

Strengthening Locally Led Humanitarian Response



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

October 2020 | Consultant: Emily Rogers

Strengthening Locally Led Humanitarian Response

Described as both 'innovative and bold'¹ CAFOD's Humanitarian Capacity Strengthening (HCS) programme embraces **partner-led capacity strengthening**, adopting approaches that encourage local ownership and enabling each partner to follow their own unique journey. **It takes a holistic organisational approach to humanitarian capacity strengthening**, with 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 capacity strengthening approaches used are varied and flexible** but include close partner accompaniment throughout the project; modest grants for partners providing resources needed to take forward capacity strengthening activities, hiring external expertise, and putting learning into practice; and opportunities for exchange with other partners.

CAFOD's Humanitarian Capacity Framework (HCF) forms the backbone for HCS support.

In its present form people and communities affected by disasters are at its heart, on which the 12 different capacity areas build, grouped under four main pillars:

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

CAFOD's Humanitarian Capacity Framework (HCF)

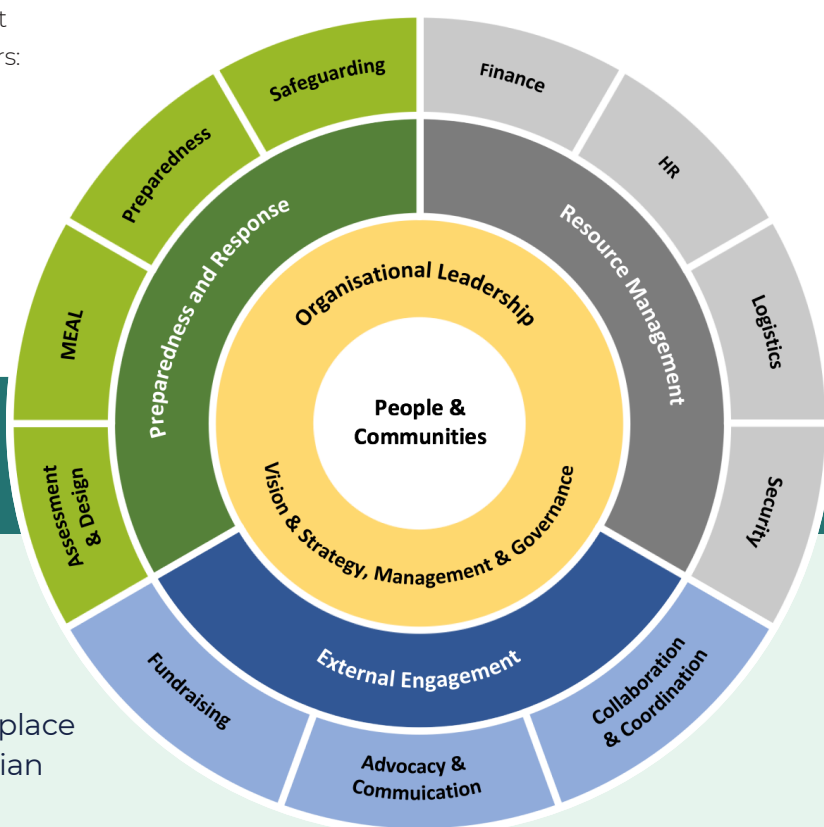
"It is a holistic approach with a humanitarian flare! It focuses on leadership, governance, and policies. Organizations need these foundations in place to be able to deliver" – CAFOD Humanitarian Capacity Strengthening Officer (HCSO)

Since 2012, CAFOD has implemented four distinct HCS projects, reaching 37 organisations from across 11 countries.

Target partners have primarily been members of the Caritas family, based in disaster-prone areas but not all with previous emergency response experience. Each project has targeted a combination of national and local diocesan partners.

Partners themselves report multiple ways in which CAFOD's Humanitarian Capacity Strengthening (HCS) programme has contributed towards strengthening their organisations.

This document provides evidence of how HCS support has translated into strengthened capacity for locally led emergency response.² It first sets out quantitative data from across the portfolio of partners, and then dives into specific examples that provide a flavour of what these changes mean in practice.



1. Connecting the dots! Evaluation of CAFOD's Humanitarian Capacity Development Programme phase one (2013-2015), Thomas Lewinsky (2016)

2. The evidence has been gathered as part of a wider Learning Review looking at CAFOD's approach to HCS. It is based on a review of existing project documents (including evaluations, learning reviews and case studies), and conversations with CAFOD and partner representatives.

What level of changes have been seen across the portfolio of partners supported with Humanitarian Capacity Strengthening?

Improvements have been identified by the majority of partners. Self-assessment baseline and endline scores from 23 partners³ show all have seen improvements across multiple competency domains over two years of HCS support. Commonly partners participating in CAFOD's HCS projects have made significant progress in their Vision and strategy and Emergency preparedness.

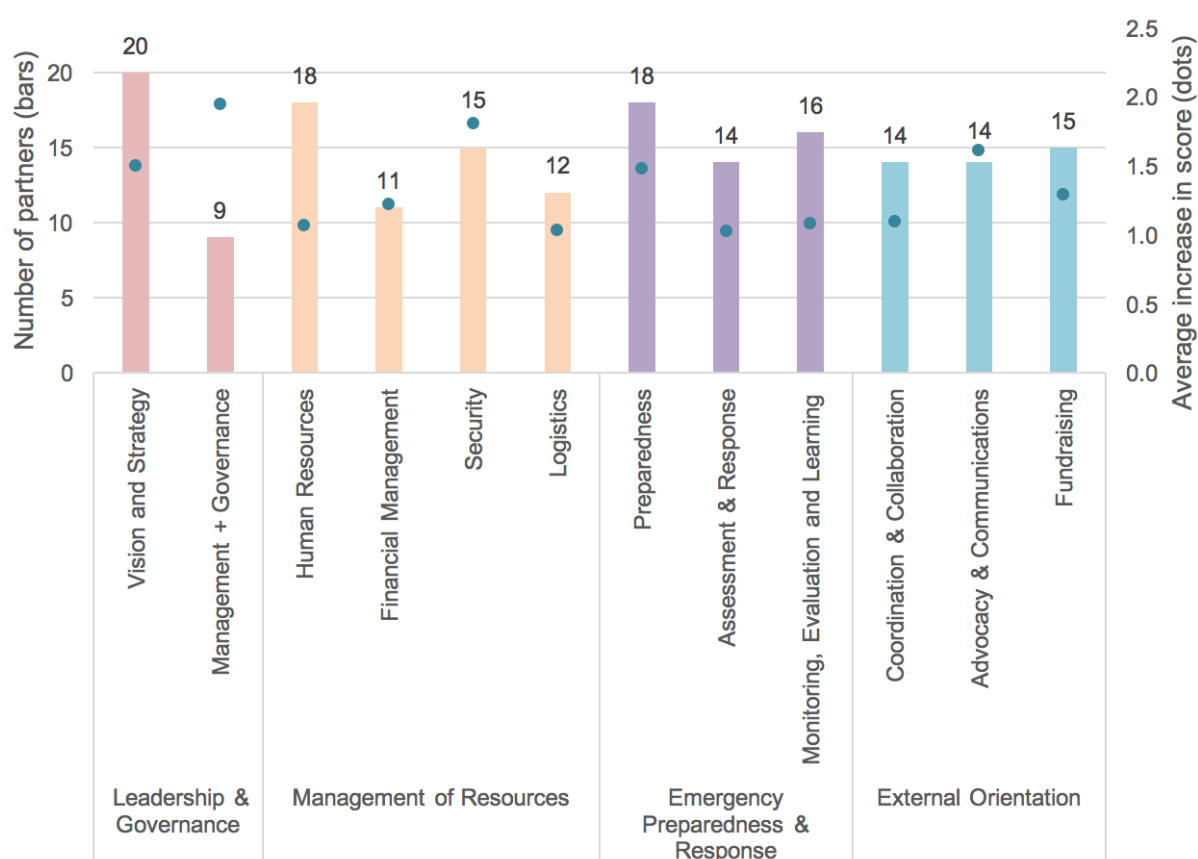
On average each partner has reported improvements across 7 out of the 12 competency domains included in CAFOD's Humanitarian Capacity Framework (HCF). The graph below shows the number of partners who reported progress against each competency domain.

For many partners progress has been seen across all four main pillars in the HCF, with 20 out of 23 partners for whom data is available making some level of progress in their Leadership and Governance; 21 made progress in the Management of Resources; 21 in Emergency Preparedness and Response; and 18 in External Engagement.

Looking at the *scale* of change seen in two years⁴, shows the greatest changes were seen in the domains of: Vision and Strategy, Management and Governance, Security, Emergency Preparedness, Advocacy & Communications.

The frequency and scale of improvements seen against each competency domain after two years HCS support (n=23).

The bars show the number of partners reporting improvements based on self-assessment and re-assessment scoring, and the dots show the average increase in score for those partners who made progress under each domain.



3. All partners for whom data is available. 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. Of the 23, three partners from Zimbabwe participated in both projects. It is important to note that while the competency domains used were the same in both projects, the indicators that fed into each changed between projects. It was noted that bigger increases in scores were seen in HCD2 compared to PEOPLE, possibly due to the indicators used and because PEOPLE focused on volunteer management which sits across several domains.

4. Based on the average increase in scores from partners who report some level of progress.

How have these changes translated into stronger capacity for locally led emergency response?

Partners themselves report multiple ways in which HCS has strengthened their organisations and ability to respond to emergencies. The themes and examples below are drawn from across multiple HCS projects and partners.

Preparedness and response: Local/national actors are able to design, manage and deliver effective people-centred humanitarian response programmes

HCS has **supported partners to be more prepared for emergencies and ready to respond**. Commonly, partners have developed Emergency Preparedness Plans (EPPs), and through this process clarified key external stakeholders and internal roles and responsibilities and decision-making during an emergency. Partners have increased their human resource capacity to respond, through improved organisation of existing staff (for example by identifying Emergency Response Teams) and establishing networks of volunteers to extend their reach. Other partners have recruited office volunteers for the first time, bolstering their human resource capacity and supporting with core functions such as Finance, Administration, and Report writing. Through HCS, partners have developed skills and tools for conducting needs assessments and gained a greater understanding of the Core Humanitarian Standards (CHS) and Sphere. As a result of this many partners have chosen to develop feedback and complaints mechanisms.

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**. In Myanmar, partners saw improvements in coordination between national and local Caritas members and in decision-making during emergencies as a result of work to clarify roles and responsibilities and ways of working in emergencies (see Box 1). For example, KMSS Myitkyina 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 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 (see Box 2). The presence of office volunteers enabled Caritas Harare to respond to a donor call for proposals resulting in additional funding. As noted by the partner:

"In the past we used to think as there were only three staff in the office we couldn't respond, so we would fold our hands. Now we know we can respond with the volunteers."

New standardised Initial Rapid Needs Assessment tools developed by partners in Myanmar, have allowed communities to play a greater role in the assessment process and resulted in better quality data (See Box 3). JDPC Yola in Nigeria and others refined their approach for receiving community feedback and complaints, resulting in feedback that allowed them to adjust and improve the quality their work (See Box 4). Partners have seen how different strands of support under HCS have contributed to improved response capacity overall. 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."



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

Further, there are examples of **how good practice is being applied by partners beyond their emergency response activities, benefiting development and other projects**. See Box 5.

Laying the foundations: improved management and governance

Through developing **stronger governance and organisational systems**, partners have strong foundations on which to operate, as parts of both an emergency response and their longer-term work. For example, during HCS support JDPC Maiduguri in Nigeria developed organisational policies on volunteer management; human resources; safeguarding and protection; finance; and procurement. In Kenya, partners Caritas Isiolo, Marsabit and Maralal were supported to define their vision and strengthen their financial and human resource systems. Caritas Isiolo developed a five-year organisational strategic plan, giving the organisation a clear vision and direction. In Zimbabwe, Caritas Masvingo was supported to reform and induct a board, providing more active governance to the organisation. In Myanmar, led by the national organisations for Caritas, partners worked to strengthen their leadership and HR practices (see Box 6). Through accompanied support during emergencies, or in the absence of these through simulation exercises, partners have also been supported to reflect how **existing systems need to be adapted for emergency contexts**.

There are examples of improved management and systems making **organisations more efficient and opening the door to new donor funding** (more below). For example, through improving their financial systems Caritas Harare found they were more eligible for donor funding. Their upgraded financial system made financial administration and reporting more efficient and accurate. The introduction of mobile banking in the organisation reduced the risk of handling cash and the time lost going to the banks to make payments.

The link between stronger organisations and improved outcomes at community level are not easy to evidence. However, partners themselves report that improvements in core policies, procedures, systems and governance have bolstered their capacity at organisational level, benefiting humanitarian, developmental and other partner activities. For example, as noted by JDPC Yola 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.”

Similarly, a CAFOD staff member involved in HCS in Zimbabwe reported:

“Caritas Harare are a really good case study – the overall organisational development work (especially around board development and systems, policies and procedures) has resulted in them being a much more effective and proactive implementer of humanitarian and development projects.”

External engagement: Increased access to funding

Improvements in core policies, procedures, systems and governance **means partners are more likely to meet donor requirements**. Partners have seen their scores from donor compliance assessments go up, and increased confidence from donors in their organisation. As noted by a partner in Zimbabwe:

“[It has] put us in a position where there is higher confidence from funding partners as we have polished up systems and policies so are better off than we were before.”

There are positive examples of some partners now gaining **new donor funding and being able to manage these funds independently**. For example, Caritas Bukavu in DRC became eligible for pooled funding and have received ECHO and WFP grants (see Box 7). In Myanmar, three partners secured funding for the first time from the START Fund and the DFID HARP emergency rapid response fund, totalling £540,236 and reaching a total of 39,559 people. Positively, due to previous progress made by partners to strengthen emergency response practice, they were able to manage the START funding from start to finish without additional HCS support. The new funding spurred interest across the Caritas family in Myanmar to improve awareness on sources of funding.

Where partners have been accompanied through the process of developing donor proposals there is **increased awareness of how to write a proposal, and what donors are looking for** during an emergency. Others are **more proactive in their approach with donors**, now preparing concept notes based on needs assessments before contacting donors rather than waiting to be contacted.

External engagement: Increased visibility and influence, and improved coordination with others

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 (see Box 7). 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 (see Box 2). In Kenya Caritas Marsabit started to actively engage with the County Steering group, and Caritas Mombasa improved their visibility with local actors, increasing the recognition of their work (see Box 8).

Increased awareness of international standards has **given partners the confidence** to sit alongside other international actors in coordination meetings. Being able to speak the same 'language' demystifies discussions, making them more accessible for local partners to join and participate in.

Strengthening networks of organisations

Through **building stronger links and connections between national and local organisations** in the Caritas family, **HCS has gone beyond strengthening individual organisations to strengthening networks**. There are examples of partners practically supporting each other during HCS projects. 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, KMSS Patheingyi supported KMSS Kalay on feedback and complaints handling mechanisms during emergency response, humanitarian capacity self-assessment, and on community-led procurement during flood response.

Moreover, links built between partners have led to further collaboration between partners beyond HCS support. In Zimbabwe following Cyclone Idai, Caritas Harare seconded three staff and provided support vehicles to support Caritas Mutare. In Kenya, the physical proximity of the three northern partners allowed for regular ongoing collaboration which saw them developing joint proposals after HCS, and implementing joint peace activities in response to ethnic conflicts.



Caritas Isiolo, Kenya conduct an emergency food relief distribution.

How has CAFOD's HCS contributed to localisation objectives?

Capacity strengthening is a major element of all three sets of global commitments endorsed at the World Humanitarian Summit – Agenda for Humanity, Grand Bargain and Charter for Change – and recognised as a key component of the localisation agenda. The HCS programme responds to this. The changes outlined above contribute towards localisation of aid, with concrete examples of L/NGOs being better prepared to respond to emergencies, having organisational

foundations in place, being able to access new funding, and having increased visibility and influence, and improved coordination with others.

In addition, **localisation has been reflected in the approach taken as part of HCS programming**. HCS focuses on a partner-led change process, reflecting partner preferences for CS approaches that go beyond training, with accompaniment, on the job learning,

and support in applying learning in practice. Progress is at the pace of the partner, and the accompaniment support from CAFOD's in-country Humanitarian Capacity Strengthening Officers (HCSOs) responds to the unique needs of each partner.

CS grants for partners provide flexible resources for partners to implement and roll out CS activities internally, and hire local expertise as needed. These grants vary from 28% to 76% of the total project budget, depending on the level of funds held centrally for activities common across all participating partners. The emphasis on peer-exchange between partners, recognises partners themselves as experts who already have experience in different areas, and allows CAFOD to play more of a brokering role. In past projects, partners themselves have appreciated the role HCSOs have played in pushing them to achieve results, although there is a risk that this reflects the INGO-LNGO

dynamics that localisation is seeking to address.

There are a few questions for reflection on the link between a dedicated CS programme and localisation.

- Would aligning capacity strengthening work to localisation aims provide a slightly different emphasis?
- How can experiences from capacity strengthening programmes be used to shape and influence broader discussions, including to advocate with INGOs and donors for change? What role do partners want to play in this? What opportunities are given to partners as part of CS support to be part of global discussion on issues affecting the humanitarian world?
- How would the design of capacity strengthening programmes differ if they had more of a focus on capacity exchange?

Ten lessons from CAFOD's Humanitarian Capacity Strengthening (HCS) programme

CAFOD's HCS programme provides rich learning on the ingredients key to supporting partner-led organisational change. The paper *Learning and Good Practice from CAFOD's Humanitarian Capacity Strengthening programme (2013-2020)* outlines the learning in detail for each stage of the HCS journey. Below are ten headline lessons drawn from this.

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 that HCS is aiming for. In addition, for CS to be successful, significant time needs to be invested at the beginning of HCS engagement to further the pre-conditions for change (commitment, trust, and understanding) before CS activities can begin.

2 Trust and senior management commitment are prerequisites for change.

While both may form the basis for selecting partners, both need to be continually nurtured during HCS support. Dedicated CS projects are rare, and partners new to these may take time to understand and so fully commit to them.

3 There is opportunity for HCS to strengthen the capacity of individual organisations as well as networks of national and local organisations.

Through targeting partners in the same network, and designing support that reinforces network roles, plus building links between local members organisations HCS support has the potential to strengthen networks of organisations, such that members can continue to support each other.

4 Organisational capacity strengthening needs to be partner-led and tailored to partner needs.

The self-identification of strengths and priorities by partner staff is a highly valued process, and the first step in CS. It is seen as a unique opportunity for staff from senior managers to those implementing activities to come together to reflect on their organisation. Following on from this, approaches to CS must recognise and support partners management as the main actors in driving change. Flexible grants allow partners to take action based on their unique CS priorities, bringing in external expertise as needed.

5 Plan with partners how newly developed policies will be applied, and what forms of support could accelerate their application.

Much HCS support has focused on strengthening organisations, involving the generation and adaption of core organisational policies. Once developed there is a need to reflect on how these are applied in practice, beyond raising awareness internally.

6 Plan for transition from more intensive HCS support.

Recognising that funding for dedicated CS projects is limited and time-bound, planning provides an opportunity to discuss when and how to transition HCS support both for the partner and CAFOD. The design of CS should also build partner internal capacity to be able to continue to drive forward progress made with HCS support.

7 Partner accompaniment is highly valued and allows CS support to be tailored to individual needs and interests.

Key to its success is the accompaniers, the Humanitarian Capacity Strengthening Officers (HCSOs) in CAFOD's HCS programme, who work with partners for the duration of the programme; spend quality face-to-face time with partners; and can respond to each partner's needs and priorities.

8 Application is key for cementing learning and seeing more sustained change.

Approaches for partners to apply learning need to be planned, particularly for smaller partners with fewer

donors who will have fewer opportunities to do so during HCS project duration. Emergencies that occur during HCS projects should be seized as opportunities for both on the job support and for learning to be applied in real time.

9 Supporting partners to learn from each other recognises the existing expertise of partners and is an effective approach for CS.

In the past HCS has successfully supported partners to learn from each other through joint simulation exercises, peer review processes, and partner exchange visits (both national and international). These exchanges allow partners to see the practice of other organisations working in similar contexts or with similar constraints, which makes the application of new concepts, ideas and skills seem more feasible. They have also allowed partners to engage with a wider range of stakeholders, who bring different perspectives.

10 Results from CS are hard to measure requiring a combination of M&E approaches that build a picture of change.

There is an opportunity to accompany partners in triangulating self-reported changes, for example through reviews of existing programmes and speaking to external stakeholders. There is also an opportunity to capture change over longer periods of time, including after the end of HCS support.



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

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.



Tu Saung and Helen Yaw Soung (KMSS Lashio) during a training on Core Humanitarian Standard.

Box 1: Improved clarity on decision-making and roles and responsibilities in emergencies, KMSS (Myanmar)

In Myanmar HCS supported the network of Caritas members, both national and local organisations, to strengthen their coordination and decision-making between and within each organisation. KMSS, the Caritas national organisation in Myanmar, worked with all 16 local member organisations across Myanmar to develop the KMSS Humanitarian Policy and Emergency Response Protocols, and local-level Emergency Preparedness Plans (EPPs). Emergency Response Teams were formed in the KMSS National Office and in seven local partners and roles and responsibilities, including decision making and delegation in emergencies, clarified. This was a first for the organisation. While KMSS had responded to emergencies since Cyclone Nargis in 2008, they had previously lacked policies or protocols to guide response work.

As a result, KMSS at the national level has been able to play a stronger coordinating role - with improved coordination with, and support to, local member organisations during emergencies. In recent years the national organisation has been able to provide greater support to local member organisations facing emergencies, for example in developing situational reports for seeking funding and with IT, HR and M&E.

Individual local member organisations are also using new ways of working and improved decision making with visible results. For example, in 2018, directors of three local-level partners (KMSS Taungngu, Yangon and Kalay) were able to provide clear guidance to staff on specific tasks needed for the emergency responses; normal project implementation was suspended freeing staff to focus on the emergency response; and regular meetings were initiated. Based on learning, KMSS Taungngu went on to revise their organogram to reduce management overlap and to further improve internal decision-making. Weekly Senior Management Team (SMT) meetings have been instituted, and the improved management practice has been felt by staff. In 2019, KMSS Myitkyina used the national level Humanitarian Policy and Emergency Response Protocols and their own newly developed delegation system during a diarrhoea outbreak response, resulting in swift information sharing and decision making. Response activities were timely, and the outbreak controlled.

Box 2: Benefits of having trained community volunteers in place, Caritas Gokwe (Zimbabwe)

Between 2018 and 2020 Caritas Gokwe was supported to strengthen practice in volunteer management. Caritas Gokwe rolled out training on volunteering to their community volunteers, and staff saw a shift in volunteer understanding on their role following a disaster. Whereas previously there was a perception that external assistance was needed following a crisis, following the training volunteers have been active in supporting their community. For example, following Cyclone Idai (March 2019) the volunteers mobilised donations of food, clothing, kitchen utensils and other resources from their communities for people affected by the cyclone.

Caritas Gokwe's ability to access information as an organisation improved, with the network of volunteers able to provide almost instant updates rather than staff travelling to communities to collect basic information. This was tested in response to floods at the end of 2019, when the volunteer system was used to gather information remotely on the level of damage. The preliminary data from volunteers meant staff were more prepared when they visited affected areas for a more detailed assessment.

This expanded network has had a positive knock-on effect for the organisation. Caritas Gokwe became one of the main sources of information from flood affected areas and, as such, the capacity of Caritas Gokwe is now better recognised by the local authorities.

"It is a blessing to now have specific people to consult in order to get information from point A to point B – before we had challenges knowing who to consult" – Partner staff

Box 3: Improved practice in needs assessment increases community engagement and opens the door to new funding opportunities, KMSS (Myanmar)

Partners in Myanmar identified the need for strengthening practice in needs assessments. In the past, a lack of standardised approaches proved a challenge for gaining an overarching picture of the situation needed for the national-level partner to develop Sit Reps, proposals and coordinate the response. National and local partners were supported to develop, test and refine standardised Initial Rapid Needs Assessment (IRA) tools and templates over the course of six months.

Community members themselves saw differences with the new IRA approach, which empowered them to take part in the assessment and the design of the emergency response. Two local-level partners KMSS Taungngu and KMSS Kalay received positive feedback on this new approach from the community in the form of letters, poems, phone calls - something staff had never experienced before.

When monsoon flooding affected communities in August 2018, KMSS Yangon was ready with these tools and skills to conduct a three-day Initial Rapid Assessment (IRA) exercise. The IRA findings were shared with the KMSS national office and potential donors and used to develop a START Fund alert note and proposal. The Start Fund allocated funds to Myanmar, and for the first time KMSS Yangon was awarded £148,885 to support more than 25,000 flood affected people in 38 villages.

Box 4: Strengthening practice in feedback and complaints mechanisms leads to improvements in the quality of emergency response work

HCS has supported partners to initiate and strengthen practice in hearing and responding to feedback and complaints. For example, JDPC Yola in Nigeria, previously received complaints via their desk officer. With HCS support they undertook an assessment to identify community members' preferred channels, and as a result set up a phone line and complaints boxes. Positively the new feedback is allowing them to address issues linked to host community and IDP relationships and barriers affecting female participation in savings groups. The feedback and complaints handling mechanisms developed by Caritas Harare in Zimbabwe was used during their Cyclone Idai shelter response in 2019, resulting in a review of participant/community selection as a result of complaints raised by community members. As part of an emergency flood response in Myanmar, KMSS Taungngu's recorded 57 feedback and complaints, through suggestion boxes, face to face, and the phonenumber they had set up. These resulted in adjustments to hygiene items for distribution, participant lists in 7 villages, and distribution points and processes. NCJPC Liberia, a national level Caritas partner, developed a complaints handling mechanism for the first time with the input from all local-level member organisations. This was approved by the most senior decision-makers in early 2020 for subsequent roll out.

Box 5: Applying strengthened capacity beyond emergency response work – examples from Myanmar

There are multiple examples from Myanmar of how the contribution of HCS is benefiting partner's activities, beyond emergency response. For example, KMSS Patheingyi has applied learning on M&E systems and post distribution monitoring (PDM) in their on-going projects. KMSS Yangon is using their increased knowledge of CHS, and Sphere Minimum Standards in the day-to-day operation of other projects. Skills gained in conducting needs assessments have been used to conduct project endlines, and focus group discussion skills applied in other projects. KMSS Taungngu's positive experience in piloting a Feedback and Complaints Mechanism (FCM) as part of an emergency response resulted in greater awareness and commitment for FCMs from senior management and staff more broadly. They have since engaged an external partner to help them refine their FCM and train staff. The FCM has since been piloted in four projects and is being further tested in two more, with the aim of rolling it out to all projects by the end of 2020.

KMSS Yangon have introduced a new integrated way of working with a focus on internal coordination and collaboration between administrative and programme teams. In 2019, this was piloted in three projects, with administrative support staff participating in community-level visits. As a result, communication between support staff and programme staff was improved, with support staff gaining a better understanding of KMSS Yangon's projects and the context programme staff were working in.

Box 6: Strengthening approaches to leadership and management, KMSS (Myanmar)

KMSS, the lead national organisation for Caritas in Myanmar, organised Humanitarian Leadership and management training for Directors and Programme Coordinators from all 16 local member organisations, supported by HCS and other Caritas partners. Following this, KMSS Patheingyi formed five working groups in order to strengthen the operation and decision-making process in: assessment in emergencies; risk mitigation and audit findings; office operations; logistic and procurement; and safety and security. More recently, KMSS Myittha has developed an approach to improve how the Director, Programme Coordinator and Humanitarian Programme Manager can have better oversight of all projects and emergency programmes. Previously, it was challenging for senior managers to oversee and monitor the progress, achievements and support needs for the different multi-donor projects. Managers and M&E staff came together to design a template to address this gap, which is currently being tested.

Further, through HCS support KMSS revised and translated their HR Manual (including a Code of Conduct and approach to Performance Appraisal), sharing and holding launch sessions with all 16 local member organisations. As a result of this KMSS Yangon adapted their recruitment process and ensured all staff had signed the Code of Conduct and were having performance appraisals. KMSS Patheingyi reviewed their job description (JDs) with staff, improving staff understanding of the purpose and scope of their JDs. The process by which staff obtain leave is now more systematic, timesheets have been introduced, and payment of salaries moved to the HR department. Linked to more recent HCS support, KMSS Bhamo has started to conduct performance reviews, and 80% of staff met with their managers to agree their JDs, and roles in emergencies.

Box 7: New organisational policies opens door to new funding, Caritas Bukavu (DRC)

Caritas Bukavu previously lacked key organisational policies and were unable to access institutional funding, relying instead on assistance through local parishes. Through HCS support, Caritas Bukavu developed policies which describe their vision, mission and values, as well as a Code of Conduct and a management toolkit. Due to these improved processes and capacity strengthening in emergency response activities, the organisation is now eligible for pooled funding and has received ECHO and WFP grants. Caritas Bukavu's increased coordination skills have enabled them to co-facilitate the South Kivu Protection Cluster and play a more active role in the NFI-Shelter cluster.

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

Box 8: Improving the visibility of partners in Kenya

Through HCS support, Caritas Marsabit gained greater knowledge of assessment methods, started to engage with the County Steering Group (CSG), and was able to participate in joint county-level assessments. They are now an active and respected member of CSG, invited to work with the government during response planning. Similarly, Caritas Mombasa previously lacked visibility with external actors. Through HCS support they were encouraged to improve their networking, collaboration and communication about their activities. They clarified their thematic project areas, established a fundraising team, and improved their communication. As a result, their work is more widely recognised, and won an award from USAID for best livelihood service provider in Mombasa.

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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Front page photo: KMSS Yangon staff conduct initial rapid assessment of flooding. (KMSS Yangon)



**MINISTRY OF FOREIGN AFFAIRS
OF DENMARK**
Danida



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