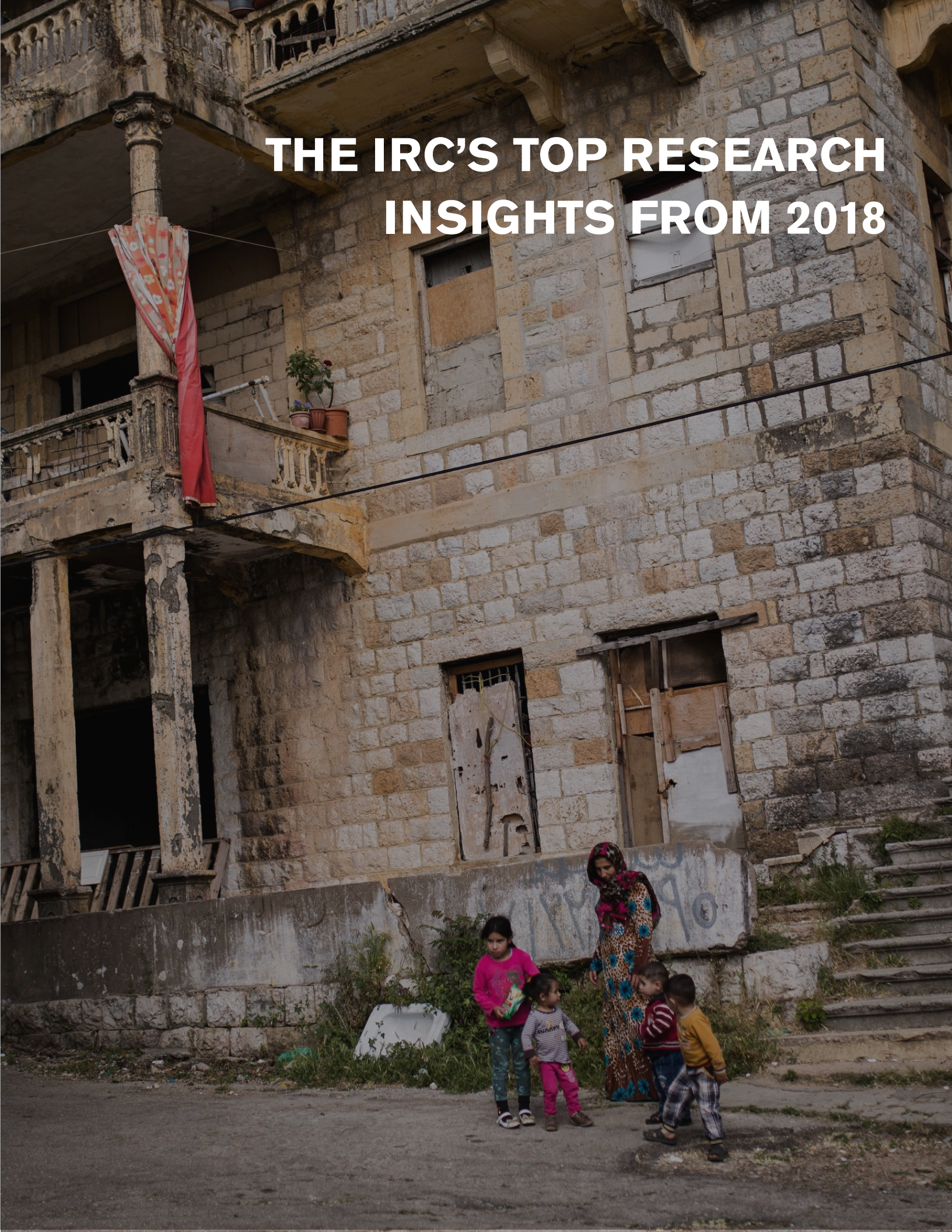




RESEARCH AT THE INTERNATIONAL RESCUE COMMITTEE:

Top Insights from 2018, What to Watch for in 2019

THE IRC'S TOP RESEARCH INSIGHTS FROM 2018



INSIGHT #1: A SIMPLIFIED PROTOCOL FOR ADDRESSING MALNUTRITION ACHIEVES SIMILAR TREATMENT OUTCOMES, BUT FOR LESS COST

In 2017 alone, 51 million children suffered from acute malnutrition, which dramatically increases a child's risk of death. While acute malnutrition has been – and remains – highly treatable, fewer than 20% of children with severe acute malnutrition (SAM) access the treatment they need, and the number is even lower for children with moderate acute malnutrition (MAM).

Acute malnutrition is a continuum condition – when treated properly, children with SAM recover to MAM before ideally reaching full health. Today, however, the treatment delivery system is bifurcated: SAM children and MAM children are being treated by two different United Nations (UN) agencies, using two different procurement systems to deliver two different treatments for essentially the same illness. In practice, this fragmented approach results in a costly system in which children rarely have access to both SAM and MAM therapies in the same place or time. The International Rescue Committee's (IRC) solution, a combined and simplified protocol, offers a new way forward for the UN system by treating children with SAM and MAM together in one program – enabling more resources to reach more children.

The Combined Protocol for Acute Malnutrition Study (ComPAS) carried out in Kenya and South Sudan showed that **this combined and simplified protocol will achieve similar treatment outcomes as current protocols, but more cost effectively**. A separate study was conducted in Somalia, using a similarly simplified protocol just for SAM children; the **children showed very high recovery rates, but questions were raised about whether time to recovery is too long**. This question of time to recovery, which may be driven by a reduced dosage schedule, will be investigated in future studies. A four-country policy study conducted around what drives national-level adaptations to acute malnutrition treatment protocols showed that stakeholders in food-insecure countries are open to simplified protocols, but there were concerns about moving ahead with nationwide or global change without understanding scientific and logistical implications of adaptations. Additional programmatic evaluations and research studies surrounding simplified protocols are in progress, led by the IRC and other implementing agencies to address this.

INSIGHT #2: CASH ASSISTANCE MAY ENABLE WOMEN TO MEET BASIC NEEDS AND REDUCE NEGATIVE COPING MECHANISMS, BUT THE RISK OF INTIMATE PARTNER VIOLENCE SHOULD BE MONITORED AND PREVENTED

Cash assistance is one of the fastest growing interventions for supporting people affected by humanitarian crises. However, cash transfers have the potential to either reduce or exacerbate the risk of violence for women, depending on contextual factors and various program specifications in humanitarian settings.

As part of the What Works program, the IRC evaluated the perceived impact of cash transfers on women's experiences of violence, negative coping (including sexual exploitation), and wellbeing in Raqqa

Governorate, Syria. Cash was widely accepted and preferred by women to in-kind aid. We learned that before and after cash transfers, **food security improved and other negative coping measures women and households take to meet their basic needs were reduced.** However, married/partnered women were **19% more likely to report economic abuse from partners after receipt of cash**, in addition to significantly **increased risk of sexual partner violence and depressive symptoms.** We are **not certain whether the cash caused the changes** as the study design did not include a comparison group and the changes may have been due to other external factors. Despite uncertainty about whether the cash program caused these outcomes, these findings suggest we need to monitor and reduce risks related to changing household dynamics.

These findings also show the need to develop and test additional components to cash transfer programming models to reduce the risk of intimate partner violence. Over the next year, the IRC will be conducting a study to: (1) develop acceptable and feasible cash *plus* models that reduce intimate partner violence and (2) pilot the feasibility and acceptability of light-touch behavioral approaches that can be delivered alongside cash transfer programming – such as informational or decision-making sessions – that are informed by behavioral insights. This will provide proof-of-concept solutions that can undergo more rigorous testing and roll-out to maximize cash's potential to reduce gender-based violence.

INSIGHT #3: ACCELERATED LEARNING PROGRAMS CAN HAVE SIGNIFICANT POSITIVE EFFECTS ON LITERACY, NUMERACY, AND CHILDREN'S TRANSITIONS INTO FORMAL SCHOOLING

Since 2009, the Boko Haram insurgency has crippled Nigeria, displacing 1.9 million people and devastating an already fragile education system: 1,200 schools have been destroyed and 1,700 have closed. More than 600 teachers have been killed and approximately 19,000 have been displaced. The country has 10.5 million school-aged children out-of-school, ranking the highest in the world (UNICEF, 2018). In areas such as Yobe and Borno, where the majority of displaced people live, the number of out-of-school children reaches 75% (OCHA, 2017).

To respond to this crisis, the IRC and Creative Associates created 400 non-formal learning centers to provide 20,000 out-of-school children between the ages of 9-14 with the opportunity to attend an accelerated learning program so they can catch up with their peers. This program aims to build their basic literacy, numeracy and socio-emotional skills, while enabling transition into formal schools. Given the lack of teachers or qualified personnel in the region, the program has provided 400 community members with capacity building support so they can learn the skills they need to improve the learning and transition out-of-school children into formal schooling in Nigeria.



The results from an evaluation indicate that at a cost of £67 per child, the program **has small to medium, positive and statistically significant effects in four out of five literacy and seven out of eight numeracy skills, leading to a reduction in children’s orientation toward the use of aggressive conflict resolution strategies.** Notably, the intervention is reducing baseline equity gaps by helping the most socio-economically disadvantaged children improve their literacy and numeracy skills, and by helping children with disabilities improve with their feelings of depression.

INSIGHT #4: TUTORING PLUS TARGETED SOCIO-EMOTIONAL ACTIVITIES CAN HAVE A POSITIVE IMPACT ON CHILDREN’S READING, MATH, AND OVERALL ACADEMIC PERFORMANCE

Access to education globally has improved dramatically in the past two decades, and now 92% of the world’s school-aged children go to school. For refugee children, however, access to learning is far behind – more than half (54%) of all school-aged refugees have no access to education.

Education in Emergencies: Evidence for Action (3EA) is a partnership between the IRC and New York University that aims to ensure children in crisis-affected settings attend safe and predictable schools and gain the skills they need to thrive and succeed in school and life. The initiative provided more than 8,000 children in Lebanon, Niger, and Sierra Leone with access to IRC’s Healing Classrooms tutoring program – which aims to increase children’s reading, math and social-emotional skills, equipping them to succeed in a formal education system – and low-intensity, targeted activities to improve their socio-emotional skills: 1) Mindfulness to reduce toxic stress: strategies to focus on breathing and attentive listening to a single resonant sound are carried out daily; and 2) ‘Brain Games,’ to teach mental flexibility, working memory, attention, emotion regulation, impulse control, and positive social relationships.

Evidence from the Niger program show that **IRC’s Healing Classrooms tutoring plus targeted mindfulness and brain games interventions have a positive impact on children’s reading, math and overall academic performance** compared to children who had no access to the IRC’s program.



INSIGHT #5: ADDING A SMALL CASH INCENTIVE TO A LIFE SKILLS PROGRAM IMPROVED SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES BY MORE THAN 50%

Adolescents are particularly vulnerable to the risks that arise in humanitarian settings, including experiences of violence and trauma, disruption of education, family separation, and the breakdown of support systems. Yet, adolescent girls and boys have consistently been overlooked and underserved by a humanitarian system that traditionally targets either young children or adults.

To overcome this gap, the IRC implemented Girl Empower in 56 communities in Liberia. 772 girls aged 13-14 years old participated in weekly group sessions facilitated by young female mentors from the community. The Girl Empower randomized controlled trial demonstrated that this 32-week life skills curriculum **reduced rates of child marriage and risky sexual behaviors**. These **impacts were sustained one year after** the end of the program. In addition, the Girl Empower program participants had improved life skills and gender attitudes compared to the control group.

The **girls who received a cash incentive** for participation in Girl Empower (which was a variation in implementation) further **reduced their likelihood of marriage and the number of sexual partners** in the past 12 months and **increased their sexual abstinence and condom use** in the past 12 months **by more than 50%** compared to Girl Empower alone. The additional cash component increased cost-per-girl of the Girl Empower intervention by less than 8% yet significantly improved impacts on sexual and reproductive health as well as family formation.

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

THE IRC'S RESEARCH FINDINGS TO WATCH FOR IN 2019



#1: WHAT ARE THE BARRIERS TO WOMEN'S INTEGRATION IN THE WORKFORCE AND HOW CAN WE OVERCOME THEM?

Research has shown that when refugees are economically engaged, they are able to contribute to the economy as employers, employees, and consumers, resulting in a multiplier effect in their communities. However, a few key problems still remain in taking employment initiatives for refugees to scale. Notable amongst these is the fact that refugee women remain less engaged in workforce development initiatives. While women make up half of the refugee population, they are often less able to engage in employment programs. For instance, in Jordan, where approximately 85,000 work permits were issued to refugees, only 4% of those were issued to women. This pattern is common across refugee contexts and can often be explained by the particular constraints that women face due to domestic responsibilities, access to childcare, and real or perceived security constraints.

In order to better understand the constraints refugee women face across contexts, the IRC is undertaking exploratory research in three different contexts (Niger, Kenya, and Germany) to understand the barriers and challenges displaced women face in entering and participating in the labor market (including participation in livelihoods interventions). The overall objective is to use the information generated through the research to design, conduct and evaluate small scale pilots in all three locations to improve women's participation in livelihoods interventions and the labor market.



#2: CAN CASH RELIEF IMPROVE ACCESS AND USE OF HEALTH SERVICES?

Cash relief is an intervention that has been proven to be one of the most effective and well-evidenced tools to help vulnerable people survive and recover in emergencies. However, the evidence base is slim from humanitarian settings on using cash to achieve other outcomes. With an increase in the use of multipurpose cash grants to help households affected by crises meet a variety of needs, it is necessary to understand whether and how cash assistance can be used to enable individuals to achieve health outcomes.

IRC's research aims to take the first step towards filling this gap by understanding how cash assistance could be structured to increase access to and utilization of health services and products. The findings from this research will provide guidance to humanitarian cash and health actors on how to structure cash programs in order to meet health needs of crisis-affected populations.

#3: CAN WE EFFECTIVELY REDUCE THE RISK OF ALL FORMS OF VIOLENCE IN THE HOME SIMULTANEOUSLY?

Violence affects 1 in 3 women and half of all children around the world. In humanitarian contexts, the normalization of violence and erosion of protective structures — such as laws, police and families — among other factors leaves people at even greater risk of exposure to violence. While much attention is given to violence by armed actors, many women and children experience violence in their homes. This type of violence increases in conflict and its consequences threaten the health, safety, education, power, and economic well-being for millions of women and children, with lasting impacts on their families and communities.

To date, despite high levels of co-occurrence of multiple forms of violence in the home, the humanitarian community has largely focused on intimate partner violence and child maltreatment via separate and distinct interventions and strategies. In 2018, the IRC led formative research to understand the co-occurrence and drivers of these forms of violence in the Democratic Republic of the Congo and Myanmar and found a number of shared risk factors. Baseline survey findings demonstrate high levels of co-occurrence in the home, with over three-quarters of women reporting intimate partner violence and approximately 94% of mothers and 54% of fathers using violent discipline practices.

To better address the shared drivers of violence against women and children in the home, the IRC developed and is testing a combined curriculum, Safe at Home. If proven to work, we plan to expand program elements to include violence against people with disabilities and the elderly and move to more rigorous testing. Overall, the IRC will focus more on understanding violence against people with disabilities in the coming year(s).



#4: CAN LOW-LITERATE COMMUNITY HEALTH WORKERS DELIVER ACUTE MALNUTRITION TREATMENT?

Malnutrition is considered to be an underlying cause of death for 45% of the 5.9 million under-five deaths that occur around the globe each year. Treatment for acute malnutrition is currently delivered through outpatient programs; severe acute malnutrition is treated on a weekly schedule and moderate acute malnutrition on a biweekly schedule, requiring caregivers to return frequently to a clinic to receive the next round of food supplementation until a child has fully recovered. The logistical barriers such as distance,



security, and caregivers' other familial obligations make accessing treatment difficult, especially in fragile and conflict-affected contexts.

Community health worker cadres in many countries where the IRC operates are already empowered to provide treatment for uncomplicated cases of pneumonia, diarrhea, and malaria in the community. The IRC examined the feasibility of adding malnutrition treatment to the tasks of low-literate community health workers specifically, allowing us to reach children who reside farther away from nutrition clinics, and are likely more malnourished. A pilot study conducted by the IRC in South Sudan in 2017 showed positive results, and the IRC has since been leading a coalition including four other non-governmental organizations to pilot the same approach in other contexts (Malawi, Nigeria, and two sites in Kenya). We expect to have findings from each of those pilots in 2019 to allow for synthesis of lessons learned and then to test the approach at a larger scale.

#5: WHAT ARE THE MOST COST-EFFECTIVE INGREDIENTS OF TEACHERS' PROFESSIONAL DEVELOPMENT FOR IMPROVING READING?

The Pakistan Reading Project (PRP) was created by USAID and the Government of Pakistan to address the reading deficit in Pakistani schools. During the seven years of program implementation, approximately 1.3 million students have benefited from the intervention in seven provinces of Pakistan. PRP aims to have a positive effect on students' reading outcomes by improving the classroom learning environment for reading, and through policies, systems, and community-based support for reading. The program employs an array of interventions that, implemented over the course of two years, are geared towards changing the way reading is taught in the classrooms. Treatment ingredients include teaching and learning materials and the provision of professional development opportunities for teachers, such as face-to-face training, teacher inquiry groups, and school support visits.

Research findings showed that PRP is having positive effects on students' reading outcomes and improving the quality of teachers' instructional practices. Policymakers interested in sustaining PRP's model in primary schools beyond the life of the project need information about the cost and unique effects of different components of the intervention to make decisions about which ones they want to adopt. For this reason, the IRC is currently conducting an experimental study to disentangle the cost-effectiveness of face-to-face trainings, teacher inquiry groups, and school support visits. In July 2019 we will have results documenting the cost-effectiveness of PRP's ingredients after one year of implementation.

#6: HOW CAN WE PRACTICALLY MEASURE EDUCATION OUTCOMES IN EMERGENCY SETTINGS?

One of the systemic elements critical for improving the quality of education—and consequently, children's learning and well-being—is information. The collection and feedback of key indicators about how programs are implemented, whether children are learning, and whether programs are cost-effective, allows for a common understanding of whether goals are met and resources are well used, in turn allowing for accountability and quality improvement processes. And yet, in contexts of conflict and crisis there is a dearth of information and evidence that can guide stakeholders in their efforts to improve access, learning, and safety for children and youth. One of the main challenges to building the evidence base in emergency contexts stems from the fact that stakeholders in these settings often must rely on inadequate and/or untested measures and methods for assessing academic, psychosocial, and socio-emotional learning outcomes and the processes that support them. Even where evidence and measures do exist, there is limited awareness, understanding, and uptake of valid and reliable measures due to lack of user-centered design, capacity-building tools, and opportunities.

As part of the Education in Emergencies: Evidence for Action (3EA) initiative, the IRC and New York University convened a consortium of eight research-practice partnerships in in Middle East/North Africa and Turkey region, to develop, adapt, and test a set of measurement tools to assess critical dimensions of program implementation quality and children's learning and holistic development in crisis contexts. As a result, the project will produce a dynamic toolkit of valid and reliable measures and training materials, which will be disseminated through the Inter-Agency Network for Education in Emergencies (INEE). We expect that the measures and guidance materials that will be included in the toolkit and widely disseminated through INEE will have a positive impact on the ability of stakeholders in the region to build the evidence base about what works, and on the ability of funders, implementers and policymakers to make informed decisions about how and where to invest scarce time and resources.



Photo: Ned Colt/IRC

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.

Rescue.org