Evidence Aid: The humanitarian relief evidence problems and what can be done?

Hey CERN, 186,282 miles per second, it’s not just the law, it’s a good idea!
Outline

- World is changing
- We have a minority lens
- Politics not ideal

But we can make headway via:
- Donors
- Self and peer expectations
- Pushing logical next steps like defining “proven”
Global <5 Mortality, 1960 and 2000

% Children dying before age 5

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>180</td>
</tr>
<tr>
<td>2000</td>
<td>60</td>
</tr>
</tbody>
</table>
Nigerian Civil War: Problem, who was malnourished?
QUAC Stick Developed
PATTERN OF PROTEIN-CALORIE MALNUTRITION IN YOUNG CHILDREN ATTENDING AN OUTPATIENT CLINIC IN BAGHDAD

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a Department of Pædiatrics and Child Health, Baghdad University Medical College, United Kingdom

b National Nutrition Institute, Baghdad, Iraq

c and School Health Service, Baghdad, Iraq

Available online 26 September 2003.
Total humanitarian assistance, 1970–2004

US$ million (constant 2003)

1970: 435
1971: 771
1972: 228
1973: 922
1974: 759
1975: 759
1976: 922
1977: 759
1978: 1,563
1979: 1,563
1980: 1,799
1981: 1,800
1982: 1,555
1983: 1,555
1984: 1,773
1985: 1,773
1986: 2,662
1987: 2,662
1988: 2,662
1989: 2,662
1990: 5,086
1991: 5,086
1992: 5,692
1993: 5,692
1994: 6,269
1995: 6,269
1996: 6,507
1997: 6,507
1998: 6,507
1999: 6,507
2000: 6,507
2001: 6,507
2002: 6,507
2003: 6,507
2004: 8,077
# wars by Type, 1946-2003. Source: R Garfield & GBD Initiative
Changing patterns of world's population exposed to conflict, on a conflict intensity scale of 1-10 (1=lowest intensity, 10=highest intensity)

Source: Richard Garfield
Baseline measured or comparison group available

Yes

Level of project evaluation the same as or logical with the level of implementation

No

Impact cannot be shown

Yes

3 essential criteria of causation met, ideally with at least one other

No

Impact = difference between baseline or comparison rate and measured rate

No

Valid indicator used with valid data collection methodology

No
<table>
<thead>
<tr>
<th>Place&amp;time</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serbia 8/02-7/03</td>
<td>Improve nutritional quality, HH income</td>
</tr>
<tr>
<td>Serbia, Kosovo, 7/02-6/03</td>
<td>Help 10,000 IDP’s return, psycho-social, winterize</td>
</tr>
<tr>
<td>Macedonia 5/02-12/02</td>
<td>Provide health care to refugees &amp; returnees</td>
</tr>
<tr>
<td>Balkans 6/02-6/03</td>
<td>Reduce dependence on aid of chronic EVI’s</td>
</tr>
<tr>
<td>Bosnia, Croatia 5/02-4/03</td>
<td>Induce stable incomes, independence for EVI’s</td>
</tr>
<tr>
<td>DRC 1/02-5/03</td>
<td>Primary Health Care (PHC) for 15,000 refugees</td>
</tr>
<tr>
<td>Tanzania 1/01-12/01</td>
<td>PHC for refugees</td>
</tr>
<tr>
<td>Kenya 1/02-12/02</td>
<td>PHC for refugees</td>
</tr>
<tr>
<td>Uganda 1/02-12/02</td>
<td>Achieve food self-sufficiency</td>
</tr>
<tr>
<td>Eritrea 9/01-9/02</td>
<td>“increase life-saving PHC activities”</td>
</tr>
<tr>
<td>Rwanda 7-9/02</td>
<td>Provide PHC, Water and San. to returnees</td>
</tr>
<tr>
<td>Sierra Leone 2/02-4/03</td>
<td>Provide medical care via at least 13 clinics</td>
</tr>
<tr>
<td>Guinea 1/02-12/02</td>
<td>Provide mental health services to refugees</td>
</tr>
<tr>
<td>Guinea 2002</td>
<td>Induce econ. self-sufficiency, reduce SGBV</td>
</tr>
<tr>
<td>Guinea 2002</td>
<td>Provide PHC to 60,000</td>
</tr>
</tbody>
</table>
Place & time
Serbia, Kosovo, 7/02-6/03
Macedonia 5/02-12/02
Balkans 6/02-6/03
Bosnia, Croatia 5/02-4/03
Guinea 2002
Serbia 8/02-7/03
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Sierra Leone 2/02-4/03
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Eritrea 9/01-9/02
Kenya 1-12/02
Rwanda 7-9/02
Guinea 1/02-12/02
Tanzania 1/01-12/01
Serbia 8/02-7/03

Baseline N/A
No Baseline
Baseline measured
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<th>Description</th>
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<tr>
<td>Serbia, Kosovo, 7/02-6/03</td>
<td>Benefits document created 10X multiplier effect for psych-soc.</td>
</tr>
<tr>
<td>Macedonia 5/02-12/02</td>
<td>“Durable solutions” for EVI’s met with durable inputs such as school books, home repairs.</td>
</tr>
<tr>
<td>Balkans 6/02-6/03</td>
<td>“Food self-sufficiency” &amp; “Self-reliance” Delivered 2885 MT of general rations.</td>
</tr>
<tr>
<td>Bosnia, Croatia 5/02-4/03</td>
<td>Likely did good things, not documented</td>
</tr>
<tr>
<td>Guinea 2002</td>
<td>No Benefits Likely</td>
</tr>
<tr>
<td>Serbia 8/02-7/03</td>
<td>Benefits document</td>
</tr>
<tr>
<td>Guinea 2002</td>
<td></td>
</tr>
<tr>
<td>Uganda 1 – 12/02</td>
<td></td>
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Fig. 3: Incidence of Dysentery, Mtendeli Camp, Tanzania, cases/1000/mo.
Rape in San Francisco, 1970's

Rate per 1000 women per year

From D. Russell and R. Bolen.
Bolton Box

Expected  Unexpected

Good

Bad

Unique role of us to create robust metrics to go here

To look broadly and at long enough periods to really know what goes here
## Bolton Box – Measles Vac.

<table>
<thead>
<tr>
<th>Expected</th>
<th>Unexpected</th>
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<tbody>
<tr>
<td>Less measles in those vaccinated</td>
<td>People gain trust in health system, staff morale goes up...</td>
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<tr>
<td>Child cries, very small # adverse reactions, not doing other things.</td>
<td>People prefer use of used syringes, staff will not do other things without extra pay...</td>
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### Good

- Less measles in those vaccinated
- People gain trust in health system, staff morale goes up...

### Bad

- Child cries, very small # adverse reactions, not doing other things.
- People prefer use of used syringes, staff will not do other things without extra pay...
Bolton Box – Micro Fin. for HIV+

<table>
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<tr>
<td>HIV+ moms have employment</td>
<td>People gain self esteem, role model for their kids...</td>
</tr>
<tr>
<td>With assets, women Become more Vulnerable to crime.</td>
<td>Women got HIV intentionally to get $200 loan.</td>
</tr>
</tbody>
</table>

Good

Bad
<table>
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<tr>
<th>Expected</th>
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</tr>
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<tr>
<td>Is it ethical to run a humanitarian program that cannot show a benefit?</td>
<td></td>
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Good

Bad
**Bolton Box**

<table>
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<tr>
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<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected</td>
<td>Unexpected</td>
</tr>
<tr>
<td>Democracy building</td>
<td></td>
</tr>
<tr>
<td>child protection, child soldier reint.</td>
<td></td>
</tr>
<tr>
<td>poverty reduction, rape counseling, community sens.</td>
<td></td>
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<tr>
<td>safe spaces</td>
<td></td>
</tr>
<tr>
<td>Surveys, research, teaching</td>
<td></td>
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</table>

**What goes here for**
Summary

1. The “medical” & “cost effective ” model is not the majority view.
2. Political, rights-based, contextual issues stacked against evidence centered relief.
4. Ethics in the broadest sense require knowing what affects we produce.
Possible ways forward

1. Create donor incentives to learn & doc.
2. Establish consensus criteria on what it means to be “proven” and start getting donors to fund differently between types
3. Establish function audit mechanism among biggest donors.
4. Start developing a “professional ethos” like pilots and nurses.
Thank you!
“Count what is countable,
Measure what is measurable.
What is not measurable, make measurable.”

Galileo

From: Kaydos, 1998
Births <2500 grams and >2500 grams, Mtendeli Camp, Tanzania
Inc. of Fever/Malaria, Mtendeli Camp Tanzania, cases/1000/mo.: 
Source IRC
Births <2500 grams and >2500 grams, Mtendeli Camp, Tanzania

3% delivering women syph.+ 

Suppl. Feeding of Pregn. Women.