

TERMS OF REFERENCE

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

Deadline 09 June 2022



ICRC

Terms of Reference

External evaluation of the ICRC institutional HClD strategy 2020-2022

May 2022

Deadline for proposals Thursday 09 June 2022 23:59pm

The International Committee of the Red Cross (ICRC) is an **impartial, neutral and independent organization** whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC seeks the respect for the rights of the victims by promoting and strengthening humanitarian law and championing universal humanitarian principles.

Health Care in Danger (HClD) is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflict and other emergencies.

Rationale and background

In September 2019 the ICRC directorate approved the HClD strategy 2020-2022¹ which conceptualises the institution's approach to protection of healthcare across its programmatic spectrum and with a particular focus on the practical operationalisation of measures through field operations. At the time, the strategy's duration was capped at the end of 2022 in line with the duration of the Institutional Strategy (IS). Following the extension of the ICRC's IS until the end of 2024, the institution has expressed the desire to extend the thematic strategies until that date. This creates an opportunity not only to maintain the momentum on the implementation of the institutional approach to protection of healthcare, but also to update the content of the strategy should the internal and external contexts warrant such an update.

Strategic objectives and evaluation questions

In light of the above, the ICRC has planned for an external evaluation of the HClD strategy to take place in 2022. The evaluation is expected to achieve the following strategic objectives:

- To assess the relevance and effectiveness of the strategy with a particular focus on the substance of the ICRC's field programming and the quality of the HQ support
- To identify areas requiring amendment in the strategy for the period up to 2024

The criteria of relevance and effectiveness are prioritised above other potential criteria in support of understanding the strategy sufficiently to make adjustments during the implementation period.² The evaluation will deliver these objectives by answering the following evaluation questions:

Relevance and adaptability

1. How well has the strategy remained relevant and applicable given significant contextual changes that have affected patterns of violence against healthcare? (e.g. the onset of covid-

¹ <https://healthcareindanger.org/wp-content/uploads/2020/10/ICRC-HClD-strategy-2020-2022.pdf>

² Other OECD DAC criteria of efficiency, sustainability and impact are excluded on this basis.

19, particular sensitivities around vaccination programmes, increased social unrest, surge of violence or changes in conflict dynamics).

2. How well does the ToC convey the complexities of the phenomenon of violence against health care to the realities in the field in ways that are accessible to colleagues?
3. Specifically, how relevant are the specific objectives of the ToC (i) influencing the doctrine and practice of weapon bearers, ii) assisting States in strengthening their domestic legislation, iii) building up the resilience of health-care systems to violence, and iv) campaigning for behavioural change among civilian populations) in addressing the issue of violence against healthcare across the diversity of contexts where the ICRC operates?
4. What are the levels of utilisation of the ToC and strategy in relation to integrated/multidisciplinary planning?

Operationalization

5. To what extent has programming in the field been implemented according to the six objectives of the HCiD strategy?
6. What are the enabling factors and barriers to implementation of HCiD measures at national and sub-national levels? Both internal (e.g. support and tools from HQ) and external (on the ground opportunities and challenges).
7. What are there gaps on the existing tools that might be needed to address the complex realities in the field (e.g. availability of tools to address this issue for situations of armed conflict vs. other situations of violence [OSV], or the multidisciplinary response to target populations [such as detainees and IDPs])

Evidence-base generation

8. How effectively have HQ and field-based partnerships implemented the strategy component on generating evidence on HCiD?
9. Has field research contributed to an increased quality of programming for HCiD?

Influencing and coalition building

10. How effective has the mobilisation and influencing component of the HCiD strategy been in supporting the strategy's main goal? Has the ICRC invested appropriately to support its decision to move mobilisation efforts from global to local?
11. What have the opportunities and challenges been related to engagement within the Movement? What lessons from Movement engagement should inform the remainder of the strategy period?

Scope of the evaluation

The evaluation will cover the period from 2020 to the second quarter of 2022. The HCiD HQ team has monitored the level of implementation of the HCiD Strategy via field surveys conducted in 2020, 2021, and 2022 (currently underway), case studies will be selected based on the delegation's level of

implementation of the HClD strategy, as well as bearing in mind practical issues, such as the current workload and concurrent institutional processes.

Audience of the evaluation findings and recommendations

The primary audience for the evaluation is the HClD team in Geneva, the results of the evaluation will inform the contents of the updated HClD Strategy and scope the objectives for 2023-2024. The secondary audience are ICRC colleagues working on HClD, and key external stakeholders including but not limited to members of the Community of Concern, the Movement and research partners.

Methodology

The evaluator is expected to outline a suitable methodology in the proposal, for example a theory-based evaluation, or a criteria-based mixed methods approach, informed by the principles set out in the ICRC's guiding principles on Accountability to Affected People.

In order to answer the evaluation questions and deliver on the strategic objectives the HClD team will work with a consultant to refine the methodology defined by the following key parameters and based on the delivery of these key outputs:

- An inception report outlining the detailed methodology for this work following consultation with the HClD team in Geneva
- A review of internal and external documentation compiled with the help of the HClD team. This includes previous evaluation reports, monitoring reports and survey results of the field implementation.
- Interviews with key informants in ICRC HQ and in the field, as well as among key Community of Concern³, Movement partners and research partners
- A workshop with the HClD team
- A report of no more than 30 pages including an executive summary summarising the findings obtained throughout the process

Timing of the evaluation

The work on this evaluation is expected to commence in June and must be concluded by the end of July 2022. Within this period, it is expected the consultant(s) will spend a total of around 30 working days on the work. A detailed timeline will be agreed at the beginning of the assignment.

Ethical considerations

Evaluators will adhere to international best practices and standards in evaluation. The evaluator will abide by the Professional Standards for Protection Work; the ICRC's Code of Conduct; the ICRC's Code of Ethics for Procurement; and the ICRC Rules on Personal Data Protection. Informed consent of all interlocuters will be sought and gained, and their anonymity and confidentiality will be

³ A "community of concern" (CoC) is a coalition or consortium of organizations working together to improve protection for health care from violence within a given country/territorial boundaries. The ICRC's global HClD CoC currently consists of the following: the International Committee of Military Medicine; the International Council of Nurses; the International Federation of Medical Students' Associations; the International Hospital Federation; the International Pharmaceutical Federation; the International Pharmaceutical Students' Federation; Johns Hopkins University; the Junior Doctors Network; Médecins Sans Frontières International; Médecins Sans Frontières Switzerland; Médecins du Monde; the Centre for Ethics, University of Zurich; the World Confederation for Physical Therapy; the World Health Organization; and the World Medical Association.

maintained. The methodology does not anticipate the participation of civilians affected by conflict, and therefore formal Ethics Review Board is not required.

Management of the evaluation

The evaluation will be managed by the HcID Unit in HQ who will be responsible for overseeing the evaluation and will be the evaluation consultant's first point of contact. The ICRC evaluation manager is responsible for approving the final version of deliverables and outputs.

The ICRC evaluation manager will work with the Evaluation Advisory Group to seek their review and inputs at key stages of the evaluation.

The evaluation will use the ICRC's guidance and quality criteria for developing inception reports and evaluation reports. Feedback on these deliverables/outputs will be provided by the Evaluation Office as part of the ICRC's quality assurance process.

The final report will be published on the ICRC's website after being approved for publication via the ICRC's internal copying-editing and formatting process.

Desired profile

- Lead consultant(s) must have experience in research methods and/or evaluations, development including collecting information via interviews, surveys and focus groups;
- Solid experience in strategy evaluation;
- Experience working for the ICRC or other experience of health programming and responses in multidisciplinary humanitarian contexts is preferable;
- Solid understanding of monitoring and evaluation methods and project cycle;
- Ability to provide consultancy services in Switzerland or another country with ICRC presence is essential
- The workload is estimated to be at up to 30 days of work paid according to standard ICRC consultancy rate to be spread across a period of up to two months to accommodate the availability of informants
- Ability to work in English is essential with additional languages such as Arabic, French and Spanish an additional asset

Instructions to bidders

Proposals should be submitted and must include: proposed methodology and workplan specifying milestones towards key deliverables (max 2 pages), CV (please include relevant references), and daily rate in CHF.

Note: ICRC procurement protocols require proof of self-employment to issue contracts.

Deadline for proposals Thursday 09 June 2022 23:59pm

Submit proposals to gva_hcid@icrc.org

Annex

The Health Care in Danger Theory of Change

HEALTH CARE IN DANGER – THEORY OF CHANGE

