



ANALYSIS AND EVIDENCE STRATEGY 2023–2027

**STRONGER EVIDENCE, SMARTER DECISIONS,
BETTER OUTCOMES**



ICRC

ANALYSIS AND EVIDENCE STRATEGY 2023–2027

**STRONGER EVIDENCE, SMARTER DECISIONS,
BETTER OUTCOMES**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	5
BACKGROUND.....	9
THE ICRC'S A&E UNIT	13
STRATEGIC PRIORITIES OF THE A&E STRATEGY 2023–2027	19
THE ADDED VALUE OF A&E.....	25
ENABLING FACTORS	29
THEORY OF CHANGE	33
COMMUNICATIONS AND CHANGE MANAGEMENT PLAN.....	35
MANAGEMENT PLAN	39
OPERATIONS PLAN	43
RESOURCING PLAN.....	47
RISK AND OPPORTUNITY ANALYSIS.....	49
REFERENCES	51



EXECUTIVE SUMMARY

PROBLEM

The demand for evidence in the humanitarian sector today is higher than ever: evidence is needed to assess affected people's needs, design responses, monitor and evaluate programmes, and improve both accountability and learning. Humanitarian organizations must demonstrate their impact and their ability to design and adapt programmes through feedback sought (and received) from affected people. For the International Committee of the Red Cross (ICRC), an organization whose mandate encompasses a range of programmes, this requires an approach that assesses situations, identifies needs, designs, implements and monitors responses with the involvement of various departments, without ever losing focus on the affected people. When programmes are designed and implemented independently by different departments within the organization, the methodologies and processes used to leverage evidence to inform such programmes are complex. It is therefore challenging to deliver a coherent multidisciplinary response when that requires making use of evidence gathered at different levels while keeping affected people at the centre of our humanitarian response. Learning from that evidence in order to adapt and improve our ongoing response is even harder.

SOLUTION

To respond to these needs, the ICRC created the Analysis & Evidence (A&E) Unit within the Department of Protection & Essential Services (P&ES) following an in-depth consultative process with relevant stakeholders. Harnessing the significant competencies and thematic expertise that can be found across the organization, the A&E Unit seeks to develop a level of capacity that exceeds the sum of its parts. The unit is institutional and programmatic in its approach, and it lays the groundwork for a shared understanding of the issue and for a common language and common definitions and metrics across the programme cycle.

THE A&E UNIT

VISION

The A&E Unit's vision is to *enhance the quality and relevance of the ICRC's humanitarian response, diplomacy and dialogue through the use of evidence and insights to guide the organization's strategies, policies and programmes.*

MISSION

The mission of the A&E Unit is to *promote and enable a shift within the ICRC towards an evidence-based, outcome-oriented and people-centric programming culture, through the development, planning and implementation of methodologies, processes and frameworks that support that shift throughout the programme cycle.*

Working closely with other departments and in coordination with the International Red Cross and Red Crescent Movement (the Movement) and other partners, the A&E Unit serves as a technical lead in evidence-based programming. It supports the ICRC on all matters related to situation monitoring and early warning processes, multidisciplinary needs assessments, targeting and managing affected people, managing operational information, conducting thematic analyses, monitoring, evaluation, accountability and learning. The A&E Unit also supports the monitoring of the ICRC's institutional strategy and other related strategies across the organization.

STRATEGIC PRIORITIES OF THE A&E STRATEGY 2023–2027

To fulfil its mission in line with its vision, the work of the A&E Unit – both at headquarters and through its network of A&E managers and units in delegations – is carried out in keeping with four strategic priorities.

Strategic Priority 1: Strengthening evidence-based and outcome-oriented decision-making

Whether it is about deciding how to allocate its resources to different priorities or how to best respond to a sudden-onset emergency, the ICRC needs to follow a meticulous decision-making process. The organization's enhanced A&E capacity helps to ensure that its efforts are focused on achieving humanitarian outcomes and are supported by the best available evidence, insights and foresight.

Strategic Priority 2: Enabling multidisciplinary, needs-based and people-centric programmes

To formulate and implement multidisciplinary people-centric programmes, the ICRC needs to have ways to effectively understand the dynamics between individuals, households and communities, as well as the wider environmental, institutional and infrastructure systems they are in, while at the same time incorporating affected people's perspectives and feedback across the programme cycle.

Strategic Priority 3: Promoting a culture of learning

Identifying and documenting good and bad practices, and learning lessons from them, allow programme staff and management to take informed decisions, adapt programmes and avoid unintended consequences. While ensuring the “do no harm” principle is carefully observed, the ICRC needs to promote a culture of learning, which includes accepting failure as a natural step towards longer-term success, in order to help strengthen accountability and programme quality.

Strategic Priority 4: Leveraging human and social capital in A&E

The ICRC's staff are its main value creators and the driving force behind its success, delivering solutions to complex issues in challenging and unpredictable environments. In the humanitarian sector, the global supply of technical staff in particular is scarce. The ICRC needs to leverage the human and social capital that it has built up in recent years, and continue to strengthen its resource base, in order to deliver on the A&E strategy.

THE EXPECTED IMPACT

The A&E Strategy 2023–2027 is expected to have a range of impacts. The main one, once the strategic priorities have been achieved, is higher quality programmes. Two supporting impacts – informing humanitarian diplomacy and enabling an evidence-based humanitarian dialogue – both contribute to and are a direct result of improved programme quality. In addition, the A&E Unit's work will increase accountability, promote learning and help to protect and enhance the ICRC's reputation and its work with partners. Finally, this strategy is expected to foster a multidisciplinary approach and improve donor engagement and transparency.

COMMUNICATIONS AND CHANGE MANAGEMENT PLAN

For a new function like A&E, a communications and change management plan is pivotal when it comes to internal communications and change management, external visibility and branding, and changing the current culture and bringing decision makers on board. It would be impossible to achieve the A&E Unit's mission and the objectives of this strategy without one. To promote A&E work internally and externally, the A&E leadership needs to reiterate the vision of the new unit to the ICRC's staff and to key internal and external stakeholders.

MANAGEMENT PLAN

The A&E Unit was formed by combining various teams and positions that had been scattered across the organization. The unit recognizes the value of institutional processes, yet agility and an entrepreneurial approach must remain a guiding principle for it to foster a conducive environment for innovation and to improve organizational readiness. The A&E Unit has an ambitious management plan under which additional resources, with a range of complementary skills and backgrounds, will be gradually acquired.

OPERATIONS PLAN

While the A&E Unit's internal stakeholders will be crucial to the unit's ability to implement this strategy, the unit is designed to play a strategic advisory role in support of programmes in the P&ES Department. The A&E Unit should thus not be seen as a service provider that answers requests but rather as an integral part of the programme cycle with its own priorities and areas of responsibility.

RESOURCING PLAN

Achieving the objectives of the A&E Strategy 2023–2027 will require certain human and financial resources. Quantifying the financial resources needed to implement this strategy, however, does not fall within the scope of this document.



BACKGROUND

THE HUMANITARIAN CONTEXT

Armed conflict and other violence continue to cause immense suffering throughout the world. While the methods have not fundamentally changed over the last decade, major conflicts are driving global instability, spreading fragility, triggering forced displacement and long-term disruption within societies and social systems and creating massive humanitarian needs. For many years now, responding to needs in the areas of health, nutrition, shelter, water and sanitation has been at the heart of humanitarian assistance. However, owing to the disruptive effects of conflict and other violence, a much broader range of vulnerabilities has begun to emerge, giving rise to additional needs. In many countries, socio-economic development has resulted in expanded access to health care and education, and technological progress has lifted many people out of poverty; even so, millions of others remain trapped in a vicious cycle of violence and vulnerability that is often linked to protracted conflict ([ICRC Institutional Strategy 2019–2024](#)).

NEW TRENDS

Armed conflicts are growing in number, scale and complexity, and the ICRC is coming under increasing pressure to respond to the humanitarian needs they generate. The [ICRC Institutional Strategy 2019–2024](#) recognizes that the changing nature of armed conflict, and of the humanitarian space, will require the organization to modify some of its working methods and/or adapt to new operating contexts.

Individuals, households and communities affected by conflict or other forms of violence are at the heart of the ICRC's mission. The ICRC's priorities remain the same: saving lives, alleviating suffering and responding to people's needs. And all its efforts remain focused on realizing these aims. The nature and the means of war and violence are changing, but so too are the needs and coping mechanisms of the people affected. However, a great deal of humanitarian action is increasingly directed by states, donor policies and international humanitarian agencies, which set out the parameters and priorities of such action and evaluate its relevance and results. The growth in demand for analysis and evidence is driven by the need for greater accountability to affected people, donors, partners and staff. The Grand Bargain, for instance, encourages the international aid community to improve the effectiveness and efficiency of humanitarian action. In a review of the manifesto in 2021, Grand Bargain members defined one of the objectives as achieving "better humanitarian outcomes for affected populations through enhanced efficiency, effectiveness, and greater accountability, in the spirit of Quid pro Quo as relevant to all". The Core Humanitarian Standards reflect the spirit of this statement by highlighting the need to deliver quality, effective and accountable support and assistance to affected people.

As new global and local crises emerge and appeals to fund humanitarian action increase – against a backdrop of growing "donor fatigue" – even well-established organizations like the ICRC are forced more and more to compete for funding and provide evidence in support of their plans, while continuing to engage in neutral, impartial and independent humanitarian action (NIIHA). To meet the growing demand for humanitarian assistance, the ICRC has started exploring the use of new financing mechanisms as well as new accountability mechanisms, which are heavily evidence- and data-driven. Moreover, demand for analytical advisory services has expanded in response to stricter reporting requirements and the use of new solutions and alternative funding streams. The ICRC has welcomed these opportunities and teamed up with an entity from the development sector in a collaborative effort to deliver sustainable solutions and strengthen resilience. The organization's thinking has also been driven by the recognition that conflicts are often compounded by other issues, such as climate change and environmental degradation. This has made it increasingly vital to decipher complex interdependencies and dynamics through evidence generation and analysis.

The ICRC's activities and delivery mechanisms are already evolving in ways that are reflective of these trends. As the ICRC continues to test new innovative solutions to assist and protect people affected by conflict and other violence, it also needs to continue strengthening its systems to assess needs, analyse trends, monitor and evaluate programmes and trace these programmes' impact on affected people's well-being.

ANALYSIS AND EVIDENCE IN THE SECTOR

The demand for evidence in the humanitarian sector today is higher than ever: evidence is needed to assess affected people's needs, design responses, monitor and evaluate programmes, and improve both accountability and learning. Humanitarian organizations must demonstrate their impact and their ability to design and adapt programmes through feedback sought (and received) from affected people. For the ICRC, an organization whose mandate encompasses a range of programmes, this requires an approach that assesses situations, identifies needs, designs, implements and monitors responses with the involvement of various departments, without ever losing focus on the affected people. This approach is outlined in the ICRC's [Outcome-Based Approach \(OBA\)](#) initiative, which views analysis and evidence as a critical enabler for achieving its objectives.

To incorporate analysis and evidence into their processes, other humanitarian organizations have relied on various structures at different scales and have achieved different outcomes. In two documents – an evaluation conducted in 2021 called [Programme Accountability and Quality for Learning \(PALQ\)](#) (*internal document*) and the Evaluation of the Economic Security (EcoSec) Analysis and Evidence Strategy 2019–2022 – the ICRC benchmarked its A&E function against that of similar organizations. Some have separate functions for analysis (or information management) and for monitoring and evaluation. Others keep all these fields of expertise separate, within different thematic areas. Lastly, some have brought these functions together within one unit. Owing to the uniqueness of its mandate and structure, and in line with the organizational restructuring that took place in 2022, the ICRC chose to assess various options – see [Transversal Analysis & Evidence](#) (*internal document*) – before deciding on how to structure the A&E Unit.

ANALYSIS AND EVIDENCE AT THE ICRC

At the end of 2021, the new P&ES Department instructed the A&E team within the EcoSec Unit to explore opportunities for creating a core A&E function for all ICRC programmes. This decision was driven by the success of the A&E team,¹ the achievements of the Evidence-Based Protection team, the organization's broad access to GIS capacity and the development of other, related, initiatives across the organization. The details of the request made of the A&E team are laid out in the [Transversal A&E Concept Note](#) (*internal document*). The aim was to strengthen the use of evidence across diverse and multidisciplinary operations by expanding A&E support beyond the EcoSec Unit, combining it with related functions like Evidence-Based Protection and GIS, and providing technical advice and support to various units. The process followed a four-phase roadmap, the first phase of which – Scoping – was completed in the first half of 2022. A summary of the findings of this consultative phase is available in a dedicated report – see [Transversal Analysis & Evidence](#) (*internal document*).

¹ EcoSec's A&E team was created in 2018 in response to a growing push across the ICRC – and within the EcoSec Unit in particular – to take into account the best available evidence when designing and building programmes (see [Analysis and Evidence Strategy 2019–2022](#)). Since its creation, the A&E team – and with it the level of demand for its advice and support – has grown exponentially, with staff spread across headquarters, regional hubs and the delegations. EcoSec field teams use A&E to strengthen their understanding of humanitarian situations and to clarify what they seek to achieve through their work. The A&E team also helps measure outcomes and, more broadly, the overall humanitarian impact that economic security programmes have on affected people and their well-being. More details on the A&E team's work and achievements are available in [A&E in Brief](#) (*internal document*). This strategy is based in part on an evaluation of the EcoSec A&E Strategy developed in the second half of 2022.



Stakeholders involved in the working group, together with their technical focal points, opted to create the [Analysis & Evidence Unit](#) (*internal document*), harnessing significant existing competencies and thematic expertise available from EcoSec Analysis & Evidence, Evidence-Based Protection, Water and Habitat Strategic Planning, Geo Data and Analytics (GIS) and other results-based management (RBM) roles identified across the institution. The aim was to create a unit whose capacity exceeded the sum of its component parts, that is institutional in its approach and that creates a shared foundation – in terms of language, definitions, measurement and understanding – across the entire programme cycle.

This strategy and the process behind its drafting are part of the Planning phase. The aims of that second phase are to consolidate the A&E Unit's structure, identify links with other departments and describe the plan for the Delivering and Excelling phases, in which the strategy will be rolled out.

DRIVING FORCES BEHIND ANALYSIS AND EVIDENCE

In addition to drawing on the trends above, the A&E Unit will seek to tap into the significant momentum that is being driven by the following three forces:

- **Need** – Internal and external analyses in the months preceding the drafting of this strategy have repeatedly shown that there is a strong need for evidence to guide and influence decision-making at field level.
- **Demand** – Numerous delegations have developed their own A&E function in recent years in the absence of an organization-wide effort. Examples can be found in Colombia, Iraq, Myanmar and Yemen. These organic initiatives led to the creation of the A&E Unit and the support and oversight model presented in this strategy.
- **Institutional priorities** – The A&E Unit and its strategy are supported by and aligned with the OBA initiative. Because they strengthen the use of evidence in decision-making and improve programme quality, they represent a concrete step towards achieving the objectives of that initiative. There is a broad call from stakeholders for the ICRC to provide its field programmes with consolidated support in integrating A&E in the decision-making process in a consistent manner.



THE ICRC'S A&E UNIT

The A&E Unit provides critical technical advice throughout the programme cycle ² in all programmatic areas, drawing on a portfolio of tools, frameworks and methodologies for each step of the cycle and each thematic area. Its work consists of assessing and analysing needs, formulating and planning programmes, monitoring key success indicators to ensure programmes are on the right track, evaluating programmes and learning from them.

VISION

The A&E Unit's vision is to:

Enhance the quality and relevance of the ICRC's humanitarian response, diplomacy and dialogue through the use of evidence and insights to guide the organization's strategies, policies and programmes.

MISSION

The A&E Unit's mission is to:

Promote and enable a shift within the ICRC towards an evidence-based, outcome-oriented and people-centric programming culture, through the development, planning and implementation of methodologies, processes and frameworks that support that shift throughout the programme cycle.

Working closely with other departments and in coordination with the Movement and other partners, the A&E Unit serves as a technical lead in evidence-based programming. It supports the ICRC on all matters related to situation monitoring and early warning processes, multidisciplinary needs assessments, targeting and managing affected people, managing operational information, conducting thematic analyses, monitoring, evaluation, accountability and learning. The A&E Unit also supports the monitoring of the ICRC's institutional strategy and other related strategies across the organization.

² The term "programme cycle" is used in this document to refer to both programmes and projects that are guided by a RBM approach.

GUIDING PRINCIPLES

There are six guiding principles at the core of the A&E Unit's work.

- **Simplicity and harmonization** – The A&E Unit strives to remove obstacles and unnecessary complications, review incentives and make evidence and insights accessible to all programme managers by simplifying its processes. This requires focusing the work on what is useful and needed to design programmes and then monitor and evaluate their success. By harmonizing its work across units – without ignoring the uniqueness of each of them – the A&E Unit provides user-friendly, intuitive and tailored advice and products to its audience.
- **Learning** – Failing is part of success, and failing fast is a key step in that process. By promoting a culture of learning from both good and bad experiences, the A&E Unit strives to identify what works and what does not work in each phase of the programme cycle so as to allow for rapid course corrections and re-scoping wherever relevant. It also encourages the sharing of lessons learnt so that managers of other programmes can adopt best practices and avoid making the same mistakes.
- **Agility** – The A&E Unit strives to make change a routine part of its team members' work. The unit proactively detects and responds to change, anticipating what might happen, managing the unexpected and adapting to new situations, promoting experimentation, recognizing strategic opportunities and pivoting towards them. This requires the A&E Unit to adapt quickly, constantly and systematically, and to always seek innovative solutions so that it can maintain its competitive advantages, both internally and externally.
- **Accountability** – The A&E Unit strives to ensure accountability towards affected people, donors, partners and staff, in each of its areas of work. Affected people, together with their needs and priorities, are at the core of the A&E Unit's work. This bottom-up approach nurtures the habit of listening to affected people in order to gain actionable insight into their needs and interests.
- **Outcome- and impact-oriented** – In line with the OBA initiative, the A&E Unit strives to strengthen the ICRC's programmes by ensuring they have an increasingly sustainable humanitarian impact on affected populations.
- **Expertise, social capital, diversity and inclusion** – The A&E Unit consists of a pool of experts with various technical backgrounds and from different regions. They create a community in which they can benefit from each other's expertise and in which programme managers can tap into the experts' combined knowledge and skills. The A&E Unit strives to promote social and human interaction to enhance the unit's cohesion and allow its members to further develop professionally. And in pursuit of its mission and objectives, the unit seeks to establish relationships with key internal and external stakeholders. Ultimately, the A&E Unit strives for true excellence in each of its activities. That requires each individual to be able to work in an atmosphere of respect, dignity and acceptance. The unit is committed to creating a diverse and inclusive workplace, where each staff member engages in respectful interactions, protects free speech and inspires others. The unit also champions diversity and inclusion in the way the ICRC collects, analyses and uses information on people's needs and tailors its programmes to meet those needs.

GOALS

The key goals and performance indicators of the A&E Strategy 2023–2027 are grouped according to three milestones.

By the end of 2024:

- The A&E Unit has integrated all the A&E-related capacity available in the ICRC into the new structure.
- A dedicated learning and development path has been created for A&E staff.
- The A&E Unit has been properly resourced at headquarters (HQ) and in the regions.
- The A&E Unit has supported key field programmes through a coordinated, multidisciplinary approach.
- A&E staff in the field have been re-mapped and re-scoped in keeping with this strategy.

By mid-2026:

- The A&E Unit has adapted and/or created guidance documents and methodologies for all phases of the programme cycle in all programmatic areas.
- Most delegations have hired or re-scoped staff members who are trained to perform A&E work.
- The A&E Unit's work has been fully integrated into institutional processes, such as Planning and Monitoring for Results (PMfR).

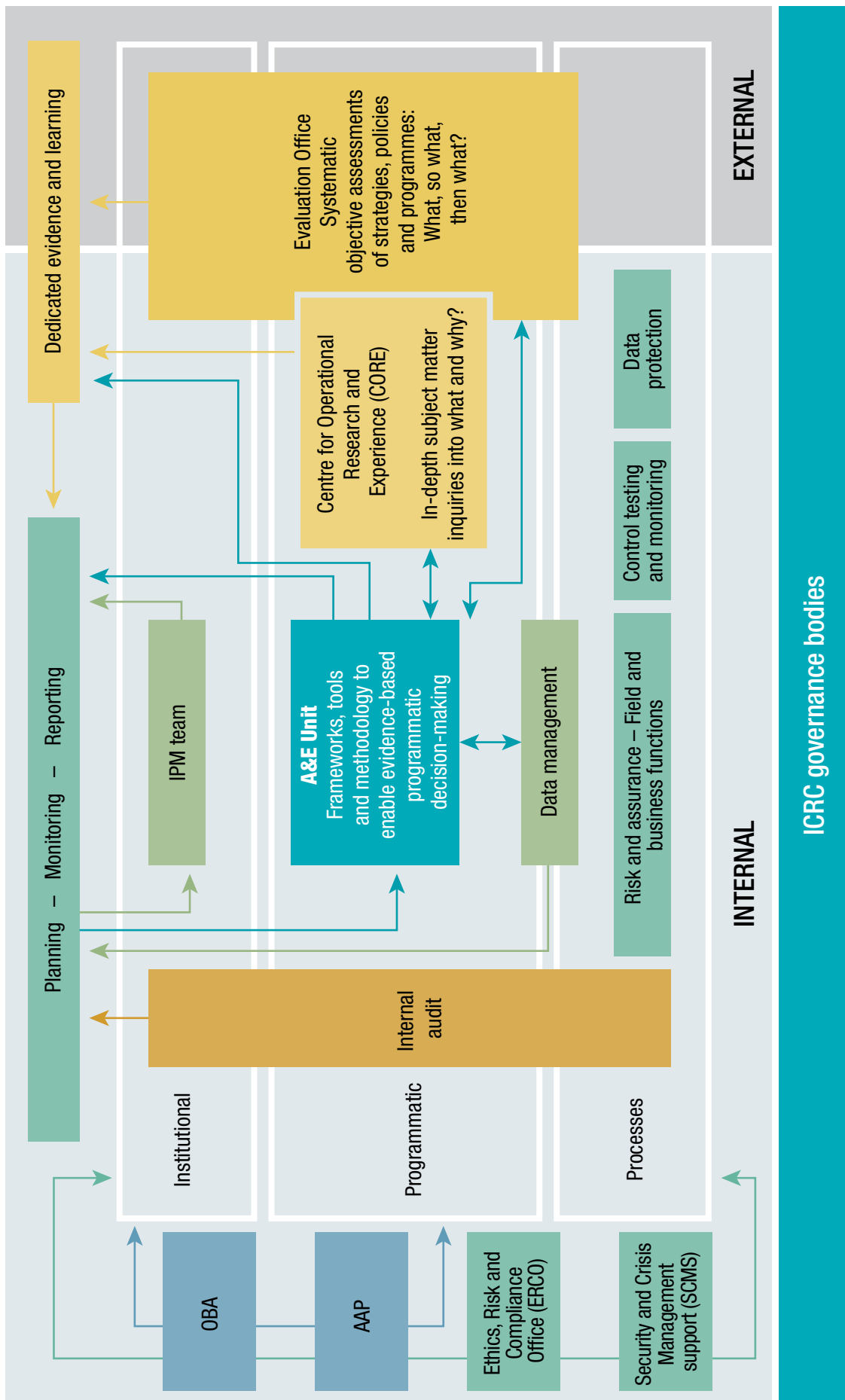
By the end of 2027:

- The A&E Unit has reached maturity and has been fully integrated into field processes.
- P&ES units have incorporated A&E good practices into their standard procedures.
- As a result of these achievements, people benefiting from P&ES programmes have reported a considerable improvement in programme quality, including targeting methods.
- The A&E approach has been acknowledged within the ICRC and the wider humanitarian sector as a good practice for evidence-based and outcome-oriented programming.

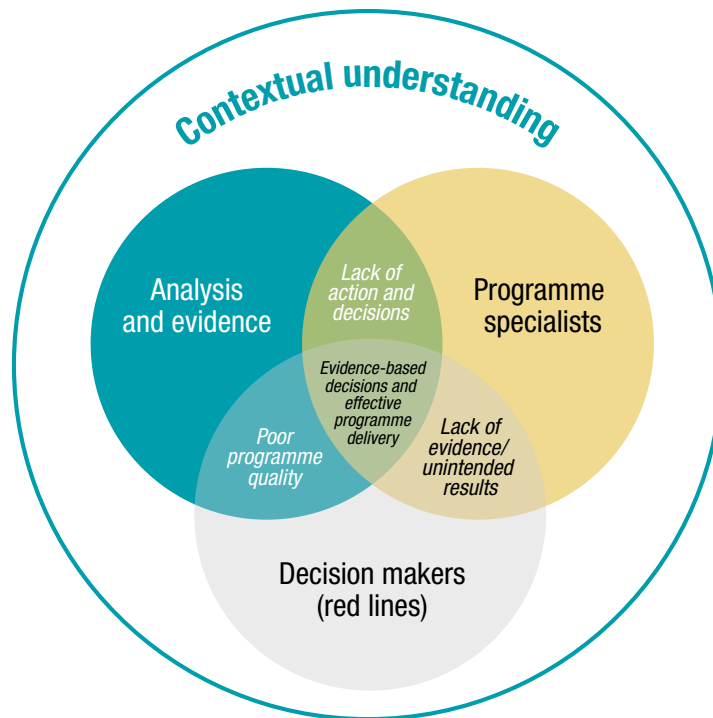
PARTNERS

The A&E Unit must coordinate its work with other internal and external people and entities to achieve its objectives.

Working relationships are established internally with the Office of the President; the Office of the Director-General; the Department of Operations; the Department of Support & Digital Transformation; the Department of People & Culture; the Department of International Law, Policy and Humanitarian Diplomacy; and the Department of Mobilization, Movement & Partnerships. Key stakeholders from these departments include the regional offices and their respective regional resource networks (RRNs); the Accountability to Affected People Unit (AAP); the Evaluation Unit; the Trends, Research, Analysis and Knowledge (TRAK) Unit; the Protection Data Unit; the Risk Management Unit; the Institutional Performance Management (IPM) team; Data Management and Analytics teams; the Digitalization of Operations (DigitOp) Unit and its project teams; the Centre for Operational Research and Expertise (CORE); the Risk and Assurance team; and the OBA initiative. The A&E Unit plays a central role in the Delivery Effectiveness Ecosystem that was prepared by the Evaluation Office upon the request of the ICRC Assembly. The chart below provides an overview of how the A&E Unit supports the effort to strengthen the ICRC's work across the board by taking a central role in the programme cycle and feeding into decisions at different levels of the decision-making process.



In the field, delegation managers (the red lines) are crucial stakeholders for A&E teams, not only as those responsible for supervising the team, but more importantly in their role as decision makers. At delegation and subdelegation level, programme specialists complete the picture by seeking to ensure the ICRC's response meets quality and relevance standards. Interactions between the A&E Unit, decision makers and programme specialists, all of whom have a sound understanding of the field operations in question, lead to evidence-based decisions and effective programme delivery. Excluding decision makers from this process would result in less action and fewer decisions; excluding programme specialists would result in poor programme quality; and excluding A&E staff from this process would result in a lack of evidence and an increased risk of unintended consequences. These relationships are outlined in the chart below.



External partnerships, collaborations and networking are also required to achieve the objectives of this strategy; to safely share reliable, authoritative information; and to use the information generated by other organizations and companies. The A&E Unit interacts with, shares with and learns from many stakeholders, such as the International Federation of Red Cross and Red Crescent Societies, National Societies, UN agencies, national and international NGOs, third-party monitors, private companies, donor agencies, academic entities and development organizations. Lastly, the A&E Unit acts as a capacity-building mechanism for these external partners, such as by providing technical support to authorities, statistical offices and National Societies, and by delivering policy advice to local governments and other entities.



STRATEGIC PRIORITIES OF THE A&E STRATEGY 2023–2027

To succeed in its mission, the A&E Unit has identified four strategic priorities that, in line with its vision, guide its work at HQ and the work of its network of A&E managers and units at the delegations.



STRATEGIC PRIORITY 1: STRENGTHENING EVIDENCE-BASED AND OUTCOME-ORIENTED DECISION-MAKING

Whether it is about deciding how to allocate its resources to different priorities or how to best respond to a sudden-onset emergency, the ICRC needs to follow a meticulous decision-making process. The organization's enhanced A&E capacity helps to ensure that its efforts are focused on achieving humanitarian outcomes and are supported by the best available evidence, insights and foresight.

The A&E Unit provides decision makers with advice, tools and systems that facilitate the decision-making process. Context analysis, situation monitoring, multidisciplinary needs assessments, geospatial analysis, predictive analytics and early warnings are all tools that help managers and programme staff to take critical decisions and respond quickly and effectively to people's needs, with the assurance that their actions are well-informed.

A robust RBM system focused on achieving specific outcomes and delivering a sustainable humanitarian impact is another critical component of this strategic priority. The A&E Unit's core tasks are to measure the results of the ICRC's efforts to improve affected people's lives and attribute those improvements to the organization's activities through logic models (e.g. theories of change and logical frameworks). A solid programme monitoring system provides programme staff and managers with the ability to modify any actions that are leading to unintended outcomes and to identify, at the end of a programme, the extent to which the desired results were achieved as planned.

ACTION POINTS

To achieve this strategic priority, the A&E Unit needs to:

- ensure that the PMfR documents designed with and compiled by each delegation, the Multi-Year and Multi-Partnership (MYMP) programmes and the regional and institutional strategic frameworks rely on information and evidence that have been verified, updated and correctly interpreted in the situation and problem analysis, and that programmes that tackle the identified problems are relevant
- ensure that managers are informed of and updated on key emerging trends and potential risks on a global, region and local scale with timely, in-depth analyses
- rigorously monitor (or assign programme staff to monitor) programme implementation in order to keep programme staff up to date on progress towards the programmes' intended outcomes
- design tools, thematic sub-strategies, methodologies and guidance documents for decision-making as described in the added value section below that support these action points (e.g. multidisciplinary needs assessment guidelines, comprehensive situation monitoring systems, secondary data analysis procedures, early warning methodologies, real-time data collection and analysis processes, reference frameworks, theories of change, indicators and manuals)
- develop training materials on key standard operating procedures for A&E staff throughout the organization and across different programmatic areas, based on minimum standards for staff members involved in A&E

- share its communications and change management plan with all ICRC staff members so they will appreciate the importance of evidence-based decision-making processes and so that decision makers will receive and understand key messages.



STRATEGIC PRIORITY 2: ENABLING MULTIDISCIPLINARY, NEEDS-BASED AND PEOPLE-CENTRIC PROGRAMMES

To formulate and implement multidisciplinary people-centric programmes, the ICRC needs to have ways to effectively understand the dynamics between individuals, households and communities, and the wider environmental, institutional and infrastructure systems they are in, while at the same time incorporating affected people's perspectives and feedback across the programme cycle.

The A&E Unit, in its core technical role throughout the programme cycle, needs to ensure that its processes, tools and methodologies are designed to capture the human perspective and perceptions of a wide range of affected people. In its work, the unit ensures that there are channels and opportunities for affected people to be included and to express their own reading of the situation, their needs, their priorities, their expectations and their experiences, throughout the programme cycle.

The A&E Unit ensures that the assessment process includes an in-depth analysis of interactions within the wider system around the community in order to discover underlying issues and root causes and to identify existing capacities and opportunities that can be leveraged within an ICRC programme. Such frameworks provide mechanisms to identify the optimal scope of work by the ICRC, ensuring that the organization can support people, communities and institutions with timely, appropriate and sustainable solutions. The A&E Unit will therefore address a wide range of ICRC actions at different levels, including area-based actions, humanitarian dialogue and influencing, and protection work and other international humanitarian law (IHL)-related efforts with authorities and weapon bearers.

At the same time, an emphasis on community inclusion and participation ensures that the ICRC response is designed in a fair and inclusive way, that everyone's voice is heard and taken into consideration and, ultimately, that the information shared with programme managers reflects the community dialogue that took place throughout the various programme phases. Programme beneficiaries need to be targeted and selected in view of their needs and in keeping with the principle of equity over equality. Each step of the targeting process must be validated, from the situation and problem analysis stage to the final evaluation. This ensures that no one who is eligible for the ICRC's protection or other essential services is unable to access them or is left behind, and that people's needs are assessed and prioritized in a multidisciplinary way. This strategic priority requires ICRC teams to manage programme beneficiaries, their entitlements and their data safely and securely. Finally, when implementing A&E, people-facing practices, two-way communications, community engagement and easy-to-understand information notices are a must.

ACTION POINTS

To achieve this strategic priority, the A&E Unit needs to:

- adopt a systems thinking³ approach to situational analysis, conceptualizing a humanitarian response that dynamically combines individual and systemic actions and that identifies actions that are most likely to deliver successful and sustainable results for affected people

3 Systems thinking is a set of approaches that emphasize relationships between discrete groups of interacting or interdependent elements that are organized to achieve a shared purpose. These approaches highlight the value of multiple and diverse perspectives. There has been a growing recognition over time that linear solutions (i.e. logical frameworks) and reductionist approaches (i.e. sector siloes) to humanitarian problems do not work well, as such problems are intrinsically complex. There is therefore a need to think about them in a different, more interconnected and organic way. See B. Ramalingam, *Aid on the Edge of Chaos*, 2013; ALNAP, *Systems thinking for humanitarians: An introduction for the complete beginner*, 2022; ICRC, *Detention Action Framework*, 2022.

- closely collaborate with the AAP Department when it comes to applying best practices in the areas of people-centric analysis, inclusive programming, beneficiary entitlements and data management
- strike the right balance between obtaining a granular understanding of people's needs (e.g. data disaggregation) and complying with the highest data protection standards, including those applicable to new technological solutions used for engaging with affected people (i.e. digital proximity)
- promote and coordinate multidisciplinary needs assessments, and advise on multidisciplinary response design and planning
- support partners and other organizations in implementing best practices in the area of needs-based and people-centric programming
- ensure that the targeting and selection of beneficiaries are done in constant consultation with the affected people and in keeping with the best available methods
- continuously scan the market for new, safe, innovative and improved solutions for engaging with affected people, including for (remote) beneficiary management, complaint and feedback mechanisms, data collection and management
- integrate people's feedback and perceptions into the monitoring and evaluation frameworks of each programme as fully as possible, together with statistics, qualitative research and well-being measurements
- design tools, methodologies and guidance documents as described in the added value section below that support the action points listed above (e.g. targeting, selection and prioritization methodologies; multidisciplinary referral mechanisms and standard operating procedures; beneficiary management tools; remote data collection and management procedures; agreements with third parties for alternative data collection methods; complaint and feedback mechanisms; and case management documents)
- share its communications and change management plan with all ICRC staff members so they will appreciate the importance of understanding people's needs and of listening to and addressing their feedback, and so that decision makers will receive and understand key messages.



STRATEGIC PRIORITY 3: PROMOTING A CULTURE OF LEARNING

Identifying and documenting good and bad practices, and learning lessons from them, allows programme staff and management to take informed decisions, adapt programmes and avoid unintended consequences. While ensuring the “do no harm” principle is carefully observed, the ICRC needs to promote a culture of learning, which includes accepting failure as a natural step towards longer-term success, in order to help strengthen accountability and programme quality.

As noted in a recent OBA report: “...monitoring usually uncovers problems within your programmes. If staff do not monitor their programme closely, they do not see the problems. And if one does not see the problems, they do not exist.” But they do exist and will continue existing and growing if they are not addressed. This applies to all stages of the programme cycle, and most problems can be identified through monitoring (and evaluation). As long as the “do no harm” principle is carefully observed, failing (and learning from it) is a crucial and natural step on the road to success. Too often, however, programme failure is blamed on the programme staff or on operational shortcomings. And stigmatizing failure in that way limits curiosity, original thinking and innovation. It does not encourage staff members to look for better solutions to existing and emerging problems. As new trends and challenges arise in the humanitarian sector, so should new solutions. If programme teams do not test what works and what doesn't, learn from their mistakes and quickly pivot towards what works best, they inadvertently jeopardize programme quality and accountability – and the ICRC's reputation. The A&E Unit plays a crucial role in promoting a culture of learning, from good and bad experiences, with the aim of improving programme quality and accountability to affected people, donors, partners and ICRC staff. It is also instrumental in the sharing of such lessons across the organization. It seeks

to ensure that past mistakes are not repeated and that good practices are replicated and scaled up, in an effort to maximize and demonstrate the impact of the ICRC's work on the well-being of affected people.

ACTION POINTS

To achieve this strategic priority, the A&E Unit envisions a two-stage approach.

Stage 1 – Learning from the past and present

In the first stage, the A&E Unit needs to:

- systematically evaluate the work of key teams in the new A&E Unit (e.g. Evidence-Based Protection, GIS, and Water and Habitat Strategic Planning), in collaboration with the Evaluation Unit, so as to identify the unit's added value and opportunities for improvement
- work closely with the Innovation Unit and other teams to promote "failure" competitions as a way of fostering curiosity, original thinking and innovation and reducing the stigma associated with failure
- embrace and embed lessons learnt from other organizations and institutions in the learning process
- promote peer-to-peer reviews and evaluations across delegations to stimulate cross-learning and maintain an independent approach to programme evaluations
- share its communications and change management plan with all ICRC staff members so they will appreciate the importance of learning and of promoting a culture that uses failure as an instrument for improving programme quality and increasing the ICRC's impact on affected people.

Stage 2 – Shaping a best-practice learning environment for ICRC programmes

In the second stage, the A&E Unit needs to:

- ensure each programme documents and records lessons learnt using a triple-loop learning framework,⁴ and build a process that supports the implementation of that framework
- work with experts within the programmes to develop monitoring and evaluation systems that are learning-oriented rather than reporting-oriented
- ensure ongoing monitoring and (real-time) evaluation findings are accompanied by quick-action recommendations, and identify staff members who are held accountable for implementing the recommendations in a timely manner
- collaborate with the Risk and Assurance team and establish a second line of defence for A&E-related matters
- widely circulate lessons learnt from programmes to improve how other programmes are managed, and inform staff on how to apply lessons learnt in their work
- provide all staff members with a training session on basic A&E practices, their added value and how to apply them across the programme cycle
- compile standard operating procedures and guidance material for the points above
- design tools, methodologies and guidance documents as described in the [added value section](#) below that support the action points above (e.g. programme reviews, evaluation guidance documents, lessons learnt registers and publications, workshops and events to share learning).

⁴ Triple-loop learning refers to learning about learning. The first loop represents the traditional monitoring and evaluation question "What did we get right and what did we get wrong?" The second loop helps identify the assumptions underlying the decisions taken by asking "What were the assumptions that were in place when the activity was designed?" The third loop looks at the mentality/approach that was used by asking the question "What is it about our way of thinking that led to these assumptions?" An example of triple-loop learning can be found in the following report, recently published by the ICRC: [Towards More Effective Humanitarian Operations in Urban Areas of Protracted Armed Conflicts](#).



STRATEGIC PRIORITY 4: LEVERAGING HUMAN AND SOCIAL CAPITAL IN A&E

The ICRC's staff are its main value creators and the driving force behind its success, delivering solutions to complex issues in challenging and unpredictable environments. In the humanitarian sector, the global supply of technical staff in particular is scarce. The ICRC needs to leverage the human and social capital that it has built up in recent years, and continue to strengthen its resource base, in order to deliver on the A&E strategy.

Leveraging existing human and social capital in the area of A&E is both a strategic priority and an enabler for the other three priorities set out in this strategy. It requires close collaboration with the People & Culture Department and strong backing by P&ES managers.

The A&E Unit brings together numerous teams and positions that were previously scattered across the organization. Some members of the unit worked individually in support of a specific thematic area, while others were already part of a team, each with a different management model and approach to managing its social and human capital. A common denominator is the capacity and expertise that these individuals and teams bring to bear in pursuit of the A&E Unit's mission and strategic priorities. In the early months of strategy implementation, a culture of collaboration, co-creation and cross-learning will be essential for the members of the new unit to adapt to the new structure and absorb the change.

Existing capacity, in terms of both human resources and social capital, needs to be leveraged and increased. Creating a sustainable learning and development path will be one of the keys to meeting this strategic priority. The unit's leadership must ensure that A&E staff identify with the unit's mission. Everyone needs to be open to mutual learning and ensure that the same language is spoken within the unit and across the organization. All A&E staff are responsible for promoting the unit's work. They will achieve this by excelling at what they do and encouraging a change in culture based on the unit's guiding principles and work. At the same time, the teams and individuals that make up the A&E Unit will need to ensure business continuity in their areas of responsibility, with the incorporation of A&E being perceived by programme staff and management as an added value rather than an unexpected change in priorities and approach. The success of this priority will require strong leadership – to create a cohesive team with a firm sense of the value of its work – and an agile resource management model.

ACTION POINTS

To achieve this strategic priority, the A&E Unit envisions a three-stage approach that takes into account the need to involve a range of staff functions.

Stage 1 – Fit for purpose

In the first stage, the A&E Unit needs to:

- lay down clear roles and responsibilities within the unit and identify and fill gaps so that the unit will be fully functional at all levels both at headquarters and in the field
- identify and assess key functional competencies required of unit members, bearing in mind the need for a wide range of technical skills and thematic expertise and the importance of working holistically with Movement partners
- map, re-map and re-scope key roles in the unit to achieve the strategic priorities set out in this strategy.

Stage 2 – Enabling and empowering A&E resources

In the second stage, the A&E Unit needs to:

- promote a systematic onboarding and integration approach for new resources, attract talents, and encourage capacity strengthening opportunities for new and existing staff
- identify synergies among the various positions within the A&E Unit

- establish mechanisms to ensure existing positions that are brought into the A&E Unit actually contribute to the unit's mission and that the staff members in those positions are better-placed to carry out their work
- create work environments in which technical staff are able to work with managers and contribute to decision-making processes
- identify key staff members outside of the A&E function (in the delegations and among upper managers at HQ) as well as relevant stakeholders in different units across the ICRC, who can help the A&E Unit inform the entire organization of its mandate and approach. This will help to lay the groundwork for the A&E Unit to deliver on its mission of increasing the ICRC's impact.

Stage 3 – Building a sustainable A&E function

In the third stage, the A&E Unit needs to:

- adopt a resourcing plan that will make it possible to achieve the other priorities in this strategy and maximize staff well-being
- create a progressive learning and development path for A&E staff
- ensure that diversity and inclusion are embedded in all human resources decisions, in keeping with an organization-wide skills and competencies framework
- create an attractive career path for A&E staff by actively managing the unit's talent pool, fostering a sense of belonging among unit members and creating opportunities for staff members to grow in different directions (including along technical and management-oriented paths)
- promote a sense of togetherness and teamwork by holding regular information-sharing and learning events and ensuring team members are closely involved in the unit's work and decision-making process
- promote a learning and development culture by offering A&E staff opportunities to upskill and update their knowledge, in terms of new approaches, digital solutions and other innovations, and by exposing them to different ways of doing things and different types of programmes
- share its communications and change management plan with all ICRC staff members to ensure everyone has the same information and to address potential resistance within units and across departments to the creation of the A&E Unit and to its work as set out in this strategy.

INSTITUTIONAL SYNERGY

This A&E Strategy 2023–2027 aligns fully with the [ICRC Strategy 2019–2024](#) and each of its strategic objectives. This strategy also has strong links with the OBA initiative, the [ICRC Evaluation Strategy 2022–2024](#) and the [Accountability to Affected People Institutional Framework](#). The A&E Unit's work also complies with the [Fundamental Principles of the International Red Cross and Red Crescent Movement](#),⁵ the [Inclusive Programming Policy](#), the [ICRC's Handbook on Data Protection in Humanitarian Action](#) and the [ICRC Rules on Personal Data Protection](#). When it comes to people and culture, the A&E Strategy is aligned with the [ICRC People Strategy 2020–2025](#) (*internal document*) and its five strategic priorities. Within the P&ES Department, this strategy is linked to the [Economic Security Strategy 2020–2023](#), the [Water and Habitat Strategy \(2020–2023\)](#), the [Health Strategy 2020–2023](#), the [Access to Education Strategy 2021–2026](#), the [Restoring Family Links: Strategy for the International Red Cross and Red Crescent Movement 2020–2025](#) and the [Detention Strategy in Favour of People Deprived of their Liberty](#) (*internal document*), among others.

⁵ The seven Fundamental Principles of the International Red Cross and Red Crescent Movement are humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

THE ADDED VALUE OF A&E

THE EXPECTED IMPACT OF THE A&E STRATEGY 2023–2027

The expected impact of the Analysis & Evidence Strategy 2023–2027 encompasses several elements divided into two interconnected layers.

The main expected impact, once the strategic priorities are achieved, is:

- **Programme quality** – Delegations have improved the quality of their programmes, ensuring the organization can deliver a multidisciplinary people-centric response based on solid needs assessments and well-established monitoring frameworks.

A number of supporting elements contribute to and are a direct consequence of increased programme quality. They include:

- **Multidisciplinary approach** – Delegations have greater capacity to design and measure the impact of multidisciplinary outcomes for affected people thanks in part to a unified A&E function.
- **Accountability** – Delegations have demonstrated the quality, relevance, appropriateness and added value of the ICRC's work to affected populations, partners, donors and the general public.
- **Learning** – Programme managers have learned, improved and done better by course-correcting, learning from best practices shared across the organization and avoiding the need to address the same challenges twice.
- **Humanitarian diplomacy** – The ICRC has developed evidence-based analyses, policies and guidance documents that contribute to the humanitarian dialogue.
- **Donor engagement** – The ICRC has gained the respect and trust of donors thanks to its improved RBM approach and its ability to put forward high-level technical proposals and demonstrate the impact of its work. Through this enhanced leverage, delegations are better-placed to negotiate additional support and funding and become more attractive partners.
- **Reputation and partnerships** – The ICRC is recognized as a leader in the field of A&E, especially when it comes to multidisciplinary work, as it shares its insights and findings and develops cutting-edge tools and products that improve the relevance and effectiveness of its work and of how it captures and leverages learning.
- **Transparency** – Delegations have increased their transparency as a result of improved segregation of duties in the field.

INTEGRATION WITH OTHER ICRC FUNCTIONS

The A&E Unit's work complements other ongoing efforts and existing resources within the ICRC. It is therefore critical for the unit to identify potential synergies and to clarify roles and responsibilities among the stakeholders that play a role in the use of data and evidence to inform programme-related decisions. The unit must coordinate actively with the teams listed below to avoid duplication and potential confusion. Other teams with which A&E interacts are listed in the Partners section of this strategy.

ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)

An important prerequisite to the ICRC's accountability is that people know about the organization, its programmes, what they can expect from the organization and how to contact it and provide feedback. This area of the AAP framework, together with the need to gain an understanding of people's preferred communication and feedback channels, is under the responsibility of the communications teams. Those teams also provide expert input on how to digitally engage with people and how to incorporate evidence into the design of aid campaigns. One important dimension of the AAP framework is learning and adapting on the basis of evidence, with a particular focus on evidence provided directly by affected people. This and the rest of the AAP framework are closely linked to the work done by the A&E Unit. Two things must be borne in mind. First, it is critical to ensure the guiding principles of AAP are taken into account throughout the programme cycle, including when it comes to conducting information needs assessments; understanding needs, priorities and capacities; defining measurable, outcome-oriented results with communities; and seeking feedback on the progress and results of our programmes. Second, the processes employed by the A&E Unit to strengthen the use of evidence in programme-related decisions can – if the unit works closely with the affected people – lead to more effective AAP practices. A detailed collaboration framework that identifies synergies and boundaries between A&E and AAP was developed in support of this strategic document.

EVALUATION

While the A&E Unit's core goal is to support programmes at field level, the independent Evaluation Office may look at a wider range of tasks, including the evaluation of institutional policies or strategies. These two functions are complementary, as evaluations not only make use of data, analyses and interpretations that the A&E Unit helps to develop but may also look at other aspects of decision-making processes. A detailed collaboration framework that identifies synergies and boundaries between A&E and the Evaluation team was developed in support of this strategic document. To summarize the difference between the two functions: while A&E is the ICRC's holistic approach to results-based management, ensuring that the whole-of-programme lifecycle remains relevant, the Evaluation Office's work is related to RBM in its systematic approach, but its objective and external nature places it outside the programme management structure.

OUTCOME-BASED APPROACH (OBA)

OBA is used to design new or improved operational and management frameworks that will help the ICRC achieve its goals. OBA frameworks present various potential benefits: greater capacity to base the ICRC's action on evidence and to demonstrate a measurable impact to donors and other stakeholders, a more sustainable and impactful outcome for affected people and increased accountability. The A&E Unit aims to improve the ICRC's ability to assess, monitor and analyse the results of its work. This helps the organization set outcome-oriented objectives; adjust, develop and use methodologies and processes that effectively measure results; and collect and use evidence for better decision-making and improved delivery in the future. In creating the A&E Unit, the ICRC is taking the opportunity to strengthen its capacity to achieve defined outcomes for affected people, in full alignment with the OBA objectives.

TRENDS, RESEARCH, ANALYSIS AND KNOWLEDGE (TRAK)

The A&E Unit focuses on using evidence to inform programmatic decisions. Opportunities and synergies between TRAK and A&E can be identified at several stages of the programme cycle. Secondary data, media monitoring and sentiment analysis are critical for comprehensive situation monitoring and context analysis. Similarly, the ad hoc verification of open sources of information on incidents and other events is important for evidence-based protection analysis. The A&E Unit's work can benefit from and contribute to TRAK's analysis of open-source data and information in order to understand trends and reputational risks as well as opportunities for certain activities and programmes.

INSTITUTIONAL PERFORMANCE MANAGEMENT

The A&E Unit supports the development of indicators and methodologies to measure outcomes for several types of humanitarian action and can help ensure that the objectives set out by programme managers are outcome-oriented and measurable. The unit also develops processes to harmonize data collection and analyse the indicators – which are used at various stages of the programme cycle – more effectively. The unit provides supports by building processes at delegation level to ensure that data are collected and that the results of the analysis feed into decision-making throughout the programme cycle. Ultimately, the unit makes sure these processes comply with the guidance set out by the IPM team with regard to the Annual Planning and Monitoring (APM) cycle.

PROTECTION DATA

By incorporating the Evidence-Based Protection team into the A&E Unit, the ICRC can further develop its analytical capacity in protection in a multidisciplinary manner, with a spillover effect on the Protection Data Unit. The Evidence-Based Protection team, in the new A&E Unit, will continue to take a collaborative and integrated approach with Protection Data Managers, ensuring business continuity and building on the existing collaboration framework between the two teams.

DIGITALIZATION OF OPERATIONS (DIGITOP)

The creation of the A&E Unit will lead to additional data flows and the need for new digital solutions to collect, process, manage and use data. DigitOp, through its role in project portfolio management, will continue supporting these processes from the outset (through feasibility studies, project management and application management). In addition, in close collaboration with the dedicated ICT teams, it will make sure digital products remain sustainable until the end of their lifecycle through the ongoing management of applications, processes and data. GIS services, which used to be part of DigitOp, have been moved into the A&E Unit to better leverage the capacity to produce relevant geospatial analysis for programme design and monitoring. The P&ES Data Governance Board is responsible for coordinating between A&E and this function.

DATA MANAGEMENT AND ANALYTICS

In the area of data management, the A&E Unit develops and implements methodologies and processes to strengthen the use of evidence at different stages of the programme cycle, such as needs assessments, programme design and outcome monitoring. This in turn creates additional data flows that require close collaboration with data management and analytics teams to ensure that this additional information is properly integrated into existing systems for institutional and operational reporting. A detailed collaboration framework that identifies synergies and boundaries between A&E and this team supports this strategic document. The P&ES Data Governance Board is responsible for coordinating between A&E and this team.

INFORMATION MANAGEMENT

While the main focus of A&E is on the programme cycle, information management works at the intersection of delegation management, analysis, communications, data, reporting and technology. Its expected added value is based on information coordination, which in this context means services for the production, collection, standardization, analysis, visualization and sharing of information for situational awareness in the ICRC's operating environment. The Information Management Unit also aspires to provide leadership for operational (delegation-wide) reporting, alongside its established role in managing centralized services for the storage, retrieval and preservation of information and documents. Its work complements that of the A&E Unit by contributing to a holistic and shared operational picture and helping to lay the foundation for a coordinated and efficient response in all its phases, including during emergencies. The synergies between the two units will be formalized through a detailed collaboration framework.

Additional details on these functions are available in the [Who does what?](#) document (*internal document*).



ENABLING FACTORS

The success of this strategy depends on five main enabling factors, which can be summarized as follows:

- **Buy in and Sponsorship** – Strong sponsorship and support are required for the A&E Unit to be able to deliver on this strategy.
- **Incentives and disincentives** – Incentives to follow best practices must be created, and disincentives must be reduced. Performance management indicators and key performance indicators regarding A&E work in delegations, in particular, will be a strong enabler.
- **Seamless information flow** – To ensure programmes are linked to each other and can be compared in a multidisciplinary fashion, information needs to flow seamlessly and with no restrictions within the organization and with potential partners, and with constant attention to confidentiality, privacy and data protection principles.
- **A&E people and competencies** – Solid A&E profiles are a key enabler of the A&E strategy. They must be carefully planned and require an investment in learning and development as well as in the acquisition of talented and highly competent professionals.
- **A&E portfolio** – As described in the paragraph below, the A&E portfolio remains the main enabler of the A&E Strategy 2023–2027. Solid technical work done by the A&E team is the best way to promote the change needed to achieve the A&E Unit’s vision.

THE A&E PORTFOLIO AS AN ENABLING FACTOR

The A&E Unit aims to harmonize A&E practices across programmes, ensuring that different approaches are complementary and interconnected, and that there is a coherent approach to using evidence to inform decisions. It also plays a key role in developing and implementing multidisciplinary A&E tools and processes and in enabling managers and other decision makers to effectively harness evidence in their effort to deliver multidisciplinary needs-based and people-centric responses. Through this dual role, the A&E Unit seeks to address the problematics that result from different units developing parallel A&E functions at different paces and in different directions. The ultimate goal is to foster core methodologies instead of a siloed approach to the use of evidence. The A&E portfolio plays a role in the four stages of the programme cycle (Assess and Analyse, Formulate and Plan, Implement and Monitor, and Evaluate and Learn) and, more broadly, in the ICRC’s policy and influencing efforts, as illustrated in the chart below.



To achieve its objectives and in line with its four strategic priorities, the A&E Unit focuses its work on the following areas:

- **Situation and problem analysis, and early warning** – Provide managers and programme teams with technical capacity to monitor changes in local circumstances and the operational situation by cross-referencing primary data and open-source information. These processes expand the understanding of the delegation's situation, inform the problem analysis and provide insights into new trends and potential future risks for affected people.
- **Needs assessments** – Provide managers and programme teams in the delegations with technical advice for assessing needs and vulnerabilities. The unit works across departments to ensure the entire delegation has a shared understanding of the overall humanitarian situation and to inform delegation strategies as well as the design and planning of field programmes.
- **Targeting and management of affected people** – Provide programme teams with technical support in targeting communities, households and individuals, selecting beneficiaries for programmes, prioritizing their needs and supporting existing beneficiary management processes.
- **Data, operational information management⁶ and reporting** – Serve as the technical lead to help managers and programme teams with data collection and management approaches and to ensure that analyses are available and understood by decision makers and incorporated into the delegation reporting process. This

⁶ Information management as discussed here does not overlap with the Archiving and Information Management (AIM) roles at the ICRC, but it is linked to ad hoc data collection, processing and visualization as widely referred to in the humanitarian sector.

includes ensuring that A&E data in the delegation are linked to the ICRC's referential data and laying the groundwork for connecting different institutional data systems. It should be noted that A&E staff do not manage ICRC-wide databases or reporting mechanisms but rather work in conjunction with the units' existing data management structures. An exception is made by the GIS team that oversees the ICRC's geo-referential database.

- **Thematic and multidisciplinary analysis** – Serve as the technical lead to help managers and programme teams with comprehensive decision-making, bringing together and cross-analysing available evidence. This includes analyses in support of humanitarian diplomacy work, prevention activities, and the broad effort to target other actors of influence.
- **Monitoring** – Provide multidisciplinary and function-specific teams with technical oversight and advice to support programme and project development through logic models, programme reference frameworks and monitoring frameworks. The unit also supports programme implementation with output, process and outcome monitoring by operationalizing data collection tools, harmonizing across sub-sites and programmes at implementation level and, ultimately, contributing to the PMfR process and feeding into indicators in the Planning and Monitoring Tool.
- **Reviews, evaluations and learning** – Serve as a technical reference to help programme teams and managers to evaluate ongoing or completed projects, programmes or policies as well as their design, implementation and results. The aim is to determine whether their objectives were relevant and met, to assess their humanitarian efficiency, effectiveness, impact and sustainability, and to attribute the outcomes to specific actions. The unit also reviews operational and technical challenges and achievements (research, workshops, etc.) in search of lessons for the future. Finally, the unit helps programmes define questions for external evaluations, acting as a technical counterpart to the Evaluation Office.
- **Partnership and representation** – Collaborate with departments and organizations, such as Information Management Working Groups, humanitarian clusters, third parties and other data service providers. The unit also works with cooperation staff to ensure the A&E Unit develops working relationships with counterparts, such as Movement partners. Unit staff also connect with other relevant stakeholders within the ICRC that are developing partnerships to strengthen the ICRC's data capabilities.
- **Innovation** – Support people-centred and data-driven solutions in delegations and initiate and prototype new ideas in the field.
- **Entry point for global and regional initiatives** – Act as an analytical counterpart for other teams at the ICRC with a related purpose (OBA, Evaluation Office, AAP, etc.).

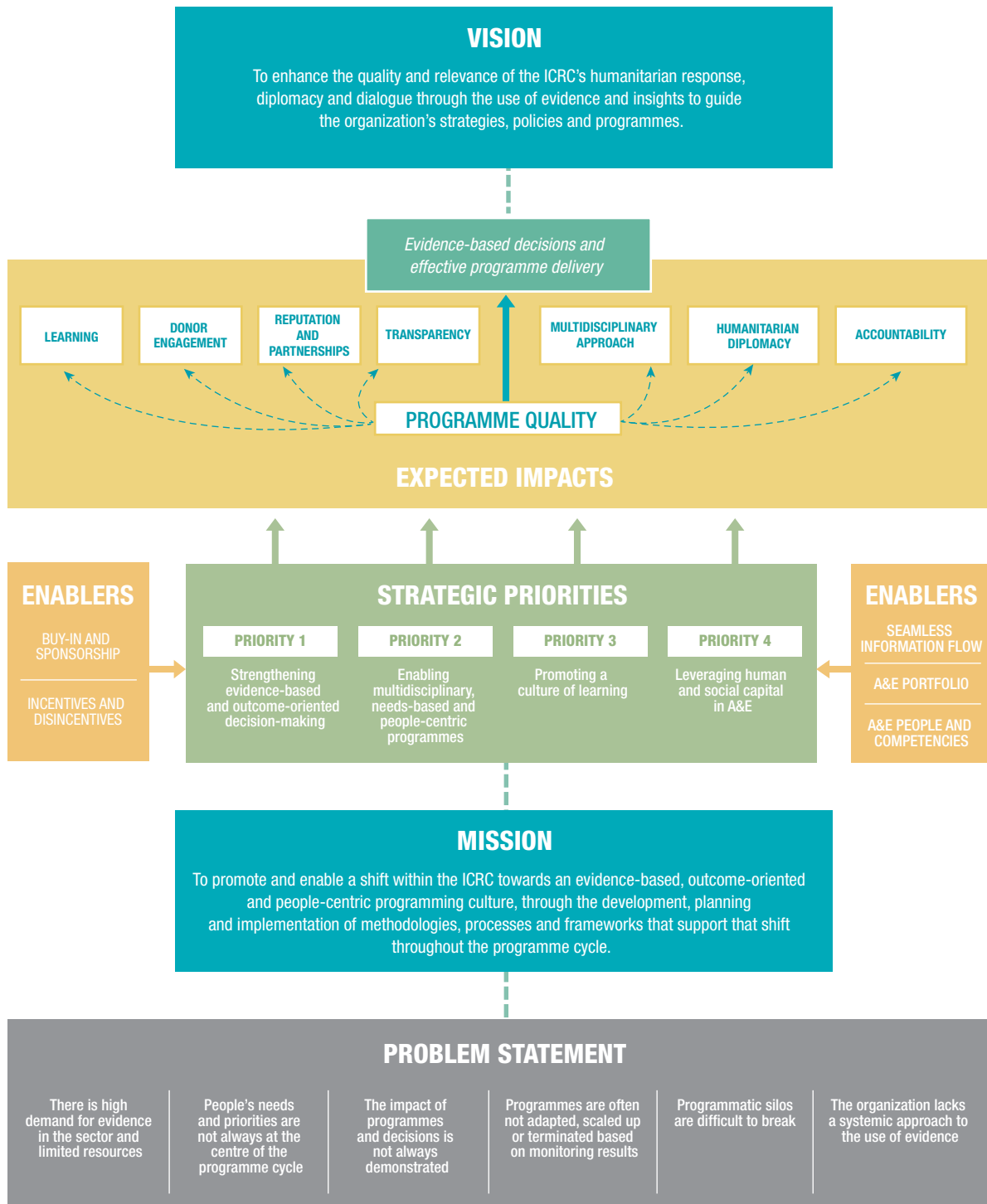
This entire range of activities involves both methodological expertise and the technical capacity needed to collect and process information. While the A&E Unit is not in charge of institutional data management processes, it does provide methodological guidance and support to other units to develop or strengthen such systems when required, especially with respect to outcome monitoring and reporting. Overall, the A&E Unit works closely with other relevant stakeholders to exploit synergies and contribute to existing processes, rather than to create parallel tools or workstreams.



VOLUNTARIO

THEORY OF CHANGE

The preceding sections of this document, taken together, set out the theory of change with respect to the Analysis & Evidence Strategy 2023–2027. The impact pathway runs from the problem statement to the realization of the vision (the change), passing through the mission, enablers, strategic priorities and expected impact along the way. A simplified illustration of the theory of change is shown below. A more detailed, systemic analysis of where each action point sits on an impact pathway, connecting and contributing to the strategic priorities and expected impacts, is available in the [A&E Actions Mapping Chart](#).





COMMUNICATIONS AND CHANGE MANAGEMENT PLAN

Before the A&E Unit was created and this strategy developed, the A&E team commissioned an outside company to develop a communications and change management plan (internal document). The scope of that initial plan was limited to laying down the guidelines for communications and change management in the area of A&E; a more detailed plan will be developed subsequently. For a new unit like A&E, that initial plan is pivotal when it comes to internal communications and change management, but also in terms of external visibility and branding. It is therefore a necessary first step for the A&E Unit in its journey to fulfil its mission and the objectives set out in this strategy.

UNIQUE VALUE PROPOSITION

The ICRC seeks to capture the impact of its work, to demonstrate its added value and to be accountable to those it seeks to assist and protect and to those who fund it. The A&E Unit offers a concrete opportunity for the organization to shift towards an evidence-based and outcome-oriented programming culture.

UNIQUE ADVANTAGES OF A&E

The A&E Unit is in a unique position to achieve its objectives thanks to its mandate, the lessons learnt by the unit's various teams and staff members, and the series of factors described below.

In terms of **governance**:

- The A&E Unit brings a professional and structured working culture to evidence-based programming.
- The A&E Unit is agile and entrepreneurial, bringing value to various programme initiatives.
- Thanks to its structure and its management approach, the A&E Unit operates in an environment of collaboration and mutual trust in which team members are encouraged to come up with solutions in an innovative and efficient way.
- The A&E Unit's solid structure is the foundation for responsive technical support for field operations from HQ, regional delegations and the ICRC's Belgrade-based teams.

When it comes to **products and services**:

- A&E products offer a systematic and harmonized approach to evidence-based programming.
- Flagship products and tools produced by the teams that are now part of the A&E Unit have been widely tested in the field and have been adopted by the programme teams that were directly supported as well as by teams involved in related topics and initiatives (e.g. addressing sexual violence, AAP and regional strategic frameworks).

In relation to its **impact**:

- There are numerous examples of the A&E Unit directly influencing and refining programme strategy in the field and at the global or regional level (e.g. [Analysis and Evidence in Action](#)).
- After creating the A&E Unit, the ICRC has more credibility and influence in this area thanks to the resources allocated to it and the support from the organization's leadership.

POSITIONING A&E INTERNALLY AND EXTERNALLY

The A&E Unit benefits from the past successes of the teams and individuals that were brought together within the unit to achieve its mission and the objectives laid out in this strategy. In addition, analysis and evidence name and products is widely accepted internally and externally. To achieve this external recognition, the A&E team members have participated and promoted their work in international conferences, published key products and guidance documents and participated in numerous interagency working groups. For instance, to consolidate its presence in the sector, the A&E team hosted the first [Analysis & Evidence Week](#), in November 2021, which drew the participation of more than 2,000 experts from the humanitarian/development community, private sector companies, academia, governments and so on.

For these reasons, the A&E Unit has been advised to keep its name (Analysis & Evidence). In the past, colours associated with A&E work have varied and not been consistent across different teams and functions. In line with the [ICRC Visual Identity Guidelines](#) (*internal document*), a colour palette has been selected for A&E products. It will be used consistently so A&E products are more easily recognizable, particularly to an external audience. The colour palette used for A&E products consists of one main colour (M12), together with a set of secondary and neutral colours, all selected from the colour palette within the ICRC's Visual Identity Guidelines.

M12 C100 M0 Y30 K10 R0 G144 B167 #0090A7	S01 C0 M10 Y70 K10 R237 G208 B92 #EDD05C	S02 C0 M20 Y60 K5 R244 G203 B118 #F4CB76	S11 C20 M40 Y100 K0 R211 G156 B0 #D39C00	S15 C30 M0 Y50 K20 R166 G187 B132 #A6BB84	S16 C55 M0 Y40 K10 R113 G182 B160 #71B6A0
	S17 C35 M0 Y25 K15 R160 G195 B182 #A0C3B6	S18 C45 M0 Y15 K20 R127 G180 B188 #7FB4BC	S19 C60 M21 Y15 K7 R103 G160 B189 #67A0BD	S20 C70 M10 Y12 K0 R52 G174 B211 #34AED3	WG01 C0 M3 Y10 K5 R246 G239 B226 #F6EFE2
	WG02 C0 M5 Y12 K17 R222 G214 B202 #DED6CA	WG03 C0 M12 Y20 K50 R154 G142 B129 #9A8E81	CG01 C3 M0 Y0 K8 R234 G238 B240 #EAEFE0	CG02 C0 M0 Y0 K22 R213 G214 B214 #D5D6D6	CG03 C0 M0 Y0 K55 R145 G145 B145 #919191

PROMOTIONAL STRATEGY

The A&E Unit's managers play a critical role in ensuring the unit is able to get up and running smoothly and begin implementing the A&E Strategy 2023–2027. They do this in part by reassuring A&E staff and everyone else affected that the change process will be gradual. This is why both the [management plan](#) and [operations plan](#) need to be widely circulated and explained before the strategy is first implemented and then regularly repeated during the early years of implementation. Most importantly, the A&E Unit's tasks and forms of accountability – especially those of unit members responsible for driving change – need to be clearly established through an accountability framework.

At the same time, to promote A&E work internally and externally, the unit's leadership needs to reiterate the A&E vision to unit staff, key stakeholders inside and outside the P&ES Department and partners.

ACTION POINTS

To implement its promotional strategy, the A&E Unit needs to:

- promote the A&E vision and how its mission and strategic priorities will be achieved
- create frequent opportunities to engage A&E staff and other relevant stakeholders in the rationale behind the shift to A&E
- inform and empower A&E staff to make sure they are part of the change management process, and provide any training that will help staff members adapt to the new A&E environment
- create an open dialogue with other departments based on a culture of collaboration, co-creation and mutual learning
- embed A&E concepts in the ICRC's onboarding and management trainings, and offer regular opportunities for basic, intermediate and advanced trainings to boost the organization's readiness for change
- participate in and organize global, regional and local events to promote A&E work
- make A&E Unit staff members with people management responsibilities both responsible and accountable for promoting change among their team members
- review changes and their effects after each milestone, in a participatory manner, in order to refine the approach to future changes.



MANAGEMENT PLAN

THE A&E UNIT

The A&E Unit comprises teams and individuals previously scattered across the ICRC. The unit recognizes the value of organization-wide processes yet believes that agility and an entrepreneurial approach are key enablers of innovation and improved organizational readiness.

The unit's structure is therefore lean and flat. The head of unit and senior advisers are part of a management team, led by the P&ES Operating Manager, that takes all major decisions for the unit, albeit through a participatory approach. The unit operates remotely/virtually, for the most part, across headquarters, RRNs, delegations and subdelegations. Team members bring with them a range of technical and cultural backgrounds, ensuring a high level of diversity in the team.

Given the unit's lean structure, A&E managers employ a hybrid participatory/ethical leadership model. The intense interaction among team members, who are encouraged to disagree and empowered to innovate, creates a strong sense of cohesion and ownership within the team. It also reduces the risk of groupthink⁷ and the Asch effect.⁸ While senior staff operate with delegated authority in their area of responsibility, all team members are encouraged to meet with the unit's management team⁹ on a regular basis. It is crucial for the unit's managers to hear about the day-to-day operational challenges faced by staff members and to address them with those directly affected. Given the relatively small number of employees with A&E duties in some delegations, it is important to have experienced experts who can manage themselves and to encourage internal synergies, knowledge-sharing and learning through ongoing interactions and information flows between teams.

THE A&E HUB

During the A&E scoping phase, a number of structures and resource management models – see [Flexible Management of Technical Resources](#) (internal document) – were explored for the purposes of identifying structures that would make it easier to attract and retain talent and fostering modes of working that would boost the new unit's ability to deliver what is needed quickly and efficiently. The A&E Hub was identified as the most effective structure for rapidly testing novel approaches, seeing what works and what does not work and, ultimately, improving programme quality through the most appropriate form of support.

The A&E Hub is a decentralized version of the A&E Unit in a shared location. It is designed to foster innovation and agility by bringing together a talent pool consisting of people who can learn from and use each other's unique skill set. The A&E Hub, if put in place, will include global functions that would otherwise be based at HQ and regional functions hosted at the RRNs. Thanks to the A&E Hub, the unit would be able to consolidate all expertise under one roof. In addition to boosting its ability to move forward on critical issues quickly, it would provide a flexible structure that could support delegations in its areas of expertise. In addition, it reduces the overlap in skills and functions by employing a complementary comparative advantage framework with regard to its staff and the specific expertise they bring to the team.

Over time, the A&E Hub would further boost the ICRC's position as a leader within its sector in the use of A&E to inform, guide and influence the humanitarian response. Lastly, it would bolster the ICRC's ability to make better evidence-based decisions, enhance the ICRC's side of the humanitarian dialogue and support

⁷ Groupthink refers to a group's unwillingness to critically evaluate alternatives to ideas that the group favours, in order to preserve harmony.

⁸ The Asch effect occurs when people go along with a group's opinion regardless of what they think as individuals.

⁹ This includes the head of unit, the integration manager and the heads of sector.

the development of evidence-based strategies and policies. The A&E Hub would be a vector for influencing other organizations when it comes the use of evidence to inform key decisions regarding humanitarian action.

THE TEAM'S KEY COMPETENCIES

In the A&E Unit's early years, the team culture will be shaped by the unit's guiding principles as set out in this strategy. The unit values and seeks from its staff members an innovative and strategic mindset; critical thinking; direct and transparent communication; an organized, achievement-oriented approach and self-motivation; empathy for colleagues; active listening; a high level of emotional intelligence and self-awareness; the ability to work both autonomously and as part of a team with shared objectives and/or different focuses; exceptional time management skills and the ability to meet deadlines and perform under pressure; and the ability to adapt to different cultures and international environments.

SKILLS AND TEAM MANAGEMENT CONCERNS, AND MITIGATION MEASURES

Because the A&E Unit is newly created, the management structure may be changed as this strategy is implemented and brings the ICRC's A&E needs into better focus.

The A&E Unit brings together a number of existing teams, absorbing roles that already exist and combining them with newly established roles in pursuit of Strategic Priority 4 of this strategy.

The unit, with the backing of the P&ES management and all relevant stakeholders, has identified key positions to be filled in order to achieve its objectives. These include a management team, specialists and technical staff at headquarters, regional hubs and the Belgrade Shared Support Centre (BSSC) and in the field. The model described here is the result of the discussions held during the scoping phase and was refined throughout the planning phase that led to the creation of the A&E Unit. This model was selected by most stakeholders during the consultations.

The management team is composed of the head of unit, the integration manager and the heads of sector.¹⁰ Specialists include thematic team leaders (e.g. GIS and Evidence-Based Protection), multidisciplinary advisers, innovation & analytics specialists and field teams. Among the specialists, particular emphasis is given to the thematic team leaders, who are experts in the main P&ES functions. Multidisciplinary advisers are in charge of supporting core programmes and promoting collaboration across units. Most of the Innovation & Analytics team is based at the BSSC, although one team member works at HQ to manage relations with other teams and to leverage the Innovation & Analytics team's links with the Innovation Unit and explore opportunities to improve the A&E Unit's work in novel ways. Heads of sector interact with the different regions through the Regional Management Team. Finally, HR and administrative duties are carried out by the talent manager and a unit assistant. Some global and regional functions could potentially be decentralized to an A&E Hub. In the unit's early years, other specific services are outsourced to external consultants.

The recruitment process is under way for key positions in the A&E Unit's management structure. Hires will be based on an organization-wide complementary capacity framework; in other words, not only will each team member add unique value to the team, but they will possess skills and qualifications that complement those of their colleagues. The recruitment process will start with senior HQ and regional roles, followed by technical team members chosen by each manager. As mentioned above, certain roles in the new structure will be filled as a result of the step-by-step re-scoping and re-mapping of positions that already existed at the ICRC. When existing positions do not match the requirements of new roles, the A&E Talent Pool created

¹⁰ The head of sector's role is being reviewed under the OBA initiative and may therefore be changed as this strategy is being implemented.

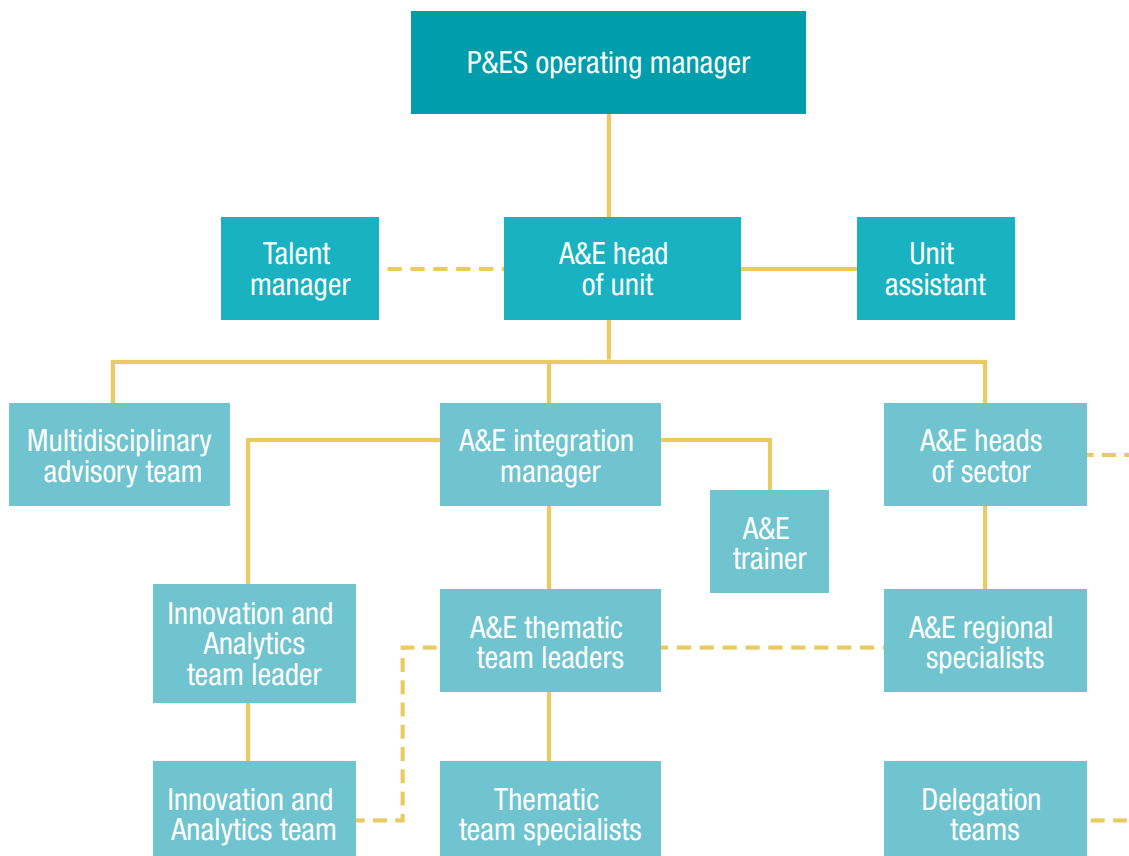
in 2022 will be turned to. If there are no available staff with the required skills, new recruitment campaigns will be launched. Recruiting will be done in such a way as to better ensure business continuity.

The A&E Unit has a mandate to develop multidisciplinary practices and harmonize A&E work across units. This mandate lays the groundwork for the A&E Unit to take the lead on multidisciplinary activities and help the various units incorporate A&E into their own work by setting A&E standards and further developing the function in conjunction with the units it works with. This is expected to lead to the emergence of consistent A&E practices across programmes. In this way, the A&E Unit supports the other P&ES units in their efforts to adhere to the A&E standards that are defined by the A&E Unit in consultation with other programmatic functions. This favours a harmonized and multidisciplinary approach. The resources will be managed internally by the A&E Unit, while resources will be allocated to the other units when needed.

PERSONNEL PLAN

The recruitment plan follows a phased strategy for identifying the best candidate for each role. The ICRC's HR approach allows for staff mobility and the ability to hire people with a range of profiles. For the A&E Unit to be fully operational, at least in the first few years, it will benefit from a shared location – the A&E Hub. In the medium-term, once the necessary capacity is in place, alternative and flexible working conditions could be considered for certain positions, in accordance with the ICRC's HR policies. The main downside to offshoring some positions is that the unit will need to make sure that all administrative processes and regulations in each staff member's country of residence are properly followed.

The figure below shows the A&E Unit's organizational chart following the consultations held with stakeholders during the new unit's scoping and planning phase. Changes may be required in view of available resources and evolving roles.





OPERATIONS PLAN

LOCATION

The A&E Unit is spread across headquarters, the RRNs, the BSSC and field delegations. The creation of an A&E Hub may result in the decentralization of some of these positions in order to leverage global and regional capacity, as described in the [management plan](#) discussed above.

Key stakeholders interact with the A&E Unit both remotely and physically at their duty stations.

FIELD ORIENTATION

Field operations are at the core of the A&E Unit's mandate. Properly staffed and supported field teams are therefore a key success factor for the A&E Unit and its Strategy 2023–2027. Global, regional and delegation-level field teams need to engage in regular interactions oriented towards solving field problems rather than imposing top-down priorities. Conversely, global and regional initiatives draw in part on field operations and must therefore address delegation-level problems and promote best practices across programmes and regions. Strong HQ and regional support for the field is in the best interest of delegations.

A STRATEGIC APPROACH

The A&E Unit will aim to fulfil the strategic priorities set out in the A&E Strategy 2023–2027 through the action plan. While the unit's internal stakeholders will play a key role in implementing this strategy, the unit was also designed to play a strategic advisory role in support of programmes within the P&ES Department. The unit should therefore not be perceived as a service provider that answers requests, but rather an integral part of the programme cycle, with the areas of responsibility set out in the [A&E Unit](#) section of this strategy.

THE INFORMATION SUPPLY CHAIN

Using and producing evidence is part of the A&E Unit's core business. The unit relies on both internal collaboration and external partners when it comes to the supply of information it uses to guide and influence field programmes and organization-wide policies. Primary data collection is designed with the sole scope of filling in evidence gaps and informing ICRC programmes and policies. However, it can often add value to the sector as a whole. In full compliance with data protection protocols, the A&E Unit shares relevant primary data with internal and external partners, in a safe and secure manner. Key partners and audiences for information-sharing are identified on an ad hoc basis and following scrupulous due diligence.

OPERATING IN THE A&E UNIT

The A&E Unit relies on a combination of expert roles and support profiles. In keeping with its Accountability Chart,¹¹ A&E capacity is distributed as follows:

- A head of unit (HoU), who has a technical profile, plays a visionary role in leading the development of the A&E function and represents the unit externally.
- The HoU will be supported by an integration manager (i.e. the integrator), who has a management background and a lengthy ICRC career. That person's task will be to ensure the unit is well-integrated in the ICRC's ecosystem, acting as an interface with other units across the P&ES Department and managing resources and workloads in accordance with the A&E Unit's priorities. This is a key role for ensuring the unit's technical work is incorporated into ICRC operations and facilitating links with delegations and operational teams. The integration manager will manage thematic teams (e.g. GIS, Evidence-Based Protection and EcoSec A&E). If the A&E Hub is created and key HQ and regional resources are decentralized, the integration manager will remain at HQ and liaise with those staff members.
- Multidisciplinary A&E advisers (i.e. the operating team), located at HQ, at the A&E Hub and in regional offices, will develop harmonized A&E practices across programmatic functions and provide delegations with a consistent, multidisciplinary approach to strengthening A&E in their operations.
- Regional A&E managers in regional hubs will serve as decentralized heads of sector for their respective regions, manage the regional A&E team and oversee the work of A&E coordinators in the delegations in their respective regions. In addition, they will act as a second line of defence for A&E work in the delegations.
- A&E specialists at the HQ, regional and field levels have different technical roles, but there are no positions dedicated directly to one or more programmatic functions. Instead, the A&E Unit manages resources according to availability, geographical proximity and the technical skills required for the support to be given to the unit in question.
- Among global and regional experts, a dedicated focal point for each unit may be assigned within the A&E Unit, leveraging both regional and global roles. These experts will act as single points of entry for communications with the units, but not as full-time resources for the units. For example, in a review of the monitoring framework of health programmes, while an A&E staff member may be the focal point for health, another team member with a stronger monitoring profile may be better-placed to advise on this request. Resources are then allocated accordingly.
- The Innovation & Analytics team (i.e. the enabling team) plays a critical role in managing data and digital solutions that enable the unit to achieve its objectives.
- Support functions like the talent manager and the information management assistant (i.e. the support team) ensure that all of the unit's HR, information-management and administration tasks are completed in accordance with organizational policies and geared towards achieving the unit's strategic priorities.

¹¹ According to the Entrepreneurial Operating System (EOS), an Accountability Chart usually requires a visionary, an integrator and an operating team as part of its structure to deliver effectively.

EMPLOYMENT PLAN

The newly formed A&E Unit will expand its human resources quickly and must therefore pay particular attention to its employment plan (see the management plan section above).

To be successful, the A&E Unit will require dedicated and competent staff. Given the expected rate of growth, retaining and nurturing staff will be a crucial issue. Strategic workforce planning – which must address how new staff are onboarded and how internal mobility processes and the career interests of individual staff members are managed – will be of utmost importance. Introducing and adopting functional competencies will clarify the skills requirements and the learning path for A&E staff. Diverse talent pools need to be created or linked to the A&E Unit, ensuring their members' profiles are correctly mapped and that a referral and coordination system with other departments is in place.

Learning and development will be crucial for the careers of all A&E staff as per Strategic Priority 4. The A&E Unit defines and periodically updates the list of competencies that are critical for its success. The unit will seek synergies with other units, with learning institutions and with strategic partners to ensure that it has access to the most up-to-date resources and tools and that knowledge and skills are effectively shared within the organization and across the sector. All A&E staff who consider it useful will have an opportunity to participate in training courses or carry out an exposure mission. Similarly, partner organizations such as National Societies are welcome to provide their expertise by seconding staff to the A&E Unit.

Regular interaction within the unit will help to overcome physical distance and cultural barriers; promote trust, communications and teamwork; highlight the unit's organic and adhocracy culture of change and innovation; ensure team members are guided by people- and outcome-oriented values; and be part of a fully performing and cohesive team. The following steps will help achieve this level of interaction:

- an in-depth onboarding process, with one-to-one briefings with key managers and peers
- a weekly management team meeting
- a weekly written update for all unit members
- a monthly all-team meeting
- ad hoc bilateral meetings between the head of unit/integration manager and individual staff members
- an active and participatory community of practice to foster learning and peer-to-peer support
- an annual team retreat consisting of regional thematic workshops
- daily team and bilateral interactions and communications through online videoconferencing and the workspace chat.

The unit's [guiding principles](#) and the [management values](#) mentioned above will go a long way towards ensuring high staff retention in the unit. In addition, the presence of a talent manager in the unit will provide staff with the opportunity to assess options for internal mobility and identify key gaps they need to fill to advance in their career. Internal trainings and workshops will complement the unit's learning and development plan for its staff.



RESOURCING PLAN

To achieve the objectives of the A&E Strategy 2023–2027, the A&E Unit requires sufficient human and financial resources. However, a breakdown of the financial resources needed to implement this strategy falls outside the scope of this document.

HUMAN RESOURCES

The A&E Unit is the result of the merger of various teams and individuals whose roles and functions contribute to the mission and strategic priorities described in this document. One key step in maximizing existing capacity consists of mapping competencies and roles. This gives the organization a chance to rethink existing positions and direct some capacity to meeting the unit's strategic objectives. At the same time, it obviates the need for field and HQ managers to invest heavily in additional human resources. Existing capacity is recognized as an invaluable asset for the unit and needs to be leveraged, and during the new unit's planning phase an effort was made to match existing profiles to those required to implement the A&E Strategy 2023–2027. But given the unit's scope and the growing demand for its work, new positions will still need to be created and carefully staffed. So while the A&E Unit recognizes the uniqueness and value of each ICRC staff member who directly or indirectly contributed to the process of creating the A&E Unit, a combination of internal and new profiles will be sought.

FINANCIAL RESOURCES

A considerable investment will be required to implement the A&E Strategy 2023–2027. The outcome of the consultations held during the A&E Unit's scoping and planning phases underscored this need. Financially, the benefits of achieving A&E's strategic priorities outweigh the costs thanks to the expected impact of the new unit. The inability to demonstrate the ICRC's programmatic impact or to influence the humanitarian dialogue with solid evidence and rigorous analysis is simply not an option. Delivering on the ICRC's mandate by improving the organization's position in the humanitarian landscape and the quality of its field programmes will not only safeguard existing funding streams but also create additional ones that will be critical given the growing needs affected people.



RISK AND OPPORTUNITY ANALYSIS

The creation of the A&E Unit and the implementation of the A&E Strategy 2023–2027 face some risks and stand to benefit from a number of opportunities, which are identified below.

RISKS AND MITIGATION MEASURES

- The many initiatives and teams with similar functions seem to be leading to initiative fatigue among field teams. A clear organization-wide strategy consisting of various functions and their relationship to each other, along with a solid communications and change management plan, mitigates this risk.
- While stakeholders within the P&ES Department support the creation of the A&E Unit, the unit may not receive sufficient resources. The communications and change management plan needs to make clear the added value for different stakeholders and the risks to the ICRC of not delivering on the A&E mandate.
- Both at HQ and in the field, there is a significant risk that this new unit will be technically relevant but lack the capacity to significantly influence processes. In such a situation, A&E work would be underused or used improperly. Managing expectations, developing a minimum operating capacity scenario and embedding A&E in the ICRC's day-to-day operations through awareness-raising and training will help absorb this risk.
- Another risk, linked to the previous one, is that deploying A&E staff on their first ICRC mission in critical positions in the field soon after the A&E Unit is created may reduce their ability to influence programmes in delegations. A solid onboarding plan, with exposure missions and close oversight by heads of sector or regional specialists, will be important for mitigating this risk. In addition, the A&E learning and development path will ensure that A&E staff are provided with ongoing, incremental upskilling opportunities.
- It may prove difficult to strike the right balance between A&E work that is relevant for programmatic functions and harmonized practices that underpin a coherent, evidence-based and people-centric response. The A&E Unit will seek to leverage technical capacities in different areas of expertise while empowering field teams to design needs- and evidence-based responses.
- The success of the teams that merged to form the A&E Unit has relied on the leadership of key staff. Yet the ICRC's mandatory rotation system for international staff requires the A&E Unit to rotate staff in these roles. While new managers can bring a vision of positive change to A&E, there is a high level of loyalty among existing A&E team members. If the unit is unable to maintain its vision of continuity and core values, the team members could lose motivation and strategy implementation could be hampered just as the unit is getting off the ground. To mitigate this risk, P&ES and A&E managers need to carefully identify and select people who will fit seamlessly on the team.
- Detaching the individual roles from the other units could give the appearance that A&E is a service rather than a core function for ICRC programmes. Mitigating this risk will require strong messaging from the P&ES management and the sharing of key A&E messages at different levels – from delegation managers to field officers. Setting individual performance objectives that require staff to incorporate A&E into their work could also help to mitigate this risk.
- It may prove difficult to transfer certain positions to the A&E Unit if the teams they come from perceive that they are being deprived of resources. Clear communication on the benefits of the A&E Unit needs to be shared with all affected departments in the interest of synergies and business continuity.
- The function-specific expertise added by bringing in existing resources from other units may fade over time, and hence a plan to build the team's capacity in the use of organization-wide tools and practices will be necessary.

- In fully detaching the A&E Unit from other units, there is a risk that focal points may not be effective at engaging non-A&E units. This could lead to a lack of ownership among the programmatic functions, whose staff may not perceive A&E as technically relevant (especially at a time of stretched resources). They may end up duplicating this work internally or isolating themselves from the work of the A&E Unit. Even if the work is relevant, the terminology used may not be well-perceived or well-understood by other units. This would spread to coordinators in the field, leading to a high level of resistance towards this function and a low level of utilization. Delegation managers will need to be brought onboard, as they will play a key role in ensuring the A&E Unit and other units work together in a coordinated manner.
- The small technical teams will be moved into a new, more complex structure in which different approaches will have to be consolidated. As a result, A&E-related work may not be as agile and entrepreneurial as it was before the unit was created. The creation of a decentralized A&E Hub could help to mitigate this risk.

OPPORTUNITIES

- There is an overall alignment of interests among all stakeholders involved in defining the scope and responsibilities of the A&E Unit and broad trust in the existing leadership and its ability to help the unit to achieve its objectives.
- This A&E initiative aligns with the ongoing organizational shift towards OBA, of which A&E is a key enabler. The investment required to set up the A&E Unit is part of the broader ICRC-wide drive for change.
- The A&E Unit puts the ICRC into a better position to advance its agenda of diversifying funding partners (e.g. development organizations) and engaging in long-term initiatives (such as MYMP programmes).
- Just as the work of small A&E teams led to the creation of the A&E Unit for programming support, the work of the A&E Unit within the P&ES Department will be closely watched by other departments and could turn into a broader, ICRC-wide function in the future.
- A strong cross-cutting A&E Unit can act as a key stakeholder to support resource mobilization and donor engagement, strengthening the ICRC's position as an agile and evidence-driven partner in the humanitarian sector.
- Recent updates to the ICRC's institutional strategy and regional strategic frameworks include a call to use evidence more to inform decision-making. The A&E Unit helps to fulfil this objective.
- Existing delegation-level initiatives aimed at broadly implementing A&E are in need of support and guidance. The A&E Unit will guide delegations in this process.
- The ICRC has already begun to test transformative processes and new structures at HQ and in the field. At delegations, several head-of-programme positions have been created. This is an opportunity to target specific management profiles, ensuring that the people who fill those roles are informed of A&E and familiar with the new unit for the sake of improved programme quality.

REFERENCES

INTERNAL REFERENCES

ICRC, *Fundamental Principles of the International Red Cross and Red Crescent Movement*, ICRC, Geneva, 2016.

ICRC, *Institutional Strategy 2019–2024*, ICRC, Geneva, 2018.

ICRC, *Accountability to Affected People Institutional Framework*, ICRC, Geneva, 2019.

ICRC, *Economic Security Analysis & Evidence Strategy 2019–2022*, ICRC, Geneva, 2019.

ICRC, *Economic Security Strategy 2020–2023*, ICRC, Geneva, 2020.

ICRC, *Restoring Family Links (RFL) Strategy for the Red Cross and Red Crescent Movement 2020–2025*, ICRC, Geneva, 2020.

ICRC, *The ICRC People Strategy 2020–2025*, ICRC, Geneva, 2020.

ICRC, *Water and Habitat Strategy 2020–2023*, ICRC, Geneva, 2020.

ICRC, *Access to Education Strategy 2021–2026*, ICRC, Geneva, 2021.

ICRC, *Developing a Transversal Analysis & Evidence Function Concept Note*, ICRC, Geneva, 2021.

ICRC, *Handbook on Data Protection in Humanitarian Action*, ICRC, Geneva, 2021.

ICRC, *ICRC Rules on Data Protection*, ICRC, Geneva, 2021.

ICRC, *The Outcome-Based Approach*, ICRC, Geneva, 2021.

ICRC, *Analysis & Evidence Communications and Change Management Plan*, ICRC, Geneva, 2022.

ICRC, *Analysis & Evidence Flexible Management of Technical Resources*, ICRC, Geneva, 2022.

ICRC, *Analysis & Evidence Function – Strengthening evidence-based programming*, ICRC, Geneva, 2022.

ICRC, *Analysis & Evidence in Brief*, ICRC, Geneva, 2022.

ICRC, *ICRC Evaluation Strategy 2022–2024*, ICRC, Geneva, 2022.

ICRC, *Summary of Findings: OBA interviews with field-based métier and management on programme support and delivery challenges*, ICRC, Geneva, 2022.

ICRC, *The Analysis & Evidence Hub*, ICRC, Geneva, 2022.

ICRC, *Transversal Analysis & Evidence Option One*, ICRC, Geneva, 2022.

ICRC, *Transversal Analysis & Evidence Options Overview*, ICRC, Geneva, 2022.

ICRC, *Transversal Analysis & Evidence Scoping Exercise – Phase 1 Report*, ICRC, Geneva, 2022.

ICRC, *Transversal Analysis & Evidence Scoping Phase Roadmap*, ICRC, Geneva, 2022.

ICRC, *Transversal Analysis & Evidence Scoping Phase – Who does what?*, ICRC, Geneva, 2022.

EXTERNAL REFERENCES

The Operations Partnership, *Mapping of current ICRC practices in relation to Programme Accountability and Learning for Quality*, The Operations Partnership, Geneva, 2021.





The Operations Partnership, *Review of humanitarian Programme Accountability and Learning for Quality practices. Sector benchmarking*, The Operations Partnership, Geneva, 2021.

Jeff Whittle, “Game Changing Small Business Tools: What is an Accountability Chart?”, Whittle & Partners, Dallas, 2018.



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.

 analysisandevidence@icrc.org
 facebook.com/icrc
 twitter.com/icrc
 instagram.com/icrc



ICRC

International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 60 01
shop.icrc.org
© ICRC, March 2023