

People at the Heart of Change



Learning and Good Practice from CAFOD's Humanitarian Capacity Strengthening programme (2013-2020)

October 2020 | Consultant: Emily Rogers

In memory of Father Joseph Maung Win (Director of KMSS Yangon, Myanmar) and Father Philip Wreh (Assistant Director of Caritas Cape Palmas, Liberia) our dear friends and committed humanitarians, who sadly passed away this year.

Acknowledgements

It has been a privilege to dive into CAFOD's HCS programme. The richness in this learning review comes from the valuable insights and personal learning shared by CAFOD's Humanitarian Capacity Strengthening (HCS) team, especially Laura Donkin, Myo Zaw, Luckson Mashiri, Oge Chukwudozie, and Ejuma Amen-Thompson. Further acknowledgement goes to staff from the L/NNGO partners who shared their reflections based on experiencing HCS first-hand. In particular, James Galgalo (Caritas Isiolo); Isacko Molu (Caritas Marsabit); Dr Win Tun Kyi and Zono Mawia (Karuna Mission Social Solidarity); Fr. Peter Myat Thu Ra and Zin Min Tun (Caritas Pathein); and Br. David Nyamuronda and Takura Gwatinyanya (Caritas Harare).

Emily Rogers

Citation: Rogers, E. (2020). 'People at the Heart of Change'. CAFOD, London.

This Learning and Good Practice Guide was funded by the European Union Aid Volunteers, the Danish Ministry of Foreign Affairs through Caritas Denmark, Secours Catholique – Caritas France and CAFOD.

Front page photo: Left to right Tu Saung and Helen Yaw Soung (KMSS Lashio) during a training on Core Humanitarian Standard. (CAFOD/ Laura Donkin)



CAFOD staff and partners celebrate the PEOPLE project's achievements



Contents

Acronyms	4
Introduction	5
CAFOD's Humanitarian Capacity Strengthening (HCS) programme in a nutshell	6
Achievements from CAFOD's HCS programme	8
1. Foundations of design: initial decisions for shaping HCS programmes	10
A. Realistic timeframes for the anticipated changes	10
B. Partner selection: individual and combinations of partners	11
C. Strengthening networks of organisations	12
D. Recognising partner strengths and reflecting varied partner profiles in the design	13
E. Participation in design	14
F. Coordination with other stakeholders	15
G. Planning for the transition of HCS support and sustainability of results	15
2. Gaining (and maintaining) commitment	17
A. Understanding where decision-making lies	17
B. Building active partner commitment	18
C. Building trust and momentum	19
3. Gaining understanding, inspiring change, and planning for implementation	21
A. Identifying strengths and gaps – the partner self-assessment process	21
B. Developing a plan	24
C. Identify who will do what (roles and responsibilities)	25
4. Accompanied implementation	27
A. Accompaniment	27
B. Combining CS approaches	29
C. Opportunities to apply learning	30
D. Peer to peer exchange and support	33
5. Measuring success	34
Conclusion	36
References and resources	37
Annexe	38

Acronyms

CHS	Core Humanitarian Standard
CIMS	Caritas International Management Standards
CS	Capacity Strengthening
DO	Diocese Office
ELNHA	Empowering Local and National Humanitarian Actors
HCD	Humanitarian Capacity Development (term used from 2013 to 2017)
HCS	Humanitarian Capacity Strengthening
HCSO	Humanitarian Capacity Strengthening Officer
L/NGO	Local / National Non-Governmental Organisation
NO	National Office
OD	Organisational Development
PEOPLE	Preparing for Emergencies by strengthening Organisational Procedures, Learning and Exchange project
SCCF	Secours Catholique Caritas France
STP	Shifting the Power

Caritas Mombasa's (Kenya) illustration of Humanitarian Capacity Strengthening during their end of project workshop.



HCD

Introduction

Organisational capacity strengthening is complex and messy. Changes arising from capacity strengthening (CS) inputs and support are not controllable or predictable; X may not lead to Z, but happily may bring about an unexpected change in Y. The complex combination of factors that can contribute (or detract) from the success of CS efforts means what works for one partner may not work for another. Many of these factors are identifiable, but some are more nebulous and apparent only in hindsight.

While capacity strengthening can be guided and supported by an external partner, changes can only come from within the organisation. External partners need to relinquish control and know when to step-back if the CS is not working or re-engage when the time is more conducive. Similarly, capacity strengthening should be multidirectional resulting in learning for both partners. External partners need to adopt approaches and ensure mindsets that allow for exchange and two-way learning. While CS might start at an individual level, for sustained and wide-spread change it needs to transition to organisational level, reaching from 'top-to-toe'. Engaging the right people, who can lead, drive forward, and bring about change is key for this.

Strengthening organisations is a process that takes time. It is a journey of 'snakes and ladders', where gains made can be wiped out by sudden changes beyond the influence of a programme and sometimes the organisation. The degree of progress that can be seen over any given timeframe will vary between partners, but it is a journey that starts before and continues long after any project.

Despite these challenges and the uncertainty involved in CS there are models that have shown themselves to be effective at supporting partners with strengthening their ability to respond to emergencies and their organisations more broadly. This document **sets out learning** from seven years of CAFOD's Humanitarian Capacity Strengthening (HCS) Programme, outlining the ingredients in the HCS model that have been found to be essential in supporting partner-led organisational

change. It **highlights good practice** along the journey of change that can guide future CS initiatives.

Method and scope of learning – Learning has been identified from project documents; evaluations, learning reviews, and case studies from CAFOD's HCS projects and selected other agencies. In addition conversations were held with 24 people including: CAFOD staff (both those involved with realising HCS projects and others in management positions); CAFOD partners who had experienced one or more HCS projects; and external stakeholders involved in delivering CS projects or wider localisation work. A further 22 people were also consulted for a recent HCS project evaluation. Experiences spanned eleven countries, in addition to regional and global perspectives.

While varied forms and approaches to CS are woven into CAFOD'S approach as a partnering organisation, this document focuses specifically on learning from CAFOD'S HCS programme. While HCS has a humanitarian lens, much of this learning is applicable to organisational CS with different lenses.

Structure of learning – This document is structured around the stages in the HCS journey from the key decisions made at the start to measuring success at the end. The main sections are:



CAFOD's Humanitarian Capacity Strengthening (HCS) programme in a nutshell

Described as both 'innovative and bold' CAFOD's HCS programme embraces partner-led CS, adopting approaches that encourage local ownership. It has several key attributes:

It focuses on partner-led change and recognises the unique journey for each partner.

The self-assessment process is one of its defining features, allowing partners themselves to identify capacity strengths and areas for development, and engaging senior staff and leadership in organisations through the change process. Finally, there is no project funding beyond the agreed HCS support, so motivation for change is linked to the desire to become stronger rather than promises of future funding.

It takes a holistic organisational approach to humanitarian capacity strengthening.

There is a focus on strengthening organisations themselves as the foundations for being better able to respond to emergencies, complemented by more specific support on aspects of preparedness and response.

The CS approaches used are varied and flexible but have commonly included:

- Partner accompaniment by a national Humanitarian Capacity Strengthening Officer (HCSO) throughout the project.
- A small CS grant for partners, so they have the resources needed to implement their CS plan.

- Opportunities for exchange with other partners within the same country or based in other countries.

The scope of HCS support.

CAFOD's Humanitarian Capacity Framework (HCF) forms the backbone for HCS support. It is used by partners to review their current capacity to prepare for, respond to and influence humanitarian responses, and as the basis for deciding the priorities for CS.

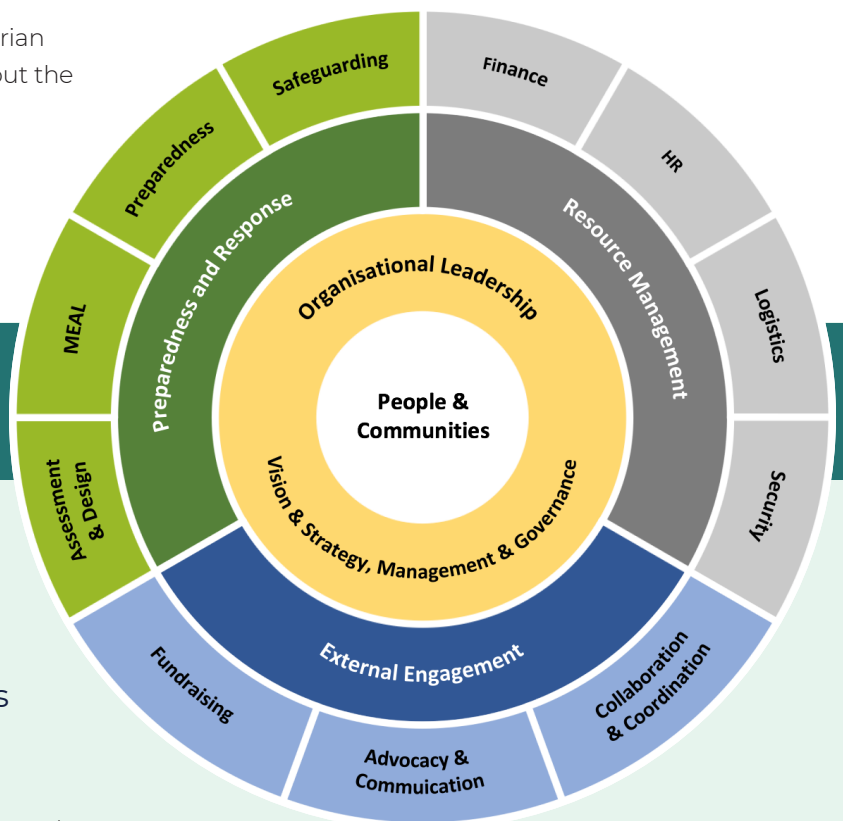
In its present form, people and communities affected by disasters are at the heart of the framework. There are 13 different capacity areas (each of which has a number of indicators), grouped under four main pillars:

- Organisational Leadership
- Preparedness and Response
- External Engagement
- Resource Management

The framework is aligned with the Core Humanitarian Standards (CHS) and includes selected indicators from the Caritas Internationalis Management Standards (CIMS).

CAFOD's Humanitarian Capacity Framework (HCF)

"It is a holistic approach with a humanitarian flare! It focuses on leadership, governance, and policies. Organizations need these foundations in place to be able to deliver" – HCSO



In 2019 Safeguarding was added as an additional capacity area to the Framework, after partners had already completed their self-assessments.

Experience to date.

CAFOD's stand-alone HCS programme started in 2012, in order to address a specific gap: many CAFOD partners were responding to humanitarian crises because they 'felt called to by being on the ground', not because they necessarily had the skills to do so. As such, CAFOD was faced with the challenge of trying to build partner capacity during an emergency response.

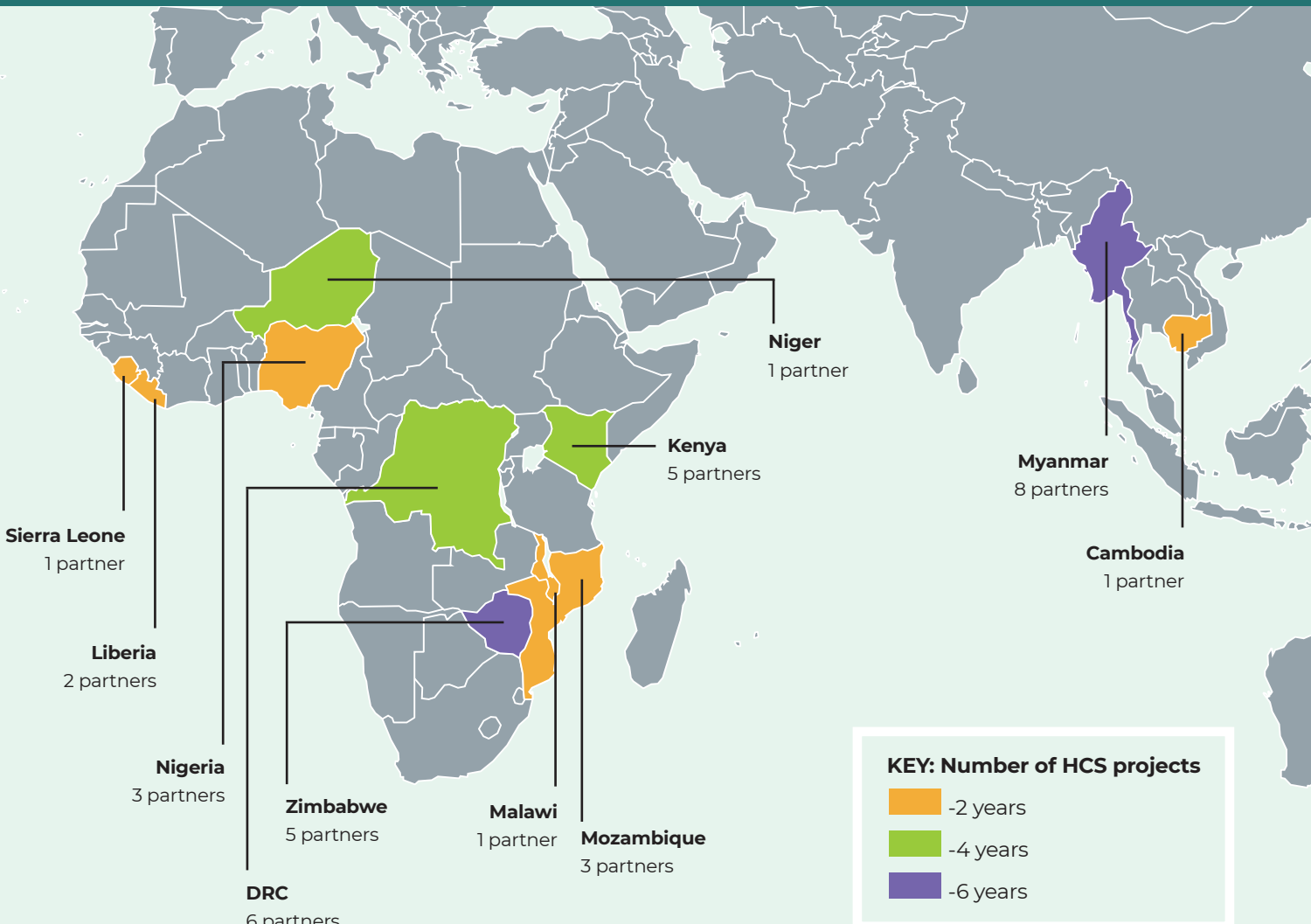
To date there have been four distinct HCS projects, reaching 37 organisations from across 11 countries. Partners have primarily been members of the Caritas family, with each project targeting a combination of national and local member organisations. The vast

majority have been existing CAFOD partners and are, therefore, known quantities. All have been based in disaster-prone areas, but not all have had previous emergency response experience.

HCS projects, except for one, have been for two years. Within this timeframe the cycle of capacity self-assessment, planning, CS activities, and re-assessment have taken place, with partners moving through similar stages of the HCS journey in parallel. Through being part of successive HCS projects certain partners, who have demonstrated commitment and where there has still been need, have been supported over a longer timeframe.

Locations of CAFOD's HCS projects

Colours (see key) show the number of successive projects per country; labels the number of partners supported per country. (NB not all partners in each country have been supported with all projects)



Summary of CAFOD's HCS projects (2013-2020) and other CS initiatives CAFOD has been involved in

CAFOD's HCS projects	Dates	Budget	Location	No. of partners
Humanitarian Capacity Development (HCD) programme (Phase 1)	2013-2015 (2 years)	Budget: £800,000 (Funded by: CAFOD)	Africa: Zimbabwe, Malawi, Mozambique, DRC, Niger, and Kenya Asia: Cambodia and Myanmar	15
Humanitarian Capacity Development (HCD) programme (Phase 2)	2016-2018 (2 years)	Budget: £840,000 (Funded by: CAFOD)	Africa: DRC, Kenya, and Zimbabwe. Asia: Myanmar	20
Preparing for Emergencies by strengthening Organisational Procedures, Learning and Exchange (PEOPLE) Project	2018-2020 (2 years)	£715,000 (Funded by: European Union Aid Volunteers, SCCF and CAFOD)	Africa: Zimbabwe, Nigeria, Sierra Leone, Liberia and Togo	10
Enhancing National Capacities for Emergencies (ENHANCE)	2018 – 2022 (3 years to date)	Budget: £190,000 (Funded by: Caritas Denmark (Danish Ministry of Foreign Affairs) and CAFOD)	Africa: Niger (year 1 only) Asia: Myanmar (3 years to date)	9

Other CS initiatives	Dates	Budget	Location	No. of partners
Shifting the Power (STP) - Implemented by a consortium of six INGOs	2015 – 2018 (3 years)	£4.8 million (Funded by: DFID)	Africa: DRC, Ethiopia, Kenya Asia: Bangladesh, and Pakistan	55
Network for Empowered Aid Response (NEAR) Network project	2016-2018 (2 years)	(Co-funded by OFDA and ECHO)	Africa; DRC, Somalia, South Sudan Asia: Nepal Middle east: Turkey	30

Achievements from CAFOD's HCS programme

Improvements have been identified by the majority of partners supported through HCS. Self-assessment baseline and endline scores from 23 partners show **all partners have seen improvements in multiple aspects over two years of HCS support**, with, on average, each partner reporting improvements across 7 out of the 12 competency domains. Commonly partners have made **significant progress in their Vision and strategy, and Emergency preparedness**, based on how frequently change was recorded in these areas, as well as the scale of change.

Diving into specific examples shows how these changes are having a positive impact on partners' activities, with improvements seen in the **quality, accountability and speed of partners' emergency response work**. For example, JDPC Yola in Nigeria refined their approach for receiving community feedback and complaints, resulting in feedback that allowed them to adjust their work. Caritas Gokwe in Zimbabwe strengthened their approach to volunteer management, identifying and training a network of community level volunteers which has enabled them to gather information more rapidly from communities following an emergency. KMSS Myitkyina in Myanmar applied their newly developed delegation system during a disease outbreak, resulting in swifter information sharing and decision making which saw the outbreak controlled. Partners have seen how different strands of support under HCS contribute to overall improved response capacity. As commented by a partner in DRC:

“The biggest change is the fact that our Organization has developed capabilities to implement humanitarian projects in a short period of time. For example, 45 days to implement START FUND projects up to the reporting.”

Improvements in core policies, procedures, systems and governance have **bolstered the capacity of partners at organisational level**, benefiting humanitarian,

developmental and other partner activities. It has meant partners are more likely to meet donor requirements, **allowing some partners to access new forms of donor funding**. For example, Caritas Bukavu in DRC developed policies which describe their vision, mission and values, as well as a code of conduct and a management toolkit. As a result, the organisation became eligible for pooled funding and has received ECHO and WFP grants. A recent HCS project resulted in 39 policies being developed across nine partners including in HR, safeguarding, finance, fundraising, and complaints handling. As commented by a partner in Nigeria:

“We never had an HR manual, or a code of conduct. We developed these [during the HCS project] and have seen it has changed the attitude of staff, resulting in higher performance in terms of project implementation.”

Further, some partners have seen **improved recognition of their abilities** by authorities and other actors. For example, Caritas Bukavu's increased coordination skills enabled them to co-facilitate the South Kivu Protection Cluster.

“Caritas Bukavu is now accepted and recognised as an integral part of the South Kivu humanitarian community, and as a professional actor that can be relied on and referred to when disaster strikes.”

The volunteer network set up by Caritas Gokwe saw them become the main source of information from flood affected areas in 2019, improving their reputation among local authorities.

Through building stronger links and connections between local and national NGOs in the Caritas family, HCS has gone beyond strengthening individual organisations to strengthening networks. See Box 1 for examples.



Foundations of design: initial decisions for shaping HCS programmes

This section outlines learning linked to the design of HCS programmes. It covers the thought process that happens before the CS journey begins with individual partners, while recognising that partners may be involved in this thinking.

A. Realistic timeframes for the anticipated changes

1. Capacity strengthening takes time. While there is strong evidence of partners making progress towards strengthening their organisations during short two-year projects, longer time horizons are needed to see more substantive and sustainable organisational changes.

There is a tension between the fast-paced world of emergency response, with the associated expectations of results over a short period of time, and the longer timescales needed for successful and sustainable capacity strengthening of organisations. In the world of emergencies two-years is long-term, for organisational capacity strengthening two years is short-term. Evaluations from CAFOD and external projects, commonly conclude that longer time horizons are needed to match the ambitions in organisational CS. In addition, funding for HCS also needs to be flexible, recognising that CS is complex and does not necessarily follow a linear or steady path.

“We want someone to journey with us for a period of time, allowing for more medium-longer term support. Ideally, we could have worked with an HCSO for 3-5 years so they could support us with developing and applying systems, although even 3 years is short.” – Partner, Kenya

“You cannot do capacity building in 1 year as we are not focusing on physical items but attitude change.” – Partner, Myanmar

“HCS is a process – there are things that change immediately and things that change over time.” – HCSO

Evidence from CAFOD's HCS programme shows progress is possible in two years. There are many concrete examples of partners taking positive steps towards becoming stronger organisations, and examples of how these steps have led to change in practice. However, successive short-term funding cycles may each demand new areas of focus rather than looking to cement progress made under previous cycles. Trying to move too fast can be counter-productive to seeing real change, and shorter projects can also place huge demands and pressure on the partner, and implicitly expect all partners to 'move at the same pace'.

Where partners have been engaged with HCS for more than two-years, greater change has been achieved. Longer timeframes allow partners to embed and roll out newly developed policies, plans, or practices; they provide space to apply and learn from mistakes; and can enable partners to shift from being solely recipients of CS support to also supporting others.



KMSS Yangon staff conduct initial rapid assessment of flooding. They have been supported by HCS since 2013.

2. HCS projects need generous levels of time for inception and start-up activities. For short projects this means the proportion of time allocated to inception (rather than CS activities) is larger than for longer projects.

HCS inception involves garnering further commitment from senior management and leaders; building trust and gaining an understanding of HCS and the partner; and clarifying roles and responsibilities within each partner organisation for driving forward CS activities. Without time given to this at the beginning experience has shown subsequent CS activities are less effective.

“The inception period needs to be 4-6 months. To lay the foundations, to understand, to build trust, to share the hope/visions, to inspire change.” – HCSO

Organisations new to dedicated CS projects report it can take time to understand their potential benefits and what can be done even with relatively modest budgets. As such partners engaging with HCS for the first time need more time for inception activities.

Given time for inception, in a two-year HCS project many partner-level activities (those taken forward by the partner to internalise new knowledge or skills inputted by the programme) happen in the last six months. External projects have also found that the inception time needed for CS work is relatively long. Given this, the level of change hoped for needs to mirror the actual time available for CS activities post inception.

B. Partner selection: individual and combinations of partners

1. A pre-existing trusting relationship between the partner and INGO, and management commitment (from both the partner and relevant INGO teams at country level) are fundamental to HCS and are the starting criteria on which to select partners for HCS support.

Selection criteria need to identify individual partners for HCS, while balancing the combination of partners to be supported at any one time. CAFOD's HCS, and external CS projects such as Shifting the Power (STP), have targeted partners based in emergency prone areas, some of whom have had limited or no previous emergency response experience. Their involvement has shown they had the potential and ability to carry out humanitarian operations in addition to their longer-term development work and demonstrates the potential for local organisations to operate along the humanitarian-development nexus.

2. The number and geographical spread of partners to be supported with HCS needs to be balanced with resources available for implementing proven CS approaches (in particular close accompaniment). Targeting a larger (or geographically scattered) number of partners may not be the most effective for seeing results.

Nigeria partners come together regularly to share learning and participate in trainings, including the PEOPLE mid-term review workshop.



CAFOD/Laura Donkin

Given finite resources, HCS projects need to balance depth of support vs breadth of reach when deciding how many partners to support and where. Typically, as part of CAFOD's HCS projects, a dedicated staff member has supported 3-4 partners over one or maximum two countries. Geographically dispersed partners can present a diverse portfolio of organisations for one person to support, and critically reduces the level of close accompaniment that can be provided. In addition, time and resources need to be budgeted if targeting a combination of countries who speak with different languages to allow for translation of materials.

There is also opportunity to select combinations of partners that can reinforce each other during and after the programme. For example, through peer-to-peer learning and exchange or through strengthening of networks and connections between partners.

C. Strengthening networks of organisations

Many L/NNGOs are part of wider families and networks, such as the Caritas family, that have the potential to add a multiplication effect to CS support. Individual L/NNGOs within a network may be autonomous but strong links, collaboration, and coordination between them should increase the effectiveness of the network – making it collectively worth more than the sum of its parts. Depending on the network, the lead L/NNGO may have the potential to work with and support all other L/NNGOs in the network; and L/NNGO members may have the potential to support each other with surge or technical support as and when needed.

1. Network lead L/NNGOs, such as Caritas Regional and/or National Offices, may play a variety of roles as part of HCS work. The role, or potential future role, of the network lead L/NNGO needs to be co-defined and factored into programme design.

Based on CAFOD's HCS experience with Caritas National Offices, the role of network lead organisations as part of HCS support can be three-fold:

1. The target for CS, looking at strengthening the lead organisation itself.
2. Co-implementing partner – supporting in the CS of local network members targeted by the project.
3. Leading the roll out of CS to all local network members – including those not targeted by the project.

To play a role in capacity strengthening of network members (2 and/or 3 above) there may be a need to first build the capacity of organisations leading the network to be the 'capacity strengtheners' themselves - both with technical expertise in humanitarian response, as well as the skills and knowledge in how to do organisational CS. This requires a longer-term investment, strong buy-in of network members, co-creation of the programme, and potentially intense up-front support for the network lead.

2. Supporting networks of L/NNGOs represents more of a systems approach to capacity strengthening and has the potential to make greater contributions towards localisation. However, dynamics within the network, in particular between the lead and member organisations can pose challenges that may limit the potential

and actual progress possible over short periods of time.

CAFOD's HCS experience of engaging Caritas National Offices (the in-country network lead organisation for the Caritas family, responsible for coordinating with local Caritas organisations) has been mixed, and the challenges faced highlight useful learning on which to build.

In the case of the Caritas network: National Offices (NOs) often have unclear roles and lack authority to perform their role. For example, donors often deal direct with local member organisations, by-passing the secretariat. Many NOs have small numbers of staff and so are too stretched to provide meaningful support to the HCS projects. NOs have also tended to move at a slower speed compared with the local member organisations. In some countries NOs are semi-operational, going beyond their mandated role as coordinating bodies. In part, the need for NOs to engage all local members in forming national level policies or making joint decisions takes time. Finally, tensions between National and local members have in places hampered progress. It is not uncommon to find local members who are stronger than the national lead, with greater levels of experience, expertise and funding. NOs need confidence and humility to engage with stronger local members, and the ability to draw on strengths that exist within the network to benefit the wider family.

3. There is value in strengthening links between network members, in the case of Caritas the local Diocese Offices, within the same country which can build collaboration that goes beyond the project.

While local members organisations fall under the coordination of the same National Office, the links between local members may not be strong. In Myanmar, HCS has actively built links between local members that did not exist before, working with the National Office to bring together local members as part of reflection events, and through local members supporting each other as part of the programme strategy and resourcing. The programme has been praised by senior members of the Church for encouraging a new collaborative way of working, that has seen bilateral support between local members for the first time.

See Box 1 for further examples..

D. Recognising partner strengths and reflecting varied partner profiles in the design

1. CS initiatives should recognise the experience, strengths and know-how of partners, as well as the gaps. Brokering links and facilitating learning between partners is one way HCS has done this.

There are varied ways in which CS initiatives can recognise the strengths of target partners. CAFOD's HCS has done this through successfully brokering links between partners, matching the expertise of one

with the CS needs of others (see examples below). In contrast to bringing in external expertise, peer-to-peer support builds on pre-existing trust that exists between organisations (in this case within the same Caritas network) which has further facilitated capacity strengthening. This has also provided a means of strengthening links between partners, which in places has led to ongoing collaboration between them beyond HCS.

Box 1: Recognising partners strengths to support others, and building partner connections

Throughout, HCS has supported partners to connect with others, facilitating the connections and providing financial support to enable peer-to-peer activities to take place. Peer exchange visits have seen a mutual exchange of learning between partners, each with different strengths. For example, as part of one HCS project nine partners were involved in both hosting and sending staff on exchange visits to learn how others with more experience in a certain area were doing things in practice.

Examples of partners practically supporting each other have also been seen. For example, in Zimbabwe Caritas Harare supported Caritas Zimbabwe with the induction of their newly formed Board of Directors. Caritas Masvingo helped Caritas Hwange with the development of an introduction package for new employees. In Kenya, Caritas Maralal co-facilitated the self-assessment process of new partner Caritas Homa Bay.

In Myanmar, the HCS project strategy revolves around strengthening links and the connections between partners (National to local, and local to local). More experienced partners have nominated staff as co-implementers of HCS, working with CAFOD's HCSO to provide a range of support to other partners over the course of the project. For example, KMSS Pathein supported KMSS Kalay with humanitarian capacity self-assessment, on feedback and complaints handling mechanisms, and community-led procurement during a flood response.

There are examples of how the links built between partners have led to further collaboration between them beyond HCS support. In Zimbabwe, following Cyclone Idai, Caritas Harare seconded three staff and provided support vehicles to support Caritas Mutare. In Kenya, three Directors in the North shared the self-assessment process with five other Caritas Directors in the area, expanding the reach of HCS. The physical proximity of the three targeted Northern partners allowed for regular ongoing collaboration which saw them developing joint proposals after HCS. In Nigeria, during a flood response a staff member from Caritas Maiduguri (a partner supported by HCS) was seconded to Caritas Idah, a local NGO, which had not previously responded to emergencies. The staff member had valuable emergency experience from conflict settings, and through the secondment also gained experience in flood response.

2. The size, scale, and level of experiences of partners can vary significantly, requiring different levels, models and approaches to capacity strengthening. Partner profiles will also affect the level and nature of change that can be expected within a certain timeframe.

The size of individual partners can vary significantly. For example, some partners supported by CAFOD's HCS projects had only 2-3 staff members, others had up to 120 staff. Whereas smaller partners can involve all staff in key CS activities, larger partners will need to plan for greater internal dissemination and roll-out. Small partners (with fewer donors and less funding) are less likely to have opportunities to apply and cement learning as part of emergency response work during the project. Planning for CS approaches that provide an opportunity to apply learning will be particularly important for them.

The size of country-level networks can also vary substantially. For example, Caritas in Nigeria has 56

local member organisations, Liberia has only three. The task of bringing together members to co-design a new policy or roll out training is easier (and cheaper) for smaller networks. CS grants that are sufficient for smaller networks will not go far in larger networks.

Not all partners need the same level or type of support, and the nature of support needed will change over time. External CS initiatives findings also confirm that blanket CS support that is not tailored to the existing capacities and needs of participating L/NNGOs is less effective. Similarly, the support needs of smaller L/NNGOs (and the speed of change possible) is different from that needed for larger L/NNGOs.

Different skills and experience are needed to work with different profiles of partners. In selecting combinations of partners there is a need to consider who will facilitate and support CS, and the source of the varied skills needed.

E. Participation in design

1. Involving partners alongside INGO staff in designing and refining HCS support builds ownership, understanding, and can make the design more specific to contexts and needs. The design should also be refined throughout based on partner input.

Opportunities should be sought for involving partners in shaping the design of the wider HCS programme. Experience has shown, where this has happened benefits have been seen in refining the focus and approach for CS. Design questions to reflect on with partners include:

1. What are the changes partners want to see? For example, partners in Myanmar came together through a series of reflection and planning activities to define the overall outcomes of the HCS project. As a result, the project outcomes were more specific to the challenges these partners wanted to collectively address, and arguably more measurable. For projects where there are several countries involved, allowing each country to form their own objectives for HCS, based on their priorities,

may be more meaningful than aiming for top-down coherence across all countries.

2. What type of support do partners actually want and need? Partners have commonly been overloaded with trainings. HCS has supported partners to first understand alternative forms of CS (and the pros and cons of each) before discussing what forms of CS they need. Partners have also been encouraged to try new approaches, that go beyond more traditional trainings.

3. What should the role of the INGO be in supporting capacity strengthening of L/NNGO partners?

Organising peer exchange to share the potential opportunities and demands of HCS? Provider of CS support on technical topics? Motivator and accompanier alongside the L/NNGO? Brokering connections between partners and with other CS service providers? Providing grants and setting up funds that L/NNGOs can access to use with their own CS service providers?

F. Coordination with other stakeholders

1. Coordination with other 'donor' partners and CS initiatives contributes to the success of HCS, although is easier when representatives are based in the same country. Going one-step further and proactively exploring opportunities for joint programming and financing of CS work has the potential for expanding reach and impact.

L/NNGOs are often working with many other donor partners, who may be supporting on aspects of CS. Coordination is key to avoid duplication of efforts and needs to be led by the L/NNGO themselves, although INGOs have a role in supporting partners with this. When the responsible INGO staff are based in different countries there is need for proactivity from all parties to ensure good communication and coordination. Key is that collaboration between the partner and supporting INGOs goes beyond a plan and leads to practical joint actions and synergies.

There are a number of options for joint programming and financing of CS work. This includes:

1. Supporting partners to use their capacity self-assessments and plans to seek financial and technical support from others.
2. Supporting the partner to develop a joint framework or plan, encompassing the different CS initiatives they are currently part of, to better coordinate the input from donor-partners.
3. Joint funding and technical support of projects, activities, or staff to accompany partners.

Experience from other countries also shows that coordinating joint CS plans involving different INGOs can be challenging and can delay CAFOD CS support. Joint plans can be difficult for the national partner to oversee, especially if not all organisations deliver on their commitments.

Box 2: Successes and challenges with coordinating CS support in Myanmar

At the same time as the CAFOD HCS project KMSS in Myanmar was also being supported with CS from other Caritas partners - all with a focus on humanitarian capacity strengthening. There have been several successes in terms of coordinating CS support. There was joint funding from Caritas partners for a KMSS emergency response simulation, used as the basis to test 'in action' progress made from CS support to date and to develop a joint CS plan for the next two years.

There have also been challenges. Coordination of INGOs takes strong leadership given power dynamics between partners and funders, which partners can find difficult. It can be challenging to understand what CS support has already been provided, or is planned under different programmes, in order to avoid multiple trainings or forms of support on the same topic.

G. Planning for the transition of HCS support and sustainability of results

1. Transition (as opposed to exit) planning for HCS support with partners should happen from the outset. This would allow longer time horizons for conceptualising HCS support (beyond short-term projects), while also considering what form lighter-touch and follow-on support could take.

Transition planning with partners includes jointly defining milestones, or signs of partner progression towards being stronger as an organisation, which can indicate when support can transition to a lighter form. This might include having functional organisational governance, having basic policies in place and operationalised, and being able to source funds.

Transition planning would allow both sides to clarify the period over which the INGO can offer more intensive CS support. For INGOs such as CAFOD it would also provide an opportunity to discuss internally how support might continue and from where, given country team structures and current HCS management lines.

For CAFOD transitioning support after an HCS project, and assuming the absence of an HCSO, requires greater involvement from country office staff, and preparation with the partner. Stakeholders on CAFOD and the partner side have found this is currently an area of weakness, with a sense among partners that HCS has ended abruptly. Expectations for what next after CS support are not always clear. For example, where HCS is working with a subset of local member organisations from the Caritas family, will HCS then support the remaining local

members or will that support come from within the country network?

This misses an opportunity to support partners to further the progress made during HCS projects and to cement changes. It also misses the chance to understand 'what happened next', including if and how progress made by partners has been continued and subsequent results seen.

2. An aspect of sustainability has been built into the design of recent HCS projects, through intentionally fostering links between partners and strengthening selected partner staff capacities to continue to support capacity strengthening support.

See section 3C for more details on this.



CAFOD/Laura Donkin

Vincent Ogoro (Caritas Nigeria) is responsible for strengthening the capacity of Caritas staff across Nigeria.

2

Gaining (and maintaining) commitment

This is the first stage in the CS journey with partners. It focuses on ensuring leadership is fully committed to the change process; ensuring there is an understanding about HCS; and building trust between those who will be involved in supporting the journey.

A. Understanding where decision-making lies

1. It is important to understand and engage with different levels of leadership, influence and decision-making that may determine the direction and effectiveness of a partner's development and humanitarian work, as well as the effectiveness of HCS efforts.

For L/NNGOs individuals and structures beyond the Director may play a role in decision-making or influencing the direction of travel. In the case of Caritas organisations broader Church structures, including the bishops, as the legal holders of each Caritas member, can hugely influence what it is possible to achieve with a partner as part of HCS support.

CAFOD's HCS experience has shown the importance of:

■ **Engaging influential decision-makers beyond a partner's Director** – in the case of Caritas L/NNGOs the bishops are particularly influential and responsible for the approval of new policies. In places, such as Kenya (see Box 3), where HCS has successfully engaged the bishops it has allowed relatively small levels of HCS funding to have a greater impact. In other places bishop engagement has been more difficult as they have been less accessible or play less of a hands-on role. However even in these situations CAFOD's experience has highlighted the importance of being mindful of where approval or buy-in beyond the Director is vital.

■ **Understanding delegation of authority within a partner** – such as the level of delegation from the Director to Programme Coordinators both in theory and practice. A lack of delegation of authority and blurred decision-making process can cause delays to progress.

■ **Adapting the approach to the profile of the Director and other key decision-makers** – in the case of Caritas partners Directors may have a developmental or humanitarian background or a religious background. Identifying what speaks to their interests can garner more active buy-in.

■ **Recognising the role and influence of wider networks and other structures that L/NNGOs may sit within and alongside** – For example, Caritas members are part of the wider Caritas family in which autonomous local member organisations sit under an umbrella national organisation. Further, each local Caritas member sits alongside other Church structures, with local-level commissions in health, education, justice and peace. Recognising this complex web of stakeholder relationships, identifying where there is potential for the components to catalyse or block positive change, and looking for opportunities for the different components to pull in the same direction can positively influence results seen.



James Galgallo (ex CAFOD HCSO) meeting with Rt. Rev. Peter Kihara Kariuki, Bishop of the Diocese of Marsabit, Kenya.

Box 3: Engaging a wider set of stakeholders and structures can see positive results and allow relatively small levels of funding to have greater impact

In Kenya, CAFOD's HCSO was able to use the Catholic context as a lever for positive change to engage different stakeholders.

“If you want to look at transformation of a Church organisation, bishops and others want to know how this might help them grow spiritually as well. What is it that still identifies Caritas with the Church rather than becoming like another NGO? This is not necessarily covered in the Capacity Assessment Framework but [for Caritas partners] you cannot ignore the interest of priests, nuns, and bishops.”

CAFOD's HCS support took an integrated approach to engaging other Church structures alongside the local Caritas organisation. For example, in Marsabit and Maralal the strategic planning for the Caritas partner was done in parallel to strategic planning for the wider Church, resulting in a common direction and better integration of Church and humanitarian initiatives. Given the significant outreach of Church structures this has the potential for wider long-term impact.

Linked to this, the bishops were engaged regularly throughout the programme by CAFOD's Country Representative, which was significant in opening doors with partner leadership and keeping up momentum. The bishops associated with each partner were part of the capacity self-assessment process, which allowed them to pick-up on challenges pertinent to them. For example, the Bishop for Isiolo then drove forward the process of improving their HR manual which is now used by the local Caritas organisation and all Church structures in that area.

The engagement of the bishops in Kenya increased the acceptance of the HCS programme and secured the bishops input into strategic decision-making for the partner involved. It led to ideas from HCS being shared with a wider number of partners, initiated by the bishops, based on their experiences. Further, it has allowed relatively small levels of HCS funding to have a greater impact. The value of this has also been seen in other countries, as commented on by CAFOD's Country Representative in DRC:

“[The project had only] small amounts of funding but had a lot of impact as we involved the bishops and helped them see their responsibility in overseeing the organisation. The bishops commented this project had involved them for the first time.”

B. Building active partner commitment

1. The effectiveness of the capacity strengthening support is significantly influenced by the commitment of the partner's leadership.

Genuine commitment to change from partners is a prime factor in determining the success or otherwise of an HCS intervention. In cases where the Director was not actively engaged progress has been slow and

unsustainable. Genuine ownership goes far beyond 'cosmetic' support for HCS. Leaders need to be emotionally willing to change and prepared to act. As noted by one of CAFOD's HCSOs:

“We realised we needed senior management input.....if there is no buy-in, it is like hitting the brick wall.”

Further, the overall health of the organisation, including leadership and governance, can affect the strength of partner commitment to change and ability to act. A correlation has been observed between the overall health of the organisation and the strength of ownership of the HCS process.

2. Commitment and ownership is not static but needs to be further developed from the outset with partner leaders and staff more broadly.

HCS projects differ from other types of projects and take time to understand. While partners selected for HCS already had a level of commitment, this needed to be developed further based on a deeper understanding of the programme, the potential benefits to the partner organisation, and the roles and expectations in realising these. This is important at leadership level, but also with partner staff more broadly to ensure a wide base of staff are on-board.

Past HCS projects have furthered commitment through:

- An inception workshop – bringing together the Directors and Focal Points from the participating partners.
- Connecting partners with previous experience of HCS with those new to this type of project.
- For Caritas partners, visiting target local member organisations with a representative from the national organisation.
- Annual reflection meetings with Directors and CAFOD senior management to review progress (something partners have recommended be formalised).

A fuller understanding of HCS may only occur as activities unfold, and with this a deeper commitment. In the

past partners have experienced moments of realisation during implementation when they have understood the potential value of HCS, and what can be achieved with modest CS grants. This has led to them 're-prioritising' HCS in relation to their other projects with much larger budgets.

As two partners reflect on their realisations linked to the self-assessment process:

“Initially when we started with the HCS programme we didn't know how looking at these things [as part of the self-assessment] would be beneficial. Later we realised the importance of this, after seeing the results and benefits.”; “The self-assessment wasn't easy as when donors visit there is a tendency to defend more than identify gaps. However, through the HCS programme we discovered that the self-assessment was for our own benefit, so realised we had to re-assess ourselves to identify more gaps.”

3. INGO senior management commitment and support for HCS is also key for engaging with partners.

Senior management engagement demonstrates the INGOs own commitment to the programme, provides leadership weight, and furthers mutual trust. For CAFOD, Country Representative engagement can elevate partner commitment to HCS, as well as improve coordination and opportunities for collaboration with other actors on HCS. Internally, within CAFOD, Country Representatives have a role in ensuring the integration of HCS with other CAFOD supported programmes, and in planning for continued support as part of HCS transition.

C. Building trust and momentum

1. Trust is cited again and again as one of the most important ingredients in CS projects, specifically trust between the INGO and partner staff.

Building a trusting relationship between partner and INGO staff working alongside the partner (in the case of CAFOD the HCSO) is essential for being 'let in', and key

to the success of capacity strengthening. Trust is needed for staff to honestly discuss organisational weaknesses and challenges, to admit mistakes, and to be able to have difficult conversations. It is the starting point for HCSOs to gain an in-depth understanding of the organisation they are supporting, and subtle internal dynamics. As noted by two of CAFOD's HCSOs:

“They really have to trust you as an outsider coming in to disturb their past ways of working. When they're [spending time in their office] they will tell you things they will never say on paper. When they trust you they will tell you about internal challenges that they wouldn't tell any other agency or even others in CAFOD. This inside knowledge helped me in many instances support them to address problems.”

Where HCSOs had built a trusted relationship, partners were more likely to prioritise HCS activities. Partner Directors would also give more of their time to HCS, for example by being present throughout trainings.

For CAFOD, trust between the partner and the HCSO builds on that developed previously with CAFOD but still requires investment from the HCSO at the outset. HCSOs emphasised the importance of regularly spending extended time with partners in their offices - two weeks rather than a short three-day visit; building personal connections by getting to know staff's family situations and interests; and socialising with staff outside of the office. It is over the cups of tea, or after work walks that HCSOs learnt the most from partner staff. This regular face-to-face contact is easier for HCSOs based in the same country and speaking the same language as partners. As noted by one HCSO:

“When you spend time with people and ‘live’ with them [are based in their office] you get a much deeper understanding. You can relate better to the director and can identify other staff members who might be key to driving change”.

Trust is further built once partners see the HCSO working to support them, adding value based on the insights they have shared, having technical know-how and experience, and demonstrating their commitment to the partner. Trust is further cemented by being prepared to work as partner staff work - travelling based on partner needs, or willing to work with partner staff on the weekend or during holidays and busy periods.

2. Some initial ‘quick wins’ with tangible results are good for building momentum and broader staff support. Conversely, early delays can affect momentum.

For example, the successes of accessing institutional funding from new sources experienced by partners in Myanmar, generated wider interest across other partners who requested additional support in learning about potential institutional donors for emergency response work. The tangible results seen by partners in Zimbabwe, Nigeria, Sierra Leone and Liberia with improved volunteer management practices, has meant progress made in this area is more likely to be sustained.

Delays linked to translation of materials, signing of partner agreements, partner financial checks, etc., can negatively affect momentum built through initial inception activities. Given the time needed for inception and start-up, HCS programmes should communicate regularly with partners to share what is being achieved during this period as well as minimising delays to capitalise on the energy built



Father Luigi (KMSS Lashio) and Zono Mawa (KMSS National Office) sharing a traditional local meal.



Gaining understanding, inspiring change, and planning for implementation

This section includes the next three stages in the CS journey: Gaining an understanding; Letting go and energising; and Planning for change. These stages centre around the partner's organisational self-assessment process and development of their capacity strengthening plan.

Most commonly HCS has supported partner staff to come together over two to three days to assess themselves against CAFOD's Humanitarian Capacity Framework, supported and facilitated by CAFOD's HCSO. The process is internal but involves a cross-section of staff from senior leaders to those who work at field level.

Through the process partners identify their strengths and weaknesses. Gaps are then prioritised, with typically five selected as the basis for the capacity strengthening plan supported by HCS. Where feasible, common themes from across partners are then identified by CAFOD for joint trainings, exchanges, and other joint support and collaboration.

A. Identifying strengths and gaps – the partner self-assessment process

1. The self-assessment process is highly valued by partners. The identification of their organisation's strengths and weaknesses by partner staff themselves is the starting point for subsequent capacity strengthening efforts. It furthers existing commitment, builds greater motivation, and brings a wider pool of staff on-board with the need for change and their role in this.

The importance of partners identifying their own capacity strengthening needs and priorities is widely recognised. In contrast to donor compliance checks, partners appreciate the participatory nature of CAFOD's HCS self-assessment process which involves a wide range of staff, across all levels of the organisation. Through this, different views and perspectives can be heard, and senior managers can reflect with their staff on the organisational challenges affecting them on the ground. It creates a unique space that allows staff to discuss what is and is not working and encourages reflective practice. As noted by CAFOD staff in Zimbabwe reflecting on the self-assessment process with a local partner:

“The capacity self-assessment involved 25 staff from the cleaner to the coordinator. It is a process that they own, a platform to discuss organisational issues. It is not common to find space like this to discuss their organisation.”

A partner in Kenya also noted:

“Other organisations come with assessment tools that are completed with managers. These are also self-assessments but with HCD we stopped everything, and everyone was present – down to the lowest levels they were also able to give views.... The need [for change] was there but the self-assessment process was able to bring out this need”.

Key is the accompaniment by CAFOD's HCSO in this process – who may support with facilitation, posing questions around current partner practice, and adding understanding of the competency domains and indicators in the assessment framework. For this to be successful, a trusting relationship needs to have already been established and the HCSO needs to have a good understanding of the partner.

Partners' self-assessment findings (and CS plan) need to inform subsequent CS support, with clear links between the two. Other agencies have found where this link has been weak partners have felt frustrated. This highlights the importance of project flexibility, to be able to respond to partners' priorities including how these priorities may evolve over time.

2. The self-assessment process itself can bring about positive change within a partner. It is a tool for supporting partners, rather than an activity that needs to be completed before the 'real' CS activities can begin. However, it is key resources are available to support partners to act on the findings.

Partners have frequently identified the self-assessment as one of the forms of support that had the biggest impact on their capacity. Positive outcomes identified by partners from the process include:

- Greater understanding of the components of a healthy organisation. As found by a partner in Nigeria:

"The self-assessment workshop brought us face-to-face with organisation's limitations and gaps therefore it spurs one to seek for genuine improvement"

- Introducing reflective thinking and practice, shifting mind-sets of staff that discussing failure and gaps is both permissible and positive.
- Creating dialogue within and between different parts of the the partner organisation.
- Building a sense of team within the partner organisation, through bringing staff together over a number of days.
- Being a catalyst for change in its own right. For some partners, identifying a gap in practice through the self-assessment was enough to catalyse change. For example, a partner in Kenya talking about what led to their improved coordination with local authorities:

"HCD support opened our eyes to look inwards and see what gaps we have. The self-assessment was a holistic evaluation of how we do things. That was revolutionary and changed everything. Before that we just faced endless challenges and firefighting. Making us to think inwards and think about how we do things was the beginning of everything. We were able to see our potential and our gaps."



Partners from Liberia and Zimbabwe reflect on the different organisational layers within their organisation.

For networks, such as the Caritas family, bringing together staff from both National and local organisations allows common priorities to be identified (both those common to many partners as well as those for strengthening the network as a whole). It may also be a first step towards strengthening links between network members.

However, despite the positives coming out of the self-assessment process, it should be the start not the end of CS support. L/NNGOs have been critical of other projects that have facilitated self-assessment processes and then not provided support to address gaps.

3. Capacity assessment frameworks as the basis for reflecting on organisational capacity can add value but should be used flexibly, recognising their limitations.

It is important to recognise the potential pitfalls of capacity frameworks as a tool. Recent research has found a disconnect between how capacity is defined by international actors and the specific capacities needed in a given context or crisis, which has highlighted a need to "rethink how capacity is understood, defined, assessed and strengthened". 'Capacity' tends to be defined in terms of what actors feel they have: broadly international organisations place emphasis on organisational capacity (management governance, decision-making, donor compliance), while local organisations emphasise operational capacity needed to deliver activities. Communities affected by disaster will have their own views on what capacities are valued. Importantly the

contents of capacity frameworks are frequently defined by international actors, who in doing so decide what capacity is valued and needed. There is a risk that capacity frameworks are seen as top-down, seeking to fit L/INGOs into INGO ways of working.

How capacity frameworks are used depends on the self-assessment process and the skills of the facilitator. In general, capacity frameworks themselves can lean towards a diagnostic approach to organisational strengthening. If not used by a skilled facilitator, frameworks can give emphasis to identifying problems (as opposed to strengths) to which single solutions are planned. They may not be the best tool for understanding organisational culture, leadership styles, and internal dynamics that may need unpacking.

Capacity frameworks as the basis for self-assessment have value but need to be used flexibly and with awareness of their potential pitfalls. They should be used to prompt discussion, allowing partners the space to adapt and go beyond their context. As commented by one HCS partner in Myanmar:

“It’s good to have a framework, but partners shouldn’t be locked down by the framework. They should dare to challenge and look beyond this.”

In the partner’s experience when CAFOD’s Humanitarian Capacity Framework was put on the table as a reference for discussion, this resulted in a more positive experience compared to when it had previously been used as the tool for reviewing capacity.



INGO staff interview real community members during an emergency simulation in Goma, DRC.

4. Complementary approaches can support partners to identify their own strengths and gaps and provide a means for hearing the views of external stakeholders.

Self-assessments are not an exact science. Those done at the first point of engagement with HCS, even when built on long-term partnerships, may not provide an accurate picture. Complementary approaches can push partner thinking on key topics and allow for greater reflection based on practical examples and external perspectives. They can also help the INGO partner better understand the level of accompanied support that might be needed. Hearing varied perspectives is valuable for individual partners but particularly so if aiming to strengthen a network and the role of the lead organisation.

Approaches used by HCS in the past include:

- One-to-one conversations with internal and external stakeholders.
- Supporting partners in a real emergency during which the strengths and issues are more apparent.
- Facilitating a partner reflection workshop based on a recent emergency response. In many locations, partners are supported by multiple donor partners, so there may be opportunities to go beyond the INGO funded emergency work to reflect on emergency responses more broadly and coordinate with others on this.
- Simulation exercises with reflection on the success, challenges and improvements needed.
- Undertaking self-assessment activity by visiting different offices or members, rather than asking representatives to gather centrally.
- Peer review processes, that allow fellow partners to play a ‘critical friend’ role.

A common recommendation from partners, in hindsight, is that a wide range of people down to community-level should be included in the self-assessment. This includes hearing the views of volunteers and community members, who may offer different and valuable perspectives. An approach to this has been tried in Myanmar (see Box 4), and joint field visits or recent evaluations may also provide community-level and other external perspectives.

Box 4: Community input as part of the self-assessment process, an example from KMSS Taungngu, a Diocese in Myanmar

Following a rapid emergency response to flooding in 16 villages, KMSS Taungngu invited community representatives to review and assess KMSS Taungngu's capacity to respond to emergencies. Community members were asked: What characteristics would you like to see in an organisation supporting you in emergencies? Based on the responses a set of criteria were identified. The same community members were then asked to score KMSS Taungngu against these criteria.

This raised a lot of unexpected learning for KMSS Taungngu. For example, normally staff focused only on immediate survival needs, but community feedback highlighted the importance of supporting them into the recovery phase. Through the discussions staff became more aware of the impact of the crisis on individuals. These discussions also complemented HCS support for strengthening monitoring and evaluation. By returning to affected communities a few months after the emergency staff were also able to understand what happened after KMSS Taungngu's response project.

5. Recognise and build on previous CS initiatives and self-assessments done by partners.

Partners may have previously completed a myriad of other capacity self-assessments, recognising these and identifying how they can be integrated into the HCS self-assessment process will help build synergies with past efforts.

For example, CCFN in Nigeria had recently done a Caritas International Management Standards (CIMS) assessment so they revisited the relevant parts of this assessment

rather than doing the full HCS self-assessment. Partners in Zimbabwe who had each previously done self-assessments in earlier phases of HCS, opted for a peer review process that brought all partners together.

Where partners have been part of previous CS initiatives understanding what successes and challenges they experienced as part of these, is useful learning for tailoring future support to the partner. It can also provide an indicator of the partner's commitment to change and ensure any further support can build on and avoid repeating processes the partner has gone through previously.

B. Developing a plan

1. The self-assessment and associated capacity improvement plans should be 'live' documents that are revisited and used beyond the HCS programme.

Self-assessments findings and the associated capacity development plan should be shared widely both externally and within partner organisations. In the case of networks, such as Caritas, sharing between National and local members can help with transparency on what partners in the same network are working on.

Capacity development plans are tools partners can use to approach other partners or potential funders for support to complement the work being done through

HCS. There are a few examples of partners doing this with positive results: JDPC Yola and CCFN from Nigeria each approached an international partner for additional assistance with organisational priorities identified through the HCS self-assessment process, successfully gaining support for developing a strategic plan and electronic data collection training. However, there is opportunity to encourage more partners to use these plans beyond HCS to garner further support.

Regular reviews of CS plans by a cross-section of internal stakeholders would allow partners to reflect on progress and continue to refer back to these tools. This would provide an opportunity to explore if CS activities are translating into changes in practice.

2. Consider what action and support is needed by the partner to support the implementation of newly developed policies (as well as other new practice), so that learning can be identified and policies and practices refined.

Through HCS partners have developed and refined a wealth of new policies, procedures, and strategy documents, in order to address gaps in how they operate as an organisation. As an indication of scale, 39 new policies were developed by nine partners during a two-year HCS project. This includes policies specific to emergency preparedness and response and those applicable across all partner activities (for example, an HR policy, logistics and procurement policy, safeguarding policy, five-year organisational strategic plan). Partners have identified a range of benefits from having these in place, they: streamline operations; improve HR practices which in turn improve staff retention; increase professionalism; and make them eligible for donor funding. However, these policies were frequently newly developed just as the HCS project was ending, not leaving time to accompany partners in their implementation. This is not unique to CAFOD HCS projects – other external projects have faced a similar challenge.

Partners want CAFOD to journey with them in the process of implementing and institutionalising policies. This may require identifying types of accompaniment to support partners in this respect. It also implies longer HCS horizons (either longer projects or ongoing support from CAFOD's country office).

3. Support partners to define how they will cascade new knowledge, skills and approaches within their organisation.

In developing CS plans, there has been a tendency for partners to want to focus on many areas at first, scaling this back once they experience the level of work involved. HCS has encouraged partners to prioritise a maximum of five focus areas to avoid spreading themselves too thinly. In planning there is need to balance: selecting different areas allowing the CS activities to be spread across different teams rather than focused on 1-2 'emergency' staff, with selecting areas that complement and build on each other that allow efforts to have a multiplier effect.

Planning provides an opportunity to proactively discuss how new knowledge and skills will be cascade to all staff within the organisation for each of the prioritised areas of focus. This may help identify CS activities and areas of focus that can complement and build on each other, as well as exploring how change will be institutionalised and so reducing risks that capacity drops if one or two staff members leave.

For HCS projects working with networks, such as the Caritas family, this is especially important. How will the network lead cascade new knowledge and change to its members? How will members in turn cascade this internally, beyond those directly engaged with the lead member? What resources are needed for this and who holds them?

C. Identify who will do what (roles and responsibilities)

1. Clarify with partners who will be the point person(s) for driving forward HCS activities, and the main point of contact with the HCSO. These should be staff members who can work across their organisation to bring about change, and who will continue to act as a resource for the partner after the end of the project.

Early HCS experience found in the absence of identified point persons responsibilities for capacity strengthening were shared between partner staff. HCS was an add-on set of tasks, without any salary contribution, on top of already full jobs. As such, in some instances, HCS suffered

as no one was really in charge. In addition, without identified point persons CAFOD had to play a greater role in leading on CS activities, rather than these being led from within.

In more recent HCS projects partner Directors have identified an HCS Focal Point or established a working group. Commonly these are senior staff who have responsibility for emergency response work but critically can work across the whole organisation and with leadership. HCS, and other projects following a similar model, have found significant time is often demanded of Focal Points, whose enthusiasm greatly determines the level of progress made. In recognition of the energy

and time needed of Focal Points on top of their existing role, HCS has contributed 25% to 30% towards the salary of up to one staff member per partner. In HCS projects where partner Focal Points also support with CS of other partners the salary contribution has been 50%.

Part funding of Focal Point positions recognises partners often lack core funding (and so the space to undertake

activities that are not directly linked to projects). The partial salary contribution means these positions are not reliant on HCS funds, and so encourages sustainability. However, it is important to recognise that Focal Points do have other responsibilities, and so there is a need to be realistic about the speed of change possible given their available time.

Box 5: Working with partner Focal Points builds internal resources and itself strengthens leadership skills

Working with Focal Points as part of HCS can itself contribute to the internal capacity of partners, improving the effectiveness and sustainability of activities. For example, a recent HCS project working with ten partners used a Training of Trainers (ToT) approach enabling Focal Points to cascade training within their organisations during the project and building an internal resource beyond the project. In Myanmar, partner Focal Points supported over successive rounds of HCS now have a dual role: working both for their own organisation and also supporting other Caritas partners in country with CS activities. Focal Points from KMSS Yangon and KMSS Patheingyi supported other partners in the development of Emergency Preparedness Plans. These partners were also able to support others in implementing feedback and complaints handling mechanisms; post-distribution monitoring; and community-led procurement. Supporting Focal Points to lead organisational strengthening activities builds confidence and further develops their leadership skills, which can benefit future emergency response work.



PEOPLE Inception Workshop and Training of Trainers in Nairobi with partner Focal Points, senior leadership and steering committee members.



Accompanied implementation

This section looks at learning from the varied approaches that HCS has employed to support with partner capacity strengthening.

HCS has taken a more 'software' approach aimed at shifting attitudes, increasing knowledge, and improving practice, rather than purchasing equipment or hardware. Common CS approaches used by multiple HCS projects have included: partner accompaniment from a CAFOD Humanitarian Capacity Strengthening Officer (HCSO); trainings; grants to partners; simulations; varied forms of peer-to-peer support and exchange; and hands-on support during emergencies.

More recently additional approaches have been trialled, including: webinars; a more formalised mentoring scheme linking mentors and mentees from across different partners; an on-line Community of Practice for exchange and knowledge management; and small levels of funding to allow partners to respond to emergencies. Learning on a number of these capacity strengthening approaches is outlined in Annex 1.

A. Accompaniment

Humanitarian Capacity Strengthening Officers (HCSOs) who accompany partners have been a defining feature of CAFOD's HCS approach. HCSOs are commonly experienced national staff members who understand the local humanitarian context, culture, and language. They act as a mentor and "critical friend" to the partners throughout their 'journey of organisational change'. In most instances HCSOs have been based in the same country as partners, generally supporting 3-4 partners each at any one time. In a few instances, HCSOs have been shared between partners in two countries – travelling back and forward. In some locations where the recruitment of an HCSO has been problematic, this position has been absent, negatively affecting what has been achieved.

1. Local accompaniment by a dedicated staff member allows CS support to be tailored to individual partners needs and interests. It is highly valued by partners and seen as key for realising progress within project timeframes. The range of support provided by the HCSO is varied, and as such demands a unique combination of experience and skills.

Across all iterations of CAFOD's HCS work the accompaniment by HCSOs has been identified as one of the most useful forms of CS support. It is recognised that

accompaniment is not cheap, in particular at the start of the HCS journey, however, it is seen as key for supporting partners to realise progress and change over relatively short periods of time. Key to its success is that HCSOs work with partners for the duration of the programme, they are based in close proximity (most commonly from within country) and can respond to each partner's needs and priorities.

The role of HCSOs is broad and varied, encompassing both project management functions and technical capacity strengthening functions. They provide diverse CS



Richard Aung Nang (Caritas Yangon) and Myo Zaw (HCSO Myanmar) discuss how Richard has been applying learning from capacity strengthening support in his work.

support – guiding partners through the self-assessment process, supporting with trainings, facilitating access to materials and resources (be this example policy documents or experts), and mentoring and coaching of staff. They help contextualise support – working with partners to adapt materials (trainings, policy documents) and ensure support from external service providers or consultants to meet partners' needs. They support coordination with other (donor) partners and broker links and stronger relationships between partners. They build the confidence of Focal Point staff, advise on how to make change happen, and support partners to overcome internal obstacles. HCSOs also play a key project management role, proactively pushing partners forward to deliver results and contributing to the speed of change. Continuous follow-up helps maintain momentum for activities, and project accountability demands are seen as valuable by partners for moving activities forward.

“There is no one size fits all approach. Partners are different and move at different paces, so you can't be too prescriptive on timelines. But as an accompanier you need to know your partners: when to hand-hold, when to let them lead, when to direct them.” – HCSO

To perform all these roles HCSOs require a unique (and rare) combination of experience, skills, and competencies set out in CAFOD's HCSO competency framework. This combines softer skills needed to build positive relationships with partners with technical knowledge and experience in emergencies, in addition to an understanding of how organisational change happens and the ability to support capacity strengthening. The skills and traits needed for accompaniment are not necessarily those found in humanitarian workers used to six-month emergency cycles. This point is echoed in *Accelerating Localisation through Partnerships*, which notes that,

“no NGO or individual is presumed to automatically be both an expert doer and a good teacher. Expertise in organisational development is a related but different skill set... add to this the need to comprehend organisations in humanitarian action – a very unique demand.”

Other projects have found it was the expertise in organisational strengthening and change that partners wanted to find in staff supporting the project. Under

HCS, HCSOs have been supported with coaching and mentoring on change management and accompaniment support. The HCSO Community of Practice also provides support to HCSOs and allows learning to be identified.

It is recognised that HCSOs cannot have skills in all areas, and external expertise will also be needed. However, external support in the absence of this constant relationship risks the partner having to navigate alone how to manage advice and inputs that may be conflicting or not adapted to their context.

2. Accompaniment works best where the HCSO can spend sufficient face-to-face time with partners. More contact time with partners and regular partner visits is linked with greater progress and effectiveness of capacity strengthening efforts at partner level.

Time with partners in their own offices allows for in-situ support, coaching of staff in rolling out changes, and provides an opportunity to get to know the organisation in more depth. Regular follow-up visits also help to hold partners to account for their own action plans, gently reminding people what they had committed to. These benefits are recognised by both HCS staff and partners. External projects have found the same: frequent contact with partners is important for successful accompaniment, with email, phone and virtual contact a poor substitute for face-to-face interactions.

The exact number and duration of visits needed will depend on the support needs of each partner, while aiming for these visits to be regular. As a guide, a minimum of 6 visits over a period of two years has been recommended in past evaluations. For more remote partners a three-day partner visit can boil down to only one day in the office once travel-time is factored in, so sufficient time (and resourcing for travel) is needed to allow for regular and more meaningful visits.

“Technical concepts can be got from anywhere – the internet, a book – but the way in which it is explained and look at how integrated into the organisation is based on the relationship with the HCSO” – CAFOD staff member.

3. Progress will happen at the partner's pace. HCSOs face a tension between facilitating and accompanying vs driving forward the programme in-line with agreed deliverables and budgets.

A recurring issue for HCSOs is the balance between hands-on and hands-off support to the partner and when to apply one approach over the other. In the past HCSOs have interpreted their roles differently, ranging from steering the process and pushing the partner into new territory, to taking a wait-and-see approach expecting the partner to make the next move. In places, some HCSOs have been required to 'do' more rather than accompany, for example through leading on step-down training rather than co-facilitating with the partner Focal Point.

There is an ongoing tension that HCSOs must balance between stepping back vs pushing partners, both to help them realise the changes they want to see and also to

meet programme deadlines. Walking at the partner's pace is important for maintaining commitment and ownership, but HCSOs (in particular those new to the organisation) can feel slow progress reflects negatively on their personal performance.

"We want ownership to be with the partner so can't push them too fast" If [the project] had full control it could achieve more, but we are moving at the pace of the partner as we want sustainability beyond [the project]". – HCSO

The pace and level of support partners need is not static but evolves over time, commonly with partners needing greater support during the earlier stages of HCS work. HCSOs must continually re-evaluate the levels of input needed by a partner, stepping back to provide lighter levels of accompaniment when ready. This also frees up HCSO time to be able to support new partners.

B. Combining CS approaches

1. There is no single 'best approach or method' for supporting the CS of partners. More important is the combination and sequence of CS approaches used, considering how selected methods will build on and complement each other.

Complementary approaches provide opportunities for partners to:

- Be exposed to new knowledge and practice (e.g. via Training of Trainer, webinars, peer-exchange visits)
- Have access to support and the expertise needed (e.g. example materials such as policies and guidelines, networks of other partners, accompaniment, other expertise).
- Roll out learning and change internally (e.g. with CS grants needed for this).
- Apply and practice learning (e.g. simulations, on-the-job accompaniment in emergencies, emergency response funds, and other).

Certain approaches provide opportunities for the organisation as a whole to be engaged (e.g. the self-assessment process, simulations), whereas others focus more on individuals (e.g. mentoring, peer exchange visits,

accompanied support in emergencies, trainings, etc.) who in turn need to cascade learning to others.

The sequencing of approaches and methods is worth considering in order to maximise the benefits of each. For example, HCS projects have found peer-exchange visits to see practice of other partners had impact as they followed on from training workshops, which gave the theory and foundations. Similarly, simulation exercises have provided a useful backdrop against which staff can then reflect on an organisation's strengths and weaknesses to feed into a capacity self-assessment process.



Caritas Harare shelter project following Cyclone Idai Zimbabwe

2. The process by which partners make progress against their CS plans is important and can itself lead to positive changes. The flexibility of CAFOD's HCS has allowed different partners working towards similar aims to take their own path based on their context.

There are many ways in which new policies or systems can be developed, but the process by which staff and parts of an organisation are engaged in developing these can make a huge difference to their commitment to the resulting document and therefore willingness to see this reflected in practice.

HCS support in Sierra Leone and Liberia also found engaging local member organisations in developing network-wide policies had the added benefit of strengthening links between the national network lead and local members.

“There is now a desire for the [national and local Caritas members] to operate as a team. For example, we have set up a WhatsApp group specifically for emergency response.”

The flexibility of the HCS model has allowed different partners working towards similar aims to take different paths depending on their context. For example, to strengthen practice in feedback and complaints mechanisms (FCMs) NCJPC, a national NGO and the lead for Caritas in Liberia, brought together staff from their own offices and local member organisations to

build a common understanding of CHS and develop a Complaints Handling Policy that could be used across the network. CCFN, from Nigeria, appointed a new Programme Accountability Manager to manage their Complaints Handling, and have complaints focal points in a number of humanitarian projects who hold Focus Group Discussions as a means to hear community feedback. JDPC Yola, a local Caritas member in Nigeria, undertook an assessment with community members to refine existing methods used for raising complaints.

3. Not all approaches will work for all partners: people have different learning styles and online approaches need to factor in digital access issues.

Different people preferred different approaches, and a variety of approaches allow for different learning styles. For example, trainings provide more structured learning environments preferred by some, whereas the peer exchange visits allow for ‘informal’ learning preferred by others. Where used in conjunction with face-to-face methods, webinars have been popular, recognised by partners as time efficient and an effective training medium. However, connection challenges (either stability of the connection or the cost of data) were a barrier for some local organisations and staff who spend the majority of their time ‘in the field’.

CS approaches should be selected considering the profile of partners. At an early stage in the project partners should be introduced to a range of CS approaches that could be used and involved in reviewing the suitability of these, identifying barriers and how these could be overcome.

C. Opportunities to apply learning

1. CS approaches that support partners to see and do in practice are repeatedly identified as having longer-lasting impact, contributing more to organisational change. Applying learning down to ‘field level’, brings theory to life and provides an opportunity to ‘close the learning loop’.

This finding is highlighted again and again across CAFOD and external projects. Partners, especially those working in countries affected by recurrent crisis(es), have been overloaded with trainings. Partners want support that goes beyond this, including coaching, mentoring, and support with using learning. In the absence of this

there is a risk that any skills and knowledge acquired in workshops will be lost.

“Training not useful for organisational change. We take a lot of training, but we then forget about it. On the job support is the most impactful as when doing things, you see the challenges and have to face these challenges at that moment.” – Partner, Myanmar

Where partner staff have been supported to ‘do’ they have gained greater understanding and confidence. For example, CRS's PEER project found partners who

experienced one emergency during the project period learnt much more than those who did not. The absence of an emergency during the life of the project, inhibited the partner's ability to practice what they had learned. HCS has found results from applying learning has motivated and brought about wider buy-in from senior managers

and staff across the organisation, that help sustain change and drive further progress. It provides an opportunity to make mistakes and learn from these, refining practice along the way. In addition, practical application provides examples the partner can use in discussions and showcase with other external stakeholders.

Box 6: Supporting partners to apply learning in practice

A recent HCS project supported ten partners with strengthening their approach to volunteer management. A combination of CS approaches were used, but crucially there was an emphasis on supporting partners to apply learning within the timeframe of the project.

Theory on volunteer management was provided **through workshops and webinars**. CAFOD's HCSO **accompanied partners** as they adapted and replicated training for an internal audience, developed their own volunteer management policy, and took forward their plans. **Peer-exchange visits** allowed partners to explore volunteering in practice in different settings, bringing the theory to life and bolstered staff's confidence to roll out new practice in their own organisation. For example, partners from Zimbabwe visited Sierra Leone and Nigeria, to learn about working with volunteers in large-scale emergencies. **Capacity Strengthening grants** provided the resources needed to apply learning – including rolling out training to staff and volunteers, and contributing towards volunteer stipends where needed.

As a result, improvements in volunteer management was seen by partners as one of the most significant changes arising from the project. Many partners noted their perception of volunteering, and the value this can bring, had shifted.

- Nine partners had strengthened how they manage volunteers.
- All local partners had trained and formalised relationships with community-based volunteers, allowing partners to rapidly gather information from on the ground and potentially leading to a faster response following disaster. Where tested, this was confirmed.
- Seven partners had recruited office volunteers for the first time, bolstering human resource capacity. For example, the addition of volunteers had increased the headcount in a Sierra Leone partner from four to six. Caritas Harare was able to gain funds from WFP through volunteer support with the proposal development.

2. Emergencies provide valuable opportunities for accompaniment 'on the job' support and for partners to apply learning from CS to date. However, they may slow 'formal' progress against a partner's CS Plan, and in responding to the capacity needs for that particular emergency response may not contribute towards building organisations foundations (including systems, policy and procedures development).

Accompaniment during real emergencies can often support steep learning curves for those involved. The need to deliver can highlight capacity issues and build an appetite for support that responds to partner immediate needs. Activities such as rapid assessments can be done jointly with the partner, so learning is real time rather than theoretical. New knowledge and skills are quickly applied, so learning is cemented through experience. For example, staff in Caritas Zimbabwe felt their coordination skills had grown as a result of the hands-on support from CAFOD's HCSO during the Cyclone Idai and drought response.

Evaluations of accompaniment during emergencies have highlighted the importance of not overshadowing partners. High levels of 'hand holding' (and duplicate positions on the INGO side that mirror those in the LNCO) can signal a lack of trust in partner's capacity. Allowing partners space to breathe is more conducive to CS.

CS priorities during an emergency will reflect partner activities responding to the situation (needs assessments, proposal development, developing feedback and complaints mechanisms, coordinating with others, etc.), rather than broader organisational development needs such as improving governance and overarching systems. There are also questions over the extent to which CS during emergencies can contribute towards stronger organisations vs stronger individuals. Much of the capacity support to Caritas Nepal following the 2015 earthquake benefited the 400+ new staff. Tearfund's accompaniment support of their partner as part of the response to the ongoing crisis in Northern Nigeria highlighted a similar issue: that most capacity gains sat at an individual staff level. The extent to which the organisation is able to retain capacity advances when emergency funds wind down will be the test for whether CS support has led to stronger organisations beyond the emergency response work. There is a risk that capacity is seen as linked to maintaining staff numbers rather than the ability to manage the inevitable ebb and flow of staffing levels depending on needs.

3. There is a need to adapt the focus and nature of partner support in an emergency, moving away from the HCS journey and CS plans to respond to their most pressing needs.

Emergencies can be all consuming, absorbing all staff time and headspace. Depending on the nature of the emergency, this is unlikely to be the time to engage partners in CS plans with longer-term horizons.

The evaluation of the CAFOD-Trocaire joint earthquake recovery programme in Nepal, following the 2015 earthquake, questioned if offering the 'HCS package' – complete with capacity self-assessment and CS planning – to new partners was necessary in the midst of humanitarian action. Positive changes were seen from lengthy staff deployments, multiple technical support visits, sharing of tools (financial management, M&E, protection mainstreaming). However, CS plans were over-ambitious given the context and the fact that



Caritas Isiolo, Kenya conduct an emergency food relief distribution.

partnerships in Nepal were limited to the earthquake response. It was recommended that the focus of CS should be on topics linked to the current response, rather than longer-term institutional capacity that would require longer support (and may not be a priority for all partners at that point in time).

4. In the absence of a (funded) emergency response during the project timeframe, other CS approaches should be planned that allow partners to use learning. This is especially needed for smaller partners who have fewer 'real-life' opportunities.

A range of CS approaches used in CAFOD's HCS provide opportunities for staff and partners to apply learning: simulations; secondments of staff; using existing developmental projects to apply learning; and additional partner grants that allow application in practice.

For example, all iterations of HCS have run some form of simulation for partners, commonly testing out response capacity. Following HCS support, Caritas Hwange received START funding via CAFOD in 2020 to respond to flooding in Binga. The prior experience from the simulation of the pressure during a response and common stages had prepared staff for a real response. HCS partners in Myanmar could access a grant for emerging small-scale activities to improve their emergency preparedness and response. KMSS Taungngu used this to fund a needs assessment in 2019 following a rat infestation. This was an opportunity for their ERT to apply the skills learnt, and the findings were used to gain external funding and guide a response.

5. Given the importance of open, honest reflection in the self-assessment process and as the basis for CS, further ongoing reflective practice should be encouraged throughout.

As highlighted by a partner in Nigeria: a culture of excellence can undermine change. Promoting an openness to discussing failures and challenges can encourage ongoing organisational growth. Ongoing and intentional reflection on programmes and practice provides learning on what is working well. It can be an important 'reality check' for considering whether policies and procedures are being reflected at field-level, and help to 'close the learning loop' (supporting staff from learning, to application, to reflection based on this).

There is opportunity for HCS to make greater use of evaluations and reviews of emergency response work (and other programmes). Both in encouraging these to happen regularly and supporting partners in conducting these. There is also opportunity for HCS to support partners in shaping planned evaluations, so that they consider aspects organisational capacity that the partner is particularly interested in or has been working on. As part of this there are opportunities to 'go beyond donor lines' – supporting partners to reflect on practice in any or all humanitarian (or developmental) programmes and activities regardless of who the funder is.

D. Peer to peer exchange and support

1. There have been rich learning opportunities between partners and countries given the diversity of organisations supported through HCS. Partners have appreciated hearing/seeing practice from similar organisations who face similar challenges, which can make the application of new concepts, ideas and skills seem more feasible.

The involvement of different partners in HCS provides opportunities for organisations to learn from and support each other. Over time the component of peer exchange and support in HCS has formalised and become more deliberate, with more recent HCS projects including specific outcomes around knowledge sharing, learning and peer-to-peer support between partners. This recognises the strengths of partners (see IDI for more) and provides different sources of CS input that are beneficial for learning. Approaches used by HCS include:

- **Joint emergency simulation exercises** that bring together partners from the same country. For partners in the Caritas family this has allowed them to test their communication and coordination between each other in an emergency response situation and has built a sense of collective purpose in addressing gaps.

- **Peer review capacity self-assessments process**, in which partners from the same country have played the 'critical friend', supporting and pushing each other in the review of their current capacities. Through this, partners have learned more about each other.
- **International exchange visits between partners**, have given partner staff the opportunity to learn more about a specific topic through visiting partners in different contexts. Previous learning was deepened through engaging with communities, volunteers and staff and seeing how theory had already been applied by other local organisations.
- **Mentoring scheme** that sought to connect mentors with mentees from different partners based in different countries.
- **Community of Practice** via an online platform that aimed to support partners exchanges ideas, resources (such as example policies or other documents), and ask each other questions.

Peer exchange strengthens links between partners, and the Caritas network. STP project also found that exchange and dialogue between organisations led to a shift in mindset, with L/NNGOs seeing each other as potential collaborators as a result of the interactions, as opposed to competitors.

5

Measuring success

This section looks at how the results of CS activities are measured. HCS and other CS projects need to address two questions: How have organisations become stronger? What impact has this had on the effectiveness of emergency response work? Neither of these are simple to answer.

1. What to measure? Results from CS are hard to measure, requiring a combination of M&E approaches that build a picture of change. There is commonly an over-reliance on self-reported changes. There is an opportunity to validate changes through accompanying partners in triangulating these, supporting reviews of existing programmes, building on other evaluations, and listening to perspectives of external stakeholders.

It is easy to focus more on things that can be seen and counted – the number of workshops, participant lists, or number of policies developed. Thus, putting emphasis on outputs as indicators of success, rather than measuring how outputs have influenced practice, and the sustainability of this. Much of organisational capacity strengthening is about shifts in attitudes, mindsets and behaviour, things that are notoriously hard to measure.

“Capacity cannot be denominated by how many staff attend particular trainings, or by counting how many policies or guidelines were prepared”; “policies can be downloaded from the internet; the real value of policies is not in the theory but in the practice” – Partner, Nepal

Further, the link between stronger organisations and improved outcomes for communities is not always easy to evidence. On paper there is a logic, but the connection between improved governance (HR policies, finance procedures, etc.) and changes detectable at community level are hard to trace and judge. In prioritising areas of focus for HCS, partners may select those with more obvious links to the quality of emergency response work (e.g. needs assessment) or where this link is harder to establish but still important for the organisation (e.g. security management).

HCS and others have tried a range of monitoring and evaluation approaches, each with pros and cons, that in combination help to build a picture of change.

- At output level, understanding what was done, who was involved, and when, gives an idea of whether inputs and forms of support are conducive to seeing change within the project timeframe. Capturing the level of cascade of knowledge and skills within a partner and between network members is also useful.
- Capacity self-assessments and re-assessments can provide baseline and endline measures of organisational capacity, with both reflective discussion and scoring against the HCF. However, results are dependent on staff understanding of each competency domain, and openness and ability to voice gaps. As these evolve over the course of HCS engagement, self-assessment reflections and scores may decrease rather than increase. For example, simulations or recent emergency response work can facilitate deeper reflection from staff on current capacities and practice.
- Records of change (RoC), building on the outcome harvesting method, have been used in more recent HCS projects as a valuable means of capturing examples of change. These are integrated into regular partner reporting, providing an opportunity for capturing incremental progress. There is also an opportunity for HCSOs to use a similar method to capture changes they observe, including shifts in mindsets, attitudes and behaviour that are only detectable from working closely with a partner, and observations of practice from accompanying partners down to community level.
- Perception surveys and key informant interviews with staff have been used to capture changes in practice, e.g. how changes in organisational capacity has influenced how the organisation works, and what this means for emergency response work.

M&E methods to date have focused more on self-reported changes/improvements. However, there is value in working with partners to verify and triangulate these changes, bringing in external perspectives and reflecting on the quality of what has been done. For example, in Zimbabwe capacity self and re-assessments were done through a peer review process involving three partners together supported by CAFOD's HCSO. Partners were able to challenge each other (playing the critical friend), based on their experiences of seeing other partners in action, which led to some revised scoring.

Similarly reviews and evaluations of actual programmes and emergency response work could be used to triangulate self-reported changes, and to explore whether changes have reached work at the community level. These could be existing evaluations, or HCS could support additional reviews or accompanied visits of programmes to encourage reflection and identify levels of change. Given evaluations of CS projects that involve many partners often have limited opportunities to speak to community level stakeholders, building a stronger evidence base of programme and emergency work in general would contribute towards stronger CS evaluations.

Organisational development is complex, partners select their own priorities, and what works for one partner may not work for another. Evaluating the scale of change across multiple partners, without cherry-picking

examples, is a challenge. How to delve into the specifics of each to gain an understanding of the quality of action given limited time. For example, one evaluation found: "efforts put into participant feedback mechanisms varied a lot from partner to partner from really well done through to not really understood, but because every partner "did something" the target is considered achieved.

2. When to measure change? Evaluations are commonly conducted at the end of projects, when it may be too soon to determine how mature changes are and the extent to which these have influenced emergency response practice.

For a two-year HCS project, end of project evaluations can capture outputs and early signs of progress, but frequently it is too soon to assess the outcomes from CS activities. This includes assessing if and how: new policies are translated into practice; new practice has become institutionalised; or emergency response work is more effective. Ex-post evaluations (for example 12-18 months after) would allow a more comprehensive reflection on what has changed as well as providing partners with more opportunity to respond to emergencies. There is also a risk that evaluations (especially those linked to donor funding) focus on a particular project and miss the opportunity to assess cumulative change that builds on previous HCS and other support.



Jephias Tichapondwa (Caritas Gokwe, Zimbabwe) using an outcome harvesting approach to explain changes within his organisation.

Conclusion

CAFOD's HCS programme provides rich learning on the ingredients key to supporting partner-led organisational development. Looking across the HCS journey three recurring themes jump out. Firstly, the importance of "human connection" in order for change to happen. Connection from senior partner staff with the aims of HCS, the opportunity it poses to strengthen their own organisation and so motivation to act. Connection and trust between partners and CAFOD staff (in particular the HCSOs) is needed before either side can have open discussions and understand organisational challenges and subtle internal dynamics which must be factored into organisational strengthening. This connection continues throughout HCS, with HCSOs working closely with and accompanying partners in order to see progress.

Second, is the importance of HCS being partner-led. HCS balances working with cohorts of partners with the need for a tailored and made-to-measure approach adapted to individual organisations. The self-identification of strengths and priorities by partner staff is key and the first step in CS. Flexibility in HCS design and partner grants allow partners to respond to their individual priorities. Ongoing close accompaniment allows support to be tailored to each partner, while also moving at the partners' pace. CS approaches that facilitate exchange between partners recognise the existing expertise of each organisation and shifts the dynamic from partners as 'receivers of support' to also being 'providers of support'.

Lastly is the importance of time. There is strong evidence of partners making progress towards strengthening their organisations during short two-year projects,

however, longer time horizons are needed to see more substantive and sustainable organisational change. Time is also needed for the above two themes: to build human connections and trust, and in order for the pace of HCS to be partner-led.

CAFOD's HCS support has contributed to improvements in the quality, accountability and speed of partners' emergency response work. There is evidence that HCS has bolstered the capacity of partners at both organisational level and in aspects specific to improved humanitarian response. There are examples of partners accessing new forms of donor funding direct and having greater recognition by other humanitarian actors. These types of changes are in line with, and contribute to, the localisation of aid. In addition to progress against more tangible competency domains, partners also report an increase in confidence in their ability to prepare for and respond to emergencies. The desire and drive to respond when needed is now matched with improved technical capacities to do so.

Through building stronger links and connections between networks of partners by working with L/NNGOs in the Caritas family, HCS has gone beyond strengthening individual organisations. It has recognised the expertise and experience of partners in being able to support each other as part of HCS. Strengthening networks has the potential for resource sharing and continued mutual support beyond the lifespan of CAFOD support, and in places where HCS support has been longer-term there is evidence of this happening.

References and resources

- Connecting the dots! Evaluation of CAFOD's Humanitarian Capacity Development Programme phase one (2013-2015), Thomas Lewinsky (2016)
- Review of CAFOD' Humanitarian Capacity Development Programme: What next for the HCD? Gill Johnson (2017)
- How has Shifting the Power influenced local and national partner's responses to emergencies? A Learning Review, Emily Rogers (2017)
- Preparing for Emergencies by strengthening Organisational Procedures, learning and Exchange (PEOPLE) project - PEOPLE Final Evaluation, Emily Rogers (2020)
- Humanitarian Capacity Development Learning Review, Rick James (2015)
- Shifting the Power (STP) Final Evaluation, Lois Austin, Ana Marie Dizon, Obando Ekesa, Glenn O'Neil and Neelofar Shahzad (2018)
- CRS PEER Project Final Evaluation (2019)
- Year 1 - CAFOD ENHANCE Proposal FINAL
- Project Final Evaluation NEAR – Strengthening the Quality and Effectiveness of Humanitarian Response through Capacity Building and Strengthening the Role of Local Organisations via a Global Network for Southern NGOs (SNGOs), Laurent Saillard and Sarah Ferrandi (2019)
- PEOPLE Inception Workshop report
- Partner Capacity Strengthening Across CAFOD, Anna Kirsch (2019)
- Tearfund full report + executive summary: Shoulder to Shoulder - Approaches to strengthen local humanitarian leadership: the CRUDAN-Tearfund partnership in northern Nigeria, Ali Wood (2019)
- Humanitarian Capacity Development Partner survey, Ilona Sips (2018)
- Rethinking capacity and complementarity for a more local humanitarian action, HPG report, Veronique Barbelet (2019)
- Report: Community Capacity Assessment Findings - KMSS Taungngu
- As found by Accelerating Localisation Through Partnership (ALTP)
- Final Evaluation CAFOD and Trócaire in Partnership for Nepal (CTPN) Earthquake Response Programme, Stephen Perry (2018)



Selected capacity strengthening approaches: good practice and risks/challenges

October 2020 | Consultant: Emily Rogers

CAFOD's Humanitarian Capacity Strengthening (HCS) project has used a range of capacity strengthening (CS) approaches. Commonly used by multiple HCS projects have included: partner accompaniment from a CAFOD Humanitarian Capacity Strengthening Officer (HCSO); trainings; grants to partners; simulations; varied forms of peer-to-peer support and exchange; and hands-on support during emergencies. More recently additional approaches have been trialled, including: webinars; a more formalised mentoring scheme linking mentors and mentees from across different partners; an on-line Community of Practice for exchange and knowledge management; and small levels of funding to allow partners to respond to emergencies.

This annex sets out learning from the HCS experience on *some* of the approaches used, including identified good practice and risks/challenges. This should be considered in conjunction with the learning set out in *Learning and Good Practice from CAFOD's Humanitarian Capacity Strengthening programme (2013-2020)*, in particular:

- Local accompaniment by a dedicated staff member allows CS support to be tailored to individual partners needs and interests. This is highly valued by partners and seen as key for realising progress within project timeframes.
- There is no single 'best approach or method' for supporting the CS of partners. More important is the combination and sequence of CS approaches used, considering how selected methods will build on and complement each other.
- CS approaches that support partners to see and do in practice are repeatedly identified as having longer-lasting impact, contributing more to organisational change. Applying learning down to 'field level', brings theory to life and provides an opportunity to 'close the learning loop'.
- Participating partners provide a rich opportunity for other partners supported by HCS to learn, seeing practice from similar organisations who face some of the same challenges, can make the application of new concepts, ideas and skills seem more feasible.

Approach: Trainings

Good practice/positives

- Formal trainings and workshops can provide a foundation of knowledge on which to build with other forms of support. There are times when a training on its own is enough to trigger action and change, but repeated experience from multiple agencies has shown more commonly training alone is not sufficient to support organisational development.
- Training design should aim for high learning content and keep the intended application in mind. For example, trainings that take place over several weeks and prompt the participants to take action, change the way they plan, set goals and reflect; or simulations that recreate emergency response demands; or workshops that include the drafting of emergency plans or other documents. Consider partner capacity to absorb multiple trainings (as well as take action from these and do their other work). This is more of a challenge for smaller organisations with fewer staff.
- Through a Trainer of Trainer (ToT) model, partner Focal Points can be equipped with the skills and knowledge

to train others, stepping-down the training and leading the process of change within their organisations. Staff trained via ToTs are resources that can be used by the partner and the wider Caritas family beyond the end of the programme.

- Participants should be matched to the content of each training – as the Focal Point may not always be the most appropriate person to attend. Having varied participants in one training (from CEO to PMS to Finance Managers and Officers) with different levels of experience and expectations is challenging.

Risks/challenges

- Training is in many ways comparably easier to plan, execute and account for, and as such has in the past been the 'go to approach' for CS initiatives. Given training has for so long been such a common approach,

there is also a risk it is identified by partners as a central activity in their capacity strengthening plans, rather than considering other approaches that may have a greater impact.

- Combining partners with varied levels of experience in the same training can be beneficial for exchange and learning, especially for weaker partners. Conversely, different levels of capacity in the same training can also hinder learning, with some participants lagging behind and others not gaining enough. Combining partners in one training may also affect how open partners are about challenges faced.

Approach: Webinars

Good practice/positives

- Webinars can be an effective training medium, providing an opportunity to learn and discuss topics within a short timeframe, without requiring travel time to reach training venues. They can provide short, sharp knowledge inputs and exchange. Recordings can allow people to access these after the 'live' event.
- By expanding participation to a wider group of organisations, webinars can be used to engage with other diocesan offices (or other partners) in-country not being directly targeted by the programme. In conjunction with other activities, this could see HCS have a wider reach and could support the NO with roll-out across the country. Webinar records could also be used by partners at a later date, as one part of rolling out new concepts and change across their organisations.
- Where webinars have been used, partners have asked for support in learning how to use the technology so they might run their own webinars.

Risks/challenges

- The cost of hosting webinars is currently cheap, with only small technology subscription fees. However, significant time is needed by someone to design and review the content (including developing interactive elements). When there are several presenters, additional time is needed to coordinate between these, ensuring a good balance and flow to the webinar.
- Challenges with internet connection (and the cost of data for downloading recordings) can mean webinars are less accessible for certain partners. These issues are more prominent for partners based in remote locations or where key staff spend most of their time 'in the field'.

Approach: Partner grants for partner-led CS activities

Good practice/positives

- Capacity Strengthening grants allow partners the space and flexibility to cover costs for rolling out learning, taking forward priority activities specific to their organisations, and to cover the costs of external expertise as needed. As examples of the size of these grants:
 - The HCS PEOPLE programme contributed 30% towards the salary for partner Focal Points, plus gave diocesan offices £12,200 grants and National offices £18,600 grants for use over 18 months. Costs for activities common to many partners (e.g. ToT workshops, and peer-exchange visits) were held centrally. By the final evaluation, partners had on average spent just under half of these grants suggesting they were sufficient for supporting the roll out of CS activities given the timeframe.
 - In the second year of the HCS ENHANCE Programme, £81,147 was allocated for KMSS capacity strengthening grants for the National Office and seven diocesan level partners. This was to cover all capacity strengthening costs including partner staff time, venue hire, subsistence, consultancy fees and travel costs, plus small-scale emergency preparedness and response activities.

“Initially partners thought the levels of money was not enough, but in terms of what could do with the funds they can completely change these organisations.” – HCSO

- In some instances, small grants have been made available to fund activities that have enabled partners to practically apply learning. For example:
 - In the HCS PEOPLE programme additional grants covered volunteer stipends allowing many partners to recruit office volunteers for the first time and formalise the network of community-level volunteers.

- As part of the ENHANCE programme, partners could apply for additional small grants for activities to strengthen their emergency preparedness, response and/or recovery. In 2019 small grants were used by three partners to: conduct a needs assessment, putting new skills into practice and gathering findings used to secure response funding; to provide financial and technical support to Church management committees in parishes hosting IDPs following renewed fighting; and to host a training on the use of Gravity Water Flow System (GSF) – a commonly used WASH solution in emergencies.
- To date, CS grants available to partners have been small and have served to facilitate rather than to motivate action. This is an important distinction. Varied stakeholders have stressed the importance of delinking CS initiatives from project money, so ensuring motivation for change is from within rather than linked to the promise of additional funding.

Risks/challenges

- CS grants, even if small, still come with accountability requirements. There is a risk that ensuring spend is in line with these requirements introduces a more traditional INGO-L/NNGO power dynamic between CAFOD and partners that is counter to the spirit of HCS and localisation.
- While the CS grants are small, it is important to discuss with partners the risks to both the sustainability and continuation of progress once the grants end. This forms part of wider conversations about transition post HCS. For example, building on the examples above, how will the roll out of learning and progress continue after the end of the grant (and where will funds for this come from)? Will the partner continue to pay volunteer stipends after the end of the grant (and how)? Who will continue to drive forward progress?

Approach: Bringing in external expertise – technical staff and external consultants

Good practice/positives

- Identifying staff from within partners, CAFOD and other Caritas partners who have technical expertise and can support with CS activities can be a cost-effective way of bringing in needed expertise. This recognises that HCSOs and others involved in HCS cannot be expected to have technical know-how in all areas.
- External consultants hired by partners also bring in extra capacity to deliver set outputs within a shorter timeframe. In the past partners have used external consultants to develop policies and strategic plans, specifying the process by which they want consultants to engage with staff to ensure it is a participatory process. HCSOs have supported partners in selecting and managing consultants.

Risks/challenges

- External experts may not have a good understanding of the partner (for Caritas the influence of Church structures or the local context) nor the holistic approach of the HCS programme. All of which are important for contextualising support. They may not have time to build trust with partners, which can negatively affect uptake of support. Engaging multiple different external experts risks partners being given varied and conflicting advice, and that external technical advisers are learning

about the context themselves. HCSOs should play a role in guiding the use of external expertise to help them contextualise their support for each partner, support with more consistent technical inputs, and ensure this is integrated into the wider programme.

- There is a risk that by using a consultant partner management are outsourcing the change process. There are examples where partner directors have hired a consultant to develop a policy but they themselves have not inputted into the process or thinking. As a result, while the consultant delivers a policy document for the partner organisation, the director has a limited understanding of the content or implications for roll out, yet is responsible for roll out.
- In an example where a programme brought in external expertise to support several partners develop a document (as an example an emergency preparedness plan or humanitarian strategy), the resulting outputs have looked generic, based on the same template used by all partners. Given the variety of L/NNGOs involved in the programme, this risks a one-size-fits-all approach. In addition, the scope of support focused on developing the document rather than supporting with subsequent roll out of this, which risks the process stopping. It also risks documents being developed without considering the context of each organisation or the realities of what it would take to see these reflected in practice.

Approach: Simulations

Good practice/positives

- Simulations provided an opportunity for partners to test their ability to respond to an emergency in a safe learning environment. This includes testing knowledge, skills, and capacities, as well as the suitability and extent to which policies translate into practice. Simulations can build on real-life scenarios and can include a range of tasks that would need to be done in a real emergency. For example, undertaking a needs assessment with members of a local community, developing a response plan, and writing a funding proposal.

- Simulations can take a variety of forms. Ranging from multi-day exercises that bring together all partner staff to simulate a full emergency response, to single day or shorter exercises that focus on one specific aspect. They can be incorporated into other CS support such as trainings, used to test a specific policy, or used to spark reflection that can feed into an organisational self-assessment.
- Through involving National and diocesan partners together in the same simulation, staff can explore how the different members of the Caritas family might

work together in an emergency and see the benefits of coordination.

- Simulations provide an opportunity to raise awareness around the importance of key issues (e.g. safeguarding) and unpick challenges. They allow staff themselves to identify gaps between theory and practice and help staff to identify practical solutions that could be used to address gaps. When run before a capacity self-assessment process, the simulation experience can provide useful examples to inform scoring and prioritisation of organisational needs. When run later in a programme, simulations provide an opportunity to test and then refine newly developed systems.

Risks/challenges

- HCSOs and partners need support to become familiar with simulations, both the varied ways in which they can be used as well as how to run them. Multi-day simulations that look to recreate a full emergency response are time consuming to organise and require skills and confidence to run. Greater awareness (as well as support) with alternative forms of simulations could enable HCSOs and partners to use varied forms of

simulation exercises on a more regular basis, weaving these into other CS activities.

- There may be a need to promote simulations as a process to partners, in particular with managers, so there is understanding of and commitment to the process and intended outcomes. Multi-day simulations require significant partner staff time and active engagement, both during the exercise and in preparation. This can be encouraged by ensuring there is senior management commitment, using an off-site venue, varying the setting used during the simulation (e.g. conference rooms and outdoor locations), and varying the types of activities.
- The opportunity to test practice using a close to real-life substitute can highlight positives, gaps and action needed to address these that go beyond those identified through self-assessment discussions. Simulations held at the end of an HCS project risk leaving little time for HCS to support partners to act on the learning that simulations spark.

Approach: Peer-exchange visits

Good practice/positives

- Exchange visits allow partner staff to see practice in a certain area and learn from other partners. They can provide an opportunity to explore how theory and other learning can be practically applied and realised by similar organisations who face similar constraints.
- During visits staff may be able to speak to different types of stakeholders – beyond those that partners would normally meet in a training context with other partners. This may include, other partner staff, community volunteers, and members, allowing different perspectives to be heard. They also allow partners to spend more time exploring a topic and considering how it could be applied in their own organisations, troubleshooting and discussing details with stakeholders who have more experience in a particular area.

- Exchange visits can be beneficial for both sides (those visiting and those hosting), and an opportunity to engage a cross-section of staff from the hosting partner to aid their own reflection. Flexibility during visits allows for unexpected learning, that can be beneficial. Past HCS projects have engaged an external staff member to facilitate reflection sessions with those involved during the visits.
- Staff who have been on exchange visits report they have boosted their confidence to be able to take action within their own organisation.

Risks /challenges

- Exchange visits need to be carefully planned and supported throughout to ensure they are focused and lead to learning that can be actioned. In the absence of

this exchange visits risk being more of an 'outing'. HCS experience has highlighted the importance of visits:

- Having clear objectives, allowing hosts to plan who visiting staff will speak to, and visitors to plan what questions they want to ask. Sharing key documents about relevant policies, programmes, and activities (linked to the objectives of the visit) allow visitors to gain an overview and are able to be more prepared on arrival.
- Having management buy-in for visitors and host organisations, in particular an agreement from the

sending partner what they expect their staff member to do on return and how they will be supported to take forward learning. Visit objectives should be in line with the visitor's job description, to facilitate action following the exchange.

- Clarifying the expected outcome from exchange visits in advance. For example is it expected that learning from these contributes towards realising activities already identified in the partner's Capacity Strengthening Plan or that the visit results in a specific peer-exchange visit action plan.

Approach: Mentoring and coaching – leadership support

Good practice/positives

- Mentoring schemes vary but can provide an opportunity to formally match mentors and mentees based in different countries. This can see individual staff supported through the scheme plus may build further connections between partners. Mentoring schemes can offer different sources of support (beyond the existing interactions and people available to partner staff). They can provide an option for leadership support, in particular as a means for senior managers to be supported by other senior managers.
- In some countries, formal mentoring schemes and coaching are not common in the workplace. The close proximity and accessibility of CAFOD's Humanitarian Capacity Strengthening Officers (HCSOs) provides an avenue for more informal coaching and mentoring that individual staff can access. For some partners close proximity is seen as important in mentoring relationships, allowing for physical meetings and a more personal relationship to develop.
- Ongoing management of formal mentoring schemes is needed, to set up matches, manage mentoring registers, and provide ongoing support to the mentors.

Risks /challenges

- Setting up a formal mentoring scheme, in particular matching mentors with mentees requires a good understanding the individuals involved and their organisations. For example, it requires an understanding of the roles and hierarchy within each organisation in order to match mentors and mentees of a similar level. There is a need to review the level of skills and experience of the mentors to assess if self-declared areas of expertise and proficiency are accurate and ensure the quality of information imparted to mentees.
- Requests for support may not match offers of mentoring support. For example, the PEOPLE project had more requests for local and institutional fundraising experience than offers of support in this same area.
- Mentors and mentees may face a range of challenges connecting and finding the time to connect. Challenges identified by partners include: language barriers; a lack of proactivity or follow-up on either side once matched; the challenge of coordinating two busy schedules, while factoring in time differences and times when one or both are travelling; and poor internet connectivity.

Approach: Community of Practice (CoP) knowledge sharing platform

Good practice/positives

- Potentially provides an on-line platform that multiple partners can access to find example policies or procedures, ask each other questions and share learning.

Risks/challenges

- Internet connectivity can be a barrier to access, and regular use of the platform can require a shift in practice especially for staff not used to on-line CoPs. The

platform, especially if used by different partners, can mean another set of log-on details and another site to go to, both of which may be a barrier to use.

- Staff who are regularly travelling may rely more on their phones for communications (preferring instant messaging apps such as Whatsapp to get rapid responses). Staff have reported when they return to the office they need to prioritise writing reports or submitting expenses rather than accessing a CoP platform.



**MINISTRY OF FOREIGN AFFAIRS
OF DENMARK**
Danida



The Catholic Agency for Overseas Development (CAFOD) is the official aid agency of the Catholic Church in England and Wales and part of Caritas International.

Charity no 1160384 and a company limited by guarantee no 09387398.

Registered office:
Romero House, 55 Westminster Bridge Road, London SE1 7JB

Tel: 00 44 7095 5348
Email: cafod@cafod.org.uk
Website: cafod.org.uk

Printed on paper from sustainably managed forests