ELRHA'S RESEARCH FOR HEALTH IN HUMANITARIAN CRISES (R2HC):

IMPACT EVALUATION

Commissioned by Elrha's R2HC Programme

Conducted by The Policy Practice

November 2023

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ABOUT ELRHA

We are Elrha. A global organisation that finds solutions to complex humanitarian problems through research and innovation. We are an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world. We equip humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most. We have supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to evidence what works in humanitarian response. Elrha has two successful humanitarian programmes: Research for Health in Humanitarian Crises (R2HC) and the Humanitarian Innovation Fund (HIF).

RESEARCH FOR HEALTH IN HUMANITARIAN CRISES (R2HC)

R2HC aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions. Our globally recognised research programme focuses on maximising the potential for public health research to bring about positive change in humanitarian response. Since 2013, we have funded more than 100 research studies across a range of public health fields.

This evaluation was commissioned by Elrha's R2HC Programme and conducted by independent consultants, The Policy Practice:

Team Leaders	Team Members
Fred Carden	Megan Beare
Anna Paterson	Nici Dahrendorf
	Faduma Gure
	Basma Haj Ali
	Hana Rohan

We would also like to thank members of the independent Steering Committee that guided the evaluation:

Jimmy Whitworth (Chair)	Myriam Henkins
Samafilan Ainan	Amit Mistry

LIST OF ACRONYMS

ACF	Action Contre la Faim
BHA	US Bureau for Humanitarian Assistance
CHNRI	Child Health and Nutrition Research Initiative
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
ESRC	Economic and Social Research Council
EU	European Union
FCDO	UK Foreign & Commonwealth Development Office
GBV	gender-based violence
HEAT	Heat Emergency Awareness and Treatment
HESPER	Humanitarian Emergency Settings Perceived Needs Scale
HHER	Humanitarian Health Evidence Review
HIC	high-income country
HIF	Humanitarian Innovation Fund
HIEP	Humanitarian Innovation and Evidence Programme
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IDRC	International Development Research Centre
INGO	international non-governmental organisation
IRB	Institutional Review Board
IRC	International Rescue Committee
KI	key informant
LMIC	low- and middle-income country
LSHTM	London School of Hygiene and Tropical Medicine
MHPSS	mental health and psychosocial support
MSF	Médecins Sans Frontières
NCD	non-communicable disease
NGO	non-governmental organisation
NIH	US National Institutes of Health
ODI	Overseas Development Institute
PI	principal investigator
PM+	Problem Management Plus

R2HC	Research for Health in Humanitarian Crises
RAPID	Research and Policy in Development
RCT	randomised controlled trial
REC	Research Ethics Committee
REF	Research Excellence Framework
REFLECT	REFugee Lived Experiences, Compliance and Thinking
RFP	request for proposal
RIT	Research Impact Toolkit
ROMA	RAPID Outcome Mapping Approach
RQ+	Research Quality Plus
SH+	Self-Help Plus
SRH	sexual and reproductive health
ToC	Theory of Change
UK	United Kingdom
UKRI	UK Research and Innovation
UN	United Nations
US	United States
USAID	US Agency for International Development
VfM	value for money
WASH	water, sanitation and hygiene
WHO	World Health Organization
WHS	World Humanitarian Summit

EXECUTIVE SUMMARY

This is the final evaluation report of Elrha's Research for Health in Humanitarian Crises (R2HC) programme. It was commissioned to assess the impact of 10 years of R2HC implementation since 2013. R2HC is an internationally known programme that funds robust research to improve health policy and practice and thereby improve outcomes for people affected by humanitarian crises. It has funded 109 research projects in 9 annual calls and 4 responsive calls responding to specific crises. The programme has also supported the identification and prioritisation of research gaps and developed tools and training materials to improve the targeting, conduct and uptake of research in humanitarian contexts.

The evaluation was carried out from November 2022 to October 2023 by The Policy Practice (TPP), a consultancy firm. For 20 projects from the portfolio, the evaluation used an adapted version of the International Development Research Centre's (IDRC) Research Quality Plus (RQ+) framework for assessing the quality of research that is designed to influence policy and practice. We also synthesised 25 evaluative case studies that had been commissioned by R2HC or included in a previous evaluation. 126 key informants were interviewed overall, and we conducted three electronic surveys to look at specific elements of R2HC's work.

FINDINGS

What is R2HC's overall performance and contribution to the broader humanitarian system over the review period?

One of R2HC's central contributions has been to prove that it is possible to fund and conduct methodologically robust research in humanitarian settings, which many doubted in 2013. The programme's portfolio of diverse research studies has reached a high standard overall as well as achieving a good level of uptake and impact. This has been supported by the successful adaptation of the R2HC research management approach over time, including a highly appreciated package of research uptake support to projects. R2HC funded research represents very good Value for Money (VfM), with many of our assessed projects achieving impacts at very low cost. R2HC as a programme also represents good VfM. The Advisory Group – which sets strategic directions – and the Funding Committee – which selects successful projects – are highly regarded as bringing senior academic and humanitarian professional expertise at low cost.

As well as individual research studies, R2HC has contributed valued evidence and learning tools and products to the wider humanitarian system. R2HC's two (2015 and 2022) wide-ranging reviews of the evidence informing public health programming in humanitarian crises (Humanitarian Health Evidence Reviews), were considered important contributions by respondents. R2HC continues to work on focused evidence gap prioritisation exercises, conducted in collaboration with humanitarian communities of practice, for example on mental health and psychosocial support and on water, sanitation, and hygiene.

R2HC is well networked with international non-governmental organisations (INGO), major academic humanitarian health programmes and some United Nations agencies. There is a need to raise awareness amongst a broader range of donors and with national government and humanitarian actors in the countries where R2HC has conducted a great deal of research.

Encouraging the increased participation and leadership of low and middle-income country (LMIC) researchers and organisations in its funded research was not something which R2HC had a mandate to do in 2013, but it has made several efforts on this front over the years. This initially

focussed on ensuring participation of LMIC research organisations, which became a prerequisite for annual calls from 2018. Nonetheless, high-income country researchers and research organisations have led the majority of R2HC grants, with LMIC institutions leading only 15 of 109 projects. Efforts to promote more LMIC leadership yielded a significant increase in LMIC-led applications (just over 50%) and successful grants (5 of 13 – or 38%) in call 9 in 2022.

Overall research quality and impact: Have studies achieved (or are they on track to achieve) impact in informing humanitarian response?

Our findings suggest that, although it operates in challenging operational, research and data contexts, R2HC produces research findings that are of broadly high quality, as reflected in a high rate of peer reviewed publication. Adaptation of research methods and processes is very common, but only in a few cases does this critically compromise the robustness of findings. There is strong attention to research ethics in grants overall, reflecting R2HC's own toolkit on research ethics in humanitarian settings, although ethical concerns did require R2HC involvement during implementation on one RQ+ project. The mutuality of partnerships and the degree of engagement with local knowledge were mixed in our RQ+ projects. Evaluated projects were highly relevant to humanitarian actors, actionable and, for the most part, shared with different audiences in appropriate forms. This included engaging communities in research in a subset of projects.

We assessed research impacts using a slightly expanded version of the Economic and Social Research Council (ESRC) categories:

Conceptual impacts on knowledge, understanding and attitudes: 8 RQ+ assessment projects and 12 reviewed case study cases had achieved moderate or significant impacts on the understanding of an issue or reframing a debate (conceptual impact), including significant contributions to knowledge on the effectiveness of interventions and changing the range of evidence used in response.

Instrumental impact - changes in policy: 8 RQ+ assessment projects and 19 reviewed case study cases had shown impacts on policies, guidance, and standards, including several of the most respected global standards and guidelines as well as national policies, standards, and training.

Instrumental impact - changes in the design and delivery of programmes and services: The hardest impact area in which to achieve results was the design and delivery of interventions, programmes and services (instrumental impact): 5 RQ+ assessment projects and 12 reviewed case study cases had influenced the design, or scale-up of interventions or tools or more context-appropriate care.

Capacity-building and connectivity impacts: Interestingly, given that R2HC lacks a capacity-building mandate, the most common RQ+ impacts were in the domain of capacity-strengthening and networking: projects had significantly increased the capacities of individuals, organisations, and partnerships to conduct, promote and broker more humanitarian research after the end of the grant.

There was a high level of attainment of at least one of these types of impacts across our RQ+ sample (16 of 20 or 80%). Significant impacts were also identified in 25 previously assessed projects. Overall, combining RQ+ assessments and existing evaluative material, there is evidence of impacts in at least one impact type in 41 (61%) of the 67 projects that were closed when the evaluation began, but the real rate will be higher because 22 projects were not assessed.

The presence or absence of political will to act on research findings was a critical factor in facilitating or obstructing impact. Research teams with established connections to the key actors who would need to act on the research findings were also well placed to deliver impact on findings. R2HC does provide time, and support, to grantees to work on research uptake, though findings do need to be produced in time to influence decision-makers and R2HC is itself constrained by donor funding timeframes. But in some cases, the short duration of grants was seen as an obstacle to working on research uptake and maximising research uptake.

What are the comparable research mechanisms and does R2HC fill a niche not occupied by other research funders?

R2HC is certainly operating in a more crowded landscape of humanitarian research organisations compared to 2013 when it was established. As the second Humanitarian Health Evidence Review (2022) shows, there has been a significant increase in the supply of robust research on humanitarian health programmes and services since 2013. However, there are still large evidence gaps in all sectors identified in the review. The current landscape of funding for humanitarian health research is a more difficult one than ten years ago. Whilst huge evidence gaps remain, humanitarian crises and needs are increasingly not matched with funding, and funding gaps for research have also widened. Moreover, some also fear that the increased focus on global health security since COVID-19 will reduce the attention to other important areas of health research. Therefore, R2HC continues to meet an important need. Our findings suggest that it also still occupies a distinct niche in the landscape of health research funders. R2HC does some things that other funders also do but no other funder has R2HC's combination of a focus on humanitarian settings; competitive calls (including thematically open calls); a focus on operational impact as a funding requirement and throughout the grants; and support to methodologically rigorous research.

CONCLUSIONS & RECOMMENDATIONS

Conclusions: Since its establishment in 2013, R2HC has demonstrated that robust research can be conducted in humanitarian contexts, and that this research can feed into uptake and impact in humanitarian action. The programme's approach to managing research reflects ten years of learning and adaptation, including on approaches to supporting uptake, responding to specific crises as well as broad evidence needs, and increasing the involvement and leadership of LMIC researchers. It will be important to continue this adaptive learning, and to further tweak the R2HC grants model to promote more LMIC-led research.

R2HC is regarded as an authoritative player amongst INGO, academic and agency stakeholders, and has contributed valued evidence and learning products for research, policy and operational actors. In a research funding landscape that has changed significantly since 2013, R2HC still occupies an important and unique niche. There is room to improve awareness of R2HC amongst a broader range of stakeholders and potential donors.

Recommendations: We make a number of recommendations relating to the overall programme approach, management and programme activities. Amongst other recommendations, we urge R2HC and its funders to:

- Develop and implement a strategic engagement strategy focussed on broadening awareness of R2HC, especially with potential partners and donors. This could be implemented with the help of R2HC's donors, partners and champions, including grantees;

- Develop and implement a decolonisation strategy, in line with the Inter Agency Standing Committee agenda that has evolved (if haltingly) since the Grand Bargain discussion in 2016. This could be nested within Elrha's strategy, which already commits to "shifting the power" in the humanitarian sector. A number of changes should be considered by R2HC to implement such a strategy. These include making further changes to its design of research calls and its grant management to promote more LMIC-led research. Where research projects are led by High Income Country institutions, it should also include some level of formal capacity building requirements to ensure that these projects build the capacities of their LMIC research partners. R2HC should also deepen its understanding of the evidence gaps, research capacities, and existing research capacity building programmes in countries where it conducts a lot of research;

- We recommend that R2HC's donors and champions use their influence to advocate for more funding of research for health in humanitarian crises.

Conclusions: The R2HC research projects we assessed yielded impressive levels of impact overall, generated from high quality research findings. We know from the literature on research uptake that the pathways to impact of research are not direct or linear and often not immediate. Reflecting this, it was harder for R2HC research to have impacts on interventions and services than it was on policies, standards, and guidance. Research projects also needed time to promote uptake and achieve impact. We also know that research can have impacts in many indirect (or even unintended) ways. Although this was not an intended focus of the programme, the R2HC projects we assessed achieved significant capacity building and networking impacts, allowing researchers and research partnerships to deliver more research and deepen relationships with policy and operational actors beyond the life of individual projects. This is also an important – albeit more indirect – pathway to research impact.

Recommendations: Our recommendations that are linked to further supporting the quality, mutuality and impact of research grants are focussed on fine-tuning the R2HC calls and grant management processes. Amongst other recommendations, we suggest that R2HC:

- Consider the option of extending the duration of core grants in order to maximise the potential for uptake and impact;

- Introduce a mechanism for tracking the equity of partnerships, or a partnership "equity health check" midway during implementation and ensure that local research partners can contact R2HC directly during implementation;

- Consider including a requirement to demonstrate understanding of the levels of interest, capacity, opportunity, and motivation to use research findings by the key decision-makers whose action would be required for research impact. This is not to say that only research demonstrating political will should be funded, since sometimes evidence is needed to generate political will. But it would help to make it clear whether there are existing opportunities and motivations to use research.

INTRODUCTION

This is the report of the endline impact evaluation of the Research for Health in Humanitarian Crises (R2HC) programme. It presents final evaluation findings based on data collected between February and August 2023.

EVALUATION BACKGROUND AND PURPOSE

R2HC is an internationally known humanitarian health research funding programme. It was established in 2013 to generate evidence and promote its use on recognised public health challenges in humanitarian crises. Within this, it aims to make the policy and programming of humanitarian operational and policy actors more evidence-based to improve outcomes for crisis-affected people.

The programme has provided grants to over 109 individual research projects. These have been selected through eight open annual calls, one annual call (the latest call being Call 9) focusing on two themes (health systems and 'responding to current or anticipated health crises') and four responsive calls – two on Ebola (in West Africa in 2014 and in Democratic Republic of Congo – DRC – in 2019), one on COVID-19 (2020) and one on Food and Nutrition Crises (2017).

A key requirement for grantees is that they work through partnerships between a research institution and an operational humanitarian organisation. Grantees must also demonstrate that they are filling key gaps in operationally relevant knowledge. As well as funding research grants, R2HC has led exercises to review the critical research evidence gaps and needs in humanitarian health response, commissioning a number of evidence reviews and leading research prioritisation exercises. Finally, R2HC promotes the uptake of its own funded studies and commissioned work through bringing together researchers, policymakers, and practitioners. It also promotes the use of broader research evidence through targeted engagement and facilitation of events with thematic communities of practice.

When R2HC was established in 2013, the mandate it was given by donors was to focus on the production of high-quality evidence. It was not initially established to support research uptake or conduct thematic calls or to provide any funding for researcher capacity building as an end in itself. The programme's approach has shifted over time, as R2HC realised that additional research uptake support was needed to promote impact, and adding responsive calls alongside core open calls. High quality and impactful evidence production is still the primary objective of R2HC, but it still has no formal mandate to earmark funds for capacity building or for LMIC-led research.

R2HC has commissioned this evaluation to enable a detailed assessment of the programme's impact over its 10 years of implementation, as well as the factors that have influenced successes and failures. The evaluation is tasked with assessing 1) the overall performance of R2HC, 2) the quality and outcomes of research across the portfolio and 3) R2HC's current and future unique selling points through a landscape mapping of comparable research mechanisms. In so doing, the evaluation will make it possible to demonstrate R2HC's performance to donors, partners, and crisis-affected people. This learning can be fed into new phases of programme design and delivery. It should also be useful to donors of humanitarian and non-humanitarian health research and humanitarian stakeholders interested in evidence production. In order to understand the impact of R2HC the evaluation examines many of the individual projects that R2HC funds. However, the unit of analysis for this evaluation is R2HC itself, not the projects.

METHODOLOGY AND LIMITATIONS

The evaluation adapted the Research Quality Plus (RQ+) framework to assess performance in 20 projects from the R2HC portfolio and combined these assessments with an analysis and synthesis of existing evaluative case studies from previous evaluations or that had been commissioned by R2HC. Overall, 126 key informants were interviewed. Finally, three electronic surveys were used to capture 1) the perspectives of shortlisted but unsuccessful projects, 2) recipients of R2HC research impact support and 3) participants in R2HC research fora in 2017 and 2019. Together, these methods enabled us to triangulate data from multiple sources and perspectives to provide rich insights into the evaluation objectives outlined in Structure of the Report below.

KEY INFORMANT INTERVIEWS

A total of 126 key informants (KIs) were interviewed for the evaluation. A first group of KIs was identified for the RQ+ assessments, usually the principal investigator (PI) or co-investigator. These KIs were then asked to identify others on the project (researchers, research users or other stakeholders) to be interviewed for the RQ+ assessments. A total of 45 KIs were interviewed for our 20 RQ+ project-level assessments. A total of 81 other KIs were interviewed; they were selected for the overarching evaluation questions under Evaluation Objective 1 or the mapping under Evaluation Objective 3, or both. Some informants were identified by R2HC, others were known to the evaluators. Many informants, especially for the mapping exercise, were suggested by previously interviewed informants. The breakdown in Table 1 below will not add up to 126 as a number of respondents cut across categories. Some RQ+ respondents are also represented in the HIC academics or LMIC academics/LMIC research centres/ categories. The significantly larger representation of organisations based in HICs reflect the state of the field with the majority of research funded and led by HIC organisations and researchers.

Table 1: Key informant interviews

Respondent type	Number	Respondent Type	Number
RQ+ respondents • 15 HIC university • 15 INGO • 8 LMIC research centre • 1 LMIC NGO • 3 LMIC university • 1 private sector • 1 UN staffer • 1 LMIC gov't representative	45	Consultants	5
Non RQ+ grantees • 5 HIC university • 2 LMIC university • 1 INGO • 1 UN	9	HIC university • 18 RQ+ • 3 Funding Committee • 1 Advisory Committee • 1 Non-RQ+ grantee • 1 Critical Friend	24
Critical friend • 1 donor • 1 donor-funded programme • 1 INGO • 1 UN • 1 HIC university	5	INGO representatives • 15 RQ+ respondents • 1 Strategic Stakeholder • 1 Critical Friend • 1 Funding Committee • 9 Other	27
Funding Committee member • 4 HIC university • 1 UN • 1 INGO	6	UN agency representatives • 12 General • 1 RQ+	13
Advisory Group member • 3 HIC university	5	LMIC NGOs • 4 General	5

• 1 donor • 1 UN		• 1 RQ+	
Donor • 1 Advisory Committee • 1 Critical Friend • 21 general	23	LMIC research centres • 9 RQ+ • 2 General	11
Donor-funded programmes	4	LMIC university • 3 RQ+ • 2 Non RQ+ grantees • 5 General	10
Strategic Stakeholders • 7 donor • 1 UN • 1 INGO	9	LMIC government representative	1
		Elrha Staff	5

Of these interviewees, four can be identified as 'critical friends' (defined as *people who are working in the humanitarian health research space, known to R2HC, but who have not been directly involved in governance mechanisms or as grantees*). Of the interviewees, 48 were men and 78 were women. The list of respondents is included at Annex A. Definitions of the types of interviewees are also included at annex A after the KII table.

Interview protocols for different categories of interviewee, including our mandatory preamble explaining the purpose of the research and asking for consent, are included at Annex E. A number of interviews were recorded with consent, to aid analysis. All interviewees are anonymised in the text of this report, being indicated in footnotes with randomised interview numbers. Interview notes and recordings are stored under the interviewee's randomised interview numbers, not their names,[1] and will be deleted as soon as the evaluation report is completed. All quotes in this report have been agreed with the respondents, as have the anonymised descriptions of the respondents who gave these quotes.

RESEARCH QUALITY PLUS ASSESSMENTS

The RQ+ tool, developed by Canada's International Development Research Centre (IDRC), is a highly respected structured rubric for assessing the quality of international development research. It views research quality in a holistic sense. In addition to the standard quality assessment tools around methods and relevance and innovation, it sees mutuality and fairness of partnerships; engagement with local knowledge; operational relevance; and the appropriate dissemination and communication of findings all as dimensions of quality.[2] It also considers the role and challenges of the research context and the effects of this on the quality of research.

RQ+ has been used in over 150 evaluations of research commissioned to influence policy and practice and has previously been adapted, for example to evaluate co-produced research.[3] Because the tool had not been used specifically in humanitarian settings, we made some adaptations to the research context analysis in relation to the framework and the guidance. Our main adaptations concerned the addition of assessment dimensions on outcomes and impacts of

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[1] Stored in folders to which only those team members analysing those specific interviews have access.

[2] Ofir, Z. et al. (2016) *RQ+: A Holistic Approach to Evaluating Research*. Ottawa: IDRC; Lebel, J. and McLean, R. (2018) 'A Better Measure of Research from the Global South'. *Nature* 559(7712): 23–26.

[3] McLean, R. and Sen, K. (2019) '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* 28(2): 123–135; McLean, R. et al. (2022) 'Evaluation Research Co-Production: Protocol for the Research Quality Plus for Co-Production (RQ+ 4 Co-Pro) Framework'. *Implementation Science Communication* 3(28).

research, which are absent in the original framework. We consider this an exciting extension of the use of RQ+, which has allowed us to look at the entire results chain from design to impact, and to consider the relationships between assessment dimensions, such as context, and outcomes and impacts. The full adaptations to RQ+ are described in Annex E. Figure 1 shows the tailored rubric.

Figure 1: RQ+ rubric

Quality, Outcome & impact dimensions
1. Research quality
1.1 Research integrity
1.1.2 Methodological rigour
1.2 Research legitimacy
1.2.1 Research ethics & addressing potentially negative consequences
1.2.2 Mutuality and fairness in partnerships
1.2.3 Core engagement with local knowledge
1.3. Research Importance
1.3.1 Relevance of process & product to humanitarian users - including local and country users
1.3.2 Extent to which research adds new knowledge
1. 4. Positioning for use
1.4.1 Knowledge accessibility and sharing
1.4.2 Timeliness and actionability
2. Research outcomes
2.1 Extent of humanitarian engagement with research
2.2 Extent of country and local government and civil society engagement with research
3. Research impacts (intended and unintended)
3.1 Extent of reasonably expected/emerging impacts on policy discussions/policy documents/guidance/standards
3.2 Extent of reasonably expected/emerging impacts on design and delivery of new programmes
3.3 Extent of reasonably expected/emerging impacts in building capacity and networks
3.4 Extent of reasonably expected/emerging impacts on humanitarian and academic understanding of the issue
3.5 Extent of other types of impacts/unexpected impacts

KEY CONTEXTUAL INFLUENCES

- Maturity of the research field

- Data environment

- Operating environment for researchers and

- Humanitarian context actors involved and their capacities, opportunities and motivations to use evidence

- Research capacity

We applied the adapted version of RQ+ to 20 R2HC projects, shown in Table 2. The main adaptations were the addition of dimensions 2 and 3 on research outcomes and impact. As outlined in the sampling approach in the inception report in Annex E, our RQ+ sample included four projects selected because they were led by LMIC institutions and six projects that had been identified by R2HC as interesting case studies. Ten were randomly selected projects. We used this approach to sampling to ensure we captured the research experiences and results of LMIC-led research as well as cases where interesting results or challenges were being reported, along with the results of a more 'average' group of R2HC projects. We show the extent to which different impacts were identified in these three groups in our RQ+ findings in Section 2 of the findings below. One project was substituted directly after the inception report but before we had begun our research. This was a result of responsiveness issues; the inception report at Annex E reflects this change. Only one project was substituted during data collection as a result of lack of responsiveness.[4]

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[4] The Beth Israel Deaconess Medical Center-led study of gender-based violence risk mitigation among non-protection humanitarian sectors in the context of COVID-19 was replaced with the London School of Hygiene and Tropical Medicine-led project Modelling Ebola in West Africa (RQ+ project 11).

Twelve of the projects we reviewed had been funded under responsive calls, while eight were funded under annual open calls. Figure 2 shows the spread of research themes within our RQ+ sample.

Figure 2: RQ+ sample by theme

Numbers of projects in the RQ+ sample and overall programme by theme
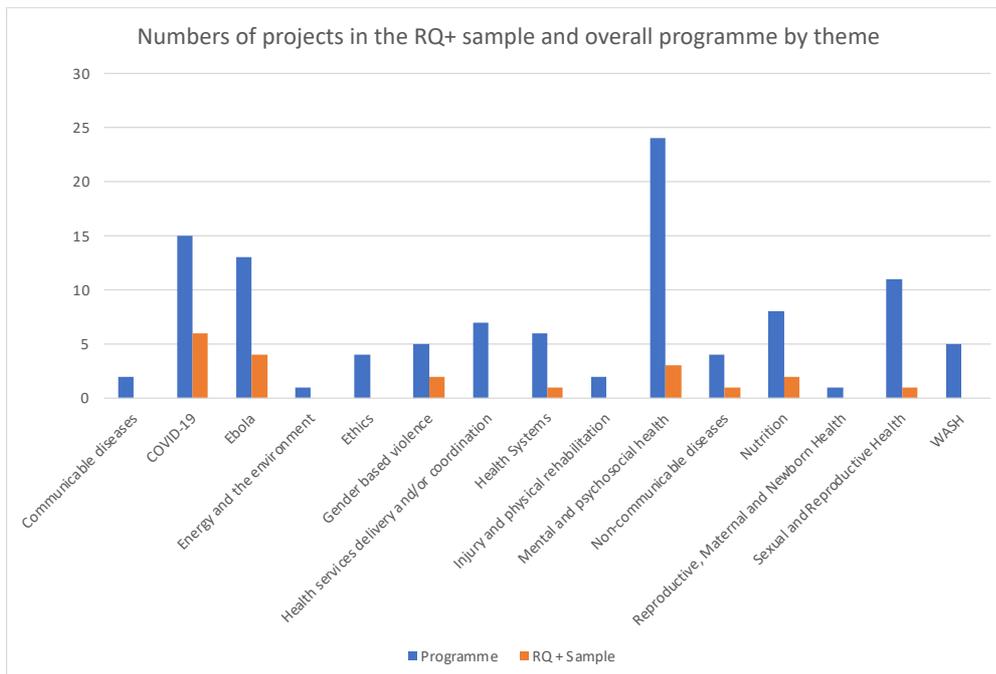
Table 2: R2HC programme and RQ+ projects by region

Region	Multiple country - programme	Multiple country - sample	Single country - programme	Single country - sample	Grand total - programme	Grand total - sample
Africa	4	1			4	1
East Africa	2		25	5	27	5
Global	20	3			20	3
Middle East and North Africa	6	1	15	4	21	5
Central Africa			8	3	8	3
South America			2		2	
Southeast Asia			3		3	
Southern Asia			7		7	
West Africa	6	1	11	2	17	3
Grand total	38	6	71	14	109	20

We consider this sample to be reasonably representative of the R2HC portfolio geographically and thematically. Some themes, such as MHPSS – had already been well covered in previous evaluative material.

The main unit of analysis in this evaluation is R2HC, and the purpose of the RQ+ assessments was to identify results across the sample. It was therefore agreed at midline that the RQ+ projects would be anonymised in any published version of the main evaluation report. Throughout the text, RQ+ projects have been described without providing details that could easily identify them and using a random number to reference each assessment. By contrast, R2HC case study projects *are* named in the report.

The first seven assessments were conducted at the midline phase, completed in May 2023. Minor agreed adjustments were made to refine the RQ+ framework after the midline. The final 13 were conducted between May and August 2023. We conducted two RQ+ training sessions – one at the beginning of the midline phase and one at the beginning of the endline phase – to orient team members in the background and use of RQ+. To minimise assessor bias, we conducted three RQ+ validation workshops to justify, challenge and – if necessary – change scores within the RQ+ assessment team, one at midline in April 2023, one at endline in July 2023 and one as a final endline workshop in August 2023. All the RQ+ assessments were also reviewed by the team leader and deputy team leader. A selection was reviewed by our health research expert, Hana Rohan. Where RQ+ assessors were unsure or had concerns over the quality of the methodologies used by projects, publications were also reviewed by Anna Paterson and Hana Rohan.

Table 3: RQ+ projects

RQ+ assessment project	Sample	Call	Year of completion	Assessor	Mean strength of Evidence rating for assessment[5]
Busara Center for Behavioral Economics-led project *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*	LMIC-led	Responsive COVID	2022	Faduma Gure	2 (some)
Faculté de Médecine et d'Odontostomatologie Bamako-led project *Implementation of Public Health Measures among Internally Displaced People during the COVID 19 Pandemic in Francophone Africa: Pilot study of Mali*	LMIC-led	Responsive COVID	2021	Megan Beare	2 (some)
Institut Pasteur de Dakar-led project *Point-of-Care Ebola Virus Disease Diagnostic Testing for Ebola Treatment Centres*	LMIC-led	Responsive Ebola	2014	Fred Carden	2 (some)
University of Rwanda-led project ***Evaluating the Psychological and Social*** *Impact by Promoting Positive Masculinity through the 'Living Peace' Program in DRC.*	LMIC-led	Core	2022	Megan Beare	1 (strong)
Brigham and Women's Hospital-led project *Population-Based Monitoring of Social Dynamics, Perceptions, and Behaviours Related to the Ebola Outbreak and Respons*e	Random	Responsive Ebola	2020	Faduma Gure	2 (some)
Health Research Union-led project *Impact of Targeted Health Insurance on, Health Service Utilization, Expenditures and Health Status among Internally Displaced Populations in Georgia*	Random	Core	2016	Anna Paterson	2 (some)
Johns Hopkins Bloomberg School of Public Health-led project *Evaluating an Integrated Approach to Intimate Partner Violence and Psychosocial Health in refugees*	Random	Core	2016	Nici Dahrendorf	1 (strong)
London School of Hygiene and Tropical Medicine-led project *Modelling Ebola in West Africa*	Random	Responsive Ebola	2015	Faduma Gure	2 (some)
Martin Luther University Halle Wittenberg-led project *Humanizing the Design of the Ebola Response in Democratic Republic of Congo: Anthropological Research on Humane Designs of Ebola Treatment and Care to Build Trust for Better Health Outcomes.*	Random	Responsive Ebola	2020	Faduma Gure	2 (some)
Orebro University-led project *HESPER (Humanitarian Emergency Settings Perceived Needs Scale) Web*	Random	Core	2022	Faduma Gure	2 (some)

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[5] This refers to the mean SoE rating within the case study

University College London-led project *Understanding the Causes and Health Impacts of Displacement and Migration on Internally Displaced People in Southern Somalia*	Random	Responsive Food and Nutrition	2019	Faduma Gure	2 (some)
University of Bath-led project *COVID-19 in the Gaza Strip: Community Practices in Palestinian Refugee Communities*	Random	Responsive COVID	2020	Megan Beare	2 (some)
University of Washington-led project *Dial-COVID: Remote Mitigation through Telephone Symptom Surveillance in Refugee Settlements in Uganda*	Random	Responsive COVID	2022	Faduma Gure	2 (some)
World Vision UK-led project *Cash and Vouchers for Nutrition: A Study of Nutritional Outcomes for Vulnerable Groups in the Somalia Food Crisis*	Random	Core	2019	Faduma Gure	1 (strong)
Columbia University and International Medical Corps-led study *Overcoming Challenges to Accessing Quality Post-Abortion Care in Humanitarian Crises*	Recommended as interesting case	Core	2020	Megan Beare	2 (some)
Norwegian Refugee Council and American University Beirut-led project *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*	Recommended as interesting case	Responsive COVID	2020	Faduma Gure	3 (limited)
Oxfam, Action contre la Faim and London School of Hygiene and Tropical Medicine-led study *Tracking Community Perceptions; Curbing the Spread of COVID-19*	Recommended as interesting case	Responsive COVID	2021	Megan Beare	2 (some)
University of California and International Rescue Committee-led project *Optimizing a Community-Based Model for Case Identification, Monitoring, and Prevention of Hypertension and Diabetes among Syrian Refugees in Jordan*	Recommended as interesting case	Core	2020	Faduma Gure	1 (strong)
University of New South Wales-led study *Evaluation of a Scalable Intervention to Improve the Mental Health of Young Adolescent Syrian Refugees*	Recommended as interesting case	Core	2019	Anna Paterson	2 (some)
World Vision UK-led project *A Randomised Controlled Trial of Enhanced Child Friendly Space Interventions for Girls and Boys Affected by Conflict and Displacement*	Recommended as interesting case	Core	2022	Megan Beare	2 (some)

ANALYSING EXISTING EVALUATIVE CASE STUDIES

A significant amount of evaluative material on R2HC projects already existed, including eight projects evaluated during the evaluation of the UK Aid-funded Humanitarian Innovation and Evidence Programme (HIEP) in 2018.[6] It also included 21 case study impact assessments conducted by R2HC, some of which overlapped with the projects sampled in the HIEP evaluation. The first five of these had been piloted internally and produced by R2HC staff. The last 16 had been conducted by a consultant independent of the R2HC programme. There was some overlap between R2HC and the HIEP evaluation in the projects assessed but overall, there were 25 projects that had been evaluated by one or both of these two exercises. The R2HC case study evaluations, especially the last 16, were very well resourced – including up to 8 interviews each with project external stakeholders. Many findings are backed up with links to policy and guidance documents. These case studies were selected by R2HC *because* the projects had reported interesting impacts. This means that our RQ+ assessments, sampled from remaining unevaluated projects, were inherently less likely to contain R2HC's most impactful research and could therefore produce findings biased away from high impact if used in isolation.

Because it would be disproportionate and inappropriate to burden already evaluated projects with another evaluative process, our approach has been to conduct a thorough documentary review and analysis of existing evaluations, using Nvivo to code the data in these existing assessments. We took a framework approach to data analysis, using the categories of assessment in the RQ+ methodology as the basis for our framework to aid the coherence of findings. This has allowed us to synthesise the results of our analysis with the RQ+ findings in Section 2 of this report below on the quality and impacts of R2HC research. In some cases, we also used our own new data collection to validate and update the findings from some of the existing evaluative material. One of our RQ+ assessments focused on research that followed on from an already-assessed project on child-friendly spaces, and our interviews with KIs were used to update and validate the results of some previously evaluated mental health and psychosocial support (MHPSS) interventions. Table 4 presents the full list of projects for which we used existing evaluative material.

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[6] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

Table 4: Existing project case studies and evaluative material used in our analysis

	R2HC case study	Internal staff or external consultant
1.	**R2HC Case Study of World Health Organization-led project** *Effectiveness and Cost-Effectiveness of Simplified Psychological Support in Conflict-Affected Pakistan* 2014–2016	Internal but also in HIEP evaluation
2.	**R2HC Case Study of World Vision International-led project** *Longer-Term Mental Health, Developmental and Systems Impact of Child Friendly Space interventions in Humanitarian Emergencies* 2014–2016	Internal but also in HIEP evaluation
3.	**R2HC Case Study of Durham University-led project** *A New Evidence Base for Respiratory Health Interventions in Volcanic Eruption Crises* 2015–2017	Internal but also in HIEP evaluation
4.	**R2HC Case Study of International Rescue Committee-led project** *Building a Cross-Sectoral Toolkit and Research Foundation for the Integration of Menstrual Hygiene Management into Emergency Response* 2015–2018	Internal but also in HIEP evaluation
5.	**R2HC Case Study of Massachusetts General Hospital-led project** *Every Second Matters for Mothers and Babies – Ketamine Humanitarian Crisis* 2016–2019	Internal
6.	**R2HC Case Study of Queen Mary University-led project** *Evaluation of Phone-Delivered Psychotherapy for Refugee Children* 2017–2020	External consultant
7.	**R2HC Case Study of Michigan State University-led project** *Using Humanitarian Engineering to Solve Social Distancing Barriers in Humanitarian Interventions: A Cross-Country Comparison of Turkey, Lebanon and Jordan* 2020	External consultant
8.	**R2HC Case Study of World Health Organization-led project** *Addressing the 'Access' and 'Scale' Challenge: Cost-Effectiveness of a New World Health Organization-Guided Psychosocial Self-Help Programme* 2015–2017	External consultant
9.	**R2HC Case Study of Yale University-led study** *Measuring the Health and Wellbeing Impacts of a Scalable Programme of Psychosocial Intervention for Refugee Youth* 2015–2017	External consultant and also in HIEP evaluation
10.	**R2HC Case Study of International Rescue Committee-led project** *Effectiveness and Policymaking Surrounding Combined Protocol for Treatment of Acute Malnutrition in Food-Crisis Affected Contexts'* 2017–2019	External consultant
11.	**R2HC Case Study of Johns Hopkins University-led project** *Measuring Urban Capacity for Humanitarian Crisis: Piloting an Urban Health Response System Assessment Tool* 2017–2020	External consultant
12.	**R2HC Case Study of Centres for Disease Control and Prevention-led study** *Alternative Sanitation in Protracted Emergencies* 2014–2017	External consultant
13.	**R2HC Case Study of London School of Hygiene and Tropical Medicine-led project** *Ebola Anthropology Response Platform* 2014–2017	External consultant
14.	**R2HC Case Study of Yale University-led study** *Measuring the Health and Wellbeing Impacts of a Scalable Programme of Psychosocial Intervention for Refugee Youth* 2015–2017	External consultant
15.	**R2HC Case Study of Johns Hopkins-led project** *HEAT (Heat Emergency Awareness and Treatment) Bundle Trial* 2016–2019	External consultant
16.	**R2HC Case Study of Sheffield University-led project** *Using Radio and Social Media to Address Misinformation about COVID-19 among Internally Displaced Persons in Burkina Faso* 2020–2021	External consultant
17.	**R2HC Case Study of Brandeis University-led** project *Strengthening the Humanitarian Response to COVID-19 in Colombia* 2020	External consultant
18.	**R2HC Case Study of Makerere University-led project** *REFugee Lived Experiences, Compliance and Thinking (REFLECT) in COVID-19* 2020–2021	External consultant
19.	**R2HC Case Study on McMaster University-led project** *Isolation, Quarantine and Research in Ebola Management: A Comparative Study of Stakeholder Perceptions and Experiences* 2016–2018	External consultant and also in HIEP evaluation
20.	**R2HC Case Study on Tufts University-led project** *Researching Commonly Implemented but Severely Under-Researched Water and Hygiene Interventions to Prevent Cholera Transmission* 2017–2019	External consultant
21.	**R2HC Case Study of London School of Hygiene and Tropical Medicine-led project** *Ebola Anthropology Response Platform* 2014–2017	External consultant and also in HIEP evaluation

22.	**Johns Hopkins University-led** "_Non-Communicable Disease Guidelines and Mhealth Records for Refugees in Lebanon_	External evaluator
23.	**International Medical Corps-led** _Advancing the Evidence Base of the Minimum Initial Service Package for Reproductive Health Using a Quality Improvement Approach_	External evaluator
24.	**Women's Refugee Council-led** _Evaluating the Impact of Early Marriage Interventions in THREE EMERGENCY CONTEXTS_	External evaluator
25.	**Johns Hopkins University-led** _Multi-Purpose and Conditional Cash Transfers and Public Health among Syrian Refugees_	External evaluator

ELECTRONIC SURVEYS

We conducted three Survey Monkey electronic surveys, sent via an email link. The first survey of participants in two of R2HC's most significant strategic engagement events, aimed to capture views on the quality of the events, on R2HC's role in the landscape of humanitarian health funding and on R2HC's future work. The survey was delivered to 72 people who had attended one or both of R2HC's Research Forum two-day residential events, held in September 2017 and September 2019. We received 15 responses – a response rate of 21%.

The second Survey Monkey survey was intended to provide data on unsuccessful applicant experiences of the R2HC grant application and selection process, as well as to capture perspectives on the landscape of humanitarian health funding, R2HC's role in it and R2HC's future work. It was sent to 86 PIs or co-PIs of projects that had been 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%.

The third survey aimed to understand how useful R2HC's provision of research uptake and impact support was for those who had received that support. It was sent to 75 recipients of R2HC research uptake and impact support, including attendees of peer learning workshops, research impact workshops and online courses, and other recipients of _ad hoc_ support (identified by R2HC). A total of 15 people, or 20% of these recipients, responded to the survey. We asked broad questions about the usefulness of this support and ways to improve it. See Limitations below for further discussion of the surveys.

All survey questions and summary results of all three surveys are included at Annex D.

REVIEW OF DOCUMENTARY AND ELECTRONIC SOURCES

For our RQ+ assessments and overarching R2HC findings, we reviewed a full range of programme- and project-level material. At the programme level, these included R2HC annual reviews and annual reports, research call documents, evidence reviews and evidence gap prioritisation products, learning papers and existing monitoring and evaluation material. At project level, sources included proposals, progress reports, publications and other research products and budgets. At both programme and project level, we also reviewed external resources that had used or engaged with R2HC work. In order to answer the questions in Section 3, we supplemented our KI interviews with an online search to identify health research funders,

programmes, networks and operational agencies with research arms that have some overlap with R2HC – which we included in a database of 89 organisations, found at Annex C.

LIMITATIONS

As expected, in some of our RQ+ assessments we faced limitations in accessing sufficient interviewees or material to draw strong findings. As identified at inception, R2HC grants are relatively, and in some cases very, modest in size. As a result, in some cases asking these grantees to engage in burdensome evaluation processes would be disproportionate and inappropriate. Academics and humanitarian staff who had worked on these projects had often changed jobs and locations and so could not be contacted. For most RQ+ assessments, we were able to interview a researcher from the lead organisation, an operational or research partner and a research user, but for some assessments this was not possible. While we were able, in many cases, to identify documentary and online evidence in place of relying on primary data collection, this was not possible across the board. In a small number of assessments, there was less capacity for data triangulation. We therefore developed a strength of evidence assessment rating to show the different levels of confidence in individual RQ+ subdimension assessments, shown in Table 5.

Table 5: 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 and/or qualified to verify a particular claim, 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 and/or qualified to verify a particular claim, 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 among the sources that we cannot be fully confident in our findings. Contestation should be explained in the report.
No evidence	There is no evidence for the assessment. In some cases, this will lead to an 'insufficient evidence for assessment score.' In others, the absence of evidence will allow us to make a score.

Fifteen (75%) of our RQ+ assessments had a mean score of 'some' strength of evidence, four (20%) of assessments had a mean score of 'strong' evidence and only one had 'limited' evidence. We consider this a reasonable strength of evidence across the sample. The mean strength of evidence of our assessments is shown in our list of RQ+ projects in Table 3.

The existing R2HC case study evaluations we reviewed also had limitations relating to the way they were produced and how independent they were from R2HC. Table 4 indicates where these existing cases were conducted by an external evaluator (maximal independence), an external consultant (good independence) or internally (less independence). In spite of this variance in the strength and independence of evidence in the different project materials, our coverage of the R2HC portfolio was substantial (we have project-level evidence for 45 (67%) of the 67 studies

that were closed and eligible for assessment when the evaluation started) and we are therefore confident in our overall findings.

A final area of limitation is the low response rates received in our online surveys – at 17%, 20% and 21%. These were small proportions of the respondents approached, so the views cannot be seen as representative of all recipients of the survey and may bias to those with positive views of R2HC. However, all surveys did yield useful feedback, especially in the open-ended questions. Our methodology did not rely to any significant extent on the data from these surveys and none of our findings are based on survey responses alone. But we have used responses, especially qualitative ones, to triangulate other data in many cases.

One team member had to step back into a more limited role during the midline phase but has remained on the team. With the permission of R2HC, we added another team member during midline.

One unintended impact was identified in the RQ+ assessments, but the report did not uncover any unexpected findings.

STRUCTURE OF THE REPORT

The evaluation request for proposal (RFP) divided the assignment into four overarching evaluation objectives:

- **Objective 1:** Assess the R2HC's overall performance and contribution to the broader humanitarian system
- **Objective 2:** Assess the research quality and impact of the R2HC portfolio to determine the extent to which studies have achieved or are on track to achieve impact and have contributed to the overall goal of informing humanitarian response
- **Objective 3:** Conduct a landscape mapping to identify comparable research mechanisms and a comparative analysis to determine whether R2HC continues to fill a niche not occupied by other research funders
- **Objective 4:** Make recommendations on how to strengthen R2HC in subsequent phases and ensure sustainability.

The findings of this report are organised around these objectives and their sub-questions. We have made some modest changes to the questions in the original RFP and their order to aid the logical flow of the report and to reduce duplication.[7]

There are three sets of annexes to this evaluation report. The KI interviews and Theory of Change (ToC) workshopped with R2HC are included as Annex A and B, respectively. Annex C the mapping spreadsheet produced to answer Objective 3 questions; Annex D, the questions and summary analysis from three Survey Monkey tools; Annex E, the approach, methodology and interview protocols from our inception report; and Annex F, the RQ+ guidance documents and template.

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[7] We have divided the concepts of 'logical' and 'appropriate' between Questions 1.1 and 1.2 to aid the logic of these questions. With R2HC's permission, we have slightly reworded Question 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?') because we did not feel able to comment on what can be offered to non-humanitarian research. The order of the original questions has been changed to improve the logic of Section 2. We have also separated out the original Question 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?') into two questions so that we deal with quality and impact separately, as well as removing the word 'breakthrough,' which was considered unclear in midline feedback. Finally, we have also slightly amended Questions 3.2 and 3.3 to make them less repetitive. Both questions originally asked whether R2HC was unique; now only Question 3.3 asks about R2HC's unique niche.

1. WHAT IS R2HC'S OVERALL PERFORMANCE AND CONTRIBUTION TO THE BROADER HUMANITARIAN SYSTEM OVER THE REVIEW PERIOD?

Overall assessment under Question 1: We found that the output areas and mechanisms identified in the Theory of Change were appropriate and logical to allow R2HC to contribute to the intended outcomes and impacts, alongside other actors. R2HC's management and overall approach has worked to deliver these mechanisms of change, the approach to duration of grants, responsive and open calls, and provision of research uptake and impact support has been adapted over time to maximise impacts. One area where further reflection and adaptation is needed in order to remain appropriate in today's humanitarian sector, is the encouragement of more LMIC leadership in R2HC funded research.

Our approach to answering this question is based on a workshop conducted with R2HC to expand upon its existing ToC, and then draws on our KI interviews, on summary findings from our RQ+ assessments and the evaluation of existing case studies and on our electronic surveys to assess key mechanism and assumptions in that expanded ToC. Unless otherwise indicated, all interviewees cited in this section are from our 81 interviews conducted to evaluate R2HC overall, rather than our 45 RQ+ interviews.

1.1 WERE THE OUTPUT AREAS IDENTIFIED IN THE THEORY OF CHANGE APPROPRIATE AND LOGICAL TO ADDRESS THE R2HC IMPACT AND OUTCOME OBJECTIVES?

1.1.1 R2HC'S THEORY OF CHANGE

ToCs describe and interrogate the mechanisms – or logical pathways – and assumptions that explain 'how and why program activities and resources will bring about change for the better.'[8] Many humanitarian and 'development' programmes have ToC documents or diagrams, as this has become a common requirement of donor reporting, but these ToCs may not always contain enough detail about how programme mechanisms and assumptions were expected to work to facilitate meaningful evaluation. This was the case with R2HC, which did have a very high-level ToC diagram, shown in Figure 3. We felt that this ToC did not contain enough detail on the mechanisms through which the R2HC outputs would lead to the results chain identified, or sufficient assumptions laid out at each stage. We also felt that the ToC did not represent the full logic of R2HC's work.

The ToC diagram does not reflect that it is the production of research through collaboration (the second box under outputs) that constitutes the overwhelming focus of R2HC's work. And the intermediate outcomes – which concern demand and capacity to use research – are not really direct areas of focus for R2HC, which works mostly on the supply of research. These would therefore be longer-term indirect results of R2HC's efforts and portfolio.

To address these lacunae, the evaluation team conducted a ToC workshop with R2HC in November 2022. We iterated a more detailed ToC, building on the original version and including a diagram and a narrative explaining the mechanisms at each step and detailing the assumptions on which they rest. The workshopped ToC diagram is shown in Figure 4; the ToC narrative that resulted from the workshop is included at Annex B. It places the funding and support of research partnerships at the heart of R2HC's work and elaborates in more detail how this core area of work is expected to lead to changes in policy and programming, and to improved outcomes for crisis-affected people.

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[8] Astbury, B. and Leeuw, F.L. (2010) 'Unpacking Black Boxes: Mechanisms and Theory Building in Evaluation'. *American Journal of Evaluation* **31**(3): 363–381.

Figure 3: R2HC's original Theory of Change

| Goal	Impact	Outcome	Intermediate outcomes	Outputs	Assumptions	Barriers	Problem
Reduce mortality, morbidity and suffering in humanitarian crises through demonstrated improvements in humanitarian and public health interventions	Policy and programming of humanitarian operational and policy actors is more evidence-based with benefits for crisis-affected communities	Evidence from R2HC funded research positively influences policies and practices of key humanitarian actors	Increased demand for R2HC evidence and expertise from key humanitarian decision-makers	Priority research needs and gaps are identified with involvement of practitioners and key humanitarian stakeholders.	Well funded, world class research advances the global knowledge-base and improves ethical and methodological approaches to conducting health research in operational humanitarian contexts	Conducting health research in humanitarian crises is methodologically and ethically difficult	The effectiveness of humanitarian health interventions is limited by the lack of credible data and quality research on which to base the design and delivery of interventions, and an often low capacity of humanitarians to incorporate new evidence into practice.
				Collaborative research partnerships are funded and supported to generate quality research for the humanitarian health community	New evidence will be adopted and will led to improved health outcomes	Health research in humanitarian crises is difficult to resource, particularly for unexpected health crises	
			Increased capacity of key humanitarian actors to incorporate new R2HC-generated evidence into programming	Knowledge and learning from R2HC portfolio of work is synthesised and shared to inform policy makers and practitioners	Effective partnerships between academic research institutions in the Global North and Global South, with humanitarian practitioner organisations, lead to an improved health evidence base that is more likely to be used and applied by policy makers and humanitarian practitioners in decision making	Limited capacity and incentive for humanitarian organisations to incorporate new evidence into practice	
				Key humanitarian stakeholders are informed of new evidence, through strategic engagement and communications	Collaboration with key decision makers, researchers and practitioners to work on priority jointly identified evidence gaps, will facilitate addressing the systemic barriers that inhibit the uptake of new evidence into policy and practice.	Lack of high quality and relevant health research to ensure evidenced based policy and practice	

R2HC Ceiling of accountability

Figure 4: Theory of Change diagram workshopped with R2HC for the evaluation

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The ToC workshopped for the evaluation was *not* designed to replace R2HC's ToC diagram in Figure 3, or to become the 'definitive programme ToC,' but rather to help us elaborate the core mechanisms through which R2HC output areas were expected to lead to higher-level objectives. As we have learnt more about R2HC and its development during our data collection and review, we have also used other sources to inform our understanding of these expected mechanisms, for example through interviews with R2HC staff and review of R2HC annual reports and proposals. It is worth emphasising that R2HC's *de facto* ToC has changed over the past 10 years as the programme has changed its approach to calls and supportive activities to achieve its desired objectives. We include a consideration of these changes in the evaluation.

Table 6 summarises the three main mechanisms through which R2HC's work was expected to lead to higher-level outcomes and indicates the sections of the current evaluation where they are considered. The step numbers correspond to the numbered stages on the diagram of the workshopped ToC in Figure 4 above.

Table 6: Key ToC mechanisms for the evaluation

R2HC Impact Statement: Policy and programming of humanitarian operational and policy actors is more evidence-informed with benefits for crisis-affected communities		
Mechanism 1: Identification and prioritisation of research gaps leads to more targeted research (see numbers 1,2,3,4,5,6,7 in ToC diagram)	**Assumptions**	**Evaluation section**
Step 1 in ToC diagram: R2HC identifies and prioritises key research gaps, increasingly in collaboration with key stakeholders.	R2HC evidence reviews and research prioritisation exercises identify most important humanitarian gaps and the needs of the most important humanitarian actors, including local actors.	Section 1.2 considers R2HC's work on evidence prioritisation.
Step 2 in ToC diagram: R2HC and other organisations commission research to fill these gaps.	Given the breadth of the gaps identified, R2HC is able to coordinate with other actors to respond to identified research priorities.	Section 1.2 begins to consider to what extent R2HC's research has responded to and will respond to important evidence gaps. Section 2 considers the extent to which sampled or previously evaluated funded projects have responded to important research gaps.
Step 3 in ToC diagram: Humanitarian actors use the findings to improve policy and programming.	Piecemeal filling of evidence gaps may not produce sufficient evidence to change decision-making. Humanitarian actors have the capacities, opportunities, and motivations to use research evidence. Lack of funds, political will or organisational commitment do not prevent its use.	It is not possible for the current evaluation to determine results at this level, for R2HC evidence reviews.
Step 6 in ToC diagram: Improved policy and programming leads to better outcomes for people affected by crisis.	Improvements to policy and programming are well and consistently implemented. These improvements are taken up more widely across the sector.	It is not possible for the current evaluation to determine results at this level, for R2HC evidence reviews.

Mechanism 2: Funded research influences policy and practice (see numbers 2,3,5,6 in ToC diagram)	Assumptions	Evaluation section
Step 2 in ToC diagram: Funded and supported research partnerships produce quality, operationally relevant evidence products that meet key needs. *This pathway/mechanism represents the bulk of R2HC work.*	Calls are designed in such a way as to attract relevant research that responds to the most important humanitarian gaps and the needs of the most important humanitarian actors, including local actors. Selection of successful projects prioritises those that are meeting the most important needs. Supported partnerships between researchers and operational actors in the Global North and in the Global South are effective and truly collaborative. Difficult operating environments do not make it difficult to produce high-quality robust research. There is no clash between academic robustness and operational relevance. These assumptions concern the design of research calls; the balance between open and thematic calls; the governance of the selection process; and the criteria for selection of successful projects. They also concern the mutuality of partnerships supported.	Section 1.2 considers whether R2HC has responded to the right evidence gaps; the core elements of R2HC's approach to designing research calls and selecting research projects; and the types of partners that deliver them. Section 1.3 considers R2HC's contribution to producing quality evidence in humanitarian settings. Section 2 considers the extent to which sampled or previously evaluated funded projects have produced relevant and high-quality research and have been mutual and collaborative.
Step 3 in ToC diagram: Humanitarian actors engage with the research findings.	Funded research projects identify and engage stakeholders appropriately and disseminate and communicate research in the right formats for key audiences. Collaboration between research and humanitarian actors leads to more engagement with findings by operational actors (this was an early assumption of R2HC); R2HC research uptake and impact support to projects leads to more attention to uptake and more engagement with findings by humanitarian actors.	Section 1.2 considers the effectiveness of R2HC research uptake support. Section 2 considers the extent to which sampled or previously evaluated funded projects have achieved the engagement of key humanitarian audiences.
Step 5 in ToC diagram: Humanitarian actors use the findings to improve policy and programming.	There is sufficient evidence to inform decision-making. A single study will often not be enough to change decisions. Humanitarian actors have the capacities, opportunities and motivations to use research evidence. Lack of funds, political will or organisational commitment do not prevent its use.	Section 1.2 considers some cumulative impacts of R2HC research on policy and programming.
Step 6 in ToC diagram: Improved policy and programming leads to better outcomes for people affected by crisis. Improvements for research communities may also	Improvements to policy and programming are well and consistently implemented. These improvements are taken up more widely across the sector.	It is difficult for the evaluation to ascertain results at this level.

happen as a direct result of projects.	At the project level, more participation of communities in research helps achieve impacts at the community level.	Section 1.2 considers some cumulative research impacts of R2HC MHPSS research. Section 2 considers the results for research communities of individual sampled or previously evaluated projects and also asks if they have used local knowledge and engaged communities in the research process.
Mechanism 3: Strategic engagement strengthens evidence use, and demand for evidence, in the humanitarian sector (see 3,4,6,7 in ToC diagram)	**Assumptions**	**Evaluation section**
Step 3 in ToC diagram: Strategic engagement events and communication tools raise awareness of the importance of research gaps and available research, including R2HC research.	The right actors and entry points are targeted to raise awareness of R2HC's work.	Section 1.3 discusses the results of R2HC strategic engagement.
Step 4 in ToC diagram: More humanitarian actors focus on the importance of evidence use and build capacities to demand, engage with and use research (including R2HC and other research).	Humanitarian actors have the capacities, opportunities and motivations to demand, engage with and use research. Lack of funds, political will or organisational commitment do not prevent this.	Section 3 considers whether there is more humanitarian interest and investment in research evidence as a result of R2HC's work.
Steps 6 and 7 in ToC diagram: Improved policy and programming leads to better outcomes for people affected by crisis.	Improvements to policy and programming are well and consistently implemented. These improvements are taken up more widely across the sector.	It is not possible for the evaluation to determine results at this level for R2HC strategic engagement.

Note: Numbers relate to the numbered stages of the R2HC ToC diagram in Figure 4.

1.2 HAVE THE OUTPUT AREAS AND EXPECTED MECHANISMS OF CHANGE IN THE THEORY OF CHANGE BEEN MET BY R2HC'S OVERALL APPROACH AND ARE THEY STILL APPROPRIATE? ARE THE ASSUMPTIONS IN THE R2HC THEORY OF CHANGE CORRECT AND STILL RELEVANT?

This section considers whether R2HC's management and overall approach has worked to deliver the first two mechanisms of change expected in the Theory of Change, and whether these approaches are still appropriate. The third mechanism is considered in question 1.3.

1.2.1 MECHANISM 1: IDENTIFICATION AND PRIORITISATION OF RESEARCH GAPS LEADS TO MORE TARGETED RESEARCH

R2HC began its existence by reviewing the evidence. It commissioned the London School of Hygiene and Tropical Medicine (LSHTM) to conduct a review of the evidence base – and the gaps in evidence – informing global public health programming in humanitarian crises.[9] This review was published in 2015, as the first R2HC Humanitarian Health Evidence Review (HHER),[10] and four additional papers were produced on the evidence for interventions to address injury and rehabilitation,[11] sexual and reproductive health (SRH),[12] non-communicable diseases (NCDS)[13] and water, sanitation and hygiene (WASH) interventions.[14] The second HHER was published in 2021, conducted by Johns Hopkins University.[15] All these reviews have identified huge evidence gaps.

As well as these large-scale reviews, R2HC has conducted more concerted work on research priority setting in specific sectors, working with established communities of practice. This responds to the problem that, as one respondent told us, sometimes the gaps identified in evidence reviews can be so broad that it is difficult to understand how a research agenda could be operationalised on their basis.[16] Examples include a research prioritisation exercise on MHPSS in humanitarian settings that built on a previous review of evidence gaps and looked at research priorities for the next 10 years.[17] The recently launched R2HC WASH research priority setting, is another recent example that was greatly valued by three respondents.[18]

Two respondents noted that the approaches used for the research priority were important,[19] and that, when only academic databases were used, or questions were defined too narrowly, reviews

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[9] Blanchet, K. and Roberts, B. (2013) *An Evidence Review of Research on Health Interventions in Humanitarian Crises.* London: LSHTM.

[10] LSHTM (2015) An Evidence Review of Research on Health Interventions in Humanitarian Crises. London: LSHTM; Blanchet, K. et al. (2017) 'Evidence on Public Health Interventions in Humanitarian Crises'. *The Lancet* 390(10109): 2287–2296.

[11] Smith, J. et al. (2015) 'A Systematic Literature Review of the Quality of Evidence for Injury and Rehabilitation Interventions in Humanitarian Crises'. *International Journal of Public Health* 60(7): 865–872.

[12] Warren, E. et al. (2013) 'Systematic Review of the Evidence on the Effectiveness of Sexual and Reproductive Health Interventions in Humanitarian Crises'. *BMJ Open* 2015(5): e008226.

[13] Ruby, A. et al. (2015) 'The Effectiveness of Interventions for Non-Communicable Diseases in Humanitarian Crises: A Systematic Review'. *PLoS ONE* 10(9): e0138303.

[14] Ramesh, A. et al. (2015) 'Evidence on the Effectiveness of Water, Sanitation, and Hygiene (WASH) Interventions on Health Outcomes in Humanitarian Crises: A Systematic Review'. *PLoS ONE* 10(9): e0124688.

[15] Doocy, S. et al. (2022) 'An Evidence Review of Research on Health Interventions in Humanitarian Crises: 2021 Update'. London: Elrha.

[16] Interviewee 63

[17] Tol, W. et al. (2023) 'Mental Health and Psychosocial Support in Humanitarian Settings: Research Priorities for 2021–30'. *The Lancet Global Health* 11(6): e969-e975.

[18] Interviewees 63, 66, 97; D'Mello-Guyett, L. (2023) 'Water, Sanitation and Hygiene in Humanitarian Crises: Setting the Research Agenda up to 2030'. London: Elrha.

[19] These respondents praised the Child Health and Nutrition Research Initiative (CHNRI) method – used in R2HC's 2023 WASH prioritisation

could yield very little existing literature.[20] One respondent from a country affected by conflict noted that, while priority settings were very useful, they were so broad it was sometimes impossible to see the relevance to the local context. Sometimes, the evidence gaps that are important in a particular context are differently configured to the global evidence gaps. This respondent suggested that gap analyses for particular crises or regions be conducted.[21] This was echoed by other respondents, who suggested that R2HC could convene donors and government actors in regions and countries affected by crisis to better understand evidence gaps in specific crises.[22] R2HC has conducted dialogues with field-level WASH and nutrition researchers for the purpose of better understanding research needs, and although these dialogues were not crisis-specific reviews, they did lead to more significant pieces of work. Two respondents noted that climate change and health should be further investigated as an area in which there were important evidence gaps.[23]

It is important to note that, for the results chain in this strand of the ToC to work, prioritised evidence gaps need to be matched with funding of research. Even with thematic calls, it is impossible for R2HC to fill these prioritised gaps by itself. Therefore, the prioritisation exercises will require continued consultation and coordination with potential funders and users of research, to maximise contributions to filling these gaps. This will help clarify roles, make it clear to researchers which funders are the most appropriate for which research questions and avoid duplication. Three respondents from different sectors – WASH, nutrition and MHPSS – suggested that R2HC could play a useful convening role in this respect and would be well positioned to do so.[24]

1.2.2   MECHANISM 2: FUNDED RESEARCH INFLUENCES POLICY AND PRACTICE

This mechanism relies on the selection and funding of research partnerships to produce robust findings relevant to humanitarian stakeholders, which will then be put into use to improve policies and programmes. This section considers how R2HC management and overall approaches have supported this mechanism, and whether these approaches are still appropriate.

R2HC's main contribution here is through the successful delivery of a portfolio of research grants, delivered through partnerships. At the time of conducting the evaluation, R2HC had 109 research projects in its portfolio, of which 67 were closed, 29 were open and 13 were pre-award. R2HC has certainly been able to produce robust evidence on and in humanitarian settings despite the difficult operational contexts that these represent for research. At the time of writing, R2HC grantees had produced 185 peer-reviewed publications – an average of 20.5 per year of full implementation and at least 1.9 per project (including closed and open projects).[25] Findings in Section 2 on the results of R2HC projects (below) go into much more detail on the extent to which evaluated and reviewed projects have contributed to influencing policy and practice.

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[20] Interviewees 6, 28
[21] Interviewee 2
[22] Interviewee 41
[23] Interviewees 28, 56
[24] Interviewees 28, 50, 63
[25] R2HC Annual Report 2022: Annex E.

A number of our respondents pointed out that, such is the scale of the gaps identified in R2HC evidence reviews, it is clear R2HC cannot fill these by itself.[26] As an academic from an LMIC background said, '*I think R2HC should work with other funders to clearly map and identify who is doing what in filling the evidence gaps.*'[27] This is already recognised by Elrha, which has begun to identify who is funding humanitarian evidence through its Global Prioritisation Exercise.

As Figure 5 shows, the portfolio has a very broad spread of themes, with some clusters of projects in MHPSS, COVID-19 and Ebola, and a smaller cluster for SRH. The Ebola and COVID-19 clusters are the result of targeted calls.

## Figure 5: Total R2HC grantees by theme
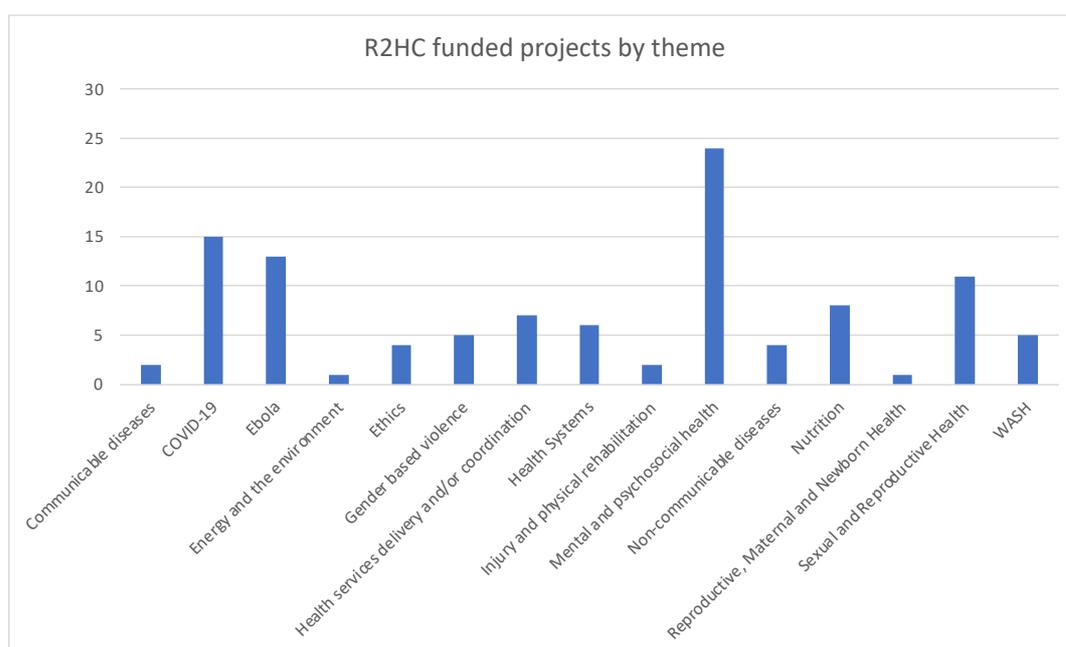
Table 7: Total R2HC grantees per region of focus

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

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[26] Interviewee 104
[27] Interviewee 50

OPEN AND THEMATIC CALL

R2HC has conducted a mixture of open annual calls and responsive, thematic calls. Open annual calls have been a key part of R2HC's work since its inception. There have been eight such open calls, in which proposals can include any research subject relevant to humanitarian health. Meanwhile, since the Ebola research call in 2014, R2HC has had a number of thematic calls to respond rapidly to emerging humanitarian crises (Ebola in West Africa; Ebola in Eastern DRC; COVID-19; Food and Nutrition Crises).

Of the interviewees (n=29) who expressed a view on the value of open versus thematic calls, just over half (n=17) felt that R2HC should continue with both.[28] The balance (n=12) expressed a preference for primarily thematic calls.[29] In many cases, it was felt that thematic calls should be based on consultations with potential users, to ensure relevance. There is a general risk with open calls, noted by one researcher respondent, that they depend on the interests and capacities of those who approve funding and this may lead to further neglect of neglected diseases and conditions.[30] However, the Funding Committee selection process, outlined below, aims to reduce such risk, and this has not been observed in patterns of R2HC funding. Two respondents felt that more thematic calls were probably needed to address the needs of operational actors, to allow operational actors to say to the research community, 'This is what we need.'[31] This would help address gaps that are not being filled, according to some respondents, such as vector control or SRH in humanitarian settings.[32]

Many respondents did emphasise the importance of open calls. The benefit of this investigator-led approach is that it allows humanitarian researchers and practitioners to let R2HC know what issues are important for research. As one government global health research funder put it, '*The R2HC annual calls are valuable as they open the field and give new entrants an opportunity to apply for humanitarian research funding in partnerships with civil society organisations in relevant subject areas.*'[33] The annual calls are hugely important to researchers and practitioners, some of whom said they relied on these calls,[34] often using them to apply to fund important areas of research that they would not otherwise be able to fund, because they would have to wait until a funder request for proposals came along into which the research idea would fit thematically – which might well not happen.[35] Another benefit of the open calls, according to one respondent, is that they help boost the competitiveness of the calls, bringing a wider range of proposals from a wider range of providers than might be the case in thematic calls, which might attract many of the 'usual suspects' in that thematic area.[36]

Therefore, our respondents did encourage R2HC to vary its approaches to calls, but they also indicated that there was a balance to be struck and that there was a potential risk that through thematic calls R2HC could become a vehicle to respond to the thematic priorities of its donors, which should be avoided.[37]

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[28] Interviewees 2, 19, 23, 28, 35, 42, 49, 52, 57, 59, 67, 71, 77, 86, 101, 104, 110
[29] Interviewees 3, 6, 18, 20, 21, 29, 68, 73, 78, 91, 109, 134
[30] Interviewee 135
[31] Interviewees 32 and 84
[32] Interviewee 84
[33] Interviewee 49
[34] Interviewee 100
[35] Interviewee 100
[36] Interviewee 49
[37] Interviewee 49

THE FUNDING COMMITTEE AND ADVISORY GROUP

Two governance structures play a critical role in determining the direction of R2HC – the Advisory Group, which provides guidance on R2HC priorities and future strategic directions, and the Funding Committee, which selects successful projects with the help of external specialist reviewers. Both have been populated over time by very senior and respected global public health academics and humanitarian professionals.

The Advisory Group was set up in 2018 to ensure the programme was steered by an independent body and included some people who had previously been on the Funding Committee. While the group has a number of extremely senior members, this does have the disadvantage that these representatives are hard to convene rapidly during emergencies, given their direct involvement in humanitarian response.

The role played by the Funding Committee in selecting successful projects does mean it has a particular sway over R2HC's work, as noted in previous evaluations:

> 'The crucial role of the 14-member Funding Committee in ensuring quality at the selection stage, means that R2HC relies heavily on maintaining the right combination of expertise on the Funding Committee. The Funding Committee has played a critical role in forming R2HC as a programme, and members have given time and commitment above and beyond the traditional requirements of such committees. As such, the Funding Committee and its expertise is certainly one of the main "active ingredients" of the R2HC model.'[38]

It is important to consider what perspectives the current Advisory Group and Funding Committee are bringing to the organisation. Both are currently dominated by representatives of UK and US universities – who make up 4 of the 9 Advisory Group members and 6 of 11 Funding Committee members. On the Advisory Group there are also two representatives of operational humanitarian organisations – one from the World Health Organization (WHO) and one from the International Committee of the Red Cross (ICRC). There is also one independent advisor based in an HIC and one observer from a UK donor. In addition to the six academic representatives, the Funding Committee currently has one operational representative from Médecins Sans Frontières (MSF); one independent consultant who previously worked for WHO and a major humanitarian INGO; and a US public health agency representative.

There is a drive to include more LMIC members on the Funding Committee and on the Advisory Group in order to reflect the expertise of humanitarian and research experts from regions and countries affected by crises.[39] Currently, only one of the nine Advisory Group members is based in an LMIC – in a development organisation. Of the 11 Funding Committee members, 2 are based in LMIC universities (the American University of Beirut and Makerere University). One respondent said the Funding Committee in particular needs more diversity.[40] R2HC's governance structures are also dominated by academics. Although this was not a common view, one respondent felt that the culture of R2HC was therefore similarly dominated by academics, saying the organisation was 'trapped in a culture of academia.' Overall, however, the Funding Committee in particular was singled out as a significant asset by four HIC academic, policy and donor organisations respondents.[41] Two of our respondents described the composition of the Funding Committee as 'somewhat unique,' given its combination of high-calibre

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[38] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.
[39] R2HC internal slides: 'Learning about LMIC Grants'.
[40] Interviewee 35
[41] Interviewees 23, 49, 84, 104

academic and operational representatives, which distinguishes it from many similar research funding committees.[42] In two cases of interviews with stakeholders who were not familiar with R2HC, sharing the current Funding Committee composition revealed that these respondents were familiar with and respected its members. R2HC's governance structures also represent significant value for money (VfM) as we discuss in the findings in Section 2 below.

THE GRANT SELECTION PROCESS

The appropriate selection of projects that will meet the most important needs is a key assumption identified in Mechanism 2 of the ToC. R2HC has a two-stage selection process for potential grantees. This involves a preliminary review of eligibility followed by shortlisting by the Funding Committee, together with inputs from specialist technical reviewers. Shortlisted projects are then given time, and in some cases seed funding of £10,000, to develop full proposals. These are then considered again by the Funding Committee, as well as external specialist reviewers. R2HC's seed funding model was highlighted as a positive case study in a 2022 Good Practice Document, 'Four Approaches to Supporting Equitable Research Partnerships.'[43] Two of our key informants were very positive about the provision of seed funding.[44]

In selecting successful projects, R2HC has used five criteria:

1. **Likely impact**
2. **Robustness of the methodology**
3. **Feasibility of the research**
4. **Value for money**
5. **Strength of partnerships**

Up to Call 8, these five criteria were weighted equally (each making up 20% of the overall score). In Call 8, the impact and methodology criteria were weighted more heavily, at 28.5% each. In Call 9, the impact criterion was weighted most heavily, at 37.5%, followed by methodology at 25%; the remaining three criteria were weighted equally.[45] All these criteria are reviewed by the Funding Committee and technical reviewers review methods and impact.

We sent a survey to 86 principal investigators or co-investigators of projects that were shortlisted but not selected.[46] We received 15 responses, or an overall very low response rate of 17%. Respondents had received several types of support – webinars, seed funding and *ad hoc* support – and were broadly satisfied with what they had received. Some respondents said they found seed funding *'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 they received seed funding and then were unsuccessful. They felt that the feedback did not explain why their proposal had not been funded. There were also mixed views on the adequacy of feedback received on unsuccessful proposals, with only 3 of 15 respondents saying it was clear and helpful. One applicant said comments on the unsuccessful proposal could have been acted on had they come at an earlier stage. Since 2018, all feedback received from technical reviewers has been given to applicants at the rebuttal phase.

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[42] Interviewees 49, 50

[43] Aslanyan, G. et al. (2022) 'Four Approaches to Supporting Equitable Research Partnerships'. Good Practice Document. London: UKCDR and ESSENCE.

[44] Interviewees 13, 107

[45] Information shared by R2HC by email.

[46] In the 2022 Current or Anticipated Crises Call, the 2022 Health System Strengthening Call and the open calls in 2020, 2019 and 2018.

THE DURATION OF GRANTS

Mechanism 2 in the ToC assumes that grants are able to be fully implemented, including the appropriate dissemination and communication of findings and the promotion of uptake. It is important to note that the length of R2HC grants is currently constrained by donor funding windows. A number of KIs (15) raised concerns that R2HC grants were too short.[47] These interviewees included researchers, donors and others familiar with the work of R2HC (interviewees employed by R2HC are not included here). The duration of open call grants has risen over the years, from 24 months to 36 months to 48 months by call 7. One research forum participant surveyed suggested that they *'should be more flexible with the duration of the projects – for some projects longer follow up may be needed*.' Some respondents in a recent review of R2HC rapid research calls, which are even shorter in duration, also indicated that responsive grants were too short.[48] Three of our interviewees said that one important result of tight timeframes was the resulting foreshortened planning time in order to get the research underway. This limits local engagement in the planning, and it was felt this limits utility.[49] One suggestion was that longer grants could allow some capacity-strengthening by permitting support to a PhD or Master's student as part of the programme, or to support a fellowship and potentially a network of fellows.[50] Seven interviewees noted that the time was too short to be thorough in the research.[51] Among these, two respondents felt there was a need to consider whether it was better to have a few longer grants.[52] Striking the balance between adequate duration of grants and the need to generate findings in time to achieve impacts is a formidable challenge for R2HC. Responsive grants in particular may need to focus more on timeliness of findings.

R2HC WORK ON RESEARCH UPTAKE AND IMPACT

A critical assumption at the beginning of R2HC was that the unique criteria for R2HC funding, which required a partnership between researchers and an implementing organisation, would result in the operational actors in the partnership engaging more with the research findings. However, consultations undertaken with grantees revealed that *'Grantees are generally not equipped'* to undertake uptake work *'to expected standards without support.'*[53] The Research Impact Toolkit (RIT), adapted from the Research and Policy in Development (RAPID) Outcome Mapping Approach (ROMA) tool by consultants from the then Overseas Development Institute (now just ODI), was developed for R2HC in 2018, and R2HC has been offering various forms of research uptake and impact support to grantees ever since, led by a dedicated Senior Research Impact Advisor hired in 2019. In 2020, the RIT was converted into a short series of online courses and tailored webinars available for grantees. The online materials have reportedly generated interest outside R2HC, for example in Deakin University's Centre for Humanitarian Leadership; they were also repurposed by the reproductive health INGO Ipas for its own staff training. In 2022, seven RIT workshops and three peer learning webinars were held with the aim of improving research impact skills. Grantees are encouraged to complete stakeholder engagement strategies, with good rates of completion reported in annual reports.

[47] Interviewees 3, 13, 19, 23, 35, 49, 51, 56, 61, 63, 95, 100, 101, 104, 119
[48] Ravenstone Consult (2021) 'R2HC Evaluation of Responsive Research Mechanism: Final Report'.
[49] Interviewees 51, 63, 104
[50] Interviewees 49, 51
[51] Interviewees 13, 56,61, 95, 100, 101, 119
[52] Interviewees 95, 56
[53] R2HC 2018 Annual Report.

We received 15 survey responses from R2HC grantees who had received various types of R2HC research uptake and impact support. All respondents rated the support as useful or very useful. Most who answered also reported that it had made a 'significant difference' (50%, or seven respondents) or 'some difference' (36%, or five respondents), with two respondents saying it had made no difference to their work. Some 73% (11 respondents) had completed a stakeholder engagement plan as a result of the support they had received.

Some survey respondents were very positive about the support: '*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.*'[54] One respondent recommended building the uptake and impact support more into the grant application process and very early stages of grants. Another respondent recommended that a conference bringing together grantees and sub-grantees be held on these issues, leading to a supplement in a journal. Two KIs also believed that the R2HC offer on research uptake, and its work on the 'full research cycle' from design to use, was part of the added value of R2HC as a funder and part of its unique selling point.[55]

Some respondents did suggest that R2HC could do more work to present and communicate R2HC-funded findings in ways that would promote their uptake. As one KI noted:

> '*People in the field are beyond busy and are drowning in emails. How can you make the research more accessible to them? More synthesis and brokering of the findings would be good. R2HC could provide compilations of evidence findings, putting them in their context, with links to drill down into individual studies.*'[56]

As well as promoting the uptake and impact of research across its own portfolio, R2HC has contributed to efforts to promote learning about research uptake in the humanitarian sector more broadly. The Senior Research Impact Advisor convenes an informal network of staff working on research or research-brokering and impact within key humanitarian INGOs. This network met monthly online during COVID-19 as the participants were grappling with the additional demands for evidence that were associated with the pandemic and is now meeting less regularly. R2HC also commissioned a learning paper, which included a well-attended workshop, on the barriers and pathways to uptake of research in the humanitarian sector in 2021.[57]

One of the findings from our RQ+ assessments and from previous evaluations is that research uptake can take time and opportunities to promote uptake can be lost after project contracts have concluded. In 2023, R2HC responded to this challenge by launching an Uptake and Impact of Small Grants call, providing grants for activities to enable humanitarian actors to understand, take up and apply existing research findings from R2HC-funded studies.[58] The process of awarding grants had not been completed at the time of writing but 7 grants of between £25,000 and £42,000 had made the final list, out of a total of 16 applications.

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[54] Survey Monkey research uptake and impact support respondents

[55] Interviewees 91, 114

[56] Interviewee 52

[57] Carden, F. et al. (2021) 'From Knowing to Doing: Evidence Use in the Humanitarian Sector'. London: Elrha.

[58] R2HC (2023) Call for Proposals: Uptake and Impact Small Grants.

LOCALISATION, PARTICIPATION AND LEADERSHIP OF LMIC RESEARCHERS AND ORGANISATIONS

> *'The question is not "If to localise?" but rather "How to localise?"'*[59]

This section concerns key assumptions on which the core mechanism in R2HC's current ToC rests – namely, that research responds to local needs and that it is produced in an equitable way. When R2HC was first established, its primary focus was on the delivery of robust, generalisable findings. More of a focus on context specific evidence has developed over time. The extent to which R2HC promotes LMIC participation and leadership in delivering projects is also one of the most important issues in considering whether the R2HC model is still appropriate and whether it is aligned with the key humanitarian agendas that have become much more prominent over R2HC's lifetime.

R2HC was not set up to build capacity or specifically to fund LMIC research. But in 2013 the humanitarian sector began increasingly to prioritise localisation – or the increasing access by local actors to humanitarian funding, coordination, and decision-making mechanisms. Localisation became a formal part of the mainstream humanitarian reform agenda as part of the Grand Bargain that emerged from the World Humanitarian Summit (WHS) in 2016. Calls to decolonise health research funding specifically have grown since the COVID-19 pandemic.[60] Humanitarian settings and emergencies can cause particular frustration for LMIC research institutions in their relationships with researchers from HICs. A previous evaluation noted that, 'Crises can sometimes lead to a rush of Northern institutions seeking partnerships with the most reputable local research institutions, and unless they are equitable partnerships, they can cause disproportionate transaction costs for under-resourced institutions.'[61] As one paper has put it:

> *'Middle East partners become facilitators and executers. Regional academics are typically relegated to the roles of securing institutional review board approvals and local permissions, accessing survey populations, data collection, and translation, and are marginalised from contributing to the interpretation of findings, write-up, and academic authorship.'*[62]

Arguably, the localisation agenda means that partnerships led by HIC organisations in countries and regions affected by crises cannot be equitable if they do not also build some sustainable capacities for local organisations. Although capacity building was not one of the objectives of the programme when it was first established, early evaluations indicated that capacity-building was happening at the project level, 'sometimes quite intensively.'[63] This has been confirmed in our evaluation, which shows many capacity-building impacts in the RQ+ assessments.

R2HC's own commissioned work has found that many humanitarian health actors believe the involvement of researchers from LMICs in designing, leading and communicating humanitarian research makes it more relevant to the evidence needs of affected communities, local organisations, and governments, and therefore better positioned for uptake. One of our KIs, a

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[59] Gibbons, P. and Otieku-Boadu, C. (2021) 'The Question Is Not "If to Localise?" but Rather "How to Localise?": Perspectives from Irish Humanitarian INGOs'. *Frontiers in Political Science* 3.

[60] Ashuntantang, G. et al. (2021) 'Reform of Research Funding Processes Could Pave the Way for Progress in Global Health'. *The Lancet Global Health* 9(8): e1053–e1054.

[61] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. (2018) *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

[62] Sibai, A. et al. 'North–South Inequities in Research Collaboration in Humanitarian and Conflict Contexts'. *The Lancet* (British edition) 394.(10209 (2019): 1597–1600.

[63] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. (2018) *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

senior humanitarian funder of research, echoed this: '*Some of our best research has been conducted by West African Universities – we feel that there was just more buy-in from communities and local authorities.*'[64]

Progress towards localisation in humanitarian research generally has been halting.[65] Our respondents reported that many other humanitarian research funders were also struggling to do well in promoting LMIC-led research. As one senior donor representative put it, '*It's a challenge for all of us.*[66] Several respondents who work with funding organisations echoed this sentiment.[67] R2HC is also credited with doing better than many donors and with having increased the diversity of the proposals it elicits over the past 10 years.[68]

Nonetheless, R2HC has still overwhelmingly funded partnerships led by HIC organisations. Figure 6 presents the breakdown of allocated awards. We have included a separate category for INGO leads because the country or regional office of an INGO that is headquartered in an HIC is not regarded an LMIC institution. This is because strategic decision-making and accountability are often oriented towards the headquarters.

Figure 6: Funded projects by location of the principal investigator's organisation, by call
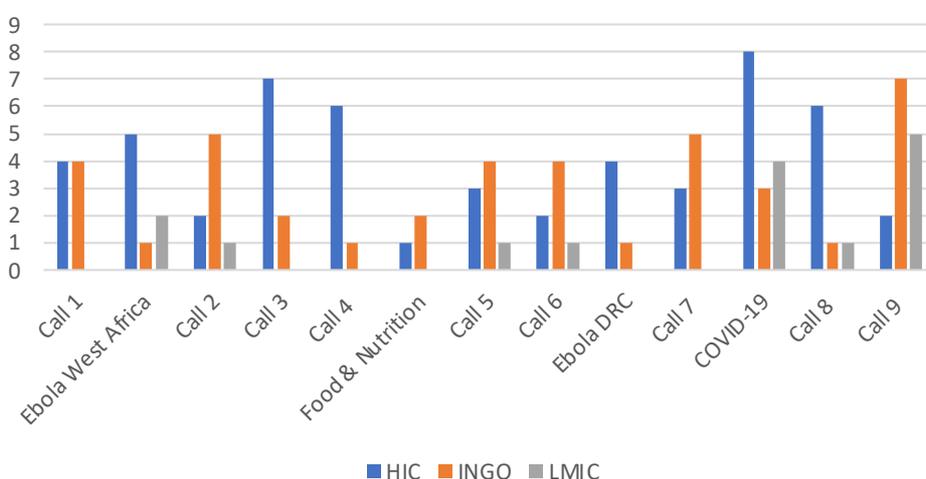
Overall, 15 (14%) out of the 109 projects that had been contracted at the time of writing of the evaluation are led by LMIC institutions, rather than by HIC institutions or INGOs.

R2HC peer-reviewed publications have also overwhelmingly had lead authors based in HIC organisations. Of the 152 peer-reviewed publications completed at the time of the 2022 Annual Report, only 16 (11%) had lead authors based in LMIC organisations. These organisations were also among the strongest LMIC universities, with four lead authors from the American University of Beirut, four from Makerere University in Uganda and one from the Institut Pasteur de Dakar. When 2023 peer-reviewed publications are added, this figure jumps to 24 (13% of what is by now 185 articles), meaning that a third of R2HC's LMIC lead-authored peer-reviewed publications have been published in the first eight months of 2023. The dominance of HIC lead authors in academic publications on humanitarian issues is not a problem confined to R2HC-funded research. But, even with the higher percentage that has been reached in the most recent year, this level of LMIC lead authorship is well below the level of LMIC lead authorship in the studies

[64] Interviewee 28
[65] Van Duijn, L. and Hilhorst, T. (2019) 'What Has Happened with the Academic Commitments at the WHS'. ALNAP blog, 29 May.
[66] Interviewee 21
[67] Interviewees 23, 61, 87
[68] Interviewees 6, 97

reviewed in R2HC's second HHER, in which 33% (88 of 269 articles) had a lead author affiliated to an LMIC institution.

Figure 7 shows the number of expressions of interest from LMIC applicants over the main annual calls.

Figure 7: R2HC expressions of interest received, by lead organisation location
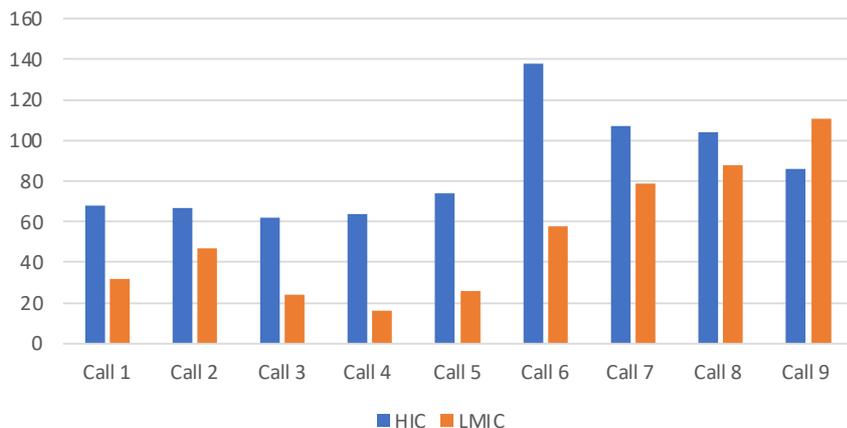
Source: R2HC internal slides: 'Learning about LMIC Grants'.

R2HC conducted internal analysis of the 2020 COVID-19 call grants to investigate the reasons LMIC applicants were not receiving funding. Though all proposals had limitations, HIC applicants were often weaker when it came to demonstrating likely impact on the humanitarian setting or community (50% vs 0% of LMIC applicants); an understanding of the context and its challenges (38% vs 0%); and processes for in-country ethics approval and engaging with the community.[69] LMIC applicants, on the other hand, often presented over-ambitious data collection and scope (31% vs 0% of HIC applicants); too long a study period (50% vs 19%); insufficient elaboration of research ethics (65% vs 38%); unclear demonstration of PI experience in the proposed method (27% vs 0%); a high budget (35% vs 19%); and costings that did not reflect the actual workload (23% vs 8%).[70] R2HC internal analysis is to be credited for asking challenging questions about these criteria from the perspective of LMIC applicants, considering for example that it may be harder for an LMIC PI to demonstrate experience in the form of peer-reviewed publications, or that those appraising funding applications may overlook unpublished background or contextual knowledge. R2HC has also noted in these analyses that weak methods sections could be strengthened with additional support, although the provision of this kind of support is currently out of scope for R2HC.

Since 2013, R2HC has been on a journey to modify its approach to increase LMIC participation and leadership, within the confines of the mandate donors have given it. In its early days in 2016, R2HC convened a research forum in Jordan, bringing together LMIC researchers and practitioners from the region to explore evidence gaps and encourage application to the upcoming research call. R2HC explored with donors the possibility of a proportion of the allocated budget being earmarked for research teams from the region, but at that time this was not permitted, and the possibility has not been explored since. The 2016 Annual Report noted that, as R2HC became more known by HIC institutions and more of them applied, LMIC applicants

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[69] The proportions were missing for this last criterion in the R2HC slides.
[70] R2HC internal slides: 'Learning about LMIC Grants'.

were increasingly unable to compete. R2HC noted this risk –, 'The fact that R2HC is raising expectations amongst southern institutions that are unlikely to be met is a reputational risk.'[71] The 2017 report reflected that the emphasis on supporting the 'highest quality of research proposals restricts the diversity of successful applicants, particularly away from southern research institutions.'[72]

In 2017, R2HC decided to focus on encouraging more equitable partnerships between HIC and LMIC researchers within projects and in 2018 (in Call 6) it became a requirement for all R2HC applicants to the annual calls to include an LMIC research partner. In 2019, R2HC published a partnership review that looked primarily at research–operational partnerships but also at HIC–LMIC partnerships, and found that 'Fair and equitable partnerships do not materialise without consciousness and intent.'[73] Our findings on the results of research projects in Section 2 below do reveal some excellent examples of equitable, mutual and respectful partnerships, as well as some examples where local research partners did not consider partnerships to be equitable. One senior academic KI based in an LMIC institution emphasised that promoting equitable partnerships did not resolve the dominance of HIC researchers, because '*Savvy academics are very good at making the team look equitable but [it] may not be equitable in practice*.'[74]

In 2021 and 2022, R2HC reflected more deeply on making further modifications to encourage more successful LMIC-led projects. This reflection was informed by the above-mentioned analysis of applications and associated follow-on work to review its portfolio through a decolonisation lens. The most recent 2022 Current or Anticipated Crises and Health Systems Strengthening calls specifically encouraged LMIC-led proposals. Further, to emphasise the critical role of contextual knowledge in the call documents and requirements, 'contextual technical reviewers' from the relevant contexts were engaged, with 74% of proposals being reviewed by at least one contextual reviewer. These changes were documented in blogs.[75] As Figures 6 and 7 above show, these modifications yielded significant changes, with LMIC-led applications rising to just over 50% for the first time, and with 5 of 13 contracted studies in this call being LMIC-led.

Although there was recognition that R2HC is making concerted efforts to localise, the dominance of HIC-led projects has not gone unnoticed by KIs. One academic interviewee based in an LMIC said, '*There is an impression that it's a lot of Northern Universities and INGOs who are getting the funding.*' They went on to say, '*It's hard [for LMIC applicants] to compete with British institutions who spend most of their time on research.*' A senior humanitarian health practitioner told us, '*It's good to see that the list of names [of research institutions delivering R2HC work] is expanding, but it needs to expand more. Some funders we work with insist that all research goes through national universities [in countries and regions affected by crises].*'[76] In a similar vein, a public health researcher and practitioner from an LMIC background acknowledged that R2HC had thought a lot about how to promote more LMIC-led research, and expressed hope that this would continue: '*I do hope they keep up the progress and reflection they've started [on how to promote more LMIC-led research].*'[77] Several of our survey respondents also expressed a hope that R2HC

[71] R2HC Annual Report 2016.
[72] R2HC Annual Report 2017.
[73] Bingley. K. (2019). 'Partnerships Review: Research for Health in Humanitarian Crises'. London: Elhra.
[74] Interviewee 2
[75] Pickard, S. (2023) 'Shifting the Power: Increasing Global South Leadership within Grants We Fund'. Elhra blog, 4 April.
[76] Interviewee 52
[77] Interviewee 48

would '*continue to pursue efforts to support research led by teams based in affected countries/regions*' and to increase '*input from local researchers.*'[78]

What was overwhelmingly clear from our interviews was that, in order to continue to improve the diversity of grantees, R2HC will need to include diversity as an objective and to modify the grant calls further to meet this objective. As one senior LMIC-based academic put it, '*If researchers from LMICs countries and communities affected by crisis are competing on the same playground with researchers from British or American or European institutions in most cases that's practically a no go [for those LMIC researchers].*'[79] Similarly, a government global health research funder told us:

> '*R2HC could do more to increase the number of successful applications led by people in low- and middle-income countries, perhaps the Secretariat working with the scientific committee. Recognising R2HC has not primarily been a capacity-strengthening scheme, now with the maturity of the programme there could be the opportunity to do more.*'[80]

A funder of international health research pointed out that there was a lot of flexibility within grant-making to support and encourage specific researchers:

> '*You have to target and amend your grants. There is a lot you can do with grant-making. We have every type of call. The easiest way [to build local capacity] is to have a closed call that is only for principal investigators and lead organisations from a given country or region… If you do want to build capacity, you can't have open calls and then just expect the right people to walk through the door.*'[81]

KIs had different perspectives regarding how best to modify calls in order to most effectively achieve better representation of LMIC researchers. Some suggestions included mapping and engaging with LMIC research institutions to encourage their participation. A public health researcher and practitioner from an LMIC background suggested, '*They should have a better understanding of the research architecture in the countries where they work often.*'[82] This echoes a similar suggestion in a 2018 evaluation of R2HC, which suggested building an 'understanding of the national research systems of the countries.'[83] Some organisations that fund research, such as the Children's Investment Fund Foundation, have localisation strategies that have involved mapping organisations with the capacity to conduct research, and sharing RFPs with those organisations.

Other ideas concerned the selection of grants, with one epidemiologist and humanitarian practitioner familiar with R2HC suggesting

> '*Where you have a really good proposal and you can see the pathway to impact but the methodology is weak, I wonder if there's a way to help that proposal to improve the methodology between the expression of interest and the full proposal, perhaps through offering a panel of R2HC advisers.* [84]

[78] Quotes from two separate Research Forum participants in Survey Monkey responses
[79] Interviewee 64
[80] Interviewee 49
[81] Interviewee 68
[82] Interviewee 48
[83] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. (2018) *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.
[84] Interviewee 104; this is also indicated in R2HC internal slides: 'Learning about LMIC Grants'.

R2HC has already offered seed funding to applicants in annual calls to strengthen their partnerships between the expression of interest and the full proposal. This mechanism could perhaps be expanded by offering a panel of R2HC advisers to provide methodological support.

The duration of grants was also seen as important for LMIC institutions. It is noteworthy that LMIC applicants tended to put in longer research proposals for the COVID-19 research call. A couple of our respondents noted that, if the duration of grants was long enough to support MSc or even PhD completion[85] for some researchers, this would maximise their value for LMIC institutions. This suggestion is obviously not feasible in responsive research calls.

Another KI emphasised that dissemination within local contexts was vital for achieving local impacts: *'To ensure impact in local contexts, dissemination in those settings is key. There should be mandatory, evidenced, dissemination in local universities so that academics there can comment.'*[86]

Although one of our respondents[87] did suggest an LMIC-only call might be appropriate as a starting point (although not as a long-term solution), none of our other respondents were in favour of this idea. In fact, five of our LMIC-based respondents or those with an LMIC background were quite opposed to the idea, for a variety of reasons.[88] One senior LMIC-based academic said this idea was *'tokenistic.'* Another reason for opposing this idea was that, sometimes, LMIC universities did not have the ability to deliver studies alone. As one academic from an LMIC background said, '*For the type of science [funders are supporting] some LMICs don't have the infrastructure to support it.'*[89]

Four of our LMIC-based or LMIC-background KIs who commented on the structure of calls suggested there should be an insistence on more LMIC leadership within partnerships, including the idea of partnerships with an LMIC-based PI and lead organisation.[90] Other funding organisations, notably the Canadian IDRC, do conduct calls that make such requirements.

Fogarty International Center at the US National Institutes of Health has put out calls that require capacity-building of LMIC organisations as part of the proposal.[91] As an international development health research funder explained, for research funds that had a development (rather than a purely academic) purpose, '*You do need to require collaboration – you need to say [if you are a HIC institution] you must partner with a local research institution and demonstrate to us how you are going to transfer some of your experience to that institution [during the grant].'*[92] This respondent indicated that R2HC could play a critical role in developing ways of promoting such collaborations.[93]

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[85] Interviewees 13, 104
[86] Interviewee 2
[87] Interviewee 48
[88] Interviewees 35, 41, 50, 64, 104
[89] Interviewee 50
[90] Interviewees 35, 41, 50, 64
[91] See www.fic.nih.gov/Programs/Pages/trauma-injury.aspx
[92] Interviewee 80
[93] Interviewee 80

1.3 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 ADDED VALUE AS AN APPROACH TO KNOWLEDGE–SHARING AND INFLUENCING?

This question relates to the third mechanism in R2HC's ToC: 'Strategic engagement strengthens evidence use, and demand for evidence, in the humanitarian sector.'

1.3.1 OVERALL ENGAGEMENT

In both midline and end line rounds of data collection, we encountered good basic familiarity with R2HC among academic and INGO actors, including in some cases where this was not expected. However, there were also some cases where there was no recognition of R2HC where we might have expected it, especially among some UN/WHO bodies and other donors. This indicates that R2HC is better connected to some stakeholders than others. One respondent felt that R2HC should perhaps focus on a broader range of stakeholders and not concentrate so much on INGOs.[94] One respondent reported that R2HC was well connected to universities and had made good inroads into UN agencies.[95] Areas where respondents felt engagement might be more *ad hoc* and mixed included with WHO and with country-level actors, with these engagements often being left to grantees who held those relationships. There was an opportunity now for R2HC to make engagement with WHO more strategic, according to one respondent.[96] Engagement with government and local actors in countries affected by crisis was seen as a critical area. Some respondents were not able to comment on the extent to which R2HC had achieved this, but some also noted that this was something other donors struggled with.[97] One respondent said they felt R2HC had too traditional an idea of what the humanitarian system was, and there should be scope to bring the private sector and civil society into its strategic engagement.[98]

R2HC leaves strategic engagement at the country level to the project research teams. One respondent noted that many of the operational partners of R2HC research were members of the health cluster in the countries where R2HC research had taken place, and that R2HC could do more to support these actors to disseminate findings through the cluster, or that these partners could do more to raise the profile of R2HC in the country clusters.[99] R2HC will not be able to engage with all country level clusters, but there are some for which a number of current and likely future R2HC studies are relevant. These clusters bring together a range of vital stakeholders for R2HC, including those with whom R2HC might want to scope potential future partnerships, and some of which R2HC may not currently be aware. This makes selected country health clusters important untapped strategic entry points for raising awareness of R2HC.

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[94] Interviewee 6
[95] Interviewee 23
[96] Interviewee 49
[97] Interviewees 23, 32
[98] Interviewee 32
[99] Interviewee 52

1.3.2   RESEARCH FORA

R2HC held two large research fora events, in 2017 and 2019, bringing together researchers, practitioners and policymakers from across the globe. Both fora aimed to discuss a broad range of issues related to humanitarian health research. The second forum aimed *'to foster exchange of cross-cutting evidence and knowledge generated from within the humanitarian health research community, and to identify actionable recommendations to overcome common challenges to enhance the quality and effectiveness of humanitarian health research.'*

Both the fora were two-day residential events held at Royal Holloway University. The 2017 forum included over 80 participants and the 2019 forum 120. We sent a survey to 72 people who had attended one or both of the research fora (Annex D), receiving 15 responses or a 21% response rate. Survey respondents were very positive about the fora, with one saying they had left the forum *'buzzing with ideas'* and several others reporting that they had maintained the new contacts and networks made there. One respondent reported they had contacted one of the presenters on research ethics after the forum and *'applied some of the learning.'* One of our KIs was also very positive about the research forum they had attended.[100] Another said conversations at the forum had informed significant subsequent work.[101] Two survey respondents did encourage more representation of LMIC researchers and more diversity in future events, with one adding:

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

1.3.3   COMMUNICATING R2HC'S WORK CLEARLY

It is important to develop a clear communications strategy to raise awareness of what R2HC does. Several respondents had perspectives on R2HC that suggested a lack of clarity in the humanitarian/health community and that reflected tensions and debates in these communities. There was no widespread or consistent understanding of the difference between R2HC and its parent organisation Elrha, and partner programme the Humanitarian Innovation Fund (HIF). Four respondents, including one donor, were confused over the relationship between Elrha, HIF and R2HC; one saw Elrha and R2HC as interchangeable.[102] One respondent felt there was confusion between R2HC and HIF on the relationship between research and innovation, with artificial distinctions sometimes being made between the two.[103] One respondent was unsure whether the recent WASH research prioritisation exercise had been delivered by R2HC or HIF or Elrha.[104] This may be understandable in the WASH sector, where the HIF had previously produced a WASH Gap Analysis (2021) and the R2HC has collaborated significantly with the HIF, and such publications are generally presented under the Elrha brand.

Another area for clarification concerned the boundaries of what it considers 'humanitarian health.' As one respondent put it, '*There is a lack of clarity over what R2HC considers "humanitarian*

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[100] Interviewee 23
[101] Interviewee 45
[102] Interviewees 29, 45, 50, 63
[103] Interviewee 45
[104] Interviewee 63

health." It's an interesting question how much of R2HC is about health and how much is about humanitarian health.'[105] This reflects a broader debate around the boundaries of humanitarian action. While a few organisations, such as MSF, adopt a narrow interpretation focused exclusively on emergency response and preparedness,[106] the UN system now sees humanitarian action in a much broader sense, in line with the humanitarian–development–peace 'triple nexus.' This broader interpretation encompasses a broader range of subjects, including, for example, health systems research, as well as a broader range of key stakeholders. As one senior donor representative put it, *'The label of humanitarian health risks being unhelpful… is "health in crisis contexts" more appropriate, as this recognises humanitarian as important, but not the only actors or instruments available to respond – with national and development actors also often having critical roles.'*[107]

R2HC appears to have adopted a broad interpretation of the boundaries of 'humanitarian health,' as evidenced in its recent 2022 Health Systems Strengthening call. This is appropriate and fully in line with the mainstream view in the UN system. It does create more of an overlap between R2HC's work and the work of development health funders, and more scope for potential collaboration. One senior humanitarian health research expert said:

'*R2HC really needs to decide on its strategic direction and focus on defining what they're doing. They should either decide to be more narrowly focused on emergencies or on broader health research. If they are going to be broad, then they really could benefit from collaborating with some of the other large organisations working in these spaces.'*[108]

There is also a lack of clarity around the boundaries of what is considered health research. WASH research, for example, may not directly be considering health outcomes, such as incidence of disease, morbidity and mortality but rather dignity, income or inequality.[109] One WASH specialist respondent did question why some WASH proposals were being rejected because they were deemed not to have a strong enough health focus. This respondent called for more clarity on what R2HC regards as health research.[110]

Further, there is some confusion regarding the methodologies that R2HC is perceived to support, and again this reflects wider tensions and debates about research methods. *None* of our respondents recommended lowering the bar of methodological robustness for funded research. In fact, a range of respondents, from donors, to government and INGO stakeholders, to research applicants and grantees (from both HIC and LMIC institutions) felt that the focus on robustness should remain: eight KIs who said this explicitly are referenced here.[111] As one put it, '*You can't flex your criteria on quality.'*[112] Several other KIs felt it was precisely this emphasis on robustness that gave R2HC its unique selling point.[113] However, there was confusion over whether R2HC primarily or exclusively supports certain methodologies, and some of this may be connected to unspoken differences in the interpretation of what 'methodological robustness' means. As a

[105] Interviewee 97
[106] Belliveau, J. (2021) 'Development and Humanitarian Action Are Not the Same: MSF Canada's Joe Belliveau on the Errors of the UN's "Nexus" Approach'. Geneva: MSF.
[107] Interviewee 21
[108] Interviewee 78
[109] D'Mello-Guyett, L. et al., (2023) 'Water, Sanitation and Hygiene in Humanitarian Crises: Setting the Research Agenda up to 2030'. London: Elrha.
[110] Interviewee 97
[111] Interviewees 28, 35, 52, 55, 56, 61, 64, 84,
[112] Interviewee 56
[113] Interviewees 1, 28, 61, 66

previous evaluation has noted, 'Different R2HC stakeholders may have different opinions about what constitutes "high-quality" research.'[114]

Some respondents felt that R2HC privileged and should privilege 'generalisable' evidence (three who used the word are cited here) – in other words, studies whose findings can be generalised to multiple contexts.[115] However, some of the research that is most relevant for crisis-affected countries and communities is inherently context-specific and not generalisable, three other KIs emphasised.[116] In practice, R2HC has funded a combination of generalisable studies, including studies designed to be suitable for inclusion in systematic reviews, and context-specific research.

On a similar theme, there was a perception, repeated by four KIs and one survey respondent, that R2HC had a preference for intervention studies and randomised controlled trials (RCTs) in particular,[117] even where these were not always considered the best study design for the subject area.[118] A respondent in our survey of shortlisted but unsuccessful projects said, '*It seems that R2HC has shifted to funding RCTs, which are not always feasible or desirable.*'[119] One respondent was not opposed to intervention studies but noted they were too often designed and led by HIC researchers. '*The whole issue with intervention studies is that the Global North often develops the interventions and then [partners in the Global South] are just expected to run it for them to research.*'[120]

Similarly, there was a perception among some key informants that R2HC does not fund qualitative research, and this is not made clear to applicants. A senior academic based in an LMIC institution told us, '*[R2HC] is very strong on quantitative epidemiological studies, such as trials, so if you submit qualitative research – which is really some of the research we need – [you are less successful].*'[121] Given that there is confusion on this issue, R2HC should clearly explain the types of research it prioritises, in general and in specific call documents, in order to avoid encouraging applicants from wasting time on monitoring pipelines and developing proposals that do not have a chance of succeeding. This is even more important considering the opportunity cost to operational partners and to any LMIC research organisations involved in proposal development. One of the respondents in our survey of shortlisted but unsuccessful proposals noted that the application process did take '*an enormous amount of work to apply which takes away from time to conduct work on the ground.*' One of our KIs echoed this, emphasising that proposal development was not an easy process.[122] In practice, R2HC has funded many observational studies, and, although it has funded more research that includes quantitative methods, it has also funded qualitative research, as Figure 8 shows. In fact, qualitative projects, such as the Ebola Anthropology Response Platform, have been among R2HC's most impactful work.

While R2HC clearly does need to clearly state what methodologies it does and does not fund, defining this too narrowly may actually reduce the unique selling point of the organisation. One funder of international health research said, '*We do not recommend defining the boundaries of what will be funded [in terms of methodology or type of research] too narrowly – we have found that is not helpful.*' [123] One KI noted a perception that the ability to fund observational studies was one of the things that now differentiated

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[114] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. (2018) *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.
[115] Interviewees 84, 95, 108
[116] Interviewees 48, 64, 67,
[117] Interviewees 108,109, 97
[118] Interviewee 110
[119] Shortlisted but unsuccessful proposal Survey Monkey respondent
[120] Interviewee 64
[121] Interviewee 35
[122] Interviewee 100
[123] Interviewee 68

R2HC from other funders like the Wellcome Trust.[124] One approach would be to clarify that R2HC accepts any method that is the most appropriate and where projects can deliver the most impact, and to ensure quality across the board. As a senior LMIC-based academic said, '*If you want observational studies, let them be of the best standard and if you want intervention studies, let them be of the best standard.*'

Figure 8: Analysis of R2HC project methodologies[125]
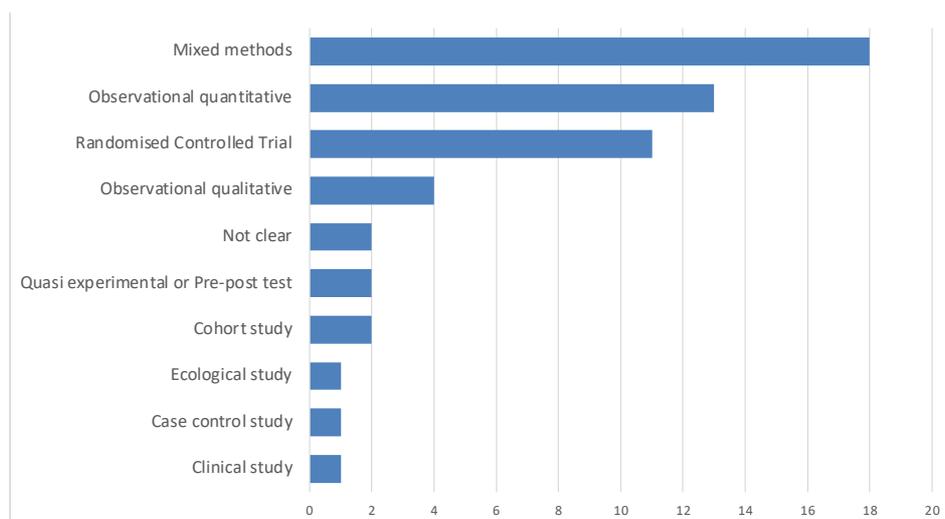
It is also important for R2HC to consider the types of methodologies that are needed, and for which there are capacities, in the different areas of research it wants to prioritise. In some sectors and research areas, researchers are familiar with RCTs, and they are a standard and common approach. In others, such as WASH, they are less common and may even have a troubled history.[126] In fact, some WASH KIs reported that there was some scepticism about RCTs as a result of negative findings in some controversial past RCTs – notably three studies in 2018–2019 (not R2HC-funded) that found no impact of improved sanitation on child height-for-age. 'Far from definitively settling the important questions of rural sanitation policy,' according to some authors, these studies 'have renewed confusion and debate in the sector.' These authors concluded that 'WASH interventions are often less well suited for randomised intervention evidence than other topics in health science or development economics.'[127] This controversy is obviously relevant to any attempt to fund more research in the WASH sector, if that attempt has a preference for RCTs. As one WASH specialist said to us, '*I found other funders who were more receptive to non-trial based study designs... at the same time I also give massive credit to Elrha because they have funded so much [WASH research] over the last ten years*.'[128] Another area where the most robust intervention studies were considered less feasible or appropriate was in health systems research.[129] Three respondents indicated that the recent 2022 thematic call for research on Health Systems Strengthening, which called for a systems approach, may not have included adequate awareness of this approach in the selection process.[130]

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[124] Interviewee 49

[125] Based on an analysis of 96 projects conducted by R2HC for the UK Department of Health and Social Care. The 'mixed methodology' category includes both projects whose main method was listed as 'mixed methodology' and projects that had a quantitative or qualitative main method but also used other methods.

[126] Interviewee 66

[127] Spears, D. et al. (2020) 'Trials and Tribulations: The Rise and Fall of the RCT in the WASH Sector', in Bédécarrats, F. et al. (eds) *Randomized Control Trials in the Field of Development: A Critical Perspective.* Oxford: Oxford Academic. Interviewees 97, 63 agreed with this point.

[128] Interviewee 110

[129] Interviewee 30

[130] Interviewees 18, 35, 100

1.4 IN TERMS OF APPROACHES, WHAT HAS BEEN THE R2HC ROLE IN CHANGING THE WAY HEALTH RESEARCH IN HUMANITARIAN SETTINGS IS CONDUCTED?

R2HC was set up to respond to the absence of high-quality evidence informing health interventions in humanitarian crises, as reflected in the UK 2011 Humanitarian Emergency Response Review (HERR), and the concerns of key actors that the evidence that was available was of low quality.[131] When R2HC was established, there were also doubts that it was possible to produce robust research in humanitarian crises; to some extent, this concern remains. As one respondent put it, '*It used to be considered very difficult to implement [research] in humanitarian settings.*'[132] As we note in the mapping section in Section 3 below, despite the production of much more research since 2013, it remains challenging to conduct methodologically robust research in humanitarian settings, and concerns remain regarding the quality of much available research. In fact, other health research donors that work mainly in developing contexts still find it challenging to fund research projects in humanitarian contexts.[133]

One of R2HC's central contributions to change within the humanitarian health research field has therefore been to prove that it is possible to fund and conduct methodologically robust projects. One KI thus sees R2HC's approach to funding high-quality research in and on humanitarian contexts as a key part of R2HC's unique selling point.[134] R2HC has progressed from proving that it is possible to conduct robust health research in humanitarian crises, to becoming a specialist humanitarian health research portfolio manager that is able to manage and run successful calls in this challenging area. R2HC's work to capture the impact of its own research has shown that these robust studies have also been used by humanitarian actors, as confirmed by our KIs, and our findings in Section 2 below on the results of funded projects. A senior representative of an INGO reported, '*I can safely say that R2HC evidence, alongside other evidence, was used in my agency.*'[135]

The R2HC model of supporting partnerships between academic and operational actors has also contributed to strengthening such partnerships across the sector over a longer timeframe than that of a single grant. As our RQ+ analysis in Section 2 below shows, many partnerships for R2HC grants have outlasted the initial project and gone on to produce more, new operationally relevant research. This was confirmed by one of our respondents, who emphasised that now a number of partnerships between academics and operational actors existed because of R2HC.[136] Learning from the R2HC model has also influenced other funders and grant-makers in developing their own approaches to funding health research in humanitarian settings, for example the Fogarty International Center at the US National Institutes of Health. [137]

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[131] Interviewee 49
[132] Interview 91
[133] Interviewee 80
[134] Interviewee 61
[135] Interviewee 6
[136] Interviewee 2
[137] As shown in Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

2. OVERALL RESEARCH QUALITY AND IMPACT: HAVE STUDIES ACHIEVED (OR ARE THEY ON TRACK TO ACHIEVE) IMPACT IN INFORMING HUMANITARIAN RESPONSE?

The evaluation questions under this objective concern the outputs, outcomes and impacts of R2HC research. The section contains the main part of our assessment of the central mechanism of R2HC's ToC, **Mechanism 2: Funded research influences policy and practice.** This mechanism is divided into different steps in the ToC:

- Funded and supported research partnerships produce quality, operationally relevant evidence products that meet key needs. *Assumptions:* Partnerships are effective and mutual; and difficult operating environments do not obstruct robust research.
- Humanitarian actors engage with the research findings. *Assumptions:* Projects identify and engage appropriate stakeholders and disseminate effectively.
- Humanitarian actors use the findings to improve policy and programming. *Assumptions:* Key actors have the capacities, opportunities, motivations and political will to use research evidence.
- Improved policy and programming leads to better outcomes for people affected by crisis. Improvements for research communities may also happen as a direct result of projects. *Assumptions:* Improvements are consistently implemented; participation of communities in research helps achieve impacts at the community level.

Our approach to answering this question: the findings presented here are based on three main data sources: 1) 20 RQ+ assessments of R2HC-funded projects; 2) synthesis and analysis of findings from 25 existing project-level impact case studies conducted either by R2HC itself or in previous evaluations of R2HC; and 3) data from interviews with KIs. Overall, we find a high rate of at least one type of impact in R2HC funded research, and that this research represents good value for money.

The impacts that are considered in Section 2.2 below are based on the Economic and Social Research Council (ESRC) categories of research impact, shown in Table 8, which draw significantly on ODI's Research Excellence Framework (REF) Impact Toolkit.[138]

Table 8: Impact subdimension categories – definitions and examples

Type of impact	Examples
Conceptual impacts on knowledge, understanding and attitudes	The **REF Impact Toolkit** provides examples such as research that shifted policy-maker perceptions on the local production of medicines in East Africa to acknowledge that it can improve health outcomes and stimulate the local economy; and research that led to changes in the UN's standard definition of youth to encompass a broader age range.
Instrumental impact: Changes in policy	The REF Impact Toolkit includes an example of research that resulted in the inclusion of a weather index in the Ugandan Agricultural Strategic Plan and the Agriculture Sector Development Plan.
Instrumental impact: Changes in the design and delivery of programmes and services	We have separated instrumental impact into two sections. An example would be the implementation of an MHPSS intervention by different actors and in different locations, based on the evidence of its effectiveness provided by research.
Capacity-building and connectivity: The improved ability of researchers to conduct similar work in future and new or stronger networks that understand, use and continue the research	Examples relevant to the R2HC portfolio include the demonstrated ability of project partners to continue to deliver the intervention or research methodology used in the project; or the establishment of new networks of academics and operational actors who collaborate on generating and using evidence in the project area.

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[138] Tilley, H. et al. (2018) *Research Excellence Framework (REF) Impact Toolkit*. London: ODI.

Figure 9 gives an overview of our RQ+ assessments. For contextual factors 1–4, higher scores and darker colours indicate more challenging environments. For the assessment dimension and subdimension scores, a darker colour and a higher number indicate a stronger score. The scales normally range from none (1–2) to limited (3–4), some (5–6) or significant (7–8).

In interpreting the RQ+ assessments presented here, it is important to note that the current sample of RQ+ assessments (n=20) is smaller than the larger sample of 25 pre-existing case studies. R2HC had already conducted case studies on its most impactful studies, and therefore inevitably the current RQ+ sample – and especially the randomly selected projects – were less likely to include the highest-impact projects in R2HC's portfolio.

Figure 9: Overview of R2HC RQ+ assessment scores

	Anonymised project number	1 (LMIC)	2 (Random)	3 (Purposive)	4 (Random)	5 (Purposive)	6 (Random)	7 (Random)	8 (Purposive)	9 (Random)	10 (Random)	11 (Random)	12 (LMIC)	13 (Random)	14 (Random)	15 (Random)	16 (Purposive)	17 (Purposive)	18 (LMIC)	19 (Purposive)	20 (LMIC)	PROG AVG	Std Dev
Contextual Factors																							
CF 1	Maturity of the research field	3	2	3	2	2	1	2	3	3	2	1	3	3	3	3	4	3	3	3	3	2.6	0.8
CF 2	Data environment	4	3	2	3	2	2	2	3	4	2	2	3	3	3	3	3	3	3	4	3	2.9	0.7
CF 3	Operating environment	3	3	2	3	1	1	1	1	4	2	1	3	3	2	2	4	4	2	4	2	2.4	1.1
CF 4	Humanitarian context	3	1	1	2	1	2	1	1	IIA	1	1	2	2	1	1	4	1	2	2	3	1.7	0.9
CF 5	Research capacity strenghtening	4	2	3	2	2	1	3	3	2	3	4	2	2	3	3	3	3	3	3	3	2.7	0.7
Assessment dimensions																							
1 Scientific Rigour	Changes to protocol: No/Some/Significant (1,2,3)	3.0	2.0	2.0	2.0	2.0	2.0	3.0	2.0	2.0	3.0	1.0	2.0	3.0	2.0	1.0	1.0	2.0	2.0	1.0	3.0		
	Effect on strength of findings: No/Somewhat/Significantly (1,2,3)	2.0	1.0	1.0	IIA	1.0	1.0	2.0	2.0	2.0	2.0	1.0	2.0	3.0	2.0	1.0	1.0	2.0	2.0	1.0	3.0		
2 Research Quality	Ethics & potentially negative consequences	6.0	5.0	5.0	5.0	8.0	7.0	5.0	7.0	7.0	7.0	3.0	6.0	4.0	3.0	5.0	7.0	1.0	7.0	7.0	6.0	5.6	3.0
	Mutuality & Fairness	3.0	6.0	6.0	6.0	5.0	7.0	5.0	7.0	5.0	2.0	5.0	6.0	3.0	4.0	6.0	6.0	7.0	3.0	IIA	3.0	5.0	1.6
	Core engagement with local knowledge	6.0	5.0	5.0	6.0	5.0	7.0	4.0	7.0	6.0	4.0	3.0	3.0	4.0	2.0	3.0	4.0	7.0	4.0	8.0	5.0	4.9	1.6
	Relevance to humanitarian users	5.0	8.0	8.0	7.0	7.0	6.0	7.0	8.0	7.0	7.0	8.0	7.0	7.0	6.0	7.0	7.0	6.0	7.0	7.0	5.0	6.9	0.9
	Extent of new knowledge	5.0	6.0	6.0	8.0	7.0	7.0	6.0	6.0	6.0	6.0	6.0	5.0	4.0	7.0	6.0	6.0	6.0	6.0	6.0	6.0	6.1	0.8
	Knowledge accessibility & sharing	6.0	6.0	6.0	6.0	7.0	7.0	6.0	5.0	4.0	5.0	7.0	5.0	3.0	4.0	5.0	7.0	6.0	6.0	5.0	6.0	5.6	1.1
	Planned & actual actionability	5.0	8.0	8.0	8.0	5.0	7.0	6.0	5.0	4.0	5.0	6.0	3.0	2.0	2.0	4.0	6.0	6.0	6.0	6.0	7.0	5.5	1.8
3 Research Outcomes	Extent of humanitarian engagement with research	6.0	4.0	6.0	4.0	6.0	IIA	5.0	4.0	3.0	6.0	4.0	4.0	1.0	3.0	4.0	6.0	6.0	7.0	IIA	4.0	4.6	1.5
	Extent of government and civil society engagement with research	3.0	6.0	4.0	4.0	6.0	7.0	5.0	5.0	3.0	2.0	3.0	3.0	1.0	1.0	3.0	5.0	7.0	5.0	6.0	4.0	4.2	1.8
4 Research Impacts	Expected/emerging impacts on policy	1.0	4.0	5.0	3.0	7.0	7.0	N/A	4.0	3.0	6.0	4.0	2.0	2.0	3.0	3.0	7.0	6.0	5.0	4.0	5.0	4.3	1.8
	Expected/emerging impacts on design and delivery	1.0	4.0	4.0	3.0	5.0	8.0	5.0	4.0	2.0	4.0	3.0	2.0	1.0	2.0	2.0	7.0	4.0	5.0	4.0	N/A	3.7	1.9
	Expected/emerging impacts on capacity and networks	5.0	5.0	4.0	5.0	5.0	7.0	N/A	3.0	6.0	6.0	1.0	7.0	2.0	3.0	4.0	5.0	6.0	5.0	5.0	6.0	5.5	0.7
	Expected/emerging impacts on understanding	2.0	4.0	4.0	7.0	5.0	6.0	N/A	4.0	4.0	6.0	5.0	2.0	3.0	3.0	4.0	4.0	6.0	5.0	4.0	5.0	3.5	2.1
	Other/unanticipated impacts	N/A	N/A	N/A	N/A	N/A	6.0	N/A	N/A	N/A	6.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Research for Health in Humanitarian Crises (R2HC) RQ+ Assessment

Overall assessment under question 2: A total of 45 projects have been investigated for impact in some way, either using RQ+ or R2HC's impact case study process, or in the 2018 evaluation of R2HC. Overall, 16 of the 20 RQ+ projects (or 80%) scored 5 or above ('some' or 'significant') impact in at least one impact subdimension. As described in the Methodology section above, there were 6 projects in our RQ+ sample selected specifically because they had reported interesting impact stories to R2HC. Four projects were selected because they were LMIC-led, and ten remaining projects were randomly selected. The breakdown of numbers of positive ('some' or 'significant') impact scores per selection type is shown in Figure 10, which shows that only four projects demonstrated no impact at all in our assessments.

Figure 10: Numbers of 'some'– 'significant' impacts observed, by type of project
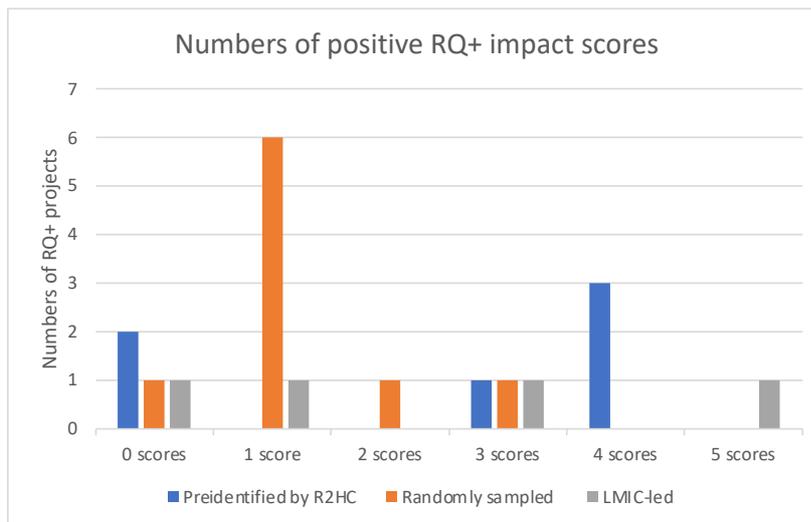
All 25 R2HC case studies and cases evaluated by the HIEP evaluation provide evidence of significant impact. When combining these case studies and the RQ+ assessments, then, we can be reasonably confident that independently verified evidence demonstrates that 41 (or 61%) of the 67 eligible projects (that were closed when the evaluation started) have shown some impact. The true rate of impact is likely to be higher, because 22 of the 67 eligible projects have not been investigated either by R2HC, previous evaluations or this evaluation. It is not possible to say what the rate of impact would be in these 22 projects, but if it were the same as our randomly selected RQ+ sample (in which 8 out of 10 had at least 1 moderate to significant impact), then the overall rate of achievement of at least 1 moderate to significant impact across the eligible portfolio of 67 projects would be 88%. Although this figure cannot be used as a reliable estimate, we are confident that, overall, R2HC has a very high rate of achieving at least one moderate to significant impact from funded projects.

2.1   TO WHAT EXTENT HAS R2HC FUNDED QUALITY RESEARCH ADDRESSING PRIORITY EVIDENCE GAPS?

This section relies on our RQ+ assessments and the existing case studies produced by R2HC and the 2018 evaluation of R2HC. The pre-existing case studies do not comment on all aspects of quality considered by the current evaluation. For example, they make limited reference to the methodological robustness of the research, research ethics or the mutuality of partnerships (although they do note where projects have deviated from their protocols).[139] Our RQ+

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[139] For example, R2HC case study of Queen Mary University-led project *Evaluation of Phone-Delivered Psychotherapy for Refugee Children* 2017–2020

framework, on the other hand, is focused in detail on quality and views it in a holistic way that encompasses the quality and mutuality of partnerships, relevance to humanitarian users and the positioning of research for use.

2.1.1 THE ROLE OF RESEARCH CONTEXT

It is important to consider the context in which research is being conducted, particularly given the additional challenges with production of quality research in humanitarian contexts (see findings in Section 1.4 **Error! Reference source not found.**). The RQ+ framework facilitates such a c onsideration. It measures three dimensions of the research environment that can have a substantial influence on quality: 1) the maturity of the research field or the extent to which there is an established body of theoretical and/or empirical literature in the field; 2) the data environment or whether the instrumentation and measures for data collection are agreed upon and available; and 3) the stability and level of risk in the operating environment for researchers and operational actors. Each of these dimensions can be much more challenging in humanitarian settings.

A total of 13 of the 20 RQ+ assessed projects were operating in limited or weak research fields and 14 in limited or weak data environments. Just under 50% (nine) were operating in unstable or volatile research contexts. As with the R2HC portfolio more broadly, the assessments included projects in 1) very challenging contexts such as Eastern DRC and Somalia, 2) projects in more stable settings such as Jordan, and 3) two projects where activities did not involve fieldwork and were therefore considered to represent stable contexts.

2.1.2 COMMENTS ON METHODOLOGICAL RIGOUR

Our assessments did not score the methodological rigour of the RQ+ projects since this was beyond the scope of this evaluation and all funded projects had gone through a rigorous selection process. Instead, they took note of the availability of peer-reviewed publications and presence/absence of changes to proposed research methodologies. There was no identifiable relationship between the fragility of the research context (as discussed on Research Context just above) and the availability of publications.

However, there were several RQ+ assessments in which the challenges of the context – specifically the operating and data environment – required methodological changes. Only four projects (20% of the sample) saw no changes to the planned methodology. Eleven saw some changes and five significant changes.

Projects requiring protocol changes included one which reduced the ambition of an RCT impact evaluation to a feasibility trial, partly because of a new influx of refugees into the research area;[140] a planned RCT which was abandoned entirely after the pilot phase, with the project then relying on qualitative research, owing to security issues and an inability to secure participant data that had been promised;[141] a study in which some research tools were not used because they spurred respondent mistrust in an unstable context;[142] a project that had to change its diagnostic methods because of community concerns;[143] one case in which the original design was not

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[140] RQ+ assessment 20
[141] RQ+ assessment 13
[142] RQ+ assessment 1
[143] RQ+ assessment 6

possible because anticipated government data were not made publicly available;[144] and one project in which the approach was revised because of migratory changes in the internally displaced person (IDP) population that could not have been predicted during project design phase.[145] There were only two cases where the changes to methodology had significant effects on the strength of findings, one in a positive direction (by adding new important data collection) [146] and one in a negative direction (making the originally planned method completely unfeasible).[147] Two of the projects that experienced 'some' or 'significant' changes did not result in peer-reviewed publications.[148]

These findings suggest that methodological adaptations are commonly required in challenging data and operational environments and by and large do not, if properly managed, prevent the production and publication of valuable findings. And, although findings can sometimes be harder to publish academically, they can still result in outputs in the form of other guidance or knowledge translation tools that humanitarian actors can operationalise.

At the time of writing, there were a total of at least 48 peer-reviewed publications from the 20 RQ+ projects, with some further publications awaiting submission or review. This is a high rate of peer-reviewed publication,[149] although it is important to note these were not evenly distributed across the 20 projects. Six projects had one peer-reviewed publication, one had as many as nine[150] and one had six, including a special edition of a journal and a book chapter.[151] In one particular case where a peer-reviewed publication was produced, more detailed review by three team members suggested that some uncertainties remained regarding the broader quality of the research.[152] This is an apposite reminder that peer-reviewed publications are not always a reliable proxy for research quality. Three projects did not have peer-reviewed publications.[153] In two cases, articles had been submitted and rejected; one is being resubmitted.

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[144] RQ+ assessment 7
[145] RQ+ assessment 4
[146] RQ+ assessment 4
[147] RQ+ assessment 20
[148] RQ+ assessments 1, 13
[149] It is hard – and perhaps not wise – to make comparisons between different research funding models and programmes because they are not all geared towards the production of peer-reviewed publication to the same extent. It is also very important to note that peer-reviewed publications are sometimes not the most appropriate way to share research findings, and that research programmes for policy and programming influence should not be judged by their rate of peer-reviewed publication. However, publicly available annual reviews of other research programmes suggest that the rate of peer-reviewed publication in R2HC is certainly on the high side. The RQ+ assessments represent an investment of £5.7 million and therefore produced more than 8.4 peer-reviewed publications per £1 million of investment (since more peer-reviewed publications from these projects are in the pipeline). For example, in its first full year since implementation, the £7.7 million ReBUILD for Resilience research programme on health systems in fragile contexts produced 15 peer-reviewed publications (ReBUILD Annual Review 2022) and *if* it were to produce 15 such publications in each subsequent year of its implementation it would produce 9.7 peer-reviewed publications per £1 million of investment. The £11.5 million East Africa Research Hub aimed for two peer-reviewed publications per year over its seven years – 1.2 peer-reviewed publications per £1 million of investment (East Africa Research Hub Annual Review 2021); and a research programme in another sector, the £13.9 million Economic Development and Institutions Research Programme considered seven peer-reviewed publications a year a high annual target and, had it achieved seven in every year (in 2021 it achieved six), it would have produced 3.5 peer-reviewed publications per £1 million of investment (Economic Development and Institutions Annual Review 2021).
[150] RQ+ assessment 11
[151] RQ+ assessment 6
[152] RQ+ assessment 17
[153] RQ+ assessments 1, 13, 19

2.1.3 RESEARCH ETHICS

Research ethics is a critical component of research quality, especially in humanitarian settings, where participant vulnerability can be a greater concern. R2HC is seen as a leading organisation in providing guidance on research ethics.[154] An R2HC ethics tool, launched in 2017, was found in a previous evaluation to have generated significant interest and to have been incorporated into the syllabus in a Johns Hopkins School of Public Health graduate course on Measurement Methods in Humanitarian Emergencies.[155] The tool was raised once again in our interviews as a useful product that had now reportedly been incorporated into another university course.[156] At the project level, R2HC encourages use of this guidance and relies on its due diligence and the requirement to obtain Institutional Review Board (IRB) approval.

Sixteen (or 80%) of our RQ+ assessments had some or significant attention to research ethics, as Figure 11 shows. Four projects had limited attention to ethics. One of these did not involve any fieldwork or human subjects.[157] There was one project that received the lowest possible score for research ethics, as described in box one.

Figure 11: RQ+ scores on research ethics and addressing potential negative consequences
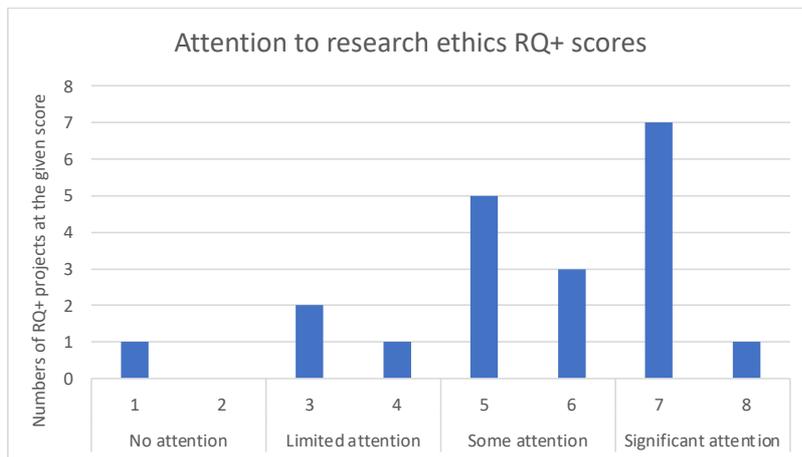
Although 'some' and 'significant' attention to research ethics were the dominant story in our assessments, it is important to learn from the weakest example. Projects do report project changes and challenges, including ethical issues, to R2HC, but it is ultimately the project's responsibility to have adequate internal approaches to monitoring, managing, and preventing risks to participants and researchers. R2HC's ethics management approach, where research ethics are devolved to the project level, is entirely reasonable, but R2HC may need to consult with ethicists where projects report ethical issues that may raise cause for concern.

IRBs depend on the expertise of their reviewers; there have been 'substantial questions about the quality of individual boards' in the US[158] and there is likely to be significant variability in the quality of IRBs

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[154] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

[155] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

[156] Interviewee 41

[157] RQ+ assessment 11

[158] Fernandez Lynch, H.et al. (2022) '"We Measure What We Can Measure": Struggles in Defining and Evaluating Institutional Review Board Quality'. *Social Science & Medicine* 292(114614).

internationally. This means they cannot be relied upon to guarantee ethical approaches. As the 2017 R2HC Research Ethics Toolkit, mentioned in Section 1 above, notes:

'The most important question is not whether IRB or REC [research ethics committee] approval is required. Rather, the principal question is how the planned research can be conducted ethically in ways that promote respect for individuals and their communities, and at the same time provide answers or evidence to address an important question.' [159]

It is also important for projects to consider the safety of enumerators and researchers as an ethical issue. IRBs are often focused on protecting the rights and welfare of human research subjects. But in volatile environments, especially those affected by conflict, local researchers, including locally hired enumerators, who may be on precarious contracts, also face significant risks. In these environments, 'Locally recruited research teams have often experienced the same violence as subject populations and may face duress during interviews.' [160]


BOX 1: TWO TALES OF RESEARCH ETHICS

Both our strongest and our weakest research ethics RQ+ assessments were MHPSS projects.

Based on the information available to the evaluation team, RQ+ assessment project 17 did not establish, from the outset, clear referral pathways for participants identified as needing specialist services during research and did not supply enough detail on the referral services that were used, although it had secured two IRB approvals. Enumerator safety was also not sufficiently prioritised. R2HC did pick up on, and encourage resolution of the ethical issues in the project but this was beyond R2HC's remit. This project scored highly on research impact, illustrating that projects can be very good in some respects and not in others.

On the other hand, RQ+ assessment project 5 had a very strong approach to ethics, including a pilot that was partly aimed at identifying potential ethical issues and facilitating the exclusion and referral to appropriate services of those in need of specialist services. Safety monitoring committees were established in both study locations and intervention and control groups received enhanced care.

2.1.4   MUTUALITY OF PARTNERSHIPS AND ENGAGEMENT WITH LOCAL KNOWLEDGE

Figures 12 and 13: RQ+ scores on mutuality of partnerships and engagement with local knowledge

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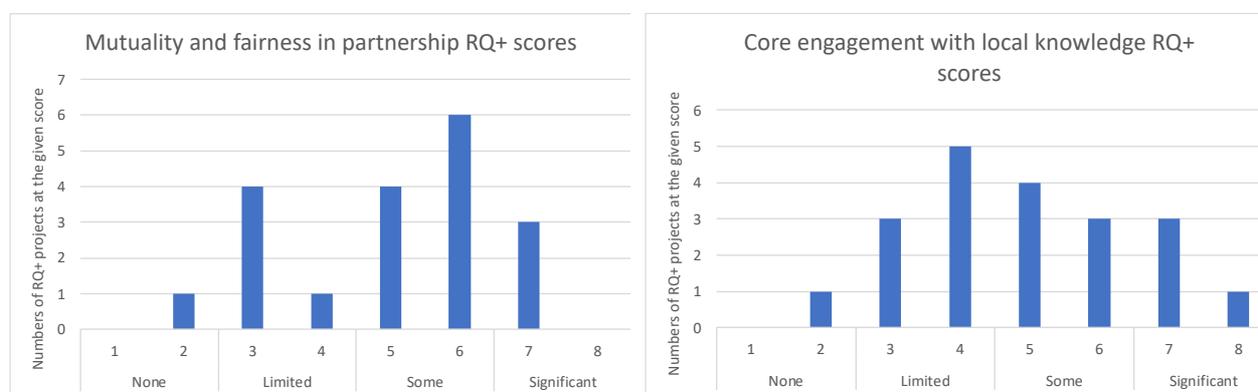
[159] Doherty, S. et al. (2017) Research Ethics Tool. London: Elrha.
[160] Davis, J. and Wilfahrt, M. (2023) Enumerator Experiences in Violent Research Environments. Comparative Political Studies. Berkeley: UCLA Berkley.

The RQ+ assessment framework views the fairness and mutuality of partnerships and the extent of engagement with local knowledge as key aspects of research quality. Out of 20 projects, 13 (65%) had some or significant mutuality in their partnerships, and 11 out of 20 (55%) had some or significant engagement with local knowledge.

Both the RQ+ assessments and the existing case studies contained examples of HIC researcher-led RCTs of interventions designed for generalisability, which nonetheless made good efforts at building equitable partnership that also built some key capacities.[161] This is not always the case in such partnerships.

In both our RQ+ assessments and in previously existing case studies, the strongest examples of engaging with local knowledge were in projects that were designed precisely to understand local knowledge or perceptions, such as two studies that looked at community perceptions of epidemics and public health measures.[162]

> **BOX 2: DIFFERENT EXPERIENCES OF MUTUALITY IN PARTNERSHIP**
>
> The R2HC case study of the McMaster University-led study on research ethics in Ebola research is a stand-out example of equitable research partnership. McMaster partnered with local ethics experts and Ebola survivors and explicitly aimed to learn from their perspectives and about developing equitable research teams.
>
> RQ+ assessment project 8 involved a strong partnership between an HIC university, an LMIC university and an INGO. In spite of restrictions associated with the COVID-19 pandemic, all partners played a vital role. The LMIC university involvement ensured that the methods and implementation were relevant to the Ministry of Health's priorities and feasible within the context.
>
> The mutuality of the partnership was a big issue in RQ+ assessment project 10. The local research partner felt that they were included only to conduct data collection and were insufficiently involved in the project's design, analysis, and publication. They felt patronised by their HIC university partner. This was a highly impactful project, which again confirms that projects can have strengths and weaknesses.

2.1.5 RELEVANCE TO EVIDENCE GAPS AND HUMANITARIAN NEEDS

There were many different ways in which the projects reviewed were filling evidence gaps. Among the RQ+ assessments, 12 projects (1, 2, 5, 6, 8, 10, 11, 12, 14, 15, 17 and 20) tested interventions, models, tools and measures that could be generalised beyond 1 setting. Eight projects (3, 4, 7, 9, 13, 18 and 19) looked at the implementation of, or barriers to, services or public health measures in specific locations, responding to local research needs. Among the R2HC case studies, there were also examples of studies that responded to global needs to explore neglected issues, such as menstrual hygiene management or palliative care.

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[161] RQ+ assessment 5; R2HC case study of WHO-led project *Addressing the 'Access' and "Scale' Challenge: Cost-Effectiveness of a New WHO-Guided Psychosocial Self-Help Programme* 2015–2017
[162] RQ+ assessment 1; R2HC case study of Makerere University-led project *REFugee Lived Experiences, Compliance and Thinking (REFLECT) in COVID-19* 2020–2021

Figure 14: RQ+ scores on relevance to humanitarian users

Relevance to humanitarian users: RQ+ scores
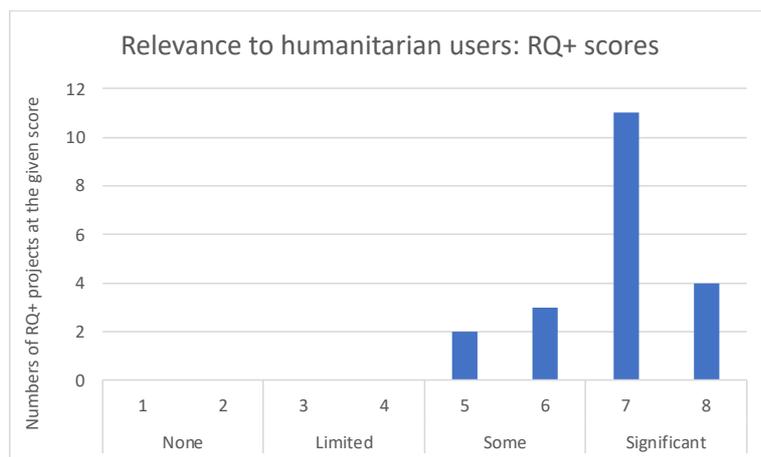
In our RQ+ assessments, all assessed projects scored highly on relevance to humanitarian needs (as Figure 14 shows). High-scoring projects included those that were relevant to government and international health policymakers, and to governments, INGOs and NGOs designing and delivering health services and interventions, including for refugees and IDPs. However, being highly relevant did not guarantee research impact (as explored further below).

2.1.6 POSITIONING FOR USE: SHARING AND ACTIONABILITY

The RQ+ framework sees the actionability and appropriate dissemination and communication of research findings as a key dimension of research quality. Scores for both these subdimensions were variable across the RQ+ assessments, as Figures 15 and 16 show, but with most projects scoring 'some' or 'significant' (17/20 for sharing and 15/20 for actionability).

The actionability subdimension relates to the extent to which research uptake was well planned, as well as whether findings were disseminated within actionable timeframes and in ways that were appropriate for operational or policy actors.

While it might be expected that projects funded under R2HC responsive calls would be more 'actionable' than those under other calls (since they are designed to be responsive to a particular crisis), within our sample[163] we found little difference in the scores, with responsive projects scoring an average of 5.6 and the annual open call projects an average of 5.1.

Figures 15 and 16: RQ+ scores on knowledge sharing and actionability

Knowledge accessibility and sharing

Planned and actual actionability

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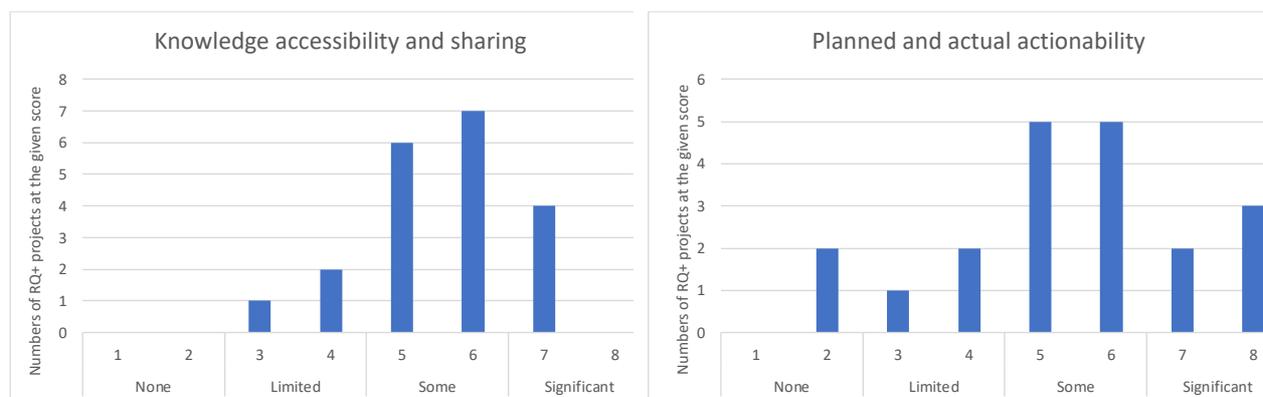
[163] Because the RQ+ sample was not designed to be representative of the split between responsive and core projects, we cannot extrapolate from this observation.

The RQ+ assessments and R2HC's existing impact case studies revealed a wide range of knowledge-sharing approaches. Results were shared in presentations and workshops, including recommendations workshops for the key policy and practice audiences. Training workshops and courses and train-the-trainer courses were provided for health care providers. Seminars, webinars, and conferences were held, as well as one-to-one meetings and informal communications with, and research updates for, key research users. Results were disseminated in multiple different ways targeted at different audiences, including through peer-reviewed publications, briefing notes, manuals, guides and toolboxes, videos, flyers, sketches, cartoons, press releases, media articles and radio material. Many products were produced in local languages.

There are also R2HC case studies and RQ+ assessments in which challenges with knowledge-sharing and dissemination were observed. This could be because the research was not widely disseminated, or not disseminated to all the appropriate audiences – or, in one R2HC case study, because a press release muddied the messages from sensitive research findings.[164] There were also projects that focused on sharing findings with international actors and in the process neglected important national audiences,[165] or that focused on national-level audiences at the expense of important, more localised, ones.[166] In RQ+ assessment 13 (which saw our lowest RQ+ scores in this area), dissemination of the core 'findings' was appropriately limited as changes to the methodology had drastically limited those findings.

In the RQ+ assessments, while good scores on accessibility and sharing and actionability did not guarantee good humanitarian engagement with research or good scores on research impact in every case, those projects that scored a 4 or below (limited to none) on the sharing and actionability subdimensions tended to score less well on research impact (except in some cases on capacity-building impacts). This suggests that, while projects cannot guarantee that appropriate planning for uptake, and good dissemination and communication of research findings, will lead to research impact, if attention to these issues drops below a certain level the chances of uptake and impact are further reduced.

> ## BOX 3: KNOWLEDGE–SHARING AND ACTIONABILITY
>
> The Durham University-led project that investigated the effectiveness of different face masks in volcanic eruption crises agreed to release preliminary findings early in response to the 2018 Fuego eruption in Guatemala. Such an approach can be challenging for academics focused on peer-reviewed publication. This project also co-produced informational materials with communities on using the most effective facemasks.
>
> Having open access findings and tools has been mentioned as important in encouraging uptake in MHPSS research. In a completely different field, RQ+ assessment project 6 provided a tool that was not patented and wrote an article on how to build it. The project worked on quality assurance in sharing the tool with national facilities. The dissemination and sharing of the results of this research have long outlasted the end of the R2HC grant.

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[164] R2HC case study of World Vision International-led project *Longer-Term Mental Health, Developmental and Systems Impact of Child Friendly Space Interventions in Humanitarian Emergencies* 2014–2016. This case study was produced internally but the project was also assessed in the 2015 HIEP evaluation.
[165] RQ+ assessment 12
[166] R2HC case study of Brandeis University-led project *Strengthening the Humanitarian Response to COVID-19 in Colombia* 2020

2.1.7   ENGAGING COMMUNITIES IN RESEARCH

Engaging communities in research processes and findings is an important part of R2HC's aim to generate more community impact for research. In the RQ+ assessments, some projects utilised community engagement strategies to gain access to research participants or to make tools more context-specific (RQ+ assessment project 15). Project 1, which aimed to understand community experiences, distributed results to community organisations through a seminar held in the local language as well as through informal community meetings. Project 12 worked to ensure community engagement from the design stage through to the end of the research process. On the other hand, some projects were simply less conducive to community engagement because of their design and subject matter, which meant that communities were not directly involved in the research in any way (RQ+ assessment projects 6 and 11).

There are very good examples of engaging communities in the R2HC case studies, for example in the Makerere University-led project on refugees' lived experiences of COVID measures.[167] The Yale University-led project on an MHPSS intervention for youth in refugee and host communities included significant consultations with the community and presentations of findings to the community, and incorporated community understandings of resilience in its measures.[168]

R2HC has given careful consideration to community engagement in research and has included sessions on this subject in its research fora. A recent summary report on 'Community Engagement in Health Research in the Context of Humanitarian Crises,' based on 19 consultations with diverse stakeholders, half of them from LMICs in Africa, Asia, Latin America, and the Middle East and produced by the Fogarty International Center, found that:

> 'Elrha, a UK-based NGO, and its Research for Health in Humanitarian Crises program (R2HC) were consistently cited as the best example of a funder supporting community engagement.'[169]

One respondent felt this was an area where R2HC could do more, learning from sectors where there had been demand for the engagement of research participants in robust research, such as the 'nothing about us without us' movement in HIV research.[170] R2HC has now, in response to grantee demand, developed an online course on community engagement for research uptake,[171] based on a literature review. This was developed during the timeframe of the evaluation.

2.2   TO WHAT EXTENT HAS R2HC-FUNDED RESEARCH CONTRIBUTED TO AN IMPROVED HUMANITARIAN HEALTH EVIDENCE BASE IN TERMS OF ADDRESSING LONG-STANDING PROBLEMS? (CONCEPTUAL IMPACT)

ESRC defines conceptual impact as a demonstrable contribution to 'the understanding of policy issues and reframing debates.' Our RQ+ framework breaks down the pathway to conceptual impacts into two steps – first adding to new knowledge and then achieving conceptual impact. Before research findings can affect a debate, they must demonstrably add new knowledge –

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[167] RQ+ assessment 1; R2HC case study of Makerere University-led project *REFugee Lived Experiences, Compliance and Thinking (REFLECT) in COVID-19* 2020–2021

[168] R2HC case study of Yale University-led study *Measuring the Health and Wellbeing Impacts of a Scalable Programme of Psychosocial Intervention for Refugee Youth* 2015–2017. Also evaluated in the HIEP 2018 evaluation.

[169] Knowlton, A. and Beecroft, B. (2023) 'Summary Report: Community Engagement in Health Research in the Context of Humanitarian Crises'. Bethesda, MD: CGHS.

[170] Interviewee 91

[171] Community engagement for research uptake in humanitarian settings (thinkific.com)

which is essentially at output level. Almost all (19/20) projects had contributed 'some' or 'significant' new knowledge in this subdimension, as Figure 17 shows. The RQ+ framework also assessed conceptual impacts. It is important to note that specific impact types were measured only where either 1) they were reported or observed in assessments or 2) they were clearly intended in project proposals and other material but did not transpire. Not every project aims at every type of impact. Figure 18 shows the RQ+ scores for conceptual impacts.

Figures 17 and 18: RQ+ scores on the extent that projects add to new knowledge and on expected or emerging impacts on understanding
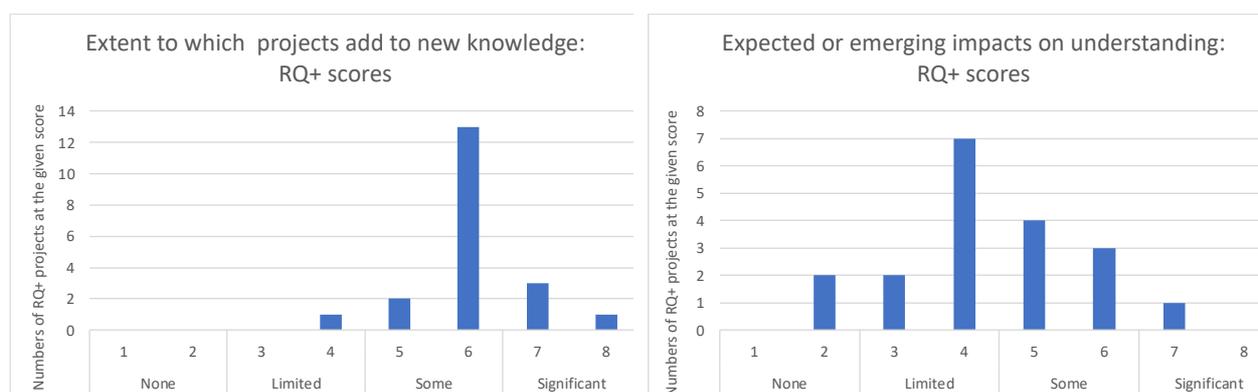
Of the 20 projects, 8 had 'some' or 'significant' conceptual impacts, reflecting the significant leap from adding knowledge to changing the understanding of an issue or reframing a debate. We did find that projects needed to produce new knowledge in order to produce some or significant impacts on understanding, but clearly this was no guarantee of impact in this area. Projects that added new knowledge but did not achieve conceptual impacts often added new information in a specific context, but at a time when other organisations were also working on similar issues.

Figure 19: RQ+ scores on expected or emerging impacts on understanding, by project type
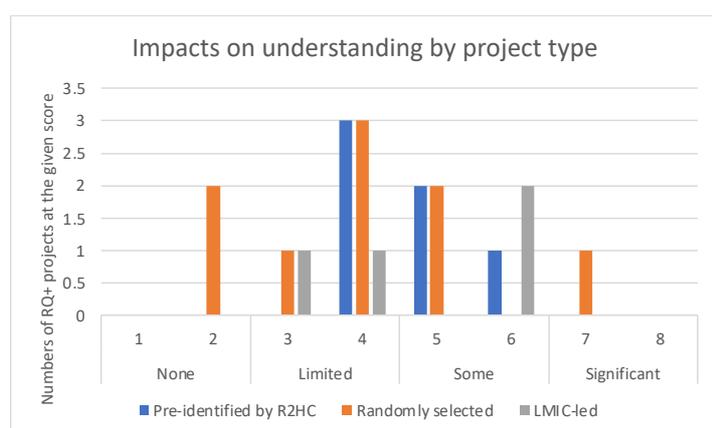


Figure 19 shows the scores for impact on understanding by project type. The average score for projects identified by R2HC was 4.6, compared with 3.6 for randomly selected projects and 4.8 for LMIC-led projects.

Among the R2HC case studies, 12 were found to have had conceptual impacts in our analysis, and many of these impacts were particularly impressive. Collectively, the RQ+ and case study

impacts demonstrated significant contributions to emerging bodies of evidence, helping raise the profile of a new or neglected humanitarian health issue, changing the range of evidence used to inform humanitarian response and providing evidence that common interventions may not always be as effective as previously thought. The contribution to changing understanding of an issue, or reframing a debate, that a single study can make is rightly limited in most cases. But R2HC has achieved a bigger contribution to conceptual impact through its cohort of studies on MHPSS, discussed in Section 1 above.[172] One of the RQ+ assessments can be said to have contributed to that collective conceptual impact.[173]

BOX 4: STAND-OUT CONCEPTUAL IMPACTS

A 2014–2016 World Vision International-led project on child-friendly spaces found that these interventions were not effective in many cases and depend on high-quality implementation that is not often prioritised. This represented a *'significant and specific shift in knowledge and understanding of influential global level stakeholders.'*

The LSHTM-led 2014–2026 Ebola Response Anthropology Platform was described as '*a breakthrough in the inclusion of ethnographic evidence and ethnographers in high level expert and policy debates around the response.*' The project won a 2016 ESRC Celebrating Impact Award.

The 2015–2018 International Rescue Committee (IRC)-led project on integrating menstrual hygiene management raised the profile of a neglected issue at a time when there was a demand for this to happen. One of our respondents (84) reported that the world had now caught up, partly thanks to the R2HC study.

2.3 TO WHAT EXTENT HAS RESEARCH FUNDED THROUGH 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)

We have separated the category of instrumental impact into two separate sub-categories: impact on policy, guidance and standards and impact on the delivery or scaling-up of new interventions. Nine RQ+ projects (45%) scored 5 or above ('some' or 'significant' impact) in at least one of these two instrumental impact categories. As with all the impact subdimensions, only those projects that aimed at or achieved impacts in these subdimensions were scored.

2.3.1 IMPACTS ON POLICY, GUIDANCE, AND STANDARDS

In our RQ+ assessments, 8 of the 20 projects (40%) scored a 5 or above ('some' or 'significant' impact) in this subdimension.

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[172] Tol, W. et al. (2023) 'Mental Health and Psychosocial Support in Humanitarian Settings: Research Priorities for 2021–30'. *The Lancet Global Health* 11(6): e969-e975.
[173] RQ+ assessment 5

Figure 20: RQ+ scores on expected or emerging impacts on policy

Figure 21: RQ+ scores on expected or emerging impacts on policy, by project selection type
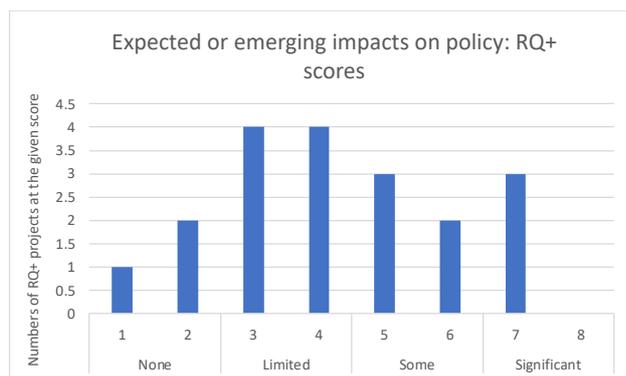
In this case, the six projects selected as interesting impact cases and the four cases selected as LMIC-led projects had a higher average score than the randomly selected projects in our sample. The scores were 5.8 for the pre-identified projects, 5.6 for the LMIC-led projects and 2.8 for the randomly selected projects. Figure 21 shows the scores per project type.
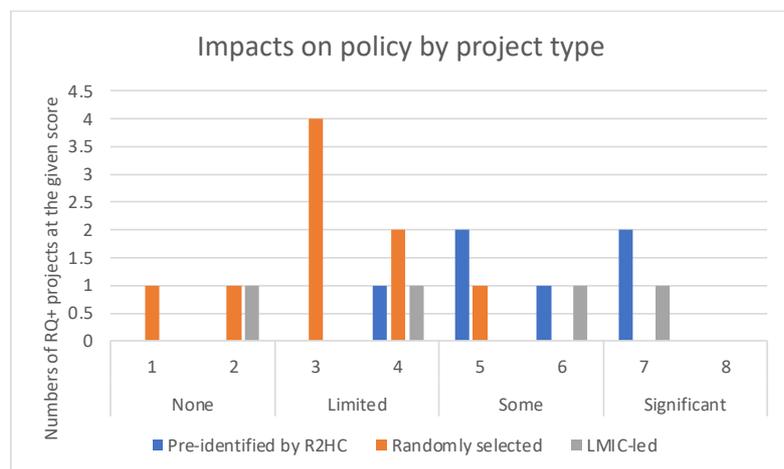
Policy impacts were more prevalent in the R2HC case studies, which were selected *because* of their reported impacts. The largest number of impacts recorded (59 references and 19 cases) in the analysis of existing case studies related to impacts on policies, policy documents or humanitarian guidance and standards.

Combining both the RQ+ assessments and case study evidence, the actors whose policies and guidance had reportedly been changed partly as a result of R2HC research included a number of offices and teams of WHO and other leading humanitarian standards-setting bodies, as well as national governments, international humanitarian agencies and donors. Box 5 presents a small selection of project examples. The examples from our samples show the use of some common mechanisms for policy impact. One approach that two R2HC case study projects and one RQ+ project used was to supply WHO with the required level of evidence it needs (above a certain number of high-quality RCTs from different contexts) to endorse and promote interventions and share guidance on the WHO website.[174] Another mechanism is to influence the guidance and

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[174] RQ+ assessment 5; R2HC case study of WHO-led project *Addressing the 'Access' and 'Scale' Challenge: Cost-Effectiveness of a New WHO-Guided Psychosocial Self-Help Programme* 2015–2017; R2HC case study of WHO-led project *Effectiveness and Cost-Effectiveness of Simplified Psychological Support in Conflict-Affected Pakistan* 2014–2016. This latter case study was produced internally, but the project was also assessed in the 2018 HIEP evaluation.

minimum standards produced by the main respected interagency guidance and standard-setting organisations and publications, including the Sphere handbook. At least five R2HC projects influenced the Sphere handbook when it was last updated in 2018.[175] Influencing government policies, guidance and training has also been a key mechanism of policy influence, for example for public health plans and bills[176] and government priorities and resource allocation.[177]

BOX 5: POLICY IMPACTS

The PI of the ground-breaking 2016–2018 McMaster University-led project on palliative care helped draft new palliative care standards for the 2018 Sphere handbook, which categorised palliative care as an 'essential health care standard' for the first time.

The 2014–16 World Vision International-led project on child-friendly spaces resulted in updated standards on group activities for children's wellbeing in the Child Protection Minimum Standards, affiliated to the Sphere standards in 2019.

A major global child protection interagency group intend to incorporate the results of RQ+ assessment project 10 into its next set of standards and guidelines.

RQ+ assessment project 16 informed the production of new government training guidelines on the area of health care that was the subject of the research in a country in sub-Saharan Africa.

RQ+ assessment project 17 was invited to address the national parliament on its research. A government bureau has been established to lead on the very area of work that the project highlighted, and a department is being created in the relevant government ministry. The research partners have been engaged to train those staff.

2.3.2   IMPACTS ON DESIGNING, DELIVERING AND SCALING UP SERVICES AND INTERVENTIONS

It is through the actual implementation of findings in service provision and interventions that improvements are often delivered for crisis-affected people. This was the hardest subdimension in which to score positively for our RQ+ projects, with only 5 of the 20 (25%) achieving over 5, indicating 'some' or 'significant' impact, as Figure 22 shows. This reflects what we already know about research impact – namely, that it is often harder to ensure actual implementation of findings in services and interventions than to get them reflected in normative guidance. The evaluation team was not given, and does not accept, any hierarchy of impact types. But there will clearly be particular interest in this type of impact as the one which can directly contribute to R2HC's objective of improving outcomes for crisis affected people. It must be noted that the projects that have achieved policy changes could be seen as being on a trajectory towards influencing interventions, and the R2HC case studies contain more examples of this impact type.

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[175] Interviewees 42, 112; R2HC case study of World Vision International-led project *Longer-Term Mental Health, Developmental and Systems Impact of Child Friendly Space Interventions In Humanitarian Emergencies* 2014–2016; R2HC case study of McMaster University-led project *Aid When There's 'Nothing Left to Offer': A Study of Palliative and Supportive Care during International Public Health Crises* 2016–2018; R2HC case study of IRC-led project *Building a Cross-Sectoral Toolkit and Research Foundation for the Integration of Menstrual Hygiene Management into Emergency Response* 2015–2018; R2HC case study of WHO-led project *Addressing the 'Access' and 'Scale' Challenge: Cost-Effectiveness of a New WHO-Guided Psychosocial Self-Help Programme* 2015–2017

[176] R2HC case study of Makerere University-led project *REFugee Lived Experiences, Compliance and Thinking (REFLECT) in COVID-19* 2020–21; R2HC Case Study of Tufts University-led project *Researching Commonly Implemented but Severely Under-Researched Water and Hygiene Interventions to Prevent Cholera Transmission* 2017–2019; R2HC case study of Brandeis University-led project *Strengthening the Humanitarian Response to COVID-19 in Colombia* 2020

[177] RQ+ assessment 17

Figure 22: RQ+ scores on expected or emerging impacts on services and interventions
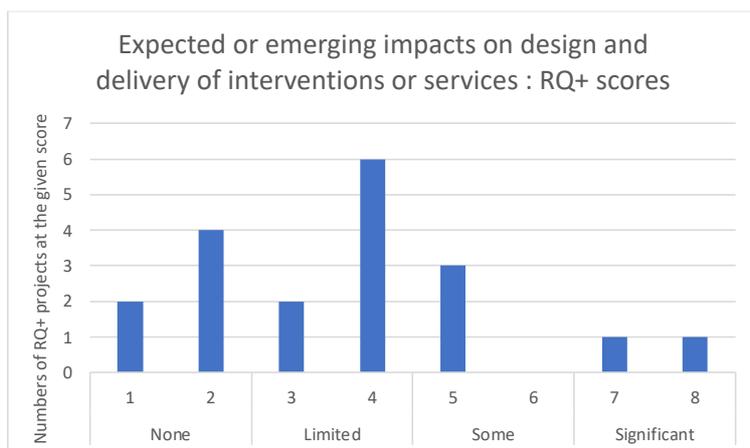
The projects in our RQ+ sample that RH2C pre-identified fared better in this subdimension, with an average score of 4.8, compared with 2.4 for randomly selected projects and 4.25 for LMIC-led projects.

Figure 23: RQ+ scores on expected or emerging impacts on services and interventions, by project selection type
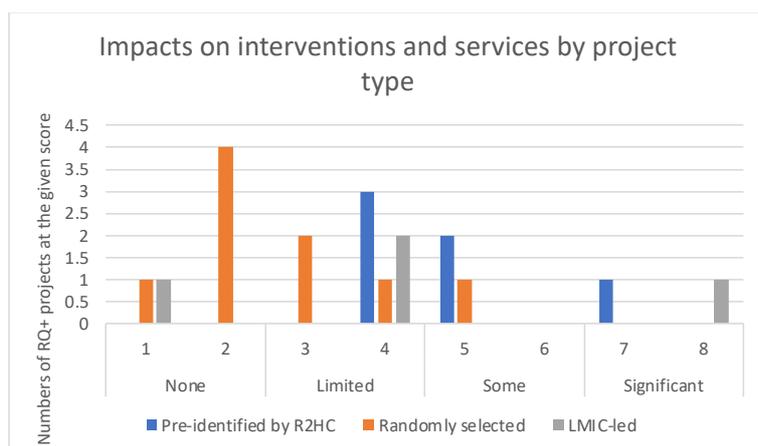
In the existing R2HC case studies, 12 cases were coded for direct or indirect impacts on interventions and responses, often through the use of research findings by the same organisations to secure funding for new or scaled-up interventions. The types of implementation impacts in the RQ+ and case study examples included improvements to epidemic response, and the rollout of evidenced interventions and tools.

One of the areas in which R2HC support has most clearly led to the scale-up of interventions beyond the original organisations involved in research is MHPSS. As Box 6 shows, Problem Management Plus (PM+) has become a widely used MHPSS intervention, implemented from Syria to Ukraine to Jamaica to Colombia.[178] The R2HC-supported Self-Help Plus (SH+) tool, which has also received a 'scaling grant' from Elrha's HIF programme, has been increasingly used. A recent evaluation by the US Department of State Bureau of Population Refugees and Migration on MHPSS support as part of humanitarian and relief operations found that PM+ and SH+ were

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[178] Interviewee 77; PAHO (2023) 'Launch of Problem Management Plus (PM+) Intervention Pilot Project in Jamaica'; https://reliefweb.int/job/3989670/pm-trainer-ukraine; Perera, C. et al. (2020) 'No Implementation without Cultural Adaptation: A Process for Culturally Adapting Low-Intensity Psychological Interventions in Humanitarian Settings'. *Conflict and Health* 14: 46.

among the most widely used tools for over 20 NGO survey respondents.[179] R2HC research on the impact of 18 of its MHPSS research projects funded by from 2014 to 2019 did suggest, however, that there were challenges in ensuring the consistency of implementation, including of PM+, and that the most rigorously studied MHPSS interventions '*are not those most commonly implemented in humanitarian settings, while those most commonly implemented in humanitarian settings have received relatively little scrutiny.*'[180]

The case of PM+ is interesting because it illustrates that, even where scale-up has been successful, tracking the extent of the implementation of interventions is very difficult. While we have found multiple references to the implementation of the intervention, we are unable to ascertain exactly how much it has been used. This reminds us that, while references in policies and guidance may be easier to locate, it is very difficult to track the afterlife of individual projects in implementation as time elapses after the end of the grant.

BOX 6: IMPACTS ON INTERVENTIONS AND SERVICES

The 2014–2016 Problem Management Plus (PM+) study also enabled the WHO team to secure more funding from the EU to fund further study of the use of PM+ in new contexts, from USAID Office for Foreign Disaster Assistance to study a group version of PM+ in Pakistan and Nepal and from R2HC's partner programme, the HIF. Aided by the open access materials translated into multiple languages, PM+ has become a widely used intervention.

Findings from a 2020 COVID-19 study in Colombia were reportedly used, alongside other sources, to inform vaccine rollout and improve access among migrant populations who had previously shown low levels of vaccine uptake.

The 2014–2027 Ebola Response Anthropology Platform helped shape the development of locally appropriate community care centres for triage and isolation of patients as part of the response. This built trust in communities and complemented the Ebola treatment units, which had encountered a lot of resistance. The success of this project 'directly led to' the establishment of a new, larger, UK-funded programme, the Social Science in Humanitarian Action Platform.

The tool developed by RQ+ assessment project 6 has been rolled out in seven countries in Africa and has been refined to significantly broaden its use for different health conditions.

2.4   TO WHAT EXTENT HAS R2HC–FUNDED RESEARCH ACHIEVED OTHER TYPES OF IMPACT IN LINE WITH ESCR GUIDANCE ON IMPACT TYPES? (CAPACITY–BUILDING AND ENDURING CONNECTIVITY IMPACT)

Given that R2HC has never had a formal mandate to undertake capacity-building, it is interesting that there is evidence for so many impacts in this area. This was the most common area of impact in our RQ+ assessments. Twelve projects were coded for capacity-building and networks in our analysis of existing case studies, but it was difficult to disentangle capacity-building activities from their impacts.

Our RQ+ framework investigates the extent to which projects aimed to build capacities as part of the assessment of contextual factors at the beginning of the assessment, as well as the extent of reported capacity-building impacts at the end. As with our other impact scores, only those projects that aimed at or achieved impacts in this area, or both, were scored. However, it is interesting that more projects

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[179] US Department of State (2022) 'Evaluation of PRM-Supported Initiatives on Mental Health and Psychosocial Support (MHPSS)'. Washington, DC: US Department of State.
[180] Tol, W. et al. (2020) 'Improving Mental Health and Psychosocial Wellbeing in Humanitarian Settings: Reflections on Research Funded through R2HC'. *Conflict and Health* 14(71).

achieved 'some' or 'significant' impacts on capacity-building and networks (13 projects) than had capacity-building as a 'significant' or 'very significant' part of their project (7) in the earlier score on capacity-building as part of project context. This indicates that even 'utilitarian' capacity-building that takes place to implement a project can have wider effects that outlast the project, but that R2HC does not currently systematically require or capture these pathways to important impacts. LMIC-led projects in our sample had a slightly higher average score for capacity building and networking impacts (5) than purposively (4.7) and randomly (4.2) selected RQ+ projects.

Figures 24 and 25: RQ+ scores on capacity-building in the project context and expected or emerging impacts on services and interventions
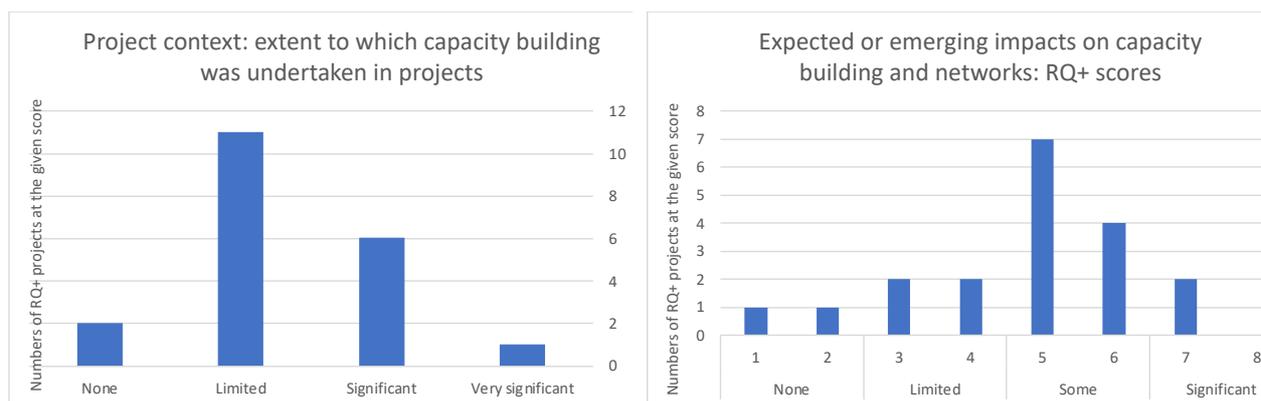
Figure 26: RQ+ scores on expected or emerging impacts on capacity-building and networks, by project type
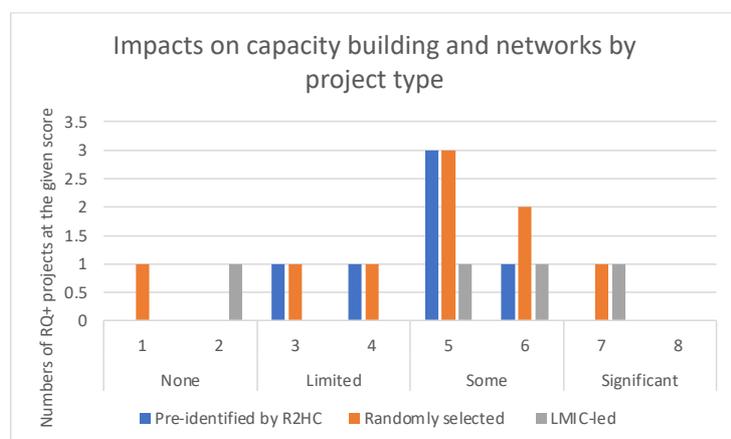
Individual and institutional or organisational capacity-building as well as strengthening networks has often taken place in the same projects and can be hard to disentangle.

In the RQ+ assessments and in the existing case studies there were many instances in which case study projects achieved reported ***capacity-building impacts***. Delivering training in the technical implementation of an intervention, tool or approach that was being studied could build individual and organisational capacities. Two RQ+ projects mentioned the importance of co-authorship and publication in building capacities.[181] This may merit further investigation across their portfolio by R2HC, as publication records can be an important tool for building individual and organisational ability to bid for more research work. Five RQ+ projects resulted in the support of LMIC PhD students or research team members to build capacities and undertake more research

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[181] RQ+ assessments 5, 9

in future.[182] As well as helping researchers gain PhDs, one R2HC case study noted that grants could prompt team members to begin PhDs.[183] Projects also built the organisational capacities of their direct project partners in conducting specific data collection and analysis methodologies, using specific tools and software, as well as in grant management.[184] In one case, this allowed for the completion in house of tasks that had previously needed to be contracted out.[185] These capacities could be built even in partnerships that have been difficult or inequitable.[186]

There were also many instances of ***networking (connectivity) impacts*** in which partnerships between research and operational actors, and HIC and LMIC partners, had outlasted the project lifetime, and where policy-influencing connections forged or deepened during the project had also continued. Sometimes, the partnerships that the R2HC grant had strengthened, or that had been able to reinforce and extend their networks, were pre-existing partnerships.[187] In one case, the partner relationship predated the grant by at least 10 years.[188] In another case, the partnership was pre-existing but informal, and the R2HC grant had enabled it to apply for funding from other donors.[189] In other cases, the partnerships were created by the R2HC grant but went on to conduct research in other settings, with funding from another donor.[190] The networks created by R2HC case study projects include the creation of broader platforms of researchers and humanitarians to promote leadership in the area. [191]

> **BOX 7: CAPACITY-BUILDING IN RQ+ ASSESSMENTS**
>
> The tool developed by RQ+ assessment project 6 has expanded to seven countries in Africa and has built considerable capacities in data collection and testing in the national facilities in these countries. The team sees this as a key strength as compared with the common practice of teams coming in with their own equipment, running the tests, and pronouncing on results with minimal involvement of in-country actors. It has also strengthened individual capacity through PhD students and lab assistants.
>
> RQ+ assessment project 9 involved the recruitment and training of local PhD students, who were then linked to universities in Europe, which supported their networking and professional/academic opportunities. Institutional capacities were also built, with reported improvements to the credibility and reputation of the LMIC research institution and its publication record.

2.5 WHAT HAS BEEN THE R2HC CONTRIBUTION TOWARDS ACHIEVING THIS IMPACT AND ARE THERE ANY COMMON ELEMENTS ACROSS THE MOST SUCCESSFUL STUDIES IN THE PORTFOLIO R2HC COULD LEARN FROM?

Because of the nature of research impact, all of the impacts recorded in all our sources involve contributions of R2HC alongside other factors such as the appetite and ability of key audiences to

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[182] RQ+ assessments 1, 5, 6, 9, 20

[183] R2HC case study of Yale University-led study *Measuring the Health and Wellbeing Impacts of a Scalable Programme of Psychosocial Intervention for Refugee Youth* 2015–2017

[184] RQ+ assessments 1,6, 9

[185] RQ+ assessment 10

[186] RQ+ assessment 10

[187] For example in RQ+ assessments 1, 12

[188] RQ+ assessment 6

[189] RQ+ assessment 19

[190] RQ+ assessment 20

[191] R2HC case study of Michigan State University-led project *Using Humanitarian Engineering to Solve Social Distancing Barriers in Humanitarian Interventions: A Cross-Country Comparison of Turkey, Lebanon and Jordan* 2020

use evidence. Because evidence-informed practice mostly cannot be changed on the basis of a single study, the contributions are also made alongside other research – in most cases non-R2HC-funded research. It can be difficult to disentangle the precise contribution of R2HC research versus these other factors, but we have considered the common factors that made for success. We also include the common factors that contributed to failure to achieve impacts, as these are just as relevant to understanding how projects can achieve success.

2.5.1   EVIDENCE USE REQUIRES ENGAGEMENT BY KEY AUDIENCES

A key intermediate step between the production and sharing of quality evidence and its use is the amount of engagement that occurs by the key audiences who would need to use it. The RQ+ framework measured these levels of engagement as 'research outcomes.' Figure 27 shows the scores for these subdimensions. Eight projects had 'some' or 'significant' engagement by humanitarian actors; the figure for government and/or civil society actors was nine.

Figure 27: Levels of engagement of key actors with research (research outcomes)
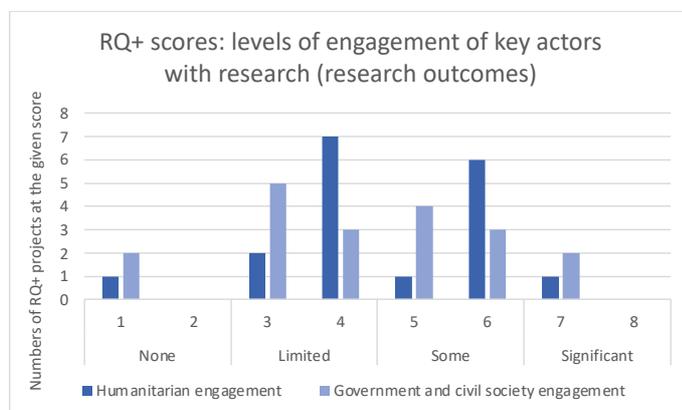
Twelve projects had 'some' or 'significant' engagement by at least one of the two stakeholder categories. Of the eight projects that had engagement scores of 4 or below ('no' or 'limited' engagement) in both stakeholder categories, six had 'no or limited' impacts on policy, design and delivery of interventions or services and understanding of an issue. All projects with an engagement score of 7 or above (significant) in one stakeholder category had 'some' or 'significant' impacts on policy, delivery or understanding. Levels of engagement or willingness to use research findings depend, in turn, on the capacities of key humanitarian audiences to use evidence. A number of factors can limit these, from time pressures to lack of funding to lack of political will. RQ+ assesses the extent to which humanitarian actors are able and motivated to use evidence in the context part of the assessment. The scores range from 'very strong,' where 'key actors seek out and use evidence to successfully improve humanitarian policy or practice' to 'weak,' where 'key actors actively discourage the use of evidence and are more likely to rely on experience and past practice.' The results of the assessments, shown in Figure 28, suggest a very strong appetite for using research evidence.

Figure 28: Humanitarian capability, opportunity and motivation to use evidence

RQ+ scores on humanitarian actors capability opportunity and motivation to use evidence
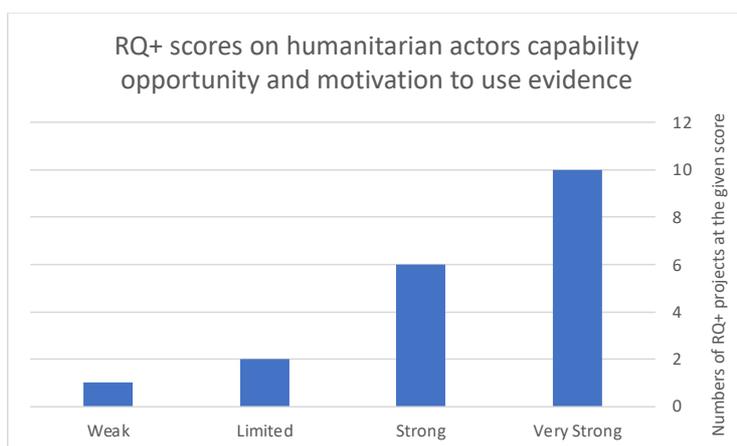
2.5.2 EXISTING DEMAND BOOSTS THE BUILDING OF BODIES OF EVIDENCE AND THEIR USE

R2HC projects never cause the impacts of research alone but rather contribute alongside those who need to act on research findings. Existing demand for evidence was a strong driver of impact in both the RQ+ assessments and the R2HC case studies. The McMaster study on palliative care came at a time when humanitarian organisations had been experiencing increased demand for training on end-of-life care in the wake of the Ebola outbreak in West Africa.[192] At the time of the menstrual health management research project, this was a rising topic of interest in international development and humanitarian policy and practice; after the project, there was more interest and research in this area.[193] As noted in the 2018 HIEP evaluation, the R2HC contribution to MHPSS research came at a time of greater interest in MHPSS research and intervention.[194] This does mean that other non-R2HC funded research often plays a critical role in achieving evidence-based impacts as is appropriate in the world of evidence-informed policy and practice.

2.5.3 POLITICAL WILL IS A CRITICAL FACTOR

Evidence reviews on research impact in international development have shown that as well as insufficient capacity and systems, lack of incentives can also prevent the use of research in decision making.[195] In our findings, political will[196] and the existing demand for evidence among key actors appeared to have a strong effect on the achievement or not of impacts. In four projects the motivations and political will of key audiences – INGOs in one case and governments in three – inhibited the uptake and use of findings.[197] In two cases, there was significant political will and support for using evidence on the subject being researched, and on the communities being studied, but that political will was lost during the course of the project because of a change of government.[198] In one of these assessment projects,[199] the research was conducted in two countries, and achieved good results in the country where political will was retained and no

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[192] R2HC case study of McMaster University-led project *Aid When There's 'Nothing Left to Offer': A Study of Palliative and Supportive Care during International Public Health Crises* 2016–2018. This project was also evaluated in the 2018 HIEP evaluation.

[193] R2HC case study of IRC-led project *Building a Cross-Sectoral Toolkit and Research Foundation for the Integration of Menstrual Hygiene Management into Emergency Response* 2015–2018. This case study was produced internally but the project was also assessed in the 2015 HIEP evaluation.

[194] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.

[195] Newman, K. (2014). *What is the evidence on the impact of research on international development? A DFID literature review.* DFID.

[196] Defined as the extent of committed support among key decision makers for a particular policy solution to a particular problem.

[197] RQ+ assessments 1, 7, 16, 20

[198] RQ+ assessments 7, 16

[199] RQ+ assessment 7

impacts where it was lost. In RQ+ assessment project 17, the area of research became a presidential priority during the course of the grant, significantly boosting the uptake and impact of the findings at national level.

2.5.4 RELATIONSHIPS PLAY A KEY ROLE

Our findings highlighted the key role of relationships and having, or acquiring, a seat at the table of key policy and response discussions. In many cases, uptake of the research was aided by the existing relationships or profile of key researchers, operational partners and their existing connections with important networks or individuals. This was echoed in an evaluation of UK funded Health Research Programme Consortia, which found that "having close relations with the 'clients' for the research seems to be a common element in success."[200] In R2HC, the relationships created by partnerships between academic and operational actors (required in core grants) can be a starting point for this. This is reflected in our findings under section 2.3.2 above that many impacts on interventions involved or began with the changing, scaling up, or securing of new funding for interventions by the grant's operational partner itself. There was also one RQ+ case in which the project lost its intended operational partner at the beginning of the grant, with negative consequences for the uptake of research.[201] The requirement of partnership alone did not guarantee the achievement of outcomes and impacts. Where one or both of these partners had established connections to the stakeholders who were key to achieving impact this did help.

BOX 8: RELATIONSHIPS IN RESEARCH UPTAKE

The 2020–2021 Makerere University-led study of refugee lived experiences of COVID had a pre-existing relationship with the Ministry of Health, which used the study findings to adapt its pandemic response.

The highly impactful Ebola Anthropology Response Platform benefited from connections to key actors, such as Professor Chris Whitty, then-Chief Scientific Adviser at the Department for Health and Social Care.

2.6 HAS R2HC–FUNDED RESEARCH BEEN MORE INFLUENTIAL IN PARTICULAR THEMATIC AREAS, GEOGRAPHICAL SETTINGS OR RESEARCH CONTEXTS, OR ACCORDING TO ANY OTHER SPECIFIC CHARACTERISTIC? WHAT HAS CONTRIBUTED TO THIS?

The thematic area in which R2HC grants have been most obviously particularly impactful is MHPSS. The 2018 HIEP evaluation finds that R2HC's then-cohort of 11 MHPSS studies 'has turned into an influential thematic community of practice.' The collective impacts of this community of practice have continued since 2018. As an MHPSS specialist and researcher from an LMIC background put it, '*I am very happy that we now have many evidence-based low-intensity interventions thanks to funding from R2HC and others. Compared to 10 years ago we have a lot of tools that have been rigorously evaluated and endorsed by the WHO.*'[202] A 2020 journal article reviewing R2HC MHPSS projects also concluded that, 'The R2HC MHPSS portfolio is starting to contribute to answering essential questions regarding the effectiveness of a range of MHPSS interventions in humanitarian settings – a field where research and practice have historically been misaligned.'[203]

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[200] Culyer, T., et al. (2015). Mid-term evaluation of DFID's health research programme consortia: synthesis report. *Mott MacDonald*
[201] RQ+ assessment 1
[202] Interviewee 41
[203] Tol, W. et al. (2020) 'Improving Mental Health and Psychosocial Wellbeing in Humanitarian Settings: Reflections on Research

A number of the R2HC impact case studies and four of our impactful RQ+ assessments are MHPSS projects. Although there has never been an MHPSS call, R2HC has funded a number of MHPSS projects over time. Many of these have been delivered by a cohort of strong MHPSS researchers, who are well connected to policy and practice communities. These researchers, who have previous and ongoing associations with R2HC, were involved in the two most impactful MHPSS projects according to our RQ+ assessments. The responsive calls have also generated thematic groups of impact to varying degrees. The Ebola calls have clearly generated a lot of impact, including three impressive R2HC impact case studies and positive accounts in other evaluations. Of the four Ebola projects in our RQ+ sample, two had 'some' or 'significant' impacts on capacity-building and networks and one was impactful across all impact categories, including three significant impacts. There are three R2HC impact case studies of COVID projects. Of the six COVID studies in our RQ+ sample, one had 'some' impact across impact categories and three had 'some impact' on one impact category. There is one Food and Nutrition R2HC impact case study and we identified one Food and Nutrition call project in our RQ+ sample and one in our RQ+ sample, which had 'some' impact in three impact categories and one 'significant' impact.

In the open calls, aside from in MHPSS, R2HC impacts have been more dispersed, ranging from significant impacts in some highly specific areas, such as volcanic eruptions to more broadly applicable areas such as menstrual hygiene management.

We investigated whether there was an association between the volatility of the humanitarian context and operating environment identified in RQ+ assessments and the achievement of impacts and did not find any pronounced pattern. Projects in more stable contexts were not more likely to have areas of moderate to significant impact.

We know from the research uptake literature[204] that pathways to research impact can be much longer than project and programme timelines expect. This literature emphasises that research can fail to influence the particular policy window, programme cycle or response for which it was designed but achieve influence on another, later, response, policy or programme or in a completely unexpected way.

Figure 29: How research evidence really gets used in the policy cycle

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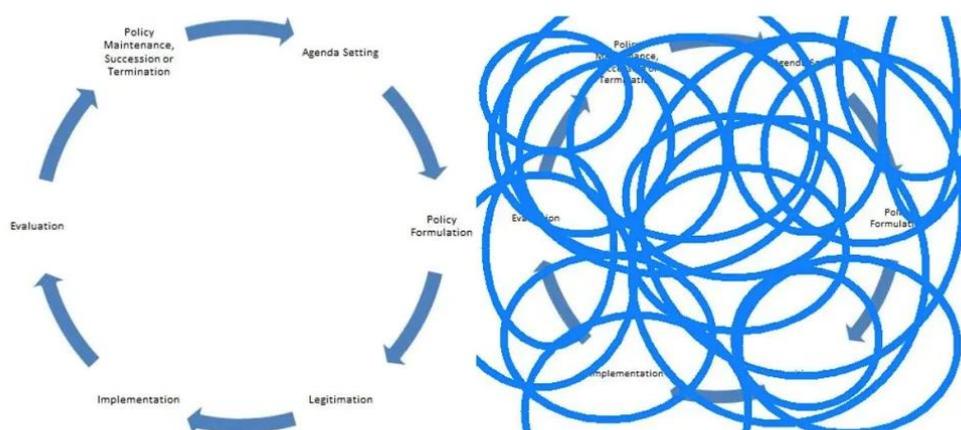
Funded through R2HC'. *Conflict and Health* 14(71).
[204] Cairney, P. (2015) *The Politics of Evidence-Based Policymaking*. Palgrave-Pivot; Boaz, A. et al. (eds) (2019) *What Works Now? Evidence-Informed Policy and Practice*. Bristol? Policy Press.

It is therefore difficult for us to definitively say whether projects that were assessed as having limited or no likely impacts will not yield impacts at some later date. There were four projects in our RQ+ sample that had finished before the mid-point of R2HC's existence in 2018. Our framework aimed to be fair to newer projects by scoring 'likely' impacts where there was evidence that they would happen. The scores for these projects are shown below. The average number of impact scores received in older projects was indeed higher (at 2.5) than for projects closed more recently, after 2018 (1.6); however, there were only four projects in our sample that had closed before 2018. The narrative of assessments also suggested that in some older projects it was the length of time elapsed that had allowed impacts to build up, and for some newer projects it was certainly the case that impacts are likely to increase, for example as approved interventions are shared on trusted platforms and more widely implemented. A number of respondents in our RQ+ assessments said that one of the biggest obstacles to achieving impact was that contracts ended too quickly; teams then dissipated and moved on and could not effectively work on furthering the uptake of findings.[205] Team members from these projects spoke to the impacts that could have been achieved, had they had the time and resources in place in order to affect or influence some degree of change.

Figure 30: Impact scores, by age of project
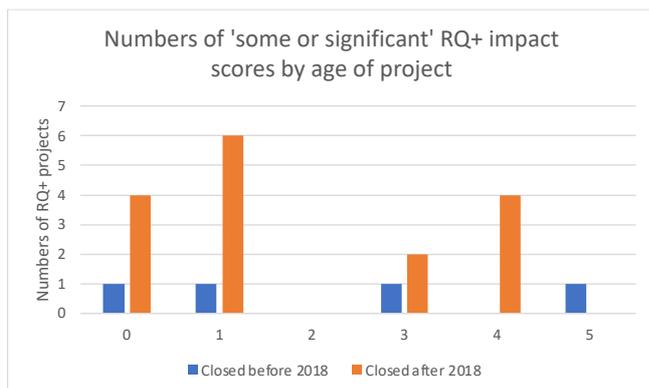
2.7   AS A PROGRAMME, DOES R2HC HAVE THE FLEXIBILITY AND ADAPTABILITY NECESSARY FOR ADDRESSING RESEARCH IN RAPIDLY CHANGING HUMANITARIAN ENVIRONMENTS?

As we mention in question 2.1 above, our RQ+ assessments showed a significant ability to identify and manage adaptations to research methodologies and processes required by the challenging data and operational environments in which projects often operate. This does show considerable adaptability at the in managing project implementation.

2.7.1   FLEXIBILITY AND TIMELINESS IN CONTRACTING

Flexibility and adaptability in contracting may be a more challenging area. Three of our RQ+ assessment projects (1, 13, 20) reported delays in contracting and due diligence. The views of our respondents on R2HC contracting speed were mixed. For example, one respondent emphasised that R2HC was faster than many programmes in contracting research organisations.[206] Another respondent was quite critical of the persistent delays and cumbersome

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[205] RQ+ assessments 3, 4, 8, 57, 92
[206] Interviewee 23

contracting and due diligence mechanisms at R2HC compared with other mechanisms.[207] A third respondent reported that R2HC was faster than some organisations and slower than others.[208]

Previous evaluations have noted "*persistent area of delays to contracting grantees"* and *"reported delays and arduous due diligence processes, especially for local partners."*[209] This was also a major finding of a recent review of R2HC's responsive grants,[210] which found that, 'A majority of respondents across all interviews… raised concerns that the mechanism was not as rapid as it ought to be.' The review found that the average grant-making timeframe for the COVID-19 call was around eight weeks from selection to contracting.

We understand from R2HC that internal analysis shows the contracting times for the most recent call (Call 9, which had more LMIC-led grants) were longer and took between four and six months. The review of R2HC's responsive grants found that R2HC timelines were shorter than two non-responsive comparators: for the Wellcome Trust's non-responsive grants the average time to conduct due diligence on a new grantee was six to nine months and for the UK Research and Innovation (UKRI) Newton Fund it was six months. While these are not fair comparators for R2HC's responsive grants, they do show that R2HC's non-responsive grant turnaround times are indeed shorter than those of some organisations.

Another area of delay on which some respondents said R2HC could offer more support was obtaining IRB ethical approval. Difficulty in obtaining IRB approvals, which can be very bureaucratic, caused serious delay to our RQ+ project 1 as well as delaying the SH+ study with South Sudanese refugees in Uganda documented in the R2HC case studies.[211] Some respondents said that more help was needed from R2HC to expedite IRB processes.[212] A demand for more guidance on IRB was also echoed in the responses to our survey on R2HC's research fora in 2017 and 2019 in which one respondent said they had particularly noted *'the challenge of IRB approval for rapid studies.'*[213] Other funding organisations reported struggling with IRBs that can take months, and some have tried to assist with IRB approval to allow it to be expedited.[214]

2.7.2   RESPONDING TO CRISES

A significant part of R2HC's required flexibility is the ability to make rapid and appropriate decisions on initiating calls that respond to real-time or emerging crises. The decision to run a responsive call is based on consultations with the Advisory Group – often by email – and broader actors, as well as guidance from the UK Foreign & Commonwealth Development Office (FCDO) and DHSC as donors. It is important that any call adds value – meaning that not every crisis should result in a call. For example, in 2021–2022, R2HC held consultations on the potential need for a rapid research call on the food insecurity crisis in the Horn of Africa, which revealed that the real need was for longer-term and not rapid research. These consultations resulted instead in planning for a longer-term research programme. The planning of the COVID-19 call in 2020 was

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[207] Interviewee 95
[208] Interviewee 77
[209] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.
[210] Ravenstone Consult (2021) 'R2HC Evaluation of Responsive Research Mechanism: Final Report'.
[211] R2HC case study of WHO-led project *Addressing the 'Access' and 'Scale' Challenge: Cost-Effectiveness of a New WHO-Guided Psychosocial Self-Help Programme* 2015–2017
[212] Interviewees 37, 53
[213] Research Forum participant Survey Monkey respondent
[214] Interviewee 23

greatly aided by the fact that WHO had released a research blueprint indicating evidence needs and there was only one area – behaviour change – that R2HC was well-placed to support. Clearly, a balance needs to be struck between adequate consultation, and decision-making in time to respond to crises. A key constraint is that, because the Advisory Group members are so senior, their availability to advise, or to attend a meeting, may be very limited during an ongoing crisis.

2.8 ACROSS 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 AND DOES IT REACH AND ADDRESS THE NEEDS OF ALL PEOPLE)?

We have used the standard '4Es' framework[215] for assessing VfM that FCDO has long recommended.

Figure 31: '4Es' value for money assessment framework
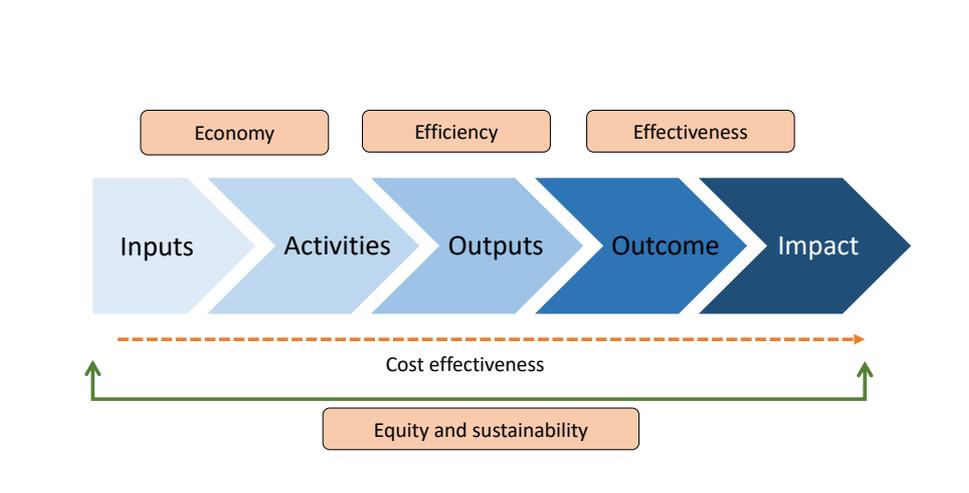
Our findings have already demonstrated the effectiveness and value of R2HC research. In this section, we focus on R2HC's approach to ensuring VfM in projects; the VfM of R2HC overall as a programme; equity; and R2HC's approach to promoting more attention to VfM in the sector.

2.8.1 PROJECT-LEVEL VFM

Economy: R2HC supplies guidance to its Funding Committee on assessing VfM in proposals,[216] which considers the appropriateness of resources from the perspective of ensuring they are clearly linked to and appropriate to project activities and outputs. The guidance is to be credited for focusing on ensuring adequate resources for effective implementation and generating high-value findings, as well as on economy. R2HC also provides guidance to applicants on eligible costs.[217] Eligible costs include indirect costs clearly apportioned to the project and overheads capped at 10%. R2HC covers the costs of intervention *research* but not the cost of the intervention itself.

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[215]   https://beamexchange.org/uploads/filer_public/2b/8e/2b8e96a1-dbad-480a-b1b1-e7d779e36a08/icais-effectiveness-vfm_compressed.pdf
[216] R2HC (2021) 'Value for Money Guidance for the Funding Committee'.
[217] R2HC (2022) 'Guidance on Eligible Costs for Grantees and Applicants'.

R2HC routinely negotiates costs with projects. In the most recent Call 9 (2022), negotiations with the 13 selected grantees led to a £13,000 reduction in grantee costs across the call. A similar saving was made through negotiation in Call 7 in 2020. In Call 8 in 2021, negotiations in fact led to an increase in the final total budget, of £2,500. This is a good sign that R2HC negotiations are focused on the achievement of successful grant implementation and the generation of value rather than ensuring the lowest possible costs. R2HC staff report that, as well as negotiating to reduce costs, they have often had to ensure that uptake and dissemination are adequately funded. Sometimes R2HC demands more equity in dividing overheads proportionately between partners, or in insisting there are some funds for in-person meetings of partners. With LMIC-led projects in particular, R2HC has sometimes needed to ensure that important eligible indirect costs are covered, such as a contribution towards a finance lead. R2HC also queries any significant changes in budgets submitted at the end of projects compared with proposed budgets.

R2HC reported to us that, when it is reviewing applicant's budgets, it does routinely consult examples of unit costs in comparable past projects in its portfolio. This information has not been codified, however. Given that R2HC now has over 100 projects, including repeated projects of similar types in certain regions and countries, it could usefully review and document the comparative costs of different types of research inputs in different contexts. This need not be a formal benchmarking exercise, but it would provide useful learning and reference material for R2HC staff and Funding Committee members.

Efficiency: Delays in project implementation appear to be very common in R2HC. Our RQ+ assessments showed that especially for robust study designs with many components, such as pilots before a full RCT, delays are common in humanitarian contexts. According to our analysis of the R2HC grant tracker, 60 projects out of 67 that had been completed were granted a no-cost extension. At least three were granted more than one. The overall number of R2HC projects that have received extensions is 80 (or 73% of projects, including very recent open projects). This indicates that the duration of projects has not been long enough for a large proportion of R2HC grants. Applying for a no-cost extension does involve transaction costs for projects and for R2HC, though these are not very arduous. No-cost changes to project duration can be approved internally without reverting to the Funding Committee as long as there are no significant changes to the methodology.

R2HC has thought about other approaches to address the common reasons for project delay. In Call 8 in 2021, R2HC introduced a formative research stream to encourage teams to consider undertaking some of the initial testing (of a tool/intervention) or piloting methods, with the aim of applying separately (to R2HC or other funders) for the full study. Three of these studies were funded.

2.8.2   VFM IN THE RQ+ PROJECTS

The RQ project budgets we assessed ranged from a very low £34,551 to £616,655 in size. In some cases, R2HC is contributing only part of the budget. The main budget lines appeared to make sense given the nature of the research projects. They included salaries or daily fees of PIs and other researchers at all levels of seniority; enumerators and project managers (in some cases staff members and in other cases consultants); travel, consumables and communication costs for fieldwork and team meetings; in some cases translation for data collection; sometimes equipment including items such as tablets and chargers for data collection or in some cases highly technical equipment; in some cases software licences and publication and dissemination costs; and

administrative costs. Some projects included a proportion of a monitoring and evaluation officer's time. Some projects included translators for research implementation. Some projects included technical advisers and MHPSS projects included clinical consultant costs – a vital element for ethical research in this area.

Of these, the main cost driver by far in most cases was research staff, including PI, researcher, and enumerator costs. This was followed by travel costs and equipment (in different orders in different projects). One project had substantial costs for equipment, which were entirely appropriate given the nature of the project. Some fee or salary rates for very senior or pivotal staff were greater in size but there were no projects in which this seemed inappropriate to the evaluation team.

The majority of our RQ+ project team interviewees could not comment in detail on VfM issues and could not recall specific guidance from R2HC. However, many PIs and team members reported that their study teams had tried their best to ensure VfM by hiring well, providing capacity-building/training where and when needed and utilising resources where required as appropriately as possible.

Delays were the norm in the RQ+ projects, and 17 received no cost-extensions. The reasons for these delays included IRBs, problems with partners in the project, problems securing data, an influx of refugees into the research area and the need to shift to remote models of data collection as a result of COVID-19. COVID-19 raised costs and required some shifting around of budgeted resources in some projects but also led to some reported cost reductions in one project, which reported that the use of phone surveys to collect endline data had represented a cost saving (RQ+ project 5).

Overall, given the rate of successful (even if delayed) implementation, the high rate of publication and the good rate of achievement of some or significant impacts, combined with reasonable – and in some cases very low – project costs, we can say that the RQ+ projects represented very good VfM.

2.8.3   PROGRAMME–LEVEL VFM

Over the course of its lifetime, average R2HC personnel, programme and organisational operations cost have been 12%. Average costs for programme activities, Research Fora, research uptake and impact support, and the tools and guides that R2HC has produced have taken up a 4% share of R2HC costs. Grants have made up 83% of R2HC costs over its lifetime. As Figure 32 shows, the balance between these costs has fluctuated slightly over time: R2HC built its portfolio of grants in the early years and has added activities and staff capacities over time. We judge that the capacities that have been added to the R2HC team, for example the Senior Research Impact Advisor and the recently recruited Senior Humanitarian Health Advisor, were needed, and add value. These percentages are in line with management fees in broadly comparable programmes, where this information was available to evaluators. The management fee for the East Africa Research Hub, run by PwC Kenya,[218] which managed FCDO responsive research grants until 2022, was 9% including staff costs and overheads, but this fund did not provide anything near the additional functions that R2HC offers to grantees and to the wider sector.

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[218] FCDO (2021) 'East Africa Research Hub – Strategic Research and Evidence Support to Country Office and Regional Research (SCORE Programme)'. Programme Completion Report.

Figure 32: R2HC costs over time
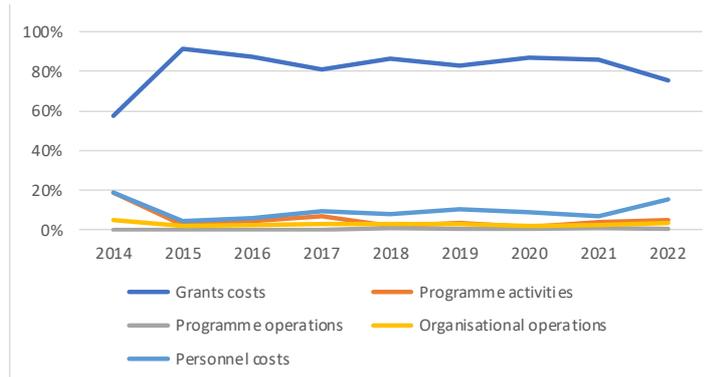
In a 2018 impact evaluation of eight FCDO humanitarian research and innovation programmes, an economist reviewed VfM and concluded that there were good levels of economy, with overheads and administration costs coming in at an average of 10%. One exception, with overheads of 25%, was deemed justifiable because of the additional research uptake and capacity functions this overhead was providing. R2HC was included in this evaluation, at which point its grants, staffing and overhead balance was similar to the current levels and it was deemed to provide a good balance of resourcing for staffing and overheads versus grants. The evaluation also noted that, in general in grant-making facilities, the balance between programme costs and grants needs to be focused on value, and that additional programme learning can improve the value of grants through targeting calls at the right issues.[219] Maintaining appropriate levels of staff and programme activities will be important to continue to target R2HC calls appropriately through consultation in the sector, and to maintain and increase progress in promoting more LMIC-led research.

Respondents saw the additional support that R2HC offers to grantees and the learning and tools it gives to the sector as part of its value.[220] A former staff member of an ethics advisory committee who had significant experience of R2HC told us that their impression was that R2HC 'kick beyond their weight.'[221] Another respondent confirmed that they thought R2HC had the balance of programme learning and support to grantees right from the experience of grantees: 'R2HC is not a light-touch donor – they want a lot of things, but they do also offer a lot in return.'[222]

The Funding Committee and Advisory Group clearly represent exceptional VfM in securing very high-level expertise and commitment to R2HC at very low cost. Funding Committee members are committed for seven to eight days a year and receive £2,000 per year, although many members' organisations are not allowed to receive payments. The Funding Committee chair has a greater commitment and receives £3,000 a year. Advisory Group members meet annually and do not receive payment. The commitment these bodies give far outstrips the time allocated and it is difficult to imagine a more cost-effective way of securing this level of expertise.

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[219] Shah, V. (2018), 'Value for Money', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID.
[220] Interviewees 23, 93, 97, 144
[221] Interviewee 114
[222] Interviewee 97

2.8.4   EQUITY

R2HC research overall is targeted at improvements for populations that are particularly vulnerable. Many R2HC research populations are refugees or IDPs, including in eight of our RQ+ projects. Of the 109 projects that had been contracted at the time of writing the evaluation, R2HC reports that 22 were focused primarily on women and girls.[223] Of our 20 RQ+ studies, 2 were focused on health issues experienced only or overwhelmingly by women and girls (RQ+ projects 16 and 20) and a further 12 disaggregated data by gender. R2HC does not monitor the extent to which projects not focused primarily on women and girls, or other marginalised groups such as people with disabilities, disaggregate data.

In 7 of 20 RQ+ assessments there were female PIs. R2HC does not routinely monitor the gender of PIs and research teams, nor ask researchers how they identify. Some data exists however and, when previously analysed - based on R2HC interpretation of PI gender based on their name or what is known about them - a 50/50 split between male and female PIs was identified, with slightly more female PIs. The gender of PIs and researchers may be an important issue given there is evidence that COVID-19 has had gender-disparate effects on academic careers[224] and that, 'Women have been underrepresented as co-authors and in prominent authorship positions in COVID-19 research, and this gender disparity needs to be corrected by those involved in academic promotion and awarding of research grants.'[225]

As discussed under Objective 1 above, the limited nature of the share of R2HC funds that are led by LMIC institutions and researchers does limit the equity of the R2HC model. The measures that have helped and will help promote more LMIC-led research have required thinking and consultation by the Secretariat, which reinforces the importance of maintaining staff capacity and programme activities in order to ensure calls are targeted appropriately. Other VfM modifications could be considered to boost LMIC leadership, such as offering higher eligible overheads for LMIC institutions. This is offered by some other organisations, such as the Wellcome Trust.[226]

2.8.5   ENCOURAGING MORE VFM IN THE SECTOR

R2HC's core role is to promote enhanced VfM in the humanitarian sector through evidence-based interventions that are the most cost-effective use of humanitarian funds. Two of our respondents noted that the dearth of economic evaluations using comparable methods in humanitarian health research continues to be an obstacle to VfM in programming.[227] The need for more economic evaluation in humanitarian health research continues to be great, and the proportion of research made up by economic evaluation continues to be small. Only 5% of the studies identified in the latest HHER were or contained economic evaluations. As the review noted, *'This is a significant limitation to the current evidence base given the importance of cost, particularly in settings where humanitarian needs exceed available financial resources.'*[228] A total of 19 of all R2HC's grants have contained cost-effectiveness assessments or cost-effectiveness data. R2HC call guidelines have encouraged the inclusion of cost effectiveness since its outset, with a more targeted focus since Call 5 in 2018, after the 2019 R2HC Research Forum, which included sessions on economic appraisal. R2HC has also tried to establish links between health economists and research

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[223] R2HC Project Updates (May 2023).

[224] Interviewee 2

[225] Gayet-Ageron, A. (2021) 'Female Authorship of Covid-19 Research in Manuscripts Submitted to 11 Biomedical Journals: Cross Sectional Study'. *BMJ* 375(2288).

[226] See https://wellcome.org/grant-funding/guidance/overheads-policy

[227] Interviewees 97, 28, 52

[228] Doocy, S. et al. (2022) 'An Evidence Review of Research on Health Interventions in Humanitarian Crises: 2021 Update'. London: Elrha.

applicants so as to increase opportunities for including health economic analysis in funded studies.[229] In 2021, Elrha also hosted a webinar on health economics research in humanitarian settings.[230] The most recent call (Call 9 in 2022) saw an increase in the proportion of studies with a cost-effectiveness element to 5 out of 13, or 38%, compared with only 15% of the studies in all other calls.

[229] R2HC Annual Report 2019.
[230] R2HC Webinar: Health Economics in Humanitarian Research.

3. LANDSCAPE MAPPING: WHAT ARE THE COMPARABLE RESEARCH MECHANISMS AND DOES R2HC FILL A NICHE NOT OCCUPIED BY OTHER RESEARCH FUNDERS?

Our approach to answering this question: This section is based on interviews with KIs, some conducted with R2HC stakeholders who were also familiar with the broader landscape of humanitarian health research provision and funding, and some conducted specifically for the questions in this section, with respondents who were unfamiliar with R2HC. We were interested in how many organisations had some overlap with the work R2HC conducts, and whether R2HC's niche in the landscape of humanitarian health research had changed as a result. We used our interviews and an internet search to develop a spreadsheet of 89 health research funding agencies, research programmes, evidence networks and learning organisations, and operational agencies with research arms to show similarities and differences with R2HC. The mapping spreadsheet is included at Annex C. This spreadsheet is not a comprehensive review of all organisations that have some overlap with R2HC's work and was limited by the time available to the evaluation. R2HC could expand such a spreadsheet to further identify its unique selling point in future phases but it was beyond the remit of this evaluation to broaden the mapping exercise beyond our evaluation questions.

Overall assessment under question 3: Overall, we find that R2HC continues to fulfil a large and demonstrated need and that although R2HC does some things that other funders also do, no other funder has R2HC's combination of a focus on humanitarian settings; competitive calls, including thematically open calls; a focus on operational impact as a funding requirement and throughout the grants; and supporting methodologically rigorous research.

3.1 DOES R2HC STILL FILL AN IDENTIFIED GAP IN THE RESEARCH AND HUMANITARIAN SPACES? IS THERE STILL A NEED FOR WHAT R2HC OFFERS?

There has certainly been an increase in the volumes of research on health interventions in humanitarian crises since 2013. Almost all our respondents agreed that, since 2013, there had been more research produced by a broader range of research actors, universities, and other organisations. This has included an increase in the numbers of LMIC researchers and research organisations focused on humanitarian research, especially from countries with more research capacity, for example Uganda, Kenya and Middle Eastern countries such as Lebanon.[231] However, it remains very difficult to conduct studies using experimental methods such as RCTs and quasi-experimental methods in humanitarian settings, as seven of our respondents emphasised.[232] In spite of the increase in research activities in humanitarian settings, there is still a dearth of high-quality evidence. The poor methodology of much research in this area means many studies end up being descriptive in nature.[233] A representative of an INGO told us, *'in general there is definitely more research now… The problem is that sometimes the quality isn't there – so while it's good that people feel more comfortable doing research it's sometimes not very robust as people don't always follow the rigorous processes of research.'*[234]

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[231] Interviewee 100
[232] Interviewees 28, 52, 59, 80, 107, 110, 119
[233] Interviewee 59
[234] Interviewee 91

R2HC's HHER2, published in 2021, confirmed that the production of robust evidence had increased. It found that 269 studies meeting the review criteria had been published between mid -2013 and 2021, compared with 387 identified in the first HHER between 1980 and early 2013.[235] However, HHER2 also confirmed that huge gaps remained in the evidence base underpinning humanitarian health responses and interventions.

Respondents across thematic areas from nutrition to WASH to gender-based violence (GBV) agreed that there were still huge gaps in available evidence. As a senior GBV researcher told us, *'There is just very little evidence on how to prevent and respond to GBV in the humanitarian context, and we are doing a lot without evidence of what really works.'*[236] Four respondents feared that, while COVID-19 had reinforced the need for robust evidence to inform emergencies, its resulting dominance of the global health security agenda might reduce funds and attention to research in other areas of need.[237]

Moreover, as several respondents noted,[238] the need for humanitarian health research had grown along with the number and complexity of humanitarian crises over the past 10 years, with increasing levels of displacement as a result of natural disasters (fuelled in many cases by the climate crisis) and ongoing and new conflicts in Africa, the Middle East and Europe. As Figure 33 shows, the number of people displaced globally by wars and disasters has almost doubled since R2HC was established in 2013.

Figure 33: People forced to flee worldwide
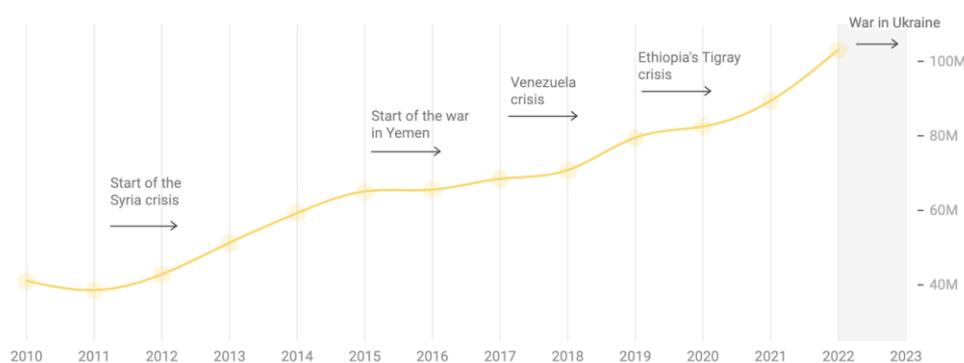
2022 figures are estimated using UNHCR data available as of 9 June 2022.
Chart: Global Humanitarian Overview 2023 · Source: UNHCR/IDMC/UNRWA

Source: UNOCHA (2022) *Global Humanitarian Overview 2023*.

Despite increasing humanitarian needs, humanitarian assistance funding has not kept pace, and, according to our respondents, neither has funding for humanitarian health research. This is relevant because the gap that R2HC fills is partly a funding gap for humanitarian health research. The fact that more actors are producing research also means there is more competition for funding in this area, a finding that was confirmed in Elrha's Global Prioritisation Exercise in 2017.[239] Two respondents said that the past 10 years had seen first an increase then a peak and decline in the volume of funding for humanitarian health research, with declining amounts of funding over the past 5 years.[240] In the UK, the trend of declining funds has been particularly

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[235] Doocy, S. et al. (2022) '[An Evidence Review of Research on Health Interventions in Humanitarian Crises: 2021 Update](#)'. London: Elrha.
[236] Interviewee 135
[237] Interviewees 84, 52, 95, 98
[238] Interviewee 23
[239] Interviewee 100
[240] Interviewee 49, 84

pronounced, according to interviewees, because this type of research comes clearly within the remit of official development assistance, which has been cut significantly in recent years.[241]

As one respondent put it, *'There's a lot more people conducting research now, but the funding hasn't kept up, so it's hard to fund. It's also a more volatile context than it was 10 years ago, with many crises and the experience of COVID.'*[242] Respondents from different sectors confirmed there was a continuing funding gap for health research in their areas of work. Even in the area of MHPSS, which has become a bigger topic in public health over the past 10 years, an MHPSS specialist and researcher from an LMIC background reported, *'In terms of funding [for MHPSS research] there are still limited funds available, when you consider the enthusiasm for MHPSS. The funding has not matched the enthusiasm either for implementation or for research.'*[243] A donor representative told us, *'The research funding gap [for nutrition] continues to be huge. I can't say if it is widening, but it's definitely not narrowing.'*[244]

In sum, while there has certainly been more, and accelerated, production of robust research on humanitarian health since 2013, the evidence and funding gaps to which R2HC responds remain huge.

3.2   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?

A previous evaluation of R2HC found that, 'R2HC is widely seen as a pioneering model of commissioning research that has few direct parallels from which it can learn.'[245] Our findings (elaborated in Question 3.3 below) suggest there are still few – or even no – organisations that are operating in the precise niche R2HC occupies. And as we note under Question 3.1 above, our respondents indicated that funding had not increased for humanitarian health research over recent years, and that there was a funding gap for much of this research, with some recent exceptions on COVID-19 and global health security. However, there are more actors that overlap with some aspect of R2HC's niche, and some of the themes that R2HC funds. Because of this there are also more actors whose models of commissioning and supporting research may present useful learning for R2HC, and with whom R2HC could potentially collaborate, especially on dividing labour in filling research gaps. These actors include:

- *Donors and agencies that are not exclusively focused on research but rather on humanitarian health response, sometimes including research*, for example the USAID Bureau for Humanitarian Assistance (BHA). This also includes INGOs and UN agencies that are generate their own research, such as the IRC.
- *Health research funders that are not exclusively focused on humanitarian settings but may produce some research in humanitarian settings* as part of wider research calls or programmes, such as the US National Institutes of Health (NIH) – especially the Fogarty International Center – or the UK Medical Research Council, part of UKRI. This category also includes philanthropic organisations such as the Bill & Melinda Gates Foundation, the

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[241] Interviewees 49, 84, 98

[242] Interviewee 91

[243] Interviewee 41

[244] Interviewee 29

[245] Paterson, A. (2018) 'R2HC Case Study', in Hanley, T. et al. *Humanitarian Innovation and Evidence Programme (HIEP) Evaluation Summative Phase 2*. Itad Report for (then) DFID (data for this evaluation were collected in 2017).

Mastercard Foundation and thematic foundations like the Eleanor Crook Foundation (nutrition), the Reckitt Global Hygiene Initiative (hygiene) and the Children's Investment Fund Foundation (child health).

- *Health research funders and programmes that do not work in fragile or humanitarian contexts but fund research on themes that overlap with R2HC's.* For example, the Wellcome Trust, which is still an R2HC donor, has moved away from work in humanitarian settings in its new strategy but does still fund research in some areas that overlap with R2HC, such as mental health.
- *Health research programmes that commission and conduct research and are focused on health in humanitarian settings but on one theme only*, such as the EQUAL programme (maternal and new-born health in conflict) or the ReBUILD for Resilience programme (health systems in fragile settings).
- *Research funders and programmes that are not exclusively focused on health but do fund some health or health-relevant research in humanitarian and fragile settings*, including donors like IDRC and programmes such as the Grand Challenges Canada Programme.

COVID-19 certainly made the field of organisations funding rapid research on a health emergency more crowded, at least temporarily. As with R2HC, COVID-19 led to some donors, such as IDRC and the Gates Foundation, to focus calls or programmes on the pandemic. Larger agencies have created pandemic preparedness programmes that are founded in research, as well as support to national agencies in LMICs. In other cases, the pandemic has resulted in donors diverting funding from other areas of work to pandemic response, such as programmes at the Ford Foundation and the Mastercard Foundation. As we mention in Question 3.1 above, some respondents feared that, in the longer run, COVID-19 would suck attention away from other research needs towards global health security. This may make R2HC unique as a funder that focuses on a broader range of health issues.

One interesting area of potentially relevant learning that our mapping research yields is that many of the categories of actor listed in the bullets above benefit from country teams and offices. This represents a significant advantage in terms of engagement with government partners; ensuring research is relevant to local actors and meets locally defined research gaps; and promoting uptake by these actors. Having a local presence also helps these programmes understand and engage with local research capacities. Programmes with local teams range from FCDO-funded research programme consortia, which often have consortium partners who lead on engagement in specific countries, to organisations such as Innovations for Poverty Action, which has 20 country offices and embedded evidence labs working within selected ministries. Another model is the FCDO Evidence Fund and one of its predecessor programmes, the East Africa Research Hub, a PwC-managed hub based in Kenya. Through this, FCDO commissioned and delivered demand-responsive research projects in a range of sectors, including on humanitarian issues. As well as regional offices to support research programming in all regions in the Global South, IDRC requires that PIs are from the country or region where the work is taking place. This comes with the capacity-strengthening mandate at the core of IDRC's mission.

3.3 WHAT MAKES R2HC UNIQUE AND DISTINCT FROM OTHER RESEARCH FUNDERS? WHAT IS THE SPECIFIC NICHE THAT R2HC FULFILS IN TERMS OF THE RESEARCH IT FUNDS THROUGH DIFFERENT RESEARCH CALLS?

> '*R2HC is unique in specialising in humanitarian settings, in demanding partnership with practitioners and in insisting on the research uptake angle with those partners.*'[246]

Almost all our respondents said they couldn't think of organisations doing exactly the same things as R2HC. These views are echoed in a recent review of R2HC's rapid research mechanism, which found that, 'Respondents across all interviews were broadly in agreement on the particular "niche" filled by R2HC's responsive research mechanism and the value of rapid public health research conducted in emergency contexts.'[247] In our research, there were different views on what makes R2HC unique; bringing together the different characteristics that emerged from our sources, we believe that the combination of four factors makes R2HC different to other comparable organisations:

- A humanitarian focus
- Competitive calls, including open and thematic calls, as a modality
- A focus on robust research
- A focus on likely impact as a requirement in proposals and support for research uptake and impact

3.3.1 FOCUS ON HUMANITARIAN SETTINGS

One KI[248] and survey respondents stated that R2HC was one of the only funders whose core focus was supporting health research specifically in humanitarian settings:

> '*It is basically the only game in town when it comes to funding that is specific to health research in the context of humanitarian crises.*'

> '*R2HC remains one of the few entities that specifically funds humanitarian research.*'[249]

> '*… it is one of the few dedicated funders of humanitarian research in the world and fills an important gap in this space.*'

> '*… they are the lead organisation/agency from my perspective in the humanitarian health research space globally.*'[250]

A number of other organisations fund or commission health research, which may include research in fragile or humanitarian settings. This includes donor-funded global and development health research programmes that may have some research workstreams in fragile contexts or in refugee or IDP settings. Our review of 89 organisations whose work is in some part comparable with R2HC revealed that, while some donors and agencies have specific calls or short-term programmes, or support some grant applications related to health in humanitarian and crisis settings, the only other research programmes focused in these areas tend to be in humanitarian INGOs such as Action Contre la Faim (ACF) and the IRC, and this research is often primarily in aid of the work of ACF or the IRC. The closest examples of organisations that do fund or

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[246] Interviewee 35
[247] Ravenstone Consult (2021) 'R2HC Evaluation of Responsive Research Mechanism: Final Report'.
[248] Interviewee 100
[249] Two separate Research Forum participant Survey Monkey respondents
[250] Two separate shortlisted but unsuccessful proposal Survey Monkey respondents

commission research in humanitarian settings are programmes such as the EQUALS maternal and neonatal health programme and the ReBUILD fragile settings health systems programme led by research consortia. Big donors such the BHA also fund humanitarian research but are obviously more different to R2HC compared to other programmes. But all these examples lack the next characteristic of R2HC – namely, its use of fully competitive grant-making calls, including open calls, as a research funding modality.

3.3.2   COMPETITIVE CALLS, INCLUDING OPEN CALLS

A second characteristic that combines with the others to make R2HC unique is its use of fully competitive calls to fund research, including open calls. Research is not conducted by the in-house research programme partners, and it is not tied to a specific theme from one funding cycle to the next. It is not restricted to actors who already know the donor organisation, as with research funded by the BHA. The inclusion of open calls means that the model does allow for 'curiosity-driven' research in the most open sense. Further, R2HC research calls are open to PIs of any nationality, and in the last call encouraged LMIC-led applications. This is different to the case for a small number of research funders who demand a PI from the donor country.

3.3.3   FOCUS ON IMPACT

R2HC open calls demand a partnership between an academic and an operational partner and all calls require demonstration of likely impact as a key criterion for selection. Moreover, R2HC provides support to projects on research uptake and impact, gathers case studies of impact well beyond the research period and provides learning material, all focusing on actual impacts rather than the production of policy briefs.[251] By themselves, none of these things are unique: a focus on impact and support to research uptake are routinely required in thematic donor-funded research programmes, and researcher–operational partnerships are the norm in INGO-commissioned research. However, this is not always the case in research funds that use competitive calls. There are funds such as the Global Innovation Fund that have their own methodology for focusing on impact and scalability from the selection of grantees, but this is not focused exclusively on health or on humanitarian settings. There is also R2HC's partner programme, the HIF, but this is not focused exclusively on health or on robust research methods. As one respondent put it, '*R2HC supports the research uptake part of the research cycle, and it's not very often that donors do that.*'[252]

3.3.4   SUPPORTING RIGOROUS OPERATIONALLY RELEVANT RESEARCH

Finally, the focus on methodologically robust research, especially through the scrutiny and review of a high-level scientific committee in the Funding Committee, is one of the characteristics that makes R2HC unique. While many health research funders that are not focused on humanitarian settings are extremely focused on rigorous research – some, such as the Wellcome Trust, with its focus on biomedical research, arguably to a greater degree than R2HC – this emphasis on robustness is unusual among funders of operationally relevant humanitarian health research, and implementation research. While some INGO-funded humanitarian health research is very robust, some is not. Some humanitarian programmes, such as the Social Science in Humanitarian Action

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[251] For which other research funds have been criticised – for example in Murray, B. et al. (2021) 'ESRC – FCDO Joint Fund for Poverty Alleviation Research Programme'. Phase 3 Evaluation.
[252] Interviewee 91

Programme, are less focussed on academically robust social science methodologies than R2HC. A senior humanitarian funder of research told us:

> 'The role of supporting the more rigorous methods is needed and is important. I don't see anyone else playing this role [in humanitarian health research] to the same degree or having the reach or awareness within the humanitarian community that R2HC does. It's made a name for itself and we need it... we would hate to lose it.'[253]

3.3.5 THE MISSING CHARACTERISTIC: NO SPECIFIC CAPACITY–BUILDING MANDATE

Finally, it is worth noting one characteristic shared by many of R2HC's comparator organisations that is absent in R2HC, which we do not believe would undermine the niche described above: an explicit mandate to build the capacity and research excellence of LMIC researchers and research institutions. This mandate is at the core of research funders such as IDRC and is shared by most of the funders we describe, from the Wellcome Trust, to the BHA, to Fogarty International, to the WHO Special Programme for Research and Training in Tropical Diseases, albeit with different degrees of attention and different approaches. It is also shared by most donor-funded research programmes.

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[253] Interviewee 66

CONCLUSIONS

R2HC'S OVERALL PERFORMANCE AND CONTRIBUTION TO THE BROADER HUMANITARIAN SYSTEM

When R2HC was established in 2013, many doubted that robust research to inform policy and action could even be conducted in humanitarian settings. The fact that, ten years later, this is no longer questioned in the same way, is partially thanks to the contributions of R2HC, alongside other actors. The programme has proved that robust methodologies can indeed be delivered in these contexts, as evidenced by its very high rate of peer-reviewed publications. Furthermore, they have demonstrated that this research can achieve high levels of uptake and impact, as demonstrated in our RQ+ assessments.

The programme's governance structure – the Advisory Group and the Funding Committee – brings extremely high-level and influential expertise and credibility to the organisation at very low cost, though R2HC does need to ensure diversity (of academics and practitioners, and of HIC and LMIC representatives) in that group. R2HC's successful grant management is the result of iterative learning and adaptation over the past ten years. This learning has allowed it to try out different combinations of open and responsive research calls and to add functions such as the research impact support provided to grantees since 2018.

In spite of the higher level of LMIC-led grants in the most recent 2022 research call, overall R2HC has not worked as well for LMIC-led applicants. This is widely recognised by evaluation respondents, particularly LMIC respondents. To be aligned with priority agendas in the humanitarian sector, and indeed with Elrha's new organisational strategy, R2HC will need to continue to refine and change its model with the aim of encouraging more LMIC leadership.

As well as its portfolio of research projects, R2HC contributes valuable products, tools and learning to the humanitarian system. In 2015, R2HC produced ground-breaking work identifying the broad evidence gaps underpinning the humanitarian health response, and this was updated in another major review in 2021. R2HC has moved into working on prioritization of research needs, for example in MHPSS and in WASH, to build thematic research agendas that are more actionable for academics, practitioners, and donors. However, for the evidence gaps identified in these exercises to be filled, they need to be funded. Even with more thematic calls, R2HC cannot by itself fill these gaps; stakeholders believed R2HC could play more of a convening role in bringing together donor and operational actors who fund research to facilitate discussion on who would prioritise which gaps.

R2HC's strategic engagement work is very much appreciated. The two Research Fora it organised, in 2017 and 2019, generated much enthusiasm as well as ideas for broadening participation in future fora. Some respondents suggested that R2HC could conduct more brokering of its grantee research findings, by communicating and presenting these findings in the context of the wider evidence. R2HC is well recognised among some actors, notably major humanitarian health programmes in universities, INGOs and some humanitarian donors. It may be less recognised by other actors, including some funders of international development research. There is a need to build R2HC's profile and widen awareness of its work, especially as it seeks a broader range of partners for future work. In so doing, R2HC may need to resolve some areas of confusion around its work, including on its thematic and methodological boundaries.

OVERALL RESEARCH QUALITY AND IMPACT

Our headline conclusion is that R2HC has attained a high rate of achievement of different types of impact across its portfolio of research projects, especially relative to the average costs of those projects, representing very good VfM. Despite the challenging context in which grantees work, R2HC produces high quality research, evidenced by a high level of peer reviewed publications. Our findings indicate that research projects are generally very relevant to humanitarian actors, which translates into a high rate of achievement across the portfolio of different types of impact - some moderate and some significant.

The hardest type of impact to achieve in our RQ+ assessments was to change the actual implementation or scaling up of interventions and services, whereas influencing policies, standards and guidelines was relatively easier to achieve. This confirms what we know about research uptake more broadly, and about the humanitarian sector – namely, that there may be a gap between guidance, policies and standards, and actual implementation. The presence or absence of political will was an important factor in facilitating or obstructing impact. Research projects with long established strong relationships to policy and operational actors were well placed to deliver impact. Our RQ+ assessments also suggested that more impacts are generated with time, confirming what we know from the research uptake literature about the long and often non-linear pathways to impact of research. The shortness of grants may be an obstacle to promoting research uptake for the achievement of eventual impacts since project teams move on and are often unable to continue to work on uptake. It is interesting, given that R2HC does not have a formal mandate to conduct capacity-building, that capacity-building and connectivity impacts were the most common impact category in our RQ+ assessments. This represents a new pathway that is not included in R2HC's codified ToC, whereby research capacity impacts the ability of individuals, organisations and networks to conduct future research. This clearly represents another, less direct and more indirect pathway to more evidence-informed humanitarian action. In common with many research programmes, R2HC's work does not achieve impact only in the direct and linear ways that are often anticipated in research proposals, and it is worth considering a number of direct and indirect pathways to impact in reporting R2HC's impact in future.

We did not find many directly comparable evaluations that included a substantial focus on impacts,[254] but the results achieved by R2HC compare well to other available evaluations of research programmes. The 2018 evaluation of a number of humanitarian research programmes (including R2HC) that were part of the umbrella Humanitarian Innovation and Evidence Programme (HIEP) found that research findings had begun to be applied in the practice of some agencies, as well as used to inform further research. R2HC can be said to have deepened this process through practical application of findings in policy, operations and to inform further research. R2HC has also invested considerable effort into understanding and supporting research impact, through its own impact case studies and through this evaluation.

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[254] Many are focussed on quality and positioning for research uptake – including RQ+ evaluations that traditionally do not look at impacts.

4. RECOMMENDATIONS

The evaluation team conducted a recommendations-setting workshop with R2HC on 3 October 2023. This was based on broad areas of recommendations, and some specific recommendations, flowing from the report. The aim of the workshop was to ensure that recommendations were mindful of R2HC's existing thinking in these areas and to consider what their implementation would involve. The original list of recommendations agreed by the evaluation team is included in this section, and further supplemented by a consideration of R2HC thinking and issues of feasibility and resourcing. Not every recommendation included below was discussed in the workshop, which focussed on localisation/decolonisation, communication, and strategic engagement. Recommendations are organised by theme, by the actors to whom they are directed, and also indicate where there are resourcing implications of the recommendation.

CONTRIBUTING TO DECOLONISING HUMANITARIAN ACTION AND GLOBAL HEALTH RESEARCH

The recommendations in this section address an issue that has concerned R2HC since its inception, that is, how to increase the participation and leadership in lmics of the research it supports. Our findings in section 1.2.2 clearly indicated that this is an important area where R2HC needs to demonstrate that it is aligned with best practices and key priorities of the humanitarian sector. The high standard of research quality that R2HC upholds makes it eminently well placed to become a leader in decolonising global high-quality health research, but this will require further changes to R2HC's approach.

R2HC: Ensure more LMIC representation on its governance mechanisms, the Advisory Group and the Funding Committee. We are aware that this is already a medium-term objective for R2HC.

R2HC: R2HC could benefit from developing a decolonisation strategy and position in line with the Inter-Agency Standing Committee agenda that has evolved (if haltingly in practice) since the Grand Bargain discussion in 2016 and current thinking about the decolonisation of global health.[246] This would not replace Elrha's strategy, and could be nested within it, but would involve more detailed thinking about what localisation and decolonisation mean for R2HC specifically. It would also set out R2HC's position on decolonising global health research. It would ensure that R2HC is at the forefront of best practices in the humanitarian and research sectors, as befits a research programme funded through Overseas Development Aid. It could involve the production of an outward-facing contribution as well as an organisational strategy. An organisational strategy should involve R2HC-specific objectives against which progress could be tracked. This product would need to be resourced. We do feel that now is the time to develop such a strategy.

R2HC should investigate ways of changing its research calls to increase funding of LMIC-led research. R2HC should conduct a wide-ranging conversation within the organisation on the potential changes that could be attempted with grant-making, in which all options are on the table, including radical options. This could be part of the process of developing a decolonisation strategy. It should include a full consideration of the pros and cons, and feasibility over time, of different options. These options could include insisting on an LMIC PI/lead organisation in all/a certain proportion of grants, giving assistance to LMIC-led proposals to strengthen their methodology (perhaps with seed funding), or providing (through R2HC networks), or matching LMIC-led projects with technical support. These options do have resourcing implications and would likely add to the cost of delivery/or reduce the number of grants that could be funded in at least some calls.

R2HC should deepen its understanding of evidence gaps, and research capacities, as well as what other research and capacity-building programmes and donors are doing in the regions where it works a lot. This may involve engaging or collaborating with regional and local partners and networks with whom R2HC already has relationships. R2HC's work on evidence gap identification and prioritisation could provide a good platform both for drilling down to the evidence gaps that are most critical at regional and local level, as well as for engaging with partners to understand the research architectures and capacities at these levels. These exercises would need to be resourced.

R2HC: While R2HC continues to fund some HIC-led research, it is no longer consistent with key humanitarian priorities and best practices to do this without some formal capacity building requirements. R2HC needs to formally include this as a requirement in HIC-led research, including a logframe objective, indicators and milestones to hardwire this into the programme. This is because conducting HIC-led research in lmics without capacity building is no longer in line with the ambitions and best practice in either the research or humanitarian sectors. This will help to track and capture some of the impacts R2HC is already achieving, such as the cases of career and networking progression achieved through the programme reported in section 2 above. At grantee level, a range of requirements could be introduced, which might include:

- Conducting research methods, data collection and analysis training for LMIC team members and/or for local researchers, and/or for early career team members;
- Conducting training by LMIC team members for HIC team members on contextual understanding and its methodological implications;
- Mandatory co-authorship of all papers and/or having at least one LMIC-lead-authored paper; and
- Inclusion and support of at least one LMIC researcher conducting an msc or even a phd in grantees in annual calls (which are longer in duration).

At an organisational level, numbers of LMIC early career researchers trained, and numbers supported to complete a qualification could be monitored, as well as numbers of researchers supported to author or lead-author a peer reviewed publication. Any research partnership equity check mechanism could include discussion with LMIC and local researchers on the extent to which they were able to feed into methodological design and whether they think this is appropriate to the context. Some, but not all, of these suggestions would require additional resources for grantees to meet these requirements. Many grantees are already conducting training and including co-authorship, but introducing formal requirements will need to be matched with budgetary resources and may increase the size and duration of grants. We believe that R2HC should develop its approach to monitoring capacity building in the short term and begin to introduce selected capacity building requirements for hic-led research in the next call.

STRATEGIC ENGAGEMENT

R2HC's donors: Advocating for the importance of research funding. As our interviews for the mapping questions in section 3 reflected, R2HC is operating in a difficult funding environment for research, where there are large unfunded gaps in evidence. R2HC's current donors, FCDO, Wellcome and the Department of Health and Social Care are well positioned to use their influence to advocate for more funding of humanitarian health research, in the UK and internationally in the medium term.

R2HC, together with R2HC's donors: Improving awareness of R2HC among a broader group of actors and potential donors. Whilst recognition of R2HC is quite strong amongst a number of stakeholders, including INGOs, researchers and some WHO and other UN actors, there is a short-term need, reflected in our findings under objective one, to broaden the range of stakeholders that are aware of its work, what it can do, and where it might be seeking collaboration with partners. This is especially important, given that R2HC needs to diversify its funding sources. There were a number of donors that, according to online mapping research, do fund in the broad area of health research including in humanitarian contexts, but with whom neither the evaluation team nor R2HC had contacts. R2HC's donors would be well positioned to help R2HC to reach a wider audience of potential donors and collaborators, either via introductions, or linking R2HC to external events, or through the presentation of R2HC products.

R2HC: Developing a clear strategic engagement strategy that is focussed on raising and deepening awareness of R2HC with a new range of stakeholders and potential partners should be a short-term priority for R2HC. This should include scoping a wider range of stakeholders and potential partners than R2HC has traditionally included in its communications. The strategy should focus on clearly developing R2HC's unique 'offer' based on evidence from this evaluation and other sources, identify the areas of this offer that would be of interest to different stakeholders, and target them appropriately. Scoping potential partners and communicating with them *could* include engagement with selected health clusters at the country level, using existing R2HC partners as entry points.

R2HC: Convening actors to commit to funding different research gaps. R2HC should consider opportunities in the medium term to convene actors to promote more clarity on who will fund which research gaps, as suggested under objective one. This would maximise the chances that gaps will be filled and duplication reduced. An obvious starting point might be in thematic areas where R2HC has already done substantive work e.g., in WASH and MHPSS.

COMMUNICATION AND DISSEMINATION

R2HC, together with its donors and Advisory Group. Clarifying the boundaries of what R2HC does: As our findings in section one reflect, there is some confusion about R2HC amongst stakeholders. Some of these areas of confusion are more easily rectified, and less consequential, than others. For example, confusion over R2HC's relationship to Elrha and HIF can easily be clarified in written and personal communications. Other areas do require some discussion by R2HC to agree what the boundaries of its work are – notably the confusion over whether or not R2HC welcomes purely qualitative research proposals alongside other methods, as R2HC call guidelines currently suggest. Whatever decisions are made on the methodological boundaries of what R2HC is willing to fund, these should be clearly reflected in <u>all</u> relevant communications, on the website, and especially in materials sent to prospective grantees ahead of the next funding call.

R2HC: Improving the communication of findings by R2HC. As reflected under objective one, the operational implications of findings from a single study depend on its place in the wider literature or body of evidence. R2HC could improve the communication of findings by requiring grantees to report on how their findings fit into the wider literature on completion in addition to the current practice of asking applicants to detail how the research will address evidence gaps at proposal stage. Where funded studies have contributed especially important findings to the body of literature in a given area, they could be singled out for more intensive and targeted communication to the relevant community of practice by R2HC, which might entail modest additional communications resourcing.

MANAGING GRANTS

R2HC, in collaboration with its donors: Ensuring that grants are of sufficient duration to achieve research objectives. Our findings suggest that grants which are too short for their purpose do reduce the potential to maximise uptake and impact. This does not mean that short responsive grants – which aim to influence response in real time – cannot achieve impacts. But even responsive grants *may* benefit from a proportionate, modest increase in duration, given that no cost extensions are so common. Core grants might benefit from a larger, proportionate extension in timeframe. Moreover, some of the recommendations in section 4.4 are both more feasible in longer grants and may add to the length of grants. Longer core grants would either increase the cost of research calls or reduce the number of grants that could be funded. It is not for the evaluation to specify precise timelines for different types of grants, and we certainly do not recommend extending the timelines of responsive grants beyond the period when they can provide timely findings. We also note that R2HC is constrained by the length of donor funding windows but draw the attention of R2HC and its donors to the fact that our research suggests that longer timeframes may be needed to maximise impact.

R2HC: Enlisting the support of ethicists for grant management. One of our RQ+ assessments raised issues over what happens when research ethics concerns arise during grantee implementation. R2HC has good links to health research ethicists through past grants and commissioned work such as the research ethics tool. R2HC should consider enlisting ethicists to advise in cases where ethics issues and concerns arise at the grantee level. Advice should be sought if and when any issues arise on an R2HC project.

R2HC: Ensuring local research partners can contact R2HC directly. Our RQ+ findings revealed mixed experiences of equity within partnerships. R2HC should establish a mechanism whereby all local partners can contact R2HC directly in the case there are problems they want to report, rather than relying on communication through the PI/lead partner alone. This should be established for the current grantees.

R2HC: Introducing mechanisms for tracking the equity of partnerships. This recommendation also responds to the different experiences of equity within partnerships. R2HC has already been discussing the potential development of a "partnership equity health check" for grantees, to be conducted midway through funded projects. This mechanism should include all local research partners, and can be set up in the short term.

R2HC: Understanding capacities, opportunities and motivations for using findings in proposals and proposal review. Our RQ+ assessments revealed that the existence of sufficient political will, or interest, capacity, and motivation to use research findings to change policy and practice was an important factor in allowing or obstructing impact. Grantees could be asked to describe the level of interest, capacity, opportunity, and motivation to use findings amongst at least some key actors who would need to act on them. This could also be considered by the Funding Committee and technical reviewers in appraising proposals. This is certainly not to say that no research should be funded when there is limited evidence of political will – since sometimes evidence is needed to generate political will. But it would help to make it clear whether there are existing opportunities and motivations to use research.

5. ANNEXES

ANNEX A: KEY INFORMANT INTERVIEW RESPONDENTS

	Surname	First name	Organisation		Position
1.	AbuAlRub	Raeda	Jordan University of Science and Technology		Research Manager
2.	Ager	Alastair	Queen Mary University		Professor Emeritus
3.	Ahmed	Mohamed Ali Ag	Université de Sherbrooke		Associate Researcher
4.	Akbari	Fawad	Global Challenges Canada, Humanitarian Innovation Program		Director
5.	Amin	Avni	WHO, Department of Reproductive Health and Research		Technical Officer
6.	Amsalu	Ribka	University of California		California Preterm Birth Initiative Fellow
7.	Ardalan	Ali	WHO EMRO, Health Systems in Emergencies Lab (HSEL)		Head
8.	Azzalini	Raissa	Oxfam		Public Health Promotion Adviser
9.	Bakaradze	Ketevan	Government of Abkhazia in exile		Former Minister Health and Social Affairs
10.	Barakat	Nesreen	Jordan Strategy Forum		Chief Executive Officer
11.	Bedford	Juliet	Social Science in Humanitarian Action Platform		Co-Investigator
12.	Bejtullahu	Armand	WHO, Global Outbreak and Alert Response Network (GOARN)		Lead
13.	Bentley	Matthew	Bureau for Humanitarian Assistance, USAID		WASH Specialist
14.	Beytrison	Fran	Ravenstone Consulting		Consultant
15.	Bonz	Annie	HIAS (formerly with International Rescue Committee)		Technical Adviser MHPSS
16.	Boum	Yap	Pasteur Institute Bangui (formerly with Epicentre)		Executive Director
17.	Bouquet	Ben	WHO, Occupied Palestinian Territory		Public Health Officer
18.	Boyd	Erin	USAID, Bureau for Humanitarian Assistance		Nutrition Advisor
19.	Bryant	Richard	University of New South Wales, Traumatic Stress Clinic		Director
20.	Busingye	Martin	World Vision Somalia (formerly with Care International)		Research Manager
21.	Butsashvili	Maia	Health Research Union		Researcher

22.	Canavan	Ann	International Medical Corps		Senior Director
23.	Casey	Sara	Columbia University, Faculty of Population & Family Health		Assistant Professor
24.	Chadwick	Alice	UK Centre for Development Research		Senior Research and Policy Officer
25.	Chirgwin	Hannah	Foreign, Commonwealth and Development Office (FCDO)		Policy & Results Adviser
26.	D'Mello-Guyett	Lauren	London School of Hygiene and Tropical Medicine		Professor
27.	Dajani	Rana	Hashemite University, Jordan		Professor
28.	Dalmar	Abdi	Somali Research & Development Institute		Director
29.	DeJong	Jocelyn	American University of Beirut		Professor, Faculty of Health Sciences
30.	Doherty	Jennifer	ALNAP		Research Fellow
31.	Doocy	Shannon	Johns Hopkins University		Associate Professor
32.	Doull	Linda	Global Health Cluster		Head
33.	Doumbia	Seydou	Université des Sciences, Technique, et Technologie de Bamako, Medicine & Dentistry Faculty,		Dean
34.	Edmunds	John	London School of Hygiene and Tropical Medicine		Professor
35.	El Rifai	Roula	International Development Research Centre		Sr Program Officer
36.	Faye	Oumar	Institut Pasteur Dakar		Research Manager
37.	Fearon	Colette	R2HC		Director of Impact and Engagement
38.	Fuad	Mohamed	American University of Beirut		Assistant Research Professor
39.	Gabriel	Aimyleen	World Vision		Senior Child Protection and GESI Adviser
40.	Garcia Morena Esteva	Claudia	WHO, Gender, Reproductive Rights, Sexual Health and Adolescence		Lead Specialist
41.	Gayer	Michelle	International Rescue Committee (IRC)		Director of Emergency Health
42.	Geradze	Levan	Unaffiliated		Senior representative of the Abkhaz community in Tbilisi
43.	Grais	Rebecca	MSF Epicentre		Director of Research
44.	Greene	Claire	University of Columbia		Assistant Professor
45.	Griekspoora	Andre	WHO, Humanitarian Intervention		Senior Policy Advisor
46.	Habashneh	Rand	Institute for Family Health Jordan		Project Manager
47.	Hamdani	Usman	Wellcome Trust, Mental Health Translation		Lead

48.	Hanna	Luisa	FCDO Global Health Research Team		Health Adviser
49.	Harmer	Anne	R2HC		Head of Programme
50.	Hawkins	Kate	ReBUILD		Research Uptake Manager
51.	Heath	Tom	Action contre la faim (ACF)		WASH technical Advisor
52.	Hestbaek	Cecilie	Elrha Humanitarian Innovation Fund (HIF)		Head of Programme
53.	Hollis	Sara	WHO, Global Outbreak Alert and Response Network (GOARN)		Epidemiologist
54.	Hugelius	Karin	Orebro University, School of Health Sciences		Associate Professor
55.	Jansen	Stefan	University of Rwanda, Center for Research and Innovation		Director
56.	Jilani	Seema	International Rescue Committee (IRC)		Senior Tech Adviser, Emergency Health
57.	Jones	Jill	Medical Research Council		UKRI
58.	Joon Park	Sung	Bernhard Nocht Institute for Tropical Medicine		Medical Anthropologist
59.	Kaattakuzhy	Anita	NEAR (Network for Empowered Aid Response)		Director of Policy
60.	Kajaia	Maia	Health Research Union		Researcher
61.	Kamal	Montasser	International Development Research Centre		Prog Director (?)
62.	Kamau	Lynette	African Population and Health Research Center (APHRC)		Researcher
63.	Kamkamidze	George	Health Research Union		Researcher
64.	Kedroske	Julie	Innovations for Poverty Action (IPA)		Director, Social Protection Program
65.	Kompala	Chytanya	Eleanor Crook Foundation		Senior Program Officer for Research
66.	Koum-Besson	Emilie	former LSHTM & researcher		Researcher
67.	Kozuki	Naoko	IRC EQUAL		Research and Innovation Lead for Sexual, Reproductive, Maternal, and Neonatal Health
68.	Langley	Marcus	Unaffiliated		R2HC consultant
69.	Lantage	Daniele	Earthlink/Tufts		Research Professor
70.	Likindoki	Samuel	Muhimbili University of Health and Allied Sciences (MUHAS), Department of Psychology & Mental Health, Tanzania		Head
71.	Lonsdale	Cordelia	R2HC		Senior Research Impact Advisor
72.	Lutton	Mark	ReBUILD & NIHR, Global Health Programmes		Assistant Director

73.	Mahwa	Aloys	Living Peace Institute		Director
74.	Mansourian	Hani	CPHA Alliance (Alliance for Child Protection in Humanitarian Action)		Co-coordinator
75.	Matta Bou Ramia	Houwayda	Université St-Joseph de Beyrouth		Professor and Director of the Social Work PhD programme, IDRC Chair in Forced Migration
76.	Metzler	Jana	Columbia University		Adjunct Assistant Professor
77.	Mistry	Amit	Fogarty International Center, National Institutes of Health		Senior Scientist
78.	Mohamed	Jelle	University College London		Research Associate
79.	Mohamed	Hani	Concern Worldwide		Field Study Coordinator
80.	Morency-Brassard	Nina	International Rescue Committee (IRC)		Emergency Health Technical Specialist
81.	Mulligan	Jo	FCDO, Global Health Research Team		Team Leader
82.	Musau	Kelvin	Children's Investment Fund Foundation (CIFF)		Senior Analyst, Evidence, Measurement & Evaluation
83.	Myer	Kathleen	USAID, Bureau for Humanitarian Assistance		Senior Technical Adviser, (GHTASC – Public Health Institute USAID Contractor)
84.	Nadig	Anina	Sphere Standards		Revision Manager, Core Humanitarian Standards
85.	Ncube	Sukoluhle	Africa Ahead		MEAL Officer
86.	Ndulu Ndolo	Rose	World Vision UK		Senior Nutrition Programme Adviser
87.	Nuwayhid	Iman	American University of Beirut, Faculty of Health Sciences		Professor of Public Health and Occupational and Environmental Health
88.	Nyokabi	Catherine	Norwegian Refugee Council		Grants Manager
89.	Nzima	Isiah	World Vision UK		MEAL & Research Unit Manager
90.	Ofir	Zenda	Mastercard Foundation		Impact Team
91.	Opryszko	Melissa	USAID, Bureau for Humanitarian Assistance		WASH Team Lead
92.	Pacheco	Pilar	Bill & Melinda Gates Foundation		Senior Program Officer
93.	Parmar	Parveen	University of Southern California, Division of Global Emergency Medicine		Chief
94.	Perera	Shiromi	International Medical Corps		Senior Research Specialist
95.	Pham	Phuong	Harvard University		Assistant Professor
96.	Phelan	Kevin	Alliance for International Medical Action		Senior nutrition Adviser
97.	Pickard	Simon	R2HC		Portfolio Manager

98.	Porter	Chris	Foreign, Commonwealth and Development Office (FCDO)		Head of Profession Humanitarian
99.	Procter	Caitlin	European University Institute		Researcher
100.	Pujiono	Puji	Pujiono Center, Jogjakarta		Lead
101.	Ramos	Monica	UNICEF		Global WASH Cluster coordinator
102.	Ratnayake	Ruwan	International Rescue Committee (IRC)		Senior Epidemiologist
103.	Rawashdeh	Fatima	International Rescue Committee (IRC)		Research Assistant
104.	Roberts	Leslie	Columbia University, Mallman School of Public Health		Professor Emeritus
105.	Salio	Flavio	WHO, Emergency Medical Teams		Network Leader
106.	Savage	Kevin	Consultant (Formerly World Vision)		Consultant
107.	Schomerus	Mareike	Busara Centre		Vice-President
108.	Seruwagi	Gloria	Makerere University, Centre for Health and Social Economic Improvement		Team Leader
109.	Shawaf	Nour	Oxfam		Humanitarian Programme Coordinator
110.	Silver	Melanie	Norwegian Refugee Council		Head of Programme Support
111.	Sinha	Chaitali	International Development Research Centre		Sr Program Officer
112.	Snewin	Val	Department of Health and Social Care		Head of Global Health Research Partnerships
113.	Spiegel	Paul	Johns Hopkins Bloomberg School of Public Health		Director, Center for Humanitarian Health
114.	Stern	Stephanie	Action contre la faim (ACF)		Knowledge Lab Lead
115.	Stretch	Evie	Children's Investment Fund Foundation (CIFF)		Programme Manager, Evidence to Policy & Practice
116.	Terry	Rob	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)		Manager of Research Policy
117.	Tol	Wietse	University of Copenhagen, Department of Public Health (formerly with Johns Hopkins University)		Adjunct Professor
118.	Torstein	Christina	Centre for Development Studies, University of Bath		Visiting Research Fellow
119.	Upadhaya	Nawaraj	University of Amsterdam		Medical Anthropologist
120.	Van Ommeren	Mark	WHO, Mental Health Unit		Head

121.	Ventevogel	Pieter	UNHCR, Public Health Section, Division of Resilience and Solutions		Senior Mental Health & Psychosocial Support Officer,
122.	Wahed	Ahmed-Abd-el	Leipzig University		Lab Head
123.	Weidmann	Manfred	Midge Medical		Head of Application Development
124.	Wheeler	David	Reckitt Global Hygiene Institute		Acting Executive Director
125.	White	Sian	London School of Hygiene and Tropical Medicine		Assistant Professor
126.	Wright	Katharine S	Independent consultant		Consultant

Definitions of respondent types listed in the main report

RQ+ respondents: Identified because of close connection to one of 20 RQ+ assessments

Non RQ+ grantees: Other R2HC grantees interviewed who were not part of the 20 above

Critical friend: Identified by R2HC based on: "*people who are working in the humanitarian health space who are known to R2HC but have not been directly involved in its governance mechanisms or as grantees.*

Funding Committee: May be past or present member

Advisory Group: May be past or present member

Donor: Donors who provide funding in this space

Donor-funded Programme: Programmes identified and commissioned by donors for implementation by an organisation outside the donor staff. These are programmes such as reBUILD.

Strategic stakeholders: Those who have or could be instrumental in ongoing support to the R2HC programme

Consultants: Individual consultants with expertise and experience in health research in humanitarian settings

HIC university: Academics in high income countries with some connection to R2HC as a PI, CoI, other researcher

INGO representative: Those who work for INGOs and have knowledge of and experience with R2HC

UN agency representative: Those engaged with R2HC activities through clusters and other mechanisms

LMIC NGO: NGOs based in and run by nationals of the countries where they are based

**LMIC research centre:** Research centres based in low- and middle-income countries

LMIC university: Academics based in universities in low- and middle-income countries

LMIC government representative: Individuals who are or have been in position of authority on policies affecting the use of evidence

Elrha staff: Those who are full time or full time equivalent employees of Elrha

ANNEX B: R2HC THEORY OF CHANGE MATERIAL

The original R2HC Theory of Change

| Goal	Impact	Outcome	Intermediate outcomes	Outputs	Assumptions	Barriers	Problem
Reduce mortality, morbidity and suffering in humanitarian crises through demonstrated improvements in humanitarian and public health interventions	Policy and programming of humanitarian operational and policy actors is more evidence-based with benefits for crisis-affected communities	Evidence from R2HC funded research positively influences policies and practices of key humanitarian actors	Increased demand for R2HC evidence and expertise from key humanitarian decision-makers	Priority research needs and gaps are identified with involvement of practitioners and key humanitarian stakeholders.	Well funded, world class research advances the global knowledge-base and improves ethical and methodological approaches to conducting health research in operational humanitarian contexts	Conducting health research in humanitarian crises is methodologically and ethically difficult	The effectiveness of humanitarian health interventions is limited by the lack of credible data and quality research on which to base the design and delivery of interventions, and an often low capacity of humanitarians to incorporate new evidence into practice.
				Collaborative research partnerships are funded and supported to generate quality research for the humanitarian health community	New evidence will be adopted and will led to improved health outcomes	Health research in humanitarian crises is difficult to resource, particularly for unexpected health crises	
			Increased capacity of key humanitarian actors to incorporate new R2HC-generated evidence into programming	Knowledge and learning from R2HC portfolio of work is synthesised and shared to inform policy makers and practitioners	Effective partnerships between academic research institutions in the Global North and Global South, with humanitarian practitioner organisations, lead to an improved health evidence base that is more likely to be used and applied by policy makers and humanitarian practitioners in decision making	Limited capacity and incentive for humanitarian organisations to incorporate new evidence into practice	
				Key humanitarian stakeholders are informed of new evidence, through strategic engagement and communications	Collaboration with key decision makers, researchers and practitioners to work on priority jointly identified evidence gaps, will facilitate addressing the systemic barriers that inhibit the uptake of new evidence into policy and practice.	Lack of high quality and relevant health research to ensure evidenced based policy and practice	

R2HC Ceiling of accountability

The Theory of Change workshopped with R2HC in November 2022

We conducted a half day Theory of Change (ToC) workshop with the R2HC team on 24 November. This was a hybrid workshop, with two evaluation team members and the entire R2HC team participating in person and with the evaluation team leader, Fred Carden participating remotely. The below diagram and narrative was developed based on the workshop, and was iterated with R2HC staff in December 2022.

R2HC Impact Statement: **Policy and programming of humanitarian operational and policy actors is more evidence-informed with benefits for crisis-affected communities**

R2HC Theory of Change Diagram
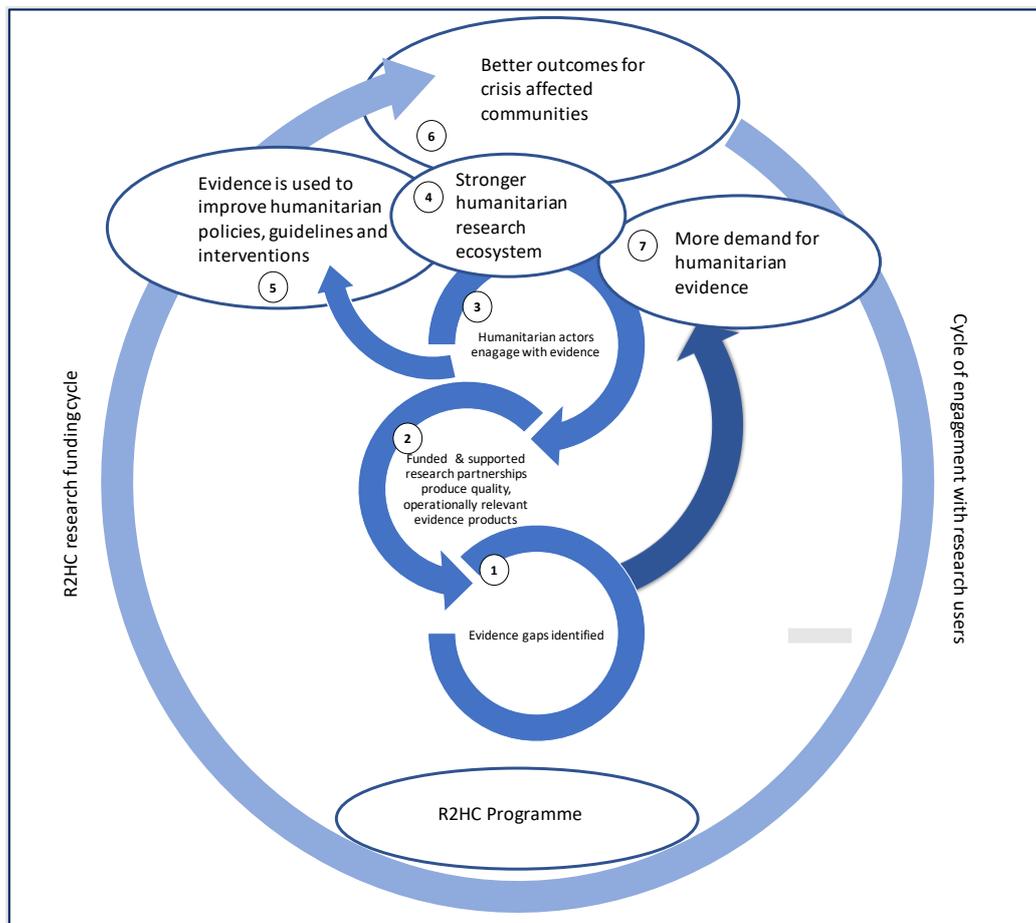
Overall, the R2HC Theory of Change (ToC) is cyclical, based on the cycles of managing calls for, selecting, funding, supporting, and promoting the uptake of research from, grantee research partnerships. R2HC has adapted and added to its activities as a programme based on learning from successive cycles of research grantee calls.

Grantee funding cycles are at the heart of the Theory of Change: At the heart of R2HC's work and the main pathway of the programme ToC relates to the funding of new high-quality research to address evidence gaps, in order to make humanitarian policies, guidelines and interventions more evidence-informed. This was the main purpose of the programme at its inception in 2013, responding to the critical lack of evidence underpinning humanitarian

response (identified, for example, in the Humanitarian Emergency Response Review (HERR) published in 2015). It is also reflected in the R2HC problem statement: "The effectiveness of humanitarian health interventions is limited by the lack of credible data and quality research on which to base the design and delivery of interventions, and an often low capacity of humanitarians to incorporate new evidence into practice." R2HC does work both on generating evidence and on building the capacities of humanitarians to use evidence, but it is the grantees who generate the evidence and provide R2HC with an entry point and platform to engage with the humanitarian actors to promote the use of R2HC and broader evidence. The ToC diagram above reflects the centrality of grant-making in R2HC's work to date, and the ways in which grant-making results chains and their feedback loops contribute to higher level objectives and feedback learning into subsequent grantee calls. At a programme level, this corresponds to activities and outputs (levels 1,2 & 3), outcomes (levels 4 &5) and impacts (levels 6&7).

1. As shown in point 1 on the diagram, the starting point for R2HC was and is to address and review the critical humanitarian health research evidence gaps. R2HC commissioned an evidence review of health interventions in humanitarian crises in 2013 to support the identification of research priorities by applicants to calls for proposals (CfPs). Subsequently, a number of research prioritisation exercises have been commissioned as with - mental health and psycho-social support (MHPSS), water, sanitation and hygiene (WASH) and non-communicable diseases (NCDs). Using a rigorous methodology that includes consultation with thematic communities of practice, research prioritisation exercises enable deeper dives into thematic areas to identify research priorities. Applicants to CfPs are required to demonstrate that they are filling key gaps in operationally-relevant knowledge for their proposals to be successful. Elrha has also worked more broadly on mapping and prioritising humanitarian evidence gaps through its Global Prioritisation Exercise in 2017, and the current GPE. As shown in the diagram, identifying evidence gaps is a global public good that other non-R2HC actors can also use and respond to, increasing the opportunity for alignment in research priorities that builds the overall package of evidence to inform policy change.

   Assumptions at this level include that the right evidence gaps are being identified and prioritised, and that evidence gaps prioritised by academics will not dominate over, or clash with, the evidence gaps that are critical to operational actors including actors in countries/regions affected by crisis. There is an assumption that Funding Committee members are aware of the priority evidence gaps and that this factors into their decision making when reviewing proposals (alongside other criteria).

2. At point two in the ToC diagram, grantees produce high quality and operationally relevant evidence products. Producing high quality research is difficult in humanitarian contexts, so R2HC has also produced technical guidance and learning papers to support researchers in these settings, for example on methodologies, operational challenges, or the comprehensive R2HC research ethics guide. This guidance builds on the experiences of R2HC grantees and also feeds into the strengthening of future grants as well as being global public goods to support non-R2HC funded researchers. It is also a R2HC requirement that research teams are collaborative, and include researchers and humanitarian actors, including researchers from the country/setting where the study is to be conducted. More recently research teams are also encouraged to include actors well-positioned to promote the uptake of research.

Assumptions at this level include that there is no clash between the academic robustness dimension of "research quality" and the operational relevance of research. There may be cases where research proposals meet a more critical evidence gap but are not sufficiently robust in quality to meet the selection criteria. This relates to the assumptions that the R2HC method for soliciting and selecting research proposals, through the combination of open and targeted calls, and through peer review and funding committee decisions, is the right way to maximise the funding of high-quality research products. R2HC has learned through the research calls that if peer reviewers are not qualified to assess the contextual relevance of research, they may not be able to select the most contextually relevant research projects and has tried to address this in its addition of peer reviewers with extensive experience in the proposed study context. R2HC further assumes that research conducted in partnership with potential users will make the research communication more tailored to use by the operational partners.

3. Step three in the diagram shows the engagement with the research products by humanitarian actors involved in policy or programming that needs to happen for the research to be used. R2HC provides support and some tools for grantees to communicate their research. Research is frequently packaged in a number of different forms, appropriate for its target audiences. R2HC as a programme also supports grantees on research uptake, which includes the development of research uptake strategies. R2HC also promotes engagement with researchers and humanitarian actors for the purpose of sharing experience and lessons learned through its two Research Forum events; and more broadly through engagement and in targeted events with thematic communities of practice, such as the IASC Reference Group for Mental Health and Psychosocial Support (MHPSS), and the IAWG on SRH in Emergencies.

    Assumptions: A critical assumption at the beginning of R2HC was that the unique criteria for R2HC funding, which required a partnership between researchers and an implementing organisation, would automatically result in more engagement with the research findings by the operational actors in the partnership. This would then promote the wider use of the research by other parts of that operational organisation and sharing the evidence with other humanitarian actors. R2HC learned that this assumption did not hold consistently, and as a result has been providing targeted support on research uptake and use to grantees since 2018.

4. Although this was not a stated aim at the beginning of the R2HC programme, in funding and supporting health research partnerships over time, R2HC has found it has also contributed to strengthening the ecosystem of humanitarian health research, that has also been supported by other actors over the past ten years. R2HC funding has enabled researchers to work in humanitarian settings; provided opportunities for non-humanitarian actors to work in this space; supported opportunities for researchers based in humanitarian organisations ('pracademics'); facilitated career growth from early to mid to senior levels; the Research Forums R2HC has held have enhanced this sense of vocation amongst those conducting health research in humanitarian settings. Finally, R2HC has become a unique player in this ecosystem.

    Assumptions: As R2HC acknowledges, many other actors are increasingly involved in strengthening this ecosystem, and R2HC is keen to understand where it currently sits in the

configuration of humanitarian health research funders. The strengthening of this ecosystem does depend on continued global resourcing for humanitarian research.

5. In order to achieve its impact of contributing to more evidence-informed humanitarian policy and programming, the right policy and operational actors need to use R2HC-funded research findings (in addition to other research findings) to change and refine their guidelines, policies and interventions. Sometimes this happens in the ways that were mapped out and expected by the grantees at the beginning of the grant, and sometimes it happens in unexpected ways.

Assumptions: There are a large number of assumptions at this level, many of which are out of the control of R2HC to influence or respond to. One is that a single research study will or should be enough for a humanitarian actor to change a guideline, policy or intervention. We know in fact that bodies of evidence are needed to achieve this. Some studies have built on emerging bodies of evidence. An obvious assumption is that research will be able to meet the very short timeframes for humanitarian decision-making, which often clash with the longer timeframes required to produce and publish quality research, especially where it is peer reviewed. This can be particularly important in acute crises and R2HC has used different instruments such as targeted and rapid response calls to produce and position research for rapid use. Many studies, however, aim at influencing higher level approaches and policies for humanitarian response, or protracted crises, rather than a specific acute crisis.

A critical set of assumptions relates to the capacities, opportunities and motivations of humanitarian actors to change their policies and programmes based on evidence. R2HC's own work has shown that lack of funds, flexibility of funding, organisational commitment, and often siloed ways of working, often limit the opportunities and motivations of humanitarian organisations to change course. There is also a lack of political will to adopt and promote evidence in humanitarian response.

Some assumptions relate to the entry points that would be available to R2HC to influence humanitarian actors and the humanitarian system. Initially R2HC had assumed that the Global Health Cluster and the World Health Organisation would be good actors to focus on to promote the awareness and uptake of its own research and to build demand for evidence. However, in reality, these proved to be difficult actors with whom to gain traction, with criteria for inclusion of evidence into policy change processes by the WHO being incredibly narrow, thus limiting opportunity to include R2HC-funded evidence into these spaces. Instead, R2HC has had more traction with other, health-related clusters and operational networks, such as the WASH cluster, Technical Alliance of the Nutrition Cluster, IASC Reference Group for MHPSS, informal technical working group on NCDs, the IAWG on SRH in Emergencies etc.

6. Research may influence outcomes for people affected by crisis either directly, whereby a study results in a better intervention or approach for a specific context, or indirectly, whereby research findings influence wider policies and programmes, which then result in improvements for a much broader range of crisis-affected people. Research is seldom the only ingredient that has led to change. Because of this, tracking the results chain between

reach evidence findings and improved outcomes for crisis affected populations can be difficult. However, sometimes these effects may be tracked within a single study.

Assumptions: Many assumptions at this level relate to those previously articulated around the extent to which research actually responds to the needs of governments, humanitarians and communities affected by crises. As well, there are assumptions about the motivations of humanitarian actors to make evidence-informed changes that deliver better outcomes in their response. A key assumption at the project level is that more participation of communities in research – not only as respondents but also in design and in discussing and validating findings and recommendations – does help to achieve changes for people affected by crises even within a single study.

7. R2HC is not primarily designed to build demand for evidence, however, through its funding of research, it has also contributed to increased demand. R2HC has acted as a convening player, bringing academics into more contact with practitioners. Many of R2HC's activities in engaging with humanitarian actors to promote its own research evidence and the use of evidence more broadly has fed into increased demand for evidence, which, in turn, has sometimes fed plans for new R2HC research calls. For example, R2HC began engaging with the WASH cluster in 2016 to understand why the programme was not receiving many WASH grantee proposals. A long series of conversations ensued, which finally resulted in the cluster's inclusion of research evidence in their 3-year strategic plan. R2HC then offered to fund the research prioritisation for the cluster and aspire to fund a research call if funds can be raised for this purpose. We understand that, looking forwards, R2HC and Elrha, are likely to focus more on making the case for research production and use and funding and resourcing for research.