Speakers

AO – Alice Obrecht

JP – Jo Puri

RK - Roxanne Krystalli

SB - Sheree Bennett

EO – Ellie Ott

CK – Christof Kurz

Transcript;

AO   Good morning, good afternoon and good evening to everyone who is joining us on this webinar episode, Planning with Evidence – Cutting Edge Practices. My name is Alice Obrecht, and I'm a research fellow here at ALNAP, and want to give a big welcome to everyone who's joining us from very far reaches of the world, including our presenters today who are coming in from all sides of the planet. This is the first edition in a new webinar series that we are launching today at ALNAP, called Bridging the Evidence Gap. This series will be exploring new research and tools for improving the quality and use of evidence for humanitarian action. This webinar series is building on ALNAP's prior work on evidence-driven humanitarian action, including our 2013 paper on evidence, and our more recent series of methods notes on evidential quality in humanitarian evaluation. For our first webinar in this series, I don't think we could have had a better line up of presenters to kick us off. We subtitled this webinar Cutting Edge Practices because all four organisations represented by our guests today have been leading the charge in improving evidence research and data in humanitarian action, and are with us today to share with you three distinct tools and approaches that they have been developing to bring evidence close to humanitarian decision makers and planners. So we're really excited and thrilled to have Jo Puri from 3ie, Roxanne Krystalli from Feinstein International Centre, Ellie Ott from Oxfam, and Christof Kurz and Sheree Bennett from the IRC. I'll give more introductions to our presenters as we go.

But just some housekeeping before we begin, so today we're going to have a few presentations and a demonstration of one of the tools followed by a discussion and Q&A, so please send your questions to us throughout the presentations via the chat box on your GoToWebinar screen. Second, we, as always,

encourage you to tweet about the webinar using the hashtag #evidencecrisis, and then finally you are going to be seeing a couple of polling questions pop up during the webinar, the first one is going up now, which we'd like to get your views on, and this first question is on which of these three tools do you have the greatest familiarity? So gap mapping, systematic review and the outcomes and evidence framework are all the tools that we're going to be highlighting and talking about today. We'd like to understand how familiar you are with each of these, so if you can click on the answer and give us your vote, we'll put up the results later.

So while you vote, I will be introducing the topic for today. Today we're trying to look at how evidence can be used for humanitarian planning, and generally there are three steps that humanitarian planners face when they're trying to engage with evidence. In the first place, humanitarian planners need to understand what evidence is out there already, and what are the questions or issues where we don't have enough data? So they need to know what evidence is out there that's relevant to their particular area of programming. Evidence gap maps, as developed by 3ie, seek to answer these questions by mapping the existing research around a given area of programming. At that stage-, it's really important to understand what's out there, but once we have a lay of the land, so to speak, it's also really important to pull the existing research together in some form of synthesis, and find out what is the body of evidence actually telling us about the effectiveness of different interventions, or about the best programming designs available. The humanitarian evidence programme, a joint initiative between Oxfam and the Feinstein International Centre, has been doing exactly that, producing a set of eight systematic reviews and evidence syntheses addressing key humanitarian questions. So once we've done that, we've figured out where the gaps are, and then we've pulled together the existing evidence, we need to go through this third step of understanding how to practically apply this knowledge in programme design, and to explore this challenge, we are thrilled to have the IRC here today, who will be giving us a demonstration of their new approach to this challenge, with their outcomes and evidence framework. So those are the key topics we're going to be looking at today. I'm going to now move to Jo. And before I do that, just looking at the, kind of, learning opportunities presented by the webinar today, it's great to see a lot of people will be learning about all three of these tools, and in particular, also, systematic review seems to be one that people are not terribly familiar with, so that'll be great to hear about.

So I'd like to jump right in and hand over to Jo Puri. We're delighted to have Jo with us, from 3ie. Jo Puri is currently the Deputy Executive Director and Head of Evaluation at the International Initiative of Impact Evaluation, otherwise known as 3ie. I think we're all familiar with the work of 3ie, and with Jo in particular, Jo has more than 21 years of experience in policy research and development evaluation, including evaluations for the World Bank, the UNDP, UNICEF and many, many others. Both 3ie and Jo are known for their contributions to many areas of evidence-driven aid, but Jo is with us today to talk specifically about

one area of 3ie's work which is on evidence gap mapping. 3ie hosts an interactive online platform for its evidence gap maps, and we'll be sending you the link to that site through the chat box, which you can click on. We'll also provide it again at the end of the webinar today. So I'm going to hand over to Jo now, who's going to talk us through a bit of their work on gap mapping. Over to you, Jo.

JP   Thanks Alice. It was interesting to learn as people are-, I think there are about 140 people out there who are listening to us, that only 7% had heard about evidence gap maps. So I'm hoping that we can have an interesting dialogue around this topic. Thank you everyone for being here, and to ALNAP for this opportunity, and this wonderful webinar. Okay, so I'm going to be talking today about gap maps, and really talking about what are gap maps and what can they tell us? A lot of you have seen a lot of newspaper articles, information, on different things, a lot of things which give you contradictory advice on what to do and what not to do. These are just a few examples on your screen on how different, so-called good magazines have given you contradictory advice about coffee. So, is coffee good for you? Bad for you? What should you do? Does it lead to cancer? Is it good for you, good for your heart? What do you do? There's clearly an information overload, and this is where gap maps come in.

So where do we start off from? Really, we start to understand, when we are starting with any field, really, we start with trying to understand what is the overall evidence that we have in that space, or in that area? Our first port of call is the Impact Evaluation Repository of 3ie, which is a free service where really a lot of the impact evaluations are put, or collected and put as a free service for everyone and anyone around the globe, and we-, this repository essentially has about 2,600 impact evaluations, currently. So we first look there to then understand, 'Well, what do we know about a specific question or a specific topic?' and you can search this repository pretty nicely. From there, we then go on to then understanding what sorts of systematic reviews exist, and I know that one of my colleagues is going to be talking about systematic reviews, so I'm not going to go over that, but essentially, what these systematic reviews in the repository tell us is the amount-, what we know exists in terms of evidence. But how do we understand what is the extent of this evidence, and what does it say?

This is where gap maps come in. Gap maps can be really good tools to understanding where is it that we should be looking at research and research that matters? So this is just a gap map looking at a few different interventions and different outcomes. Let me explain what this map is showing to you. Okay. So essentially what this is saying, a gap map essentially is a matrix, where you have interventions on your left hand side, and you have on the top of your screen, outcomes. Essentially, the first thing that gap maps help you to do is they identify key gaps so that you can understand where primary studies should be undertaken. They also help to understand where you do have quite a few primary studies, but where you haven't systematically synthesised this evidence, and where there may be opportunities to do so. And the yellow circles on your

screen essentially show you that opportunity. The opportunity to synthesise evidence where you do have a lot of primary studies, but you don't know as to what those studies are telling you in a net/net. What should you do if you have a lot of good studies and some of which may be providing you with contradictory information. These are what gap maps look like, but where do you start from?

Okay, so gap maps essentially have outcomes around your horizontal axis, and they list interventions along your vertical axis, yes? Then in this matrix, they essentially show the amount and the quality of evidence. So the bubbles on your screen are essentially telling you whether you have systematic reviews on these topics, so for example, if you are looking at the row (ph 14.14), it says 'cash transfer interventions' and if you are looking at enrolment, you essentially have a big grey bubble which says, 'Yes, there is a systematic review and it has lots of studies in it,' but it also has protocols and other impact evaluations which are signified by the green/orange/blue/red bubbles which are essentially telling you that there are some things that have not been included in the systematic review, there are still others that are protocols, and still other primary studies that require further synthesis.

This is, essentially, then each one of these bubbles is also connected to a study which links itself through the 3ie repository. So essentially, you can click on these bubbles and it takes you to the list of studies that are available, that have populated that bubble. So in some senses, this can be a very nice tool if you just want to understand: what is the extent and what is the density of evidence that I can be reasonably confident about in a particular area, that is also informing me a little bit about the outcomes that I am interested in. Okay, going on.

So, how do you set up a gap map? There are several steps included in it, and we can talk about it in detail later, but essentially, you have to develop scope, set what are called inclusion criteria, and I'll talk about those in a minute. Using these inclusion criteria, essentially criteria that helps you decide what are the big outcomes that you want to understand, what's the kind of population you want to target, what are the sorts of interventions you want to look at, and what are the standards of evidence that you are using in your search? You set up what are called inclusion criteria, and using these, you then do an exhaustive and comprehensive search of all of the relevant databases that are available out there. Searching these databases exhaustively and extensively requires a lot of effort, because it essentially means that you have to have the right search strings. At 3ie, we end up using a search specialist, a library science search specialist, who essentially creates these search strings for us, and then we run through at least 10 or 15 databases when we are doing a gap map. All of these usually land us with, at a minimum, 20,000 or 30,000 hits. This is almost equivalent to you going to Google and then putting out a search string and trying to understand the evidence on a certain topic, except because you are using inclusion criteria here, you are using some search criteria which also are looking at standards. Once you have these 30,000 hits, you then go through a process

of title screening, abstract screening and text screening, to then understand as to what should be the studies that are finally included in your final list of studies that you will use to really populate your gap map, and that's the data extraction process and then the presentation and analysis. So essentially what you end up doing is, and if you see your screen, the evidence gap maps that 3ie has produced until now are available on our webpage that's also-, I think the link has also been provided very nicely by Alice, thanks Alice.

An important part about gap maps is setting the scope. So remember how I spoke about the interventions along the vertical axis, and the outcomes along the horizontal access? These require quite a bit of discussion, but they're also extremely useful because they really give you a good opportunity to engage with some of the key stakeholders in the area that you're working in. So it's not just a desk study, you're really working with people on the ground to understand: well, what are the sorts of interventions that you should be interested in? What are the categories of interventions? Because as you can imagine, these interventions can be thousands of millions, and can be categorised in very, very different ways. But this consultation exercise that you set up gets you to the scope. I'm not going to go over this, but essentially gap maps can cover systematic reviews and impact evaluations, and they are informed by what are called PICOS. So very quickly, they are a good way to understand gaps.

In humanitarian action, given our own shortage of evidence, and the big shortage of funds, we know that scarcity and need requires that we know what the evidence is, so I'm quickly going to show you the evidence needs map that we ended up creating for humanitarian action, where on the horizontal access you have all of the outcomes, the outputs and the impacts. On the vertical we have the categories of interventions. Essentially what we found was this. There is a huge importance and need for evidence in education, livelihoods, WASH, nutrition, health, early recovery. Essentially everything. Last but not least, the gap map itself showed that most work in this area has been done in health, nutrition and peace building, but there are very, very few impact evaluations, and at the time that we did this, there were less than 40. My last slide on this is really, when we did a quality assessment of even the less than 40 impact evaluations, which has since been updated and we are working to update it, we found that the quality of these impact evaluations was actually not very good. Only 29 had a theory of change, of the 39, but the ones that did have good standard in terms of what we called having a counterfactual, did not have a balance test and they did not do-, and 29 of these did not do any power analysis to show confidence in their results. So my last result is there is high need and low availability of rigorous evidence for humanitarian assistance, and primary studies are especially required to answer questions related to what works, for whom, and why. Thank you. Alice, over to you.

AO   Great, thank you so much, Jo, for a really great overview of a really important approach to try and manage what you called, so nicely, the 'information overload problem', which is really critical. So I look

forward to diving a bit deeper into that method, and how it can be used by humanitarian decision makers, in the Q&A. But it's a good segue over to our next speaker, who is going to be talking about systematic review and evidence synthesis, and I should say, I hasten to add, that I misread the poll results, you are right, there are fewer people familiar with evidence gap mapping, more people saying they are familiar with system review, but I'm sure there's always more to learn from that, and certainly quite a wealth of findings and learning from the efforts of Oxfam and Feinstein to improve the use of systematic review in humanitarian action. So we're really grateful and excited to be joined today by Ellie Ott and Roxanne Krystalli. Ellie is the Humanitarian Evidence Programme and Communications Manager in Oxfam's global humanitarian team, and before joining Oxfam, Ellie worked for UNHCR as well as for a refugee empowerment NGO in Zambia, and for the US federal government, where she oversaw rigorous anti-poverty research and policy, including the management of systematic reviews and randomised control trials. Roxanne is the Humanitarian Evidence Programme Manager at the Feinstein International Centre at Tufts University, and prior to this position, Roxanne has worked as a researcher, humanitarian practitioner and advocate at the intersection of gender and armed conflict. Through their joint humanitarian evidence programme, Oxfam and the Feinstein International Centre have commissioned a set of eight evidence syntheses and systematic reviews in the humanitarian sector, which have been carried out over the past year. We're now going to hear from Roxanne, who's going to be giving us a presentation on this really interesting work, and then we're going to hear from both Ellie and Roxanne in the Q&A session. So I'm going to hand over now to you, Roxanne, to hear about this programme and what you've been finding.

RK   Thank you very much, Alice, and good morning to everyone. In the time that I have, I will be discussing the Humanitarian Evidence Programme, which, as the name might suggest, synthesises existing evidence-based research and seeks to communicate the findings to decision makers, including humanitarian practitioners, policymakers and fellow researchers. I'm going to touch on four questions. First: why would we do this? Why would we synthesise existing research, rather than conducting new, prospective field research? Secondly: how are we going about this? What, really, does it mean to systematically review the evidence in a particular area? And specifically, what does it mean to do this in the humanitarian field, given the realities of the data that we have in our sector? Third: how did we decide on the areas in which to synthesise evidence in the humanitarian field? And I will close on the fourth note of insights and challenges that we have encountered along the way.

In this slide, you can see the eight areas in which we decided to synthesise evidence-based research as part of the Humanitarian Evidence Programme. I am told that you can't see my slides, but hopefully now you can. My apologies for that. Excellent, now I am told that you can. So we have these eight areas for evidence synthesis, and before delving into how we decided on these particular ones, I want to talk a little bit about why one would do this, why we would synthesise existing research, and I will focus on two reasons with the

rest being detailed in our programme guidance note. The first is that looking at a body of evidence can be more powerful than simply cherry picking individual studies. So rather than saying, 'I have read this particular study on cash, and here's what it says,' we are looking at the body of evidence on cash, and what that body might tell us. The second is that our impulse may be to go and collect new data, and interview new populations, and that is an exciting process and an exciting prospect for knowledge, but by looking at the body of existing evidence first, we are minimising the burden of affected populations by conflict and disasters, the burden of narrating their experience again and again through multiple surveys and multiple inquiries by researchers and practitioners. So that, to us, is a compelling reason to do evidence synthesis.

How did we settle on these particular topic areas? On the eight topic areas that you see here? We took a three-pronged approach here. First, we looked at what evidence is already synthesised, since it would be against the spirit of the programme to commission an evidence synthesis on an already-synthesised area, and this is where the work of 3ie and IRC has been really particularly useful for us. We have mapped existing evidence synthesis in the humanitarian field, and you can find that on the Feinstein website, in case it is of use to others on this webinar. Second, we went straight to the community, and hopefully including many of you on this webinar, and we asked: if we were to synthesis existing evidence, in particular areas of our field, what would you want to know? What are you curious about? I'll talk a little bit about the pitfalls of this question on my last slight. So from them, we have heard certain things, through a survey and key informant interviews, that essentially illuminated particular areas for evidence synthesis, and then the third thing that we did is we cross checked that area of interest with availability of evidence, to find that sweet spot between interested of our stakeholders in seeing the evidence synthesis, but also making sure that the evidence is actually there for us to synthesise. So if you look at the survey results, the number one response of what people were interested in seeing evidence on were transitions from relief to development. We did not in fact commission an evidence synthesis on this, because we could find too few studies that actually tackle this particular topic, so this is a case of something that would be an opportunity for prospective research, but not really particularly suitable to evidence synthesis. So through this three-pronged approach, we really looked for that sweet spot between interest and availability of evidence to arrive at our list of eight topics.

I'm now going to move on to method. What does it mean to do evidence synthesis in the humanitarian field? This is where we borrowed from the systematic review approach. The systematic review approach emerged in the medical field, as well as in the field of public health, and has been widely used to essentially bring together bodies of evidence and see what results arise when that evidence is compared, beyond just looking at the individual studies themselves. What we have found is that that approach is very useful, but needs to be tailored to the realities of data in our field. I'm going to touch on just two types of tailoring, the rest you can see in our guidance note on evidence synthesis in the Humanitarian Evidence Programme.

The first is that much of the systematic review approach essentially assumed laboratory settings. It assumed perfect control over your environment. It assumed the possibility of randomisation. That is not always feasible or ethical in the humanitarian field. At the same time, we don't think that this means that humanitarians don't generate evidence, or that we cannot systematically bring it together. It just requires a more tailored approach, and that is what the programme has set out to do, and so our method is listed in this guidance note as well as on our briefing papers on evidence appraisal, which essentially touch on: how do you tell one type of information from another? How can you tell how much confidence we have in particular findings? And how do you go about the process of assessing the evidence that you have synthesised?

All of this information is listed in our published protocols. What a protocol does is essentially it says: this is the approach that I am using to synthesis evidence. It is a means of transparency, if you will, in the review. How did we decide which studies to include in our urban humanitarian action review, and based on which criteria? What information did we extract from each study for our analysis? Where did we find our studies? Did we search the grey literature, as well, the various institutional reports that many organisations on this webinar produce? Or did we just search the academic literature? And so the protocols are currently available on both the Feinstein and the Oxfam sites, and you can browse them to take a look. Next, I am going to discuss some of the various insights that we have come up with along the way, focusing on four specific areas of lessons. The first is this question of evidence synthesis versus evidence generation. One thing that we have found is that when we asked people: what do you really want to know from the existing evidence? The answers they gave us were actually questions for prospective research. So it's: what do you want to know right now about the Syria crisis? What do you want to know right now about humanitarian partnerships? As opposed to questions that can be answered by looking at existing evidence. To us, this is very exciting, because it does suggest directions for future research, but it also suggests that we may not necessarily know how to answer questions about evidence use and evidence synthesis. It may be that our impulse is to just continue to do new and exciting work as opposed to using the work that exists, and that, to us, is an imperative to raise awareness of evidence synthesis and its use within this field.

The second and related challenge was on the volume and the quality of evidence that we found. When we were starting out, we were warned about volume, and specifically that we would not find enough evidence to synthesise. For some of our reviews, that has indeed been true, but the opposite has also been true. Sometimes we have found thousands of hits, particularly in our questions on mental health, or on WASH. So how do you bring together this vast body of evidence to have meaningful conclusions, has been a question that we're really struggling with, and similarly with quality. How can you assess different types of studies and different methods? Next, and relatedly, tailoring the systematic review approach. We find that we're speaking to a couple of different audiences. We're speaking to the systematic reviewers, who have a very

particular methodology, for whom the tailoring may actually be a compromise on the quality, and we're also speaking to the humanitarians who want to know: what do the various studies say, regardless of this particular process that we are using. So trying to strike that compromise between addressing these audiences in a systematic way has been interesting.

And I'm going to close on the note of building in research update from the beginning, and also on the politics and subjectivity of evidence. For us, we've tried to be as consultative throughout this process as possible. We've tried to synthesise evidence and questions of importance to the sector. We've tried to involve our various stakeholders from the beginning, because we believe that if people are involved in setting the question, they're much more likely to use the output that emerges from this evidence synthesis process. At the same time, it's important to understand that evidence is political. The determination of what counts as evidence is political and subjective, and so we want to be very mindful. Well, what is it that's excluded from this evidence-based research? Which types of voices? Which types of methods? Which types of studies might we be disqualifying by labelling them 'not evidence'? So that is something that we'd love to hear from you more about in the Q&A. Thank you very much, and over to you, Alice.

AO   Thank you, Roxanne. Thank you so much for a really interesting and honest look, actually, at systematic review, and its relevance for humanitarian decision makers. Really, really good stuff, I look forward to getting more into that in the discussion. But finally we're going to turn over to the IRC, really delighted to be joined by Sheree Bennett and Christof Kurz from the IRC in New York City, so from Bogotá to New York, we've moving. Sheree is a Technical Advisor within the Research Evaluation and Learning unit at the IRC, which is part of the Evidence to Action Team. This team focuses on increasing the use of evidence in programmatic and policy decisions within the IRC, as well as the broader humanitarian sector. Christof is the Deputy Director with IRC's Research Evaluation and Learning unit, which oversees the Evidence to Action Initiative, and this initiative is comprised of a number of activities, but we're primarily interested today in hearing about the Outcomes and Evidence Framework, which has been developed by the IRC as part of their Evidence to Action Initiative. The Outcomes and Evidence Framework is a set of tools to guide IRC staff, as well as other humanitarian practitioners, in designing and delivering high impact response programmes. I know that Sheree and Christof will mention this, but I just want to highlight that they are going to be showing you the beta version today of the OEF, and the IRC is really keen to get your feedback on this tool, so that they can make revisions ahead of the official launch of this tool in September. So thank you so much, Sheree and Christof, for joining us today, and over to you to introduce us to this new tool.

SB   Thank you so much, Alice, and thank you for organising this session, thanks to everyone for joining us. We look forward to sharing the beta version of the interactive OEF with you today, and we also look

forward to all the subsequent discussions. So the IRC developed the Outcomes and Evidence Framework in order to achieve greater impact in the lives of those we serve. We want to do so by focusing our efforts on five outcome areas, and they are: health, economic wellbeing, safety, education and power. We believe that the best way to improve our effectiveness is to do work that is driven by outcomes, based on evidence, and grounded in context. And for us, that means three things. I'm going to hang on here, because we have a little bit of a delay in our slides. Okay, good. So for us, it means three things. First, it means defining and measuring success by the change in people's lives, and in these five outcome areas, in particular. It also means defining and designing the best possible interventions, and for us that means using evidence, contextual knowledge and information and feedback from our clients in the programme design process. Finally, it means systematically measuring progress in outcomes so that we can learn and continuously improve.

So for these reasons we have developed the Outcome and Evidence Framework, and the framework provides the practical resources needed to make incremental but significant steps towards becoming an outcomes-driven and evidence-based organisation. So the Outcomes and Evidence Framework, or OEF, as we call it, contains definitions of the outcome areas, a list of all the outcomes within each of the outcome areas, theories of change and accompanying narratives, about how to achieve outcomes, core indicators and guidance notes that help us to measure progress towards outcomes, and finally evidence summaries and maps that help us to choose among interventions. We believe that, by combining all of these tools in one easy-to-use electronic application, we are making it easier for practitioners, inside IRC and outside, especially those in the field, to both access and use evidence at the point of programme design. So we will be exploring the beta version of the interactive OEF today.

Alright, so here we have our landing page. Our homepage. There are a number of ways to enter the interactive OEF, but I will just focus on giving you an overview of what's here on the landing page first. So first you will see an overview of the interactive OEF, and then below, you will see some scrollable links that tell you even more information about what the OEF is, what the outcome areas that I just mentioned, and the outcomes, are, the theories of changes, we've defined them and described them here in the IOEF, and the research evidence that we've used to support the theories of change, the research evidence we've synthesised and presented here in the IOEF as well. And of course for those outside IRC, we have a little blurb on exactly what the IRC does. So just looking at the top left hand corner, you'll see a button that says 'Outcome Areas'. That's one way that we can enter the IOEF, and of course this main button here does the same. So let's go ahead and press that. Alright. Good. So we've designed this tool for use by programme staff, particularly practitioners in the field, and we've intended for this to be used, particularly during proposal development and programme design processes. So let's say that a field coordinator is interested in designing a programme in education. So, upon entering the Outcomes and Evidence Framework, we'll

notice, see, these broad outcome areas. Economic wellbeing, power and education. So the outcome area, again, is synonymous with sector, right? But let's say that, in particular, this field coordinator is interested in this particular outcome, which is achieving an outcome for school-aged children. So school-aged children have literacy, numeracy and social/emotional skills according to their development potential. So if I click on that, what happens here is I will see an overview of the layout of the IOEF. It basically just gives you information about how to read the different panes. So if we just click close, we'll see the actual IOEF here.

So here on top is the outcome that we just mentioned, right? So school-aged children, or children 6 to 14 years old, have literacy, numeracy and social/emotional skills. It's highlighted here at the top, and below it is what we are calling our theory of change map, alright? And on the left is a list of all the sub-outcomes that are necessary for achieving the higher level outcome. So here, on this left panel, we also will include a link to core indicators, which will provide guidance on how to measure progress towards achieving each of these sub-outcomes. We're currently in the process of uploading those, and intend to have them fully populated in version two of the IOEF. So hovering over a sub-outcome here, on the right panel, highlights the pathway that is necessary for achieving that given sub-outcome. Now, clicking on this download button up here in the top, right hand corner, brings us to a hard, or print copy, version of the theory of change itself, the theory of change map. This version, of course we are encouraging everyone to use as well, and we typically read our theories of change from bottom to top, so from the lowest level sub-outcome to the ultimate outcome we want to achieve. We've indicated the different levels here, right, and we've also indicated linkages to other outcome areas. As we know, achieving any given outcome requires, you know, efforts from other sectors, and so in an effort to break down the, sort of, siloed ways in which we as practitioners often operate, we have made sure to highlight these linkages. Now, that functionality is not currently present in this beta version of the IOEF, so the linkages are not currently here, but this is something that's important and that we're working on rectifying for version two.

So let's say that I am interested in a particular sub-outcome, right? Teachers deliver quality instruction in reading, maths and SEL to all girls and boys. Clicking on that sub-outcome brings up a new panel on the left. Again, in bold letters here it tells you what the sub-outcome is, and below that, you'll see what we're calling evidence cards. So these evidence cards have information about interventions and evidence that describes the relationship between the interventions and a given sub-outcome. So it should be noted that the evidence in the IOEF, or interactive OEF, is based on syntheses of systematic reviews. So the conclusions presented on each evidence card is based on the conclusions drawn from the excellent systematic reviews conducted and made available through evidence repositories such as 3ie's, Campbell's, Cochrane, and so on.

You also notice that here, over on the left, each evidence card is colour coded, right? If we scroll down a little more, these are colour coded. So let's click on the help function to see what these colour codes mean. So here we have six colour codes that help us categorise the general conclusions that are drawn from these synthesised systematic reviews. So here we see that the full green box means: positive impact in low income context or fragile settings. The, sort of, hollowed out green box is positive impact but in more stable contexts. The yellow boxes indicate limited evidence of positive impact, or uncertain impact. Red indicates negative or no impact, and grey is no relevant evidence. So again, we should point out, look for the grey tags, and for, you know, tags that we might find here, such as no data, in the theory of change here, it really means that there isn't-, it doesn't mean that there isn't any evidence at all in the world around this sub-outcome. What it means is that there is no relevant evidence drawn from systematic reviews that are currently available and in this IOEF. So again, our evidence base is limited, because we made a deliberate decision to start with systematic reviews given the high quality of these reviews, but we are working on efforts to extend that evidence base.

Alright, so let's say that I am interested in a particular-, I am interested in a particular intervention. For example, interventions to increase marginalised groups' access to education. So if I click on the evidence card, some more information is provided to me. First, I see a general summary of, of course, what the colour code means, but what the general conclusion is from all of the systematic reviews available, that is relevant to this intervention, and to the sub-outcome. And in this case, it's green, because there is systematic review evidence that's extracted from studies conducted in low income context, or fragile states. Further down, I can find more information about the study itself. So the special focus line tells me if there's something very unique about the systematic reviews related to this intervention, and in this case, two unique features are present. One is that the review includes gender analysis, and the second is that it also includes a cost analysis. Another bit of useful information is about the population. So exactly who was studied? Who was studied and who was involved? The study is focused on girls of school age in low and middle income countries. Some systematic reviews include an effect size, and where that's available, we include it here, as well. In this case, there was no effect size calculated.

We can learn a little bit more about the study by clicking on this 'view citation' link. That tells us the title of the study, the author or authors, location of the study, and again, these are syntheses of systematic reviews, so they are often from multiple countries. Then there is a link here that will take us to the full text of the study. Unfortunately, at this time we are only able to offer the full text to IRC staff, but we are working on increasing, or obtaining permissions to increase access to the wider public. So that's the main information available on an evidence card, and this is the general overview of the interactive OEF. It is still in beta version, and we look forward to further engagement with you, here on the call, and later on, to learn how to improve as we go along. So at this point, I will hand back over to Christof.

CK   Okay, thank you Sheree. Now we're just running quickly through our slides again. Alright, so now you've seen-, again, as a reminder, so we combined these various tools that we had developed independently, the definition of the outcome areas, a definition of 26 more specific outcomes that came with theories of change narratives, core indicators and guidance notes for each of the 26 outcomes, and then evidence summaries and maps for each of the five broader outcome areas. I'll tell you a little bit, briefly, about the process of how we got there. So this was a significant organisational undertaking, it was a 15-month long process that required significant resources, mainly human resources, across the organisation. So we, from the Evidence to Action Team, we're part of our Research Evaluation and Learning unit, we led the process, but most of the work was done by our technical teams. So the technical teams first clearly defined the outcomes, the five broader outcome areas, which are the broader changes which we want to see in people's lives, and then the 26 specific outcomes, and then developed a theory of change that you've seen in the map version, with the specific sub-outcomes and smaller changes for each of the 26 outcomes. This is fairly time consuming, mobilised a lot of internal actors, and we also developed all 26 at the same time, so I think if we were to do this again, as a lesson learned, we probably would have started smaller, with a few, and kind of tested them out and waited until we had the lessons learned, and then went on to develop the whole set. But anyway, we did get there.

At the same time, we had a research team working on the evidence reviews that followed fairly similar protocols to what our colleagues from Feinstein and 3ie described, and that drew on existing evidence reviews that were also already described from 3ie. The EPPI-Centre, Campbell Collaboration, and did additional research to see if there are other relevant systematic reviews out there. We also deliberately limited ourselves to systematic reviews, at this stage, and as this first step, simply to make it manageable, but also to first make the most rigorous research available, and that was already a significant effort. We then developed evidence maps and models to some degree on 3ie's evidence maps. Finally, our technical teams then, once all of this was done, developed core indicators and guidance notes for each of the 26 outcomes. So all these elements then now we combined in the electronic tool, which was also significant, I think about eight months' effort, to get this all online.

The tool is-, so we recently only launched the tool, our field teams have started using them, we are creating great user feedback. It does make all these different elements, that before were only available in old fashioned Word and PDF and Excel files, it does make it available for practitioners. We do want to have an offline version in the future, we don't have that right now, to make it available in low connectivity contexts, and so generally, while people are starting to use the tool, we already know that there are quite a few limitations, some related to technological issues, some related simply to time and resources. So here are a few things that we are working on, and we certainly welcome any kind of feedback if people start exploring the tool, to also learn more about what works and what doesn't work, and what else we need to be working on. So

what we are still working on right now is that we want to expand the evidence base from systematic reviews. This is feedback received-, early feedback received from our field teams, that because of the significant gaps in the evidence related to, or from, systematic reviews, we would like to explore whether individual impact evaluations, or other rigorous studies, can be included. We want to add a search function of the evidence, to make it more user friendly. We want to determine what other types of information, not part of systematic reviews, or research, in particular cost analysis, cost efficiency, cost effectiveness analysis, can be made available, and then as Sheree already mentioned, we want to increase access to the actual studies that are linked. Right now there are some copyright issues that we need to work out.

So this is a brief overview, the interactive OEF can be accessed in two different ways. Either going directly to OEF.rescue.org, or going to the IRC on the research and evidence page, there is a link to it. We do-, as we said, we are still learning and we are still improving the tool, so any feedback that practitioners or researchers have that are trying to use the tool, please send an email to OEF@rescue.org, that's the email address where we are collecting all the information, and so we thank you very much for your attention and we look very much forward to the discussion and to your questions.

AO   Thank you so much, Christof and Sheree, for a fantastic presentation. You can definitely see that there were many, many hours of woman and man-power that went into that tool, and we really encourage everybody online to play around with that on their own. I'm just going to put up a poll for people to answer, we're going to do a quick, 30-second poll, and then jump right into discussion. So we'd like to get your thoughts on what area of humanitarian planning you think better evidence and analysis is most needed for. So we've heard what our presenters have experienced in their work, on where they've seen gaps in evidence. We wanted to hear from you, from your personal experience, from your position at your organisation, where do you see the biggest gaps in evidence? Or is it just everything-, we didn't include an 'all of the above' option, but based on what Jo was saying, maybe we should have. Also I'd like to mention that if you have any questions on the presentations that you have heard, please send those through, any questions, they can go from technical to, 'How do I get this? How do I use this,' to broader questions about method. I think we have a few more seconds on that poll. Yes, and get a few more people to respond, love to get your views on this so we have an idea of directions for future work and future tools like these. Great. So protection and early recovery neck to neck there. I'm sure there's many reasons for why we're missing significant evidence around those two areas, very difficult to monitor and evaluate.

Good, so we're going to jump right into discussion, and I'd like to start by getting really practical here. We have a number of people who are joining us on this webinar who work for local and national NGOs on the ground, in countries, including the DRC, Nigeria, Jordan and South Sudan. I think it would be really great to hear from our presenters how they have been seeing these tools used not only at the international

headquarters level, but also at country level. We had a question submitted ahead of the webinar from a Lebanese organisation, who is asking: how effectively these tools can be used under the pressure of time, under pressures from donors, and under the general pressure of just trying to respond to those in need.

We're going to go to Jo Puri first. Jo, just asking you a very practical question here. Can you give us some examples of gap maps being used by decision makers? Over to you, Jo. [Pause] I think we're going to wait for Jo to come back on.

JP   Sorry, sorry, I didn't realise I'd muted myself. So, like I said, gap maps are a really good tool to see where impact evaluations are there or are not there, or where there are impact evaluations but very little synthesis of evidence, and where we've seen this, really-, so really they're a very good way to influence decisions around: where should we collect more evidence? Or what should we do in terms of evidence synthesis? Either one of those two questions. So this has been done, I can give you several examples, in a most recent gap map, where we looked at agricultural risk insurance. This was used by a pretty big donor to then understand as to whether evidence should be-, there should be more evidence that is provided for agricultural risk insurance uptake, because one of the things that we found through our gap map was it wasn't the more, longer term impact and outcomes that were not being informed, it was just short term outcomes such as uptake that were not being informed by the evidence that we were getting, and so an entire programme of evidence has now built around that. Very similarly, we've done work around environmental conservation, for example, and there we know that there are some areas where there is pretty good evidence, but essentially, other than protected areas, there is very, very little idea of what the evidence is saying, and also primary evidence. So really, the advocacy is around generating primary evidence in a whole lot of other areas, and then synthesising evidence around these, and these are-, again, all of these are big actors who are funding research, and so that's how gap maps are helping to influence decision making. So in agricultural risk insurance, in conservation and environment, and my last example is actually around sanitation and open defecation, where again, some work that we did in the scoping part of an entire evidence programme, showed us that there was very little evidence informing us as to why people aren't using latrines, for example, and that's where an entire evidence programme is now being formulated. Thanks. Alice, over to you.

AO   Great, thank you so much, Jo. Really good, concrete examples there of how these gap maps are being used. Moving to Ellie, I wanted to know from you, Ellie, and welcome, because we haven't heard you speak yet, so welcome to the webinar, and can you give us an example of how organisations like Oxfam, at both headquarters and at country level, might be able to use the findings from your systematic review. So for example, how should WASH or protection programming change if it's paying attention to this research?

EO   Right, thank you, Alice. I think this is one of those most critical questions, and when I think about how we might formulate recommendations, I think there are four areas, depending on the findings of the individual reviews. Those are, first of all, to adopt new practices or policies. Secondly, to continue existing ones. Thirdly, to stop practices, and in a lot of other fields, we have seen this is where systematic reviews often have strong findings that it's a very difficult process to implement. Then lastly, as Jo has already talked about, and many others, areas for investing in further research, where we have gaps. In the reality, from our preliminary findings from reviews, the results are generally more nuanced and kind of across those four recommendations. So if I look at, kind of, the two areas you mentioned there, WASH and protection programming, and it's great to see so much interest in trying to have more evidence around protection programming, the WASH review team screened over 13,500 citations and synthesised 47 studies in 51 contexts that met their inclusion criteria. They have many (? 01.05.47), kind of, nitty gritty practical recommendations that are helpful for, hopefully Oxfam's WASH teams and partners on the ground, and those include, for example, around household water treatments, that there's relatively higher use of liquid chlorine than chlorine tablets, but the reasons for that is if you look at the impact evaluations themselves, is perhaps that the liquid chlorine interventions included programmes that promoted, distributed, marketed and redeemed vouchers for chlorine solutions, and some communities had previous experience using vouchers or in development programmes, whereas the chlorine tablets themselves were often predominantly distributed through non-food item, or NFI, kits, so perhaps we should look at how we're influencing programmes, and indeed the team there has had broader recommendations, first of all for responders interested in implementing (? 01.06.48) programmes to use simple interventions with clear, consistent messaging, through several communication methods, and secondly to engage in open communication with the communities to dispel fears and address local concerns for disease outbreaks and WASH programming. They've also recommended that policymakers consider the importance of fast, flexible funding and the value of pre-positioned hygiene kits and the importance of, kind of, developments, interventions, and contributing to the acute response.

Secondly, if I go to the child protection for unaccompanied and separated children, to that systematic review, the evidence there has looked very different. So that team screened over 5,500 studies, and had only 11 studies meet their inclusion criteria, and if we look at their domain of, kind of, interim care, this corroborated findings from studies in non-humanitarian settings, that children demonstrate better social, emotional and behavioural outcomes in family-like care situations such as foster care, than they do in most residential settings, but again, it's nuanced, and they see that foster care needs to be well supported and monitored to achieve these positive outcomes, and that residential care can achieve positive outcomes if appropriate standards-, if they have appropriate standards such as staff to child ratios in place, and emphasis is put on the quality of the care-giving relationship with the child. But then secondly, here, the review team again had strong findings on the limitations of what we can say for practitioners from this systematic review,

based upon what has been evaluated, so some, very, kind of, niche programmes were evaluated, where some of the approaches that are often taken currently, such as case management, didn't have any evaluations that met the inclusion criteria for this review. So it's a strong call for, kind of, further research in this area. Back to you, Alice.

AO   Great, thank you so much, Ellie, for some really detailed and concrete examples of how people can use these systematic review findings to inform planning and programming, and for more information, they can check out the website for the Humanitarian Evidence Programme, where you'll be publishing the findings from those reviews as they come in. So it's really fantastic. Moving to the IRC, I know Sheree and Christof, you've already talked a bit concretely about the steps that you're taking to roll this out, but if you could expand a bit more on the kind of support that you can provide to humanitarians, both within the IRC, but also outside the IRC, who are interested in using your tool, that would be terrific, and I just want to add on to that practical question a couple of the questions that we're getting online for you that hopefully you can help clarify.

So, one question is: how do you define 'clients'? How are you defining that term 'client'? Second question around how do you contextualise these theories of change for each context? So you've shown us your general outcomes matrix and these sub-outcomes. How are you contextualising those theories of change, for different response contexts? Or perhaps this person means different country contexts, even. And then finally, how are you accounting for, and reflecting, on the assumptions made about particular theories of change? So kind of a bundle of questions there, it's quite a bunch, but hopefully you can help clarify your approach to theory of change with respect to these assumptions being made, these contexts, and then just a basic clarification on terminology, what do you mean by 'client'?

CK   Okay, thanks. I'll get started. So on the original questions that are up on the screen right now, just to reiterate that it was important, I think, to make the evidence useful for practitioners to have it part of our broader programming framework. So the entire effort to define the outcomes, develop the theories of change, and embed them in this-, and embed the evidence in this broader framework, was really critical. To make this available across the organisation was quite the effort, so apart from first general introductions through webinars for our staff, that work in 40 different countries, we then organised regional workshops in each of-, in five of our major regions, with country programme representatives, and so over three days we walked them through the logic, we explored in depth up to three specific outcomes, and the theories of change, and the indicators that go with this, and we walked them for a whole day through different use cases, practical examples drawn from actual projects and proposals, or donors' calls for proposals, to how to use the tools in programme design and project design. So based on that now, our technical teams are the main-, are the main expert on the tools and on the available evidence in the area of expertise, and so they

are now following up on specific use cases, but also on in-country trainings that the country teams are conducting for those staff who were not able to participate in these broader workshops.

So how do we-, how can we make this now available for the broader humanitarian community? Obviously the interactive OEF is our main vehicle for that, and the impetus behind that was to make it more easily accessible for practitioners within the IRC, but we definitely wanted to engage the broader humanitarian community and make this all available, and make it part of the dialogue on outcomes-driven and evidence-based programming that is going on in the wider humanitarian community. We do have that feedback email, so right now, there is no-, for the interactive tool, there is no direct, say, chat, or helpdesk link within the tool available, but we do encourage people to send us specific questions, send us specific feedback, and we're happy to engage, of course, on specific issues related to the theories of change and to the evidence presented in the IOEF.

On these-, on the additional questions from the chat, I'll get started and I'll let Sheree chime in-, or I'll let Sheree generally chime in. So how do we define client? Client simply is all the people we work with. We did not-, or it's a shift from the term beneficiary, which we saw as too passive, and so the term client we use synonymous with how we used beneficiary in the past. Contextualising ToCs is definitely a big concern, in particular for our in-country teams, and has been a big part of our rollout effort. We have another in-house initiative that works on stronger contextualisation and analytical tools for contextualisation, so we're working closely with them on combining some of those tools that-, so that is not represented right now in anything like the IOEF, this is more of an internal effort, but yes, we do realise, and we're happy to share some of the insights from them, as well, if people want to follow up specifically on that. I think I'll let Sheree take the questions about the assumptions on the TNCs.

SB   Yes. So yes, great question. I think addressing the assumptions in two ways. So one is just always making sure that we can clarify what they are, and this is the work of the technical teams, and part of the discussions when we roll out each of these ToCs in our country programmes. You know, the previous question about contextualising ToCs also is very relevant for the assumptions as well, right? So if it's just about a, sort of, technical, causal assumption, that sits with our technical teams and we're charging them to be very clear about those, but a lot of the assumptions also require thinking about how change actually happens in a given context. You know, what sort of mechanisms matter, and so on, and so we envision that this is a starting place, that the IOEF and the, sort of, general ToCs, are a starting place for engaging in that conversation, but most of those discussions and decisions will have to be proactively made by technical teams in each country, for each given programme. Okay, over to you.

AO   Great, thank you so much, Christof and Sheree, and a really good point there about contextualisation, and the participatory nature, or approach, that's needed in order to engage with those issues. I'd like to shift gears a little bit, and talk a little bit more about methods, and then go back to a few more questions that are coming in online. So, Roxanne from Feinstein, you've talked about what it means to do an evidence synthesis and systematic review, and you've also discussed, as I mentioned, quite honestly, the difficulties that your team's faced in using this method. You talked about issues in particular about the quality of data that was available, or the quality of research and studies that were available. So we'd like to ask you, what are two things that humanitarian researchers can do to ensure that their work will be useful, and used, in an evidence synthesis?

RK   Thank you for that question, Alice, I believe I was still muted. I could go on about this forever, so will have to restrain myself to just two. The first, and I'm very sympathetic to this, as I'm a researcher myself, is I think we can all do a better job of talking about our methods in the reports that we publish. So in numerous cases we found really fascinating studies that we would love to include in our work, but the study itself doesn't mention, for example, how many participants they recruited. How they found the participants. Was it a survey? Was it ethnographic work? Where did it take place? In which regions? Over which period of time? Really, really, really doable, things that we already do when we're conducting research, but which somehow, sometimes don't find their way into the reports that we publish, and this goes for journal articles, but also for institutional reports that our organisations put out there. So this could be as simple as a methods appendix, or even a couple of methods paragraphs that describe how the research was conducted. When we have that information, it's a lot easier for us to synthesise evidence, to appraise evidence, but also to know which types of studies are comparable and which types are not. When that information hasn't been available, our programme has tried really hard to get it. So we've contacted authors to ask these questions, even when their published material doesn't contain the answers to it, but again, without the methodological information, it's very hard for us to include these fascinating studies in our evidence synthesis.

The second point is sex and age disaggregation, and not just sex and age, but generally disaggregation of whom do these findings apply to? Humanitarian crises, be they a flood or sexual violence, do not affect all people in the same way. So when a study says: 'People found,' or, 'People said,' it makes it very hard for us to disaggregate, are these children? Are these men, women? Boys, girls? Are they disabled? What are the factors of identity or of structural factors that might affect how these people experience crises, and experience humanitarian assistance? So to the extent that we can design our studies with this disaggregation element in them, and then report on it, I think it makes the evidence we collect stronger, I think it makes our findings stronger, and I think it's also critical that we understand that the people experience crisis differently, and so when we write up their experiences of them, we can't flatten that difference in the write up.

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AO   Great, thanks so much, Roxanne. Two really concrete and, I think, fairly easily practiced things that researchers can put immediately into their work to improve the usability of their research for these types of reviews. Just moving to Jo, I wanted to ask you, Jo, a bit more-, if you could go into some more detail on how you've adapted your approach to gap mapping for the humanitarian sector, and also if you could touch on this humanitarian development divide, or now it's being talked about as the humanitarian development nexus. 3ie has primarily focused on gap mapping in the development sector, you're doing a bit now in the humanitarian sector, so we're just wondering, what does gap mapping offer us in terms of looking at the evidence around this nexus? Are there different bodies of evidence relevant to the development in the humanitarian sectors? Is there an overlap of relevant evidence between those two fields that can be better exploited? Over to you, Jo.

JP   Okay. Thanks very much, Alice. So a couple of things. You know, even the maps that I showed in my presentation, they were done actually quite before our current incarnation of evidence gap maps. Our current incarnation of gap maps, admittedly, looks much more spiffy now, in the sense that we now have a process, and we show them online and you can link each one of those studies, but the maps that I showed to you, actually we are working to update those, because they were done in 2014, but there were two important things that occurred to me when I was getting ready for this webinar. The one thing is that-, one of the things that 3ie has been doing is using these as a platform to understand evidence need. If you look at any of the evidence gap maps that are out there, whether the ones that IRC and Oxfam are producing, and-, or any of the ones that 3ie has produced, what you realise is that there are huge gaps. This, in itself, doesn't indicate, you know, where you should be funding or supporting research. Clearly there are always going to be many more gaps than filled spaces, just as that, you know, that's just a law of maths. So we also use these evidence gap maps as, --and I think I alluded to this in my presentation, as well—as a form of consultation. Most recently, we've started to use these to understand 'how-, where-, and what' of the intervention and outcome is most important in terms of the evidence need that is required by an implementing agency or an organisation on the ground? So they don't-, clearly they're much more interested in some types of evidence, but not other types of evidence. So one is evidence needs map.

The second part of your question really referred to the development humanitarian nexus, and you're absolutely right. We started to, you know, come into the space to think about it, around 2013, mainly because that's where we-, that's where we saw a huge need, and like I said in my presentation, as well, there's not a lot of good, high quality evidence out there, even though yes, a lot of this work has been done, we are supporting an evidence programme in this area, as is IRC and Oxfam, but there's not a whole lot of good evidence out there. Does that mean that you need to discount those standards of evidence? I don't think so. I think some of the points that were made by the other presenters remain salient. The important part is-, so, but in this context, one of the evidence gap maps that we've also produced is one on peace building. So

this is an evidence gap map that you can actually go to our website and find, and it is in the, you know, the new, spiffy incarnation, so to speak, and there we found that there were 100 impact evaluations, and six systematic reviews, and arguably, peace building is at the nexus of development and humanitarian work, although if you were to listen to the dialogue of the most recently concluded World Humanitarian Summit, there's no such thing as just development, everything is humanitarian today. So anyway. I'm just going to stop there.

AO   Great, thank you so much Jo, and always love using the term 'spiffy' to refer to evidence tools. So we're close to time here, I'm just going to ask a final question to everyone, and ask people to keep their responses to just one minute. It's kind of a bigger, existential question, I suppose, which is drawing on what many of you have mentioned in your presentations about the gaps in original source data, or source evidence, pieces of research on the ground about these different issues that all of your tools have been addressing. When you look at systematic reviews, or gap maps, or the OEF, there are a number of outcome areas or intervention areas across all of these where there can be insufficient evidence to draw a conclusion about effectiveness, or the best programme design, and this seems to be a real challenge to trying to bring a step change improvement in how humanitarians use evidence for planning. So how can people use these advanced tools for better decision making when there still seem to be huge gaps in the quality of data? Should we just go back to basics in the humanitarian sector and focus our efforts on better data collection? So first we'll go back to you, Jo, a final answer on that, and then we'll move to Roxanne and Ellie, and then IRC.

JP   Thanks, Alice. I think two things. The first is think about other creative methods of doing high quality impact evaluations. I think one of the key things that's coming out in the work today is use of big data, satellite data, etc., and I haven't seen a lot of that being used, not just in humanitarian assistance, but really across the field, and that's a huge omission, especially because, really, big data, satellite data, geospatial data, can be used in really creative ways to deal with some of the confounding factors and some of the endogeneity problems that impact evaluations really help to deal with, but end up using fairly restrictive methods to then understand causality. So if you are using these sorts of datasets somewhat more creatively, you can deal with a lot of the problems that traditional impact evaluations have dealt with in fairly limited ways by using fairly limited methods and data.

The second is, I think, my big take away is engage, engage, engage. You have to start engaging with the stakeholders who are going to be using this information, this data, this research, right from the beginning, irrespective of what you are-, [Cut off]

AO   Jo, I think we've lost you there. So I'll just move to Roxanne, in the interest of time, and see if we can get Jo back. Roxanne, what are your thoughts on this issue of whether or not we should go back to basics?

RK   Sure. To be honest, I'm not sure what back to basics means, but I'll tell you what I think it would mean to me, which is that all of the organisations on this webinar produce a lot of data, and produce a lot of humanitarian research, and I think one way in which we could really help this line of work is to make that research available, and accessible to other organisations. So very frequently, when we put out a call for studies that we can include in our evidence syntheses, we're running into a series of barriers. People not wanting to share particular studies, or evaluations, or people not wanting to share evaluations when that evaluation shows that a particular intervention didn't work. Or wanting to share this data internally, within a particular organisation, but not being comfortable sharing it externally for inclusion in a public evidence synthesis. So I think for all of us, a commitment it making our existing research on the evidence that we're generating more accessible to other organisations that can use it to inform their own work, to inform their evidence synthesis, or to inform their own prospective research, would be refreshing, and I think would be a way of going back to basics that would really aid the sector.

AO   Fantastic, thanks so much. Ellie, do you have any additional thoughts to add on that?

EO   Yes, that's great, I'll just add upon that from Roxanne. There's two points that I mainly want to talk about. First of all, the question, as you said, there are a lot of gaps and that's true, and we have found that as well, but sometimes I wonder: why are there gaps? Is it that we need a different type of evidence? So if it's humanitarian evidence programme, we've generally encouraged our review teams to go broad, and if I think about Oxfam's work, and our theories of change, a lot of what we try to do is around campaigning and evaluations of campaigns where there's an end that equals one look very different than other types of evaluations. So I think it's, first of all, examining why there are gaps, what terminology are we using? Do we have a different type of evidence that we can use? We do a lot of qualitative synthesis, for example, in our systematic reviews.

Secondly, I would say yes, we need to encourage the basics but we also really do need to examine the evidence that we have, and what is the alternative? We do need to build upon our existing evidence. As Roxanne was saying, there are many evaluations, different types of evidence out there. We need to be willing to examine our assumptions, you know, be better than the medieval doctors with their leeches and really put affected populations at the centre by using the existing evidence that we do have.

AO   Great, thanks so much, Ellie. IRC, a final short thought on the importance of building back the baseline evidence base for these bigger tools?

CK   Yes, I think we agree. So back to basics, collecting good data, having strong M&E, I think, is indispensable, so for all efforts, and it should not be an either/or, for sure. I agree with our colleagues that certainly sharing, having an open dialogue, sharing existing evidence much more among organisations, and among peer organisations, is very useful. Filling the gaps, using evidence gap maps systematically to fill gaps, coordinate on that between, within the humanitarian sector, would be very important, and then have a dialogue about what is-, what are good evidence standards beyond systematic reviews, and beyond what is the established canon, I think would be very useful.

AO   Terrific, thank you so much. It just leaves me to thank all of our fantastic, outstanding presenters, and we've really only been able to scrape the surface here, and that's why it's so important that we have these follow up pieces for everyone to bear in mind, so please send feedback to the OEF, on the OEF to the IRC by July 29th, the Humanitarian Evidence Programme will be releasing the reviews over the next six months at the website you see on the screen there, and then you can find that interactive evidence gap map that Jo was talking about at the link there. We will be providing a recording and a transcript for this webinar over the next week or so, as well as some additional materials, background on these three initiatives, so please keep an eye on the ALNAP webpage for that, as well as keeping an eye out for our next webinar in this series in September. Please give us your feedback, and we always love to hear ideas that you have for this webinar series. Look forward to hearing you, and thank you so much to all of the participants.

END OF TRANSCRIPT