

Advocacy messages and processes to support MHPSS evidence-building

Sometimes people see the generation of evidence around humanitarian activities as a box-ticking exercise, something which has to be done to please the donors. In such cases, it can be helpful to explain how evidence can benefit the organisation, and how it can be used in practice. You will find some examples of this in another document in this Repository (Advocacy case studies: MHPSS evidence which contributed to change).

In this document, we share some messages which may be helpful when advocating for evidence-building activities in general, and in relation to MHPSS in particular. These messages were all shared by people working within the RCRC Movement, who have found them helpful in their context.

We also share learning from within the Movement in relation to approaches to advocacy which have been effective in different contexts.

Of course, these messages and approaches are general and may not all be useful in your setting. However, we hope that you find some ideas here which will help you to explain to others in your organisation why it is important to begin to build evidence around MHPSS activities.

Evidence coming from research and evaluation can help you understand what works, where, why and for whom. It can also tell you what does not work, and help you avoid repeating the failures of others by learning from evaluations of unsuccessful humanitarian programmes. Evidence can also guide the design of the most effective ways to deliver specific interventions¹.

ADVOCACY MESSAGES

The key advocacy message you want to communicate is that it is important that your NS engages with MHPSS evidence-building activities. The points outlined below can help to communicate this.

There is a clear need for research evidence to drive policymaking and emergency responses so that more lives are saved, and resources are responsibly used².

Evidence can help in many ways, including³:

- Starting doing something.
- Stopping doing something.
- Generating options or making the case.
- Identifying priorities.
- Assessing needs.
- Aligning services with needs.
- Designing and implementing more effective programmes.
- Developing funding bids.
- Creating effective advocacy campaigns.
- Increasing accountability to stakeholders.

¹ Blanchet K, Allen C, Breckon J, Davies P, Duclos D, Jansen J, Mthiyane H, Clarke M. (2018) *Using Research Evidence in the Humanitarian Sector: A practice guide*. London, UK: Evidence Aid, London School of Hygiene and Tropical Medicine and Nesta (Alliance for Useful Evidence). (p4)

² Khalid et al. (2023) Decision-makers' experiences with rapid evidence summaries to support real-time evidence informed decision-making in crises: a mixed methods study *BMC Health Services Research* 23:282 (p1)
<https://doi.org/10.1186/s12913-023-09302-0>

³ Blanchet K, Allen C, Breckon J, Davies P, Duclos D, Jansen J, Mthiyane H, Clarke M. (2018) *Using Research Evidence in the Humanitarian Sector: A practice guide*. London, UK: Evidence Aid, London School of Hygiene and Tropical Medicine and Nesta (Alliance for Useful Evidence). (p12)

We need to build evidence in order to improve our programming

If we want to respond effectively, we need to know what works and what are the points of failure. (Key informant)

One of the core principles of MHPSS programming, and humanitarian action in general, is 'Do No Harm'. It is only possible to be sure that we are not doing harm if we collect information on the effects of our work on people's lives.

If a programme isn't working we need to stop it, but we can only know that if we have data. (Key informant)

Explain impact of research in terms of services and impact on programmes

We need to build evidence in order to demonstrate to others the good work we are doing

'Others' could include influential people within the NS, within the Movement and/ or outside the Movement (including the MHPSS field more broadly).

National Societies do a brilliant job in the field but they fail to document and share it. (Key informant)

It's difficult for us to showcase the impact we have on the community. We know we have an impact, but it's hard to show it. (NS MHPSS focal point)

We need to build evidence in order to make best use of our limited resources

The time of our people is limited, we need to spend it on things that really make a difference, not slightly or don't at all, or are short term or unsustainable. (Key informant)

As financial and other resources are limited and often insufficient in the humanitarian sector, we cannot afford to waste such resources on policies and programmes that do not work. Interventions in any sector can have both positive and negative outcomes, and both intended and unintended consequences. Even in cases when investing money to solve a problem is supposed to do some good, we need to ask ourselves if that money could be spent more effectively elsewhere, for example on a different humanitarian intervention. Research evidence can help you make informed choices on the most effective interventions to deliver in an emergency context⁴.

We need to build evidence in order to get more funding

Donors were saying that [our organisation] isn't such a sacred cow that they will fund it without evidence, and they wanted to see the effectiveness of [our] work. (Key informant)

We emphasise the need for this type of evidence if we want to advocate and demonstrate the importance of MHPSS. For example, we say more than 700,000 people end their lives every year, more than die from malaria, but how do we know that MHPSS activities prevent suicides? How do we document and show that what we do has a life-sustaining change for people? What is it that is working? If you want to sell something and I am the buyer, I want to know what I am buying. (Key informant)

Donors are increasingly interested in funding MHPSS, but they want evidence that their funding will lead to real improvements in people's lives. This is also true where MHPSS is integrated into programmes in other sectors; donors want us to be able to demonstrate the added value of doing this. An evidence-based intervention is one worth investing in, and having good evidence to hand increases confidence and credibility when approaching funders.

⁴ Blanchet K, Allen C, Breckon J, Davies P, Duclos D, Jansen J, Mthiyane H, Clarke M. (2018) Using Research Evidence in the Humanitarian Sector: A practice guide. London, UK: Evidence Aid, London School of Hygiene and Tropical Medicine and Nesta (Alliance for Useful Evidence). (p4)

We need to build evidence in order to have more influence

We're seen as one of the lead agencies in MHPSS and if we could have a stronger evidence base we could have much more influence. We need to be able to show that MHPSS makes a difference, so we can use the influence we have more effectively. (Key informant)

The IFRC is one of the leading humanitarian organisations in the field of psychosocial support, and has a strong voice in the MHPSS field. The IFRC Psychosocial Centre has been one of the co-chairs of the IASC MHPSS Reference Group since 2015 so is in a position of influence within the MHPSS field globally, regionally and at national level. This provides Movement members, through the PS Centre, with opportunities to become involved in decisions and initiatives relevant to their objectives in the MHPSS field. NSs are in a position to be key actors at national level and to influence MHPSS-related decision making, policy and practice. A stronger evidence base would put NSs in a better position to advocate for, and become involved with, MHPSS activities within their countries and regions.

We need to build evidence because it's good humanitarian practice

The IFRC is a Full Member of the Core Humanitarian Standards Alliance⁵, and the Core Humanitarian Standards (CHS) are recognised good practice within the humanitarian field⁶. Commitment 7 of the CHS is that 'Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection'.

Key actions for Commitment 7 are:

1. Draw on lessons learned and prior experience when designing programmes (considering failures as well as successes).
2. Learn, innovate and implement changes on the basis of monitoring and evaluation, and feedback and complaints. (use participatory approaches to learn from affected communities)
3. Share learning and innovation internally, with communities and people affected by crisis, and with other stakeholders.

Implementing this Commitment requires an organisation to put in place evaluation and learning policies and to ensure that processes are enable teams to learn from experiences and improve practices. This learning should lead to practical changes: 'lessons cannot be considered learned unless they have brought about demonstrable changes in current or subsequent responses'. Key lessons learned and recommendations should be documented and shared to improve future responses.

Examples from within the Movement

The advantages for [our NS of building evidence around a new intervention] is that we want to be sure that we do no harm to a very vulnerable population. It's also important financially – an evidence-based intervention is one that it's worth investing in. The evidence gives us confidence when we approach potential funders and when it comes to scaling up. (Key informant)

Research doesn't need to be expensive, but it does need to be prioritised. A decade or so ago we were living on the ICRC reputation that whatever we do is good, we have no need to prove ourselves. People are very aware that in the current funding climate this isn't the case, we do need to demonstrate that what we're doing is effective. (Fiona Terry, ICRC CORE).

Example from outside the Movement: Raising the bar for routine M&E in GBV programming (IRC)⁷

⁵ <https://www.chsalliance.org/about/our-members/international-federation-of-red-cross-and-red-crescent-societies/>

⁶ <https://handbook.spherestandards.org/en/sphere/#ch005>

⁷ <https://www.elrha.org/wp-content/uploads/2019/03/28636-IRC-HIF-Final-Report-Narrative.pdf>

M&E and appropriate use of data to inform programming is an important part of accountable GBV programming, but traditionally the sector has focused on output indicators such as # of GBV survivors receiving services, # of GBV response providers trained, etc. The project aimed to provide the community with means to measure how women and girl survivors of violence respond to the services provided, and if they feel that the interventions help them move on with their lives and increase their sense of safety. For the IRC and other GBV prevention and response implementers, the ability to measure outcomes in terms of psychosocial well-being and felt stigma will have positive impact on three different levels:

- 1) Effective use of resources during humanitarian crisis when funding is scarce and attention needs to be paid to immediate needs of women and girls
- 2) Improved implementation and adaptation of GBV programs through routine measurement of GBV outcomes that will then be used to inform programming
- 3) Increased access to GBV services facilitated across countries and communities through targeted activities that have been proven efficient and can be taken to scale.

During the project period, the IRC has successfully developed and piloted measurement tools that will allow the global humanitarian GBV community to measure the impact of GBV response programming in terms of psychosocial functioning and felt stigma – both areas that are essential to the success of the services provided and have massive impact on survivors' lives.

APPROACHES TO ADVOCACY

The suggestions below come from conversations with NS representatives and other Movement actors who have experience of advocating for increased evidence-building activities.

Identify your target individuals or groups

Effective advocacy will be targeted at those with the power to influence decisions about whether to support MHPSS evidence-building activities within your NS. Target these people primarily.

It may also be useful to communicate your messages more generally

Keep it simple

Make your points in simple language, using concrete examples as illustrations (see the document *Advocacy case studies: MHPSS evidence which contributed to change* for some examples).

Avoid MHPSS (or other) terminology that may not be easily understood.

Be as specific as possible, avoid general claims and statements. Managers want to know how these activities will benefit them and their work, in their specific context.

Acknowledge the important role played by professional judgement

Decision-making based on professional experience is part of the Movement's organisational culture, and in discussions with managers it is important to recognise the value of this but also its limitations.

Even with the best intentions, professionals can get it wrong. Take for instance one type of cognitive error: confirmation bias. This is the tendency to concentrate on the evidence that fits with what we believe, and to ignore or discount what does not. Even highly experienced professionals can fall into this cognitive trap ... People tend to look for the evidence that fits their beliefs, intentionally or not⁸.

⁸ Blanchet K, Allen C, Breckon J, Davies P, Duclos D, Jansen J, Mthiyane H, Clarke M. (2018) *Using Research Evidence in the Humanitarian Sector: A practice guide*. London, UK: Evidence Aid, London School of Hygiene and Tropical Medicine

Professional judgement and other sources of information – such as feedback from stakeholders – will always be important. The addition of evidence to the pool of information on which decisions are based is designed to build on experiential knowledge, rather than replace it.

Find out what your managers are interested in

Find out what will have traction in your context and use it. What are the current issues people are concerned with? What are managers particularly interested in? Start where people are. A new manager was passionate about the Core Humanitarian Standards, so I demonstrated how we need P-MEAL to strengthen CHS in our work. I used the term ‘project cycle’ and ‘project management’ rather than P-MEAL, because these had more traction. (Marianne Petri Kristensen, Senior P-MEAL Advisor, DRC International Department))

Where the person you are speaking to is primarily interested in implementation and service provision, adapt your points to focus on this. You can use terms which will connect with your manager’s priorities, such as ‘evidence based’, ‘operational’, ‘improving programmes’, ‘quality control’.

Research isn’t seen as life-saving. But scalable interventions like ‘Problem Management Plus’ are presented as being evidence-based and research-based, so people won’t challenge these interventions, they respect them. These things are seen as concrete, whereas ‘research’ is seen as vague. ‘Evidence based’ is seen as supporting people because it’s directly related to implementation. (Key informant)

Be proactive and offer support

We wrote a paper and did presentations to programme implementers to say there’s an opportunity to ask questions. Initially they didn’t ask questions, or asked very vague questions that we couldn’t address, so we had to help them to refine their question or make it more specific so we could prepare an evidence summary on it. This took a while. We take any opportunity to pick it up in meetings and discussions, and offer to prepare an evidence summary, help them to clarify what they actually want and what we can provide. Once they see the evidence summary they understand and see them as useful, then they keep coming back. We have to be very proactive – do you think it would be helpful for us to prepare this for you? (Salim Sohani, Head of Health Intelligence Research and Development Unit, Canadian Red Cross)

Take all opportunities to advocate for the importance of evidence-building activities, and to share any which you have been able to undertake. These opportunities may include formal and informal meetings, as well as gatherings where you may have the opportunity to give a presentation. Think as well about internal newsletters or other ways of communicating your messages to the people you want to reach.

Choose your language carefully

The ‘research’ word is unhelpful. Those engaged in programme implementation can immediately reject ‘research’ as not their role, they say they are implementers, not researchers. I’m saying, how can we use academic rigour to learn from our programme and avoid continually making the same mistakes or repeating something that may not be the most effective or efficient intervention, and to make sure we are implementing in the right way? (Salim Sohani, Head of Health Intelligence Research and Development Unit, Canadian Red Cross)