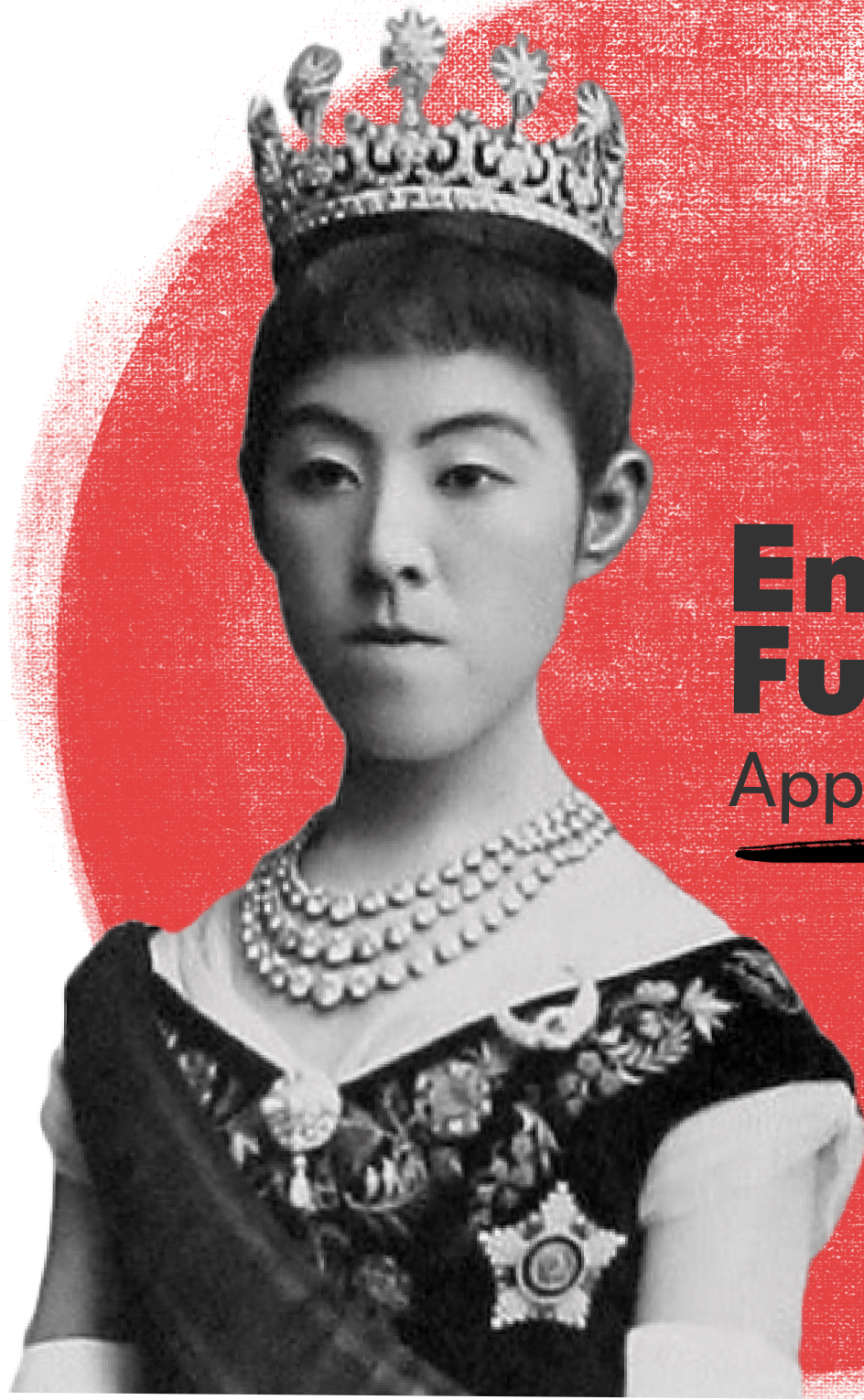Joint commission of
the Empress Shôken Fund
International Committee of the Red Cross
International Federation of Red Cross and Red Crescent Societies

Empress Shôken Fund (ESF)

Application Guide

What is ESF?

The ESF is the oldest funding mechanism of the Red Cross Red Crescent Movement, established in 1912 by Her Majesty the Empress Shôken of Japan.

You can read about the Empress and the fascinating history of the Fund *here*.

The Support for Learning and Innovation

The Fund promotes experimentation, learning, and innovation across the Red Cross Red Crescent Movement in support of the goals of the IFRC's Strategy 2030 and the Agenda for Renewal. In doing so, the Fund also supports capacity building and organisational development.

Annually, an average of 50 National Societies apply for funding support, with 60 applications and 17 approvals in 2024.
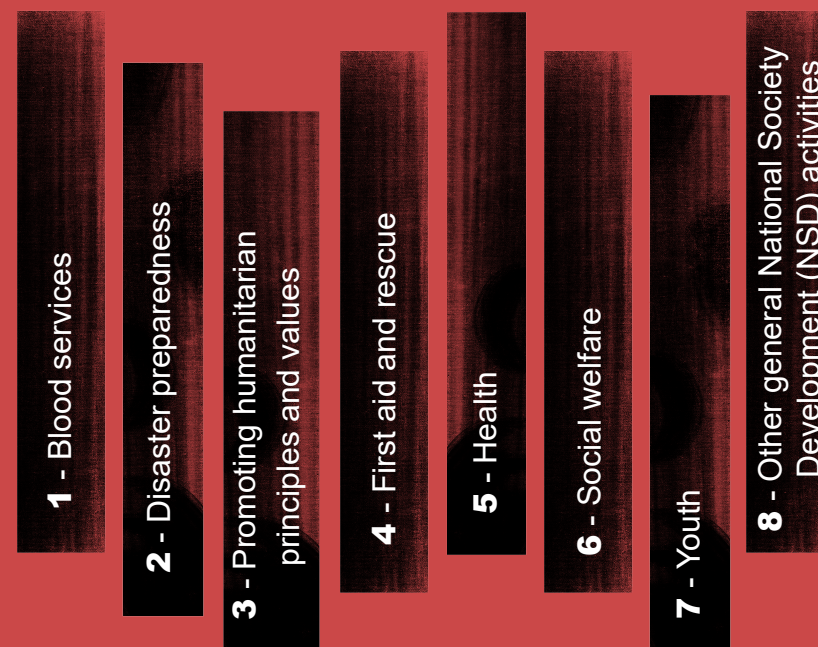
'Helping National Societies respond today, plan for tomorrow'.

Investing in experimentation, learning and innovation is key to the transformational journey of National Societies.

As of 2024, the fund has allocated CHF 16 million to 172 National Societies (representing 90% of the RCRC network) with many societies having accessed ESF funding multiple times.

The ESF provides grants to National Societies to develop innovative initiatives in eight main areas

ESF applications should align with National Societies' development priorities in the following main categories, with an emphasis on learning and innovation, where Innovation is broadly defined as the implementation of an idea for a new or improved product, service, process, or business model that brings about positive change.

1 - Blood services
2 - Disaster preparedness
3 - Promoting humanitarian principles and values
4 - First aid and rescue
5 - Health
6 - Social welfare
7 - Youth
8 - Other general National Society Development (NSD) activities

Grants are allocated every year following an application process and key _**regulations**_ of the fund.

Case studies of Innovative funded projects are available _**here**_ for reference.

ESF Management

Application Process

The Joint Commission

The ESF is governed and jointly managed by the IFRC and the ICRC via the ESF Joint Commission.

The Joint Commission is comprised of six individuals: three senior staff members from each organization.

The Joint Commission Members agree on a funding strategy for each round and decide on how the funds will be allocated.

They look for applications for projects showing innovation in addressing humanitarian challenges and strengthening National Societies.

We strongly encourage National Societies to consider imaginative approaches and new ideas from non-traditional sources that could generate insights and learning for our Movement.

The ESF Secretariat

The ESF Secretariat is responsible for the effective management of the fund and the portfolio of initiatives being implemented.

It reports to the Joint Commission.

The ESF Secretariat also works closely with National Societies, with the support of ICRC and IFRC staff in headquarters and in field structures, including innovation colleagues (specialists in the IFRC Solferino Academy and ICRC innovation staff team).

You can contact the ESF Secretariat at:

esf.secretariat@ifrc.org

Empress Shôken Fund grants are awarded to National Societies on an annual basis.

A call for applications is launched during the last quarter of each year with a submission deadline of December 31 at 24:00 hours, Central European Time (CET).

The grants are announced on the **April 11** of the following year, this being the anniversary of the death of Her Majesty Empress Shôken.

Applying to the ESF

Applications are received via an online application form (available in English, French, Spanish and Arabic) accessible here:

https://data.ifrc.org/en/ESF/form

Innovation Cycle

The ESF supports experimentation, learning and innovation.

Applicants to the fund are encouraged to follow a structured innovation process for their initiative to maximize their learning and opportunity for success.

The ESF Secretariat has designed the ESF application and the support it provides to applicants and recipients around the five main steps of a framework called the *Innovation Cycle*.
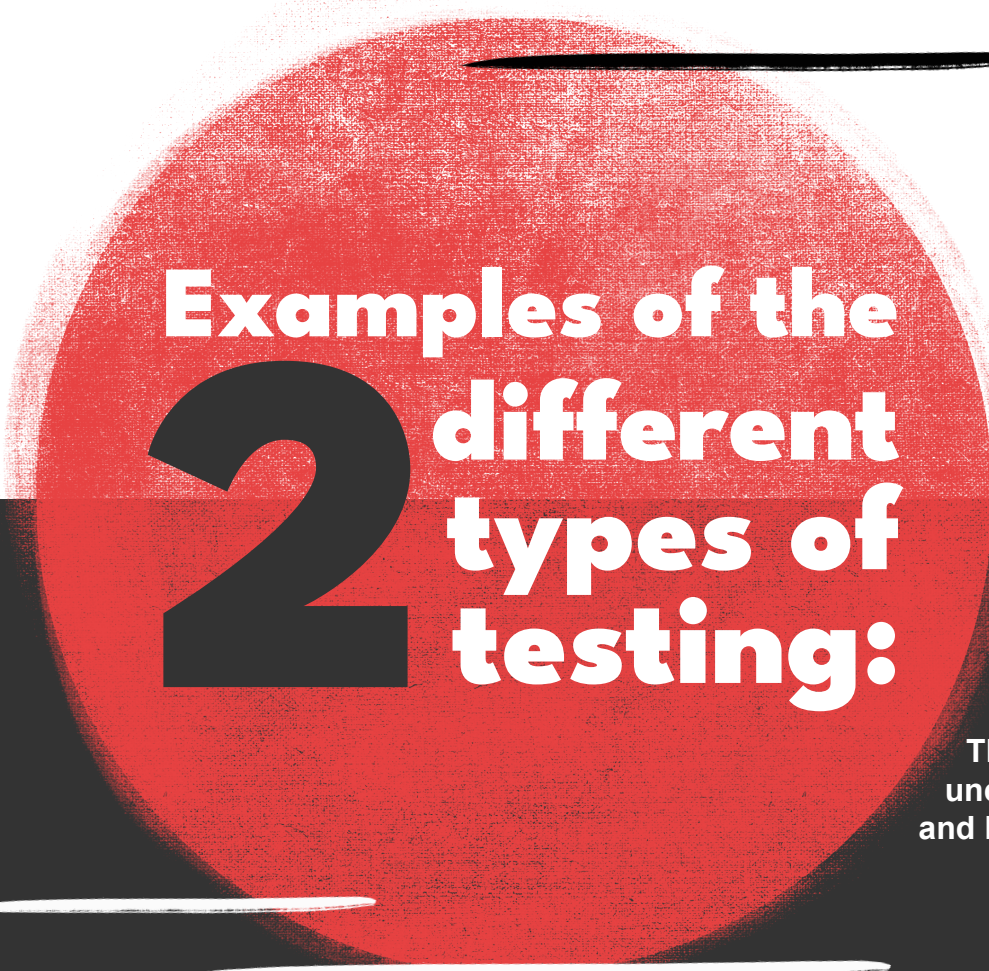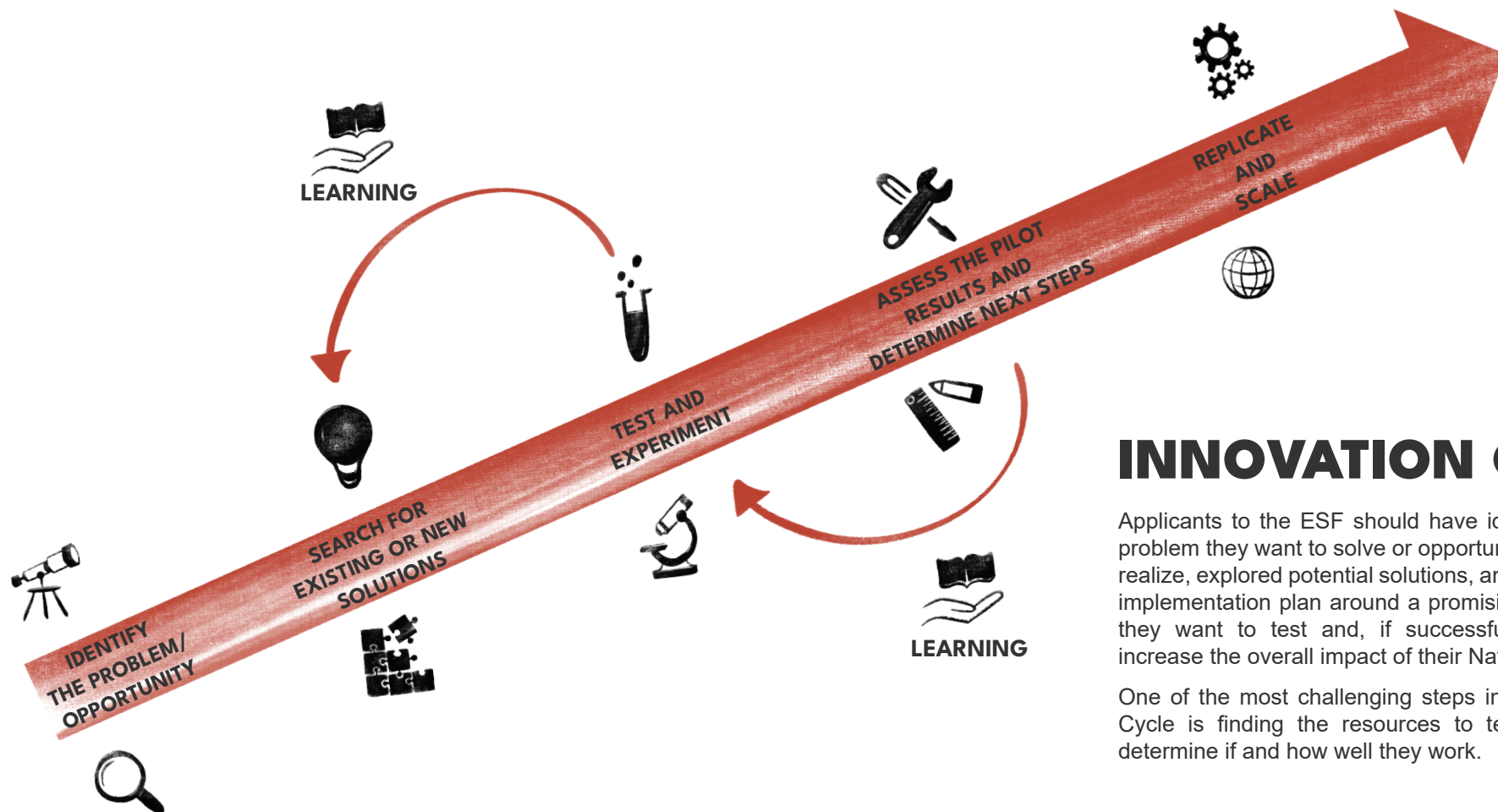
INNOVATION CYCLE

Applicants to the ESF should have identified a clear problem they want to solve or opportunity they want to realize, explored potential solutions, and developed an implementation plan around a promising solution that they want to test and, if successful, scale up to increase the overall impact of their National Society.

One of the most challenging steps in the Innovation Cycle is finding the resources to test solutions to determine if and how well they work.

This is where the ESF can help!

The key to getting the maximum value from testing a solution is twofold: first, having a clear logic that explains why a solution and its associated outputs are expected to generate a desired outcome and achieve the overarching goal; and second, one or more testable hypotheses to focus experimentation and learning on parts of the logic that must be more thoroughly understood and validated in order to confidently **scale, or adapt, the solution.**

Examples of the different types of testing:

2

When implementing an innovative solution, there will always be some uncertainty in the chain of logic that supports your belief that the solution will achieve the overarching goal.

Evaluate each link in that chain and ask yourself two questions:

How critical is this link to achieving the overarching goal?

And how confident are you that this link will play out as expected?

The links that are both critical to success and carry the most uncertainty are the best areas to focus your hypothesis testing and learning.

Problem statement:

The overcrowded conditions in a refugee camp of over **15,000 people** have led to critical sanitation and hygiene challenges.

With only **one latrine available per 100 individuals**, far below the **recommended Sphere standard of one per 20**, latrine facilities are insufficient and often unsanitary.

Women and girls avoid using the latrines due to inadequate privacy, lack of gender segregation, and safety concerns stemming from poor lighting and insecure structures, leading to prevalent **open defecation** practices.
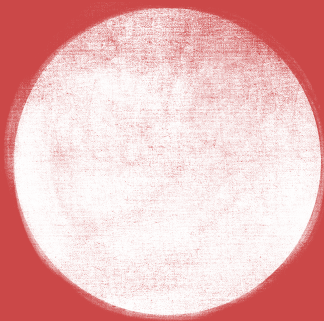
Compounding the problem, there is a **significant lack of awareness** regarding the importance of handwashing with soap.

Only 20% of latrine areas are equipped with handwashing stations, and scarce availability of soap further discourages proper hygiene practices.

These factors have culminated in a **50% increase** in diarrheal disease cases over the past six months, disproportionately affecting **children under five**, who make up **65% of the reported cases**.

The ongoing outbreaks are overwhelming the camp's limited healthcare facilities and pose a severe public health risk.

Immediate intervention is required to improve sanitation infrastructure, enhance safety and accessibility of latrines for women, and promote effective hygiene practices to curb the spread of disease.

1. Testing a particular change: before and after test

Definition: This approach assesses the effect of a test by comparing the status before and after the experiment.
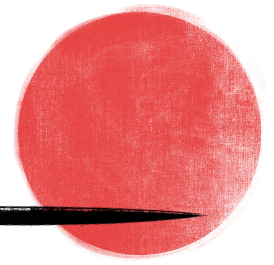
Proposed solution:

To address the critical issue of inadequate handwashing practices contributing to frequent outbreaks of diarrheal diseases in the refugee camp, we propose implementing a culturally sensitive hygiene awareness campaign.

This campaign will utilize stories and theatre to increase the perceived importance of proper handwashing behaviors among camp residents.

By engaging the community through familiar and relatable mediums, the campaign aims to foster lasting behavioral change, reduce disease incidence, and improve overall public health.

Testable hypothesis:

The introduction of a hygiene awareness campaign utilizing stories and theatre will significantly increase the frequency of proper handwashing behaviors among camp residents, leading to a measurable reduction in the incidence of diarrheal diseases over a twelve-month period.

Outcome 1:

In 12 months, the incidence of diarrheal diseases has decreased by 20%.

Indicators:

Incidence of diarrheal cases rate in the area x.

Output 1:

2 campaigns, based on storytelling and theatre to promote general hygiene awareness are implemented.

Testable hypothesis:

"The introduction of a hygiene..."

Indicators:

Changes in perception (measured via surveys or interviews).

Changes in behavior (self-reported or observed handwashing frequency).

Engagement levels during the campaign (e.g., attendance or participation).

Activities for output 1:

Collect positive stories within different communities regarding positive consequences of general hygiene.

Organize community events featuring storytelling to raise awareness about the importance of hygiene and sanitation practices.

Explanation Type of test:
before-and-after test

Hypothesis:

The introduction of a hygiene awareness campaign utilizing stories and theatre will significantly increase the frequency of proper handwashing behaviors among camp residents, leading to a measurable reduction in the incidence of diarrheal diseases over a twelve-month period.

Purpose:

This hypothesis suggests testing a **new communication approach** — introducing stories and theatre into the awareness campaign — and examining its effect on both perceptions and behavior compared to the existing traditional communication approach.

Method:

Pre-post study: You could conduct a pre-campaign survey to establish baseline perceptions of handwashing importance and baseline handwashing behavior.

After introducing the storytelling and theatre elements, conduct a post-campaign survey to assess changes in perceptions and behavior.

Indicators:

Changes in perception (measured via surveys or interviews).

Changes in behavior (self-reported or observed handwashing frequency).

Engagement levels during the campaign (e.g., attendance or participation).

Problem statement:

*The overcrowded conditions in a refugee camp of over **15,000 people** have led to critical sanitation and hygiene challenges.*

*With only **one latrine available per 100 individuals**, far below the **recommended Sphere standard of one per 20**, latrine facilities are insufficient and often unsanitary.*

***Women and girls avoid using the latrines** due to inadequate privacy, lack of gender segregation, and safety concerns stemming from poor lighting and insecure structures, leading to prevalent **open defecation** practices.*
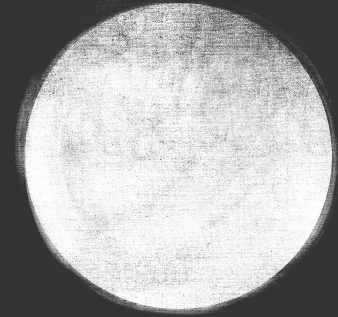
*Compounding the problem, there is a **significant lack of awareness** regarding the importance of handwashing with soap.*

***Only 20% of latrine areas are equipped with handwashing stations**, and scarce availability of soap further discourages proper hygiene practices.*

*These factors have culminated in a **50% increase** in diarrheal disease cases over the past six months, disproportionately affecting **children under five**, who make up **65% of the reported cases**.*

The ongoing outbreaks are overwhelming the camp's limited healthcare facilities and pose a severe public health risk.

Immediate intervention is required to improve sanitation infrastructure, enhance safety and accessibility of latrines for women, and promote effective hygiene practices to curb the spread of disease.

2. Testing alternative outputs (A/B comparison)

Definition: This method compares two different variations to determine which one is more effective in achieving a specific goal.
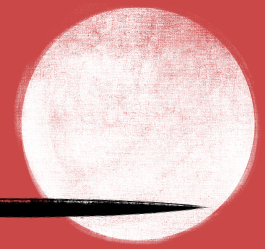
Proposed solution:

To address the critical sanitation challenges in the refugee camp additional pit latrines will be constructed.

And to particularly address the low utilization of latrines by women and girls leading to open defecation and subsequent diarrheal dise-ase outbreaks, we propose the installation of additional portable latrines specifically designed to be **women-friendly.**

These portable toilets will serve as an alternative to traditional pit latrines, offering improved privacy, safety, and cultural appropriate-ness for women and girls.

By increasing both the **number** and **acceptability** of latrines, we aim to significantly enhance sanitary facility usage among women, thereby reducing environmental contamination and lowering the incidence of diarrheal diseases.

Given that these portable, women-friendly toilets are new to the country and untested in this specific context, a pilot implementation will be necessary to assess their effectiveness compared to traditional latrines.

Testable hypothesis:

The installation of additional women-friendly portable latrines will lead to a significant increase in latrine utilization among women and girls and result in a measurable reduction in the incidence of diarrheal diseases over a twelve-month period compared to areas with traditional pit latrines.

Outcome 1:

In 12 months, the incidence of diarrheal diseases has decreased by 20%.

Indicators:

Incidence of diarrheal diseases among group using traditional pit latrines in area x compared with the group using women-friendly portable toilets in area y.

Output 1:

5 pit latrines facilities are constructed for 100 camp residents in area x.

Testable hypothesis:

"The installation of additional women-friendly..."

Indicators:

Rate of utilization of pit latrine facilities (survey).

Satisfaction rate (survey).

Women comfort level (survey).

Activities for output 1:

Construct and maintain permanent latrine facilities, ensuring they are accessible.

Conduct pre- and post-implementation interviews to gather user feedback and utilization data linked with output indicators.

2. Testing alternative outputs (A/B comparison)

Definition: This method compares two different variations to determine which one is more effective in achieving a specific goal.
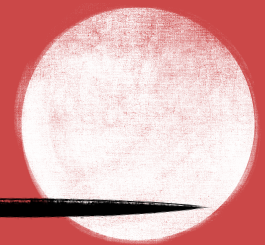
Output 2:

5 women-friendly portable toilets are distributed in strategic locations reaching a group of 100 camp residents in area y.

Testable hypothesis:

The installation of additional women-friendly portable latrines will lead to a significant increase in latrine utilization among women and girls and result in a measurable reduction in the incidence of diarrheal diseases over a twelve-month period compared to areas with traditional pit latrines.

Indicators:

Rate of utilization of portable toilets.

Satisfaction rate (survey).

Women comfort level (survey).

Activities for output 2:

Set up and distribute portable toilets to designated areas within the camp with community input to ensure acceptance and ownership.

Conduct pre- and post-implementation interviews to gather user feedback and utilization data inked with output indicators.

Explanation
Type of test:
comparative
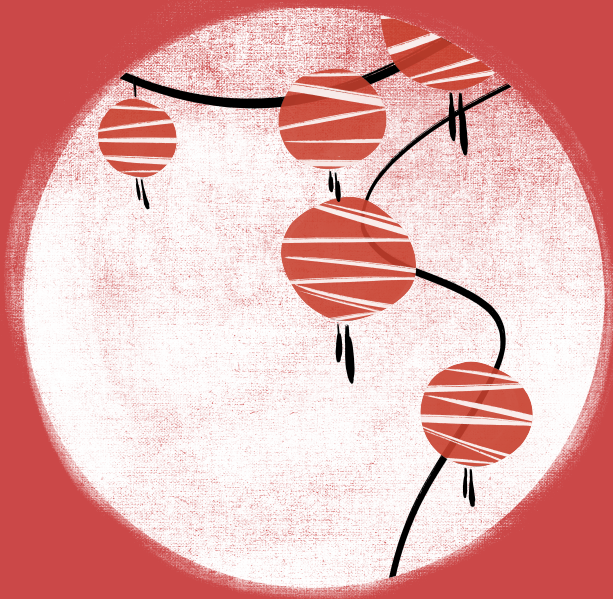
Hypothesis:

The installation of additional women-friendly portable latrines will lead to a significant increase in latrine utilization among women and girls and result in a measurable reduction in the incidence of diarrheal diseases over a 12-month period compared to areas with traditio-nal pit latrines.

Purpose:

This hypothesis suggests a **comparative test** between two interventions — traditional latrines versus women-friendly portable toilets.

You want to determine which intervention results in a greater increase in the usage of sanitary facilities.

Method:

Randomized controlled trial (RCT): Split your target popula-tion into two groups.

- One group uses the traditional latrines (control), and the other group uses the women-friendly portable toilets (treatment). Compare facility usage across both groups.

- Measure the increase in usage over time and test whether the portable toilets lead to significantly higher usage.

Indicators:

Frequency of use.

User satisfaction.

Comfort levels for women.

By using testing methods like these, you can rigorously evaluate the effectiveness of the interventions, confidently scale those that are demonstrated to be effective and use the learning from the experiments to adapt the solution to achieve **greater impact.**

ESF selection criteria

When examining the proposals submitted by National Societies, the ESF Secretariat and the Joint Commission take the following into consideration:

Important documents concerning regulations, criteria of the secretariat, term of references for funding etc.

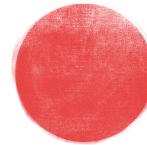**Key criteria to rank innovative proposals as follows:**

Experimental:
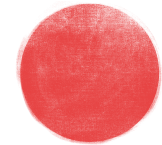Test something new or an improvement to something existing, often in a faster and more iterative way.

Impactful:
Respond to a clearly identified need and have the potential to create meaningful value.

People-centric:
Put affected populations, the IFRC, or local actors – at the center of developing the solution.

Future-focused:
Anticipate and plan for future challenges, disruptions, and opportunities.

We also encourage applicants to be cognizant of ethical considerations when testing new ideas and solutions.

Glossary of key terms

Activity
Activities are the tasks and day-to-day actions that will be carried out to deliver related outputs.

Baseline
The baseline is the status or the value of each indicator at the beginning of the initiative/project that is the reference point against which progress or achievements can be assessed.

Effects
Intended or unintended changes due directly or indirectly to an intervention.

Experimentation
Experimentation is the act of testing new ideas or approaches in a controlled setting to learn more about their effectiveness and gather data.

It involves making hypotheses, implementing trials, observing the outcomes, and analyzing the results to understand what works and what doesn't.

This process helps organizations make informed decisions based on evidence.

Indicator
An indicator is a unit of measurement that is used to track progress towards intended results.

It can be quantitative, such as a number or percentage.

Alternatively it can be qualitative, capturing perceptions or descriptive aspects.

Innovation
Innovation refers to the creation and application of new ideas, products, services, or processes that bring about improvement or change.

It can involve developing something entirely new or significantly enhancing something that already exists to meet the needs of users or solving specific problems.

Innovation cycle
This is a systematic process used by organizations to develop and implement innovative new ideas or solutions.

It typically involves stages such as identifying a problem, brainstorming and testing solutions, gathering feedback, and refining ideas based on what is learnt.

The cycle emphasizes continuous improvement and learning throughout the innovation process.

Glossary of key terms

Output

The product, capital good or service that results from an initiative's activities.

All outputs that need to be delivered to reach related intended outcomes (i.e. effects or changes that will contribute to the overarching goal) must be clearly described.

Outputs are not activities: they are the results of series of completed activities.

Overarching goal

The higher-order benefit for clearly defined beneficiaries that the proposed solution is intended to help realize.

Outcome

The effect or change the solution intends to achieve to contribute to the overarching goal.

Specify the outcome, answering "who will benefit from the change/effect", "what is the change/effect" and "what will be increased, enhanced or strengthened?"

Sources and means of verification

Sources and means of verification are "where" and "how" data and information on each indicator will be collected.

They should be described as precisely as possible to ensure consistency in data collection.

Target

The target is the status or the value of each indicator at the end of the project.

It is the status or value that the National Society hopes to achieve.

Testable hypothesis

A hypothesis is a testable prediction that outlines what you expect to happen when you implement your solution.

It's important to state both what you think will happen (the expected outcome) and why you believe it will happen (the reasoning behind it).

This helps ensure that your solution is based on clear logic, which can be validated or refined after testing.

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