

# Evaluation of the ICRC's crisis management and response to the COVID-19 pandemic

Executive summary and management response to the recommendations

November 2023

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Summary of the findings, recommendations and management response

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The executive summary of report of the evaluation of the ICRC's crisis management and response to the COVID-19 pandemic (completed in December 2022) is reproduced here. The lead external consultant for the evaluation was Mark Shepherd. It is accompanied by a summary of the recommendations and the actions as agreed by management in June 2023. The proposed actions in response to the recommendations will be reviewed periodically considering the organisation's resources in 2024 and the priorities of the forthcoming Institutional Strategy.

## Executive Summary

Emerging from a focalized outbreak in the Western Pacific Region, COVID-19 rapidly proliferated worldwide and became a major pandemic between January and mid-March 2020. In Africa, the pandemic compounded the effects of conflict and other violence and climate change. Across North Africa and the Middle East, COVID-19 was another crisis on top of armed conflict, widespread shortcomings (or dysfunctions) in essential systems and economic decline. In Asia and the Pacific, it put people affected by armed conflict or other violence at further risk. In the Americas, COVID-19 amplified the needs of vulnerable populations. And in Europe and Central Asia, it represented one more threat to people affected by past or ongoing conflicts.

Movement restrictions and other measures to contain the pandemic disrupted livelihood activities and hampered access to essential goods and services, further aggravating the effects of active hostilities, the destruction of critical infrastructure and economic crises in several contexts. In response, the ICRC incorporated COVID-19 as an important parameter in its operations as a means of addressing the urgent and longer-term needs emerging from this global crisis for people already struggling with the consequences of armed hostilities.

In many of the places where the ICRC worked, the organisation quickly shifted its gears to help prevent or slow down the spread of infection and mitigate other consequences arising from the pandemic. The ICRC focused its response in relevant contexts where it had a distinct role or expertise: hospitals and clinics overwhelmed with increased medical needs due to violence and COVID-19; places of detention, which were often overcrowded and ill-equipped to deal with disease outbreaks; and hard-to-reach areas where other aid organisations were unable to operate.

The ICRC stepped up efforts to help people meet their basic needs with dignity, sustain their means of earning a living and ensure the continued provision of basic services. These activities were critical to helping them build their resilience to the multiple shocks caused by conflict and COVID-19. As an essential element of its response, the ICRC engaged proactively and widely with key diplomatic stakeholders to influence evolving global, regional and national policies and interventions.

The ICRC carried out activities in line with national efforts to contain the virus, working in the spirit of Movement Cooperation with members of the International Red Cross and Red Crescent (RCRC) Movement, as well as in coordination and cooperation with authorities and other actors, including United Nations agencies. With National RCRC Societies, the ICRC worked in partnerships and provided them with various forms of support to bolster their capacities to respond to the pandemic safely and effectively. It adapted its planned activities according to the evolution of the situation and the extent of the needs in each context, recalibrating the scale of its assistance and protection and its working methods as necessary.

Where appropriate, the ICRC engaged in dialogue with the relevant local authorities on several aspects to protect the most vulnerable. The ICRC made efforts to ensure that the most vulnerable groups were included in States' contingency plans and also had access to vaccines. The ICRC also engaged in dialogue with authorities to advise on the responsible use of force in the framework of containment measures, lock-down and movement restrictions. Following the suspension of family visits to detainees, the ICRC supported the authorities to ensure that detainees continued to have their basic needs covered while providing technical guidance to authorities to prevent COVID-19 from entering detention facilities.

For the ICRC, primarily due to the measures taken by States in response to the public health crisis, rather than the disease itself, the pandemic represented an unprecedented challenge that affected the organisation's functioning and capacity to respond both internally and externally. National COVID-19 measures, closure of airspace, absence of transportation, and its potential or real impact on staff health, all had a significant effect.

Operationally, the crisis threatened the ICRC's ability to engage in activities based on direct engagement with authorities and people affected by conflict and violence. Both ICRC Geneva HQ and its field operations were heavily impacted. Working remotely or from home became the norm in many locations, facilitated or limited by access to and performance of Information and Communications Technology capacities. This switching to remote working at HQ and across many sites was a clear indicator of ICRC's ability to adapt rapidly to a changing environment. Staff had to quickly adapt to physical distancing and hygiene measures. On-site presence in communities was either severely limited or cancelled altogether, which heavily impacted training, development, and many planned activities across the organisation.

In regard to Do No Harm, the ICRC was required to ensure not only the Duty of Care for its staff, but also to ensure that staff or National Society volunteers who were delivering humanitarian assistance did not transmit COVID-19 to confined settings. Multiple factors including staff and family members being affected by COVID-19, separation from family for extended periods, ad hoc working environments that were not fit-for-purpose, and overall uncertainty as to the evolving crisis, its scope and duration, created persistent stress and anxiety.

Disruption and delays affecting the ICRC's supply chain and deployment/rotation of staff, much of which was beyond institutional control (e.g. shipping container shortages, national government/authority restrictions on issuing entry visas and importing goods), greatly impacted on work and contributed to stressing ICRC's systems and processes. Nonetheless, many delegations demonstrated creativity in overcoming supply chain issues related to critical equipment and supplies (e.g. medicines/medical and personal protective equipment etc.) by accessing local markets, aided by a high level of HQ logistics flexibility. However, travel and/or lockdown restrictions severely hampered the ICRC's ability to ensure sufficient human resources were made available to delegations, resulting in a need for HQ to create/adapt numerous policies to respond to the fast-changing COVID-19 environment.

The purpose of this evaluation was to establish key lessons that can be learnt from the ICRC's COVID-19 Crisis response and how, building on these, the organisation can increase its resilience and preparedness, in particular for pandemics and epidemics. The evaluation scope covered the period from March 2020 until the deactivation of the crisis operating mode in March 2022. The evaluation looked at the COVID-19 crisis response at HQ as well as at operational level in the field through lenses of Crisis Management, Operational Response, and Organisational Resilience. The evaluation objectives were as follows:

1. Crisis Management: Establish the adequacy of the ICRC's organisation and Crisis Management Framework to address crises, notably institutional crises and parallel crises.
2. Operational Response: Establish the adequacy of the ICRC's contribution to the global response to COVID-19.
3. Organisational Resilience: Establish the adequacy of the ICRC's organisation and setup to ensure key processes are well-defined and resilient to also ensure delivery in crisis operating mode.

The evaluation was conducted between June and December 2022. A total of forty-two (42) structured/semi-structured interviews were conducted with a range of ICRC HQ/field level staff members and external partners (18 female, 24 male). An online survey was used to elicit field-based perspectives on the response to the crisis from fifteen (15) ICRC delegations - 3 from each region.

The evaluation established that from a crisis management perspective, the initial framing of the response through the strategic orientations: Duty of Care, Operational/Business Continuity, Operational Response, Policy and Humanitarian Diplomacy, and Monitoring and Forecasting was well strategized. However, going through an institutional crisis of a global scope challenged the Crisis Management Framework.

The evaluation finds that a review of the Crisis Management Framework would build a better basis for the management of all types of crises. In future, the ICRC should increase its preparedness for crisis management in relation to anticipation of even 'black swan' events while simultaneously increasing individual and collective crisis management skills. While activation of the crisis mode based on set criteria functions well, termination needs to be more closely linked to achievement of crisis response objectives, thus allowing for the crisis mode to remain the exception and for only as long as needed.

Further, the leadership of a crisis would benefit from embedding the Crisis Management Framework more solidly at the senior organisational level. The backbone of management in crisis is a strict respect for the roles and responsibilities of each of the entities involved. The relevance of the three-tier model would increase if: the Crisis Committee effectively limited itself to defining strategic orientations and coordinating organisational support for the crisis response; the Crisis Team defined crisis response objectives; and Crisis Cells were given their own room to manoeuvre. Operational orientations will then become redundant. Leading with action points (as is current practice) rather than with response objectives carries the risk for the Crisis Team to lose focus on the essential elements. Objectives that are measurable will effectively indicate the point for crisis management termination.

Standardised and practised processes and procedures should be established for creating situational awareness and decision making. Crisis Team composition should be limited but with decision-making authority. Highly competent crisis management staff will more aptly define

focused response objectives that will shorten the crisis mode duration, and, ultimately, reduce the impact on the wellbeing of individuals that work in parallel on their normal job and in a crisis management function. The ICRC goes into crisis mode when risk treatment measures do not take hold on preventing occurrence of a risk event and/or mitigating its impact. Strengthening risk management with foresight capabilities and business continuity preparations will reduce the number of crises that need to be managed.

From an operational response perspective, analysis of the ICRC's global response to the COVID-19 pandemic revealed a highly relevant and necessary operation, aligned to institutional priorities and filling critical response gaps in contexts where no other actors were able to engage. The relevance and value of ICRC's support and 'last mile' efforts in reaching populations that experienced a disproportionate impact of COVID-19 ensured a response that other public health bodies could not meet.

The ICRC's operational involvement in COVID-19 vaccination, particularly in supporting global supply and last mile delivery was significant, relevant and highly regarded. Considerable evidence exists to indicate the extent to which ICRC supported National RCRC Societies across the regions to respond to the pandemic. For example, working with National Societies to support national vaccination campaigns and facilitate access to the COVID-19 vaccine for those in difficult-to-reach, vulnerable and marginalised populations, thus supporting efforts of local communities and authorities to respond to COVID-19 and other vulnerabilities. The ICRC worked with RCRC partners around the world to support COVID-19 vaccination in armed conflicts as well as hard-to-reach and volatile areas to ensure that no one was left behind. In 2021 alone, the ICRC helped to administer more than 21 million doses of COVID-19 vaccines in areas impacted by armed conflict.

While the scope of ICRC's response varied from region to region and in direct correlation to the pandemic's impact, the integrity of the ICRC and the continuity of its operations were ensured during the crisis. However, there were missed opportunities to leverage organisational capacity to deliver a more multidisciplinary/transversal response to better serve affected populations and thus deliver more strongly on the organisation's mandate.

Regarding the ICRC's organisational resilience setup to ensure that key processes were well-defined and resilient to also ensure delivery in crisis operating mode, this is a nascent process but one on which there are strong foundations to build. During the COVID-19 crisis the ICRC demonstrated that it was resilient and agile enough to adapt and not lose sight of business continuity. There is, however, considerable work to be done to ensure an organisation-wide and collective understanding of organisational resilience; bringing the organisational resilience concept to fruition in its fullest scope together with crisis management, risk management, and business continuity; and guaranteeing an ongoing and permanent resilience initiative. This will require a clear strategy, a commitment to long-term resourcing, and a change in organisational operating culture; all of which should be viewed as positive and key to positioning the ICRC as a more effective and efficient responder to future crises in times of change and uncertainty.

## Recommendations and management response

The evaluation makes 10 recommendations for how the ICRC can improve its crisis management, operational response, and increase its overall resilience and preparedness. Management accepted seven recommendations, partially accepted two and rejected one. Key actions are related to strengthening the organisation's approach and capabilities in crisis management, including within the broader framework of organisational resilience.

### **1. The ICRC must enhance and embed its crisis management capability at the organisational level.**

The management accepts this recommendation and proposes that the Executive Office of the Director General (EODG) and Security and Crisis Management Support (SCMS) Unit lead on wider sensitisation within the organisation to increase understanding of the rationale of the Crisis Management system. This includes the process, tools, responsibilities, and preparedness (see recommendation 3). A focus on increasing capabilities in crisis management for events that have institution-wide impact will be an integral part of the Organisational Resilience framework (see recommendation 7), expanding the links between the framework and crisis management. The Crisis Management Framework (CMF) is also being updated providing the opportunity for alignment with the concept of organizational resilience. Specifically, the management of crises with institution-wide implications will take the form of a dedicated mechanism/framework attached to the CMF, such as the already existing Pandemic Epidemic Management Framework, and Rapid Deployment Mechanism frameworks. The ideal completion date for this second action is planned for mid-2024, noting that the timeline for the development of the dedicated framework on crisis with institution-wide implications is dependent on available resources.

### **2. The Crisis Management Framework needs to be updated to make it more user friendly and complete with related SOPs and clear associated processes and procedures.**

The management accepts this recommendation and proposes that SCMS (with EODG) undertake three practical steps to a) strengthen the CMF by updating it based on findings and recommendations from Lessons Learnt Exercises (LLEs), b) improve accessibility of the CMF by revising its executive summary accompanied by a short video tutorial (resources permitting) by the end of 2023, and c) develop SOPs on Arrests of Staff, Mass-casualty Incidents, and Plane Crashes (with AirOps) by the end of 2024.

### **3. The ICRC needs to define and develop crisis management staff competencies for every function assigned to one of the crisis management entities.**

The management accepts this recommendation and proposes that SMCS (with PAC\_DIR = Department of People and Culture Directorate) undertakes several actions that strengthen clarity around roles and responsibilities, that increases the visibility of competencies among staff, and strengthens competencies further. By the end of 2023, crisis-related role descriptions will be developed to clarify roles and responsibilities in Crisis Teams, especially for generalists; and 'expert groups' will be created among various functions within the organisation which can be rapidly activated as 'core groups' to support specific types or crises (e.g. kidnapping, death of staff, pandemics) or as pools for specific roles (e.g. information management, head of crisis team etc). As part of the PfR 2024 and APM processes, a high-level meeting will be organised with senior managers in the field and at HQ to discuss the use and evolution of the CMF. By the

end of 2024 Security and Crisis management competences will be inserted into Performance Management & Development (PMD) to be more easily identify staff to bring into crisis entities. Timing depends on resources available to build on the existing full day of crisis management within the SCM course, to develop an advanced course on crisis management, with particular relevance for HQ positions. Such a course would target the above-mentioned 'core groups', special pool members, and focal points within departments in the first instance.

**4. The ICRC must determine its minimum relevant human resource capacity for responding effectively to crises and maintain that capacity at all times.**

The management accepts this recommendation and proposes that by mid-2024 EODG leads on working with multiple departments to determine the core capabilities that must be prioritised to maintain core business/key delivery products as part of contingency planning and preparedness; and what staffing ratio is required for emergency response capacity. This means exploring models to ensure adequate capacity to respond to crises without putting excessive strain on normal work. In particular, the newly formed "Crisis and Emergency Preparedness and Response Division" in the Department of Operations will have the role of working on institutional preparedness to both minimize/limit the recourse to the crisis mechanism and to prepare it for crises, should the level of a disruptive event require it. This will also include the collection of data related to the capacity of the various métiers to respond to different types of crises, including the ratio of staff members per position. An estimate of the minimum human resource capacity to respond to various crises will be made and a list of trained/experienced staff that will be updated quarterly.

**5. The ICRC must improve its operational response to multifaceted crises and provide operational guidance that is sufficiently flexible for delegations to apply based on their analysis of the context.**

The management partially accepts this recommendation and proposes that Operations Directorate (OPS\_DIR) (with PES = Department for Protection and Essential Services) will reinforce messages on multidisciplinary responses as part of the instructions for PfR 2024 and future planning periods. The reasons for partial acceptance are two-fold. Flexibility already remains overall for delegations which retain significant operational autonomy; the activation of the crisis mode may require delegations to implement some decisions made at central level but these are limited in scope. Secondly, a parallel effort is already noted as part of PfR 2023 which saw the adoption of operational contingency planning (OCP) objectives. A working group led by SCMS is presently working on a revised OCP framework.

**6. The ICRC must improve its approach to data monitoring and management.**

The management partially accepts this recommendation, and not fully, due to a lack of specificity in the evaluation report. Therefore, management proposes a continued focus on existing efforts, particularly by PES\_DIR (with SDT = Department for Support and Digital Transformation), recognising that the organisation's current financial situation may place severe delays and limitations. Organisation-wide existing workstreams that focus on better monitoring and evidence (i.e. evaluations, risk management, better data management etc) will continue to be reinforced.

With specific reference to PES, there are several initiatives that aim to contribute to better data monitoring and management. These include (and are not limited to): Community Contact Centers which is a solution that allows capture and management of communication with affected populations: Project and Activity Management (PAM), which is a solution to manage

projects and activities along the results-based management, from resourcing to results monitoring, and reporting, offering quasi real-time insights into planning and delivery of delegation outcomes; Analysis and Evidence (A&E), a newly created transversal unit that supports field teams in the delivery of evidence-based programming and decision making, including the process of data collection and analysis; as a result of a review of the current Protection and Essential Services data governance, project portfolio management and enabling team structure, January 2024 will see the establishment of a PES Data Governance and Analytics office, aimed at strengthening data governance, data management and analysis, aligned with and as an extension of the SDT vision and guidance around institutional data management and governance. The SDT data governance timeframe is 3-5 years.

From the perspective of SDT, there is continued work on data governance, establishing a catalogue of data, with identified data owners and associated quality standards, will enable and support the above. And finally, from the perspective of SCMS, the issue of data management in crises is an identified problem also in other LLEs. It would be important to first bring together the different observations, then look at ongoing initiatives and either better connect to those, or, if there are gaps, design an additional workstream.

**7. The ICRC must develop a clear organisational resilience architecture and policy.**

The management accepts this recommendation and proposes that by mid-2024, if resources permit, EODG leads on work to deliver an organizational resilience framework that builds on and integrates risk management, crisis management, and business continuity. This work will be carried out once the parameters of the re-sizing exercise and the new institutional strategy are defined.

**8. The ICRC should roll-out the organisational resilience initiative using a project management process.**

This recommendation is rejected due to the organisation preferring to decide on the most appropriate modality, and particularly needing to take into consideration ongoing ICRC-wide adjustments.

**9. The ICRC should ensure that staff well-being is prioritised even in crisis situations.**

The management accepts this recommendation and proposes that PAC\_DIR continues to lead on work already started to prioritise this in alignment with the work of others. PAC\_DIR will ensure that guidelines are also put in place to respect colleagues' well-being despite the crisis (right to compensation, replacement, etc.).

**10. The ICRC should ensure that organisational resilience becomes a management responsibility in all business-critical departments/units and all regions/delegations.**

The management accepts this recommendation and proposes that by the end of 2024, EODG (with PAC) draws on the parameters set by the organizational resilience framework, to identify the managerial roles responsible and accountable for strengthening organizational resilience across departments and delegations as well as the focal points and/or networks that will implement activities. This process should determine the skills and competencies required and adapt role descriptions, map training/development needs for managers/experts involved and, define a Learning and Development plan.