



FIELD IMPLEMENTATION OF THE ICRC'S HEALTH CARE IN DANGER STRATEGY (2020-2022)



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Field Implementation of the ICRC's Health Care in Danger Strategy 2020-2022

The operationalization of practical measures to protect health care more effectively, is the main axis of the [HCiD strategy](#). The strategy was conceptualized to address the objectives set out by the Health Care in Danger (HCiD) Theory of Change (ToC) and it is field-level implementation of these objectives that constitutes the main measure of the relevance of the HCiD strategy to the humanitarian needs on the ground and in the context of the ICRC's and its partners' capacity to respond to those. The complexity and multidisciplinary of implementation of HCiD poses challenges in terms of monitoring and evaluation through internal platforms. To assess the implementation of the HCiD strategy, three surveys of field outcomes achieved were carried out (2020, 2021 and 2022); information was supplemented from other internal operational sources.

Thanks to this analysis we can now see what the institution has done **across its programmatic spectrum** in order to advance to goal of reducing the incidence of violence against healthcare and reduction the impact of such violence.

Status of the implementation (2020-2022)

Thanks to the clearly **outcomes-oriented nature of the strategy** and quantitative targets linked to the ToC we are able to say in confidence that the operational performance on HCiD is overall positive.

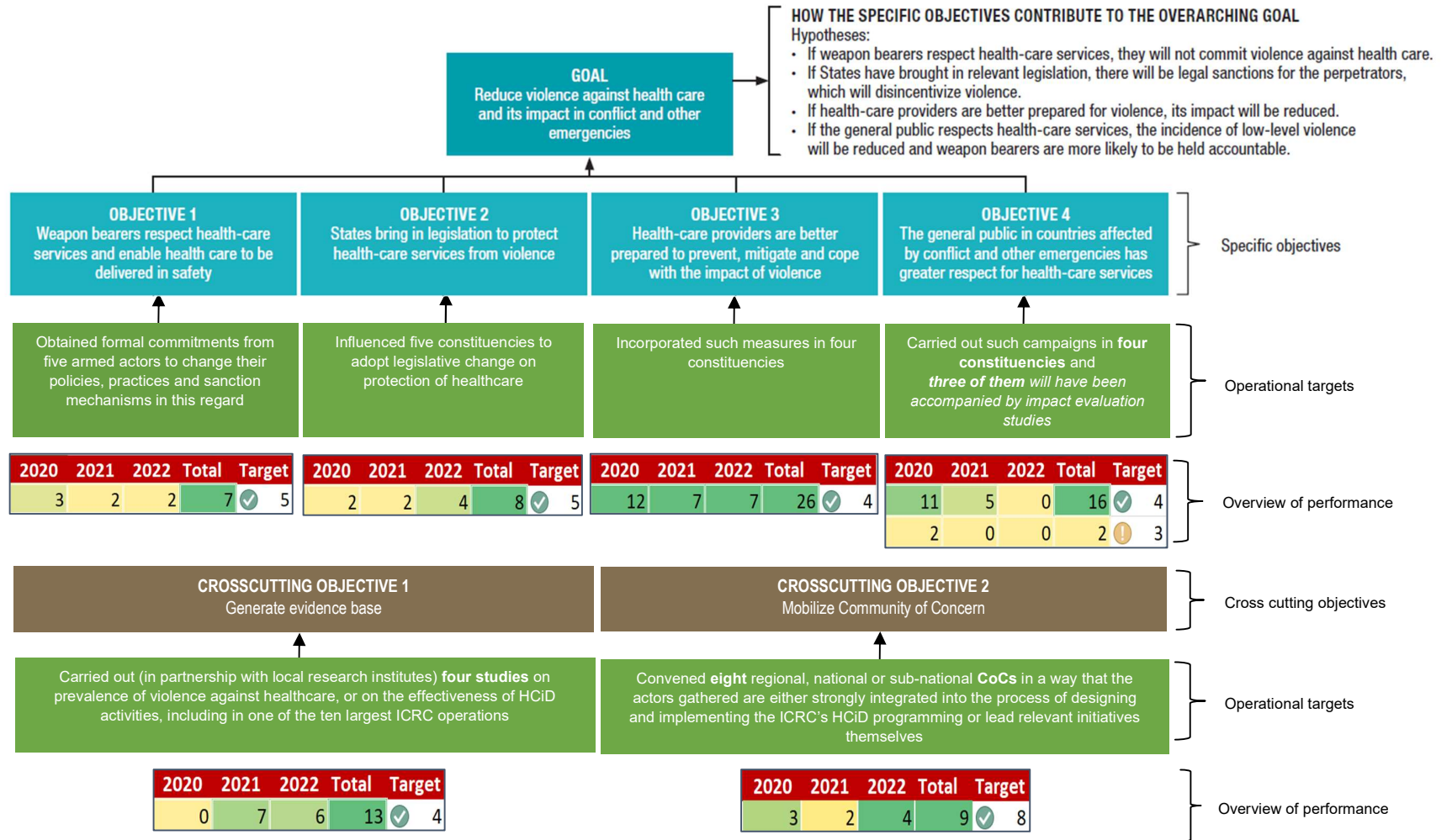
It is important to point out that the prioritization of HCiD programming is in the hands of the delegations and as such this survey measures the *relevance* of the institutional HCiD strategy, as opposed to e.g., evaluating a top-down, predefined project. It would be a fallacy to treat the targets as exhaustive: the operational ambitions are determined by the humanitarian needs and the quantitative indicators merely allow us to determine if the institutional approach bears relevance to field realities.

- The work on formal commitments and inclusion of measures to protect healthcare in the doctrine and practice of armed actors has advanced beyond Latin America to include other regions and NSAGs. Somewhat surprisingly, progress is most **limited when it comes to state armed force**.
- Our work on domestic legislation exceeded the target. But knowing how much is in the pipeline and bearing in mind the momentum created in this regard by the pandemic many more results are expected in the nearest future.
- The performance against the target linked to resilience and preparedness, which in the operational practice is articulated through the ICRC's health programming, has hugely

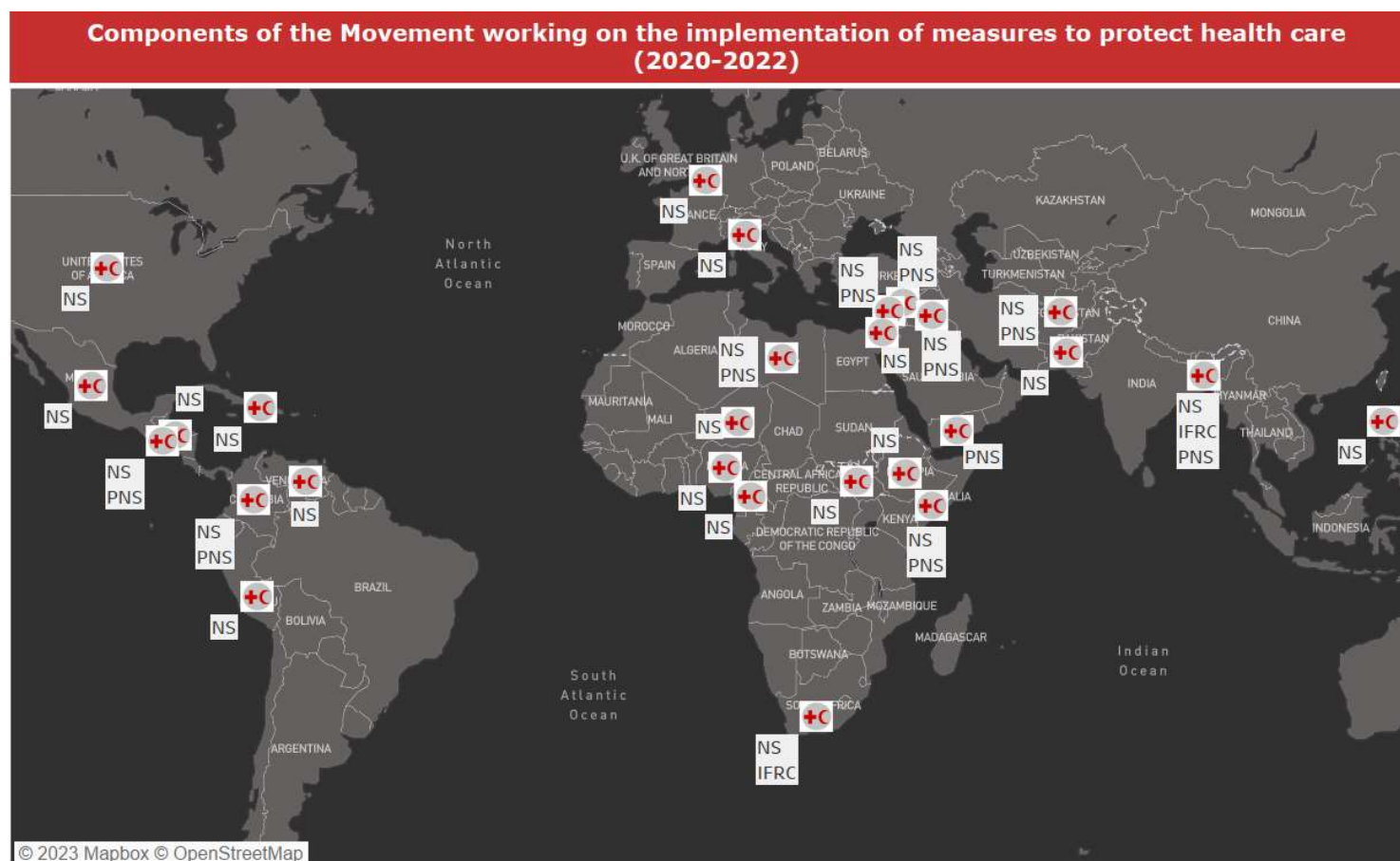
surpassed our initial ambitions. This points to **a strong relevance of HClD to Health programming** and the good traction obtained in this way with health systems we support.

- Many delegations responded to the stigmatization of healthcare workers during the initial stages of the Covid-19 pandemic with public communication strategies. Because of that this indicator peaked in 2020 allowing us to meet the three-year target already that year. This type of activities, however, died down immediately after. What is most disappointing, almost **no such campaigns included an impact measurement component** despite clear institutional ambitions in this regard.
- Delegations have performed strongly when it comes to research, pointing to the recognition of the **opportunities that collaboration with health actors** offers when it comes to building empirical **evidence on protection issues**.
- Work such as above, however, took place mostly within existing partnerships or through consultancies, and the performance is **disappointing when it comes to the number of new Communities** of Concern established by the delegations. Nevertheless, existing Communities of Concern were mobilized across delegations and are jointly planning or implementing measures to protect health care.

HEALTH CARE IN DANGER – THEORY OF CHANGE



Components of the Movement implementing measures to protect health care



Wherever appropriate and as much as possible, the ICRC's approach to protecting health care includes a complementary response with other components of the Movement and especially with National Societies. While the strategy does not list Movement action as a separate objective or target, given the importance of cooperation with Movement actors in this area the survey results provided an overview of the components of the Movement implementing measures to protect health care.