# Evaluation of Diversity, Inclusion, and AAP in ICRC Operations

## Executive Summary

By CLAUDIA MEIER, JULIA STEETS, ANDRÁS DERZSI-HORVÁTH, MARK MINH BUI
Peer review by URBAN REICHHOLD

# Executive Summary

## Focus and Methods

**Background.** The International Committee of the Red Cross (ICRC) has long recognized the importance of working closely with the people it tries to protect and assist, as well as the fact that armed conflicts affect people differently depending on their gender, age, disability, or other identity factors. The institution has made historical and more recent commitments to continuously improving how it engages with people affected by conflict and violence and how it responds to their diverse needs.

**Evaluation Questions.** This evaluation is part of these ongoing efforts. In 2018, the ICRC's Operations Department commissioned the Global Public Policy Institute (GPPi) to independently assess the quality of the ICRC's policies on diversity and accountability to affected people (AAP) (evaluation question 1), to document the organization's current operational practice on these issues (question 2), to analyze the factors affecting performance (question 3), and to recommend what (if anything) the ICRC should do to improve its practice (question 4).

**Thematic Focus.** The ICRC does not use one commonly agreed-upon definition of diversity, inclusion, or AAP. The evaluation therefore focused on four practical implications of diversity and AAP in operations: informing affected people; understanding their diverse vulnerabilities and capacities (due to their gender, age, disability, socio-economic status, or other identity factors); enabling the participation of (diverse) people; and adapting the ICRC's response to people's priorities and their diverse vulnerabilities and capacities.

**Limitations in Scope.** The evaluation does not explore the internal diversity of the ICRC workforce, the ICRC's accountability to its employees or partners, or partners' accountability to affected people. It did not consider ICRC activities which involve little or no direct contact with the civilian population.

**Methods.** The evaluation employed a mixed-methods qualitative approach, including: visits to five ICRC delegations with 232 individuals interviewed (51 percent ICRC, 38 percent affected people, seven percent Movement, four percent national authorities), twelve focus-group discussions, and direct observation of activities; an online survey of 410 ICRC staff in 17 delegations; 74 global interviews; a broad document analysis; and briefings and workshops.
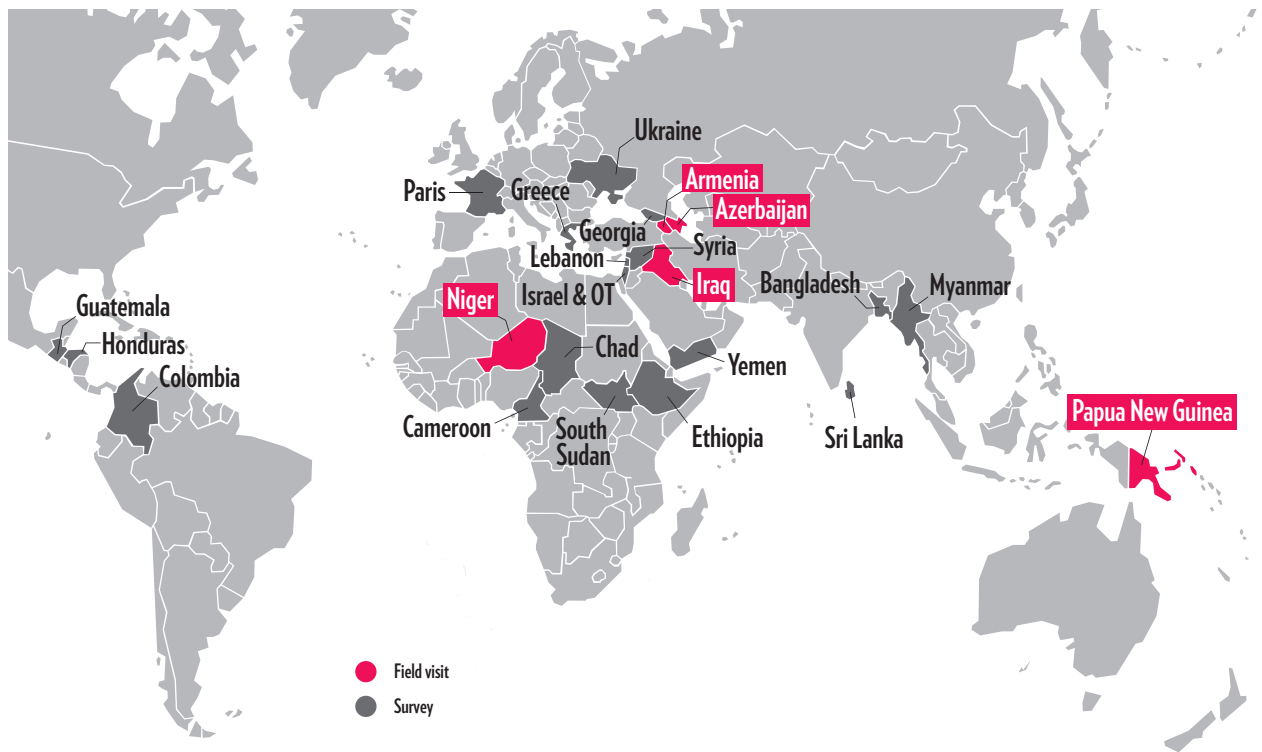
Field Visit and Survey Countries

## Policy Quality and Implementation Measures

<span style="color:#e6007e">Policy Quality:</span> A Historically Developed Policy Landscape With a Common Core, Despite a Variety of Concepts; Strong Coherence With Sector & Movement Standards on AAP, Larger Differences on Diversity; Some Internal Limitations

The ICRC does not currently have a unified policy on diversity and AAP in operations. Instead, it relies on a rich, historically developed, fragmented policy landscape (including doctrines and institutional strategies as well as policies and guidance issued by different units). The policies use various concepts to refer to different aspects of diversity and AAP in operations. Key terms are not always used consistently. The policy documents do, however, propose a relatively coherent set of operational implications. Most fall into the four categories studied in this evaluation. The exceptions are recent ICRC (draft) documents on AAP, which include broader quality and compliance standards.

Taken as a whole, the ICRC's policy landscape covers both the humanitarian system's and the Movement's standards on AAP well. However, the ICRC differs from the system

and the Movement when it comes to diversity: it has no formal policy on gender and diversity, and it focuses on equity rather than equality and social transformation. The internal limitations of the policies include divergent goals regarding the expected degree of participation, difficulties in addressing policy fragmentation, a risk of duplication stemming from the inclusion of broader quality and compliance standards, and the limited direct impact of transversal policies due to the ICRC's decentralized set-up.

## Policy Implementation Measures: Leadership & Staff Committed to the Substance; Staff Prefer Training to Generic Guidance; Some Reflection in Induction, Planning for Results, Performance Reviews; Limited Uptake in Work With National Societies

As with the policies themselves, different parts of the ICRC also drive policy implementation, and the steps taken do not follow an explicit theory of change. Leadership commitment on AAP has been clearly expressed, particularly in the new 2019–2022 Institutional Strategy, and is understood in the field. Commitment to diversity, however, is not as clearly articulated, and the visibility of gender has diminished over time.

While this evaluation found strong staff commitment to the substance of what diversity and AAP mean for operations, several factors create resistance to the terminology used and efforts to promote them as policy issues. Field staff perceive the terminology as "external" to the ICRC. Efforts to promote them as policy issues are seen as driven by donor demands. A rapid succession of institutional change initiatives has also created a heavy bureaucratic burden for field staff, resulting in fatigue when faced with anything "coming from Geneva." In addition, some headquarters staff pointed to a dismissive institutional culture with regard to diversity in operations, an issue which was, however, not raised actively in the field.

The resources invested in policy implementation have increased in 2017 / early 2018. For diversity, they are still lower than during earlier phases. Much capacity is currently dedicated to upward management and developing policy. Given the resounding buy-in for the operational implications of diversity and AAP in delegations, this evaluation recommends gradually shifting attention to more direct field support. The Planning for Results process, staff induction, training, and staff performance reviews also reflect diversity and AAP in operations to a certain extent. Staff appreciate field support and training missions, but these are not yet sufficiently coordinated. Diversity and AAP are poorly reflected in the ICRC's work with Red Cross and Red Crescent National Societies.

## Operational Practice

The evaluation used benchmarks for a structured assessment of the ICRC's practice in the five delegations visited. Each dot in the visual summary on page 5 represents one data point from one delegation.

**Legend:**

- 🟢 Done well
- 🟡 Done to a limited extent, or significant concerns about how it is done
- 🟢(striped) Valid operational reasons not to do it (e.g., alternatives were sufficiently explored)
- 🟠 Not done, no valid operational reason not to do it (e.g., alternatives are not sufficiently explored)
- 🟢/🟡 Mixed practice, some areas consistently done well (green), some areas limited (yellow)
- ⚪ Not applicable or insufficient evidence

| | OPERATION OVERALL | ECONOMIC SECURITY | HEALTH | WEAPON CONTAMINATION | WATER & HABITAT | PROTECTION OF CIVILIAN POPULATION | DETENTION | RESTORING FAMILY LINKS |
|---|---|---|---|---|---|---|---|---|
| **Informing affected people** | | | | | | | | |
| Inform people about the ICRC's mandate and activities | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟡 | 🟢🟢 | 🟢🟢🟢🟡 | 🟢🟢🟢🟡⚪ | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟢 |
| **Understanding diverse vulnerabilities and capacities** | | | | | | | | |
| Understand how identity factors shape needs and capacities | 🟢🟢🟡🟡🟡 | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟢 | 🟢🟢 | 🟢🟢🟢⚪ | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢 |
| Consult a representative range of people to identify needs and capacities | 🟢🟢🟢🟡⚪ | 🟢🟢🟢🟡🟡 | 🟢🟢⚪⚪ | 🟢⚪ | 🟢🟡🟢🟡 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟢 |
| Disaggregate data for factors identified as relevant to the context | 🟡🟢🟢🟡⚪ | 🟡🟢🟢🟡🟠 | 🟢🟢🟢🟢 | ⚪⚪ | 🟡🟡🟢⚪ | 🟡🟡🟢🟢⚪ | 🟢🟢🟢🟡⚪ | 🟢🟢🟢🟡 |
| **Enabling participation** | | | | | | | | |
| Conduct a multi-disciplinary assessment | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟢 | 🟢🟢 | 🟢🟢🟢🟡 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟢 |
| Consult people on response options, including the most vulnerable | 🟡🟢🟢🟠⚪ | 🟢🟢🟢🟢🟠 | 🟢🟢🟡⚪ | 🟢🟢 | 🟢🟡🟢🟡 | 🟢🟡🟢🟢🟡 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢 |
| Maintain context-appropriate feedback mechanisms | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟠 | 🟢🟢 | 🟢🟢🟢🟡 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟢 |
| Inform affected people about the feedback mechanisms | 🟢🟢🟢⚪⚪ | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟠 | 🟢⚪ | 🟡🟢🟢🟠 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟡⚪ | 🟢🟢🟢⚪ |
| Systematically collect and analyze feedback received | 🟢🟡🟠🟡⚪ | 🟢🟡🟢🟡🟠 | 🟢🟡🟡🟠 | 🟢🟠 | 🟢🟡🟢🟡 | 🟢🟡🟢🟢🟠 | 🟡🟢🟢🟢🟠 | 🟡🟢🟢🟠 |
| **Adapting operations to diverse vulnerabilities, capacities and priorities** | | | | | | | | |
| Reflect priorities of and feedback from affected people in operations | 🟢🟡🟢🟡🟡 | 🟢🟢🟢🟡🟡 | 🟡🟡⚪⚪ | 🟢⚪ | 🟢🟢🟡⚪ | 🟢🟡🟡⚪⚪ | 🟢🟢🟢🟢 | 🟢🟢🟡⚪ |
| Address identified specific vulnerabilities and capacities in operations | 🟢🟡🟡⚪⚪ | 🟢🟢🟢🟡🟡 | 🟢🟢🟡🟢 | 🟢🟢 | 🟢🟢🟡⚪ | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟢 |
| Offer targeted support for specific groups where relevant | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢 | 🟢🟡 | 🟢🟢⚪⚪ | 🟢🟢🟡⚪🟡 | 🟢🟢🟢🟢🟢 | 🟢🟢🟢🟡 |
| Identify and mitigate potential harm to vulnerable groups | 🟢🟢🟢🟡🟡 | 🟢🟢🟢🟡🟡 | 🟢🟢🟢⚪ | 🟢⚪ | 🟢🟢🟢🟢 | 🟢🟢🟢🟠⚪ | 🟢🟢🟢⚪⚪ | 🟢🟢🟢🟡 |
| Explain ICRC follow-up action to those who provided feedback | 🟢🟢⚪⚪⚪ | 🟢🟢🟡🟢⚪ | 🟢🟡🟡⚪ | 🟢🟢 | 🟢🟡🟡⚪ | 🟢🟢🟢🟡🟡 | 🟢🟢🟡⚪⚪ | 🟢⚪⚪⚪ |
| Explain the ICRC's decisions/refer to other institutions | 🟢🟢🟢🟢⚪ | 🟢🟢🟢🟢🟡 | 🟢🟢🟢🟢 | 🟢🟡 | 🟢🟢🟢🟢 | 🟢🟢🟢🟢🟡 | 🟢🟢🟢⚪⚪ | 🟢🟢🟢🟡 |
| Monitor who can't access ICRC services, address barriers | 🟡🟢🟢🟡🟠 | 🟢🟢🟡🟠🟠 | 🟢🟡🟡🟠 | 🟢🟢 | 🟡🟢🟢🟠 | 🟢🟢🟢🟡🟠 | 🟢🟢🟢🟢🟠 | 🟢🟢🟢🟡 |

## Informing Affected People: Strong Overall Practice; Shortcomings in Informing Those Not Already Involved in ICRC Programs and Ensuring That Information Reaches Women and People With Certain Disabilities

Staff members routinely explain the ICRC's mandate and approach to key interlocutors and affected people who are part of its programs. They are careful to manage people's expectations and provide details about programs in which they are involved, but limited information on other services. Two factors explain this generally strong practice: ICRC staff showed a strong sense of duty to communicate respectfully and humbly, something the affected people interviewed for this evaluation appreciated. In addition, several units have clear guidelines on what information to provide to affected people.

The spread of information to people who are not already involved in ICRC programs is limited. This was at times deliberate, to avoid raising unrealistic expectations – a trade-off with full transparency. The ICRC did not communicate clearly enough to staff that they are expected to share details on all programs, not just their own. The availability of information was increasing due to the growing use of social media, reflecting institutional investments in digital outreach and proximity.

The ICRC pays limited attention to making information accessible to everyone. In areas where many people are illiterate, the ICRC regularly uses visual (pictograms) and oral (radio broadcasts) means to communicate. Accessibility for people with visual, hearing, or cognitive disabilities was considered less frequently, and staff pointed to an investment dilemma between making information available to everyone and focusing on the main accessibility issues. The ICRC often relies on intermediaries to pass on information on its behalf, and it rarely corrects for the resulting biases – for example, the lack of information passed on to women in several of the delegations visited.

## Understanding Diverse Vulnerabilities and Capacities: Holistic at the Individual Level, Weak at the Community Level on Social Power Dynamics Such as Gender, Age, and Disability; Limited Analysis and Use of Existing Disaggregated Data

The ICRC's level of understanding of affected people's diverse vulnerabilities and capacities varies according to the type of interaction. At the level of the individual – for example, when engaging with detainees or patients – staff have a detailed and holistic understanding of how identity factors such as gender, age, disability, class, or religion intersect to influence vulnerabilities and capacities. Recurring individual interactions and the internalization of a vulnerability-based perspective on diversity explain this high level of understanding.

At the aggregate, community level, however, the understanding of diverse vulnerabilities and capacities is much weaker. While the ICRC has a good grasp of the factors directly related to conflict dynamics (such as political, religious, or tribal identities), its understanding of the social and power relations in the population at large is very limited. It is even weaker when it comes to social taboos, such as sexual orientation

or mental health issues. Delegations do not systematically analyze social factors such as gender, age, or disability as part of their routine context analysis, and they do not make sufficient use of the available disaggregated data. The ICRC primarily relies on community leaders, authorities, and staff members' "common sense" in these analyses. This makes it vulnerable to bias.

The ICRC's weakness in understanding social factors also leads to blind spots in adapting its response to diverse vulnerabilities and capacities, and this is therefore a key priority for the ICRC moving forward (see Recommendation 1).

## Enabling Participation: More Systematic Consultation of Leaders on Overall Priorities; Consultation Practice on Program Details Varies; Informal Feedback Is Insufficiently Analyzed; Formal Systems Have Important Limitations

The ICRC consults local leaders more systematically than communities when it defines operational priorities. Areas where the ICRC applies the Community-Based Protection approach are an exception to this rule. Affected people are more involved in discussing the details of specific programs, but practice varies between units, delegations, and sometimes even between individual staff members. Currently, the ICRC does not consistently consult marginalized groups. Its reliance on leaders to identify interlocutors replicates patterns of exclusion. One reason why the level of participation currently varies is that the ICRC has not defined what degree of participation it expects. Moreover, the ICRC does not always work in a multidisciplinary way and tends to give precedence to the professional judgment of its staff over the opinions of affected people. In addition, field staff face an increasing bureaucratic burden, which crowds out time for engaging with affected people.

Moving forward, the ICRC should invest in broadening participation to increase the relevance of its operations to affected people (see Recommendation 2). This will also further strengthen the ICRC's acceptance in the communities themselves, and not just among community leaders – as armed groups become more fragmented and difficult to engage with, this is key to the ICRC's continued presence.

The ICRC's informal processes for collecting feedback are strong, but feedback is not sufficiently analyzed. There are also downsides to informal feedback, because informal processes rely on the goodwill of staff members. Despite these weaknesses, the overwhelming majority of the affected people interviewed preferred direct, in-person contact with ICRC staff to alternatives. Formal feedback and complaints systems – primarily hotlines – are on the rise, but they face significant practical limitations. By adding better systems and more resources, the planned Community Contact Centres have the potential to remedy some constraints. In their proposed format, however, they would still rely on incoming feedback. The barriers hindering certain people from reaching out to the ICRC – be they social, cultural, or religious – and the risk that the most vulnerable people are left out, remain. The evaluation therefore recommends focusing Community Contact Centers on proactive outreach (see Recommendation 3).

## Adapting Operations to People's Priorities and Diverse Vulnerabilities: Strategic Orientations Are Influenced by Trade-Offs; Referral Practice Is Strong; Program Adaptation Is Weaker for Communities; Accessibility Is a Major Weakness

The ICRC faces important trade-offs and dilemmas in adapting its strategic orientation to people's diverse vulnerabilities, capacities, and priorities. The priorities voiced by affected people, for example, often clash with the ICRC's concern to avoid taking on government responsibilities or its decision to prioritize issues where the ICRC can offer very specialized contributions. When adapting to diverse needs, the ICRC faces a tension between responding to the most urgent needs – many of which are structural – and a mandate-driven approach focusing on conflict-related vulnerabilities. Delegations interpreted the mandate differently, and often paid comparatively more attention to issues defined as an institutional priority. Adaptation at this strategic level was therefore varied. Nevertheless, most of the affected people interviewed viewed these decisions positively. This perception was linked to the ICRC's strong record of referring issues to other institutions and explaining its limitations to affected people.

Variations in the ICRC's practice of adapting the details of its programs to ensure it reaches the most vulnerable and to respond to people's priorities were more problematic. Adaptation was strong in interventions targeting individuals. Programs targeting communities or larger groups of affected people, however, faced strong constraints in this respect. This is due to planning and budgeting processes that are perceived as rigid, organizational incentives that favor numbers over relevance, and logistical and supply-chain constraints (see Recommendation 4).

While the ICRC makes every attempt not to cause any harm, this evaluation identified the institution's lack of consideration of who is unable to access its services as a particular weakness. It found several examples of bad practice across delegations, in which older people or people with mental or physical disabilities were sidelined. These were mainly linked to the initial lack of analysis of diverse vulnerabilities, the ICRC's reliance on intermediaries to identify and select people for its programs, and the reluctance of staff members to raise critical issues within the appropriate hierarchies. A promising good practice in Health, the Making the Invisible Visible approach, has had limited uptake. The ICRC cannot afford to replicate existing discrimination patterns if it is to remain true to its principle of impartiality. Accessibility is therefore an important priority moving forward.

## Conclusion

The ICRC has not yet articulated a clear set of goalposts on diversity and AAP in operations. This evaluation therefore assessed the ICRC's operational practice against a very extensive reading of the various ambitions expressed in policy documents. It found many elements of strong practice, some room for improvement in all the areas studied, and three crucial weaknesses that the ICRC should focus on moving forward.

A large majority of interviewees and survey respondents shares this evaluation's conclusion that there is a need for improvement to strengthen the quality of ICRC operations. Staff request concrete operational goalposts and guidance on how to deal with the many dilemmas and trade-offs that strongly influence the ICRC's current practice on diversity and AAP.

## Recommendations

The recommendations are based on the premise that the ICRC should build on existing strengths and address specific gaps. They focus on measures relevant to improving field practice in ways that are specific and applied, while at the same time accommodating the ICRC's need to be able to demonstrate progress. The recommendations aim to reduce the bureaucratic burden on field staff – or at the very least, not to increase it further. They are interlinked and should therefore be implemented as a package, rather than taken as individual options to choose from.

**Recommendation 1**

## Improve Delegations' Understanding of the Social Factors Affecting Vulnerability

Recommendations primarily addressed to:

→ Operations Department
→ Delegations

1. **Map social and power dynamics as well as patterns of exclusion in each context**, analyzing gender, age, disability, and any other diversity issues, including those which are socially taboo. Do this as a standard component of delegation-wide context analysis. Discuss the results as part of regular strategy meetings within the delegation, as well as in the Planning for Results process.

→ Delegations

2. **Draw more systematically on the insights of delegation staff (particularly resident staff) and external sources for this analysis** – for example, ICRC political advisers, staff working with people with disabilities, staff with prior experience in working on diversity, marginalized groups themselves, and civil society organizations working on socially taboo issues. Use the guidance on diversity analysis, which will be prepared by the AAP team, and advice from the AAP team as a sounding board to constructively criticize the analyses made.

→ Delegations

3. **Assess more systematically who is not accessing the ICRC's services, starting from the assumption that exclusion exists.** Adopt the principles of the Making the Invisible Visible approach in all areas of work. Reverse the burden of proof on exclusion, requiring staff to demonstrate how each project they propose reaches the most vulnerable, rather than assuming services are accessible. Consistently analyze available disaggregated data to feed into both this analysis and the overall mapping.

→ Delegations

4. **Ensure potentially marginalized groups of all ages and backgrounds participate in consultations.** Where necessary, create a safe space for their participation or consult members individually if there is a risk of further stigmatizing them.

## Recommendation 2 — Strengthen the ICRC's Community-Based Protection Approach and Reinforce Multidisciplinary Work

→ Operations Department
→ Protection
→ HR (performance)

1. **Introduce the multidisciplinary Community-Based Protection approach as a standard in all operations** to increase participation in the selection, design, implementation, and monitoring of programs. Develop a "light" version of the approach to enable less elaborate but more frequent consultations. Communicate it clearly as a delegation-wide tool and include it as a responsibility in the performance reviews of delegation managers, along with the analysis of social and power dynamics. In addition, encourage delegations to draw on the support of Community-Based Protection Advisers to adapt the approach to their urban contexts.

→ Protection
→ HR (induction)

2. **Systematically train delegations** in the approach and include it in the scenario used for the Staff Integration Program.

→ Operations Department
→ Delegations

3. **Shift to area-based planning in delegations.** Develop field strategies on this basis and, where possible, replace department budgets with area-based budgets, under the authority of the heads of (sub-)delegation.

→ Operations Department
→ Delegations

4. **Increase the number and strengthen the role of polyvalent field delegates and officers.** Assign them responsibility for coordinating the Community-Based Protection approach and designing area-based strategies.

## Recommendation 3 — Strengthen Field Staff Capacity for Feedback Analysis and Monitoring, Focus Community Contact Centres on Proactive Outreach

→ Operations Department
→ Delegations
→ Community Contact Centre team

1. **Ensure delegations have enough dedicated staff capacity** for the activities listed below. In larger delegations or sub-delegations, a dedicated mobile or resident position should be created for this, reporting to the delegation management and drawing on the AAP team for guidance and support. This position could be part of Community Contact Centres where these will be created.

   • Conduct delegation-wide analysis of **available data on diverse vulnerabilities, as well as of feedback received**, and ensure that this analysis feeds into decision making (e.g., drawing on assessment data, field-trip reports, post-distribution monitoring reports, and data contained in the Prot6 database);
   • **Regularly visit affected people** to receive their direct feedback and complaints independently of delegates or officers;
   • **Proactively reach out** to potentially marginalized groups to seek their feedback;
   • Support technical departments in designing and carrying out **post-distribution or other monitoring visits**;

- Support other delegates and management in **responding to information, data and reporting requests** from the hierarchy, Geneva or donors.

→ Community Contact Centre team
→ Delegations

2. **Focus Community Contact Centres primarily on proactive outreach functions collecting feedback,** to avoid bias resulting from relying on those who are able to access the ICRC. Only set up a specific phone line for incoming calls where valid, context-specific reasons call for it – for example, in contexts with large operations under remote management, or in the largest delegations. Where this investment is made, ensure that information about the mechanism is widely disseminated, monitor who does and who does not call, communicate that the ICRC is open to learning and receiving negative feedback, and inform affected people about their rights with respect to the ICRC.

## Recommendation 4

# Address Adverse Institutional Incentives, Both Internally and With Donors

→ Operations Department

1. **Communicate the flexibility of the planning and budgeting process** to field staff and encourage delegations to use it more actively to adapt programs to the changing priorities of affected people and to newly identified diverse vulnerabilities.[1]

→ ICRC Directorate
→ Operations Department

2. **Consistently communicate key institutional positions on AAP** – namely, that quality is valued over quantity – **and the ICRC's approach to diversity** by spelling out these positions in the AAP Institutional Framework and ensuring consistent messages by senior management on these issues (see Recommendation 5).

→ Operations Department

3. **Discuss AAP and diversity trade-offs and dilemmas in strategic global fora** such as the heads of delegation meetings, different État-Majors, regional meetings, and department meetings. Share the results widely with staff in the field.

→ HR (performance)
→ Operations Department
→ Delegations

4. **Encourage and reward critical reflection and open communication across the hierarchy** by including this as a core competency for staff and management. Make it clear to field officers and delegates that their role is to inject critical reflection into planning based on their overview of field dynamics, and assess managers on their ability and willingness to be challenged by evidence-based arguments from below.

→ ICRC Directorate
→ Donor Relations

5. **Continue to openly discuss with donors the effects of competing donor requirements on the ICRC.** This includes the tension between increased donor

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1  In addition, this evaluation suggests that the ICRC review supply-chain, procurement, and logistics processes with a view to making them more agile so that it can more easily adapt to changing vulnerabilities and priorities voiced by communities; it also suggests that the ICRC continue to expand cash transfer programs to offer more choice to affected people.

earmarking and simultaneous requests for more accountability to affected people (requiring flexibility) as well as donor-generated incentives to focus on quantity rather than the relevance of programming – for example, in the focus on implementation rates and distribution tracking.

## Recommendation 5 — Maintain the Current Set-Up for AAP and Diversity at Headquarters, Shift the Focus of Activities for More Direct Relevance to the Field

→ Operations Department
→ AAP team

1. **Maintain the current set-up at headquarters** with a small, dedicated AAP group in the Operations Directorate and dedicated full- or part-time capacities working on related issues in Communications, Protection, and Assistance. Ensure that efforts are coordinated more closely to achieve a more consistent approach, while being careful to maintain the ownership of the different departments. Support missions, for example, should cover a common core on diversity and AAP, with different staff continuing to offer specialized advice (e.g., communication, gender, disability, AAP, Community-Based Protection, and Community Contact Centres).

→ Operations Department
→ ICRC Directorate
→ AAP team
→ Protection

2. **Shift the focus of activities to increase their direct relevance to field operations.** In order of priority, staff working on diversity and AAP across the different departments and units should offer more:

   • Trainings and support for Community-Based Protection (see Recommendation 2);
   • Field support as a sounding board for expanded context analyses (see Recommendation 1) and applied support to address the weaknesses identified through a joint discussion based on the criteria included in the self-assessment;
   • Support for discussions of trade-offs and dilemmas (see Recommendation 4);
   • Support for individual departments and regions when they review relevant guidance and approaches (e.g., to guiding delegations' Planning for Results processes).

   To accomplish these additional tasks, the ICRC should, as far as possible, free up and reallocate existing staff capacities by reducing other activities, such as:

   • Generic presentations on AAP and diversity;
   • Speaking notes, conferences, participation in system-wide fora, and donor reports;
   • Roll-out of phone-based feedback systems (except in contexts under remote management; see Recommendation 3);
   • Research papers and guidance notes which are not requested by or in support of delegations.

→ Operations Department
→ AAP team

3. **Implement a very light, more focused version of the self-assessment** which does not cover general guiding principles on the quality of the ICRC's work, but concentrates on aspects directly related to a narrower definition of diversity and

AAP, focusing on information, understanding, participation, and adaptation.[2] Use these aspects to structure a discussion (rather than a formal assessment) on the strengths and weaknesses of delegations related to diversity and AAP. The action points identified in this discussion should inform subsequent, tailored support. To monitor and report on progress, the ICRC should introduce a small number of related key performance indicators in its Monitoring for Results process, rather than using a separate tool. In the meantime, the AAP group should track delegations' follow-up on the action points to document progress.

→ Operations Department
→ AAP team

**4.** **Articulate the ICRC's position on diversity and include it in the final version of the AAP Institutional Framework.** In doing so, maintain the focus on equity and impartiality, but acknowledge more clearly where and how this requires – carefully and within limits – challenging social norms, customs, and power relations. As an annex to the AAP Institutional Framework, develop a two-pager providing guidance to delegations on how to analyze social factors affecting vulnerability in order to avoid inherent bias (see Recommendation 1).[3]

→ AAP team

**5.** **Revise the AAP Institutional Framework** to include a clear operational (rather than conceptual) definition of AAP and diversity inclusion, with examples of what this means for different departments; a statement on the ICRC's ambition with regard to participation (including the organization-wide use of Community-Based Protection), feedback (including a paragraph on Community Contact Centres), and diversity (as described above); an overview and discussion of trade-offs and dilemmas, with practical examples; and a section laying out the role of different departments in implementing the framework.

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2    For example, instead of assessing a delegation's context analysis, focus on the representative and inclusive involvement of affected people in the same (indicator 1); instead of looking at the ICRC's access, focus on the ICRC's accessibility to diverse groups of people (2); instead of covering all potential side effects of an ICRC action (such as the misuse of aid), focus on the risks to those most vulnerable to harm (6); instead of looking at the ICRC's coordination with humanitarians or local procurement, focus on referrals and National Society capacity building on diversity and AAP in operations (in coordination with the IFRC; 7); instead of looking at evidence-based decisions and general knowledge management, focus on aspects such as taking up people's feedback in decision-making (8); instead of focusing on prevention per se, focus on how people's opinions and diverse vulnerabilities feature in prevention work (9); instead of focusing on staff compliance generally, focus on the efforts required to ensure that affected people are aware of their rights.

3    For the articulation of diversity as equity and gender as an analysis tool, the ICRC should draw from the existing language in GADD. However, it should not introduce a separate marker for the ICRC.