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

HOW THE SPECIFIC OBJECTIVES CONTRIBUTE TO THE OVERARCHING GOAL

Hypotheses:
- If weapon bearers respect health-care services, they will not commit violence against health care.
- If States have brought in relevant legislation, there will be legal sanctions for the perpetrators, which will disincentivize violence.
- If health-care providers are better prepared for violence, its impact will be reduced.
- If the general public respects health-care services, the incidence of low-level violence will be reduced and weapon bearers are more likely to be held accountable.

GOAL
Reduce violence against health care and its impact in conflict and other emergencies

OBJECTIVE 1
Weapon bearers respect health-care services and enable health care to be delivered in safety
- Obtained formal commitments from five armed actors to change their policies, practices and sanction mechanisms in this regard

OBJECTIVE 2
States bring in legislation to protect health-care services from violence
- Influenced five constituencies to adopt legislative change on protection of healthcare

OBJECTIVE 3
Health-care providers are better prepared to prevent, mitigate and cope with the impact of violence
- Incorporated such measures in four constituencies

OBJECTIVE 4
The general public in countries affected by conflict and other emergencies has greater respect for health-care services
- Carried out such campaigns in four constituencies and three of them will have been accompanied by impact evaluation studies

CROSSCUTTING OBJECTIVE 1
Generate evidence base
- Carried out (in partnership with local research institutes) four studies on prevalence of violence against healthcare, or on the effectiveness of HCiD activities, including in one of the ten largest ICRC operations

CROSSCUTTING OBJECTIVE 2
Mobilize Community of Concern
- Convened eight regional, national or sub-national CoCs in a way that the actors gathered are either strongly integrated into the process of designing and implementing the ICRC’s HCiD programming or lead relevant initiatives themselves

Overview of performance
ICRC Delegations Implementing the HCiD response (2020 to 2022)
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.