

People at the Heart of Change

A Summary



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

October 2020 | Consultant: Emily Rogers



Summary

Organisational capacity strengthening is complex and messy. It is a process that takes time, with the link between inputs and results not controllable or predictable; X may not lead to Z, but happily may bring about an unexpected change in Y. A complex combination of factors can contribute (or detract) from the success of CS efforts meaning 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.

Despite the uncertainty involved in CS there are models that have shown themselves to be effective at supporting partners to strengthening their ability to respond to emergencies and their organisations more broadly. This summary **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.

CAFOD's Humanitarian Capacity Strengthening (HCS) programme focuses on partner-led capacity strengthening, adopting approaches that encourage local ownership. It takes a holistic organisational approach to humanitarian capacity strengthening, working under the premise that stronger organisations will be better able to respond to emergencies. Since 2012 a series of four HCS projects have been implemented. In total these have reached 37 partner organisations (predominantly from the Caritas family) from across 11 countries.

Achievements from CAFOD's Humanitarian Capacity Strengthening (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 have seen improvements in multiple aspects over two years of HCS support**, with on average each partner reporting positive change in 7 out of 12 competency domains.

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.



Caritas Gokwe community volunteers mobilise relief items for people affected Cyclone Idai.

1. Evidence based on baseline and endline self-assessment scoring as done by partners who participated in three HCS projects (20 partners from HCD1+HCD2, and 10 partners from the PEOPLE project). Of target partners data was available for 23 out of 30 of them.

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

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. The volunteer network set up by Caritas Gokwe in Zimbabwe 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. As an example, in Myanmar KMSS Pathein has been able to support KMSS Kalay on feedback and complaints handling mechanisms during emergency response, humanitarian capacity self-assessment, and on community-led procurement during flood response.

Learning from CAFOD's Humanitarian Capacity Strengthening (HCS) programme

Foundations of design

Capacity strengthening takes time. 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 organisational capacity strengthening. **Evidence from CAFOD's HCS programme shows progress is possible in two years. However, longer timeframes are needed to see more substantive and sustainable organisational changes.** Where CAFOD partners have been engaged over longer timeframes, through successive HCS projects, partners have achieved more. This includes shifting from being recipients of CS support to also supporting others.

In selecting partners, a pre-existing **trusting relationship between the partner and CAFOD, and management commitment** (from both the partner and relevant CAFOD teams) are needed for effective HCS. In selecting the combination of partners to target, **the number and geographical spread of partners needs to be balanced with resources available for CAFOD's accompaniment approach** (an approach to CS that has consistently seen results). 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 selecting partners, there is also opportunity **to select combinations of organisations that can reinforce each**



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

other during and after the programme. For example, through peer-to-peer learning and exchange or through strengthening of networks and connections.

For CAFOD, working to support partners who are part of the wider **Caritas family can have a multiplication effect, contributing towards a stronger network that can continue to support each other.** National member organisations can be the target for capacity strengthening support and also co-implement CS support, working alongside CAFOD to support local member organisations targeted by the project and beyond. The feasibility of this depends on the dynamics

found in each country, in particular relationships between the national and local members. Strengthening links between local members within the same country can also build collaboration that extends beyond CAFOD's support.

In their design, capacity strengthening initiatives **should recognise the experience, strengths and know-how of partners**, as well as supporting them to address gaps. Brokering links and facilitating learning between partners is one way CAFOD's HCS has done this. An added benefit of this is that peer-to-peer support builds on pre-existing trust between organisations within the Caritas network, which facilitates staff and partner's ability to contextualise new ways of working or approaches for their organisations. It recognises the strengths of participating partners and sees CAFOD play more of a brokering role as opposed to being the sole CS provider.

Design should also factor in **variations in partner size, scale and level of experiences which will require different levels, models and approaches to capacity strengthening**. For example, partners with large numbers of staff (or larger networks) require different strategies and resources for rolling out changes compared to those with fewer staff members. Small partners are less likely to undertake emergency response work during the project. Given application is key for cementing learning, this risks smaller partners being disadvantaged unless other opportunities for applying learning are factored into the design. **Involving partners in designing and refining the HCS programme** can make the project more specific to their varied contexts and needs.

Transition (as opposed to exit) planning with partners should happen from the outset. This would allow longer time horizons for conceptualising CS support (beyond short-term projects), while also considering **what lighter-touch and follow-on support could look like from both sides**. Through this, partners could be supported to further the progress made during HCS projects and to cement changes. It also provides the chance to gather more evidence on 'what happened next', including if and how progress made by partners has been continued and subsequent results seen.

Gaining (and maintaining) commitment

For Caritas partners, **the wider Church context has a huge influence on the direction and effectiveness of**

the partner's development and humanitarian work. For other L/NNGOs different structures (beyond the director) may influence the direction of travel which need to be understood. As such, **it is important to understand and factor in the broader organisational context, including the different levels of leadership, influence, and decision-making**. For Caritas, the bishops are the legal holders of the organisation and can hugely influence what it is possible to achieve with the partner.

Genuine commitment to change from partners is a prime factor determining the success or otherwise of an HCS intervention. Leaders need to be emotionally willing to change and prepared to act. **Commitment and ownership are not static but need 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. A true understanding and deeper commitment to HCS may only occur as activities unfold. For example, as partners experience how the HCS self-assessment process differs from that used as the basis for funding decisions or based on seeing the level of progress possible for their organisation with modest CS grants.

Trust is cited again and again as one of the most important ingredients in CS projects, specifically trust between CAFOD's accompanier staff member (the HCSO) and the partner. This trust builds on that developed over years with CAFOD, but also requires an investment of time from the HCSO at the outset. Trust is the basis for partners to discuss organisational weaknesses and challenges, for staff to admit mistakes, and to have difficult conversations. It is the starting point for HCSOs to gain an in-depth understanding of the organisation they are supporting.

Some **initial 'quick wins' and visible tangible results from partner HCS efforts are good for building momentum and broader staff support**. This also contributes to the sustainability of progress made by partners as part of HCS.

Gaining understanding, inspiring change, and planning for implementation

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**.

The **process itself can bring about positive change within a partner** – improved understanding of the components of a healthy organisation, introducing reflective thinking and practice, creating dialogue between different teams, and team building. **It is a tool in-onto itself to support partners, however, it is 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.

Capacity frameworks as the basis for reflecting on organisational capacity can add value but should be used flexibly, recognising their limitations. Frameworks are frequently defined by international actors, who in doing so decide what capacity is valued and needed. They may not be the best tool for understanding organisational culture, leadership styles, and internal dynamics that need unpacking and gently tackling before turning to other aspects of organisation development.

It is also **important to remember that self-assessment processes are not an exact science**, and the value lies more in the discussion held between partner staff. Those done at the first point of engagement with HCS, even as part of long-term partnerships, may not provide the full picture. **Complementary approaches can support partners (and CAFOD's HCSOs) to build a greater understanding of the strengths and gaps they face.** For example, individual conversations with internal and external stakeholders, using recent emergency responses or programmes to reflect with stakeholders on actual practice, simulation exercises, peer reviews of capacity involving other partners, and community consultation processes. External stakeholders can provide valuable perspectives to feed into partner self-assessment discussions.

The **self-assessment and associated capacity improvement plans should be 'live' documents that are revisited and used beyond an individual project.** There are opportunities for partners to use these in discussions with other partners and potential funders. There is a risk with shorter projects that policies are 'fresh off the press' by the end of the project. In developing the CS plan **consider what action and support is needed to implement newly developed policies** (as well as other new practice), so that these can be refined based on experience. Ensuring policies are not just developed but operationalised and institutionalised within the organisation.



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

In addition, partners should be supported **to consider how improvements (as well as needed knowledge and skills) will be cascaded within their organisations.** HCS capacity strengthening grants provide partners with flexible funds that can be used for CS activities, including roll-out, and planning provides an opportunity to discuss how the cascade of learning will take place. When working with networks such as the Caritas family, there is a need to consider how learning will be cascaded from national to local member organisations, including those targeted as well as those not targeted by the project.

In more recent HCS projects, **Focal Points have been nominated from existing staff or designated working groups established to lead on activities from within the partner.** This ensures the responsibility for rolling out CS activities and change lies with partner staff and allows the HCSO to provide more coaching and mentoring support. Working with nominated partner staff **builds leadership skills and capabilities, and an internal resource that can benefit the partner (and the wider network of organisations in country more broadly) beyond the end of the HCS programme.**

Accompanied implementation

Local accompaniment by a dedicated CAFOD 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. **Accompaniment works best where CAFOD's Humanitarian Capacity Strengthening Officers (HCSOs) can spend sufficient face-to-face time with partners.** More contact time with partners and

regular partner visits are linked with greater progress and effectiveness of capacity strengthening efforts at partner level.

The range of support provided by the HCSO is varied, and as such **demands a unique combination of experience and skills**. Progress will happen at the partner's pace, and HCSOs must balance the tension between facilitating and accompanying only vs driving forward the programme in line with agreed deliverables and budgets.

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. Different approaches provide opportunities for partners to: be exposed to new knowledge and practice, have access to support and the expertise needed, roll out learning and change internally, and apply and practice learning. Unsurprisingly, not all approaches will work for all partners – people have different learning preferences and digital access can hamper on-line approaches.

Supporting 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'. It recognises that partners can be overloaded with trainings and want support that goes beyond this. When staff are supported to 'do' they gain greater understanding and confidence. Results from applying learning as part of HCS support have motivated and brought about wider buy-in from senior managers and staff across the organisation, that help sustain change and drive further progress. Opportunities for partners to apply learning in practice should be planned for.

Emergencies provide valuable opportunities for accompaniment 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 wider organisational development. **During an emergency**

response there is a need to adapt the focus and nature of partner support, moving away from the HCS journey and CS plans to respond to their most pressing needs.

There have been **rich learning opportunities between partners given the diversity of organisations supported through HCS**. Partners have appreciated hearing/seeing practice from similar organisations who face some of the similar challenges, which makes the application of new concepts, ideas and skills seem more feasible. Joint emergency simulation exercises, peer review capacity self-assessment process, and international exchange visits between partners have been supported by HCS as part of peer-to-peer exchange. Involving partners with more experience in capacity strengthening of other partners, has built on this, leading to greater peer-to-peer support.

Measuring success

What to measure? Results from CS are hard to measure, requiring a combination of M&E approaches that build a picture of change. In the past HCS has combined output data; baseline-endline capacity self-assessments; records of change (building on outcome harvesting) that capture examples of change; perception surveys and key informant interviews. In **evaluating capacity strengthening projects there is commonly an over-reliance on self-reported changes**. There is an **opportunity to validate these through accompanying partners in triangulating** changes they perceive, supporting reviews of existing programmes, building on other evaluation processes, and listening to perspectives of external stakeholders.

Evaluations are commonly conducted at the end of projects, when it is often too soon to determine how mature changes are and the extent to which these have influenced emergency response practice. Ex-post evaluations (for example 12 to 18 months after) would allow for a more comprehensive reflection on what has changed, as well as providing partners with more opportunity to respond to emergencies. De-linking evaluations from specific projects would also allow for cumulative change over several rounds of HCS projects to be accessed.

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.

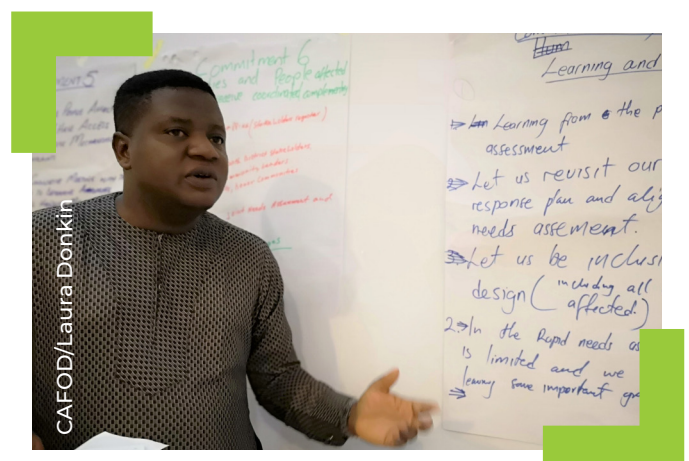
Second, is the importance of HCS being partner-led. HCS balances working with cohorts of partners with the need for a tailored and made-to-measure approach adapted to individual organisations. The self-identification of strengths and priorities by partner staff is key and the first step in CS. Flexibility 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/NGOs 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.



Vincent Ogoro (Caritas Nigeria) participates in a training of trainers on the Core Humanitarian Standard.

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.

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Emily Rogers

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



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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

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