

**EVALUATION REPORT**

**STUDY ON THE MANAGEMENT  
AND OPERATIONALIZATION  
OF HEALTH CARE IN DANGER  
AS A CROSS-CUTTING INITIATIVE**



<b>Title of the evaluation</b>	Study on the Management and Operationalization of Health Care in Danger as a Cross-Cutting Initiative
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# EXECUTIVE SUMMARY

The International Committee of the Red Cross (ICRC) has been working to protect health care from violence under the banner of the Health Care in Danger (HCiD) initiative since 2011. In the earlier phases of the HCiD initiative, the operationalization of protection measures by ICRC teams in the field was just one of the initiative's priorities. This then became the initiative's main priority after strategic adjustments were made in response to an external evaluation carried out in December 2017. As a result, the main aspects of and approaches to operationalization became of key importance to the initiative's success. At the same time, since HCiD is a highly multidisciplinary project that is focused on a humanitarian issue rather than being department-centric, it has come to be regarded as an emblematic example of how cross-cutting work can be carried out within the ICRC. Despite this, however, the HCiD team's analysis of how the initiative is operationalized by various ICRC departments has not gone further than a collection of ad hoc case studies and summaries of Planning for Results (PfR) documents.

In recognition of this knowledge gap, the ICRC commissioned a case study and cross-case analysis to look at how the HCiD initiative is being managed and operationalized in eight delegations. The studies investigated aspects of leadership; accountability; resource attribution; external collaboration; internal structure; operationalization; and culture in each delegation. The study was strongly learning-oriented, with a particular focus on identifying discrepancies between a delegation's described approaches to managing and operationalizing HCiD (i.e. the espoused theory) and what happens in practice (i.e. the theory in use). This approach led to a more accurate picture of how the HCiD initiative is actually implemented within delegations.

The case studies involved key informant interviews supported by a documentary review. A descriptive case format was used, as this was considered an appropriate way of determining how the HCiD initiative is managed and operationalized at the delegation level. The cross-case analysis involved developing a theory of learning based on all eight cases. By looking for generalizations across cases, while also accounting for differing contexts, it was possible to gain new insights into the initiative's management and operationalization. Once fully drafted, all case studies were submitted to the relevant delegation HCiD focal points for validation. Both the case studies and the supporting cross-case analysis were considered to be accurate and fair reflections of how the HCiD initiative is managed and operationalized within each delegation. The case study exercise took place between May and July 2019.

From a learning standpoint, the report went further than simply documenting how the HCiD initiative was implemented by the eight delegations. The aim was also to provide a learning tool that could potentially bring about change in HCiD organizational systems, leading to more effective internal communications, better ideas generation and innovation, and improved management practices. Another aim was to support necessary HCiD change in inter-organizational cooperation through more efficient and appropriate processes and procedures; better understanding of the initiative's tangible benefits; more focus on sustaining outcomes; greater efficiency and effectiveness; and wider and deeper influence. The cross-case analysis generated the following insights regarding the initiative's management and operationalization:

**LEADERSHIP AND DECISION-MAKING:** an analysis of leadership and decision-making indicated a very mixed approach to providing guidance and leadership for the HCiD initiative. Approaches ranged from dedicated HCiD focal points with clear decision-making authority to delegations with no identified HCiD focal point. The analysis also revealed that responsibility for HCiD was often allocated on an ad hoc basis to various roles, sometimes formally and sometimes informally. This lack of structure was also reflected in how delegations organized departments and individuals working on HCiD, with entities including both formal and informal working groups, teams, steering committees and task forces – all with different levels of autonomy, independence, authority, coordination and communication approaches.

This multitude of approaches/models is not conducive to consistency, especially since there is a high degree of decentralization (at delegation level), but the general HClD strategy is directed from the centre (i.e. Geneva). Adopting a more viable systems model would provide delegations with an operating system that accounts for decentralization requirements and provide headquarters with a more consistent approach to – and understanding of – implementation of the initiative across delegations, regardless of where they are located. At some delegations, there was also a mismatch between management’s espoused theory – i.e. management is highly supportive of the HClD initiative – and their theory in use – i.e. management rarely finds the time to work on the initiative. This suggests that there is a need to support delegations in making progress on the initiative in a way that works for a time-pressured management team, for example, by delegating responsibilities and tasks more effectively.

**ACCOUNTABILITY:** in delegations where there was a broadly followed pattern of established structure – i.e. there were designated individuals (e.g. HClD focal points or deputy heads of delegation) – that had responsibility for overseeing HClD goals and objectives, those individuals were more formally deemed to be accountable for the initiative. Where the HClD structure was less clear or informal in nature, aspects of accountability tended to be more informally disbursed across various departments and individuals. This latter approach is not particularly effective when it comes to performance accountability, as it lessens responsibility with regard to achieving organizational objectives and goals. The cross-case analysis indicated that delegations with clearer accountability structures had more effective approaches to implementing the HClD initiative and were better at ensuring positive results, even in challenging contexts.

**RESOURCE ATTRIBUTION:** in terms of resource allocation/attribution, only two delegations had dedicated financial resources for HClD work, with the remainder allocating funding from other departmental budgets often on an ‘as needed’ basis; this approach to resource allocation was considered by informants to be fair on the whole, if not always strategically effective. Delegations with dedicated HClD funding were more likely to be strong in other areas of the initiative, e.g. they had strong and established external collaboration and more community outreach. Allowing for context, it is not overly simplistic to say that delegations with dedicated financial resources for HClD work achieved better outcomes; dedicated funding also helped to ensure more effective cross-cutting work and cross-departmental collaboration.

**EXTERNAL COLLABORATION:** levels of external collaboration – such as engaging with academic institutions on research projects and collaborating with health ministries on public awareness campaigns – varied considerably among delegations. Context-specific factors, such as a poor security situation, played a part in preventing delegations from engaging in effective external collaboration, particularly where access to the field was problematic. However, it would appear that a dysfunctional or highly bureaucratic government does not necessarily prevent delegations from engaging in successful external collaboration work, as often the more productive engagement opportunities take place with private organizations, academic institutions (research) or directly within communities. Overall, delegations with fewer HClD resources and an unclear approach to HClD leadership tended to engage in less external collaboration work and carried out less external networking.

**INTERNAL STRUCTURE AND CROSS-DEPARTMENTAL APPROACH:** the study identified each delegation’s approach to cross-departmental work. The cross-case analysis indicated that delegations with a **type ii cross-department approach** – where several theme-based departments contribute their expertise but there are one or more full-time resources who report to management and do the bulk of the practical work – work more effectively as a team; while delegations with a **type iii cross-department approach** – where there are several theme-based departments but none of them has any dedicated HClD resources – tended to have less structured approaches to planning, organizing and conducting HClD work.

**MULTIDISCIPLINARY APPROACH:** although the majority of delegations classified their approach as multidisciplinary in nature, the analysis revealed a different picture. The ICRC's own definition of a multidisciplinary approach "encompasses protection, assistance, prevention, and cooperation with National Societies; while undertaking [or engaging in] integrated planning, implementation, monitoring, and evaluation".<sup>1</sup> Here, there was also a mismatch between the espoused theory and the theory in use, since the delegations say they take a multidisciplinary approach, but in reality the majority of delegations' multidisciplinary approach is limited to working across departmental topics and does not encompass aspects of integrated planning, monitoring, etc. Key lessons can be learned here as to how delegations can be supported in incorporating these missing multidisciplinary aspects into their work and thus ensure greater efficiency, effectiveness and impact of the HCiD initiative.

**OPERATIONALIZATION:** when looking at how the HCiD initiative is operationalized, the analysis revealed that the approach in practice was largely restricted to working across departmental topics, such as protection and health, rather than encompassing a fully multidisciplinary approach. Further analysis revealed that the initiative was operationalized in 'opportunistic', 'organic', 'fluid' and 'responsive' ways. This would normally indicate that there is a certain amount of agility in the operationalization process. However, while this was the case in several delegations with a higher level of HCiD activity, greater agility did not always result in higher activity levels per se. This suggests that delegations with lower HCiD activity levels could benefit from a more structured approach to implementing the initiative, rather than relying on opportunities as they arise. Similarly, delegations that relied heavily on key individuals to advance HCiD could benefit from a more structured approach to implementing HCiD in order to build in a level of HCiD resilience when those individuals eventually move on.

**CULTURE:** in terms of the organizational culture, the cross-case analysis revealed that, overall, the HCiD initiative is highly regarded and spoken of very positively at the delegation level. Management is deemed to be supportive, and in most cases but not all, teamwork and mindset regarding HCiD is considered to be 'good', helping to drive both individual and group motivation concerning the HCiD initiative. In some delegations where management is highly supportive of the HCiD initiative but rarely finds the time to work on it, this mismatch is reflected in the culture despite the overwhelming belief that HCiD is important, builds acceptance, facilitates discussions on sensitive topics, and can be used as a lever to enhance many other delegation initiatives and objectives. Unfortunately for these delegations, and for the HCiD initiative as a whole, leadership both defines and determines organizational culture; and if management views HCiD as a lesser priority to other initiatives, it is likely that others working in the delegation will do so too. There are of course individual exceptions to this, but in a cross-cutting and multidisciplinary operating context, this is not a satisfactory way of working.

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1 ICRC Strategy 2011-2014

**TO SUM UP**, the report provides HClD stakeholders with insights concerning the four primary objectives of the case study and cross-case analysis. Those objectives are to provide:

1. guidance on good practices to operationalize and manage HClD by offering insights into what works and why, and what could clearly be improved
2. ideas for organization-wide monitoring and evaluation frameworks for HClD, by encompassing a fully multidisciplinary approach rather than just cross-departmental working
3. a narrative for resourcing HClD as a cross-departmental operational initiative under PfR 2020 by using the justifications and arguments contained in this report
4. ideas for contributing to and feeding the organization-wide discussion on multidisciplinary approaches and the way the ICRC works, through a better understanding of what takes place in practice and by highlighting the mismatch between espoused theories and theories in use.




As this study is expected to result in some form of organizational change, it is important to acknowledge that there is no one-size-fits-all solution, and that delegations' different contexts must be considered when attempting to implement any change. While delegations' external and internal operating contexts vary enormously, it was possible to draw some similarities and comparisons between one delegation and another – and often between several delegations. Delegations will be able to learn from this by identifying what another delegation is able to do or is doing differently in a context similar to – or even different from – their own, and if appropriate, by adopting or adapting that practice or approach in order to positively advance the HClD initiative. This spirit of reflective analysis and acting on learning is an important thread throughout this case study report and provides a considerable opportunity to drive sustainable, delegation-owned change in the HClD initiative.





The ICRC helps people around the world affected by armed conflict and other violence, doing everything it can to protect their lives and dignity and to relieve their suffering, often with its Red Cross and Red Crescent partners. The organization also seeks to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

People know they can count on the ICRC to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. The organization's experience and expertise enables it to respond quickly and effectively, without taking sides.

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