

ELRHA'S RESEARCH FOR HEALTH IN HUMANITARIAN CRISES:

IMPACT EVALUATION

ANNEXES C-F

Commissioned by Elrha's R2HC Programme

Conducted by The Policy Practice

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ANNEX C: LANDSCAPE MAPPING SPREADSHEET

| Body/group name | Funds research? | Evidence uptake role? | Type of funding | Thematic focus | Source of Funds | Similarity to R2HC | Differences to R2HC |
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| Government academic research funders | | | | | | | |
| Academy of Medical Sciences | Y | Y | Grants and fellowships. | Health | BEIS (now DSIT), UK Dept Health, Wellcome Trust, individuals; | Funds biomedical and health research; often through competitions (e.g. GCRF); | capacity building for researchers (usually UK in their case but not only); no humanitarian stream of work but included in some competitions |
| British Academy | Y | Y | Grants, fellowships | Humanities/Social Sciences | Donations | some humanitarian research supported; some international | broad range of research; capacity building |
| ESRC | Y | Y | Grants, fellowships | More general | UK government | Some humanitarian research (e.g. through GCRF funding. Competitive calls. | General research; research capacity strengthening; some international research through ODA. |
| European Research Council | Y | N | Grants, discovery science | 4 basic research core grant schemes: Starting Grants, Consolidator Grants, Advanced Grants and Synergy Grants. | EU | Includes Health Funding and Horizon Europe; some open schemes | Focus is Europe |
| MRC | Y | Limited | Grants | Health including global | Gov't of UK, GCRF | health research, some humanitarian in gcrf, | broader focus; joint funding wit other |

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| | | | | | | (less likely in replacement ISPF scheme) | agencies in some calls; larger projects; UK PIs; part of UKRI |
| NIHR | Y | Y | Various | Health | UK Govt/OFDA | Has a Global Health stream; high quality research as a priority; collaborative research; Humanitarian research funded within topic areas | no focused humanitarian research programme |
| NIH - Fogarty International Research Centre | Y | Y | Grants + | International health | Gov't of USA | global health mandate; some humanitarian health research funding under subject area streams | Capacity strengthening is a key priority in their global work stream; also global networks; thematic foci (preparing for future pandemics, climate change, social justice; no humanitarian funding stream; upstream research |
| Eunice Kennedy Shriver National Institute of Child Health and Human Development | Y | Y | | health of women and babies; e.g. research into human milk; | USA gov't | health focus | no humanitarian stream; |
| German Research Foundation | Y | N | Wide range; individual, institutional, focus on strengthening German research environment | wide range; the central self-governing German research organisation | German government | researcher driven subject matter; | national government funded; v large; national focus; membership organisation for multiple German research groups such as Max Planck, Fraunhafer and others; |

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| | | | | | | | focus on German priorities; |
| Australian National Health and Medical Research Council (NHMRC) | Y | N | grant research competitions, with international programmes jointly funded with other countries, primarily HIC but some focus on issues like AMR | health | Australian government | research calls are researcher driven | no specific humanitarian focus; |
| Institute national de la santé et de la recherche médicale (INSERM) | Y | Y | Various | Health/clinical/biomedical | French Govt | some topic overlaps | no specific humanitarian focus; |
| European Centre for Disease Prevention and Control (ECDC) | Y | Y | grants and internal work | to strengthen Europe's defences against infectious diseases | EU | none other than some emergencies focus such as COVID- 19 | no humanitarian focus; EU focused |
| US CDC | Y | Y | grants and cooperative agreements | Health | USA gov't | Public health emergencies funding tends to focus on outbreaks etc | policy making agency as well as research; primarily USA focused |
| UKRI | Y | Y | Umbrella organisation for 7 councils, Research England and Innovate UK Global Challenges Research Fund now replaced by the International Science partnership Fund | Multiple | DSIT, UK Govt/OFDA | BEIS announced closure of GCRF in Feb 2022; ISPF has launched | mostly UK focus to research; councils fund fellowships (capacity strengthening) as well as research competitions; |
| Canadian Institutes of Health Research (CIHR) | Y | Y | grants | indigenous health research; RCTs; EDI; health research training; Knowledge mobilization; pandemic preparedness; | Gov't of Canada | grants and calls, usually thematic | Mostly focused on Cdn health priority issues; no humanitarian programme; some v |

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| | | | | | | | large grants, e.g. CAD 7million |
| Institute Pasteur | Y | Y | researchers affiliated with the Institute; postdoc calls; workshop calls; joint international calls often without funders | emerging infectious diseases; AMR; neurogenerative research; immunology; cancer | major donors; individual donors | health research | global focus; no human. programme per se |
| Nuffield Council on Bioethics | Y | Y | All studies related to ethics improvements and quality | Nuffield Council on Bioethics : A UK-based organization that examines and reports on ethical issues in biology and medicine. Together with the Global Health Network they have developed an e-learning course covering the core ethical issues that arise when conducting research in global health emergencies. | Nuffield Foundation, Wellcome Trust and Medical Research Council | Research Ethics | all research ethics not only humanitarian settings; advisory; |
| South Africa National Research Foundation (NRF) | Y | N | Various | Multiple | South African Government | Supports research calls on health and humanitarian related themes, such as this recent call co-funded with the Netherlands National Research Council (NOW) on Integrating Health Approaches and the Water-Energy-Food (WEF) nexus - https://www.nrf.ac.za/wp-content/uploads/2022/01/NRF-NWO-Call- | Not exclusively focussed on humanitarian settings or health. |

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| | | | | | | for-Proposals-Health-and-WEF-Nexus.pdf | |
| National Research Council of the Netherlands (NOW) | Y | Y | Multiple | Dutch science funding body on quality and innovation in science. NWO Domain Science (ENW) NWO Domain Applied and Engineering Sciences (AES) NWO Domain Social Sciences and Humanities (SSH) HIC and LMIC settings | | Supports research calls on health and humanitarian related themes, such as the co-funded one mentioned in the cell above. | Not exclusively focussed on humanitarian settings or health. |
| UN system & Red Cross/Red Crescent | | | | | | | |
| WHO collaborating centres | No - funding must already be available | N | Funding must already be available | Health; usually a focus such as KT or other; | various, often from competitions or national governments | Research is commissioned through collaborating academic centres. | Collaborating centres do not receive funding from WHO. And the partnership with implementing agencies is not a requirement. |
| WHO | Y | Limited | internal w foundation funding | health, emergencies | For research, multiple donors on a project or research area basis | Can use R2HC research for guideline development; implementation research as key focus | emergency response; produce interim guidance in emergencies that can be followed up to confirm; |
| WHO Special Programme for Research and Training in Tropical Diseases (TDR) | Y | Y | Small grants, research on diseases of poverty | Health | Co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and | The focus has moved from vaccine and treatment product development partnerships to implementation research. The new strategic areas of climate change, outbreaks and | A lot of the focus is on training through the regional training centres, and on supporting researchers to complete MScs and PhDs and other projects from proposal through to publication - involving a lot of support from TDR staff. Another |

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| | | | | | the World Health Organization (WHO). Often also funding from other donors like the Bill and Melinda Gates Foundation. | treatment and vector resistance are certainly relevant to crisis situations. Directly commissioned research is often systematic reviews or other reviews. TDR also provides funding for research to regional offices. TDR also runs regional research training centres | area of focus is on using and strengthening domestic data collection. There is a big focus on research uptake, aided by the fact that TDR is embedded in WHO and has direct relationships with its regional and country offices. |
| Pan American Health Organisation | Y | Y | Primarily TDR (with WHO, WB, UNICEF) | Health | Member States, Voluntary, WHO | Some humanitarian research related to their region | research to meet in house needs; rely on network of Collaborating Centres to support research as well; support for WHO guidance adaptation for countries in the region; |
| OCHA | Y | Y | Commissioned research | Humanitarian crisis | UN, member states, individuals | Inform on evidence re crisis | research to inform their policy advocacy efforts |
| UNHCR | Somewhat | | Innovation Funds | Migration | | Primarily funds UNHCR teams | |
| UNFPA | Y | Y | Commissioned studies | Sexual, reproductive and women's rights key priorities | multiple | Strong humanitarian focus | research focused on organisation needs |
| UNICEF & Innocenti | Y | Y | Multiple, depending on location; often local research through country offices | Health broad | multiple | Health research; community engagement | evidence synthesis is a priority at Innocenti; internal research |

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| | | | | | | | functions (with contracting) |
| IOM | Y | Y | Commissions and internal research | All migration policy issues and World Migration Report | multiple | Migration research, including some studies similar to those funded by R2HC | applied migration research to support programme delivery only |
| IFRC | Y for internal needs - WDR | Y | Delivery of humanitarian assistance | Humanitarian response; WDR | multiple | Humanitarian focus | operational |
| INGOs | | | | | | | |
| Action Contre La Faime (ACF/AAF) | Y | Y | Various | Nutrition | Multiple donors | Many of the studies are similar to studies that could also be commissioned by R2HC such as RCTs or observational studies, partnering with universities. | There are also a lot of evaluations. A lot is also conducted in house ACF France was the first HQ office to establish a research department and US and UK and Spain also now have one. The ACF France research department has 6-7 researchers in house. Broad nutrition focus (including WASH & nutrition, MHPSS & nutrition etc). No open calls. Some of the universities that ACF partners with are ones that they have a long term relationship with. |

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| IRC | Y | Y | impact studies in humanitarian settings, including health (esp. SAM), education, agriculture, mental health; grants to coalition members; supports EQUAL, | humanitarian general | USA gov't; UN; UK gov't; individual donors; foundations | impact research in humanitarian settings, some suggestion they do fund in here: https://www.rescue.org/sites/default/files/document/2655/researchprojectlist5172018.pdf p. 22; esp. concerned with evidence uptake | in house and own partners and affiliates; practitioner organisation primarily; research is publicly available |
| MSF Epicentre | Y | Y | research for MSF | epi in all areas relevant to humanitarian and crisis settings | MSF and grants | humanitarian in focus; epi research as priority; some publications publicly available; high quality scientific research in peer reviewed journals; | regional centres in Niger and Uganda plus head office in Paris and teams of epi researchers in the field; emergency response organisation; research in support of MSF; include training as part of mandate; |
| Pasteur Network | Y | Y | Biomedical research, public health research, education and training, business development, technology transfer | membership organisation promoting humanitarianism, rigour, freedom of initiative, KT and freedom of information in health; members are independent entities that adhere to the Pasteur Network values and approaches; they are members of the Institut Pasteur Assembly; research is through | members & multiple funders | local engagement a priority; focus in disease endemic settings; | not solely humanitarian; strong capacity strengthening in research element through courses, Phds and postdocs |
| Marie Curie | Y | Y | commissioned studies | End of life care | patrons | no | advocacy and support in UK |

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| Marie Stopes | N | Y | service provider | reproductive choice | members and donors | some work on SRH in humanitarian and crisis settings | service provider and advocacy organisation |
| The International Society of Physical and Rehabilitation Medicine | N | Y | professional association to improve practice | rehabilitation | membership and donors | some humanitarian orientation | professional organisation; advocacy orientation |
| Federation Global Initiative on Psychiatry(FGIP) | N | Y | Focus on human rights in mental health working through member organisations; capacity building, fundraising, watch dog; training and reperch; monitoring human rights in mental health, | launched CfP with Netherlands Helsinki Committee titled ""COVID-19 Solidarity Programme 2020-2022: Call for Proposals on Covid-19 in Prisons and Mental Health Institutions"" much work in humanitarian settings; | membership, individual donors, foundations and other sponsors | significant humanitarian area interest | a professional rather than research organisation; not a funder; advocacy on mental health |
| Save the Children International | Y | Y | partnerships w private sector & academy | country office priorities | internal, donor | humanitarian; engage local partners | quality concerns (internally) due to rapid research cycles; do not prioritise academic publishable research |
| World Vision International (WVI) | Y | N | development primarily | support to the most vulnerable children | donors | humanitarian focus | primarily operational |
| Care International | Y | Y | internal | coordination of other studies for Care consumption | internal, donor | Concern with building evidence base for action in humanitarian settings | primarily operational |
| Oxfam | Y | Y | wide range of commissioned and some internal research | human development and fighting poverty; including climate change, gender justice | donors | research in humanitarian settings | primarily advocacy; research in support of advocacy; |

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| FHI 360 | Y | Y | commissioned studies | equity, health and wellbeing, globally | grant agreements | some humanitarian focus | research in support of programmes |
| Centre for Humanitarian Dialogue | N | N | Dialogue and Negotiation | They produce the HD Annual Reports ; preventing and resolving armed conflicts | | work in humanitarian settings | not a research or research funding body |
| International Peace Institute | Y | Y | internal research | peace - think tank | | intersection between peace, crisis and humanitarian work | think tank with internal research |
| HelpAge international | Y | Y | internal research to support agenda | elder dignity | membership, donors | some humanitarian focus | advocacy organisations |
| Innovations for Poverty Action (/JPAL) | Yes and no - mostly conduct research | Y | | Ten sectoral themes including conflict and recovery which includes humanitarian settings. Focus mostly on RCT and quasi-experimental research. | Multiple donors and philanthropic donors. | Conducts RCTs on multiple health issues from MHPSS to SRH to nutrition including in humanitarian and fragile settings. Strong focus on research uptake and actionability. | Has 20 country offices and conducts research with a combination of roster academics, in house staff and partnerships. Works on multiple sectors not only on health. Has embedded evidence labs working with selected country ministries (mostly education, some health) to promote country-led research agendas and research use. |
| Multi-lateral & bilateral donors | | | | | | | |
| Bureau for Humanitarian Affairs (BHA) | Y | Y | grants, contracts | Humanitarian | US government | Reportedly also has some open calls, but mostly unsolicited calls. Sometimes funds similar studies | Funding is small scale. Wider focus than health alone. Different approach to selecting and contracting. Often |

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| | | | | | | conducted by similar actors, USAID Global Health Team also has some new procurements that focus on health - they don't have a humanitarian focus per se but may include some of these contexts and the envelope and duration will be bigger perhaps 5 years. | unsolicited calls so this is often more likely to be taken up by actors who already know they can apply. No comparable uptake or communication role. |
| FCDO | Y | | Multiple | International development and humanitarian focus for ODA funds | UK Govt/ODA | Through its large Research Programme Consortia and other research funding managed through the Global Health Research Team, FCDO supports a number of publications that are similar to those that could have been funded by R2HC. | FCDO would not be able to manage small grants directly (having tried in the South Asia Research Hub and found this difficult). |
| Horizon Europe | Y | N | Multiple as much through related agencies | More general: EU's key funding programme for research and innovation; health is one area | EU | not similar to R2HC | Europe focus; |
| Directorate-General for European Civil Protection and | N | N | support to emergencies | humanitarian emergencies | Dept of EU | humanitarian focus | 5 regional offices and 50+ field offices; operational not research |

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| Humanitarian Aid Operations (ECHO) | | | | | | | |
| Government of Germany | N | Y | humanitarian programme support | humanitarian assistance | Government of German | humanitarian focus programme | operating agency not research |
| International Development Research Centre (IDRC) | Y | Y | Grants | Multiple including global health | Gov't of Canada and other donors | carry out some humanitarian research | No humanitarian research programme; capacity strengthening is a major part of their work; require LMIC PIs |
| Irish Aid | | | long-term development and humanitarian assistance programmes | Reducing Humanitarian Need, Climate Action, Gender Equality and Strengthening Governance | Gov't of Ireland | Humanitarian support as a priority | Operational not research oriented |
| Donor-funded programmes & networks | | | | | | | |
| Human mobility and HIV research programme , National Inst on Mental Health | Y | Y | grants through calls | Human Mobility and HIV Research Program: The National Institute of Mental Health leads this program, which supports research on the impact of human mobility on prevention and treatment outcomes in individuals at risk or living with HIV. "Mobility" is defined to include forced displacement, trafficking, refugees, and internal displacement. | Gov't of USA | Focus in humanitarian settings | Single topic focus on HIV and mobility; |
| Humanitarian Innovation Fund | Y | Y | Grants | Humanitarian innovation more broadly than health. Thematic areas are: Disability and Older Age Inclusion (DOAI); Gender Based Violence (GBV); Water, Sanitation and Hygiene (WASH); | UKAid | Grantmaking organisation that has in the past funded some projects that are similar to R2HC projects, such as RCT | The focus is not on robust research, and is wider than health. |

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| | | | | Scale; Locally-led Innovation; Skills Building. | | evaluations of MHPSS interventions. | |
| Global Innovation Fund (GIF) | Y | Y | Grants and Risk Capital | Testing and scaling of new products, services and business processes, and policies that improve the lives of people living on less than \$5 per day. | UKAid, Sida, GAC, Australian Aid, Sint AntoniusStuchtin g, Science & Innovation RSA, Unilever Fdtn, dioraphte | Funds multiple RCTs and other evidence testing new innovations, including on health, nutrition and water. | Humanitarian settings are not excluded and there have been a number of health, nutrition and water projects but anti-poverty is the main focus; |
| Grand Challenges Canada | Y | Y | Innovation Funds through calls for proposals | Humanitarian Grand Challenge programme; solutions with the private sector to save lives in humanitarian settings, innovations that help communities respond quickly; | USAID, FCDO, GAC, Netherlands | Humanitarian focus | innovation focused with private sector |
| ReBUILD Consortium | Y | Y | health systems research; | Health Systems in fragile settings - Described by an informant as the main resource on Health Systems evidence in fragile and humanitarian settings; international consortium with members from Nepal, Myanmar, Sierra Leone, Lebanon, UK; health systems in fragile settings; | FCDO | Focus in fragile settings | research supported within ReBUILD |
| EQUAL Programme | Y | Y | A research consortium to reduce maternal and neonatal mortality in countries affected by conflict; consortium of Inst of Human Virology Nigeria, IRC, JHU, Somali R&D Inst., | Consortium carries out research on political economy, midwifery workforce, community-based MNH, Facility-based quality of care, maternal and perinatal death surveillance; | UK gov't | Humanitarian focus | single topic |

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| | | | Universite Catrholique de Bukavu | | | | |
| Social Science in Humanitarian Action Programme (SSHAP) | Y | Y | Fellowships, SSHAP is a partnership between the Institute of Development Studies, Anthrologica, Gulu University, Le Groupe d'Études Sur Les Conflits et La Sécurité Humaine (GEC-SH), London School of Hygiene and Tropical Medicine, University of Juba, CRCF Senegal, University of Ibadan and the Sierra Leone Urban Research Centre (website text lists all these partners; only IDS, Anthorlogica and LSHTM acknowledged in Partner section) | social dimensions of emergency response provide evidence on demand, capacity-building, and networking spaces on emergencies that relate to health, conflict or the environment. Focus efforts on exploring the political economy, community engagement and cultural logics, social difference and vulnerabilities in emergencies | SSHAP is supported by the UK FCDO and the Wellcome Trust, with previous funding from UNICEF. | humanitarian focus | capacity strengthening is a part of the programme on existing research and relevant tools on social dimensions of emergency response; not a funder; |
| UK Collaborative on Development Research (UKCDR) | Not directly | Y | Convening and learning amongst ODA research funders | Multiple disciplines | UKAid | Produces learning papers, promotes best practice in research for development/humanitarian outcomes, has some research uptake role | Not a research funder; no humanitarian focus |
| Active Learning Network for Accountability and Performance in | Y | Y | Does not provide funding but some research in house | strengthening humanitarian action through evaluation and learning though a network of organisations in the humanitarian | Members, donors | humanitarian sector | doesn't fund research but caried out research and manages a large library of humanitarian research and evaluation as well as |

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| Humanitarian Action (ALNAP) | | | | sector; State of the Humanitarian System report | | | opportunities for humanitarians to exchange and dialogue on issues |
| Evidence Aid | Y | Y | does not provide research funding | similar to ALNAP its focus is to provide evidence to humanitarian agencies to support action | donations, sponsorships and project funding | humanitarian sector, specifically health | Doesn't fund research except in house if externally funded; works as an evidence provider and consolidator |
| 3ie | y | Y | | Multiple | UKAid, GIZ | 3ie has supported 7 humanitarian impact evaluations on issues such as related to nutrition; food security; resilience; water, sanitation and hygiene. It has also worked on SRH, HIV, maternal and child health and immunization, WASH and other health issues. 3ie produces robust evaluations, syntheses and reviews, and evidence gap maps. | 3ie is focussed on impact evaluation, works more broadly than health, and is not focussed on humanitarian settings. |
| The Evidence Fund (and previously the East Africa Research and Innovation Hub) | Y | Y | Open and limited calls for specific evaluations or research questions | Multiple | UKAid | The Evidence Fund is new and there is not much information available about it, but it will fund evaluations of FCDO programmes and | |

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| | | | | | | research that responds to FCDO evidence needs. The EARH which was a predecessor programme did conduct competitions for research responding to questions set by FCDO. These included some humanitarian research projects. | |
| Philanthropic foundations | | | | | | | |
| Wellcome | Y | Y | Thematic Grants (early career and established researchers); residency; fellowships; | Health & wellbeing | Charitable Foundation w/investment portfolio | high quality science | No humanitarian focus; focus on discovery research and supporting research capacity |
| Bill & Melinda Gates Foundation | Y | Y | philanthropic | health is main focus; also agriculture, global development; gender; a shift to incorporate more implementation research to original basic science; also work with governments on disaster preparedness; | Gates; USD 7 billion spent since 2000 | health interests; some humanitarian but relatively small and focused on emergencies including slow onset emergencies (e.g. food crises); often use pre-approved partners for rapid disbursement and v limited reporting; while most funding through US and UK institutions they want local partners | do not use competitions for funding - invited and occasionally unsolicited; larger; could be a funder to R2HC; majority of funding to US tax exempt organisations; not research oriented in emergency funding (opportunity?); refer to fragile and vulnerable settings not so much humanitarian (language difference); not aware of R2HC; |

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| | | | | | | involved in decision making (501c3 organisations); they are starting to think about how to shift some funding to regions instead of US institutions | |
| Mastercard | Y | Y | philanthropic | youth employment writ large, Africa and Indigenous Cdn (small); see Young Africa Works strategy; AgriFood Systems and Climate, Digital and Entrepreneurship Development. | Mastercard Corp. | provides support in emergencies (e.g. COVID-19) but not through research | Closed competitions; do not use humanitarian language but support in emergencies; v. large grants in most cases - scholarship funds, entrepreneurship as main focus |
| Lego Foundation | Y | Y | philanthropic | Learning through play; learning to cope through play as one research project; SDG 4; | Lego Corp | some (limited) humanitarian research as part of their interests | do not appear to have research competitions; focus only on the role of play |
| Clinton Health Access Initiative | N | Y | grants | health; support to providers to improve health services; private sector orientation | philanthropy | none exc. Health | funds private sector to act, not research |
| ? | Y | Y | grants | Cardiovascular, Diabetes, Endocrinology and Obesity, Haematology, Neurosciences and Women and Children's Health; fundamental science through clinical trials; | UK gov't | not really | a coalition of health researchers for a academic health research centre |
| Clinton Foundation | N | Y | grants for programs | health (appears minor - see CHAI), education, climate, economic inclusion, | foundation | not really | doers' not researchers |

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| Eleanor Crook Foundation | Y | Y | Grants for nutrition research projects. Some are robust research projects such as RCTs. Grantees are academics, INGOs/NGOs, UN Agencies and sometimes a mixture. | Nutrition - mostly in LMIC developing contexts, but also in humanitarian settings such as South Sudan and Ethiopia. Previous geographic focus on East Africa, now moved to two focal countries - Nepal and Senegal. | Foundation | Previously did conduct open calls, but has now moved to solicited calls responding to concept notes. Some research projects appear very similar to the type of project that R2HC funds - for example RCTs and other more robust studies. | Focused on nutrition only. Limited geographic focus. Now moved to solicited model with partners they have worked with before. |
| CIFF | Y | | Funds research projects - notably evaluations of its work. However research is not one of the organisation's core investments. | Child health, nutrition and some adolescent SRH. | Foundation - private fundraising | Does support some robust studies including some RCTs. Has funded some research in refugee, IDP and less stable settings. | No open calls. Focus on specific child health areas. Largely focussed on more stable settings. |
| Reckitt Global Hygiene Institute | Y | | Grants and fellowships. Seven grants so far. Ten fellows so far, 50% of them LMIC researchers. | The hygiene part of Water Hygiene and Sanitation | Foundation, established 18 months ago | Conducts research calls, which, while they are on hygiene have been quite broad. Has funded projects not dissimilar to R2HC's, for example on menstrual hygiene and trachoma. Uses prestigious peer reviewers to screen and select proposals. Strong focus on | Focussed on hygiene. Works overwhelmingly in developing not in humanitarian contexts. |

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| | | | | | | actionability of findings. | |
| Oak Foundation | N | Y | grants; no research priority; by invitation | Environment, Prevent Child Sexual Abuse, Housing and Homelessness, International Human Rights, Issues Affecting Women, Learning Differences, and the Special Interest Programme. Our four national programmes are located in Brazil, Denmark, India, and Zimbabwe. | multiple philanthropists | focus on disadvantaged communities | no human focus noted; no research focus |
| Aga Khan Development Network (AKDN) Digital Health Resource Centre (dHRC) | Y | | Collaborates with national and international partners to design and develop high-impact, low-cost health products and applications that address health problems in the developing world. Collaborations also focus on bringing about behaviour change, improving the quality of care, and making healthcare delivery more efficient and more patient-centred. | Health in LMICs in selected countries in East and West Africa, Middle East, South and East Asia | AKDN, Some Bill and Melinda Gates Foundation funding | Supports health research and innovation in collaboration with universities, including some in fragile and humanitarian settings. | Not clear how research and pilot products are commissioned. Not focussed on humanitarian settings. |
| Collaborations/Thematic networks | | | | | | | |
| Countdown 2030 | Y | Y | consultancies; support to GFF member countries on data on MNCH | Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition (RMNCAH+N). | WB, UN, Bill and Melinda Gates Foundation | Humanitarian aspects in relevant member countries | Funds a lot of data collection - Countdown has established six Data Analysis Centres (DAC) which support the GFF countries with tools and |

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| | | | | | | | methods for data analysis and are also contributing to global synthesis of country evidence. Also has a fellowship programme |
| Health Systems Global (HSG) | Y | Y | A diverse, global membership organization of researchers, decision-makers and implementers who are dedicated to promoting health policy and systems research (HPSR) and knowledge generation | Health Systems | Membership fees | Has a thematic working group on Fragile and Conflict Affected Settings, and a thematic working group on turning evidence into action. Aims to share knowledge and evidence and advocate for its use. | Organises a Global Health Symposium every two years. Not focussed solely on humanitarian settings. |

ANNEX D: SURVEY MONKEY QUESTIONS AND SUMMARY RESULTS

SURVEY MONKEY OF SHORTLISTED BUT UNSUCCESSFUL PROPOSALS

SURVEY QUESTIONS

1. For which R2HC research call/s were you shortlisted?

- 2018 Annual Open Call
- 2019 Annual Open Call
- 2020 Annual Open Call
- 2021 Health Systems Strengthening Call
- 2021 Current or Anticipated Crises Call
- Other (please specify)

2. What kind of humanitarian crisis was your proposal designed to respond to?
(please chose more than one if appropriate)

- Acute crisis/ humanitarian emergency
- Protracted crisis
- Conflict
- Disaster such as tsunami, earthquake, flood, drought, cyclone, hurricane or epidemic
- Complex emergency, combining both natural hazards and man-made emergencies, such as food insecurity and displacement of people.
- Other (please specify)

3. In what part/s of the world would the research in your proposal have taken place?

- North Africa and the Middle East
- Western Africa
- Central Africa
- Eastern Africa
- Southern Africa
- Eastern Europe, the Caucasus and Central Asia
- South Asia
- Southeast Asia
- East Asia
- Latin America
- Pacific
- Other (please specify)

4. In what part of the World was the lead partner in your proposal based?

- Middle East
- Africa
- Europe
- UK
- Asia
- Latin America
- North America
- Pacific
- Other (please specify)

5. What kind of support did you access from R2HC during your application process?

- R2HC website information
- Webinars
- Ad-hoc support from R2HC staff by email
- Seed funding
- No support accessed
- Other (please specify)

6. What did you think of the support you received from R2HC?

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| Unhelpful | Somewhat helpful | Helpful | Very helpful | Exceptionally helpful | N/A |
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7. What other types of support do you think R2HC could offer shortlisted projects in the future?

8. Did R2HC provide clear feedback on why your proposal was not selected?

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| Clear and helpful feedback was provided | Some feedback was provided | Inadequate feedback was provided |
|---|----------------------------|----------------------------------|

9. Have you responded to other R2HC calls since your proposal was shortlisted?

- Yes
- No
- If yes, please tell us which call

10. If you have responded to further R2HC calls, was your proposal/were your proposals successful

- Yes
- No
- N/A

11. Would you respond to R2HC calls in the future?

- Yes
- No
- Explanation (if desired)

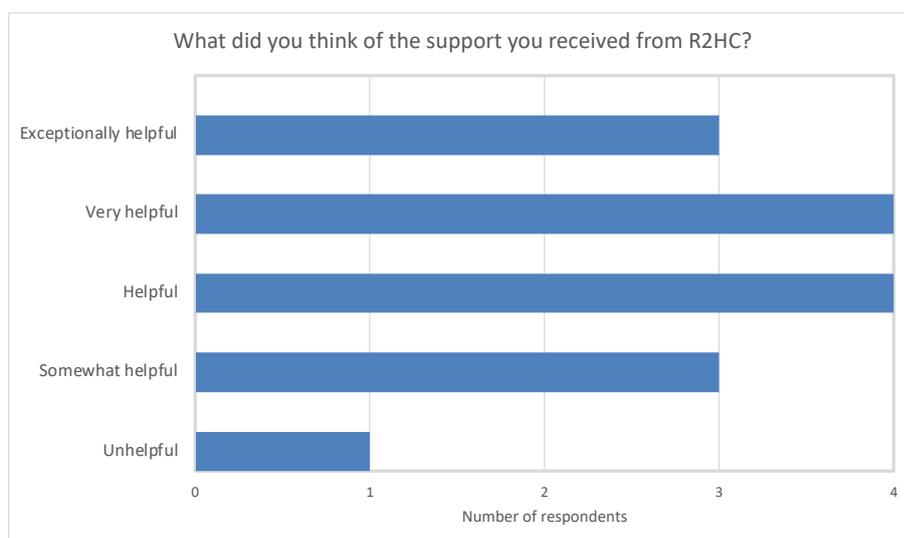
12. Do you think R2HC plays an important role in the landscape of humanitarian health research funding?

SURVEY RESULTS

In March 2023 a Survey Monkey was sent to 86 Principal Investigators or Co-Principal Investigators of projects that were shortlisted but not selected in the 2022 Current or Anticipated Crises Call, the 2022 Health System Strengthening Call, and the open calls in 2020, 2019 and 2018. We received 15 responses, or an overall response rate of 17%. This is a small proportion of the respondents approached, but the survey provides some useful feedback nonetheless. Respondents had mostly applied for the annual calls from 2018-19, with two respondents who had applied for the 2021 Current or Anticipated Crisis call and none for the Health System Strengthening Call. All quoted responses in this section are drawn from the survey.

All respondents had accessed some form of R2HC support during their application process, most commonly by using R2HC website resources (14 respondents, with one respondent highlighting Elrha evidence reviews), webinars (10 respondents), seed funding (7 respondents) and ad-hoc email support (3 respondents). Most of these proposals were led by organisations in North America (6) followed by the Middle East (3), Europe (2) and one each in Africa, Asia and the UK. These respondents were broadly happy with the support provided by R2HC in the application process, as shown in Figure 2.

Figure 1: Shortlisted but unfunded projects' views on R2HC support

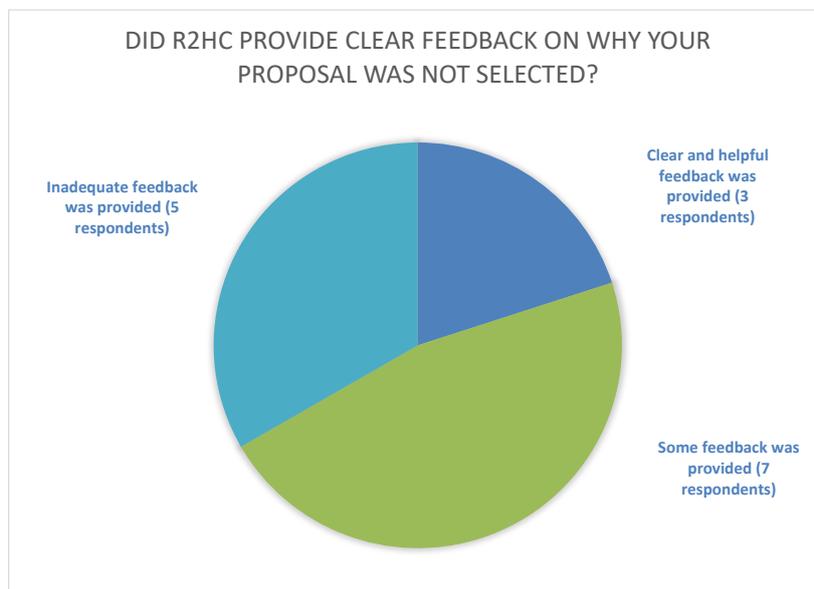


Open ended questions revealed a more nuanced view of the helpfulness of seed funding, which is designed to help with proposal development and to strengthen research partnerships. Some respondents said they found this “enormously helpful - especially for a partnership where some of the individuals involved didn't know each other personally.” Others found the process “disingenuous”, explaining that after receiving seed funding and then being unsuccessful that feedback did not explain why the proposal had not been funded and they couldn't understand why. Another recipient of seed funding said:

"It's just confusing when you're shortlisted and then nothing really changes about your project but it's rejected because of a scope reason (for example, that the intervention is too short-term, or too light-touch). Feels like no support would really help if the whole idea of the intervention being evaluated was considered unacceptable from the start."

Respondents were less satisfied with the feedback provided by R2HC explaining why their proposals had been unsuccessful, as shown in Figure 3 below.

Figure 2: Satisfaction with feedback on unsuccessful proposals: survey responses



Three respondents explained that their proposals had been rejected because of FCDO budget cuts, in spite of having been positively reviewed, which had (quite understandably) significantly affected their trust in R2HC as an organisation that had the “ability to fund proposals.” We understand that this perception was inaccurate.

One respondent said that the feedback comments on the unsuccessful proposal could have been acted on had they come at an earlier stage. One respondent from an LMIC-led proposal who was unsatisfied with the feedback provided explained that they had applied for formative research on a sensitive subject in a poorly understood context. The evaluators of the project had “said that our study was too exploratory” and did not do enough to address the problem identified. The researcher reported that they went on to self-fund part of the study and found that actors who reported this problem were at risk of physical threats. They went on to say:

“Exploratory studies are needed before any intervention study can be designed. Evaluator feedback should have been flagged as being inappropriate to the context and Elrha should have removed such an evaluator from any study related to violence. Understanding the context has to come before intervention.”

Two respondents had made applications to another R2HC research call since their project was shortlisted, but neither of these proposals were successful. One respondent explained that they did not apply again because “*we felt completely burned.*” However, most respondents who answered said they would respond to future R2HC research calls (nine respondents) with three respondents saying they would not respond. The experience of being rejected, which respondents perceived (inaccurately, we understand) as being due to FCDO budget cuts, had understandably led some organisations to say they would “*think very carefully before applying again.*” One respondent said they were less inclined to apply because they felt that R2HC had “shifted” to focus more on Randomised Controlled Trials (RCTs) and seemed less open to other types of research.

In terms of recommendations for future support to proposals, three respondents recommended more contact between R2HC staff and shortlisted proposals, with one recommending that meetings be set up with shortlisted projects “to clarify what is being looked for” and another recommending an “allocated contact person” at R2HC. One respondent in our second survey of Research Forum participants also called for more training in any future forums on “*real-life proposal development for better chances of competition in any upcoming calls.*”¹

Most respondents (11 of 14 who answered) felt that R2HC occupied an important niche in the landscape of funders and many expressed very positive views about R2HC, describing it as “*an excellent mechanism; incredibly needed in the humanitarian arena for improved evidence around response.*”

¹ Research Forum Participant Survey Monkey respondent

SURVEY MONKEY OF PARTICIPANTS AT THE 2017 AND 2019 RESEARCH FORA

SURVEY QUESTIONS

1. Could you tell us which of the R2HC Research Forum events you attended?

- September 2017
- September 2019

2. What category of humanitarian health professional are you?

3. Where are you based?

4. How would you rate the overall quality of the content of the forum/fora?

| | | | | |
|---------------------|----------------|--------------|------------------------|--------------------|
| Very unsatisfactory | Unsatisfactory | Satisfactory | More than satisfactory | Exceptionally good |
|---------------------|----------------|--------------|------------------------|--------------------|

5. Which aspects of the forum/fora were most useful? (Please choose multiple options if appropriate)

- Discussions of strategic issues in humanitarian health research
- Sharing learning about building researcher-practitioner partnerships
- Sharing learning about strengthening LMIC-led research
- Sharing learning on research methodologies in humanitarian settings
- Sharing learning on engaging affected communities in humanitarian health research
- Sharing and hearing presentations of R2HC-funded research
- Informal networking
- Other (please specify)

6. Are there any areas where you think future such R2HC events should focus more or less?

7. Did you feel that researchers, practitioners and policymakers from countries and regions affected by humanitarian crises were adequately represented in the event/s?

8. How could R2HC ensure that researchers, practitioners and policymakers from countries and regions affected by humanitarian crises are better included in future events?

9. What are the main things you gained from the forum/fora?

- Better understanding of the state of humanitarian health research
- New understanding of the evidence needs of policymakers
- New understanding of methodological issues in human health
- New connections and networks
- Other (please specify)

10. Did you use any of the new knowledge or networks acquired at the forum/fora in your work after the event? If so how?

11. Are there often opportunities like this to bring humanitarian policy-makers, practitioners and researchers together? Please select the appropriate statement.

12. Do you think R2HC plays an important role in the landscape of humanitarian health research funding? Please comment.

13. Which other organisations do you engage with that fund humanitarian health research?

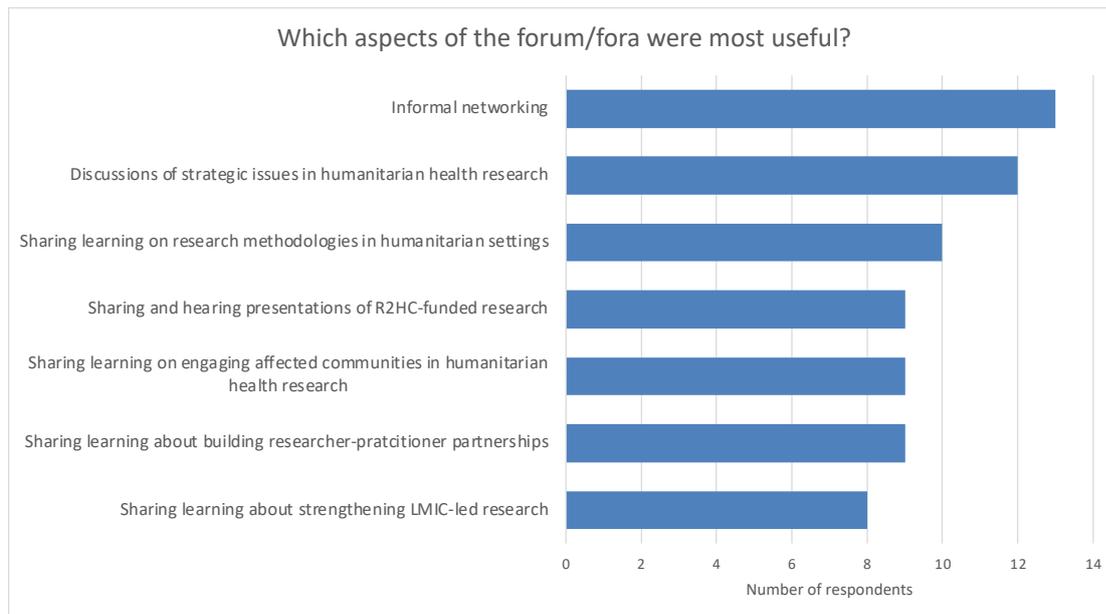
14. How would you like to see R2HC develop in its future work?

Survey results

In March 2023 an electronic survey was successfully sent to 72 people who had attended one or both of the research fora. We received 15 responses – an overall response rate of 21%. This means that the views expressed in the survey represent a small proportion of the overall attendants at the fora. Nevertheless, they do provide some valuable perspectives on these events. Four respondents had attended the 2017 forum only, eight had attended in 2019 only and three had attended both events. Most respondents were academics (8) followed by think-tank, NGO or international research organisation researchers (4), INGO operational actors (2) and government donor (1). Most respondents were based in North America, followed by Eastern Europe (3), Western Europe (2), West Africa (1) and South Asia (1). All quotes in this section are drawn from survey responses.

Respondents overwhelmingly reported (14/15 respondents) that the content of the fora was more than satisfactory or exceptionally good, with one respondent reporting the content was satisfactory. The aspects of the events which respondents found most useful are shown in Figure 3 below.

Figure 3: Usefulness of the forum: survey responses



Two respondents added 'other' aspects that were most useful, including the "extra practical sessions." In future, respondents felt that more practical sessions would be useful, more sessions on thematic areas such as Mental Health and Psycho-social Support (MHPSS) for women, potentially joining forces for a shared event with the NIH Fogarty International Center Global Forum on Humanitarian Health Research. One respondent noted:

"I really liked the elements that focused on the operational elements of the research- the "how" of it all, if you will. How did people form equitable North-South research partnerships? How did they assess whether they were, in fact, equitable? How did researcher training function? How did researchers account for mobile populations?"

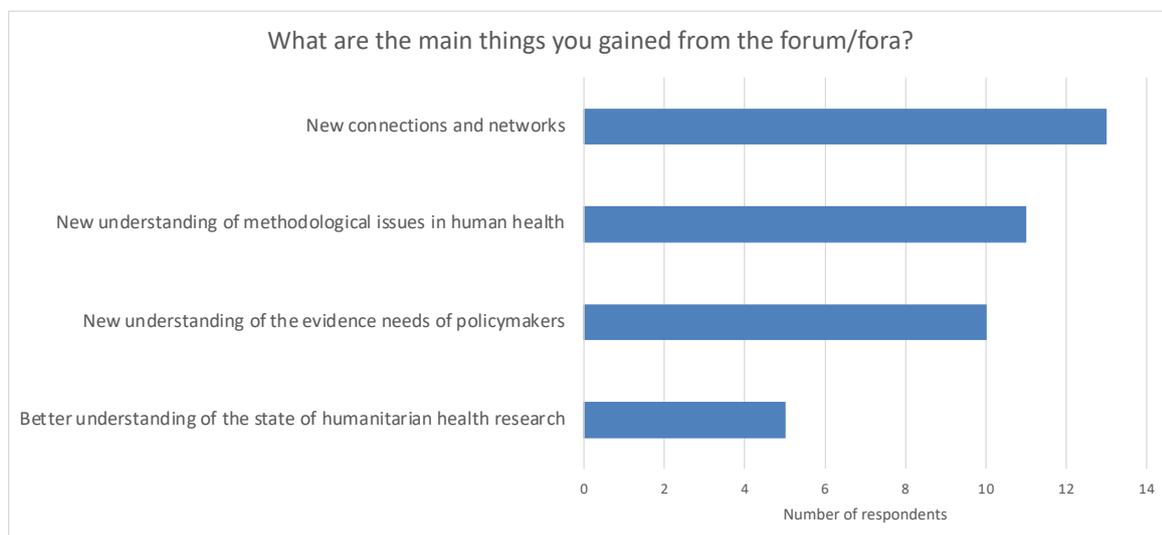
Most respondents who answered the question felt that researchers, practitioners and policy-makers from LMIC countries were represented at the fora "to some extent" (11 respondents), "well represented" (5 respondents), and one respondent felt they were "not represented at all." In order to include more LMIC researchers in future events, respondents suggested that holding the events in the UK needed planning well in advance, given visa issues. Two respondents suggested that there should be adequate representation from LMICs in organising future forum events. One respondent added:

"I think it would be important to not just include the usual suspects, i.e. people from those regions but who have integrated into HQ offices, or worked for long periods for INGOs or USAID contractors. It would be good to have, for example, activists or others who have continued to work on the grassroots level."

A number of respondents recommended holding the next forum in an LMIC, a country with less restrictive visa restrictions, or holding a hybrid meeting with at least some online components.

We asked respondents what they gained from the fora and Figure 4 below shows their main responses.

Figure 4: Benefits of the fora: survey responses



Respondents also appreciated the informal conversations with other participants, drawing inspiration from other researchers, and learning from other researchers facing similar challenges. One respondent said they left the forum “buzzing with ideas” and several others reported they had maintained the new contacts and networks made there. One respondent reported they had reached out to one of the presenters on research ethics after the forum and “applied some of the learning.” A second respondent mentioned the value of the “ethics framework” presented at one of the fora. Another respondent had used the sessions on community engagement in their work.

SURVEY MONKEY OF RECIPIENTS OF R2HC RESEARCH UPTAKE AND RESEARCH IMPACT SUPPORT

SURVEY QUESTIONS

1. Under which R2HC call was your project funded?

- 2016 Annual Open Call (call 4)
- 2017 Annual Open Call (call 5)
- 2018 Annual Open Call (call 6)
- 2019 Annual Open Call (call 7)
- 2020 Annual Open Call (call 8)
- 2020 Call for Research to Support Covid-19 Response In Humanitarian Settings
- 2022 Call for Research to Strengthen Health Systems in Humanitarian Settings
- 2022 Call For Research in Response to Current or Anticipated Humanitarian Health Crises
- Other (please specify)

2. R2HC has been providing different types of research uptake and impact support since 2018. Which kind of research uptake and impact support have you accessed?

- Ad-hoc remote support
- Research Impact (RIT) Workshop
- R2HC's online courses
- Peer learning webinars /workshops
- Other (please specify)

3. If you attended a peer learning webinar in which year did you attend?

- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- Not applicable
- Other (please specify)

4. Overall, how useful did you find the support you accessed?

- Very useful
- Somewhat useful
- Not useful

5. Could you comment on the usefulness of the support you accessed?

6. Have you completed a Stakeholder Engagement Strategy for your project?

- Yes
- No

7. How have you used the Stakeholder Engagement Strategy in your project?

8. How did you use the support you received in your project?

- To understand better how research impact(s) can happen
- To define anticipated short and longer term impact(s) of our research
- To identify the right stakeholders for our research
- To engage the key stakeholders during the research process
- To tailor our research communication products to the right audiences (for example policy briefs)
- Other (please specify)

9. What difference has the support and training materials you accessed made to the uptake and impacts of your research so far?

- Significant difference
- Some difference
- No difference

10. Could you comment on the difference that the support provided had on your project?

11. How do you think R2HC could improve its research impact support in future?

SURVEY RESULTS

In June 2023 a survey was sent to 75 recipients of R2HC research uptake and impact support, including peer learning workshops, research impact workshops and online courses, and other ad hoc support. 15 people, or 20% of these recipients, responded to the survey.

Figure 5: Types of research uptake support received by respondents

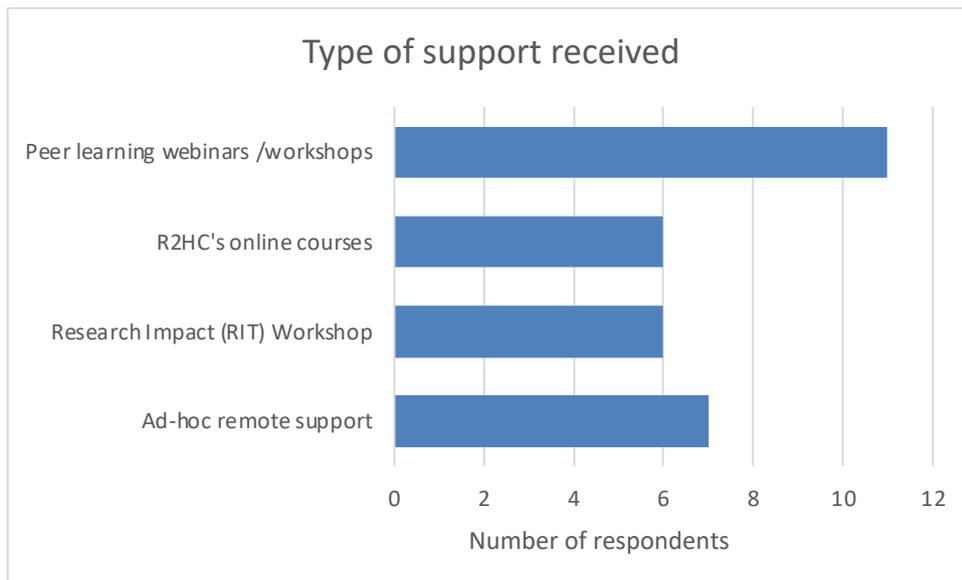
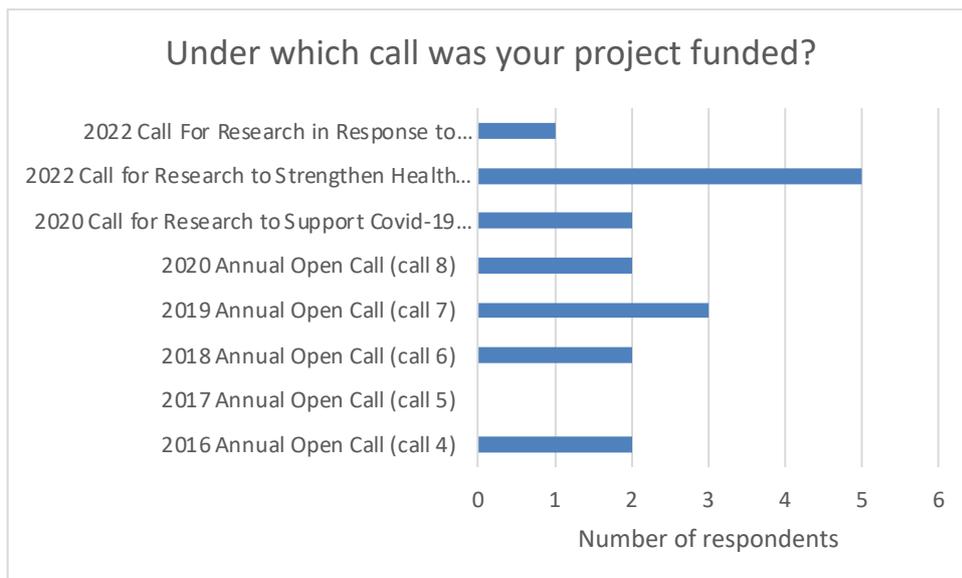


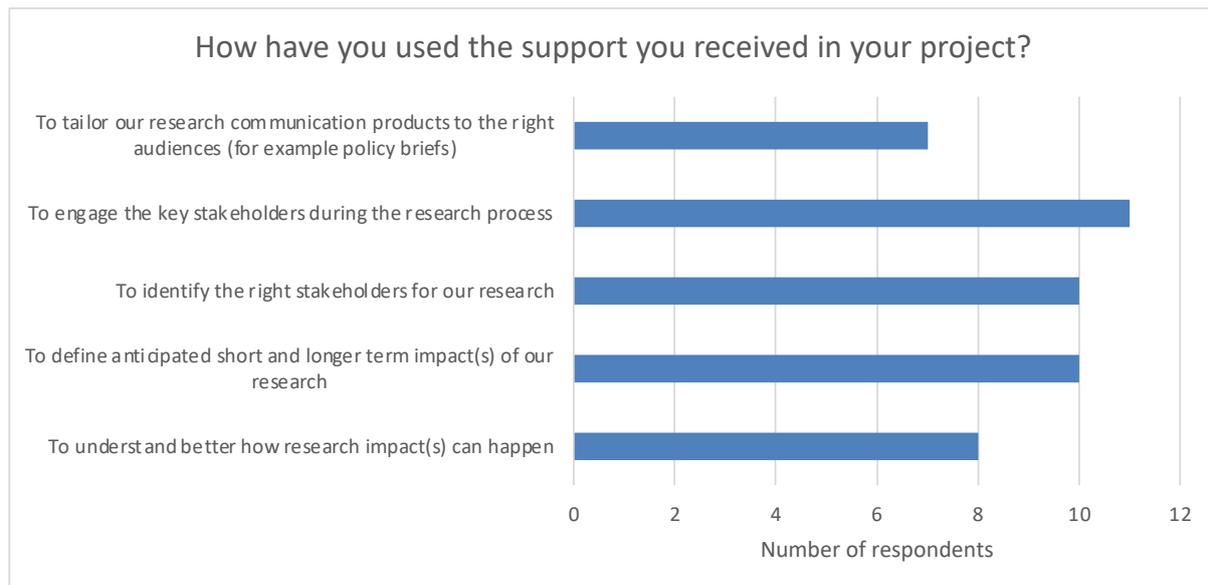
Figure 6: Recipients of support by research call



All respondents who answered rated the support as 'useful' (64% - 9 respondents) or 'very useful' (36% or 5 respondents). Most who answered also reported that it had made a 'significant difference' (50% or 7 respondents) or 'some difference' (36% or 5 respondents) with two respondents saying it made no difference.

The majority of respondents (73% or 11 respondents) had completed a Stakeholder Engagement Plan as a result of the support they received.

Figure 7: How respondents used research uptake and impact support



Of those who answered the question, 8 respondents had not heard of other research funders who provided this kind of research uptake and impact support, whereas 4 respondents had heard of other donors that provided this. The donors named were the Swiss National Science Foundation (SNF), the Canadian International Development Research Centre (IDRC), the Wellcome Trust, Grand Challenges Canada, UNICEF and the WHO.

There was praise for R2HC's efforts "The support we received provided a framework that helped us better implement our uptake strategy. Honestly, it was the first time a funder asked me for a detailed impact strategy!" Another respondent said it had "really moved forward our ability to think through the dissemination."

Two respondents said that the reporting and other requirements made on grantees should be reduced with one reporting: "Mandatory meetings and trainings interfere somewhat with team ability to do work during crucial times, individualized check-ins with teams to determine what needs are and help those who need it more (or less) might be more efficient for grantees."

One respondent recommended building the uptake and impact support more into the grant application process, and into the very early stages of grants through meetings with grantees. Another respondent noted that it would be good to consider how the elements of the research uptake/impact/stakeholder engagement fit together across the life-course of the project. Another respondent recommended that a conference bringing together grantees and sub-grantees could be held on these issues, leading to a supplement in a journal.

ANNEX E: METHODOLOGY, SAMPLING APPROACH, INTERVIEW PROTOCOLS AND TEAM MANAGEMENT FROM THE INCEPTION REPORT

1. APPROACH TO EVALUATION OBJECTIVE 1: ASSESSING THE R2HC'S OVERALL PERFORMANCE AND CONTRIBUTION TO THE BROADER HUMANITARIAN SYSTEM OVER THE REVIEW PERIOD.

The table below outlines the data sources, including new and existing data, and the analytical processes that will be used to answer the evaluation questions under objective one. We then discuss in more detail some elements of our approach and methods for answering them.

| OECD DAC Evaluation criteria addressed in objective 1: Relevance, Effectiveness, Impact, Sustainability | |
|--|--|
| Evaluation questions under objective 1 | Sources of information/analysis |
| <p>1.1 Were the output areas identified in the Theory of Change appropriate and logical to address the R2HC Impact and Outcome objectives? Have they been met by R2HC's overall approach and are they still appropriate?</p> <ul style="list-style-type: none"> To what extent has the flexibility and range of research funding calls responded to humanitarian needs for research evidence? Have the tools, support activities, guidance and knowledge products developed to strengthen grantee capacities and other key stakeholders been appropriate? Have these responded to specific needs? Have these influenced the quality of the design and implementation of studies? Has the R2HC successfully communicated the programme's evidence and enabled humanitarian actors' access? Is there a place for the R2HC to play a more substantial convening role?² What has the R2HC done to facilitate the involvement of researchers and other stakeholders from LMICs in the programme? The R2HC has piloted an approach to research uptake. To what extent is the support provided to grantees resulting in an increased focus on research uptake and demonstrated by increased uptake and impact of research findings? To what extent is R2HC leading the way in addressing challenges related to uptake of evidence in the humanitarian sector? | <p>These sub questions require a synthesis of evidence generated for other sub-questions and under evaluation objectives 2 and 3. To answer them we will draw on:</p> <p>The synthesis of our RQ+ assessments</p> <p>The synthesis and updating of existing evaluation case studies</p> <p>KIIs at the programme level</p> <p>Strategic engagement survey instrument and KIIs</p> <p>Document review, KIIs and analysis conducted for the landscape mapping in objective 3</p> |

² R2HC convenes events such as research fora and other thematic events that bring together researchers and humanitarian practitioners to share and learn about conducting research in humanitarian settings. R2HC wishes to learn what external stakeholders think of the value of these events. The location of convening activities will be a consideration.

| | |
|--|--|
| <ul style="list-style-type: none"> • Have the R2HC governance mechanisms (Advisory Group, donors, Funding Committee) played an appropriate and significant role in driving the direction and focus of the programme and the quality of research funded? | |
| <p>1.2 To what extent have R2HC strategic engagement activities succeeded in influencing key stakeholders? Does this engagement translate into more substantial coordination and stronger relationships with the sector? Have R2HC-convened events provided value-added as an approach to knowledge sharing and influencing?</p> | <p>This question will require a tailored approach to evaluating R2HC’s strategic engagement activities, which is elaborated in this section of the inception report.</p> |
| <p>1.3 In terms of approaches, what has been the R2HC role in changing the way health research in humanitarian settings is conducted? What does this offer health research in non-humanitarian settings?</p> | <p>This evaluation question will draw heavily on the document review, KIIs and analysis conducted for the landscape mapping in objective 3, as well as our key informant interviews and other tools to evaluate overall programme performance, elaborated in this section of the inception report.</p> |
| <p>1.4 Are the assumptions in the R2HC Theory of Change correct and still relevant?</p> <ul style="list-style-type: none"> • Has R2HC contributed to filling the right research gaps? • Do collaborative research partnerships between academics and practitioners result in research that is relevant to humanitarian response? Can these partnerships bridge the gap between academic research and humanitarian action? • Do humanitarian actors have access to research findings and the right capacities, time and incentives to use research/the latest evidence? • Does engagement with strategic humanitarian actors facilitate the uptake of research findings into policy and practice? • Does increased engagement of crisis affected people increase research impacts for these populations? What other ways are there to maximise impact for affected people? • How can individual projects contribute to the bodies of knowledge often required to change humanitarian action? | <p>Our ToC workshop with R2HC has provided a foundation for answering these questions, having more fully fleshed out the assumptions in the R2HC ToC. The ToC is included in this report at annex 4.1.</p> <p>These sub questions require a synthesis of evidence generated for other sub-questions and under evaluation objectives 2 and 3. To answer them we will draw on:</p> <p>The synthesis of our RQ+ assessments</p> <p>The synthesis and updating of existing evaluation case studies</p> <p>Additional surveys and interviews conducted at the portfolio level</p> <p>KIIs at the programme level</p> <p>Surveys and KIIs assessing R2HC strategic engagement</p> <p>Document review, KIIs and analysis conducted for the landscape mapping in objective 3</p> |

1.1 THE EVALUATION QUESTIONS

During inception it was agreed with R2HC that the main evaluation questions around which the two evaluation reports will be organised are the leading, numbered sub questions under each objective – marked in bold in the table of objective one questions above. The questions below this level, indicated with bullet points above, will guide the evaluation research and the narrative in the evaluation reports. For objective one only, we have slightly tweaked these lower-level questions under the final question 1.4 to reflect the key assumptions that arose in the ToC. We have also changed the order of objective one questions for logical flow and we have removed one sub-question that was duplicated.

1.2 EVALUATING OVERALL PROGRAMME PERFORMANCE

The synthesis of our project and portfolio-level research described in section 2.2 below will yield important evidence to answer the questions under this objective. But the questions above relating to R2HC governance, overall approach, and learning over time, do require some supplementary evaluation research. Reviewing key documentation over R2HC's history, including the original Business Case, Annual Reviews over the entire evaluation period, all proposals for subsequent phases of funding, all calls guidance, and all existing evaluations, will be important in tracking the performance, and changes in approach, of R2HC over time. Key informant interviews will also be crucially important for these questions. There are a number of stakeholders whose views on the overall performance and development of R2HC over the past decade will be particularly important. As figure 1 below demonstrates, they range from internal stakeholders to stakeholders who have had some formal role, or a close relationship with R2HC over time, to external stakeholders with whom R2HC has collaborated and engaged over the past ten years.

Some of these respondents will have engaged on R2HC's overall approach, and others will be selected because of their engagement on specific areas of research, such as R2HC's cohort of work on Mental Health and Psychosocial Support.

1.3 EVALUATING R2HC STRATEGIC ENGAGEMENT

Evaluating R2HC strategic engagement also requires a tailored approach. The R2HC Stakeholder Engagement Plan 2022 reflects a comprehensive approach to engaging at global, regional and selectively at country level. R2HC strategic engagement has been focused on identifying evidence gaps and priorities, supporting the uptake of thematic areas of research on its portfolio, and also promoting more engagement between humanitarian researchers, policymakers and practitioners.

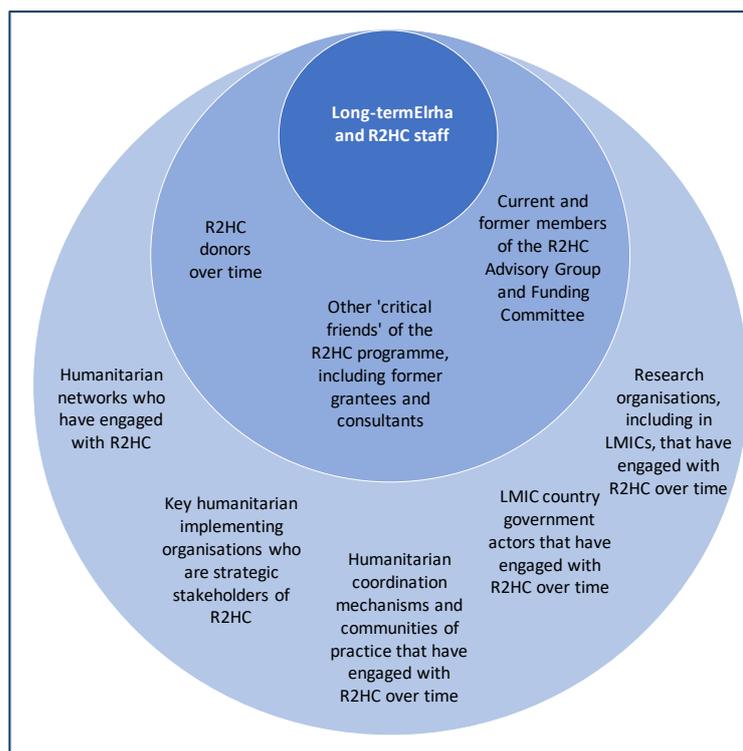


Figure 1: Key informant types for assessing programme performance and development over time

Identifying, priority evidence gaps: At the core of R2HC’s engagement has been the identification of priority humanitarian health evidence gaps. The programme has launched two Humanitarian Health Evidence Reviews (in 2014 and in 2020) and used these as a platform to engage with humanitarian actors as well as to identify opportunities for funding research gaps. We will analyse usage statistics of the two HHERs where these exist, track reported citations of the HHERs in policy and guidance documents and ask key informants how the R2HC has also sought to interact with humanitarian clusters at the global level³ on the identification of evidence gaps, and has gained more traction with some clusters than with others. The main clusters with which R2HC has engaged with are (1) the global WASH Cluster and to some extent (2) the global Nutrition Cluster, (3) The Global Health Cluster, and (4) the global Protection Cluster. The R2HC has also engaged with other coordination mechanisms such as the IASC Reference Group on MHPSS in Emergency Settings. We will ask representatives of the clusters with whom R2HC has engaged for interviews to understand how they have valued their engagement with R2HC. We will make every effort to include those clusters with whom R2HC has gained less traction to understand the barriers to engagement for these actors, or whether a different approach might make engagement more likely.

³ Clusters are groups of UN and non-UN humanitarian organisations in each of the main sectors of humanitarian response and co-led by a UN agency and INGO. They are designated by the Inter Agency Standing Committee (IASC) and have clear responsibilities for coordination.

Publications and mailing list: R2HC strategic engagement also takes place through its commissioned publications, for example its research ethics tool,⁴ paper on pathways to uptake in humanitarian research,⁵ webinars and other information included on its website, and its mailing list. We will track the usage statistics of selected key R2HC publications and other key material on the R2HC website. We considered the potential to send out a short Survey Monkey survey to the entire R2HC mailing list, but the size of the mailing list is such that this might breach data protection requirements and would risk overburdening a number of respondents whom we may also be asking for interviews. Rather we agreed to consider instead sending surveys to selected groups of stakeholders, for example communities of practice who had attended specific events, providing we can be sure this will not overburden some respondents as above.

Promoting research uptake and more researcher-policymaker-practitioner interaction: R2HC has held a number of events designed to promote the uptake of its own research as well as to promote increased policymaker-practitioner-researcher engagement. These include two significant two-day Research Fora, one in 2017 and one in 2019, bringing together R2HC and other researchers and implementation teams with a wide range of agencies and organisations as well as government representatives. They also include meetings bringing together groups of grantees and key members of humanitarian practitioner communities, for example on Mental Health and Psychosocial Support.

We will review the evidence on participation in and engagement with these events, and what happened as a result of these events. We may select key informants who have attended specific events, and we will cross check attendance by respondents selected for other evaluation purposes so that we can ask about these engagement activities. Finally, we may consider sending surveys to the attendees of some events, if these do not overlap with survey or interview respondents whom we are approaching for other purposes. Additionally, to build our understanding of R2HC processes and management we will interview unsuccessful applicants to identify their views on how the competitive process was handled and what feedback if any they have had from R2HC. Further, we will seek out humanitarian researchers and humanitarian organisations that are not working with R2HC in order to understand how their research is funded and whether or not they have specific reasons for not working with R2HC.

⁴ <https://www.elrha.org/researchdatabase/r2hc-research-ethics-tool/>

⁵ <https://www.elrha.org/researchdatabase/from-knowing-to-doing-evidence-use-in-the-humanitarian-sector/> * note that the Team Leader and Deputy Team Leader were co-authors of this paper so they will not be involved in assessing its use

2. APPROACH TO EVALUATION OBJECTIVE 2: ASSESSING THE RESEARCH QUALITY AND IMPACT OF THE R2HC PORTFOLIO: HAVE STUDIES ACHIEVED (OR ARE THEY ON TRACK TO ACHIEVE) IMPACT IN INFORMING HUMANITARIAN RESPONSE.

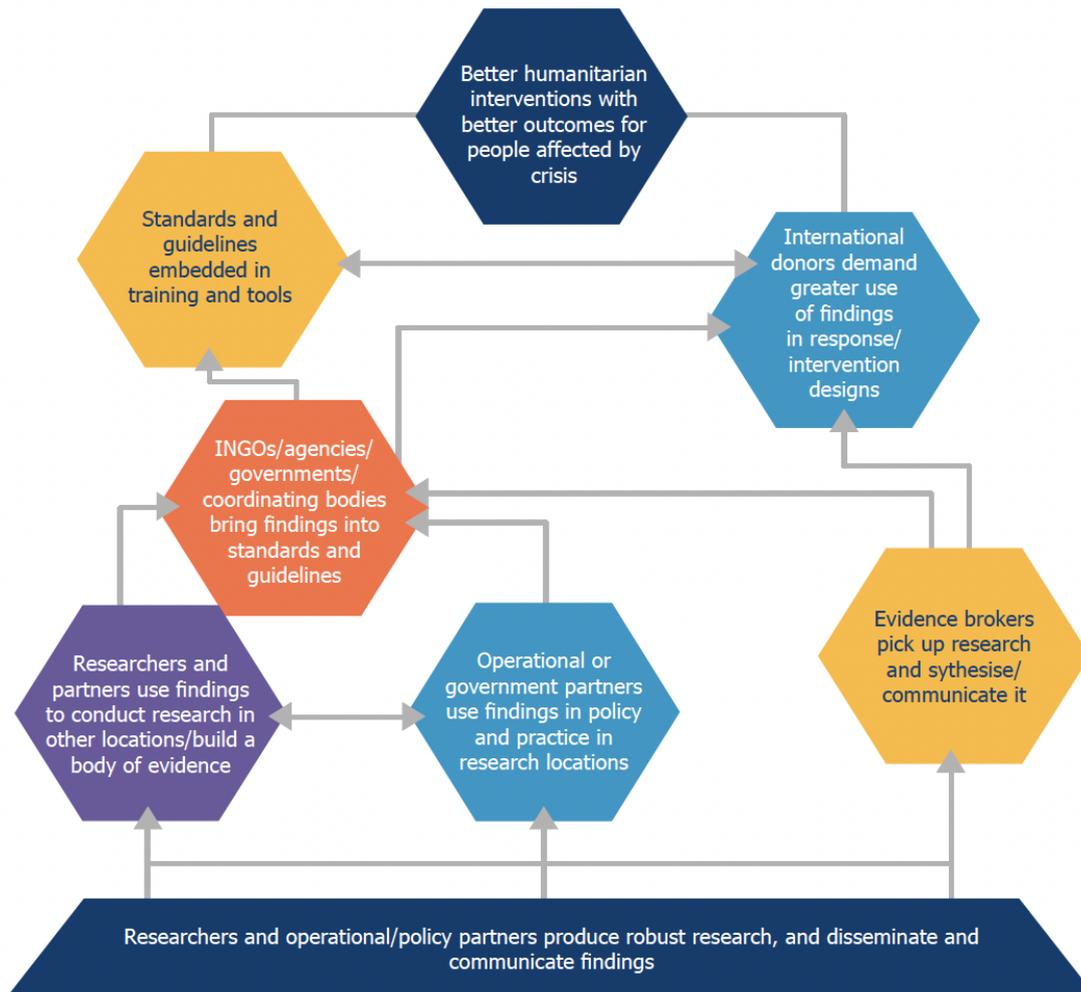
| OECD DAC Evaluation criteria addressed in objective 2: Relevance, Efficiency, Effectiveness, Coherence, Coverage,⁶ Impact, Sustainability | |
|---|---|
| Evaluation questions under objective 2 | Sources of information/analysis |
| 2.1 To what extent has the R2HC-funded quality research addressing priority evidence gaps contributed to an improved humanitarian health evidence base? Could any evidence generated through R2HC-funded research be considered a 'breakthrough' in terms of addressing a long-standing problem? (Conceptual impact) | RQ+ synthesis Additional analysis across portfolio KIIs at the programme level |
| 2.2 As a programme, does the R2HC have the flexibility and adaptability necessary for addressing research in rapidly changing humanitarian environments? | RQ+ synthesis Additional analysis across portfolio KIIs at the programme level Strategic engagement survey instrument and KIIs |
| 2.3 To what extent has research funded through the R2HC informed humanitarian policy and practice and contributed to greater effectiveness within the system? Is the challenge of achieving this impact greater than in non-humanitarian settings? (Instrumental impact) | RQ+ synthesis Additional analysis across portfolio KIIs at the programme level Strategic engagement survey instrument and KIIs |
| 2.4 To what extent has R2HC-funded research achieved other types of impact in line with ESRC guidance on impact types? (Capacity-building & Enduring connectivity impact) | RQ+ synthesis Additional analysis across portfolio |
| 2.5 What has been the R2HC contribution towards achieving this impact? | RQ+ synthesis Additional analysis across portfolio |
| 2.6 Across the R2HC, how strong is the culture of and attention to Value for Money? Are resources being expended economically, efficiently, and equitably (i.e. is the programme available to, reach, or address the needs of all people)? | RQ+ synthesis Additional analysis across portfolio KIIs at the programme level |

⁶ Coverage is a criterion that was developed for use in humanitarian evaluations in particular and relates to the need to reach those affected by crisis, and an assessment of why benefits were or were not experienced by certain groups.

| | |
|---|---|
| <p>2.7 Are there any common elements across the most successful studies in the portfolio the R2HC could learn from? These might include:</p> <ul style="list-style-type: none"> • Quality of research design, as determined by proposal reviews, • Research team composition (including but not limited to characteristics such as gender, LMIC researcher, involvement of early-stage researchers, etc.), • Research uptake activities delivered, • Degree of alignment with specific evidence needs in the sector. | <p>RQ+ synthesis Additional analysis across portfolio</p> |
| <p>2.8 Has R2HC-funded research been more influential in particular thematic areas, geographical settings, research contexts, or according to any other specific characteristic? What has contributed to this?</p> | <p>RQ+ synthesis Additional analysis across portfolio</p> |

R2HC’s ultimate aim is to improve outcomes and impacts for people who live with and in humanitarian crisis situations – better conditions for crisis affected communities, as described in the theory of change. It will clearly be important for the evaluation to track and consider impacts at this level, or direction of travel towards them. However, there will be limitations to our abilities to this. Firstly, we will be constrained in our ability to capture the perspectives of people affected by crisis because it would not be appropriate for us to interview these groups directly. The second constraint relates to the results chains that link R2HC research to outcomes and impacts for crisis-affected people. In some cases, there will be direct outcomes and impacts on the communities or groups involved in the research as a result of a new intervention or approach piloted, and sometimes these interventions or approaches may be scaled up in the research locations or in other locations, and the R2HC research may be seen as contributing to their positive effects. In most cases, the pathways connecting R2HC research to impacts for crisis affected people will be long and involve multiple actors, as shown in figure 2 below drawn from a recent R2HC publication.

Figure 2: Pathways to impact of research⁷



These long results chains, involving multiple steps and actors mean that the contribution of research to the changes observed are difficult to separate out from other factors. Our approach will be to track the contributions of research to the steps that might lead to broader impacts for those affected by crisis, considering the other contextual factors and actors that are also contributing to these steps.

⁷ Carden, F., Hanley, T., Paterson, A. (2021) From knowing to doing: evidence use in the humanitarian sector. Elrha: London

2.1 THE RESEARCH QUALITY PLUS (RQ+) TAILORED TOOL

The heart of our approach to evaluating quality and impact at the project level across the R2HC portfolio is our use of a tailored version of the Research Quality Plus Framework (RQ+). This is a publicly available framework developed by the International Development Research Centre in Canada (IDRC, the latest (updated January 2022) version of which can be found [here](#)). RQ+ was first used in IDRC’s external program evaluations in 2015, and has subsequently been used in over 200 evaluations of research commissioned to influence policy and practice.⁸ The RQ+ approach and family of instruments⁹ provide an assessment of the quality of research designed to influence policy and programming that consider a number of factors beyond the research design and outputs, or the use of conventional metrics. These additional elements include important aspects of the research processes related to design, execution and the sharing of findings as well as the context in which research has taken place. Excellent research that is designed to influence policy and action must have technical merit (i.e., it should be methodologically sound, and have empirically warranted conclusions), but must also be sufficiently relevant and actionable to influence policy and practice as well as being appropriately positioned and communicated to achieve that influence. RQ+ understands that technical quality is a necessary but not sufficient condition for an overall determination of excellence. RQ+ also recognises that many dimensions of the use of humanitarian research will be outside the direct control of research implementing teams.

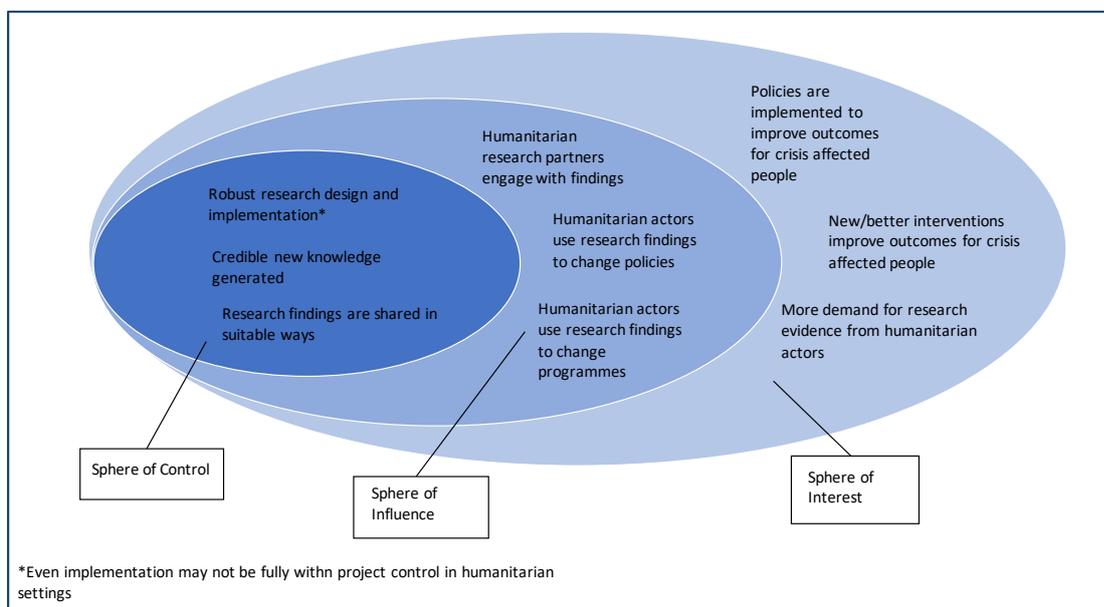


Figure 3: Spheres of control in humanitarian research

⁸ Robert K D McLean, Kunal Sen, Making a difference in the real world? A meta-analysis of the quality of use-oriented research using the Research Quality Plus approach, *Research Evaluation*, Volume 28, Issue 2, April 2019, Pages 123–135, <https://doi.org/10.1093/reseval/rvy026>

⁹ The RQ+ instrument developed by IDRC has been adapted for use in assessing research quality for Co-Production research (McLean et al. 2022) as well the evaluation of GCRF research programming.

The traditional RQ+ tool is a structured rubric for assessing the quality and journey towards impact of development and humanitarian research. Our analytical instrument, included in full at Annex 4.4 is based substantially on the publicly available RQ+ framework, however, we have made some modifications to it tailored to the needs of this evaluation. Because the framework has not traditionally been used to assess impact, we have added assessment frameworks and criteria to capture impacts and the other factors that may be contributing to, or inhibiting, them. Unpredictability in humanitarian crises can impact significantly on planned design and data collection and on potential for achieving impacts. Some factors that are under the control of research programmes and projects in more predictable and stable settings may not be under their control in every case in humanitarian contexts, as shown in figure 2 above. Further modifications to the traditional RQ+ approach have been made to more fully consider humanitarian contextual factors, and to encourage a fair assessment of what impacts can be 'reasonably expected' given these.

2.2 APPROACH TO ASSESSING IMPACTS

As suggested in the R2HC RFP, we have been guided by the ESRC research impact categories in suggesting types of impacts that our RQ+ level evaluators should investigate:¹⁰

- Instrumental impact, influencing the development of policy, practice, or services. We have separated this into **a) impacts in influencing changes to humanitarian policy, guidance and standards and manuals, and b) impacts in influencing the design, implementation and scaling up of new or improved interventions;**
- Conceptual impact – contributing to the **understanding of policy issues and reframing debates;**
- Capacity impacts through **technical and personal skill development as well as organisational development.**
- We have also included criteria to assess 'unexpected impacts' positive or negative where they have been observed.

Before each sub-dimension we include examples of the types of impacts we mean and the types of evidence that might demonstrate these impacts/ progress towards such impacts. It is important to note that we will be assessing projects that have had different amounts of time to achieve impacts. Some sampled projects closed in 2016, but many closed much more recently, including in 2022. This means that we are looking for reasonably expected impacts or progress towards them given the

¹⁰ <https://www.ukri.org/councils/esrc/impact-toolkit-for-economic-and-social-sciences/defining-impact/>

timeframe. We should also look at the evidence that projects are on course to deliver impacts. Most projects will only have actual or potential impact in some of these sub-dimensions.

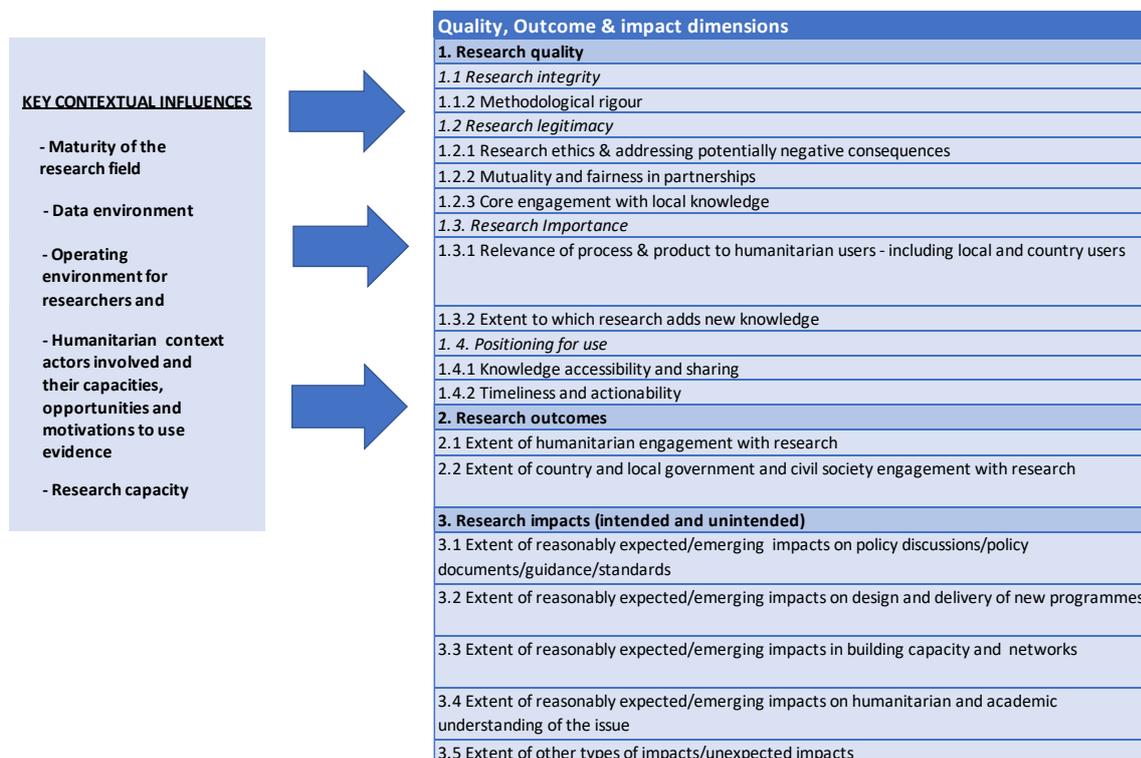
The assessment process includes consideration of the other factors outside the projects that have contributed to or inhibited/might contribute to/inhibit impacts. Discussion of the other factors that have facilitated or inhibited the observed changes is important because a single research project is rarely, and in most cases should not be, the sole reason for changing policy or practice. The framework will use the previous analysis of contextual factors to inform the understanding of these other contributing factors. For example, where little capacity, opportunity, and motivation to use evidence was identified amongst humanitarian actors in the contextual assessment, this could be a negative factor contributing to less-than-expected impact, or conversely where the existing appetite to use research on a given issue was high, this could be a positive factor contributing to the achievement of impacts.

2.3 OVERVIEW OF THE RQ+ FRAMEWORK

Annex 4.4 includes a full guidance for the framework, and detailed criteria for scoring each sub-dimension. In practical terms, the framework includes a rubric in which evaluators can organise new and existing evidence into simple and accessible case study assessments. The template for these assessments is included at Annex 4.5.

Figure 4 below summarises our adapted RQ+ rubric.

Figure 4: RQ+ rubric



Aggregated scores from the different dimensions and subdimensions in the RQ+ assessment can be used to show trends across the sample, for example whether humanitarian engagement with research is more commonly seen in particular types of humanitarian crises, or whether humanitarian engagement with research is more common when projects have had an explicit uptake plan. There are many different ways of visualising these trends but figure 5 below shows a basic table of scores from the IDRC review of Governance, Security and Justice in 2015.¹¹

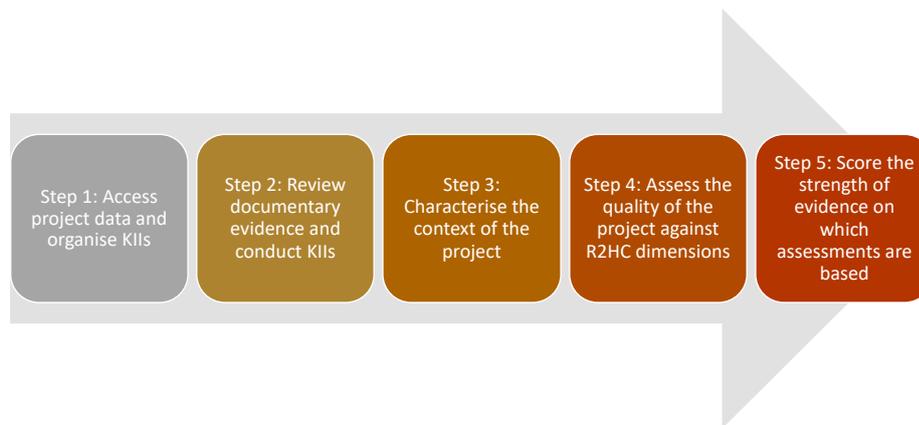
Figure 5: Example summary of scores from another RQ+ instrument

| | Project | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-----------------------------------|--|------------------|---------------|---------------|---------------|------------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Maturity of the field | | 1 Established | 2 Emerging | 2 Emerging | 2 Emerging | 1 Established | 1 Established | 2 Emerging |
| Capacity Development focus | | 2 Medium | 3 Strong | 1 Low | 3 Strong | 2 Medium | 1 Low | 1 Low | 3 Strong | 3 Strong | 3 Strong | 2 Medium | 2 Medium | 2 Medium |
| Risks | Risk in the data environment | 3 High | 2 Medium | 2 Medium | 2 Medium | 2 Medium | 1 Low | 2 Medium | 2 Medium | 2 Medium | 2 Medium | 2 Medium | 3 High | 2 Medium |
| | Risk in the research environment | 3 High | 2 Medium | 2 Medium | 2 Medium | 2 Medium | 1 Low | 2 Medium |
| | Risk in the political environment | 3 High | 2 Medium | 2 Medium | 2 Medium | 2 Medium | 1 Low | 1 Low | 2 Medium | 2 Medium | 2 Medium | 3 High | 2 Medium | 3 High |
| 1. Research integrity | Singe score for integrity | 4 | 7 | 4 | 3 | 4 | 7 | 4 | 7 | 7 | 7 | 7 | 6 | 5 |

The steps that will be involved in conducting RQ+ assessments are elaborated in Annex 4.4, and are summarised here.

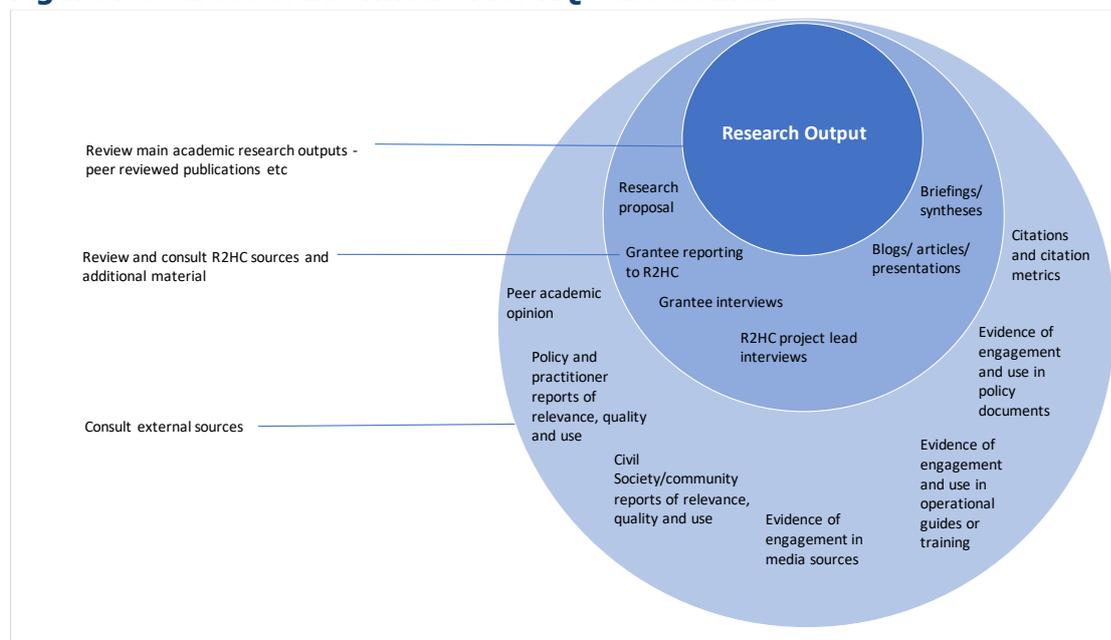
¹¹ <https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/54444/IDL-54444.pdf?sequence=1&isAllowed=y>

Figure 6: Process of conducting an RQ+ assessment



The sources of data that will be used in conducting RQ+ assessments are summarised here.

Figure 7 Sources of information for RQ+ assessment



2.4 RQ+ TRAINING, PILOTING, AND DIVISION OF ASSESSMENTS BETWEEN MIDLINE AND ENDLINE

As explained in section 2.2 below, we will be conducting a total of 20 RQ+ assessments. These will be divided between the midline and the endline phase, with seven being conducted at midline and thirteen at endline. Four evaluators on the team will be involved in conducting RQ+ assessments: Fred Carden, Anna Paterson, Basma Haj Ali and Faduma Gure. Substantial training will be provided to the team on conducting RQ+ during the end of January/beginning of February. The training will use an example project to take all evaluators through the RQ+ instrument. The four

team members mentioned will take one assessment each during the first month of midline implementation (February 2023) to pilot the instrument. During this time Fred Carden and Anna Paterson will also be available to assist with any glitches, or any areas of confusion, in the use of the instrument by Basma Haj Ali and Faduma Gure. During both evaluation phases, the team will assemble to validate RQ+ assessment scores in order to ensure that a similar and fair approach to scoring has been adopted across the team, and in order to feed into the synthesis of RQ+ findings.

The breakdown of planned RQ+ assessments per phase is shown in table 1 below:

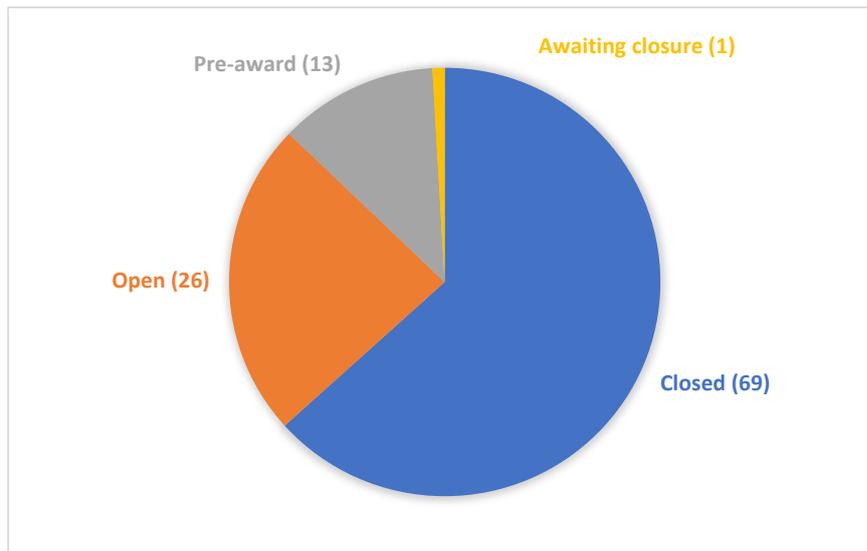
Table 1: RQ+ assessments per phase

| Total RQ+ assessments per phase | Midline | Endline |
|---------------------------------|----------|-----------|
| Anna Paterson | 1 | |
| Fred Carden | 1 | |
| Basma Haj Ali | 2 | 5 |
| Faduma Gure | 3 | 8 |
| Total | 7 | 13 |

2.5 APPROACH TO SAMPLING RQ+ ASSESSMENTS

The aim of our RQ+ sample was to achieve, together with existing evaluation case studies, the maximum possible coverage of the portfolio of R2HC grants, to answer the evaluation questions in the RFP, and to respond to the evaluation focus and purposes expressed by R2HC and by our three evaluation users interviewed during inception. In order to achieve this, it was important for us to understand some of the characteristics of the overall portfolio. The total portfolio of R2HC grants by status *at the time of finalising the Inception Report* is shown in figure 8 below:

Figure 8: Total R2HC grants by status



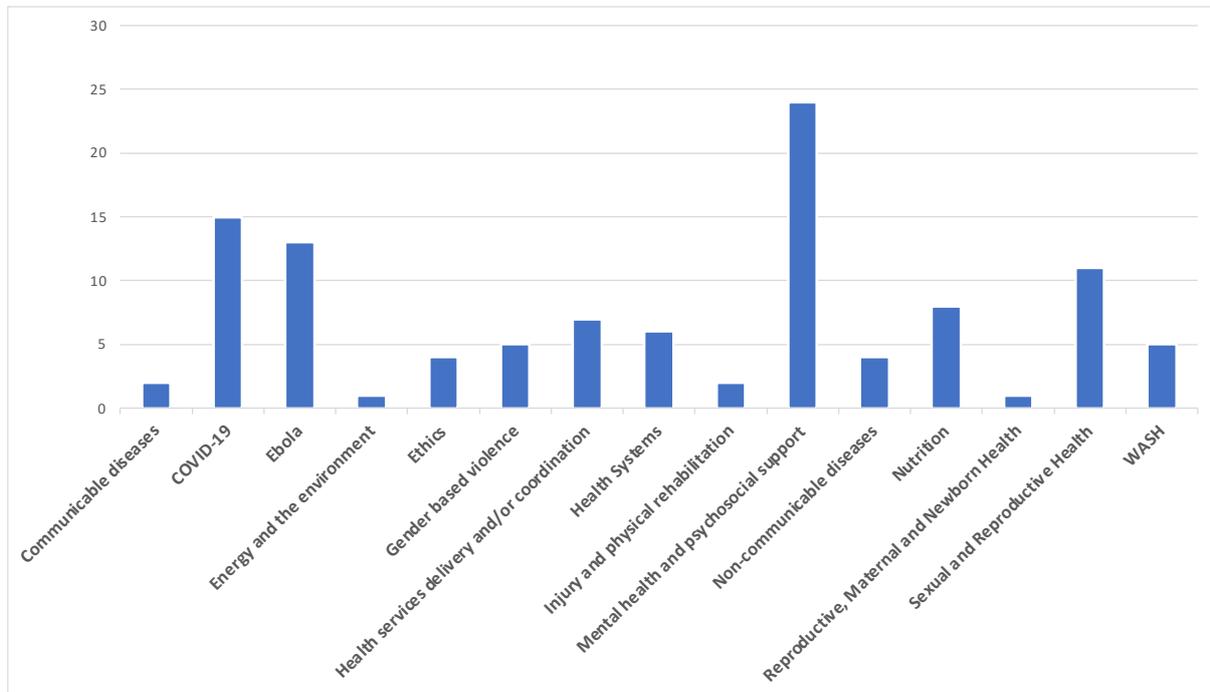
Of the overall grants, 58 were core grants, 3 'formative' core grants, 33 were responsive grants, one was classified as a "special" grant, 13 were call 9 grants at pre-award stage and one was an untriggered rapid trigger grant. Grant sizes ranged from GBP 41,770 to GBP 1m and the average grant was GBP 530,000 in size. The total portfolio includes studies that were implemented in a single country, multiple countries within one region, or in multiple countries globally. The breakdown of studies per region is shown below in table 2.

Table 2: Total R2HC grantees per region of focus

| Region | Multiple country | Single country | Grand Total |
|------------------------------|------------------|----------------|-------------|
| Africa | 4 | | 4 |
| East Africa | 2 | 25 | 27 |
| Global | 20 | | 20 |
| Middle East and North Africa | 6 | 15 | 21 |
| Central Africa | | 8 | 8 |
| South America | | 2 | 2 |
| Southeast Asia | | 3 | 3 |
| Southern Asia | | 7 | 7 |
| West Africa | 6 | 11 | 17 |
| Grand Total | 38 | 71 | 109 |

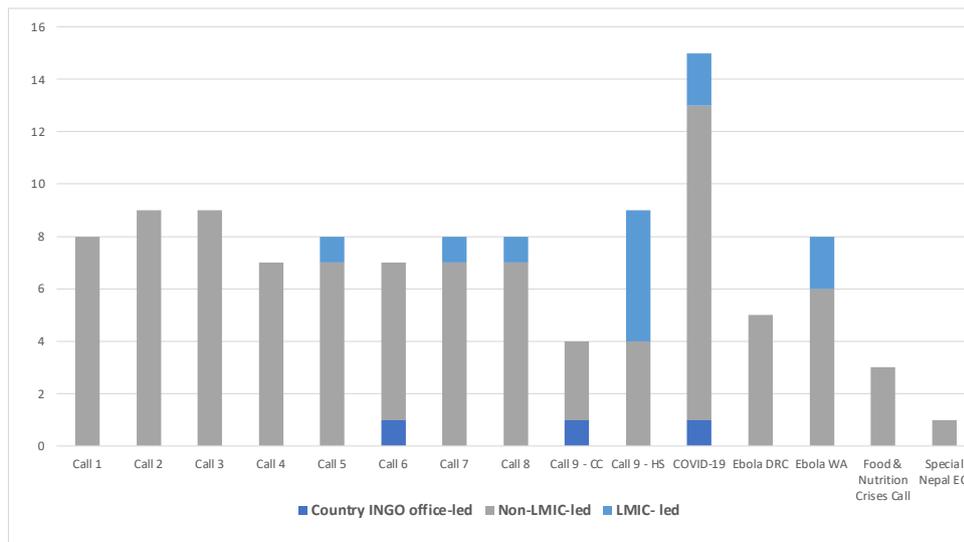
It is also important to understand the thematic coverage of studies on the R2HC portfolio. As shown in figure 9 below, the portfolio has a very broad spread of themes with some clusters of projects in MHPSS, COVID-19, Ebola and Sexual and Reproductive Health.

Figure 9: Total R2HC grantees by theme



Finally, it is important to know the proportion of grantees led by organisations in lower- and middle-income countries, and to know how this has increased over time in the R2HC portfolio. Overall, there are fifteen out of 109 grants that are led by LMIC-based organisations, of which 13 were led by LMIC academic organisations and three by the country offices of International Non-Governmental Organisations (INGOs). The increase in LMIC-led grants over time is shown in figure 10 below.

Figure 10: LMIC-led grantees over time



Overall, we agreed it would be unfair to sample open grants for RQ+ assessment, since these would not have had as much time as the other grants to generate expected or unexpected impacts. Therefore, our sample was predominantly interested in closed grants. As a result, our population of eligible grants was the 67 closed grants shown in figure 9 above.

2.6 EXISTING EVALUATION CASE STUDIES

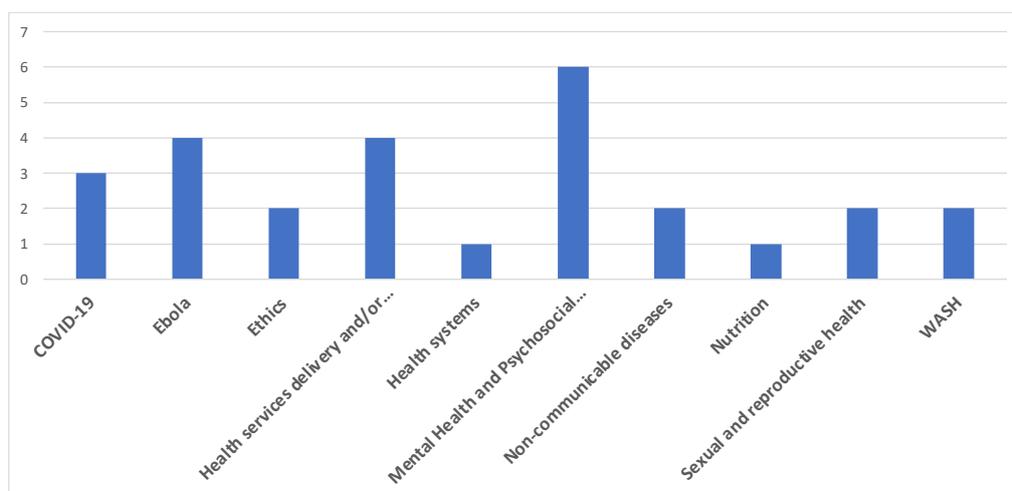
During inception, we found out that there were many more grantees than expected that had already had a substantial independent evaluation or evaluative assessment conducted by an independent assessor. This included seven projects evaluated during the final phase of the summative evaluation (published in 2018) of R2HC under the large evaluation of the Humanitarian Innovation and Evidence Programme (HIEP) for the then Department of International Development (now FCDO). They also included twenty case study impact assessments conducted by R2HC, some of which overlapped with the projects sampled in the HIEP evaluation, and fifteen of which were conducted by a consultant independent of the R2HC programme. Overall, 27 projects had been evaluated for impact by R2HC, the HIEP evaluation, or a combination of the two. Existing impact case studies cover the regions shown in table 3 below:

Table 3: Existing impact case studies by region

| Region | Multiple country | Single country | Grand Total |
|------------------------------|------------------|----------------|-------------|
| Africa | 1 | | 1 |
| East Africa | | 4 | 4 |
| Global | 6 | | 6 |
| Middle East and North Africa | 2 | 4 | 6 |
| Central Africa | | 1 | 1 |
| South America | 1 | | 1 |
| Southern Asia | | 3 | 3 |
| West Africa | 1 | 4 | 5 |
| Grand Total | 10 | 17 | 27 |

The thematic coverage of existing case studies is shown in figure 11.

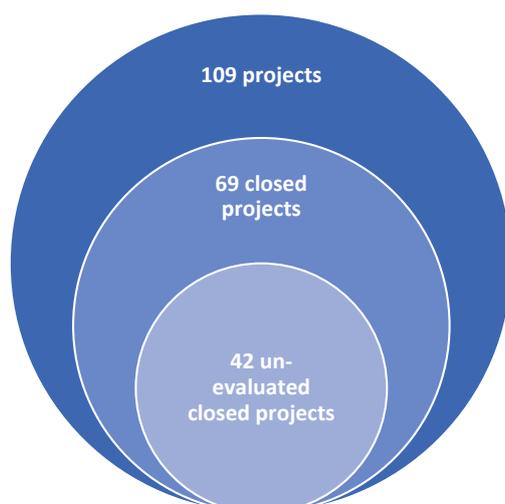
Figure 11: Existing case studies by theme



In order not to duplicate evaluative efforts, or overburden grantees with evaluative processes, we have considered these already evaluated projects as ineligible for RQ+ assessment. However, we have modified our evaluation methods in order to fully use and validate this existing material, as elaborated in section 2.2.6 below.

As a result of this large number of existing impact case studies, our population of grantees that were eligible for RQ+ assessment was reduced to 42 as shown in figure 12 below. Reallocating resources to validating existing evaluative case studies has left us with sufficient days to conduct **20 new RQ+ assessments**.

Figure 12: Population of RQ+ eligible grantees



The remaining 42 eligible projects had the following characteristics:

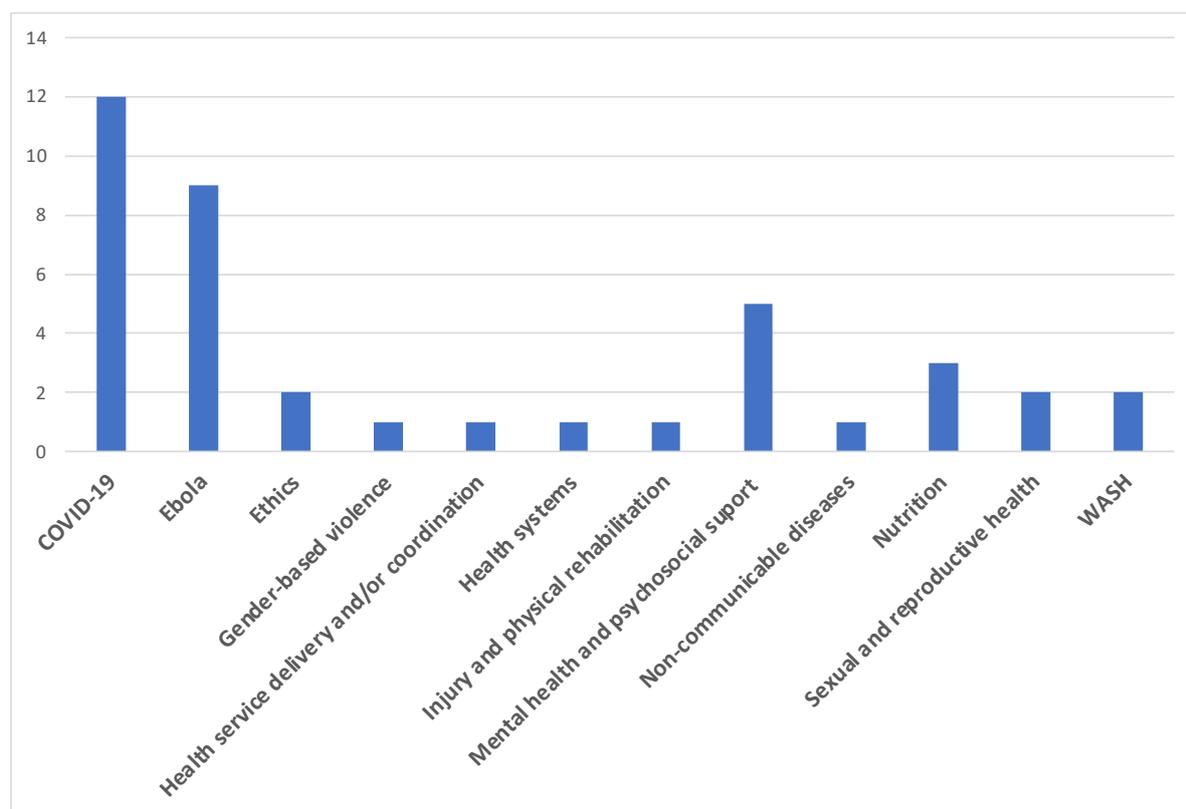
Of the 42 grants, 25 were responsive grants, and one was a rapid trigger grant that was never triggered and therefore did not complete (and was therefore considered ineligible),¹² and 16 core grants. So there is a higher proportion of responsive grants in this population (60%) than in the overall portfolio (30%) or in the already evaluated projects (30%). This is useful from our perspective because all our interviews during inception expressed a special interest in knowing more about the impacts of responsive grants.

Table 4: Eligible projects by region

| Region | Multiple country | Single country | Grand Total |
|------------------------------|------------------|----------------|-------------|
| East Africa | | 9 | 9 |
| Global | 9 | | 9 |
| Middle East and North Africa | 2 | 6 | 8 |
| Central Africa | 1 | 6 | 6 |
| Southern Asia | | 3 | 3 |
| West Africa | 3 | 4 | 7 |
| Grand Total | 15 | 25 | 42 |

¹² CDC Foundation grant 14078

Figure 13: Eligible projects by theme



2.7 FINAL RQ+ SAMPLE

There were a number of key evaluation interests that our RQ+ sample was expected to cover, that were reiterated in workshops with R2HC and in interviews with evaluation stakeholders. The evaluation is expected to:

- Capture the pathways to impact of projects which were already known to have achieved effects or to have experienced challenges;
- Generate more evidence on the impacts of LMIC-led grants;
- Generate more evidence on the impact of responsive grants (including COVID and Ebola grants);
- Generate more evidence on the impact of COVID related grants;
- Capture the impacts or challenges of a random group of projects.

After consideration, we felt that meeting these needs required an approach to sampling whereby ten of our projects (half of our sample), were selected purposively, and the remainder were randomly selected.

Of our population of eligible grants *at the time of revising the Inception Report*, four were LMIC-led and one led by the country office of an INGO. All have been selected for our sample:

Table 5: LMIC-led grants in our sample

| | |
|----------|--|
| 1 | The Institut Pasteur de Dakar-led project on <i>'Point-of-care EVD diagnostic testing for Ebola treatment centres.'</i> This project was closed in 2014. |
| 2 | The Faculté de Médecine et d'Odontostomatologie (FMOS) - led, Bamako, project <i>'Implementation of public health measures among internally displaced people during the COVID 19 pandemic in Francophone Africa: Pilot study of Mali.'</i> This project was closed in 2021. |
| 3 | The Busara Center for Behavioral Economics-led <i>project on 'Understanding the impact of misinformation on the uptake of and adherence to COVID-19 related public health measures in refugee and IDP settings across Kenya, Somalia and the Democratic Republic of Congo.'</i> This project was closed in 2022. |
| 4 | The University of Rwanda-led project <i>'Evaluating the Psychological and Social Impact by Promoting Positive Masculinity Through the 'Living Peace' Program in DRC.'</i> This project was closed in 2022. |

R2HC is in regular contact with grantees and is interested both in those that report anecdotes of interesting results and in those that report the type of challenges that frequently occur in humanitarian research. In order for the evaluation to capture a rich range of pathways to impacts and to capture challenges and their effects on grantees, it is important to ensure our sample contains examples of both of these. Therefore, we have selected a further six grantees from this group for RQ+ assessment:

Table 6: grants sampled as known promising or challenging examples

| | |
|-----------|--|
| 5 | The World Vision UK-led project, <i>'A randomised control trial [sic] of enhanced Child Friendly Space interventions for girls and boys affected by conflict and displacement.'</i> This project was closed in late 2022. |
| 6 | The University of California and IRC-led project on <i>'Optimizing a community-based model for case identification, monitoring, and prevention of hypertension and diabetes among Syrian refugees in Jordan.'</i> This project was closed in 2020. |
| 7 | The Oxfam, ACF and LSHTM-led study <i>'Tracking Community Perceptions; curbing the spread of COVID-19.'</i> This project was closed in 2021. |
| 8 | The Norwegian Refugee Council and American University Beirut-led project on <i>Tracking adherence of older refugees to COVID-19 preventive measures in response to changing vulnerabilities: A multi-level, panel study to inform humanitarian response in Lebanon.</i> This project was closed in 2021. *This project was kept in the list in place of another project, following a conversation with R2HC as the inception report was being finalised, because R2HC had already approached the team and they had signalled their availability to participate |
| 9 | The University of New South Wales-led study <i>'Evaluation of A Scalable Intervention to Improve the Mental Health of Young Adolescent Syrian Refugees.'</i> This project was closed in 2019. |
| 10 | The Columbia University and IMC-led study <i>'Overcoming challenges to accessing quality post-abortion care in humanitarian crises.'</i> This project was closed in 2019. |

The rest of our sample, shown below, was randomly selected using excel’s random number generator. One project¹³ that was selected in this random process had to be removed, because in fact the project was not completed – this was the sole project on the R2HC portfolio that was closed due to weak performance. The team will review the record of this performance and the processes used by R2HC to manage performance, but the project was clearly not suitable for an RQ+ assessment. This project was replaced with the next grantee in the randomly ordered list (project 20 in table 7 below).

Table 7: randomly selected projects

| | |
|-----------|---|
| 11 | The Brigham and Women's Hospital-led project ' <i>Population-based monitoring of social dynamics, perceptions, and behaviours related to the Ebola outbreak and response.</i> ' This project closed in 2020. |
| 12 | The University of Bath-led project ' <i>COVID-19 in the Gaza Strip: community practices in Palestinian refugee communities.</i> ' This project closed in 2020 |
| 13 | The World Vision UK-led project ' <i>Cash and vouchers for nutrition: A study of nutritional outcomes for vulnerable groups in the Somalia food crisis.</i> ' This project finished in 2019 |
| 14 | The Johns Hopkins Bloomberg School of Public Health-led project ' <i>Evaluating an integrated approach to intimate partner violence and psychosocial health in refugees.</i> ' This project finished in 2016. |
| 15 | The University of Washington-led project ' <i>Dial-COVID: remote mitigation through telephone symptom surveillance in refugee settlements in Uganda.</i> ' This project finished in 2022. |
| 16 | The Health Research Union-led project ' <i>Impact of Targeted Health Insurance on, Health Service Utilization, Expenditures and Health Status among IDP Population in Georgia.</i> ' This project was closed in 2016. |
| 17 | The Institute of Tropical Medicine, Antwerp-led study ' <i>Pilot clinical bacteriology in the EVD care response to detect intercurring bloodstream infections and inform about appropriate antibiotic treatment.</i> ' This project was completed in 2020. |
| 18 | The UCL-led project ' <i>Understanding the Causes and Health Impacts of Displacement and Migration on Internally Displaced People in Southern Somalia.</i> ' This project was closed in 2019. |
| 19 | The Orebro University-led <i>HESPER Web</i> project, which was closed in 2022. |
| 20 | The Martin Luther University Halle Wittenberg-led project ' <i>Humanizing the design of the Ebola response in DRC: Anthropological research on humane designs of Ebola treatment and care to build trust for better health outcomes.</i> ' This project was closed in 2020. |

Our sample of projects for RQ+ assessment has the following characteristics. Grants ranged from GBP 41,770 to GBP 616,655, and the average grant was GBP 268,596. The sample is distributed amongst the different R2HC calls as shown in table 8 below.

Table 8: Sampled projects by call

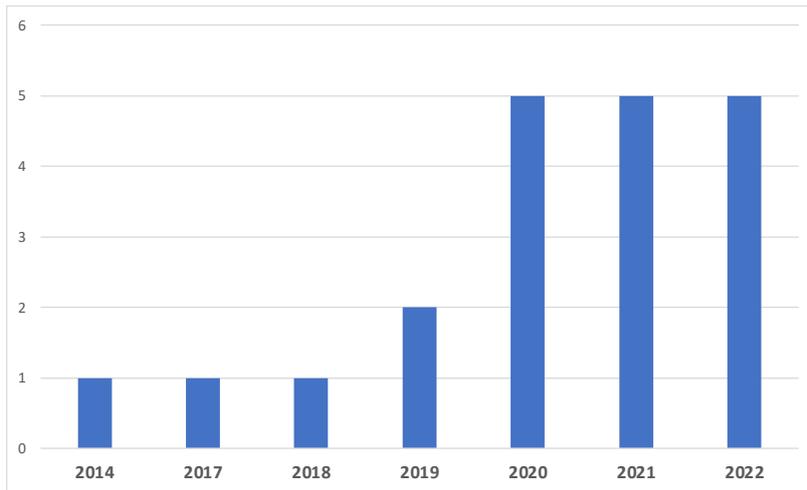
¹³ The 10896 Save the Children UK-led project on '*Effectiveness of an integrated humanitarian response delivery model in Niger.*'

| Call | Number |
|------------------------|-----------|
| Call 1 | 1 (5%) |
| Call 2 | 1(5%) |
| Call 4 | 2(10%) |
| Call 5 | 4(20%) |
| COVID-19 | 6(30%) |
| Ebola DRC | 3(15%) |
| Ebola West Africa | 1(5%) |
| Food +Nutrition Crises | 2(10%) |
| Grand Total | 20 |

Table 9: Sampled projects by region

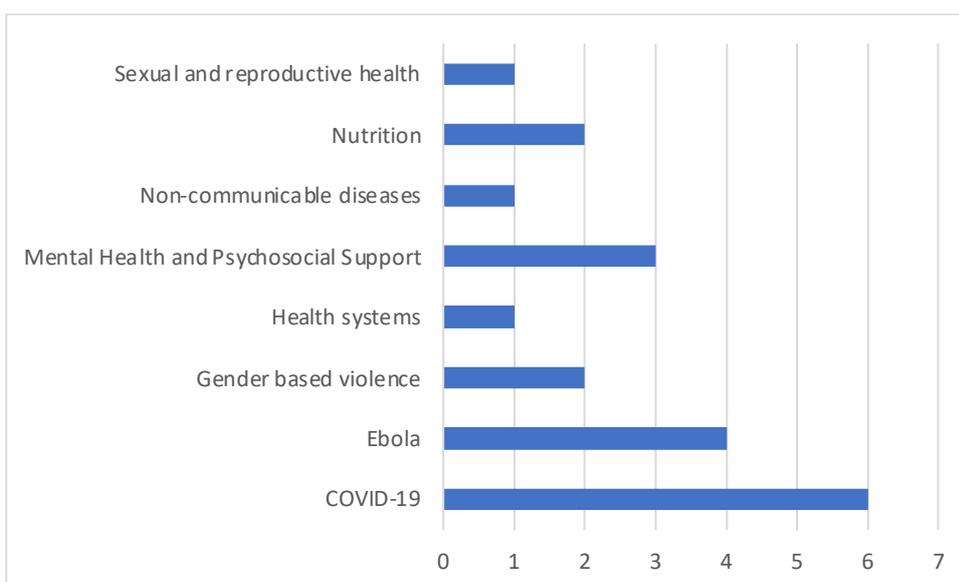
| Region | Multiple country | Single country | Grand Total |
|------------------------------|------------------|----------------|-------------|
| Africa | 1 | | 1 |
| Central Africa | | 1 | 1 |
| East Africa | | 5 | 5 |
| Global | 3 | | 3 |
| Middle East and North Africa | 1 | 4 | 5 |
| Central Africa | | 3 | 3 |
| West Africa | | 2 | 2 |
| Grand Total | 5 | 15 | 20 |

Figure 14: Sample by year of completion



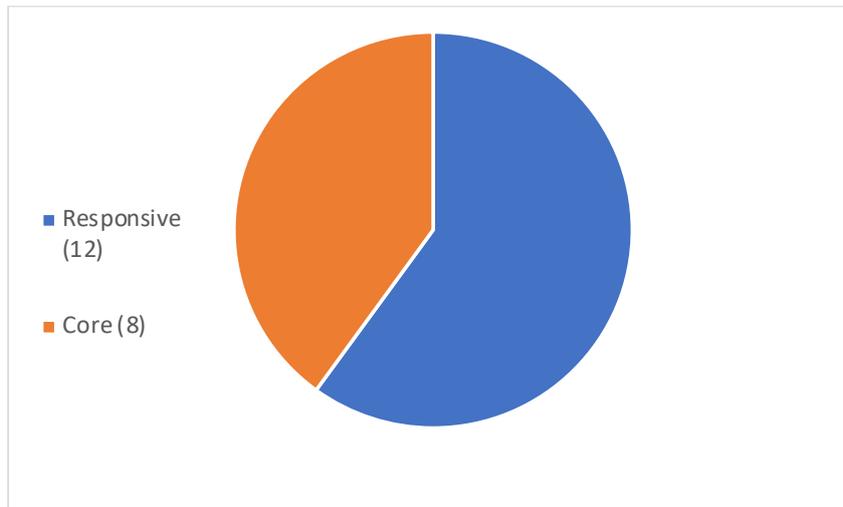
We believe that the spread of project completion years shown in figure 14 provides a reasonable coverage of the R2HC grants that have had time to deliver results. Nonetheless, the sample is somewhat skewed towards the later years of R2HC implementation. This has some disadvantages in that projects completed in 2022 may have had less time to achieve results, but also some advantages because it will be easier to access people and information to assess the impacts of more recent projects. Since we will be comparing projects closed six years ago with projects closed over the past year, our RQ+ rubric has been tailored to assess direction of travel towards outcomes and impacts, and reasonably expected results. Our RQ+ training, and our collective validation of RQ+ assessments, will emphasise fairness in assessing the impacts of more recent projects.

Figure 15: Sample by theme



COVID-19 is particularly represented in the themes across our sample, reflecting a large number of COVID-19 grants in the population of eligible projects. This will help to answer the questions about the impact of COVID related projects that were expressed by our evaluation stakeholder interviewees.

Figure 16: Sample by grant type



The dominance of responsive grants in our sample will help to answer questions about the impacts of responsive grants expressed by our evaluation stakeholder interviewees during inception. A final, significant point to make on our sample is that the amount of research uptake support received by the grants in our sample varies. R2HC began offering research uptake support to grantees in 2018, however this support was not offered to responsive grants. Therefore, our sample allows scope to assess what difference this support has made by comparing 6 grantees that received this support with 13 that did not, helping us to assess the impact of this support as included under evaluation question 1.4.

The overall RQ+ assessment sample covers 29% of R2HC's 69 closed projects. Together with the 27 already evaluated projects, the assessments of which will be reviewed, used and validated by our team, the coverage of the 69 closed projects is 68%.

As we put together and discussed our sample with R2HC, feasibility emerged as a critical consideration in selecting the sample and also for planning the implementation of the RQ+ assessments. One project that was already known to be very unresponsive was replaced in our sample. However, it is possible that other sampled projects will transpire to be unresponsive and therefore will need to be replaced during implementation. We outline our approach to dealing with non-responsive grantees in section 2.7 on limitations and risks below.

2.8 APPROACH TO USING, VALIDATING AND UPDATING FINDINGS FROM EXISTING CASE STUDIES

We were aware in our proposal that R2HC had been independently evaluated and reviewed several times over the past ten years. This includes two evaluations as part of the wider evaluation of the (then DFID) Humanitarian Innovation and Evidence programme in 2015 and 2017-18, internal reviews of Wellcome's support to R2HC in 2016 and 2019 and a 2021 review of R2HC's responsive funding mechanisms. The second wave of the HIEP evaluation, published in 2018, included seven case studies at the project level. These were led by the deputy team leader of this evaluation, Anna Paterson. We were also aware in our proposal that R2HC had conducted case studies of impact at the project level for the purposes of internal monitoring and evaluation. We had not appreciated how many case studies had been conducted, how substantial they were, and that the majority of them had been conducted by a consultant independent of R2HC. As we note in the section on sampling above, 20 impact case studies had been conducted by R2HC, 15 of which were delivered by an independent consultant. The R2HC Case Study format includes a consideration of results observed, challenges experienced and the factors contributing to these.¹⁴ The finished cases include substantial references to documentary evidence and up to ten key informant interviews. Overall, this means that 27 projects have already been assessed in a case study, either by R2HC or by the HIEP evaluation, or both.

Clearly it is not appropriate to overburden these projects with another full evaluative process. However, it is also vitally important that the findings of these 27 case studies are fully incorporated into our evaluation, because these cases were selected precisely because they contained interesting examples of results achieved, or challenges faced, across the portfolio. Leaving these findings out would not produce a fair assessment of impact across the ten years of R2HC's portfolio. It is also important to be able to validate and update the findings of some cases. For some case studies that were conducted in 2017 in the HIEP evaluation, for example, there may be more impacts that have transpired since the case studies were delivered. Our evaluation team initially considered using the existing case studies to reconstruct RQ+ assessments, but our calculations of team time showed that this would in fact considerably reduce our coverage of the portfolio by diverting too much time away from conducting new RQ+ assessments. Therefore, we have decided instead to reallocate 6 days of person time from RQ+ assessments but use it not to move material from one format to another, but to synthesise and analyse the existing case study findings, identify and conduct appropriate key informant interviews to update and validate selected findings. Our proposal is to conduct the review, synthesis and documentary analysis during the midline phase of the

¹⁴ R2HC Case Study Template, 2022

evaluation from February to the end of April. This will include interviews with the consultants who conducted the case studies for R2HC, and a thorough review of the cases by the team leader and deputy team leader, as well as an email sent to grantees to ask them whether there are any results subsequent to the case studies, which they would like to report to the evaluation. We will also include the use of NVivo qualitative analysis software to identify and code significant recurrent themes in the case studies. The findings from this exercise will be reported in the midline report, and the new results and themes that emerge from these findings will be used to identify additional key informant interviews and data collection to be conducted during the endline from June-September 2023. This will allow us to validate and update important results from the existing case studies and follow up any additional lines of inquiry that emerge from the analysis during the endline.

2.9 ADDITIONAL INSTRUMENTS FOR USE ACROSS THE PORTFOLIO

In spite of a significant coverage of new and existing evaluation assessments across the portfolio (up to 70% as described above), we acknowledge that there are important evaluation questions under this objective that will require more than our RQ+ assessments and use of exiting case studies to answer. During inception we agreed with R2HC that we would send out a short SurveyMonkey to all non-sampled non-evaluated projects (21 in total), with questions covering their experiences of working with R2HC, the nature of their partnership and extent of engagement with local knowledge, the extent to which they focussed on research uptake, the results and type of impacts seen as a result of their work, and any challenges they have experienced.

We also agreed during inception that we would send a short survey to projects from recent calls who had been shortlisted, and had received R2HC support to develop proposals, but had not been selected. This survey will ask them about their experiences applying to R2HC. We will supplement this with a review of the main reasons for non-selection of promising research proposals. Finally, given our particular interest in projects led by organisations based in low- and middle-income countries (LMICs), we also agreed that we would send a short survey monkey to, or perhaps interview a small selection of, open projects led by LMIC organisations. We have not included the survey questions in this report, since we still need to agree the list of respondents with R2HC.

Finally, there will be cases where findings from our RQ+ assessments and from the case study synthesis and analysis relate to impacts achieved cumulatively by groups of R2HC projects, for example by the cohort of R2HC research on Mental Health and Psychosocial Support (MHPSS). It will be important to review any documentation on, and to conduct key informant interviews (KIIs) to assess, the extent to which collective impacts have been achieved by different groups or generations of projects.

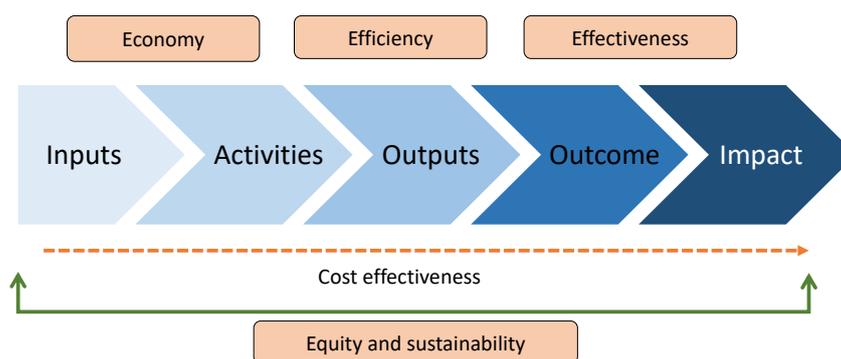
These questions will be incorporated into our KIIs at the programme level, described in section 2.1 above. We plan to conduct most of the programme level KIIs during the endline of data collection, giving us time to follow up on patterns of cumulative impact or other trends observed during midline research.

2.10 APPROACH TO EVALUATING VALUE FOR MONEY

Question 2.6 under evaluation objective 2 asks “*Across the R2HC, how strong is the culture of and attention to Value for Money? Are resources being expended economically, efficiently, and equitably (i.e. is the programme available to, reach, or address the needs of all people)?*” As agreed with R2HC during the inception period, Value for Money (VfM) is not a major focus of the evaluation. This is important to note because a more in depth VfM approach would take resources away from our other evaluation objectives. The team is not resourced to conduct a significant exercise in benchmarking R2HC against comparable mechanisms for funding research grants, for example. It will also not be feasible to provide quantitative estimates of cost-effectiveness at the project level. Nonetheless, our evaluation will already be collecting a lot of information about value at the project and programme level, and we can combine this information with a review of programme and project level financial information, and the views of key stakeholders, to provide useful findings on the approach to VfM within R2HC and how this might be strengthened.

We will adopt the standard ‘4Es’ framework for assessing VfM that has long been recommended by FCDO.

Figure 17: ‘4Es’ Value for Money Assessment Framework



Our approach to assessment against this framework is shown in table 10 below.

Table 10: Light-touch approach to VfM assessment against the '4Es' Framework

| 4E Level | Key questions | Sources |
|-----------------------|---|---|
| Overall | Is R2HC maximising the impact of each pound spent to improve outcomes for people affected by crisis? What are the advantages and disadvantages of the R2HC spending model for building evidence to meet the needs of humanitarian actors? | This will be substantially based on our existing evaluation tools under objectives 1,2 and 3. |
| Economy | Is R2HC funding research of the appropriate quality at the right price? Are some research activities in some contexts more expensive than others? Are grantees funding research inputs at the right price? What is R2HC's approach to encouraging economy at the project level? Is economy considered in the provision of R2HC programme management? | Existing evaluation tools under objective 2 with limited additional review of project budgets and interviews with R2HC programme staff. |
| Efficiency | Efficiency is the question of whether we are spending 'well' or how well inputs are being converted in outputs. Are grantees able to convert funding into timely implementation producing high quality outputs? Is this harder in some contexts than others? What is R2HC's approach to encouraging efficiency at the grantee level? How efficient is the provision of R2HC programme management? | Existing evaluation tools under objective 2 with limited additional review of project budgets and interviews with R2HC staff. |
| Effectiveness | Is R2HC spending its money wisely to maximise value per pound spent (i.e. maximising impacts on the most critical humanitarian evidence gaps and needs)? Are R2HC research outputs being used to improve humanitarian policies, practices, or the understanding of key issues? | Existing evaluation tools under objective 2 with limited additional review of project budgets and interviews with R2HC staff. |
| Equity | Are benefits at grantee and at aggregate level distributed equitably? | Existing evaluation tools under objective 2. |
| Sustainability | Will the benefits at grantee and at aggregate level be sustained in the longer term, beyond life of the project? | Existing evaluation tools under objective 2. |

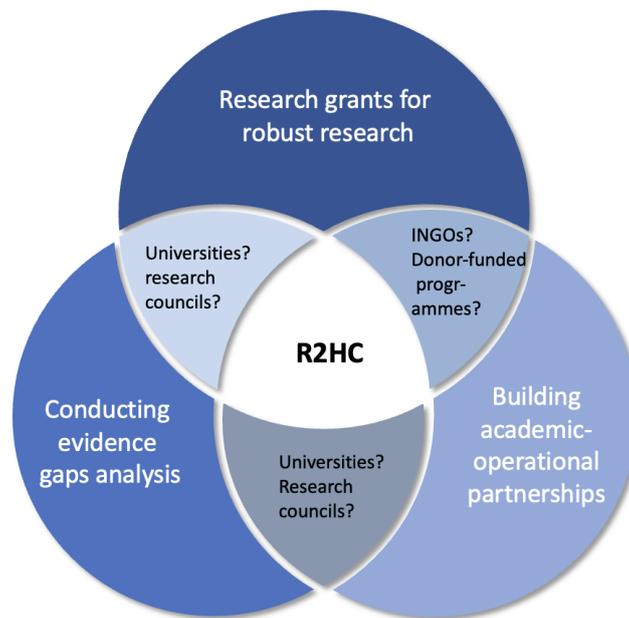
3. APPROACH TO EVALUATION OBJECTIVE 3: CONDUCTING A LANDSCAPE MAPPING TO IDENTIFY COMPARABLE RESEARCH MECHANISMS AND CONDUCT A COMPARATIVE ANALYSIS TO DETERMINE WHETHER THE R2HC CONTINUES TO FILL A NICHE NOT OCCUPIED BY OTHER RESEARCH FUNDERS

| OECD DAC Evaluation criteria addressed in objective 3: Relevance, Coherence, Sustainability | |
|---|--|
| Evaluation questions under objective 3 | Sources of information/analysis |
| 3.1 Does the R2HC still fill an identified gap in the research and humanitarian spaces? Is there still a need for what the R2HC offers? | Landscape analysis RQ+ synthesis Additional analysis across portfolio KIIs at the programme level Strategic engagement survey instrument and KIIs |
| 3.2 Is the R2HC unique, or have other research funders stepped into the breach since 2013? To what extent has the COVID-19 pandemic influenced the global public health research space, and is this area now more crowded? | Landscape analysis RQ+ synthesis Additional analysis across portfolio KIIs at the programme level Strategic engagement survey instrument and KIIs |
| 3.3 What makes the R2HC distinct from other research funders? What is the specific niche that the R2HC fulfils in terms of the research it funds through different research calls? | Landscape analysis: RQ+ synthesis Additional analysis across portfolio KIIs at the programme level Strategic engagement survey instrument and KIIs |

The environment in which R2HC operates has changed dramatically in the past ten years in both positive and more challenging ways. Overall, the literature tells us that humanitarian research is significantly underfunded. But while huge gaps remain in the evidence base for humanitarian action, there has been an increase in the numbers and range of providers of humanitarian research and “a proliferation of humanitarian teaching and research programmes all over the world, as well as sector-wide activities aimed at improving accountability and performance.”¹⁵ There has also been an expansion in the number of relevant academic research programmes in low and middle income countries (LMICs) and also of health development research programmes that also cover humanitarian issues. Over the past decade, many humanitarian agencies and NGOs have also established their own mechanisms for conducting research and promoting its use. There are a number of donor-funded stand-alone programmes that support research and innovation in humanitarian action.

¹⁵ Heyse, L., Zwitter, A., Wittek, R., and Herman, J. (eds) (2015). *Humanitarian Crises, Intervention and Security : A Framework for Evidence-based Programming*. London: Routledge.

Figure 18: R2HC’s niche in the landscape of humanitarian health research



We will identify several categories of research grant making and funding mechanisms that overlap in some way with R2HC. In order to identify the maximum number of comparable mechanisms we will use evaluator knowledge, we will draw on existing reviews, including work by Elrha mapping funding mechanisms and recipients through its Global Prioritisation Exercises (in 2017 and 2022), and we will ask some of our key informants to suggest comparable mechanisms. Our current plan is to assess the below categories and types of research funding or research promotion actors. We will seek to gain a fuller understanding of the activities of these actors and how they overlap with R2HC, as well as asking them how the environment for funding humanitarian health research has changed over the past ten years. We will combine this information with the assessment of R2HC’s niche, and how this has developed over the past ten years, based on our key informant interviews with R2HC’s critical friends and key strategic stakeholders.

3.1 INTERNATIONAL DONORS OF HUMANITARIAN AND DEVELOPMENT HEALTH RESEARCH

There are a number of donors that fund humanitarian health research, albeit in slightly different formats to R2HC. They range from bilateral and multilateral donors to UN agencies to philanthropic organisations to national and international disease control and prevention centres, for example:

- The Wellcome Trust
- UK Foreign, Commonwealth and Development Office
- The Mastercard Foundation
- The Bill & Melinda Gates Foundation
- The Clinton Foundation

- The WHO, especially the TDR (Special Programme for Research and Training in Tropical Diseases) Joint Programme of WHO, Unicef, UNDP & The World Bank, and the WHO Emergencies programme
- UNFPA
- UNICEF
- The World Bank
- The International Development Research Centre
- The Canadian International Development Agency (now Global Affairs Canada, or GAC)
- Danida
- US National Institutes of Health, especially The Fogarty International Center
- CDC-Africa and its regional coordinating centres
- African Population Health Research Centre

3.2 OTHER PROGRAMMES THAT FUND HUMANITARIAN HEALTH RESEARCH

There are other donor-funded programmes that fund humanitarian health research, although many are not primarily focussed on health or primarily focussed on humanitarian settings. These include R2HC's partner programme, the Humanitarian Innovation Fund, and other research and innovation funds such as the Global Innovation Fund.

3.3 ACADEMIC MECHANISMS AND ORGANISATIONS

We will conduct key informant interviews with PI-level academic researchers in the humanitarian health research world in order to understand the extent to which R2HC compliments or overlaps with other comparable funding mechanisms, and the way in which the pandemic may have influenced funding streams for academic humanitarian health researchers.

We will review the scope for interviewing research councils, including in LMICs. For example the Medical Research Council of South Africa, which has a strong AIDS programme. There are several institutions in High Income Countries that have established humanitarian/health research centres or programmes. These include many that are frequent grantees of R2HC, such as the London School of Hygiene and Tropical Medicine, the Harvard School of Public Health and the Harvard Humanitarian Initiative, and Johns Hopkins Bloomberg School of Public Health, and others that are not R2HC grantees such as the Humanitarian Health Research Initiative at the Australian National University. There are also several institutions in Low- and Middle-Income Countries (LMICs) that have received R2HC funds historically, and have a relationship with R2HC, for example the American University of Beirut and the Makerere University in Kampala. We will 1) conduct web searches and reviews of institutional websites to identify which academic institutions play an

active research role in the humanitarian health space. This will 2) be cross-referenced with R2HC's own database of historically funded institutions to 3) develop a shortlist of institutions from which to identify key informants to interview for this evaluation, as well as to provide R2HC with a database of research institutions with appropriate research portfolios, but which haven't received R2HC grants.

3.4 HUMANITARIAN AGENCIES AND INGOS THAT FUND AND PROMOTE RESEARCH

A number of humanitarian INGOs have research evidence brokering units that also often commission research. These include the International Rescue Committee's Airbel Impact Lab, Action Contre la Faim's Knowledge Lab, Save the Children International, and the International Medical Corps.

In contacting the organisations in all these categories, our aim will be to identify how they fund research, what they think R2HC's niche is in relation to their own, and how R2HC's niche might develop in future. In many cases, we will also interview the representatives of these organisations as R2HC stakeholders.

4. APPROACH TO EVALUATION OBJECTIVE 4: DEVELOPING RECOMMENDATIONS THAT FLOW FROM EVALUATION FINDINGS

As we indicated in our proposal, we have included the development of recommendations in our budget and workplan as a separate, workshopped process, to be co-produced with R2HC staff *after* the delivery of our draft endline report. This will ensure that recommendations take account of R2HC's resources and room for maneuver and are fit for purpose for the program's needs. The recommendations agreed in this process will then be added as a section to complete the endline report. We propose that the workshop to develop these recommendations be conducted in mid- October 2023 and that it includes the R2HC team and the Evaluation Steering Committee.

The recommendations workshop will come after the drafting and presentation of findings in the core of the evaluation report. The workshop will be organized around the key recommendations that flow from these findings, under each evaluation objective and cutting across all objectives. Some of these proposed recommendations will be suggested by the evaluation team.

Recommendations will be based on these discussions of the synthesized findings presented in the main report. These findings will draw on our different data collection tools, such as the programme-level and mapping KIIs, our RQ+ assessments, our survey-monkey instruments and our analysis of existing R2HC case studies and evaluations. Given the scope of this impact evaluation, and the number of evaluation questions, this is not an unusually large number of data collection tools but is sufficient to allow us to triangulate and develop our findings based on different sources. The RQ+ framework itself was designed to organize data in such a way as to facilitate the synthesis of findings and the generation of recommendations in the most important dimensions, and to demonstrate patterns across portfolios - including through graphics. For our analysis of existing case studies, we have used codes in NVivo to mirror the domains and sub-domains in RQ+, making this material easier to analyze and synthesize alongside RQ+ assessments.

We have allocated different evaluation foci to different team members, so it will be important that the findings yielded by these different activities do not become siloed. Team workshops and meetings will play an important role, not only in validating, but also in synthesizing findings and in discussing emerging themes and recommendations across different evaluation activities. The RQ+ team validation workshop will be important in synthesizing RQ+ findings. All team members will attend these workshops. Smaller team meetings will be conducted to bring together and discuss findings from non-RQ+ evaluation activities.

4.1 DATA SOURCES

We will use a combination of existing sources and new data collection at both programme level and for our project-level RQ+ assessments and our landscape review. We have already agreed with R2HC that they can facilitate introductions to critical friends of the programme, strategic stakeholders and to project implementing teams. The success of the RQ+ assessments assumes that project implementing teams can, in turn, recommend relevant research users and stakeholders for interview.

4.2 EXISTING DATA

PROGRAMME LEVEL AND LANDSCAPE REVIEW – EXISTING DATA

- R2HC Annual Reports to donors
- All existing evaluations, including the two FCDO evaluations, two Wellcome Trust evaluations and one internal R2HC evaluation
- Any existing Annual Reviews or parts of Annual Reviews by donors
- All ELRHA proposal for the different phases of R2HC funding
- Documents relating to all research calls, including guidelines for applicants and learning materials produced after the calls
- Guidelines for Applicants for all research calls, and Frequently Asked Questions
- The existing R2HC Theory of Change, Results Framework and MEAL system overall
- Any R2HC Research Uptake Strategies and Research Uptake Guidance
- Other R2HC humanitarian research guidance such as the R2HC Research Ethics Tool
- All R2HC learning and advocacy papers and briefings
- Any documented R2HC work conducted to support humanitarian standards and guidelines
- Any documentation/recordings of R2HC events, such as the two research fora
- Any documentation of R2HC work to support/engage with parts of the humanitarian architecture such as the clusters
- Any documentation of R2HC work to engage with research actors and brokers across humanitarian organisations
- Information on R2HC and its grantees on the R2HC website
- External articles and reflections on health in humanitarian crises into which R2HC has fed including, for example in the ODI Humanitarian Exchange special editions
- R2HC and Elrha material that has already begun to scope the landscape of humanitarian research funding, including the Global Prioritisation Exercises and learning papers
- Websites of key humanitarian research donors, academic public health programmes, departments and centres, operational programmes and networks

RQ+ LEVEL – EXISTING DATA

- Project proposals
- Interim reports or progress notes
- Any other material captured in the R2HC MEAL system
- Fully developed research protocols where available
- Academic research outputs including peer reviewed articles
- Practical research outputs such as manuals, tools and training material
- Other research products such as briefings, syntheses, blog-posts, videos, infographics
- Any documented plans for engaging, key research users/audiences
- Documentation of dissemination and communication events, including in person and virtual events
- Any media or social media stories/interviews/appearances presenting the research
- Any documentation providing evidence of humanitarian policy or practitioner *engagement* with research such as attendance at events, requests for meetings, or email correspondence
- Any documentation providing evidence of humanitarian *use* of research such as explicit or implicit references or inclusion in policy or programme documents, guidance, standards or training material

4.3 KEY INFORMANT INTERVIEWS

As the sections above indicate, we will be interviewing many respondents for different evaluation purposes. There will be significant overlap in our respondents interviewed for different purposes. Many of R2HC's grantees are also important strategic stakeholders, and some have also been 'critical' friends of R2HC with roles on the R2HC Advisory Group and Funding Committee. Many other organisations who have activities that overlap with R2HC, who will be interviewed for the landscape mapping, are also strategic stakeholders and in some cases critical friends of R2HC. We will be strict in managing our list of key informants for interview and will ensure that we only approach any one respondent for one interview, combining the questions for different evaluation purposes where necessary. This may impose some limitations on the amount of data we are able to collect as noted in the limitations section. R2HC will also have access to our list of interviewees, which they will periodically review to ensure we are aware of any recent or imminent R2HC requests that are being made to these individuals.

R2HC 'CRITICAL FRIENDS'

- Elrha and R2HC staff
- Current and past R2HC Advisory Group members
- Current and past R2HC Funding Committee members past and present
- R2HC donor representatives (current and past donors) who have had a long-standing relationship with R2HC

R2HC STRATEGIC STAKEHOLDERS

- Representatives of International level humanitarian donors
- Representatives of Humanitarian agencies
- Representatives of Humanitarian International NGOs (INGOs)
- Representatives of Coordination mechanisms such as the clusters
- Representatives of Humanitarian networks and learning organizations
- National and local government of countries affected by crisis
- Humanitarian think tanks
- Formal and informal communities of practice on technical areas, for example MHPSS
- Humanitarian academics and leaders of research programmes, including in countries and regions affected by crises
- Representatives of private sector actors involved in health research, including in countries and regions affected by crises

ORGANISATIONS THAT FUND HUMANITARIAN OR DEVELOPMENT HEALTH RESEARCH OR RESEARCH PROMOTION

- Medical and research councils that fund research including in LMICs
- International donors of health and biomedical research
- Philanthropic foundations that fund health research including in humanitarian contexts
- Bilateral donors that fund health research including in humanitarian contexts
- Research institutions and university research programmes including in LMICs
- UN agencies that fund research or research promotion
- INGOs that fund research or research promotion
- Civil Society organisations involved in humanitarian research including in LMICs

RQ+ KEY INFORMANTS

- R2HC lead managing the project
- Principal investigators and co-investigators
- Where the partnership is Northern-led, we will interview Southern co-investigators/team members separately
- Project lead from the operational partner (if different from the lead investigators)
- Representatives from the operational partner who have/were expected to use the research
- External stakeholders familiar with the research
- Civil Society or local organisations who were involved in the research
- All reported or expected research users from:
 - NGOs/IGOs
 - UN agencies

- Local and national government
- Civil Society
- Media
- Business and private sector organisations

4.4 ETHICAL CONSIDERATIONS

We will not be conducting the type of research that would require formal ethics approval for example from an ethics review board. We do not expect to conduct interviews with vulnerable informants. Most of our respondents will be researchers and civil society, media, government, INGO and UN agency humanitarian research users. Capturing the views of research participants and community-level research users will be important but will likely be achieved through interviewing Civil Society Organisations. Should any interviews with other research participants or community-level research users be considered important to our RQ+ assessments, the appropriateness of these will be discussed in advance with R2HC and with the project implementing partners. Our Deputy Team Leader Anna Paterson has a Disclosure and Barring Service check certificate.

Informed consent: Interview guidance and training will emphasise the importance of explaining fully to respondents the purpose of the interview, our approach to citation and how their data will be used. In order to allow us to explain how the evaluations will be used, we will need to clarify with R2HC whether and how they will be made available in the public domain.

Confidentiality of information, privacy and anonymity of study

participants: We will seek informed consent and provide informants with the opportunity to withdraw at any time. We will ask participants for permission to cite them as respondents in a list at the end of our reports. Interview information will be anonymised before it is shared with anyone outside the evaluation team. When using interviews to support our findings we will use a footnoted, randomised interview number whose corresponding name will be known only to our team. Interview notes and any recordings will be stored under this randomised number, without the names of respondents attached. In certain cases, we may want to use a quote and/or connect a point to a specific type of respondent. In these cases, we will ask respondents for permission to use a quote and to cite them using an anonymized description, for example which we will also agree with them, for example "Senior WASH expert". Data will be stored in anonymised form by The Policy Practice and will not be shared with any third parties. After the final evaluation deliverables have been signed off, the data will be destroyed.

Any electronic surveys will use Survey Monkey, which is covered by Privacy Shield. The data minimization principle will be applied to ensure that no more data is taken than necessary. The surveys will be preceded by an introduction explaining that

responses will be anonymised so that those analysing responses cannot see the responder's names, how the responses will be used, how long the data will be stored, and including the Deputy Team Leader's email address to contact for any questions.

4.5 LIMITATIONS, RISKS AND MITIGATION STRATEGIES

The evaluation is very tightly resourced for the RQ+ assessments and other evaluation activities and therefore we do not have the time to chase projects that are non-responsive. We also want to limit the number of RQ+ assessments that will not have enough data credibly to triangulate findings. R2HC grants are relatively, and in some cases very, modest in size, and the academics and humanitarian staff who worked on them often change jobs, and locations quite frequently. All this means that it is often hard to contact project staff after projects have closed for very understandable reasons. One project that was already known to be very unresponsive was replaced in our sample and it is possible, even likely, that some other sampled projects will transpire to be unresponsive and therefore will need to be replaced during implementation. R2HC will send out initial email introductions to the grantees, and the evaluation team will follow these up by email. If grantees have not responded within a week, the evaluation team will follow up with an email. If no response is received within a further week, the team will remove the project from the sample and move on to the next project on our list of randomised eligible projects, which can be found at Annex 4.3.

The evaluation will rely to a great extent on information provided by key informant interviews. A further limitation relates to the fact that many of our important key informant types are likely to overlap. Many of R2HC's strategic stakeholders, and their organisations may at some point have been grantees, or may be grantees on our sample, they may also be 'critical friends' of R2HC, and they may also be important interviewees for our landscape mapping exercise. It would be inappropriate for us to ask individuals for more than one interview, therefore in these cases we will need to combine the interview protocols for the different purposes, meaning we will not be able to capture as broad a range of questions as in cases where we are interviewing for one purpose alone. We have attempted to mitigate this risk in the workplan in section 3 below, but we will not be able to completely remove it.

4.6 DRAFT INTERVIEW PROTOCOLS

This Annex presents our draft interview protocols. These will be workshopped with the team during our training on our core instruments and may be refined at that point. They will also be improved after piloting them during the early midline phase.

COMMON INTRODUCTION FOR ALL INTERVIEWS

[All] Introduction & Purpose of the Impact Evaluation

First of all, thank you for your time. R2HC has asked us to carry out an impact evaluation of their work over the last ten years. As part of this we are conducting interviews with some of the important strategic stakeholders of R2HC/ peer organisations that are involved in the funding or use of research/R2HC funded-projects and their stakeholders. [Select those categories that apply to the informant – more than one category may apply].

For RQ+ only

We are conducting assessments of quality and impact across a sample of R2HC projects. RQ+ should be briefly introduced as a tool designed to assess the quality of research that is oriented to solutions to existing problems. RQ+ has three basic tenets that set it apart from standard approaches to research quality: it integrates context into the assessment process; it treats quality as multi-dimensional (i.e., going beyond the protocol to look at rigour in implementation as well as other dimensions that are particularly important to a group of projects, such as partnership, fairness); and finally, it includes a rubric for measurement. It should be stressed that this is not an assessment of their project per se, but of research quality across the R2HC portfolio in order to improve the design and delivery of R2HC calls.

[All] Consent & use of data:

With your permission only we would like to list you as a respondent at the end of the evaluation report. Our general practice will be to generate random interview numbers and use these to back up generic points in the report. If we want to attribute quotes and points to you in the study, we will ask for your permission and discuss ways of anonymising, for example by calling you a "senior expert in X" you in attributing the quote. If you prefer, we will not quote you at all.

We have a series of questions – we will keep ourselves limited to maximum 60 minutes of your time – and we will ensure confidentiality of your responses to us. You may decline any of the questions with which you are uncomfortable.

We will request to record the interview to ensure accuracy in our notes. If you do not wish to be recorded, we will respect your wishes. [Ask only where we want to record] (Recordings and) interview notes will be stored under a randomized interview number and the notes and recordings will not contain your name. Any

notes (or recordings) we do make with your permission will be deleted after the final evaluation is completed at the end of October 2023.

We will cover a number of areas around the quality and relevance of the research, links to other agencies funding similar work, and what you know about outcomes and impacts or potential impacts of the research.

You are free to withdraw at any time during the interview process.

Do you have any questions before we start? Are you ready to be interviewed?

4.7 R2HC LEADERSHIP AND OTHER PROGRAMME STAFF

1. What is your role within R2HC and how long have you worked in this position?
2. How has the R2HC governance system evolved? Have the Advisory Group, donors, and Funding Committee played an appropriate and significant role in driving the direction and focus of the programme and the quality of research funded?
3. Could you explain the purpose of R2HC's gaps analysis work and what kinds of gaps analysis you have produced. What do you think the results of this work have been?
4. What has been the R2HC approach to filling these key gaps? How has this changed over time? How could it change in the future?
5. In so far as you can comment, what do you think of the quality of R2HC research overall? Are there any studies you think have been particularly high quality or particularly weak?
6. How would you characterize the most important outcomes and impacts of R2HC research (in changing policy and practice) overall? What have been the main challenges in achieving these?
7. R2HC has changed its approach to responsive research grants over time, what has been the rationale behind these changes? Are there any changes you think need to happen in future?
8. What has been your approach to communicating and promoting the uptake of its research over time? Are there any changes you think need to happen in future?
9. What is R2HC's approach to value for money? How does R2HC ensure and encourage VfM in project implementation? Is there guidance in this area and do you have benchmarks for project level costs?
10. How do you ensure VfM in the management of the R2HC core team. How has the management team changed over time and what are its key functions?
11. What have been your main approaches to strategic engagement? What strategic stakeholders have you focused on over time? Are there any changes you think need to happen in future?

12. How much do you think the external environment for humanitarian health research (availability of funds, emphasis on research, number of actors in the field) has changed over the ten years of R2HC's existence and how much has this affected you?
13. As you know, we will be conducting a landscape mapping to identify R2HC's current niche in the range of comparable mechanisms. How would you describe R2HC's unique selling point, compared to other comparable mechanisms?
14. How do you think R2HC could improve in future phases?

4.8 CRITICAL FRIENDS

1. Please tell us the nature of your relationship with R2HC and how it started.
 - a. What work/governance or management processes of theirs are you most aware of?
 - b. If you are aware of R2HC governance and management processes, how well do you think they work?
2. To what extent do you think the R2HC research calls and approach to selecting projects has been able to address key evidence gaps and respond to humanitarian needs?
3. In so far as you can comment, what do you think of the quality of R2HC research overall? Are there any studies you think have been particularly high quality or particularly weak?
4. In so far as you can comment, what do you think of the outcomes and impacts of R2HC research (in changing policy and practice) overall? Are there any studies that are good or challenging examples?
5. R2HC has changed its approach to responsive research grants over time, what do you think of the approaches R2HC has tried?
6. What do you think of R2HC's approach to communicating and promoting the uptake of its research has been appropriate? Has this become better over time?
7. Do you think R2HC represents good value for money compared to other potential and actual mechanisms for funding research?
8. What do you think of R2HC's strategic engagement activities? Have you seen/taken part in any of these?
9. Do you think R2HC engages with/prioritises the right strategic stakeholders?
10. Do you think R2HC has changed the way health research is conducted in humanitarian settings?
11. How much do you think the external environment for humanitarian health research (availability of funds, emphasis on research, number of actors in the field) has changed over the ten years of R2HC's existence and how much do you think this has affected R2HC?

12. Do you think R2HC still has a unique selling point in this environment?
13. How do you think R2HC could improve in future phases?

4.9 STRATEGIC STAKEHOLDERS

1. Please tell us the nature of your relationship with R2HC and how it started.
 - a. What work of theirs are you most aware of?
 - b. Have you previously been involved as a grantee?
2. Are you aware of R2HC's work in identifying evidence gaps – how useful do you think this work has been?
3. Are you aware of R2HC's approach to selecting successful research projects? If so, do you think this has worked well?
4. To what extent do you think the R2HC research has been able to address key gaps and respond to humanitarian needs?
5. In so far as you can comment, what do you think of the quality of R2HC research overall? Are there any studies you think have been particularly high quality or particularly weak?
6. In so far as you can comment, what do you think of the outcomes and impacts of R2HC research (in changing policy and practice) overall? Are there any studies that are good or challenging examples?
7. Are you aware of R2HC's attempts to respond responsively to humanitarian crises? What do you think of R2HC's approach to responsive grants?
14. Do you think R2HC represents good value for money compared to other potential and actual mechanisms for funding research?
8. What do you think of R2HC's approach to communicating and promoting the uptake of its research has been appropriate? Has this become better over time?
9. What do you think of R2HC's strategic engagement activities? Have you seen/taken part in any of these?
10. Do you think R2HC engages with/prioritises the right strategic stakeholders?
11. Do you think R2HC has changed the way health research is conducted in humanitarian settings?
12. How much do you think the external environment for humanitarian health research (availability of funds, emphasis on research, number of actors in the field) has changed over the ten years of R2HC's existence and how much do you think this has affected R2HC?
13. Do you think R2HC still has a unique selling point in this environment?
14. How do you think R2HC could improve in future phases?

4.10 RESPONDENTS FOR THE LANDSCAPE MAPPING

1. Are you aware of R2HC? [If not provide overview]
2. We are keen to understand what other actors are doing in the landscape of funding and promoting humanitarian health research. Could you please tell us what activities you fund/support/undertake in this area?
3. If you are aware of R2HC, how different do you think what you do is to what R2HC does?
4. How much do you think the external environment for humanitarian health research (availability of funds, emphasis on research, number of actors in the field) has changed over the past ten years?
5. What types of other actors are there that support research or research uptake in humanitarian health? [Ask for contact details if any are new names]
6. What do you think are the main unmet needs in humanitarian health research?
7. What models of funding research in this area do you think represent the best value for money?
8. Do you think R2HC could learn from any of the other actors in this space?
9. If you are aware of R2HC, do you think R2HC still has a unique selling point in this environment?

4.11 RESEARCHERS, FUNDED BY R2HC (NOT PART OF RQ+ ASSESSMENT)¹⁶

1. Please tell us about the research that R2HC is funding with you.
2. Please tell us about the experience of applying for the grant.
 - a. Was feedback thorough and was it helpful?
 - b. Was the decision process timely (i.e., on the timelines indicated)?
3. Please comment on R2HC's management of the grant (timeliness of disbursements, reporting expectations, other expectations, ongoing support where needed or requested)
4. How useful have you found R2HC's support on research uptake?
5. Did anything surprise you resulting from the research?
6. What impact were you hoping for from the research if any)?
 - a. Have these come to pass yet?
 - i. If yes, please tell us about the impacts and where we might find out more
 - ii. If no, is any work ongoing to support potential impact? If yes, who is funding that work (R2HC, self, other donor as prompts on an answer)

¹⁶ This may be a Survey Monkey instrument, in which case the questions will be modified for that format

7. Will you apply to future calls?
8. Do you have any other comments before we conclude?

4.12 RESEARCH APPLICANTS SHORTLISTED BUT NOT FUNDED BY R2HC¹⁷

Acknowledge here that lack of success does not reflect on their research skills and abilities.

1. Please tell us about the funding process from your perspective
 - a. Was the call clear? Was evaluation process spelled out?
 - b. Did you receive feedback other than rejection?
 - i. If yes, was the feedback clear and did it appear justified?
2. Would you apply to another call from R2HC?
3. Is the R2HC approach and call process reasonable and fair?
4. Are there areas of research related to humanitarian health that R2HC is not addressing and that you feel are critical?
5. Is there anything else you would like to add before we conclude

RQ+ INTERVIEWS

RQ+ Interviews: Project researchers

Interviewer notes:

- Identify gaps from your review of reports, papers, blogs, etc.
- Validate what you understand from the document review.
- Ensure coverage of gaps in interviews as not all questions will be addressed in one interview
- As interviews proceed, identify differences of point of view and follow these up in subsequent interviews; if/where there is significant divergence, additional interviews might be necessary to reach conclusions or report clearly on differences
- Be selective as you will have limited time and not everyone will have information on all sub-dimensions of RQ+; focus on the areas the respondent is most likely to make a useful contribution; return to other questions if there is time.
- The questions here are indicative and should be informed by what you have learned from the documents and from other interviews.

¹⁷ As above

Overarching

1. What was the problem this research was meant to address?

Context

1. How easy is it to undertake research in this area?
 - a. Is this an area of research where there is a lot of existing material and data? Is it difficult to conduct research in this location? What is the nature of the humanitarian context this research is addressing?

Sub-Dimensions

2. Methodological Rigour
 - a. Were there peer reviewed products as a result of this project? [Only ask if we don't have them]
 - b. Did you have to change the methodology laid out in the original protocol. If so, were there major changes? What effect did these changes have on the quality of the research and the strength of the findings?
3. Ethics & potentially negative consequences
 - a. Did you go through an IRB or any other ethical approval process?
 - b. How did you anticipate and mitigate negative consequences?
 - c. Did you and the team address any negative consequences if these emerged? How?
4. Mutuality and fairness in partnership
 - a. R2HC is intended for delivery in partnership; these should be fair and there should be mutuality in the work and results. How fair and mutual do you think this partnership was?
5. Core engagement with local knowledge
 - a. Do you think the research paid enough attention to local knowledge?
6. Relevance to humanitarian users
 - a. Many research questions have potential and have interest to smaller or larger groups of users. In the work you know, did it respond to a need of users in the country and community where it was being delivered? Was there a potentially better research priority that could have been considered?
7. Extent to which research adds new knowledge
 - a. Did the research and its findings add to knowledge that could be used to improve policy or practice? If yes, what did it add? If not, what do you think were the main reasons?
8. Knowledge accessibility & sharing
 - a. How were the findings shared?
9. Timeliness and actionability

- a. Was the research timely given the context where it took place? Was it designed and delivered in ways that helped the intended users make use of it?
10. Extent of humanitarian engagement with research
 - a. To what extent was the humanitarian community involved? How could that have been improved/increased?
11. Extent of country, local government and civil society engagement with research
 - a. To what extent was the relevant level of government engaged with the research?
 - b. To what extent was civil society engaged in the research?
 - c. Could these have been improved?
12. Extent of reasonably expected/emerging impacts on policy discussions/documents/guidance/standards
 - a. If relevant, has the evidence been included in any policy discussions or has it had influence in some ways on policy discussions, documents, guidance, or standards?
13. Extent of reasonably expected/emerging impacts on design and delivery of new programmes
 - a. If relevant, has the evidence been included in any discussions of programme design or delivery practices?
 - b. Are the findings expected to have some influence on
14. Extent of reasonably expected/emerging impacts on building capacity and networks
 - a. What and whose capacities have been strengthened if any? Are any networks in place that show promise of continuity?
15. Extent of reasonably expected/emerging impacts on humanitarian and academic understanding of the issue
 - a. Do you see any evidence of learning in the humanitarian community?
 - b. In the academic community?
16. Extent of other types of impact or unexpected impacts.
 - a. Were there any impacts not included above?
 - b. Were there any unexpected impacts from the results of this research?
17. Value for Money
 - a. How have you ensured value for money in the implementation of this project?
 - b. Did R2HC provide any guidance on value for money?

RQ+ Interviews: Humanitarian Partners in project teams

- Identify gaps from your review of reports, papers, blogs, etc.
- Validate what you understand from the document review.
- Ensure coverage of gaps in interviews as not all questions will be addressed in one interview
- As interviews proceed, identify differences of view and follow these up in subsequent interviews; where there is significant divergence, additional

interviews might be necessary to reach conclusions or report clearly on differences

- Be selective as you will have limited time and not everyone will have information on all sub-dimensions of RQ+; focus on the areas the respondent is most likely to make a useful contribution; return to other questions if there is time.
- The questions here are indicative and should be informed by what you have learned from the documents and from other interviews.

1. What was the problem this research was designed to address?

Context

2. How easy is it to undertake research in this area?

- c. Is this an area of research where there is a lot of existing material and data? Is it difficult to conduct research in this location? What is the nature of the humanitarian context this research is addressing?

Sub-Dimensions

3. Methodological Rigour

- a. How methodologically rigorous was the research and its findings, given its intended purpose?
- b. Did you have to change the methodology laid out in the original protocol. If so were there major changes? What effect did these changes have on the quality of the research and the strength of the findings?

4. Ethics & potentially negative consequences

- a. How did you anticipate and mitigate negative consequences in the team?
- b. Did you and the team address any negative consequences if these emerged? How?

5. Mutuality and fairness in partnership

- a. R2HC is intended for delivery in partnership; these should be fair and there should be mutuality in the work and results. How fair and mutual do you think this partnership was?

6. Core engagement with local knowledge

- a. Do you think the research paid enough attention to local knowledge?

7. Relevance to humanitarian users

- b. How relevant were the final research product/s to your needs as the humanitarian partner in the team?

8. Extent to which research adds new knowledge

- c. Did the research and its findings add to knowledge that could be used to improve policy or practice in your organisation? If yes, what did it add? If not, what do you think were the main reasons?

9. Knowledge accessibility & sharing

- d. How were the findings shared? Were they understandable to non-researchers?

10. Timeliness and actionability

- e. Was the research timely given the context where it took place? Was it designed and delivered in ways that helped you and other users make use of it?

11. Extent of humanitarian engagement with research

- f. To what extent were you actively involved in the research? Were other stakeholders in the humanitarian community involved? How could that have been improved/increased?

12. Extent of country, local government and civil society engagement with research

- g. To what extent was the relevant level of government engaged with the research?
- h. To what extent was civil society engaged in the research?
- i. Could these have been improved?

13. Extent of reasonably expected/emerging impacts on policy discussions/documents/guidance/standards

- j. If relevant, has the evidence been included in any policy discussions or has it had influence in some ways on policy discussions, documents, guidance or standards?

14. Extent of reasonably expected/emerging impacts on design and delivery of new programmes

- k. If relevant, has the evidence been included in any discussions of programme design or delivery practices?
- l. Are the findings expected to have some influence on the design and delivery of programs?

15. Extent of reasonably expected/emerging impacts on building capacity and networks

- m. What and whose capacities have been strengthened if any? Are any networks in place that show promise of continuity?

18. Extent of reasonably expected/emerging impacts on humanitarian and academic understanding of the issue

- a. Do you see any evidence of learning in the humanitarian community?
- b. In the academic community?

19. Extent of other types of impact or unexpected impacts.

- a. Were there any impacts not included above?
- b. Were there any unexpected impacts from the results of this research?

RQ+ Interviews: External stakeholders/research audience and users

- Identify gaps from your review of reports, papers, blogs, etc.
 - Validate what you understand from the document review.
 - Ensure coverage of gaps in interviews as not all questions will be addressed in one interview
 - As interviews proceed, identify differences of view and follow these up in subsequent interviews; where there is significant divergence, additional interviews might be necessary to reach conclusions or report clearly on differences
 - Be selective as you will have limited time and not everyone will have information on all sub-dimensions of RQ+; focus on the areas the respondent is most likely to make a useful contribution; return to other questions if there is time.
 - The questions here are indicative and should be informed by what you have learned from the documents and from other interviews.
2. Can you tell us how you came across and interacted with this research project?

Context

3. How easy is it to undertake research in this area?
- a. Is this an area of research where there is a lot of existing material and data? Is it difficult to conduct research in this location? What is the nature of the humanitarian context this research is addressing?

Sub-Dimensions

4. Methodological Rigour
- c. Can you comment on the methodological rigour of the research?
5. Ethics & potentially negative consequences
- d. Are you aware of how this research was conducted? If so do you think it was ethically conducted?
6. Mutuality and fairness in partnership
- a. Are you aware of how this research was conducted? If so do you think the research partnership was equitable?
7. Core engagement with local knowledge
- a. Do you think the research paid enough attention to local knowledge?
8. Relevance to humanitarian users
- a. Was this research relevant to you and other key research users. Did it respond to important needs for evidence?
9. Extent to which research adds new knowledge
- a. Did the research and its findings add to knowledge that could be used to improve policy or practice? If yes, what did it add? If not, what do you think were the main reasons?

10. Knowledge accessibility & sharing
 - a. How were the findings shared?
 - b. Were they clear and understandable?
11. Timeliness and actionability
 - a. Was the research timely given the context where it took place? Was it designed and delivered in ways that helped you make use of it?
12. Extent of humanitarian engagement with research
 - a. To what extent were you/other actors involved in the research during design and implementation? Would you have liked to be more involved?
13. Extent of country, local government and civil society engagement with research
 - a. To what extent were you as the relevant level of government engaged with the research? [can you share any contacts we could ask for an interview]
 - b. To what extent were you as civil society engaged in the research? [can you share any contacts we could ask for an interview]
 - c. How/ could the research have increased engagement with these actors?
14. Extent of reasonably expected/emerging impacts on policy discussions/documents/ guidance/standards
 - a. Are you aware of any use of the findings in policy discussions, documents, guidance or standards?
15. Extent of reasonably expected/emerging impacts
 - a. How have you used the research? Have you used it to change any decisions around policies or programmes or approaches or in other ways?
 - b. Are you aware of other actors who have used the research? [Could you share contacts]
 - c. Are you aware of any negative unintended consequences of the research?

TEAM MANAGEMENT, COMPOSITION AND ROLES IN THE EVALUATION

The evaluation team was able to work freely and without interference.

Figure 19: Team composition and relationships

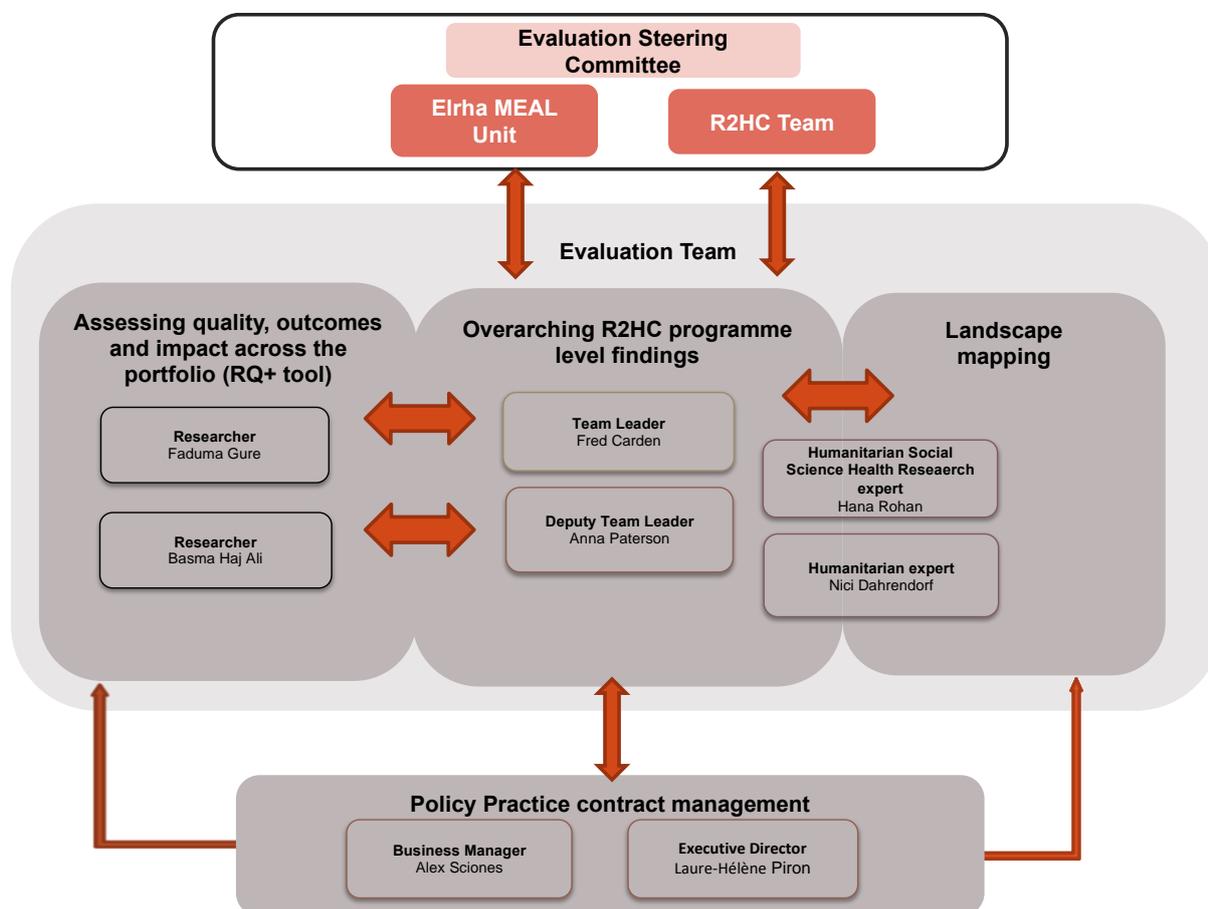


Table 11: Team member experience and role in the team

| Team member/ role | Role in the team |
|--|--|
| Fred Carden - Team Leader / evaluation expert | <ul style="list-style-type: none"> -Liaison with R2HC, along with Anna Paterson – the primary day-to-day person of contact - Coordination of team members - Conducts 1 RQ+ assessment - Together with other team members, responsible for bringing together the synthesis report and all other core deliverables - Leads on facilitating the recommendations workshop - Leading Quality Assurance of the final evaluation deliverables - Responsible for submission of deliverables |

| Team member/ role | Role in the team |
|---|--|
| Anna Paterson – Deputy Team Leader and evaluation expert | <ul style="list-style-type: none"> - Conducts 2 RQ+ assessments - For convenience, Anna – who is based in the UK – will be the day to day primary person of contact for R2HC - Assists with coordination of team members - Liaising with The Policy Practice on contract management issues - Together with Fred and other team members, responsible for bringing together the synthesis report and all other core deliverables - Leads on analysis of existing evaluative case studies - Participates in validation of findings with the rest of the team - Participates in recommendations workshop |
| Nici Dahrendorf – Senior humanitarian expert | <ul style="list-style-type: none"> - Conducts 1 RQ+ assessment - Leads on the assessment of R2HC’s contribution in, and engagement with the humanitarian architecture (Objective 1) - Leads on the review of humanitarian actors’ research mechanisms (Objective 3) - Participates in validation of findings with the rest of the team - Participates in recommendations workshop |
| Hana Rohan – Health research expert | <ul style="list-style-type: none"> - Leads on the review of comparable academic research mechanisms (Objective 3) - Advises on our approach to considering research method and rigour (as one sub-dimension of research quality) in programme and project level assessments - Participates in validation of findings with the rest of the team - Participates in recommendations workshop |
| Basma Haj Ali - researcher | <ul style="list-style-type: none"> -Contributes to one RQ+ assessment, reviews all MENA RQ+ assessments |
| Megan Beare Ali - researcher | <ul style="list-style-type: none"> - Conducts 6 RQ+ assessments - Participates in validation of findings with the rest of the team - Participates in recommendations workshop - |
| Faduma Gure, health researcher | <ul style="list-style-type: none"> - Conducts 10 RQ+ assessments - Participates in ToC workshops - Participates in validation of findings with the rest of the team - Participates in recommendations workshop |

MANGING CONFLICT OF INTEREST

Three of our team members have had some previous work engagement with R2HC and Elrha, but we believe these areas of work either do not constitute a conflict at all, or are minor conflicts that can be managed within the team.

Anna Paterson worked briefly for Elrha as Global Impact Manager for three months from November 2019 to the end of January 2020. R2HC was not her main focus at Elrha, as she worked more at the overarching level, but she did work in providing preliminary advice to R2HC on methods for assessing outcomes and impacts in internal M&E.

Hana Rohan has been a technical reviewer for R2HC funding calls. In 2019 she was also a co-investigator on an R2HC awarded grant focused on the IFRC's safe and dignified burials and community feedback programmes in the 2018-2020 DRC Ebola outbreak.

Fred Carden and Anna Paterson worked together in delivering the learning paper 'From Knowing to Doing: Evidence Use in the Humanitarian Sector' in 2021. This was a research and learning exercise. It did include some examples of uptake and use from R2HC's own portfolio. This has given both Fred and Anna additional familiarity with the types of research uptake and use that have been reported from R2HC projects and we regard this as an asset. We do not regard this work as a conflict of interest.

These conflicts of interest were managed by ensuring that Fred, rather than Anna, led on any evaluation judgements on the adequacy of R2HC's M&E system – which was not really a focus of the evaluation in the end. Hana Rohan was not involved in any evaluation judgements on the research in which she was involved as a co-investigator or a reviewer.

ANNEX F: RQ+ FRAMEWORK GUIDANCE AND ASSESSMENT CRITERIA

This document presents a framework and practical guidelines for assessing the quality and impact of humanitarian research supported by R2HC, using a modified version of the [Research Quality “Plus”¹⁸ \(RQ+\)](#) framework developed by the International Development Research Centre in Canada (IDRC). This RQ+ assessment instrument serves as a tool to guide the work of evaluators assessing the impact of R2HC research at the project level.

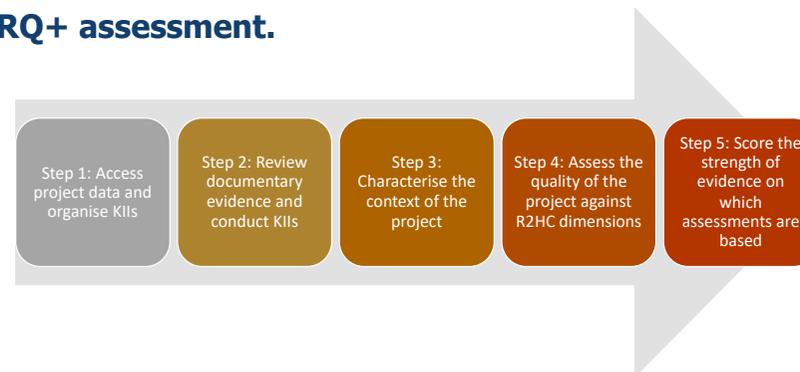
There are four central components to this modified RQ+ assessment instrument:

1. Key contextual factors that have significant potential to affect the quality of research for development and its impact. These need to be considered as part of the assessment.
2. Dimensions and sub-dimensions that characterize research quality, outcomes and impacts, as relevant in the context of R2HC-funded research.
3. Ratings on a scale defined by rubrics, to indicate the level at which a project performs per dimension or sub-dimension.
4. Rating the strength of evidence for each assessment.

To undertake an RQ+ evaluation, these three components are essential.

Conducting RQ+ assessments for R2HC projects will involve five steps as shown in figure 17 below:

Figure 17: Steps in conducting an RQ+ assessment.



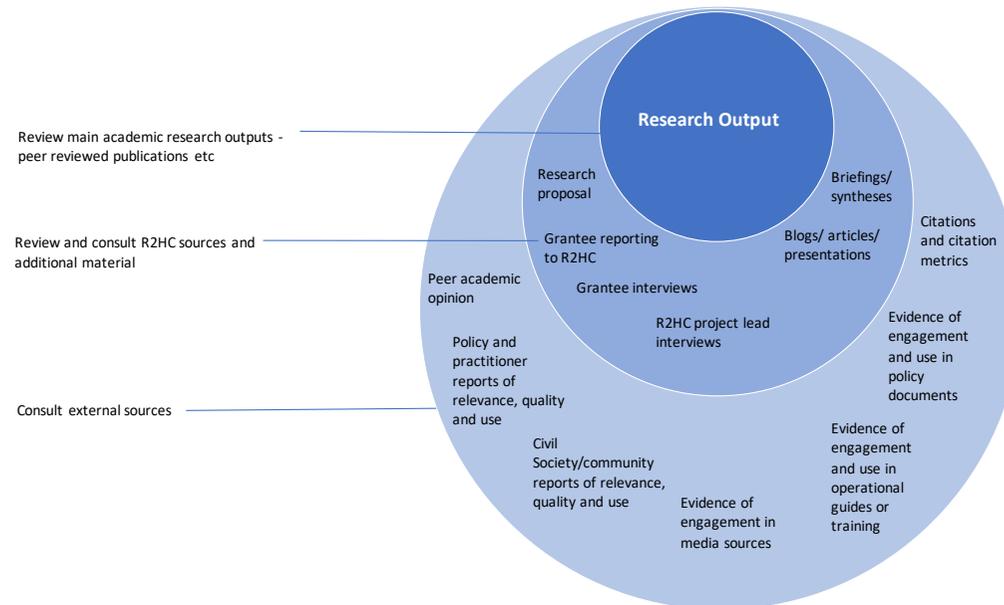
¹⁸ See Ofir et al., 2016, modified by McLean et al. 2021

Each of the steps is elaborated below in more detail.

STEP 1: ACCESS PROJECT DATA AND ORGANISE KIIS

The sample of the R2HC projects selected for RQ+ assessment is defined in detail in the Inception Report main document in section 2.2.3 and 2.2.4. For each project in the sample, it is necessary to gather sufficient information and insights about a project in order to properly use RQ+ to assess quality. Overall, this should include sources and data that are internal (project implementation team and R2HC) as well as external sources as shown in figure 3:

Figure 18: Sources of information for RQ+ assessment



Data collection should include:

- Project proposals
- Interim reports or progress notes
- Any other material captured in the R2HC MEAL system
- Fully developed research protocols where available
- Academic research outputs including peer reviewed articles
- Practical research outputs such as manuals, tools and training material
- Other research products such as briefings, syntheses, blog-posts, videos, infographics
- Any documented plans for engaging key research users/audiences
- Documentation of dissemination and communication events, including in person and virtual events
- Any media or social media stories/interviews/appearances presenting the research
- Any documentation providing evidence of humanitarian policy or practitioner *engagement* with research such as attendance at events, requests for meetings, or email correspondence
- Any documentation providing evidence of humanitarian *use* of research such as explicit or implicit references or inclusion in policy or programme documents, guidance, standards or training material

Most of this core documentation will be supplied by R2HC and by the project implementation team.

Key informant interviews will need to be planned in advance, beginning with the project implementation team. Key informants should include:

- R2HC lead managing the project
- Principal investigators and co-investigators
- Where the partnership is Northern-led, we will interview Southern co-investigators/team members separately
- Project lead from the operational partner (if different from the lead investigators)
- Representatives from the operational partner who have/were expected to use the research
- External stakeholders familiar with the research
- Civil Society or local organisations who were involved in the research
- All reported or expected research users from:
 - NGOs/IGOs

- UN agencies
- Local and national government
- Civil Society
- Media
- Business and private sector organisations

R2HC will provide introductions to the project implementation team at the beginning of the evaluation phase. Project implementation teams should be asked to identify and provide introductions to/share contact emails of other categories of respondent. Evaluators should also ask each respondent to suggest other potential respondents.

At a minimum, RQ+ assessments will require interviews with project implementation academic and operational partners (at multiple levels of the project where appropriate – PI, researchers), any southern research partners, plus at least two interviews with an external stakeholder. This suggests a minimum of four interviews.

Where information is missing so that a sub-dimension or contextual factor cannot be properly assessed, it should be noted as IIA: Insufficient Information to Assess.

STEP 2: REVIEW DOCUMENTARY EVIDENCE AND CONDUCT KIIS

Evaluators should review the available documentation and data and conduct KIIs before completing the assessment and accompanying narrative.

STEP 3: CHARACTERISING THE CONTEXT OF THE PROJECTS: CONTEXTUAL FACTORS

The first stage of the assessment is to categorise and describe the context. Considering the context of each project will allow for better will ground the assessment and allow better comparison across RQ+ assessments by highlighting project clusters by contextual factors (that can be illustrated with diagrams and visual aids and showing patterns of performance in different contexts (e.g., what is the quality of research in acute crises?). Consistent characterisations of context allow useful insights to be developed through the meta-analysis of independent reviews. The meta-analysis will be carried out by the Team Leader and Deputy Team Leader.

Assessment of the contextual factors should be done separately from those of the research quality dimensions. A given rating for a contextual factor (e.g., political instability) is not meant to modify a specific rating for a given quality dimension (e.g., research importance). As well, it is important to bear in mind that the contextual factors may not play out the same way in every context or project.

The RQ+ framework requires the systematic inclusion of brief explanations for each contextual factor rating (also for the research quality dimensions), including when a reviewer feels that an assessment cannot be made. Such comments serve as a reference for later (as in a memory aide) and to share/justify the assessment to others in the evaluative process as well as provide qualitative data for collation and meta-review. The explanation should include the rationale for the rating and links or citations to relevant evidence. Normally it won't extend beyond 2 paragraphs.

MATURITY OF THE RESEARCH FIELD

Maturity refers to whether there are well-established theoretical and conceptual frameworks from which well-defined hypotheses have been developed and subjected to testing, and whether there is already a substantial body of conceptual and empirical research in the field. A mature field of research could be characterised by having many researchers active in that field for several years. Interpretation of this contextual factor must consider local and global differences; in other words, the field may be mature elsewhere, but not yet in work where the location matters and where this research is taking or has taken place. In such cases, the assessment refers to the local situation. Here, evidence is important; key sources are grant proposals supplemented by interviews. Evaluators should ask research implementing teams and other interviewees to comment on the maturity of the research field.

| 1. Mature field | 2. Established field | 3. Emerging field | 4. New field |
|--|---|--|---|
| <ul style="list-style-type: none"> - Well-established and recognised theoretical and conceptual frameworks in use - A substantial body of conceptual and empirical research - Relevant interdisciplinary work is common - Discernible knowledge sharing outlets (journals, conferences, curriculum) - A vibrant community of experienced researchers. | <ul style="list-style-type: none"> - Theoretical and conceptual frameworks are in development but generally recognised. - A body of conceptual and empirical research that reflects significant growth. - Relevant interdisciplinary work exists - Discernible knowledge sharing outlets (journals, conferences, curriculum) - An ample community of active researchers who easily associate with the field, and are connected to each other | <ul style="list-style-type: none"> - Theoretical and conceptual frameworks gradually being recognised and still debated - A growing yet not ample body of conceptual and empirical research - One of first efforts to draw together (mature) fields in this particular interdisciplinary approach - Discernible knowledge sharing outlets are emerging - An emerging group of active researchers associate naturally to the field and are starting to connect to each other | <ul style="list-style-type: none"> - Very limited theoretical or conceptual frameworks are being debated or rapidly changing and largely unrecognized - Scarce empirical or theoretical body of research - Completely new interdisciplinary approach - Few dedicated journals or academic programs - Few active researchers are seeking to be recognized and connected |

DATA ENVIRONMENT

This refers to whether the instrumentation and measures for data collection and analysis are widely agreed upon and available; and whether the research environment is data rich or data poor. There are several resources that can be used to check the health data availability in a particular context, such as the World Health Organisation’s Global Health Observatory¹⁹ and the Global Health Data Exchange.²⁰ Evaluators should also ask research implementing teams and other interviewees to comment on the data environment.

¹⁹ <https://www.who.int/data/gho>

²⁰ <https://ghdx.healthdata.org/>

| 1. Flourishing | 2. Developed | 3. Limited | 4. Weak |
|---|--|---|---|
| <ul style="list-style-type: none"> - Instrumentation and measures for data collection and analysis are widely agreed upon and available - Body of data is well-developed, stable and with significant open data resources - Abundance of national and international data sources | <ul style="list-style-type: none"> - The necessary instrumentation and measures for data collection and analysis are generally available. - Body of data has reasonable availability and is generally credible - Diversity of international data sources, but few at the national level | <ul style="list-style-type: none"> - There are few instruments and measures for data collection and analysis available - Limited quantities of data and/or some credibility gaps - Few national and international data sources | <ul style="list-style-type: none"> - Instrumentation and measures for data collection and analysis are generally unavailable - Data scarcity, with lack of credibility - Data sources are scarce |

OPERATING ENVIRONMENT FOR RESEARCHERS AND HUMANITARIANS

This refers to external risks associated with the operating environment, which is of great importance in humanitarian emergency and protracted crisis settings. These situations can bring significant health, physical, security and political risks for communities affected by crises and research participants as well as for researchers, humanitarian operational partners, and humanitarian actors who would be expected to act on research findings.

Humanitarian crises refer to an event or set of events that threaten the health, safety and livelihoods of a large number of people. They are mostly acute and can be divided into the following:

- Man-made emergencies such as armed conflicts, plane or train crashes, major fires or industrial accidents;
- Disasters such as tsunamis, earthquakes, floods, droughts, cyclones, hurricanes and health-related epidemics.
- Complex emergencies, which are a combination of both natural hazards and man-made emergencies, such as food insecurity and displacement of people.

Humanitarian crises can evolve into protracted crises. Protracted crisis situations are characterised by recurrent natural disaster and/or conflict, longevity of food crises, breakdown of livelihoods and insufficient institutional capacity to react to the crises. These crises refer to situations in which a significant portion of a population is facing a heightened risk of death, disease and breakdown of their livelihoods. For example, UNHCR describes protracted refugee situations as those “in which refugees find themselves in a long-lasting and intractable state of limbo”.

We are interested in the nature of the crisis as well as the levels of instability and factors that contribute to unpredictability in the precise research location/s. Therefore, evaluators should first characterise the research location/s of the project as:

- a. Acute or Chronic emergency or emergencies.
- b. Natural disaster/Man made emergency/Complex emergency.
- c. Protracted crisis

The evaluators should then score the factors that contribute to unpredictability in the humanitarian operating environment as follows:

| 1. Stable | 2. Moderately stable | 3. Unstable | 4. Volatile |
|--|---|---|--|
| Relatively stable operating environment for the time being, without recent or likely imminent security, conflict, political or personal risks to researchers, research participants and humanitarians. | Partially stable operating environment, without current conflict or instability in the research area, but with potential security, conflict, political or personal risks. | Operating environment features recurrent instability, population movement, food insecurity, conflict and risks in some areas to researchers, research participants and humanitarians. | Very unstable or unpredictable operating environment with significant risks to researchers, research participants and humanitarians. |

The nature of the humanitarian context may have particular implications for the ability of research to score highly against the quality, outcome and impact dimensions and sub-dimensions in step 4, and those conducting assessments should consider and reflect these implications throughout the assessment.

HUMANITARIAN CONTEXT – ACTORS INVOLVED AND THEIR CAPACITIES, OPPORTUNITIES, AND MOTIVATIONS TO USE EVIDENCE

This contextual factor refers to the ability and willingness of the key actors in a humanitarian crisis situation to integrate the findings of research into policy or practice. It can be affected by their willingness to consider evidence, the ability to influence the context in which they are operating, or their capacities to integrate the findings into their work.

| 1. Very strong | 2. Strong | 3. Limited | 4. Weak |
|--|--|--|---|
| Key actors seek out and use evidence to successfully improve humanitarian policy or practice | Key actors are open to considering evidence and, in some cases, they successfully integrate it into their practice | Key actors are resistant to the evidence and reluctant to use it in their policy or practice | Key actors actively discourage the use of evidence and are more likely to rely on experience and past practice. |

RESEARCH CAPACITY STRENGTHENING

RQ+ assessments consider research capacities in the research environment and the extent to which research projects focus on building research capacities. R2HC is not mandated to build research capacity, but we will be assessing impacts related to research capacity so it is important to understand to what extent projects conducted capacity building activities. These can include routine project activities designed to support research implementation, including technical training for local researchers in the design and implementation of research, in collecting and analysing data, and in reporting and presenting research. Evaluators should also include a brief description of the strength of research capacities in the country and area where research has taken place.

| 1. Very significant | 2. Significant | 3. Limited | 4. None |
|--|--|--|--|
| Research capacity strengthening was an explicit objective of the project. It is likely that no R2HC projects will achieve this score because R2HC does not fund capacity strengthening specifically. | There were a many research capacity building activities conducted as part of the delivery of research. | There were some research capacity building activities conducted as part of the delivery of research. | There were no research capacity building activities conducted as part of the delivery of research. |

STEP 4: RATING RESEARCH QUALITY, OUTCOMES, AND IMPACTS

The instrument for rating the quality of research in each project consists of five dimensions (with sub-dimensions) rated on an 8-point scale from “Unacceptable” to “Very Good.” Ratings are based on the examination of relevant evidence, both primary and secondary. The scores must be accompanied by a brief narrative explanation of around a paragraph per sub-dimension. There are two ratings for each level of the rubric. The higher level indicates full compliance; the lower level reflects strong compliance but with an important gap that is not sufficient to move the rating down to the next level.

DIMENSION 1: RESEARCH QUALITY

1.1 Research Integrity

This dimension considers the technical quality (technical merit), appropriateness, and rigour of the design and execution of the research as judged in terms of commonly accepted standards of the relevant discipline and methodology. The traditional RQ+ assessment includes two sub-dimensions covering the quality of the research protocol and the methodological rigour of the implementation of this research design.

1.1.1 Protocol The RQ+ assessment normally includes a sub-dimension on the strength of research protocols, but we will not be assessing this subdimension for R2HC because the R2HC award selection process demands a very robust research protocol in order to approve the project for funding.

1.1.2 Methodological Rigour refers to the technical quality of the research implementation and the strength of the research findings. The original RQ+ framework includes a scoring framework in which evaluators score the methodological rigour of research and the strength and quality of the research outputs. The framework was designed for evaluators who would have subject area expertise and a background in the methodologies used in the given research area. There was considerable discussion within the team about the best approach to this assessment. We finally concluded that it was not appropriate for our evaluators to assess the methodological rigour of grantee research using this scoring system, because our evaluation team will not be subject experts in many of the areas where sampled projects have conducted research, and, more importantly, will not have expertise in some of the methodologies used. Indeed, it would have been very difficult to assemble a team that had the capacity to do so, unless the assignment was entirely focussed on assessing academic rigour. However, we will still need to collect information about, and comment on, research rigour so that we can identify patterns across the portfolio. Therefore, we have decided not to score

projects, but rather to collect a limited amount of information relating to research rigour which will be reported in a mostly narrative way. All RQ+ assessments will involve reading the research protocols and outputs and ask implementing teams and key informants to comment on the quality of the research. In addition to reflecting these sources, our team will record the below information:

- A. Are peer reviewed products present: YES/NO** Many, but not all, R2HC projects will include products that have gone through peer review and were published in an academic journal or other outlet (e.g., book chapter, proceedings, book, etc.). We assume that a research product published in an established, academic, peer-reviewed journal has gone through an assessment of whether it meets methodological standards and exhibits scientific merit. Established academic journals do not only include mainstream, top-tier journals. Peer reviewed products will be seen for our purposes as a proxy for research rigour. We are aware that there are significant drawbacks to this approach and that the peer review system is seen as lacking transparency and discriminating against researchers in Low and Middle Income Countries. Nevertheless, it is still possible to regard peer review as a way of filtering out poor quality research products. Evaluators should briefly describe what kind of peer reviewed product/s were produced. It is important to emphasise that we do not consider the absence of peer reviewed publications as a sign of low rigour unless the project has submitted publications for peer review that were rejected. For many types of funded research, peer reviewed publications would not be appropriate, such as responsive research designed to meet a very tight window for influencing policy and practice.
- B. Were there changes to the original proposed research design/protocol? NO CHANGES/SOME CHANGES/SIGNIFICANT CHANGES** Evaluators will check (by reading protocol and research outputs) and ask implementation teams whether research implementation diverted from design substantially, why this happened, as well as whether this was discussed with R2HC. Recording these changes will allow us to identify patterns across the portfolio, showing whether research implementation according to original design was more challenging in some types of research, and in some contexts, than others.
- C. If there were changes to the original design, did these affect the methodological rigour of the study and the strength of the findings? NO/SOMEWHAT/SIGNIFICANTLY** Evaluators will explain the effects of the changes to research implementation on the strength of findings.

1.2 Research Legitimacy

Research legitimacy refers to the extent to which the research is seen as justifiable in the context in which it is taking place. The considers the ethics of the research as well as fairness in its conduct, and respect for and engagement with local knowledge.

1.2.1 Research ethics and addressing potentially negative consequences and outcomes for participants and for affected populations

Evaluators should look first for evidence of research ethics approval and oversight by an institutional or alternative research ethics board. Evaluators should ask implementation teams whether and what kind of Institutional Review Board (IRB) or other ethical approval they received for the research. Evaluators should also look for evidence of strategies employed by the research grantee team (particularly in cases in which there appears to have been no IRB involvement) to address the risk of potentially negative consequences of either processes or outcomes for affected or targeted populations (e.g., consideration of do-no-harm, confidentiality). Evaluators should also consider potential negative consequences for the environment. Evidence for this sub-dimension may not be available from the research product itself; it is likely to be found in project documentation (monitoring reports, etc.) and/or from key informant interviews.

Wherever applicable, evaluators should look for signs that appropriate measures have been taken to ensure compliance with the free and informed consent processes and privacy of participants. This includes looking for evidence of procedures employed by research teams to avoid any undue coercion or influencing of a vulnerable person, community, or population through, for example, incentives, inducements, financial benefits or financial costs for participants that might not be appropriate in the cultural context.

Addressing Potentially Negative Consequences refers to whether or not the project considered mitigation measures for any identified potentially negative consequences to the researchers or intended participants or the organisations involved in the delivery of humanitarian assistance especially in contexts of crisis; as well it considers the extent to which they have addressed any of these or any unexpected negative consequences that have emerged.

SUBDIMENSION 1.2.1 RESEARCH ETHICS AND ADDRESSING POTENTIALLY NEGATIVE CONSEQUENCES

| | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | |
|--|---|--|---|---|-----------------|---|-----------|---|
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| <p>Insufficient information to assess</p> <p>Not enough information available to make a credible assessment</p> | <p>There has been no apparent effort to address what could be serious negative consequences from the process or results. The researchers appear to have been insensitive to this aspect of the work</p> | <p>The research was sensitive to this issue. Some efforts were made to address what could turn into negative consequences or outcomes, but they were not as comprehensive or thorough as they should have been. Informed consent was not adequately assured, and coercion of vulnerable populations was not adequately avoided. No measures were taken to address potentially negative risks to the environment (natural habitats or ecosystems), to individuals or society.</p> | <p>The research was sensitive to this issue. Appropriate and timely measures have been taken in almost all instances to eradicate or mitigate foreseeable negative consequences or outcomes of the work. Measures have been taken to ensure compliance with the free, prior and informed consent processes and privacy of participants. Measures have been taken to address potential negative risks to the environment (natural habitats or ecosystems), to individuals or society. There is no sign of coercion of a vulnerable person, community, or population.</p> | <p>Appropriate and timely measures have been taken to eliminate or mitigate foreseeable negative consequences or outcomes. There was a systematic effort by the team to mitigate negative consequences and outcomes. Measures have been taken to ensure participants' free, prior, and informed consent and to ensure their privacy. There are no signs of coercion of a vulnerable person, community, or population. Measures were put in place to address unanticipated consequences to the environment (natural habitats or ecosystems), individuals or society.</p> | | | | |

1.2.2 Mutuality & Fairness in Partnership refers to the extent to which all partners have been involved in design, decision making and delivery of the research. Considerations of equity, diversity and inclusion are a factor here.

Research can be potentially oppressive if there is not mutual respect, dialogue, and exchange in the partnership. In particular, partners with lower power in the relationship, and marginalised and/or vulnerable communities need to be given due consideration in the research design, execution and findings. Taking into account the scope and objectives of the research, and whether there is IRB involvement, the project research team should:

- Ensure all partners have appropriate and equitable opportunities for input to research design, delivery, and sharing, and the agenda is not dominated by Northern policy concerns

- Ensure that multiple forms of knowledge (scientific, local, professional) are considered according to the needs and interests of the partners
- Ensure that all partners consult openly bringing all partners' views to the table – knowledge sharing is crucial
- Ensure mutuality in benefits from the partnership
- Ensure that partners do not attempt to exert power over each other

In the context of humanitarian emergencies, there may be trade-offs between fully equitable partnerships between lead researchers and research partners and the demands of producing evidence quickly in difficult circumstances. Any trade-offs of this type should be noted in the narrative explanation of the assessment of this subdimension.

Taking note of any trade-offs, this sub-dimension asks evaluators to consider how fairly the process has been conducted in terms of opportunity, processes, context, and benefits. It assesses the extent to which the project is treating partners, stakeholders and communities fairly and contributing to the emergence of equitable and sustainable collaborations. This should be considered in context of the intended user of the research, and relative to the scale at which the research was designed, whether that be community-level, national, regional, or global. It refers to the need to:

- Address well identified needs and/or priorities, given the scale of the project
- Engage communities, populations, or stakeholders in an appropriate and credible manner, including indigenous and minority ethnic or social groups, and building their capacities where appropriate
- Ensure local priorities are not being displaced
- Ensure no undue burdens of time commitments on local partners and stakeholders
- Engage partners in project governance and decision making
- Ensure, to the extent possible, appropriate benefits for stakeholders from their participation in the research process (such as access to research findings in appropriate formats and through appropriate processes)
- Avoid any undue coercion or influencing of a vulnerable person, community or population through for example incentives, inducements, financial benefits or financial costs for participants that might not be appropriate in the cultural context

- Ensure that the interests of vulnerable, marginalised communities or populations are a priority, unless there is a sound justification for the contrary.

| SUBDIMENSION 1.2.2 MUTUALITY AND FAIRNESS IN PARTNERSHIPS | | | | | | | | | |
|---|--------------|--|----------------------|--|-----------------|--|-----------|---|--|
| | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Insufficient information to assess - Not enough information available to make a credible assessment | | Power imbalances in the research partnership were not addressed. Benefits were not mutual. The partners demonstrated little or no experience in managing partnerships. | | There is evidence that some aspects of the research partnership were negotiated with a degree of clarity and mutual recognition over management capacities, roles, responsibilities, and benefit sharing. Significant problems were encountered over the life of the partnership, and these were not adequately addressed. Other forms of knowledge were considered to a very limited extent. Mutual learning was not a focus. | | There is evidence that some key aspects of the research partnership were negotiated in a largely transparent and equitable manner, with a good degree of clarity and mutual recognition of management capacities, roles, responsibilities, and benefit sharing, and freely agreed by the partners, although some uncertainties remained. Other forms of knowledge have been considered and used. Benefits accrued to most partners. Some mutual learning took place, even if not in a structured manner. Structures and processes to sustain the partnership throughout were largely implemented throughout the project. | | There is clear evidence that all aspects of the research partnership were negotiated in a transparent and equitable manner, with a high degree of clarity and mutual recognition over management capacities, roles, responsibilities. Evidence of fair sharing of benefits, costs, and outcomes, and freely agreed by all partners. Evidence of significant co-design, where all forms of knowledge are taken into account, also during execution. Structured mutual learning initiatives were an important part of the partnership. Benefits clearly accrued to all partners. Structures and processes to sustain the partnership throughout were effectively implemented. | |

1.2.3 Core Engagement with Local Knowledge

This sub-dimension asks evaluators to consider how contextually grounded the research is in relevant knowledge systems. This should be considered relative to the scale at which the research was designed, whether that is community-level, national, regional, or global. It refers to the need to:

- Address well identified needs and/or priorities, given the scale of the research
- Engage communities, populations or stakeholders in an appropriate and credible manner, including indigenous and minority ethnic or social groups, and building their capacities where appropriate
- Respect traditional knowledge, wisdom and practice, as well as local contexts, researchers, and contributors to the research
- Ensure, to the extent possible, appropriate benefits for stakeholders from their participation in the research process (such as access to research findings in appropriate formats and through appropriate processes)
- We expect that all projects will consider this dimension given its importance in contexts of crisis.

| SUBDIMENSION 1.2.3: CORE ENGAGEMENT WITH LOCAL KNOWLEDGE | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|
| IIA | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Insufficient information to assess - Not enough information available to make a credible assessment | Engagement with appropriate contexts has been neglected during the research process. Several major weaknesses can be found related to how research needs & questions were identified, communities or populations engaged, contexts & knowledge systems considered, and benefits from the research process assured. | | Contexts and local engagement have been considered during the research process, but some weaknesses remain related to how research needs and questions were identified, communities, stakeholders or populations engaged, contexts and knowledge systems considered and/or local benefits from the research process assured. | | Context and engagement have been appropriately considered in the research process. Few, if any, minor weaknesses remain related to how research needs and questions were identified, communities, stakeholders or populations engaged, contexts and knowledge systems considered, or stakeholder benefits from the research process assured. | | Context and engagement have been carefully and systematically considered in the research process. Research needs and questions were clearly identified, communities, stakeholders or populations effectively engaged, contexts and knowledge systems considered and respected, and stakeholder benefits from the research process assured. | | |

1.3 Research Importance

The research should add to the base of knowledge for addressing issues of health in crisis situations and be relevant to the needs of potential users.

1.3.1 Relevance or products and processes to humanitarian users

Relevance refers to salience to potential users. It considers the alignment of the research to pressing humanitarian health problems on which there is capacity to improve response. Scalability of findings may be a factor in determining relevance. Relevant research is more likely to resonate with one or more audiences, and to link to issues on which communities, practitioners, policymakers, businesses, or civil society organizations focus. There will thus be evidence that the research objectives and research questions are targeted at real-world needs, priorities and challenges, or focus on emerging problems that are likely to demand solutions in the foreseeable future. Relevant research may often be targeted at a specific opportunity to improve humanitarian health policies, guidelines or interventions.

| SUBDIMENSION 1.3.1 : RELEVANCE OF PRODUCTS OR PROCESS TO HUMANITARIAN USERS | | | | | | | | | |
|---|--|---|---|---|--|---|---|---|--|
| | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Insufficient information to assess - Not enough information available to make a credible assessment | The research does not contribute to a key humanitarian health priority, or an emerging area that might demand solutions in the foreseeable future. Justification for the work is absent or unconvincing. | | The research makes little contribution to a key humanitarian health priority or an emerging area that might demand solutions in the foreseeable future/ or the research was too late to meet the targeted opportunity for meeting a given humanitarian health priority. Justification for the work is not well substantiated. | | The research contributes to a key development priority or an emerging are of significance that will likely demand solutions in the foreseeable future. Research targeting a specific opportunity for meeting a given humanitarian health priority was able to influence this opportunity at least in part. This area of work is justified. | | The research makes an important contribution to a key development priority or an important emerging area that is likely to demand solutions in the foreseeable future. Research targeting a specific opportunity for meeting a given humanitarian health priority was successful in influencing that window of opportunity. This area of work is comprehensively justified. | | |

1.3.2 Extent to which the research adds new knowledge

Adding new knowledge refers to the generation of new insights and knowledge for theory or practice given the current state of knowledge in the field of research involved. It may involve:

- building on existing knowledge in a field in a unique and new way
- making connections that advance understanding in minor or major leaps
- breaking ground in a completely new field of work
- making iterative yet useful changes to existing intervention approaches, technologies and techniques

| SUBDIMENSION 1.3.2: EXTENT TO WHICH RESEARCH ADDS NEW KNOWLEDGE | | | | | | | | | |
|---|--|---|---|---|---|--|---|--|---|
| | | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | |
| IIA | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Insufficient information to assess - Not enough information available to make a credible assessment | | The research fails to build on an extend existing knowledge. It does not break new ground or make improvements in existing technologies or methods. | | The research marginally adds to what is already known in the field. The research is not new and is not well connected to what is already known. | | The research presents fresh ideas, brings an innovative approach to solving existing challenges, builds on a growing body of new ideas and /or deals with a new, emerging issue worth pursuing. It challenges taken-for-granted assumptions, builds on existing knowledge, and is well connected to what is already known. | | The research is innovative and ground-breaking. It builds on existing knowledge in a substantive way, making significant advancements to knowledge on an important area, intervention approach, technology or technique. | |

1.4 Positioning for Use

Positioning for use assesses the extent to which the research is designed, carried out, and findings are shared in ways that are appropriate to the needs and interests of the relevant potential knowledge users. It does not assess the extent to which that uptake has occurred but reflects on the design, delivery, and presentation of the research.

This requires attention to user contexts, accessibility of products, and 'fit for purpose' knowledge mobilization strategies (or, consideration of the best platforms and approaches for making the research available, accessible and acceptable to the primary audiences).

1.4.1 Knowledge accessibility & sharing

An important consideration here is evidence of strategies used in a given project to target potential users. This criterion is concerned with the extent to which research findings, processes and products

- are targeted to and engage user groups (e.g., communities, humanitarian organisations, governments, scholars, civil society organisations),
- reflect an understanding of the contexts of potential users, and
- match the ways potential user groups access and engage ideas and information (e.g., policy briefs for policymakers; workshops, open access publication outlets, brochures, posters etc.).

Equally important is an examination of whether the concerns, perspectives, knowledge and assumptions of those producing the research differ markedly from those of potential users. Such a gap can adversely affect uptake and impact.

SUBDIMENSION 1.4.1: KNOWLEDGE ACCESSIBILITY & SHARING

| IIA | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | |
|---|---|---|--|---|---|---|--|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| <p>Insufficient information to assess - Not enough information available to make a credible assessment</p> | <p>The research was not initiated and conducted with use in mind; there is no evidence of understanding of the context(s) within which the results are likely to be used; no evidence is seen of stakeholder mapping. There has been no attention or engagement to making findings available in formats and through mechanisms suited to well targeted audience (s). Potential users will struggle to know about and access these knowledge products.</p> | | <p>There was insufficient effort to map, understand and engagement stakeholders or key potential user groups, and limited engagement with understanding the larger context within which they operate. Insufficient attention has been paid to making research findings available in appropriate formats and through appropriate mechanisms to well-targeted potential user groups.</p> | | <p>The project team mapped, understood, and engaged stakeholders and potential user groups. Researchers appear to have a credible understanding of the context within which key potential users/user groups operate. Research findings were made available to different potential user groups in user-friendly formats.</p> | | <p>The research was initiated and conducted with use in mind, and with an emphasis on engaging with the contexts of potential users. The research included sophisticated/highly differentiated stakeholder mapping and engagement. Research findings were appropriately available to well-targeted and influential potential user groups in highly accessible and user-friendly formats. Mechanisms for user have been explored.</p> | |

1.4.2 Planned and actual actionability

The potential for use, influence and impact of research depends in part on whether researchers have analysed and reflected upon the receptiveness of the targeted research users. If the research is to be useful for advancing debates or for decision- making and problem-solving beyond the academic environment, it is necessary for researchers to think about priorities, needs and contingencies in the institutional, and political environment that influence efforts to positioning for uptake into policy or practice. In assessing this dimension of quality, evaluators should look for evidence of whether researchers have examined potential for positioning for use within a particular user setting or at a particular moment in time, for example in a research uptake plan, and whether that plan was appropriate.

SUBDIMENSION 1.4.2: PLANNED AND ACTUAL ACTIONABILITY

| | Unacceptable | | Less than acceptable | | Acceptable/Good | | Very Good | |
|---|--|----------|--|----------|---|----------|--|----------|
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| <p>Insufficient information to assess - Not enough information available to make a credible assessment</p> | <p>The research did not include any relevant analysis of user environment including institutional, political, social or economic priorities, needs or contingencies. The plan to support use was inadequate and the team was not responsive to emergent opportunities or to how encourage uptake among potential users in their specific contexts.</p> | | <p>There is evidence that some analysis of the user setting was undertaken; however, consideration was incomplete and did not adequately inform the translation of research to user groups’ priorities, needs or contingencies. The strategies or plans to move the knowledge to policy or practice were weak, unresponsive to existing or emerging opportunities, and not fine-tuned for user uptake in their specific contexts</p> | | <p>There is evidence that the user environment and major priorities, needs and contingencies have been examined and reflected upon, and connected to strategies and plans for moving the research into policy or practice in an effective and timely manner. The strategies and plans reflect good understanding of how user uptake works in their specific contexts.</p> | | <p>The analysis of the user environment, priorities, needs and contingencies is exceptionally thorough, well-articulated and dynamic. There is evidence of careful prospective appraisal of the likelihood of success of strategies and plans designed to address contingencies. The research could respond to existing or emerging opportunities for influence. There was thoughtful translation of the implications for user groups, sensitive to how user uptake works in their specific contexts</p> | |

DIMENSION 2: RESEARCH OUTCOMES

2.1. Extent of humanitarian engagement with research

In order for R2HC research to be used in improving understanding of humanitarian health issues, and humanitarian health policies, guidance, and interventions, the right actors need to actually engage with the research. In the previous dimensions we have assessed the extent to which research is relevant to, and positioned in the right way, to secure this engagement. But it is possible that even research which is well positioned for use does not actually achieve the engagement it expects. This dimension assesses whether there is evidence that humanitarian, government, and/or civil society actors have actually engaged with findings. Evidence of engagement would include verbal reports from implementation teams, ideally validated by external stakeholders who themselves engaged with the research. Evidence of in person, email, virtual formal and informal discussions in which key audiences were included, can also demonstrate engagement. The presentation of research in appropriate formats is considered in sub-dimension 1.4.1 above, but evidence of follow-on actions by humanitarian actors or local government and civil society as a result of these research products and events would demonstrate actual engagement. Both sub-dimensions should be assessed here, because it is important for us to understand what kinds of actors have or have not engaged.

| SUBDIMENSION 2.1 EXTENT OF HUMANITARIAN ENGAGEMENT WITH RESEARCH | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|--|
| | None | | Limited | | Some | | Significant | | |
| I/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Insufficient information to assess - Not enough information available to make a credible assessment | There is no evidence of engagement by humanitarian actors with the research. | | There is some evidence that humanitarian actors have engaged with research, for example some evidence of internal organizational discussion of research implications in one humanitarian organisation. | | There is good evidence that more than one humanitarian organisation is engaged with the evidence and is considering potential for use. Organisations have engaged researchers in deeper conversations about the research. | | The humanitarian community is actively engaged with the research and considering/has considered it in seeking ways to improved service delivery as well as policy. This is reflected in internal communication and in discussion in humanitarian networks and communities of practice. The humanitarian community engages with the researchers to seek additional evidence. | | |

2.2 Extent of country and local government, and NGO engagement with research

The roles of government and civil society are crucial to the successful delivery of humanitarian support. Improvements to policy and practice in the agencies can lead to significant improvements for communities in crisis. Therefore, the extent to which the research generated with R2HC support contributes is important and is reflected the ability of the researchers to present the evidence in ways that engage these communities.

| SUBDIMENSION 2.2: EXTENT OF COUNTRY & LOCAL GOVERNMENT AND CSO ENGAGEMENT WITH RESEARCH | | | | | | | | |
|---|--|---|---|---|---|---|---|---|
| | None | | Limited | | Some | | Significant | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Insufficient information to assess - Not enough information available to make a credible assessment | There is no evidence of engagement by country or local government or civil society and local NGOs with the research. | | There is some evidence that country or local government civil society and local NGOs have engaged with research, for example some evidence of internal organizational discussion of research implications by one government or civil society actor. | | There is good evidence that more than one country or local government or civil society/local NGO actor or organisation is engaged with the evidence and is considering potential for use. Government and civil society representatives have engaged researchers in deeper conversations about the research. | | Country or local government or civil society/local NGOs are actively engaged with the research and consider it in seeking ways to improved service delivery as well as policy. This is reflected in internal communication as well as in formal joint events or collaborations. Government and civil society representatives have invited researchers to provide advice or additional evidence on more than one occasion. | |

DIMENSION 3: RESEARCH IMPACTS (INTENDED AND UNINTENDED)

Consideration of impacts is a new dimension added to RQ+. It is designed to capture and assess the extent to which the actors who have engaged with research (some of whom are discussed in dimension 2 above) have *used* research findings to *change* policies, guidelines, overarching approaches and procedures and interventions for the better, with the aim of improving outcomes for crisis affected populations and strengthening research use ecosystems. In addition to actual changes in policy or practice, impact is also seen in the use of research findings in policy and practice discussions prior to any actual policy or practice change. It is not possible to foresee exactly which types of impacts will transpire from research projects as they can end up achieving very different types of impacts to those anticipated. However, as suggested in the R2HC RFP, we have been guided by the ESRC research impact categories: ²¹

- Instrumental use influencing the development of policy, practice or services. We have separated this into **a) impacts in influencing changes to humanitarian policy, guidance and standards and manuals, and b) impacts in influencing the design, implementation and scaling up of new or improved interventions;**
- Conceptual impact – contributing to the **understanding of policy issues and reframing debates;**
- Capacity impacts through **technical and personal skill development.**
- We have also included criteria to assess ‘unexpected impacts’ positive or negative where they have been observed.

Before each sub-dimension we include examples of the types of impacts we mean and the types of evidence that might demonstrate these impacts/ progress towards such impacts. It is important to note that we will be assessing projects that have had different amounts of time to achieve impacts. Some sampled projects closed in 2016, but many closed much more recently, including in 2022. This means that we are looking for reasonably expected impacts or progress towards them given the timeframe. We should also look at the evidence that projects are on course to deliver impacts. So if the right stakeholders have engaged with the research (assessed in dimension 2 above) that might increase our confidence that future research impacts will be achieved. Most projects will only have actual or potential impact in some of these sub-dimensions

²¹ <https://www.ukri.org/councils/esrc/impact-toolkit-for-economic-and-social-sciences/defining-impact/>

Direct and indirect impacts: Impacts of research in these areas may be direct “when a specific research finding is applied to change something” or indirect “when research leads to a change in some intermediate variable which in turn leads to a policy/programme change.”²² Direct or indirect impacts should be described by evaluators.

The importance of narrative explanation: Although each sub-dimension should be scored, narrative explanations of 2 paragraphs will only be required where a) there is evidence of impacts (positive or negative) under the sub-dimension and b) where impacts were planned in original project documentation and have failed to happen for specific reasons. ***These explanations should cover the nature of the change observed/change that is in process, and what other factors have contributed to or inhibited/might contribute to/inhibit that change.*** Discussion of the other factors that have facilitated or inhibited the observed changes is important because a single research project is rarely, and in most cases should not be, the sole reason for changing policy or practice, so we want to understand the contribution that has been made alongside other supportive factors, or that has been inhibited by other challenging factors.

Evaluators should use their assessments of the contextual factors to inform their understanding of the other contributing factors. For example, where little capacity, opportunity, and motivation to use evidence was identified amongst humanitarian actors in the contextual assessment, this is likely to be a negative factor contributing to less-than-expected impact, or conversely where the existing appetite to use research on a given issue was high, this would be a positive factor contributing to the achievement of impacts.

Negative impacts: It is important to ask whether any unintended negative impacts have been observed. Negative impacts can include the use of research in changing policies and interventions that then went on to have unintended negative effects, or the incomplete or partial use of research findings, or misunderstanding of those findings, by policymakers or practitioners, or the use of a piece of one piece of evidence that did not take into account the weight of the body of evidence on a given issue. Where negative impacts have been observed, they should be reported in the ‘unintended impacts’ table, and the fact that they are negative should be clearly explained in the explanatory paragraphs, which should also explain how/whether they are being addressed or mitigated.

²² DFID (now FCDO) 2014 *What is the Evidence on the Impact of Research on International Development: A DFID Literature Review*
<https://assets.publishing.service.gov.uk/media/57a089aced915d622c000343/impact-of-research-on-international-development.pdf>

3.1 Extent of reasonably expected/emerging impacts on policy discussions, documents, or guidance and standards

Many R2HC projects aim to, or have been shown in previous evaluations to, improve the policies, guidance and standards, tools and manuals and training that humanitarian agencies, organisations, coordination bodies and governments use to manage and ensure the quality of humanitarian response and humanitarian programming. Evidence of impacts under this sub-dimension could include direct citation, or other evidence of influence on, guidance and standards, for example the Sphere Handbook and Standards, guides and standards used by humanitarian clusters, or by individual humanitarian organisations. Other evidence could include direct citation in, or other evidence of influence on, policy changes of multilateral or bilateral organisations or of governments in countries affected by crisis. Evidence of incorporation of findings into training and manuals through direct citation or through emails or other discussions linking the findings to the change should also be considered. Reports of such changes that are validated by external stakeholders also constitute good evidence. (ESRC: Instrumental impact)

| SUBDIMENSION 3.1: EXTENT OF IMPACT ON POLICY | | | | | | | | | |
|---|--|---|---|---|---|---|--|---|--|
| | No signs of impact | | Limited signs of impact | | Reasonable impact | | Significant impact | | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Insufficient information to assess - Not enough information available to make a credible assessment | There is no evidence of any changes to humanitarian policies, guidance or manuals. | | There is some evidence that this research, along with other evidence, was taken into account in the development of new policies, guidance or manuals but it was not used to make significant changes. | | Research findings have clearly been used/cited in new policies, guidance, standards, training, or manuals. The findings, along with other evidence, have been used to make some changes or tweaks to the policy, guidance, standards or training. | | There is evidence of substantial use of the research in new policies, guidance, standards, training, or manuals. The findings, along with other evidence, have been used to make significant changes to the policy, guidance, standards or training. | | |

3.2 Extent of reasonably expected/emerging impacts on design and delivery of new interventions/intervention approaches

Many R2HC research projects have been designed to test the effectiveness of new interventions, or changes to existing interventions or to assess their effectiveness in a wider range of contexts. Other projects have aimed at using existing evidence to improve known weaknesses in interventions. Where these projects have reported significant positive or negative results, it is important to assess whether this has contributed to/is set to contribute to more effective intervention design and implementation, and therefore better outcomes for crisis affected people. Evidence of impacts in this area would include the scale up of the more effective intervention by the humanitarian partner organisation in the country where it was tested, or documented plans to do so. (ESRC: Instrumental impacts)

| SUBDIMENSION 3.2: EXTENT OF IMPACT ON DESIGN & DELIVERY OF INTERVENTIONS | | | | | | | | |
|---|--------------------|--|-------------------------|---|-------------------|---|--------------------|---|
| | No signs of impact | | Limited signs of impact | | Reasonable impact | | Significant impact | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Insufficient information to assess - Not enough information available to make a credible assessment | | There are no signs that the research has been/will be used to design or implement new or improved interventions. | | There are some signs that the research has been/will be used to design or implement new or improved interventions, but it is unclear when or whether funding will be available. | | The research has been used to design and implement a new intervention in one location/or there are concrete plans to do so. | | The research has been used to scale up the new intervention significantly in one country, or to implement new interventions in multiple countries. The research may also have been used by significant implementing organisations to add to their preferred/approved interventions. |

3.3 Extent of reasonably expected/emerging impacts on building capacity and networks

Although R2HC has not been mandated by donors to work specifically on capacity building, strengthening the ecosystem of humanitarian researchers, especially in LMICs has been reported as an impact of R2HC grants individually and collectively. This may be achieved through building the capacities of team members to conduct research and also to liaise with humanitarian policy-makers and practitioners. This could result in positive impacts at the individual level, the level of research organisations, and also at the level of building networks between researchers and the humanitarian community. Where successful, networks should continue after the cessation of research and should support knowledge exchange and improvements in humanitarian programme design and delivery. Evidence of impacts in this area would include the personal career trajectory of individual researchers, including any examples where individuals have crossed over from academic into government or humanitarian roles or vice versa; evidence that research partners increased their research funding or

capacities to continue research in a given area, and evidence that relationships with policymakers and practitioners outlasted or is likely to outlast the project. (ESRC: Capacity impacts)

| SUBDIMENSION 3.3: EXTENT OF IMPACT ON BUILDING CAPACITY & NETWORKS | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|--|
| | No signs of impact | | Limited signs of impact | | Reasonable impact | | Significant impact | | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Insufficient information to assess - Not enough information available to make a credible assessment | No evidence that research benefitted individual researchers, research organisations or the development of networks across the researcher and user community. | | Limited evidence of career progression impacts for isolated researchers, but no evidence of institutional benefits or strengthening researcher-policymaker-practitioner relationships. | | Evidence of career progression impacts for a number of researchers, and some enduring policymaker-practitioner relationships that will continue beyond the project. | | Evidence of significant career progression impacts for a several researchers, benefits in strengthening research programmes of local partners, and establishing or strengthening networks between researchers and policymakers and practitioners that are not based on individuals or on one piece of research. | | |

3.4 Extent of reasonably expected/emerging impacts on humanitarian and academic understanding of an issue

Research can inform humanitarian action by changing understanding of, attention to, and discourse on, a particular issue, including issues that have not yet been researched as well as issues that are proving intractable in practice. Examples raised in a review of the impact of development research included: “A research project into old-age and poverty in India raised awareness of this issue amongst the general public and policy makers” and “research into chronic poverty is thought to have raised the profile of chronic poverty on the global agenda and influenced the way people thought about social protection.”²³ Examples of this kind highlighted in previous evaluations of R2HC include work which has contributed to raising the importance and attention paid to palliative and supportive care during international public health crises, or R2HC contribution to MHPSS research which, as well as contributing to changes in policy and practice, has also contributed to putting MHPSS much more prominently on the radar of humanitarian response.²⁴ These types of results go one step further from sub-dimension 2.1 above on the extent of humanitarian engagement with research, and encompasses contributions to putting new issues or contextual factors on the agenda of humanitarians and other researchers.

²³ DFID (now FCDO) 2014 *What is the Evidence on the Impact of Research on International Development: A DFID Literature Review* <https://assets.publishing.service.gov.uk/media/57a089aced915d622c000343/impact-of-research-on-international-development.pdf>

²⁴ R2HC Case Study, HIEP final Summative Evaluation, 2018

Evidence of these types of impacts can include bibliometrics measuring and looking at the impact research has had on wider literature, but these should extend to reviewing citation in policy-maker and practitioner grey literature. Evidence that the research has led to further research in this area can also be used. Verbal reports of contributions to such changes by implementation teams, ideally validated by external stakeholders, would also be considered. Where there is evidence that the project has contributed alongside other R2HC research and further interviews are recommended to assess this collective impact, this should be raised with the Deputy Team Leader and Team Leader, as well as in the RQ+ validation workshop. (ESRC: Conceptual impacts)

| SUBDIMENSION 3.4: EXTENT OF IMPACT ON HUMANITARIAN AND ACADEMIC UNDERSTANDING OF AN ISSUE | | | | | | | | |
|---|---|---|--|---|---|---|--|---|
| | No signs of impact | | Limited signs of impact | | Reasonable impact | | Significant impact | |
| IIA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Insufficient information to assess - Not enough information available to make a credible assessment | No evidence of contributions to changing the understanding of a particular issue. | | Some evidence that the research has changed the way researcher and humanitarian audiences directly targeted by the project consider a given issue. | | Evidence the research has contributed to changes in the way broader communities of practice consider a given issue, and to a broader debate about the issue amongst a broader range of researchers. There is some follow-on research or plans for further research. | | The research, alongside other evidence has contributed to a tangible shift in the way a given issue is understood and prioritized, and many humanitarian actors and communities of practice now consider this issue in a new or different way. There is considerable further research in this area in a number of institutions globally. | |

3.5 Extent of other types of impacts and/or unexpected impacts

It is not uncommon for research and evidence to generate unintended impacts, both positive and negative. These do not easily emerge through a strict focus on the objectives of the specific research initiative but require an exploration of how the interviewees see the contribution of the research to their overall work, and whether they have observed anything unexpected. Not all research will generate such unexpected impacts. (ESRC: Other impacts)

SUBDIMENSION 3.5: EXTENT OF OTHER TYPES AND UNEXPECTED IMPACTS

| No signs of impact | | Limited signs of impact | | Reasonable impact | | Significant impact | |
|---|---|--|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| The research did not generate any known impacts. Practically this assessment would not include this score, since if there are no unexpected impacts, no score would be allocated. | | There is some indication of unanticipated impacts, but these are not well evidenced. | | Unanticipated impacts have been identified and have potential to positively influence development in the specific humanitarian context where research was undertaken, in terms of health or other issues. | | Significant unanticipated positive impacts have the potential to influence humanitarian action outside the specific context. been identified and plans are s. | |

STEP 5: RATING THE STRENGTH OF EVIDENCE

It is expected that evaluators rate the strength of evidence (SOE) on which their assessments are based. An SOE rating with brief narrative explanation and references to documents consulted or randomised interview numbers, should be included at the end of each Context element and Sub-Dimension, and at the end of the entire assessment. The SOE ratings are explained below. They are based on triangulation of findings using different data sources, ideally including sources that are independent of the project. Where a sub-dimension has been assessed as IIA, no SOE is applied.

| Strength of Evidence Ratings | |
|------------------------------|--|
| Strong | Findings confirmed by several sources , including project staff and/or project monitoring data and reporting and more than one credible source independent of the project, including verbal or documentary evidence from humanitarian stakeholders who have used research, peer projects, donors, academics and other experts. |
| Some | Findings confirmed by more than one source including project staff and/or project monitoring data and reporting, direct project beneficiaries, and at least one credible source independent of the project, including verbal or documentary evidence from humanitarian stakeholders who have used research, peer projects, donors, academics and other experts. Findings may be confirmed by some independent external sources but questioned by others and such contestation should be reflected in the report. |
| Limited | Findings are not fully confirmed by more than one source, are entirely based on donor, project or programme self-reporting, or there is so much contestation amongst the sources that we can't be fully confident in our findings. Contestation should be explained in the report. |