delivery strategies at the outset of any cash-based program.

Qualitative formative research was conducted in Cameroon and Afghanistan to explore the full range of protection risks faced by a diversity of groups, and findings were used to inform the development of the Safer Cash Toolkit. Mixed-methods piloting of the toolkit is currently ongoing in Afghanistan to test its feasibility and acceptability, as well as to assess its potential for minimizing risks for recipients. Dissemination is expected in 2019.

Preventing Violence Against Children (Phase III): Evaluating the impact of a low-intensity cognitive behavioral therapy based approach for teachers

Tanzania

2018 - 2020

Research Partner: London School of Hygiene and Tropical Medicine; Innovations for Poverty Action; The Behavioral Insights Team

Funding Source: Anonymous donor

During Phase III of this project, EmpaTeach – a 10-week cognitive-behavioral therapy-based intervention for teachers – is being

implemented at scale across Nyarugusu Refugee Camp in Tanzania. Researchers are conducting a two-arm cluster randomized controlled trial with parallel assignment. Schools have been randomized to receive either the active intervention or to a wait-list control group. The research team is collecting survey data from n=500 teachers and at least n=1500 students at three time points: a baseline (conducted in November-December 2018), a midline immediately after the intervention; and an endline six months after the end of the intervention. The primary outcome measure will be students' self-reports of experience of physical violence from school staff in the past week, measured using a modified version of the International Society for the Prevention of Child Abuse and Neglect Screening Tool-Child Institutional at the 10-week follow-up. Secondary outcomes include emotional violence, depressive symptoms and educational test scores. Analysis will be intention to treat, using repeat cross-sectional data from individuals. If successful, the EmpaTeach intervention would represent one of a handful of proven interventions to reduce violence from teachers to students in any setting.

Evaluating the Impact of Cash Transfer Programming on Sexual Exploitation in Acute Emergencies

Syria

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 experience of sexual exploitation in order to better meet their needs in acute emergencies. This research project uses a mixed methods, pre-post test design to assess the influence of cash transfers on women's experiences of sexual exploitation, along with secondary outcomes such as decision-making, financial autonomy, intimate partner violence, and other negative coping behaviors. The study is taking place in recently liberated villages in Raqqa district, Syria. The report will be disseminated in early 2019.

Early Adolescent Skills for Emotions (EASE) Tanzania: Adapting and Piloting an Evidence-Based Low-Intensity Psychological Intervention for Young Adolescents

Tanzania

2017-2019

Research Partners: Johns Hopkins University and World Health Organization (WHO)

Funding Source: Oak Foundation

Building on the growing international momentum to address the major data gaps and lack of tailored responses for addressing the needs of adolescents, the IRC with its partners, WHO and John Hopkins University (JHU) is adapting and piloting the Early Adolescent Skills for Emotions (EASE) programme, a brief group psychological intervention developed by WHO and delivered by non-specialist providers for young adolescents exposed to adversity and impaired by distress, for Burundian refugees in Tanzania.

This EASE project has two main components: (1) adapting the EASE intervention for Burundian refugees; and (2) piloting and evaluating the adapted intervention. During the adaptation phase, the IRC conducted an ethnographic assessment and desk review. In individual interviews, adolescents described their top psychosocial concerns as worry, anxiety, stress and fear, reported by 78% of participants, with nearly 95% of girls interviewed highlighting one of these as a

major support need. This was followed by sadness, reported by 65% of respondents. Religious prayer and seeking support from religious leaders were identified as the most important ways of coping with psychosocial problems. Nearly 75% of participants identifying services in the camp as helpful in dealing with difficulties associated with experiences of violence.

In the current pilot phase, 86 young adolescents in severe distress with impaired functioning, along with their caregivers, were randomized into EASE treatment and an enhanced treatment as usual (ETAU) conditions. Results will be available mid-year 2019.

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

DRC

2015–2019

Research Partner: World Bank Gender Innovation Lab

Funding Source: World Bank

*Publications & Resources: (1) [Research Brief](#); (2) [Equality on his terms: doing and undoing gender through men's discussion groups](#)**

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 violence against women and girls VAWG. The IRC undertook a rigorous randomized controlled trial of the initiative across 30 communities in North and South Kivu, DRC. The study was a two-armed, pair-matched, cluster randomized controlled trial in which approximately 1,500 men and their female partners were 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. Analyses of results is currently ongoing and dissemination is expected in 2019.

Evaluating the Impact of the Sisters of Success Program

Liberia

2013–2019

Research Partners: World Bank Gender Innovation Lab and IPA

Funding Source: World Bank

Publications & Resources: (1) [Summary](#); (2) [Baseline Report](#); (3) [World Bank Blog Post](#)

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 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. The end-line survey was conducted between December 2015 and October 2016. The final findings are expected to be available in early 2019.



Education

Formative Research and Impact Evaluation of Sesame Seeds

Iraq, Jordan and Lebanon

2018–2023

Research Partner: NYU Global TIES for Children

Funding Source: MacArthur Foundation

Publications & Resources: [Project Website](#)

The IRC and Sesame Workshop have partnered to create Sesame Seeds, an Early Childhood Development program that aims to restore hope and opportunity for a generation of children affected by the Syrian refugee crisis. Delivered through television, mobile phones, and direct services in homes and schools, Sesame Seeds is designed to give children the language, reading, math, and socio-emotional skills they need to succeed in school and later in life. As part of this project we will conduct different types of research, including:

1. **Formative Research:** In order to refine the program design and implementation modalities in ways that are aligned with existing delivery platforms and sociocultural contexts, researchers will gather implementation data and contextual information and conduct rapid-cycle, small-scale RCTs.
2. **Impact Evaluations:** The IRC and NYU Global TIES will conduct three separate and staged RCTs in three countries: Iraq, Jordan and Lebanon. The impact evaluations will aim to identify the causal impact of the program elements on outcomes for beneficiaries (chiefly caregivers/parents and children); hypothesized mechanisms of impact; and variation of impacts by family/child characteristics as well as contextual characteristics.
3. At least one impact evaluation will test mass media or community-level programming.



Photo: Mulugeta Ayene/IRC

The Cost-Effectiveness of Accelerated Learning Programs (ALP) and the Added Value of On-Site Coaching on the Learning and Transition Outcomes of Out-of-School Children in Northern Nigeria

Nigeria

2018–2019

Funding Source: DFID

This project supports out-of-school (OOS) children in Yobe and Borno with their education and psychosocial well-being. The IRC and Creative Associates are working to provide OOS children between the ages of 9-14 with quality learning opportunities to develop basic literacy and numeracy skills, heal from the traumatic effects of displacement and violence, and transition into to formal schools. During two years of intervention, about 20,000 eligible OOS children will receive structured instruction in literacy, numeracy and social-emotional learning (SEL).

Researchers are conducting a mixed methods, randomized controlled trial to evaluate the cost-effectiveness of the program on the learning and transition outcomes of OOS children in northern Nigeria, and the added value of providing on-site coaching visits to learning facilitators.

Baseline Results

- Literacy and numeracy: OOS children in the sample show very low levels of academic performance, manifested in high proportions of zero scores in early grade math assessments (EGMA) and EGRA, low proportions of learners meeting learning targets, and average scores that are significantly below learning targets.
- SEL skills: 20% of OOS children show high levels of hostile attribution bias, 5% can only think of using aggressive strategies to solve conflicts, and 5% report symptoms of severe depression.
- Performance by subgroups: Children from lower socio-economic status (SES) backgrounds, with physical disabilities, internally displaced and living in Yobe exhibit greater disadvantages in various literacy, numeracy and SEL outcomes than their higher SES, able-bodied counterparts living as hosts members in the community, and in Borno.
- Learning facilitators' instructional practices: On average, learning facilitators spend about 25% of their time on non-academic activities such as unscheduled interruptions and inefficient use of time. 44% of learning facilitators exhibit good evidence of quality instruction, 49% show emerging levels of quality instruction and 7% show no evidence of quality instruction.

Endline results

- Cost-effectiveness of ALP: At a cost of £543 per child, the basic ALP is a more cost-effective option than the more costly (£708 per child) but less effective ALP + Coaching model. The basic ALP led to small to medium, positive and statistically significant changes in 4/5 literacy and 7/8 numeracy skills and to reductions in childrens' orientation toward the use of aggressive conflict resolution strategies.
- Cost-effectiveness of Coaching: The provision of coaching adds £165 per child over the cost of the basic ALP. However, coaching led to negative numeracy, literacy and SEL effects. Additionally, the provision of coaching did not lead to improved performance in the quality of learning facilitators' instructional practices.

- Effects by subgroups: The program also led to decreased depression among children with disabilities.

We will use M&E data to explore the teacher, school, and implementation characteristics that moderate the effect of our interventions on students' learning outcomes. We are also conducting interviews and focus groups to identify similarities and differences in the experiences and perceptions of students, teachers, and mentors from schools sites and non-formal learning centers where the impact evaluation shows high vs. no learning gains as a result of the intervention. Five months after students graduate from the ALP program, we will contact them again to identify whether they were successfully able to enroll in formal schools and attend classes regularly.

3EA's Measurement and Metrics Initiative

*Middle East, North Africa and Turkey (MENAT) Region
2017 - 2019*

Research Partner: NYU Global TIES for Children

Funding Source: Porticus

The goal of 3EA's Measurement and Metrics (M&M) Initiative is to accelerate stakeholders' ability to generate actionable evidence in Education in Emergencies (EiE) settings.

The IRC is conducting a scoping study to better understand practitioners', researchers', civil servants', and donors' experiences and priorities in measurement development and social emotional learning research domains, as well as measures of program implementation quality. Specifically, the study aims to 1) Identify the skills and competencies about which stakeholders in crisis contexts perceive a need for more accurate and valid information, 2) Map how research, monitoring, and evaluation is being used to measure and achieve outcomes for children in crisis contexts, and 3) Understand stakeholders' perceptions of barriers to research, monitoring, and evaluation in crisis contexts. A survey was distributed electronically in both English and Arabic through a series of mailing lists operated by networks of stakeholders, including the Inter-agency Network for Education in Emergencies, the USAID Education in Crisis and Conflict Network, and the International Education Funders Group. 179 people responded to a sufficient number of questions to be included in the analyses.

Notable findings with regard to the three main objectives of the study suggest that:

- Skills and Outcomes: The great majority of respondents identified children's interpersonal skills as the sub-domain of children's holistic learning and development they would like to have more consistent (i.e., valid and reliable) information about their work. Respondents also expressed high interest in cognitive regulation, emotion processes and literacy skills.
- Monitoring, Evaluation and Research Activities: 69% of researchers, practitioners, and government employees report evaluating the impact of programming. However, only 64% of researchers and 20% of practitioners report using an experimental design to do so.
- Barriers to research monitoring and evaluation: 78% of practitioners and government employees identified "not having enough financial resources" as a critical challenge. 58% of funders identified as the top barrier that "information is hard to interpret/act on". Notably, 58% of practitioners and government employees reported struggling to find measurement tools as a barrier for research.

3EA's M&M has convened a consortium of 8 research-practice partnerships in the Middle East/North Africa and Turkey (MENAT) region to engage in the process of 1) designing new measures and/or adjusting existing measures of children's learning and holistic development and/or program implementation quality, and 2) testing the reliability, validity, comparability and feasibility of the instruments. As a result, the project will develop and disseminate a dynamic toolkit of valid and reliable measures and training materials.

Impact Evaluation of Leave No Girl Behind in Pakistan and Sierra Leone

Pakistan and Sierra Leone

2019-2021

Funding Source: DFID

DFID's Girls' Education Challenge (GEC) is helping the world's poorest girls improve their lives through education and supporting better ways of getting girls in school and ensuring they receive a quality education to transform their future. The IRC will implement the Every Adolescent Girl Empowered and Resilient (EAGER) learning program in Sierra Leone and Teach and Educate Adolescent-Girls with Community Help (TEACH) in Pakistan to improve the literacy, numeracy, lifeskills and transition outcomes of hard-to-reach girls in these two conflict and crisis-affected settings.

Both projects will use experimental, longitudinal and mixed-methods research designs to identify: 1) the cost-effectiveness of the interventions, 2) the degree to which the interventions have a differential effect on different groups of girls (e.g., married, pregnant, disabled, orphaned or on foster care, etc.); 3) the individual, home and community characteristics that are associated with girls' learning and transition outcomes; 4) the implementation characteristics that moderate the effect of the interventions on girls' learning and transition outcomes, and 5) the variety of girls' perceptions and experiences with the interventions.



Economic Wellbeing

Generating Evidence for the Use of Cash Relief for Health Outcomes

Pakistan & Cameroon

2017-2019

Funding Source: OFDA

Cash relief is an intervention that has proven to be one of the most effective and well-evidenced tools to help vulnerable people survive and recover in emergencies. With an increase in the use of multipurpose cash grants to help households affected by crises to meet a variety of needs, it is necessary to understand the extent to which cash assistance will be useful in enabling individuals to achieve health outcomes.

This research takes the first step towards addressing the evidence gap to determine the appropriateness and feasibility of cash assistance to achieve health outcomes. Our approach is to collect information on the predictable and unpredictable health needs of beneficiary households, how these needs are currently met, and the role of cash assistance in meeting these needs. In parallel, we will conduct health assessments in the areas where cash programming is ongoing to document the environmental factors necessary (from a supply perspective), such as health services of acceptable quality and quantity, in order to propose the use of cash for the purpose of increasing access to and utilization of health services.

Generating Evidence on the Effect of Cash Relief on Local Markets

Countries TBD

2018-2020

Funding Source: OFDA

Although there is substantial research on the impact of cash assistance on beneficiary-level outcomes in humanitarian contexts, including on the comparative impacts of cash and vouchers, there is relatively little evidence on the effect of cash and vouchers on markets. Most of the existing research on this topic focuses on indirect economic impact rather than the direct impact at the local market or vendor level. In addition, there are major gaps in knowledge and practice related to humanitarian market support programming, including on how businesses cope in crisis contexts and which aspects of market systems should be supported and how.

The goal of this study is to generate evidence that will help promote the uptake and design of emergency response and early recovery programming that supports the improved functioning of market systems that are crucial to crisis-affected populations. This research will do so by undertaking the following activities:

1. Establish indicators to measure vendor health in market places
2. Assess the effect of cash and voucher assistance on vendors
3. Develop guidance on designing market support interventions

PRO-Jeunes: Boosting (Self-) Employment for Youth in Cote d'Ivoire and the Impact of Socio-Emotional Skills Training, Information and Norms

Côte d'Ivoire

2017-2021

Research Partner: The World Bank African Gender Innovation Lab

Funding Source: World Bank and Mastercard Foundation

Due to years of forced idleness, most youth in the Ivory Coast lack the

skills, knowledge, and resources to grasp employment opportunities, while private sector partners struggle to find suitably trained employees and entrepreneurs. The PRO-Jeunes project aims to provide business and employment readiness services to a total of 10,000 disadvantaged youth over the course of five years. The youth targeted in the program are particularly vulnerable: they are economically disadvantaged, hard-to-reach young people ages 15-24 years in rural and urban Ivory Coast.

The project's blended learning approach, which encompasses foundational skills training, coaching and peer support through an e-learning platform and social media tools, along with in-person coaching and mentoring, is a first in Côte d'Ivoire. The beneficiaries use tablets to access an e-platform of successfully tested curricula on entrepreneurship, life skills, and financial management. Coaches guide youth through the curricula at an individualized pace. Following this foundational skills training, youth will search for employment, start-up businesses or participate in vocational training developed in partnership with selected industry leads, while continuing to receive coaching, peer support, and business mentoring.

The goal of this study is to estimate the impact of two variations of the foundational skills training delivered under the Pro-Jeunes program and their combinations with incentives for women to cross-over into male dominated sectors, and strategies to reduce information gaps (about own aptitudes and employment opportunities). One version of the curriculum will focus on strengthening inter-personal skills like communications and negotiations, while the other version will focus on intra-personal skills like goal-setting and self-esteem. In addition, a randomly selected group of women participants will see a role model/norm change intervention video while others will not.



Conflict Prevention and Peacebuilding in Somalia and Democratic Republic of Congo: Learning from the Humanitarian-Peacebuilding-Development Nexus (theory-based evaluation and process evaluation)

DRC, Somalia

2018-2020

Funding Source: SIDA (Swedish International Development Agency)

Violent conflicts has created a weak protective environment for communities in Somalia and the Democratic Republic of the Congo (DRC). The IRC in partnership with the Benadir Regional Administration (BRA) in Mogadishu, Somalia and the Commission Diocésaine pour la Justice et la Paix (CDJP) in Tanganyika province, DRC is seeking to implement a comprehensive program encompassing activities that aim at prevention of violent conflict, support to peace and state building processes and human security.

The program is designed to promote communities' ability to participate in group dialogue as part of a process that provides them with increased access to services, while also enhancing the local government's ability to engage with communities and support their needs, including response capacities to effectively mitigate and manage conflicts. In Somalia, the program focuses on access to, and capacities of, justice systems in Benadir Region (Mogadishu). In the Democratic Republic of Congo, the program will focus on conflict-affected Bantu and Twa communities by supporting increased access to equitable healthcare services in Tanganyika province.

This program includes a learning framework centered on a theory-driven evaluation method in order to determine whether the program's theory of change holds, through which mechanisms, and under which conditions.

The baseline evaluation made these cross-cutting recommendations:

- It is important to clarify key concepts, since they tell us what success looks like. There are multiple ways to define peacebuilding, conflict prevent and state building. Defining those concepts for this programme helps clarify our vision and contribution to these outcomes.
- Theories of change should be specific to the context and entry points, and be clear about how we think change happens. The IRC's Outcomes and Evidence Framework is useful as a starting point for conceptualizing outcome pathways, but the pathways require contextualizing. The assumptions in the global pathways do hold true and remain relevant in the contextualized theories of change we have developed for each project.
- The IRC should continue to assess opportunities to work with both formal and informal mechanisms; existing and new structures; and other programs.
- We need to understand better intergroup power dynamics to develop effective people-to-people peacebuilding approaches and initiatives to build social cohesion. Relatedly, peacebuilding approaches designed to increase the participation of marginalized groups, especially women, need to be adequately resourced to be able to incentivize and offset opportunity costs to participation, as well as to provide tangible resources participants mobilize.



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

DRC

2015–2019

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

Funding Source: DFID

Publications & 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 randomizes whether communities that 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. Endline surveys were conducted between October 2017 to January 2018 in 339 communities. Qualitative methods were also used to map the mechanisms that lead to greater accountability and local development outcomes, including creating collective spaces, information provision, and oversight. Findings will be released in mid-2019.



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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