



Connecting the dots!

Evaluation of CAFOD's Humanitarian Capacity Development Programme phase one (2013-2015)

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Thomas Lewinsky
External Consultant
lewinskyconsulting@icloud.com

Executive summary

This report is an evaluation of CAFOD's Humanitarian Capacity Development (HCD) programme. The overall aim of the HCD Programme is that participating partner organisations become able to plan and deliver emergency responses to disasters with minimal external support so as to save lives and reduce suffering.

The programme has over the past two years provided ongoing support to a total of 15 local organisations operating in 8 countries: DRC, Niger, Kenya, Zimbabwe, Malawi, Mozambique, Cambodia and Myanmar. The partners include national and diocesan Caritas as well as secular organisations/NGOs some of which have had emergency experiences, others with limited or no experiences.

Two field visits of 5 days each were conducted in Kenya and DRC respectively where more or less uninterrupted HCDO support has taken place in the past two years. The field visits represent a total of 6 partners operating in different circumstances and contexts, which is considered a fairly representative numerical sample out of 15 partners in total.

Overall, it would be more than fair to deem the HCD programme as both innovative and bold, having ventured into support areas where there are less available scripts to follow, and with a high emphasis on the self-assessments by partners, which remains a defining, unique aspect.

One partner summed up his appreciation particularly well:

I used to work with an INGO in the past. There we administered institutional assessments to see whether we wanted to fund partners or not. We never gave them feedback beyond whether we wanted to work with them or not, so learning was non-existing for the unsuccessful partner. The HCD approach, however, was very different; it was our own assessment, not just an external thing done to us. It helped us become acutely aware of our strengths and weaknesses against a set of international standards. It was ours! (SOCOAC - DRC)

The HCD programme has in many ways also, by default, opted to move away from the one size fits all partner capacity development approach with excessive checks and balances. Instead, it has encouraged considerable flexibility and self-determination by the partners, which could potentially become transformational given proper stimulation during and after the formal support period.

The HCD programme has already generated interest from many different quarters, not only internally but also externally. For instance, the START Shifting the Power (STP), which is a coalition of several humanitarian international organisations, including CAFOD, has largely based their SHAPE framework on key elements of the HCD framework, as well as the strong element of self-assessment by the partners.

If anything, the HCD programme may currently be underselling itself in that it is, in the opinion of the evaluator, not yet fully able to report effectively on what really happens within the partner organisations as a result of the support received, in terms of changing individual, collective and organisational behaviours. Several of the very enlightening conversations, which the evaluator has had with partners do not yet find their ways into reporting against the general HCD framework. Capturing those aspects better in the future would surely deliver more evidence to backup the proposition that the HCD programme already contains many of the essential building blocks to make it truly transformative.

Below follows a summary assessment of the HCD programme against the OECD/DAC evaluation criteria.

Relevance

According to the evaluator, the HCD programme is considered highly relevant to the majority of partners. Most areas under the HCD framework are appreciated by partners as addressing key organisational capacity development issues that they are struggling with. The majority of partners are located in disaster prone areas, often confronted with security issues as well, which provides a justification for the strong humanitarian component of the programme.

Most important of all, perhaps, is the fact that the programme is designed around a detailed assessment by the partners themselves, which dramatically increases the relevance of the priority areas subsequently addressed by the HCDOs. The relevance of the programme related to emergencies could potentially be increased by supporting partners in accessing smaller emergency funds to enable them to practice newly developed emergency capacities in local contexts. This may also enable better follow-up and interaction with affected communities to check emergency response relevance at beneficiary level in the future.

Effectiveness

The programme approach and methodology followed by the HCDOs is, in the opinion of the evaluator, effectively leading to the identification and addressing of priority areas defined by the partner. The HCD framework provides a strong backbone for the programme supported by a menu of options. The approach is quite intuitive and easy to grasp for partners. The framework may benefit from some simplification as the existing 14 categories at times appear overwhelming to partners, including measuring of achievements. Regarding the latter, there is currently an overemphasis on scoring by partners, which sometimes may divert attention from other important learning moments of the partners.

The effectiveness of the programme is significantly influenced by the leadership and commitment of the senior management of partners, not least the Bishops. This dynamic may require more attention as part of the selection criteria for phase two. The ability to provide regular support by HCDOs to partners is another observed element, which influences the effectiveness of the programme. Partners receiving more regular follow up visits appear more committed and engaged than partners in areas only erratically visited and supported by the HCD programme.

The role of the HCDO as a proactive and present facilitator could be strengthened further by developing a set of benchmarks and capacity support features to ensure more coherence across HCDOs in how they interpret their roles in their different settings. It is also sensed that the HCDO could add more objectivity to the partners' self-assessment by offering their own assessment of progress, something also requested by partners themselves.

Efficiency

Whereas the minor grants received per partner as part of the HCD programme cannot be considered excessive, the support provided by the HCDOs themselves is in theory substantial given the relatively few number of partners per HCDO. However, rather than spreading out the programme more thinly with more partners in several countries per HCDO, the evaluator, in fact, sees more efficiency gains in consolidation of partner selection for the next phase. The evaluator would like to see that partners in future are located within reasonable regional geographical reach of each other. This would enable more regular visits and follow up by CAFOD, as well as stimulate peer learning among partners, something requested by several partners met.

Efficiency gains may also be had by HCDOs more consciously engaging other external agencies in the locality which may have an interest in and the resources to contribute to the HCD process within specific areas so as to pool resources, rather than CAFOD being the main contributor. Finally, to the extent the HCDOs would eventually become better integrated within the existing CAFOD country programme structure in the future, this may also increase efficiency gains for CAFOD at large by having the innovative approaches of the HCD programme become more widely accessible to the wider country programme staff.

Impact

Given the short period of implementation, two years, it is unlikely that the HCD programme at this stage would have achieved significant changes at impact level, i.e. evidence based better

emergency responses. Further, given the fact that the programme primarily addresses internal organisational CD issues, it is difficult to directly link these to improved external performance, let alone community level responses. Nevertheless, the supported partners are, in the opinion of the evaluator quite likely to be better prepared to plan and respond to future humanitarian emergencies, which was also clearly confirmed by partners' own reporting.

Lack of access to small emergency funds is at this stage, however, remain a main obstacle for partners to apply what they have learnt, which would otherwise provide the best possible evidence of real impact. This is an area CAFOD may want to address internally, or by partnering with other agencies with similar interests, such as START Shifting the Power, which maintains close contact with CAFOD.

Sustainability

Sustainability of capacity development support programmes remains tricky to assess and the processes initiated and stimulated by the HCD programme are most likely to change over time. To the evaluator, therefore, the most important thing to ask is whether this programme has been able to set in motion an internal process of transformation or organisational change, which is likely to continue beyond CAFOD support. At this point in time, the answer would be: quite probably, though the process remains fragile at this stage. However, CAFOD could help stimulate these prospects further by focussing more on leadership and commitment at the inception phase, by remaining a critical, though objective friend of the partner, by stressing an external orientation of the partner from the start, and by developing a high quality transition plan with the partner which would resemble a convincing business case for the future to attract a wider external audience.

List of recommendations

Recommendation 1:

Reduce the current 14 HCD framework competency areas into 4 or 5 for the partners to choose from, based on a clearly defined "menu" for support. This would facilitate a more integrated focus for partners, connecting the various HCD elements better and would help the HCDO to prioritise types of support provided.

Recommendation 2:

The country rep should meet with the leadership during the inception phase together with the HCDO to indicate clear intent to the partner and to stimulate ownership from the top. This may at the same time help bring the HCD programme closer to the country office as something of added programmatic value to CAFOD as a whole.

Recommendation 3:

HCDOs must in advance carefully prepare how they intend to engage with individual Dioceses, particularly the leadership, and they may need to seek support in doing so from relevant local actors who know and are known to the system in order to identify the best initial entry point.

Recommendation 4:

The HCDOs should as part of the inception process identify a formal, unpaid, contact person with the partner, who will be the direct point of engagement for planning and coordination of HCD support. Should such a person prove impossible to find, the HCDO may consider discontinuing the process due to likely lack of absorptive capacity and thus less prospect of success.

Recommendation 5:

Selection criteria of partners for phase two should take geographical spread into consideration in order to ensure provision of regular support to individual partners by the HCDO and to stimulate peer learning amongst partners to create synergies and improve prospects for wider impact. 4-5 partners per HCDO appear reasonable to enable proper follow up within the same country.

Recommendation 6:

Develop a common set up benchmarks for HCDOs, unpacking the different roles of being an advisor, coach and mentor etc. and a guideline for how to do this in practice. It also involves how to "read between the lines" with the partner, as well as when to change advisory tracks in order to get the best results.

Recommendation 7:

HCDO should shadow and advise on the appointments of external local consultants to confirm their qualifications and to ensure that the wider HCD picture is shared with the consultants so that their input will complement and be embedded with other ongoing works under the HCD programme.

Recommendation 8:

The HCDO should together with the partner from the beginning develop a monitoring plan to shadow the HCD programme accomplishments. This would help capture essential learning points, as well as how outputs, in fact, lead to changing behaviours.

Recommendation 9:

Partners and HCDOs should identify more effective ways to report systematically on increased partner capacity to respond to real emergencies and the relevance of provided capacity support from HCDOs. Otherwise, the HCD programme runs the risk of being undervalued for its true potential to increase partners' humanitarian response capacity in practice.

Recommendation 10:

The HCD programme should identify concrete ways to support partners in becoming eligible for and to provide access to small scale emergency funding. This would increase the possibilities that partners can actually apply what they have learnt from the programme for real emergencies.

Recommendation 11:

Governance and leadership should become integrated into the HCD framework which may also ensure that these issues are raised already during the inception phase when exploring new partners. Without buy-in from the leadership at the start, the programme stands much less of a chance to really influence how things are done in practice.

Recommendation 12:

The HCDOs should, as part of the monitoring process, score the partner against priority areas at the start, midway and at the end of the support process. The objectivity of scoring has been a request by the partners. HCDOs through their in-depth knowledge of the partner would be able to ensure that the score is related to the context of the partner, while adding some external objectivity as well.

Recommendation 13:

HCDOs must seek to establish more learning oriented dialogues with the partners and between staff themselves outside formal reviews in order to promote a more curious culture about how things are, how things should become within their own organisations, and what, in fact, is accomplished beyond the production of policies, manuals and trainings.

Recommendation 14:

As part of the phasing out of HCD support, a transition plan should be developed by the HCDO with the partner. Such a transition plan would contain a summary of accomplishments, current state of affairs and future CD plans of the partner. It should also have a strong external orientation so as to help the partner position itself strategically vis- à-vis other actors and potential funders.

Recommendation 15:

As part of the design of phase two of the HCD programme, the concerned country representatives with relevant programme staff should together with the HCD team create a common strategic foundation for collaborations with concrete measures to deepen integration at the partner and country levels in the future.

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Abbreviations

CD	Capacity Development
DRC	Democratic Republic of Congo
ECHO	European Commission for Humanitarian Aid
HCD	Humanitarian Capacity Development
HCDO	Humanitarian Capacity Development Officer
HR	Human Resources
ICVA	International Council of Voluntary Agencies
M&E	Monitoring and Evaluation
NGO	Non-Government Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OD	Organisational Development
STP	Shifting the Power
ToR	Terms of Reference
UN	United Nations

1. Background

This report is an evaluation of CAFOD's Humanitarian Capacity Development (HCD) programme. The overall aim of the HCD Programme is, according to the ToR¹, that participating partner organisations become able to plan and deliver emergency responses to disasters with minimal external support so as to save lives and reduce suffering.

The programme was originally conceived as a pilot project in 2012 with a £200,000 investment funding. Later in 2013, a further £800,000 was provided, which led to the current programme phase one 2013-2015. The HCD programme was established within the Humanitarian Department, later the Emergency Response Group. CAFOD has already committed a further £390,000 from its internal investment funds to contribute towards a second phase of the programme starting in April 2016 for another 2 years and is in the process of securing further funding.

The programme is led by a HCD Programme Manager who coordinates a team of five Humanitarian Capacity Development Officers (HCDOs) based in DRC, Kenya, Mozambique, Myanmar and Zimbabwe. The role of the HCDOs is to accompany the selected partner organisations through what is termed their "journey of organisational change." Support is provided in a variety of ways, which include partner capacity self-assessments, learning and training sessions, and various types of external technical support. HCDOs are expected to act as coaches and mentors, facilitating support from other organisations and to act as "a critical friend" to the partners.

The HCD programme aims to bring about real self-driven change by partners, where innovation and learning is central in order to explore and find new and effective means to strengthen organisational capacity. Particularly important has been to ensure ownership of the partners themselves from the start. The programme does not come with the promise of traditional project funding, other than limited grants for agreed training and targeted technical support related to supported HCD components.

The programme has over the past two years provided ongoing support to a total of 15 local organisations operating in 8 countries: DRC, Niger, Kenya, Zimbabwe, Malawi, Mozambique, Cambodia and Myanmar. The partners include national and diocesan Caritas as well as secular organisations/NGOs some of which have had previous emergency experiences, whereas others may have had limited or no experiences. The majority of the partners are located in disaster prone areas.

The HCD programme has, according to its own account, attempted to steer clear of past failures and difficulties of other capacity development programmes, which often end up creating new dependencies rather than sustainable transformation processes. The HCD programme was from the start about creating new innovative approaches within a comparably short time frame, which would lead to measurable changes over time. The HCD programme has since its inception attracted the attention of other external partners and donors, and has significantly influenced the thinking behind the START Shifting the Power (STP) project currently underway.

The evaluator appreciates all the support received from a number of CAFOD staff as well as partners taking part in the programme. The openness with which the evaluator was met facilitated a range of interesting exchanges on capacity development. Many thanks also to Laura, HCD Programme Manager, who supported to process closely from start to finish and answered endless questions. Particularly thanks to James, HCDO Kenya, and Gilbert, HCDO DRC/Niger who patiently took the evaluator under their wings during the two field visits to offer real-time insights into the work of an HCDO.

¹ See annex 1

Methodology

The ToR for this evaluation states 4 key purposes, which have been slightly reworded by the evaluator, following discussions with the HCD Programme Manager in order to increase clarity:

- To assess the extent to which the HCD approach was followed and to review the strengths and weaknesses of the approach for further improvement
- To assess accomplishments and the extent to which partners have improved their knowledge skills and systems to prepare for and respond effectively to emergencies
- To assess how well the programme has been integrated within CAFOD as an institution and how this could be further strengthened
- To identify scope for further innovation in order to strengthen CAFOD's approach to local humanitarian capacity development in the future

These defined purposes, by and large, complement the generic evaluation criteria of OECD/DAC, being *relevance, effectiveness, efficiency, impact* and *sustainability*, which will be applied in a summary fashion at the end of the report.

To the evaluator, any organisational Capacity Development (CD) process is unique and must be understood as a complex, at times messy movement with several simultaneous learning loops. Ideally, it should lead to internal empowerment and a feeling of being more consciously in charge of the destiny of one's organisation individually and collectively. It should also lead to becoming better able to respond to surrounding circumstances, be they emergencies or simply ways of improving general organisational performance.

All too often, external support to CD ends up primarily improving the internal workings of the organisation resulting in numerous trainings for staff of varying relevance. The link between CD and improved outcomes for beneficiaries is not always evident, and as a result it may be hard to judge how successful the external CD support has, in fact, been, beyond counting number of trainings provided, completed attendance sheets and trainee evaluations.

Another impediment to effectively measure the outcomes of external CD support has to do with the nature of CD itself. It is thought provoking that the definitions of and the number of CD indicators flourish without seemingly coming much closer to any consensus. In an article by Rick James, he found that:

Monitoring and evaluating capacity building is notoriously difficult. It rarely takes place, (amongst others) ... because stakeholders disagree on fundamental questions of 'who it is for' and 'how it should be done'...The term itself is pure development jargon. It remains impervious to translation and definitions are highly contested. Efforts to do so have been likened to 'nailing jelly'.²

Moreover, what works in one context for one partner may be substantially different for another partner in another context. Support to CD must therefore to a large extent attempt to reflect these differences by applying an incremental, yet flexible approach, which may not lend itself to a detailed script for general replication from the outset. In fact, such a script may even constrain the process to the extent that it may predetermine a certain course of action to organisational challenges, which may not yet be fully understood by either the local partner or the external CD support provider.

This dilemma evokes a number of methodological challenges for an evaluation of external CD support to local partners operating in several country settings, which may be far from stable or predictable. What can be compared across the board and between partners and countries? What is due to unique individual actions on the part of partners or CAFOD support staff, and how big a role did "the right thing at the right time" play, including not intervening at crucial moments so as to allow endogenous processes to take place on their own?³ These are all

² Dealing with the Dilemmas in Monitoring and Evaluating Capacity Building, Rick James, October 2009, INTRAC

³ On endogenous development, see also IOB Evaluation: Facilitating resourcefulness Evaluation of Dutch support to capacity development, Dutch Ministry of Foreign Affairs 2011, p.13

questions to be taken into due consideration when attempting to reveal real learning insights from external support to CD from the point of view of partners and beneficiaries alike.

To address some of these dilemmas and to reduce possible biases, the evaluator has resorted to a mix of methodologies and approaches, which have been applied sometimes in combination, sometimes in individual situations. Final reports from all 15 partners, which were completed at the beginning of 2016 have been thoroughly reviewed. Additional structured interviews were conducted to capture perspectives from other CAFOD staff at country level and at HQ, both humanitarian staff and programme staff. Interviews were also conducted with a selection of external stakeholders who in different capacities are involved with providing, supporting or advising other types of CD support processes. For a full list of interviewees, please see annex 7.

Two field visits of 5 days each were conducted in Kenya and DRC respectively where more or less uninterrupted HCDO support has taken place in the past two years. The field visits represent a total of 6 partners operating in different circumstances and contexts, which is considered a fairly representative numerical sample out of 15 partners in total. Due to interrupted support to the HCD programme in Myanmar/Cambodia in connection with a longer term HCDO vacancy and only limited partner engagement, a field visit to that region was not considered justified.

The field visits did unfortunately not include actual meetings with community members and beneficiaries or project site visits. In the case of Kenya, there had at the time of the evaluation not yet been actual emergencies, which would have justified onsite partner field visits. In DRC, due to security concerns, the evaluator was advised not to go on site visits. The evaluator has instead relied on intensive partner interactions and interviews, which provided valuable insights into how data is collated, who is involved and how it is analysed by partners themselves. The evaluator attended two learning workshops where partners were in the process of scoring their accomplishments after 2 years of HCD support.

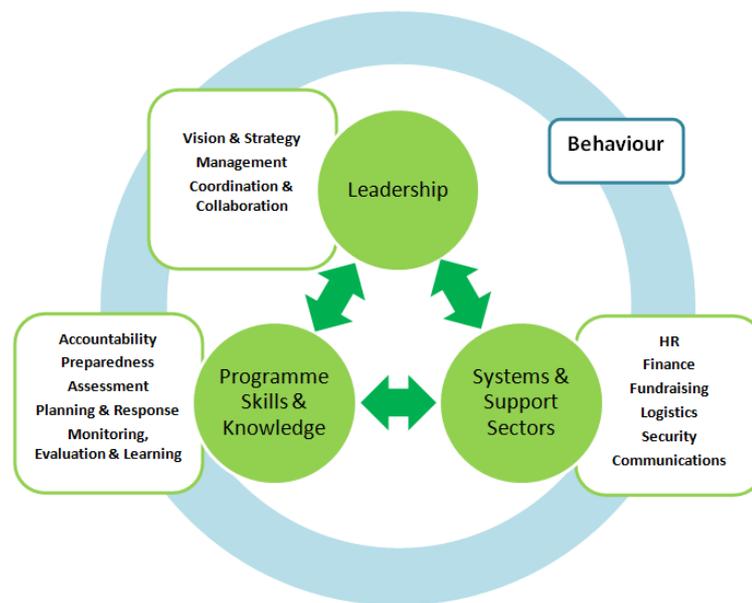
The evaluator also had the opportunity to conduct two half-day interactive learning workshops with the concerned partners in Kenya and DRC. The purpose of these workshops was to stimulate other types of partner conversations about how individual and organisational behaviours had changed or not as a result of the HCD support provided, and what the reasons for this were. It should be noted that this is an evaluation of the overall HCD programme, not of individual partner organisations' capacity. Information from individual partners has therefore been analysed through a review of available reports to build a picture of the overall programme, but are not treated on an individual basis, apart from as examples of accomplishments and challenges and for occasional quotes.

Following the completion of the field visits, a learning workshop was held in Nairobi 21-22 Feb 2016, attended by the HCD Programme Manager and the HCDOs who are supporting partners in Kenya, DRC, Niger, Zimbabwe and Malawi. The workshop provided a useful opportunity to share initial findings with HCD staff as well as to discuss likely future design implications for phase two of the HCD programme. Thus, the majority of the findings, conclusions and recommendations found in this report have already been tested and explored with members from the HCD team. The preliminary findings were later also presented at CAFOD workshop in London on 14 March 2016 for feedback and input.

2. The HCD approach

The core of the HCD approach is captured in the HCD triangle, see below. CAFOD has grouped a range of CD competency areas under three main headings: Leadership; Programme Skills and Knowledge; and Systems and Support Sectors. These are further broken down into 14 organisational sub-competency areas, which also form the backbone of the HCD framework. The framework is used by the HCDOs and partners to conduct an initial baseline, and later for monitoring and evaluation purposes. It is noted in the model that addressing these areas partly or wholly is expected to have a positive influence on individual or organisational behaviour, marked by the light blue ring connecting these.

The HCD triangle



The competency areas of the HCD framework⁴ contain a number of indicators to help partners score themselves against their level of development, whether Developing, Bronze, Silver or Gold. The framework also provides reference to various international Humanitarian Standards and policies related to each area of competency. In order to ensure focus of the HCD support provided by CAFOD, the partner must select a maximum of 5 competency areas to be addressed. This does not preclude the partner from addressing other areas, though this falls outside the CAFOD support to be provided by the HCDO.

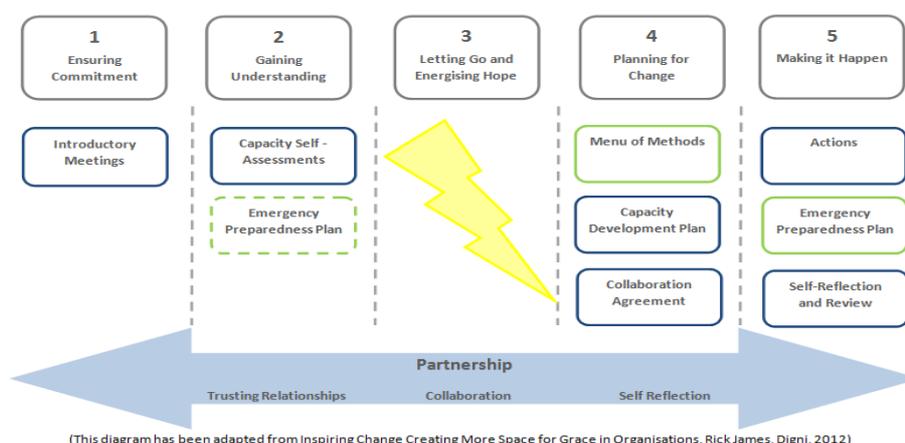
According to information provided, all partners of the HCD programme were existing strategic partners to CAFOD, except one, and thus largely known quantities. Out of the 15 partners engaged, 3 were national Caritas, 10 diocese Caritas and 2 local NGOs, a selection offering a broad mix of organisations and contexts. In most cases, except for Kenya and Southern Africa, the partners were invited to submit an expression of interest to take part in the project. Their applications were reviewed by a selection panel made up of the Country Rep and or Head of Region, Humanitarian Managers, the HCD Manager and the HCD Officer.

The HCD support consists of 5 major phases, see below. Phase 1 covers the initial contact with the partner with some introductory meetings in order to gauge ownership and ensure commitment. Typically, CAFOD would first take contact to existing strategic partners and invite them to apply for HCDO support, followed by an on-site visit by the concerned HCDO to confirm interest. Phase 2 seeks to gain a deeper understanding of the issues at hand and is

⁴ See annex 3: HCD Framework

supported by an in-depth 3-days partner self-assessment process facilitated by the HCDO, based on the HCD framework, which establishes the HCD baseline.

The HCD Journey



Phase 3 is the moment for both parties to decide whether or not to proceed with the collaboration based on the outcomes of the self-assessment and through discussions of the likely implications for the intended collaboration. Phase 4 represents the actual formulation of a detailed capacity development support plan, which leads to a formal collaboration agreement between the partner and CAFOD. Concrete actions are planned, including dialogue around how best to address the priority competency areas. A budget is also agreed. Phase 5 covers the real action undertaken to address identified issues through training, exposure visits, consultancies etc. leading to a number of outputs and outcomes. During this phase the partner will do ongoing internal reflections of progress and learning aspects, supported by the HCDO.

Relevance of HCD framework

The HCD framework used for the self-assessment process by the partners to establish a baseline for further planning, monitoring and assessment is clearly one of the strong points of the HCD programme, which helps to keep it together. This impression was confirmed by all partners met. Explained one partner:

Conventional Organizational Assessments are very mechanistic and rigid. In this journey of KMSS HCD program, much time and effort is taken to balance the technical intervention and the living organism nature of an organization. These efforts won the heart of the staffs and leadership. Inclusion of the spiritual aspect of the OD intervention is crucial especially organization like KMSS which has a faith based nature (KMSS, Myanmar)

The self-assessment facilitated by the HCDO helps unpack a range of organisational issues falling under the 14 competency areas, which may be addressed during the HCD programme. Perhaps most importantly, the self-assessment creates different discussions and dialogue within the partners themselves. Stimulating such dialogues requires a high degree of facilitation skills and guidance by the HCDOs.

Partners interviewed generally appreciated the comprehensiveness of the framework, but at the same time found it too complicated to understand and work with at times. In fact, the 14 competency areas, out of which they would in most cases have to select 5 as priority competency areas to focus on did leave some partners with a sense of lesser accomplishments, when having to leave behind the remaining ones. Partners expressed a preference for fewer categories, which could then be treated more in-depth and better complement each other.

To the evaluator, the framework contains regular overlaps. For instance, emergency work comes back under several headings, such as preparedness, assessment, accountability,

design and response. The same could be said for more standard OD categories such as strategy, management and HR. Then there are resource related categories such as financial management, logistics and M&E. There may also be a broader externally oriented category, including fund-raising, external communication, coordination and collaboration.

Focusing on fewer broader categories may, in the opinion of the evaluator, offer a clearer set of menu of options to the partner, which may also help define the work of the HCDOs better. A fewer set of categories could, for instance, look like this:

- Strategic Management (vision/strategy, management, HR,)
- Resource Management (financial management, logistics, security, M&E)
- External orientation (external communication, coordination and collaboration, fund-raising)
- Emergency work (preparedness, design and response, assessment, accountability)

For each category, a set of menu options could be defined to concretise exactly what support will be provided, how and by whom, whether through the HCDO, CAFOD or third parties/external consultants. This does not imply to reduce the actual scope of interventions available to the partner, but helps primarily to create a better overview and grouping related competency areas more logically.

Recommendation 1:

Reduce the current 14 HCD framework competency areas into 4 or 5 for the partners to choose from, based on a clearly defined "menu" for support. This would facilitate a more integrated focus for partners, connecting the various HCD elements better and would help the HCDO to prioritise types of support provided.

HCD support provided to partners

Given the spread of HCD competency areas, the different types of support are equally wide, some provided by the HCDOs, some through CAFOD organised training events, and some are financed through small grants administered by the partners themselves, typically used for hiring of local consultants for support. HCD support provided by CAFOD includes:

- Partner self-assessment workshops for baseline
- Leadership for humanitarian's training
- Emergency simulation training
- Training on development of emergency preparedness plans
- Mid term review with partners after one year
- Final review with partners after two years

In addition, opportunities were also created for training and workshops organised by other organisations, including Misereor, ActionAid, START, People in Aid, and through external local consultants. The latter would particularly provide support in strategy plan development, HR, and financial management.

The support provided through CAFOD and external consultants is, according to partners interviewed, considered appropriate, addressing defined needs. If anything, most partners would like additional support within the identified priority competency areas as well as other areas not yet addressed. A cautionary note here concerns the ever-present temptation to make training equivalent to capacity development, as mentioned in the methodology section. Since training in many ways is comparably easier to plan, execute and account for, many CD support programs end up providing endless training opportunities to participants. The evaluator notes that partners report on the several of trainings received, but they are not always equally clear on what difference that has made for the organisation in practice, i.e. what has actually changed.

That said, what the evaluator appreciates about the HCD programme is the fact that the trainings provided by CAFOD appear designed with a high learning content and intended application in mind. The Leadership for Humanitarian's training takes place over several weeks and prompts the participants to take own action, change the way they plan, set goals

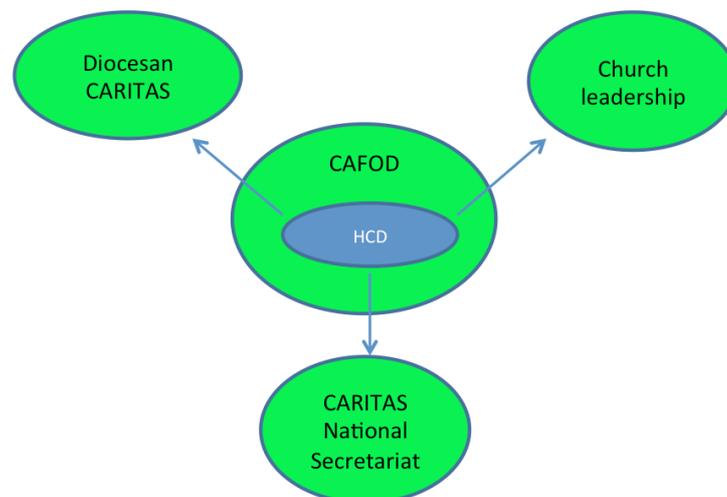
and reflect. The emergency simulation training is as close as you would get to an emergency without being in one for real. Partners all appreciated the reality of the training and found it highly relevant to their context. The training of emergency preparedness was also highly appreciated, including the fact that it resulted in concrete emergency plans for the partner. Thus all in all, the interactive trainings and workshops organised by CAFOD appear appropriate for the audience and are highly appreciated by the majority of partners.

Commitment and ownership

The commitment and ownership of partners varies across types of partners, countries and regions. Especially the ability to connect the HCD support programme to the leadership of the partner has significantly influenced the commitment and ownership of the programme by the partners. This is particularly the case with the local Caritas falling under the Dioceses. Here the Bishop's are formally overall in charge of what goes on as they represent both leadership and de facto governance. How the individual bishop interprets this has hugely influenced what is possible to achieve with the partner. In some diocese the bishops have taken a great interest, whereas in others, the bishops are practically ignorant about the HCD programme, perceiving it as just another project, though without the promise of easy money to distribute within the diocese.

Another complicating factor is whether the local Caritas, which is normally the direct target of the HCD programme at Diocese level, is headed by the clergy through a priest or a nun. Or whether it is headed by a development professional with more independency to plan and make decisions. For national Caritas partners, they are assumed to play a coordinating role on behalf of the local Caritas, though they do not have any real formal influence on what goes on with the local Caritas at Diocese level, which is ultimately answerable to the Bishop.

Below this relational squeeze is illustrated graphically.⁵



To address this issue, another partner stressed the need to:

Diligently and patiently organize, motivate and mobilize the diocesan leadership to participate in this process of policy making, with utilization of strong external facilitation resources thereby creating a space of trust and confidence to this process
(KMSS - Myanmar)

Getting the firm ownership of the Bishops has reportedly proven particularly difficult in Zimbabwe, Mozambique, DRC, Niger and Myanmar. Conversely, the engagement of Bishops has been a key success factor in Kenya, where they are very involved and have even become ambassadors of the HCD approach to other Bishops. This is even more impressive,

⁵ Based on Humanitarian Capacity Development Learning Review draft, December 2015, Rick James

since the programme in many ways challenges how things are done and thus also confronts the leadership or management culture in place.⁶

However, this does not happen automatically and may require consistent efforts by the HCDO. In Kenya, the HCDO was already known in the partner area having previously worked as local Caritas director with one of the partners. But the HCDO also spent substantial amount of time trying to link up with the Bishops formally and informally, insisting to get them on board. Though an intensive investment, it has resulted in extraordinary ownership and commitment.

In Kenya, the country rep meets with Bishops quarterly, where they provide accounts of progress of the HCD programme. In late 2015, the 3 Bishops from the supported partner Caritas even met with Bishops from non-HCD programme dioceses to share progress of the HCD programme, and key areas of learning and benefit. That created a positive problem of raising expectations from other Bishops. In fact, the role of the country rep appears significant to help open doors with the partner leadership.

Recommendation 2:

The country rep should meet with the leadership during the inception phase together with the HCDO to indicate clear intent to the partner and to stimulate ownership from the top. This may at the same time help bring the HCD programme closer to the country office as something of added programmatic value to CAFOD as a whole.

Many partners, in fact, see the HCD approach as one that could potentially overcome some of these very leadership challenges given its highly participatory way of assessing gaps and agreeing priorities.

Some of the key learning points are that it requires commitment from all the concerned parties such as the staff in the organization and also the key partners or stakeholders. We have learnt that a participatory approach is instrumental in ensuring that there is a sense of ownership of the whole process by the parties concerned.
(Caritas Maralal - Kenya)

The evaluator believes that working through Dioceses still remains an important entry point for local humanitarian work. But it requires special attention as the structures fundamentally differ from those of other local NGOs. On the other hand, where successful collaborations are struck, it may also hold the promise of wider long term impact, given the significant outreach of the church structure in those localities.

Recommendation 3:

HCDOs must in advance carefully prepare how they intend to engage with individual Dioceses, particularly the leadership, and they may need to seek support in doing so from relevant local actors who know and are known to the system in order to identify the best initial entry point.

To establish this level of ownership requires not only courage and persistence, but also knowledge about how the clergy system works and how to work around it. HCDOs not having this insight have been struggling and would likely require more support if working through Diocese local Caritas remains a future feature of the programme. The issue has till now been addressed by the HCDO programme through external group and peer coaching of the HCDOs. However, the issue remains a difficult one, also for new HCDO staffs in the future.

Timing and targeting

The importance of timing of the HCD support should not be under estimated. Partner organisations already faced with challenges that they may be increasingly aware of, but which they may not know how to address are instances where the HCD programme would come in particularly handy. Conversely, for partners where there is no real urgency, the risk is great that the HCD support may not justify the efforts. The latter is an important point since partners met would occasionally express that the time requirements of staff to participate presented an obstacle to their engagement. To the evaluator this is, in fact, one of the unique selling points

⁶ Ibid

of the HCD programme: it only works with a substantial investment of time and commitment by partner staff from the start. During inception, the HCDOs should therefore seriously explore the real urgency of the partner organisation, without which the process may be aborted early on.

The evaluator learnt from the HCDOs that the quality and dedication of the contact person within the partner organisation played an important role in taking the support process forward. Thus when the HCDO had a regular contact person to coordinate things with and communicate with, this significantly improved the relationship. However, paying this contact person, as suggested by some partners and HCDOs to increase motivation would to the evaluator not increase but rather erode sustainability and is not a supported proposition.

Rather than leaving this up to chance, it should be considered during phase two to invest more effort in the identification of a suitable contact person for the HCD programme, ideally from the leadership who may then delegate this responsibility to another capable individual. To the evaluator, if it is not possible to identify such an unpaid contact person, this may also be a sign that the partner is unable to absorb the HCD support, which may lead CAFOD to exit further negotiations and consider alternative partners for HCD support.

Recommendation 4:

The HCDOs should as part of the inception process identify a formal, unpaid, contact person with the partner, who will be the direct point of engagement for planning and coordination of HCD support. Should such a person prove impossible to find, the HCDO may consider discontinuing the process due to likely lack of absorptive capacity and thus less prospect of success.

The number of targeted staff within partner organisations by the HCD programme currently seems to be a function of the size of the individual partner and the number of specific competency areas to be addressed. As the programme from the start has had a humanitarian focus, it would initially seem logical to primarily work with staff responsible for those areas. In practice, however, this superficial division has proven hard to accomplish. In smaller organisations, humanitarian work is often spread over several staff that may have other project related responsibilities that also pay for their salaries. Moreover, it is hard to strike a clear line between what falls inside and outside humanitarian focus areas, except for specialised humanitarian partners. In fact, when addressing several organisation wide strategic issues simultaneously, it is often exactly the collective engagement of staff that may help them "connect the dots", i.e. to discover how otherwise departmentalised issues may be highly interrelated. Said one partner:

The HCD programme has assisted us to improve our corporate governance, financial and programming systems. At first I was really wondering why we were being involved as all staff but in the end I appreciated the whole experience. Group exercises were great including the emergency simulations and Board governance training was such an eye opener. (Caritas Harare - Zimbabwe)

Thus rather than trying to limit staff engagement to a few, the strength of the approach is exactly its broad focus, something that should be continued under phase two. Another justification for this is to prevent putting all eggs in one basket, since many partners tend to have a regular staff turnover. A broader staff representation helps embed HCD accomplishments better within the partner organisation itself than if only embedded with a few individuals.

Partner concentration and peer learning

The number of partners per HCDO is currently 3-4 located within one of two countries. Partners, which are comparatively spread out within and between countries make for a diverse group with huge travel distances too. This is the case for DRC, where the HCDO also covers Niger, in Zimbabwe where Malawi is also linked, or in Myanmar which was combined with Cambodia. This geographical factor reduces the frequency of partner visits and the ability to follow up by the HCDO. Spreading more thinly runs the risk of reducing HCDO support to occasional provision of training and assessments, thereby removing the unique aspect of presence by the HCDO.

The evaluator observed a clear difference between partners receiving regular visits and those not having this benefit. The frequency of visits paid to individual partners varied between 3 up to more than 8 visits over a period of 2 years. The point, however, is not to end up with a golden rule applicable at all times, but rather to make sure that each partner receives regular support visits by the HCDO. This not only gets things done, but also allows the HCDO to spend time with the partner simply "hanging around", which is often more informative than attending trainings and formal meetings and arranging workshops. To the evaluator, a minimum of 6 visits over a period of two years should be the goal.

In Kenya, all three partners are located within a smaller area where the HCDO himself also lives, which is appreciated by the partners:

Provision of an accompaniment by CAFOD based in Isiolo has developed trust of staff, increased confidence, met their aspirations, created a clearer picture of the situation on the ground, and wider acceptance by the diocesan management, including the bishop (Caritas Isiolo - Kenya)

That has facilitated more regular contact with and support to the partners as well as between partners for their own peer learning. The value of peer learning was, in fact, consistently stressed, not only in Kenya, but also in DRC and in the reviewed partner reports.

Since the beginning of our HCD program we have attended very informative trainings like; monitoring and evaluation, accountability, resource mobilization. We are proud that we visited other foreign countries for the first time for some of us and it was a thrilling experience. The most exciting part was interacting with other CAFOD partners like Caritas Harare etc. because then all participants are able to contribute to matters arising (ZARDD - Malawi)

In considering peer learning options, a range of possibilities could be explored, including twinning, buddying, or joint partner learning events at national level. The point is for the HCDOs to proactively stimulate and organise peer-learning opportunities and build these into the support process as an integral part of the approach. In that way, peer learning will dramatically increase, which may even have a positive influence on sustainability aspects of the HCD programme.

Recommendation 5:

Selection criteria of partners for phase two should take geographical spread into consideration in order to ensure provision of regular support to individual partners by the HCDO and to stimulate peer learning amongst partners to create synergies and improve prospects for wider impact. 4-5 partners per HCDO appear reasonable to enable proper follow up within the same country.

Based on a discussion of the overall findings of this evaluation with the HCD Programme team in Nairobi and likely implications for phase two, the following overall selection criteria for partners were proposed as:

- Emergency prone location of partner, humanitarian response a partner priority
- Expressed partner commitment at leadership level
- Identification of HCDO contact person for coordination
- Limited geographical spread to ensure peer learning and regular HCDO support
- Existing strategic CAFOD partner with opportunities for integration with other programmes
- Existence of other potential collaborating partners for networking

HCDOs as Jack-of-all-trades?

The importance of the HCDOs and the interpretation of their roles remain crucial to achieve success in the short to medium term. A recurring issue for HCDOs is the balance between hands-on and hands-off toward the partner and when to apply one approach over the other. The participatory approach of the HCD programme is a clear strength, as are the dynamics behind the self-assessment, and largely following the pace of the partner. That said it seems that the HCDOs have interpreted their roles rather individually ranging from steering the

process and pushing the partner into new territory into taking a wait-and-see approach, expecting the partner to make the next move.

The optimal role of the HCDO would be one of adjusting one's approach and style to the partner in question to provide what is needed at the time. This requires a solid set of facilitative skills by the HCDOs and to not be afraid of challenging the partner, including the partner's own leadership. It is also related to dealing with the church system and finding ways to engage distant leaders, as previously discussed.

As the programme moves into a new phase, with partners in other settings and possibly with new HCDOs in countries, it becomes important to establish a general set of benchmarks for the HCDOs. The recent experience with offering individual and group coaching to the HCDOs by an external OD consultant have been positive, but this may need to be complemented by a more structured support process for HCDOs. It is also to be considered to develop a set of documented facilitation guidelines for the HCDOs to ensure that they promote a common approach and that they can access support in how to apply the required skills from peers.

Recommendation 6:

Develop a common set up benchmarks for HCDOs, unpacking the different roles of being an advisor, coach and mentor etc. and a guideline for how to do this in practice. It also involves how to "read between the lines" with the partner, as well as when to change advisory tracks in order to get the best results.

It is to the evaluator not always equally clear exactly how and when the HCDOs provide direct technical support to the partners. Whereas the HCDOs clearly lead the first phases of the journey with the partner, their role after having made detailed planning with the partner is less clear, beyond coordination of various inputs from third parties. Some partners have opted to address priority areas through hiring of external local consultants financed through the HCD budget. Whereas this in most cases has led to quality services, it also runs the risk of bringing in external specialists who, their expertise notwithstanding, may not have been exposed to the holistic approach of the HCD programme.

Recommendation 7:

HCDO should shadow and advise on the appointments of external local consultants to confirm their qualifications and to ensure that the wider HCD picture is shared with the consultants so that their input will complement and be embedded with other ongoing works under the HCD programme.

In conclusion

Based on the extensive information reviewed and interviews conducted, the HCD approach is by and large followed by all HCDOs. For all partners interviewed, they unilaterally appreciated the approach, stressing the broad participation by a wide range of staff within the partner organisation. If anything, partners met were hoping for more support, not less, which is a good foundation to build on. What also makes the approach unique is the fact that there is no project funding beyond the agreed HCD support. This means that the commitment must be found around the support provided, not in promises of future funding, which to the evaluator is a major selling point of the approach.

There is still scope for improvement. A key issue at this stage is to stress the importance of securing partner ownership from the leaders early on, not least from Bishops, who could also hold the key for major changes and impacts of the HCD programme. Working with diocese is more complex according to HCDOs. This necessitates a well thought out strategy in advance and peer support among HCDOs to address such issues.

HCDOs have till now operated quite independently and applied different approaches and roles, some more hands-on others more hands-off. To the evaluator it is not always equally clear whether chosen approaches were guided by the need of the partner or the preferred working style of the HCDO. There is therefore a need to define a clear set of benchmarks and guidance for the future work of HCDOs to arrive at a more collective approach.

Finally, a strategic decision should be made to concentrate partner locations so as to allow a higher frequency of visits and support by the HCDO and to invest more into peer learning which may hold the key to longer term outcomes and impact beyond the HCD programme.

3. The Accomplishments

The HCD framework⁷ remains an integral foundation for the planning, monitoring and evaluation of accomplishments and is used as a common reference point by the HCD programme and by partners. The usefulness of the HCD framework for this purpose will be assessed in this chapter, as well as the objectivity with which this happens.

Following the structure of the HCD framework, overall accomplishments according to the partners interviewed and as reported back in the final partner reports developed between Dec 2015 and March 2016 is summarised below. In addition, the evaluator was also able to observe the actual partner self-assessments for a total of 6 partners in Kenya and DRC during live learning workshops. Finally, the evaluator had the opportunity to conduct special workshop sessions asked questions outside the framework itself.

Accomplishments per category

A selection of examples of accomplishments of partners is presented below relevant to specific priority areas as well as challenges encountered. For a systematic overview per partner per category, please refer annex 4 Consolidated Results developed by the HCD programme.

Vision and Strategy

Most partners have produced vision statements and strategy papers, supported by external local consultants. This area was highly valued by all staff met. It provided a clear common purpose and helped bring the organisation together in new ways. It also offered an opportunity to profile the organisation externally to potential partners and donors, making the partner more credible to the outside world. In Kenya, for instance, some partners had launched their new strategy locally as well as in Nairobi. The strategy development process also appeared to occasionally have linked the leadership better with the staff and the HCD process.

The entire Caritas Maralal family have learnt that developing a strategic plan document is a long and tedious process requiring an all inclusive and participatory approach to make it a realistic document. The process required strategic thinking on the part of the staff in terms of projecting results and funding sources and linking them to the actual pillars or areas of focus by the organization (Caritas Maralal - Kenya)

Our previous strategy did not mention emergency work at all even though we are faced by regular drought and flooding. Staff based in the diocesan office and Parish focal points now have a good awareness and understand that if an emergency happens the organisation is committed to respond (Mozambicana - Mozambique)

One partner accounted how they, thanks to their strategy plan, were now in contact with ECHO and a Spanish NGO both of whom have requested them to submit a concept note for potential funding. Another explained how the strategy had made donors come back after having broken contact due to irregularities and a lack of vision. Another partner had used the strategy process to attract the potential interest of OCHA for a future collaboration.

The focus on strategy development should continue to play an important role in the HCD programme since it helps to keep the various OD elements together for alignment. In fact, the strategy may justify future priority areas and possibly contributions from other external partners or donors beyond CAFOD's own support. Strategy development has so far been done mostly through external consultants. However, it is important that the HCDOs remain engaged in the process as well, since it serves as a "script" for most other priority setting and support under the HCD programme.

⁷ Refer Annex 3: HCD Framework

Management

This area was appreciated by practically all partners, though it appears to have been interpreted rather broadly by partners and HCDOs alike. Sometimes leadership training is part of it, at other times improved job descriptions, policy development and planning are addressed, or the area is associated with planning and managing of emergencies:

Our recent flood response was the first experience of KMSS National coordinated response with multi-diocese and now we are clear on the roles and responsibilities of National Office and Diocese Office. Improved coordination and cooperation for the emergency response as well as management team/leadership can make clear difference in timely support for the operation (KMSS - Myanmar)

To the evaluator, it may be worthwhile in future to bring more clarity on what *management* entails under the HCD framework. In fact, to the evaluator, much of what falls under this current heading resembles several leadership and governance issues, see also recommendation later in this section and may be better grouped like that, rather than as a separate *Management* category.

Coordination and Collaboration

DPA in Cambodia set out to promote better external coordination with an existing humanitarian network and the government. As part of this activity, they took a more active role in the Cambodian Humanitarian Forum and they participated in on-call meetings with the Humanitarian Response Forum during the period when the risks of flooding were the highest. DPA also conducted stakeholder mappings in disaster prone areas to support coordination and collaboration efforts.

Coordination and collaboration also plays an important role for partners to increase their external orientation and participate in other donor coordination activities:

Now we are able to collaborate with other agencies and local authorities to plan, implement and evaluate response for example the ZIMVAC assessments being conducted in light of the looming food shortage because of the erratic rains and El Nino forecasts (Caritas Harare - Zimbabwe)

Other examples of this were found in Kenya, where the local Caritas in Isiolo had strengthened their links with the county administration to ensure more coordinated assessments and responses. This area remains important to emphasise in the future for the HCD programme due to its external orientation and links to other actors, whether government or NGOs. It helps to coordinate responses within the Diocese at parish level and in that way it may also strengthen relations between the Caritas and the dioceses regionally. For another NGO operating in a particularly dangerous working area in DRC, this focus had received lots of attention and had resulted in a situation where the NGO was now considered a key point of contact for coordination of emergency responses by several international organisations, including the UN.

Accountability

Accountability is an area that is at this point interpreted rather widely. Without being a main priority for most partners, those who did address the issue, such as DPA, did so mostly through various trainings on accountability, Sphere and HAP standards, for example, by setting up of complaints mechanisms for community feedback. To the evaluator, the actual approach or approaches for how best to address this by the HCD programme are not very clear at this stage, including the level of attribution to the HCD programme. This may require some rethinking to clarify by the programme.

Moreover, the fact that very few of the current partners have actually been engaged in emergency responses in practice runs the risk of Accountability remaining a rather conceptual stand-alone topic. It may in future be better combined with areas such as Leadership and Governance to embed it better with the general principles and values of the organisation, its relations with affected communities, and the quality of its emergency responses,

Preparedness

This area was addressed by all partners and included trainings on emergency preparedness, emergency contingency planning and emergency simulation games. The simulation games were highly rated by all partners. Preparedness gives the HCD programme its most clear humanitarian edge and justification. In fact, Preparedness in the minds of most partners appears to be the uniting factor for their humanitarian focus under the HCD framework. Thus Preparedness to partners also regularly involves strengthening of procurement plans, updated supplier lists and planning for proper storage facilities. In Malawi, the partner even involved the local communities in implementing the plans, which created increased ownership and partner awareness of community needs:

We have learnt that when you have well documented plans in place, sound HR office, suppliers list, contingency plan and revamped procurement committee we can be able to respond timely and efficiently in times of disaster. Communities are able to implement their plans because of the knowledge imparted to them from the staff (ZARDD - Malawi)

The area should clearly be maintained as a main category, based on feedback received from partners. Given the central position of this area, it should be considered to group several of the other emergency related areas under this broad heading to demonstrate their interconnectedness.

Assessment, Design and Response

These areas received limited priority by partners as stand-alone competency area. Instead they were often associated with Preparedness, Coordination and Collaboration, as seen in the below reporting examples under this competency area:

There have been a number of calls to attend to emergencies in some parts of the Archdiocese and Caritas Harare is now confident enough to even respond to such issues by undertaking needs assessments with other partners for example being part of ZIMVAC in Murewa and Mudzi and the Archdiocese at large (Caritas Harare - Zimbabwe)

Within our organization we continue to develop initiatives linked to the humanitarian response and development, whereby we are going to include other external partners regarding resources mobilization in order to assure finance sustainability and complementarity of the activities at community level (Quelimane - Mozambique)

It may be better to combine these with Preparedness, as argued above, which to most partners is related to assessing, planning and managing a humanitarian response anyhow. This would also help the HCD programme to simplify its framework under fewer major categories, which to most partners would already be substantial enough, instead of having partners struggling to report under each of the 14 categories, refer previous chapter.

Logistics

This area is to partners mostly related to emergency preparedness, warehousing, stockpiles of supplies and is often covered or duplicated with other competency areas in the reporting by partners. It is nevertheless considered important as a way to help partners better organise resources in general, improve coordination internally and to facilitate external coordination as well. It may be combined with Preparedness to emphasise this interrelation.

Security

Security is important to most partners, both in a general sense such as safeguarding assets but even more importantly to ensure staff safety when operating in areas regularly experiencing security incidents either due to humanitarian disasters or insurgencies. One partner in DRC operates in highly insecure areas as one of the few NGOs with an actual presence. For them training on security and the development of security manuals and policies significantly improved safety procedures and made staff better able to take calculated risks as well as to know when to withdraw if the situation became too uncertain. Another partner in Kenya developed a security protocol, which is now part of standard operating procedures and critical for its staff as their interventions are in areas that occasionally experience conflict.

For partners operating in emergency prone and insecurity areas, continued attention to having in place appropriate security measures is highly justified, and should continue as part of the HCD Programme. It is also closely related with human resources and staff management in general, which is why it may benefit from a closer link to general HR, particularly for staff engaged in humanitarian work.

Human Resources

Human Resources (HR) was identified as a priority area for several partners. Particularly the development of human resource manuals were given priority, as well as recruitment policies, work ethics standards, timely reporting at work and job descriptions. Obviously, policies and manuals are not in themselves guarantees that things are improving in practice without clear enforcement. Staff interviewed by the evaluator, however, all indicated that the initiative had created more clarity internally and better staff performance overall. The review of the HR policies by partners had in some cases enabled staff to secure medical cover for themselves and their immediate siblings such as for a partner in Kenya.

The focus of HR often would open up other areas for attention as well:

Through the trainings it became clear that team effort is also a crucial aspect in HR and the need to establish clear communication channels and referring to the Organisational organogram for effective communication at all times hence the development of a communication policy (Caritas Harare - Zimbabwe)

The area remains important as a capacity development focus and should be continued. It may be combined with Security as an area. In the next phase, it would be helpful to have partners reflect on the wider effects of having addressed this area beyond producing manuals and policies. In other words, what difference does this make to the organisation and its general functioning?

Financial Management

Managing funds regularly came up as an obstacle to proper resource planning and compliance with financial regulations, which often stood in the way of receiving external financial resources. Due to traditional contributions to the church with "no strings attached" financial management and accountability is often not an area receiving lots of attention at Diocese level. For one partner, the training has provided staff with a wider perspective on the importance of good financial management beyond finance staff.

Initially, some of the non-finance staff felt that the financial function was the responsibility of the budget officer and consequently were reluctant to embrace change and take part. The leadership through a series of meetings and trainings were able to assert the importance of collective responsibility in financial management. This intervention led to a change of attitude amongst finance and non-finance staff (Caritas Isiolo - Kenya)

MANGO guidelines were regularly used for trainings and widely appreciated by partners. Financial management remains closely associated with compliance and thus also with the ability to attract donors for future funding. It remains a core area and may be seen linked to accountability and governance for improved transparency. It should continue as a programme component also under phase two.

Fund-raising

All partners agreed to the importance of this area. For some it meant simply attracting donors for funding projects. For others, it included finding new ways to raise income, including from the parishes themselves. Most staff found the proposal development courses provided useful:

Initially Caritas Harare was not a registered NGO and there was no clear fundraising strategy in Place. Fundraising was only seen as a management function and other staff were not involved in proposal development. Now all staff have received training on proposal writing and Caritas maintains regular communication with traditional donors and subscribes to various platforms that advertise funding opportunities (Caritas Harare - Zimbabwe)

This is an area where HCDOs could potentially play a more prominent role in helping partners to establish links to other external organisations and funders. Apart from potentially providing future funding for the partner through successful proposals, it would also orient the partner more towards how other organisations operate, outside the diocese. In DRC, through the efforts of the HCDO, contact had been established to other donor agencies, some of which had committed to support the partner financially and in kind for future capacity related initiatives. However, this kind of support is at this point not an inbuilt part of the HCDO job description, so to speak, even though it may make a major difference to the long-term prospects for the partner, beyond the initial two years of HCD support.

External Communications

External communications were for partners interviewed a particularly difficult area to define and address. Looking at the HCD framework, the indicators were not very meaningful to partners. Rather than treating this separately as an area, CAFOD should consider putting external communications under a combined heading which could be called External Orientation and which may comprise fund-raising, communications, coordination and collaboration, networking etc. What is essential is that partners learn to appreciate the importance of maintaining an external orientation in all they do and that the HCD programme will support them in this endeavour. START's Shifting the Power in their SHAPE framework has captured this well under the category *Influence*, which emphasises Working With Others, Advocacy and Resource Mobilization,⁸ and which the HCD could build on for a start.

Monitoring, Evaluation and Learning

This appears as one of the weaker areas of the HCD framework and partners struggle to report progress against this competency. The area remains somewhat disjointed compared to the others. Especially the need for practical application is important in order to move M&E beyond mostly conceptual discussions, as emphasised by one partner.

Some aspects are discussed only in workshops but no further implementation is done on the real ground, for example the M&E framework (Caritas Masvingo - Zimbabwe)

One way to do so would be to help partners develop monitoring plans for ongoing programmes that they are already engaged with and therefore could immediately appreciate the relevance of. An alternative more innovative way would be to built M&E and learning into the HCD support package itself as a way to help partners monitor, evaluate and ensure that learning from the entire HCD support process gets captured. Both ideas would enforce practical application, which is a clearly expressed wish by partners. To do so would require more hands-on by HCDOs, moving beyond supporting processes into becoming joint-responsible to capture and document accomplishments with the partner.

If a more tangible M&E plan for learning and assessment would be introduced by the HCDO at the start of the HCD process, the evaluator is convinced that partners would learn a lot more about how to do this in practice, not only for the HCD process, but also for other future interventions. A concrete way to do so would for the HCDO on a semi-annual basis to visit the partner, jointly fill in a simple learning format relevant to planned activities, while reflecting back on accomplishments since last visit. At the end of the support period, this produced trail of learning snapshots could be combined into an overall learning event and completion report.

Recommendation 8:

The HCDO should together with the partner from the beginning develop a monitoring plan to shadow the HCD programme accomplishments. This would help capture essential learning points, as well as how outputs, in fact, lead to changing behaviours.

⁸ START Shifting the Power SHAPE framework: Introduction to the humanitarian capacity self-assessment process, undated.

Increased humanitarian capacity to prepare and respond

The HCD programme was conceived in order to support partner organisations to become able to plan and deliver emergency responses to disasters with minimal external support so as to save lives and reduce suffering. The most obvious way to measure this would have been to conduct a baseline of capacity before the HCD programme and subsequently observe partners when responding to emergencies.

Whereas baselines were conducted by the HCDOs, the actual observations of partners responding to emergencies or the reporting thereof is somewhat scattered. This has also been confirmed by going through the different final partner reports. Looking at Annex 4 Consolidated results, most partners have indicated an increased capacity to plan for and respond to emergencies. But what exactly makes one partner conclude that it has moved from one level to another; what, in fact, is now different compared to the baseline?

Partners in Myanmar, Malawi, Mozambique and Zimbabwe all did experience floods and droughts during 2015. In the case of Malawi, when flooding happened the local partner ZARDD had already participated in CAFOD's Emergency Simulations and had developed Emergency Preparedness plans. This enabled ZARDD to utilize new skills as it responded to floods. Due to the El Nino drought ZARDD managed to engage local communities on preparedness. ZARDD has also managed to send out proposals to funding partners and participate in an appeal to raise funds for the drought response. Similar experiences of practical application were found in Myanmar, Mozambique and Zimbabwe.

When going through the reports, however, it has proven a challenge for partners and possibly for the HCDOs to establish clear links between support provided and actual response capacity and to document this systematically. One representative example of how increased humanitarian capacity development is reported is found below:

- Now able to collaborate with other agencies and local authorities to plan, implement and evaluate response for example the ZIMVAC assessments being conducted in light of the looming food shortage because of the erratic rains and El Nino forecasts.
- Coordination and Collaboration is now embedded in the stakeholders engagement policy and procedure Manual.
- Now attends coordination meetings at National level (WASH sector)

Whereas the partner in question clearly feels it is better prepared, it does not really go beyond such statements into what this all means in practice, i.e. how is that partner better off now, or how are beneficiaries potentially better off due to increased response capacity of the partner? It is also not clear from reports whether emergency responses undertaken were the combined efforts of several agencies or only through CAFOD support. In other words, the evidence to demonstrate a clear link between HCD support and increased capacity of partners to respond to emergencies is at this stage inconclusive.

Based on follow up requests for information from HCDOs by the evaluator to uncover this aspect better, some useful information was made available, which had escaped the monitoring reports. The evaluator therefore feels that this particular, though essential aspect of the programme is possibly under reported.

Recommendation 9:

Partners and HCDOs should identify more effective ways to report systematically on increased partner capacity to respond to real emergencies and the relevance of provided capacity support from HCDOs. Otherwise, the HCD programme runs the risk of being undervalued for its true potential to increase partners' humanitarian response capacity in practice.

For other partners, demonstrating capacity has proven even more difficult in the absence of emergencies. Further, some partners, which had received emergency preparedness training, including emergency simulations, did in fact face real emergencies. However, they were often not able to identify from where they could access funding or other resources, which they as smaller organisations would often not have themselves. CAFOD itself was in most cases also

not able to make available funds, which would otherwise have enabled partners to put their learnt skills into practice. This represents another dilemma for the HCD programme, given its profile as a humanitarian capacity development programme: how to better support partners who have improved their capacities through CAFOD to engage in actual emergency responses?

In the case of CAFOD, the evaluator wonders if it would be possible to make available a minor collective emergency fund, which could be accessed, should some of the supported partners be called upon to respond to a real, if minor emergency. It should be a fund that could be distributed quickly and which CAFOD at country level could help coordinate to demonstrate new found capacity by supported partners.

The evaluator has learnt that CAFOD administers a General Emergency Fund which HCD partners could possibly be allowed to access for smaller contributions based on a clear set of criteria applicable to HCD partners. Considering CAFOD's involvement with the START programme, another option would be to explore whether partners receiving HCDO support could also possibly qualify for START alert funds. In other words, there may be an important role for HCDOs to help partners prepare applications for small emergency funds or grants, not just from CAFOD but also from other potential donors.

Recommendation 10:

The HCD programme should identify concrete ways to support partners in becoming eligible for and to provide access to small scale emergency funding. This would increase the possibilities that partners can actually apply what they have learnt from the programme for real emergencies.

Governance and leadership

One category not forming an integral part of the current framework is around Governance and Leadership. Of course, one should not expect the HCD programme to miraculously be able to transform long-standing organisational cultures of partner organisations over night through a short-term intervention. But putting it on the agenda would indicate some clear intent by CAFOD and may help in initiating such discussions within the partner organisations in a non-threatening way already during an inception phase. The evaluator has learnt that such a focus did evolve for some partners in Kenya and Zimbabwe. Also in DRC, one partner explained how the HCD programme support had enabled the partner to clearly articulate to the board leadership shortcomings, ultimately leading to hiring a new leader.

Paying more attention to the issue of internal governance and leadership may also be helpful when testing the commitment and ownership of the leadership of the partner to the HCD programme before a formal agreement is made. In fact, the evaluator would even claim that without this commitment by the partner p, there is a great risk that the HCD programme may result in mostly momentary improvements, without really building a future base for substantial, sustainable improvement by the partner.

Recommendation 11:

Governance and leadership should become integrated into the HCD framework which may also ensure that these issues are raised already during the inception phase when exploring new partners. Without buy-in from the leadership at the start, the programme stands much less of a chance to really influence how things are done in practice.

To do so elegantly and effectively requires good skills of the HCDOs, who may benefit from some support through training on those issues, as well as from peers having faced similar challenges. If during the inception phase, or even during the self-assessment stage there are several signs that the leadership is not open to this, that may also a moment for CAFOD to consider exiting before getting further involved.

The HCD framework's effectiveness as a monitoring tool

The central place that the HCD framework occupies for conducting baselines, monitoring and final assessments by the partner necessitates a good understanding of what lies behind each category and associated indicators. It also demands pragmatism on the part of the HCDOs to keep the learning oriented dialogue with the partners on track. The framework remains particularly useful at the start of the process for partners to conduct a self-assessment, though fewer categories to choose from may further sharpen the partner focus, as discussed in the previous chapter.

However, when it comes to monitoring progress and impact, the framework appears less robust and at times confusing to partners. During partner self-assessments observed by the evaluator, scoring of individual categories was an issue of contention raised by several partners. For example, partners often experienced it as close to impossible to meet all indicators within a particular level, making them less encouraged about their own progress, assuming they had failed.

The indicators themselves are at times hard to verify and judge and appear somewhat normative, such as:

- Publically expresses a commitment to respect International Humanitarian Law and relevant treaties
- Allocates sufficient human and financial resources to achieve humanitarian objectives
- Responsibilities are delegated to the appropriate level
- Ensures a balanced representation of vulnerable groups in consultations with communities
- Produces a coherent, realistic response plan and budget as soon as possible

This begs questions such as: what is sufficient, what does appropriate level mean, what is a balanced representation, when a response plan is considered coherent and realistic? Though the reference to various international humanitarian standards in the framework were appreciated by partners, they were not always seen as equally applicable to their everyday working context. However, rather than CAFOD spending lots of energy fine-tuning indicators, which may anyhow remain ambiguous, there seems to be an important role for the HCDO to help the partners interpret individual competency areas and relate them to their own context. This would also avoid downplaying other important accomplishments relevant to the area in question.

The evaluator observed that partners would at times score themselves more according to their own level of satisfaction or ambition than against objective measures. In Kenya, for instance, one partner scored itself high on most accounts, whereas another, who appeared more advanced in most respects, scored itself remarkably low as a sign of self-criticism. The issue of scoring was recognized by partners themselves who, though remaining very appreciative of the self-assessment aspect of the framework, somewhat surprisingly requested for more regular monitoring and follow up by the HCDOs to track progress with the partners and to arrive at a more objective assessment.

The HCDO may be in a very good position to score the partner as a critical friend, but also as someone who due to experiences would be well placed to provide an external reality-check for the partner in question. Dialoguing around potential differences in scoring from the partner and the HCDO would bring new perspectives to the fore for the ongoing development and learning of the partner. Equally importantly, a more objective scoring attested by a CAFOD staff could also help the partner document and demonstrate capacity development achievements to third parties and donors and thus help attract new networks and resources.

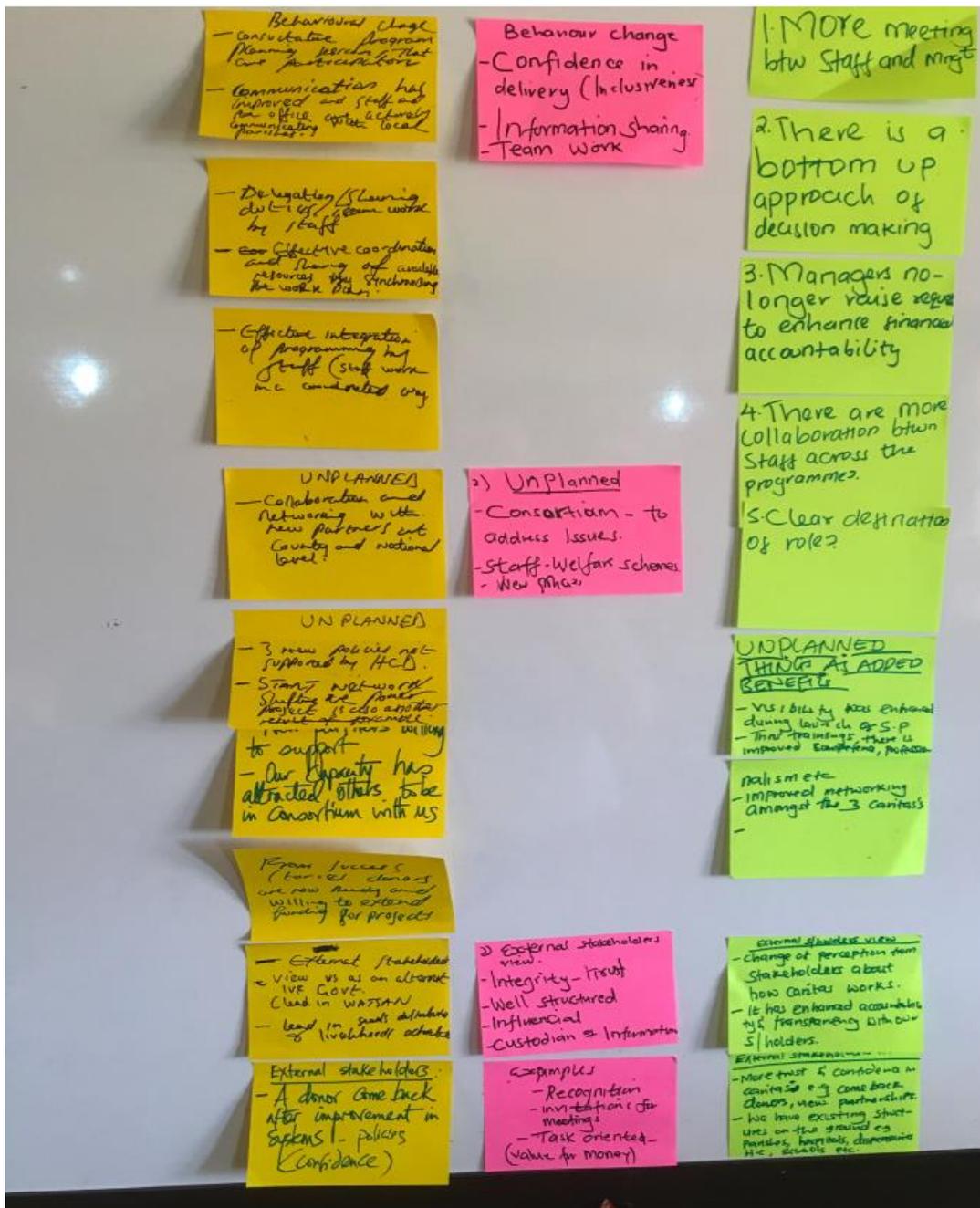
Recommendation 12:

The HCDOs should, as part of the monitoring process, score the partner against priority areas at the start, midway and at the end of the support process. The objectivity of scoring has been a request by the partners. HCDOs through their in-depth knowledge of the partner would be able to ensure that the score is related to the context of the partner, while adding some external objectivity as well.

Looking beyond scoring

The scoring exercise remains a useful means to initiate dialogue with the partner and among staff. But it should clearly not become an end in itself. Given the amount of time spent by partners in determining whether one or the other level had been reached, it would seem more fruitful if the HCDO would organise facilitated sessions with partners that insist on exploring what, in fact, has changed internally, looking for concrete examples. What do partners and their staff do differently now compared to at the start of the HCD programme, and how may they have changed their own perspectives, and possibly their behaviours?

The evaluator conducted two half-day sessions with the partners, following the first day self-assessments. The purpose was to explore what in fact had changed for the partners beyond the scoring of the framework itself. Below a photo summarising some of these discussions is provided.



Some of the questions, which were explored in groups, included:

- If you should draw a symbol for capacity development, what would it look like?
- How have your achievements changed your capacity to respond to emergencies? What can you do now, which you could not do before?
- How has HCD changed your own behaviour and that of your colleagues? How do you act differently now compared to before HCD?
- Which unplanned extra things happened because of the HCD programme as added benefits?
- How has HCD changed how external stakeholders view your organisation? Concrete things, which are now happening, which did not happen before?

The interactions and resulting reflections generated an additional harvest outside the HCD framework and helped staff to look for concrete evidence of change, including unplanned benefits. Particularly the external perspective from other stakeholders was emphasised, pinpointing what other people now said about the partner organisation, which they did not say before. The session helped bring to life the capacity support process in the words of the staff, while it at the same time served to make other colleagues aware of learning at organisational levels outside own working areas and departments.

In fairness, the partner reporting template used to provide information to this evaluation in advance did contain a range of such questions, focusing on real change beyond outputs. The template also encouraged partners to recall factors that made change possible, as well as what facilitated it. Overall, though, it would appear that these types of change related information need more stimulation and facilitation when partners reflect and report back, such as during the learning sessions facilitated by the evaluator in Kenya and DRC.

This is again where the all-important role of the HCDO comes in to help partners capture where real learning takes place. This is sometimes through informal conversations, sometimes by asking very specific questions to the partner staff, and sometimes simply by hanging around the partner without a predetermined agenda. For the evaluator it was exactly the one-on-one conversations with partner representatives that often told the wider story, which would not find its way into regular reports. It was also the same conversations where one would get a sense of what had NOT happened and why.

Especially conversations around governance, leadership, and general decision-making are rarely found back in reporting, though they may be significant. One conversation by the consultant concerned how the Director of Caritas had found ways to by-pass the formal authority of the Bishop in order to get things done, without upsetting the formal structure, which was a major accomplishment. The same partner told how the HCD programme had supported a complex integration process that took place simultaneously, which he said would otherwise have crashed without this support. Another partner recounted how the HCD support had significantly raised their regional profile, resulting in several new contacts. Yet another recounted how the HCD support had enabled the organisation to expose leadership issues that were eventually addressed by the board, which was not previously aware of those issues. In other words, real learning often happens beyond formal reports and should be captured to provide a fuller picture of what changes as a result of the HCD support.

Recommendation 13:

HCDOs must seek to establish more learning oriented dialogues with the partners and between staff themselves outside formal reviews in order to promote a more curious culture about how things are, how things should become within their own organisations, and what, in fact, is accomplished beyond the production of policies, manuals and trainings.

Transition planning after first two years

The role of HCDOs for partners phasing out from the HCD programme appears significant in many ways. In order to look for ways to help the partners move on to the next stage in their own development, the HCDO may play an important role to help partners take up contact with other potential donors or organisations which may see a good fit with the partner in question

for match-making. The name of CAFOD and its network is likely to be able to open doors for HCD partners for the longer-term continuation of their capacity development process.

To really help an organisation through a transition by means of CD support and to see visible performance improvements would in most cases take more than 2 years. It is at the same time recognized that CAFOD cannot indefinitely provide support to a partner. What CAFOD *can do*, however, is to help ensure that support provided through the HCD programme is used to leverage continued growth of the partner, including through attracting other partners, be they donors, network actors or other national and international caritas.

Recommendation 14:

As part of the phasing out of HCD support, a transition plan should be developed by the HCDO with the partner. Such a transition plan would contain a summary of accomplishments, current state of affairs and future CD plans of the partner. It should also have a strong external orientation so as to help the partner position itself strategically vis-à-vis other actors and potential funders.

In conclusion

It is clear that the HCD support provided has enabled partners to address several important areas related to CD and to humanitarian preparedness. Particularly areas of strategy development, management, financial management, emergency preparedness and HR are highly appreciated. Training and support provided is considered relevant and practical. Governance and Leadership appears to be somewhat of a missing piece in the framework, which could otherwise make a major difference to how the partner organisation is run and how strategically it operates.

Concerning monitoring, the reporting on emergency responses by partners is currently less satisfactory, including which contribution the HCD provided support, in fact, has had in helping partners to respond more effectively to emergencies. This is an area to be addressed by the HCD programme, not least because the information may, in fact, be available if asking around some more, as experienced by the evaluator.

Looking at the framework overall, the amount of categories to report against is somewhat overwhelming to partners, resulting in some duplication and confusion. Also, the self-administered measuring sticks vary considerably between partners, and indicators are not always well understood or fully translatable to specific partner contexts. For this reason, most partners requested more objectivity in the scoring, possibly by having HCDOs score the partners as well as an external critical friend, a request supported by the evaluator as well.

Occasionally, important learning aspects realised by partners, which may fall outside the formal framework may at times go missing in the reporting. These learning aspects are often better stimulated through different types of conversations about behavioural change and by asking more out of the box questions of partners individually and collectively by the HCDOs. Some of those stories only get told over a cup of coffee or during a walk together outside formal training and workshop locations.

Most partners have planned several follow-up activities to support the progress already made, which indicates a commitment beyond the HCD programme support. Partners are at this point very motivated and eager to proceed with improving their capacities further and within new areas. However, they are not always sure how best to do this and where to turn to for future support, beyond CAFOD.

The HCDOs have an important role to play in helping partners take the next steps and consolidate the results of the HCD support, particularly by encouraging a more external orientation and mind-set through the joint development of a transition plan. Such a transition plan could also serve the important role of helping to attract other donors or network partners in the future and thus support long-term sustainability.

4. Programmatic integration of HCD within CAFOD

The evaluation was also requested to briefly review the current degree of programmatic integration of the HCD programme within the wider CAFOD and to look for opportunities to strengthen integration further. Most observations concerning the current level of integration have been based on interactions with programme staff in DRC and Kenya, supported by individual interviews by staff at country level and at HQ level.

Overall, the HCD programme appears highly relevant to CAFOD at large. It is an obvious investment in CAFOD's emergency work, it forms part of CAFOD's refreshed humanitarian strategy in line with the T2020 changes, and is particularly complementary to CAFOD's programmatic partnership approaches.

Despite all of these open doors for complementarity, the evaluator finds that the HCDO at this stage is not really integrated into the existing country programme structures, nor does it clearly interact with other national or regional emergency work of CAFOD. This general impression was also supported when talking to various country level staff during the evaluation, who largely saw the HCDOs as sitting outside the general programme setup. A learning review of the HCD programme in December 2015 drew a similar conclusion:

HCDOs sense a reticence from CAFOD senior management to consolidating the programme into the next phase. HCDOs believe it needs to be much longer than a short-term pilot. Capacity development is not a quick fix. It requires a flexible time frame and therefore does not fit easily into a log frame way of planning and evaluating.⁹

In addition, given the fact that the programme has primarily been implemented in Africa, with the exception of 2 partners in Myanmar and Cambodia with irregular HCDO support, this has supported the notion among regional programme managers and country reps that the HCD programme was largely an African affair. During phase two the African bias could easily be addressed by including partners from other regions as well, which would also help test the approach more widely and adapt it to other regional contexts. The evaluator understands that there are already plans to expand the programme to other regions for phase two.

Where the HCDOs have, in fact, been working more closely with programme colleagues at country level, this seems to have been driven more by personal commitment and initiative than by a structural integration. Indeed, since the HCDOs were always financed outside the programmatic budget, there has not existed an obvious resource allocation logic to integrate them into the country programme.

This does not say that the programme is unwanted, merely that till now it has lived outside the regular structures, providing a type of partner support that is not found elsewhere within CAFOD. General partner support within CAFOD tends to be associated with programmatic interventions, with clear sets of deliverables, whereas the HCD programme engages partners without a predetermined end goal, other than defining with the partners possible CD support needs, without specific programmatic funding. Said one interviewee:

The HCD programme has enjoyed the luxury of being able to approach partners with an open sheet, no pre-programmed or earmarked funding, but plenty of space for experimenting, which we in regular programmes can rarely afford

Programme staff at country offices and in HQ interviewed, in fact, believe that the majority of what the HCD framework contains could also find application with other regular partners working with CAFOD. As remarked by one HQ based programme staff, if CAFOD should do this all over again, the HCD programme should become integrated with the rest of programmatic partnership approaches from the beginning. What HCD has been able to do differently than other partnership approaches within CAFOD, according to another interviewee, is to package its approach better, making in more clear exactly how CD is provided and for how long, and supported by a clear HCD framework.

⁹ Ibid. p. 6

To check perceptions amongst programme staff in one of the countries visited, the evaluator asked staff during the country debriefing how many of them were engaged in CD support as part of their regular activities. Practically everybody confirmed that this was a core part of their work. That notwithstanding, programme colleagues were unaware of what the HCDOs were, in fact, doing and vice versa, which is somewhat paradoxical. To the evaluator, this suggests missed opportunities for joint learning within country programme offices between HCDOs and colleagues. The broad approach to partner support by the HCDOs with a humanitarian angle would seem relevant to several programme colleagues, not least because their partners regularly operate in the same type of environments and even sometimes are the same partners. Since practically all selected HCD partners are strategic to CAFOD, there would expectedly already be programmatic linkages from the country offices to build on for the HCDOs as well.

The evaluator wonders whether the programme offices could make better use of the presence of the HCDOs as a sort of in-house OD resource person to colleagues, who may be faced with OD related challenges with a particular partner. Similarly, programme officers may have information about partners that would be useful to the HCDOs as they screen partners for support, including institutional knowledge of the partner in a particular area. To realise such collaborations beyond the occasional exchange would require regular interactions of a more structural nature within the office. The country rep could, for instance, together with the HCDO arrange quarterly thematic presentations and exchanges as part of regular programmatic updates, inviting cases from colleagues on OD related issues. In the same way, HCDOs could, as a matter of course, seek to jointly coordinate or even combine visits to partners with the relevant programme manager or officer whenever possible.

The evaluator further notes that the HCDOs at the moment appear to work rather independently of other emergency or humanitarian staff at country or regional levels. No regular links appear in place to support collaboration and coordination with surge teams or emergency officers. In case of a surge, HCDOs would expectedly have valuable information about local partners who may be able to play a role in a fast local response. Likewise, regular exchanges between HCDOs and emergency officers would appear a *sine qua non*. Yet, it does currently not happen on a regular basis.

To the rep in Kenya, though, the integration of or the question of integration of humanitarian and development work is not that foreign, but something she already actively pursues. Poignantly put by one staff: "A partner does not distinguish emergency and development: To them emergency work and development are most often part of a combined continuum of the reality where they operate. Yet to us, we still like to box them in as if being part of separate worlds when we approach them."

To the Kenya Rep it has become increasingly clear that CD is part of longer-term work and that partners need capacity to respond to emergencies as well as general programme development, which is also a clear reflection of the recent T2020 agenda.

Recommendation 15:

As part of the design of phase two of the HCD programme, the concerned country representatives with relevant programme staff should together with the HCD team create a common strategic foundation for collaborations with concrete measures to deepen integration at the partner and country levels in the future.

Another way to approach further integration, of course, would be make the HCD programme part of individual country strategy papers, with clear links to other existing programme, thus providing a clear strategic basis and argument for integration. That said, as long as the HCD programme continues to be funded only through the Emergency Response Group, it is, in the opinion of the evaluator, less likely that integration will really take root. Thus, if the principles behind HCD are to become principles for partnership development at large, this must also be supported by a broader future funding basis.

In conclusion

The HCD programme has till now been operating largely outside the regular country programme structure. The working areas of the HCDOs, however, have several things in common with that of other programme development colleagues, including surge and other emergency staff, which could be tapped further into. Several of the principles of the HCD partner approach appear highly relevant to the general partnership approaches of CAFOD. There are practical ways available to strengthen the links at country office level, some of which have been outlined, assuming that the will is there.

However, rather than defining a complex integration process at policy level across CAFOD at this stage, it would appear a much better use of time and resources to stress complementarity at country level by creating opportunities for mutual benefits, led by the country reps and supported by the HCDOs. In that way, one could demonstrate synergies, instead of simply talking about them.

As the HCD programme is heading towards a phase two, this would appear the perfect moment to create space for more integration and complementarity from the first stage of selecting the new strategic partners to receive HCD support, while complementing the long term strategy of the country programmes as well. But it would take some real efforts beyond good intentions.

5. Summary assessment against OECD/DAC criteria

This section is a summary assessment of the HCD programme against the OECD/DAC evaluation criteria, supported by observations made in previous sections.

Relevance

According to the evaluator, the HCD programme is considered highly relevant to the majority of partners. Most areas under the HCD framework are appreciated by partners as addressing key organisational capacity development issues that they are struggling with. The majority of partners are located in disaster prone areas, often confronted with security issues as well, which provides a justification for the strong humanitarian component of the programme.

Most important of all, perhaps, the fact that the programme is designed around a detailed assessment by the partners themselves dramatically increasing the relevance of the priority areas subsequently addressed by the HCDOs. The relevance of the programme related to emergencies could potentially be increased by supporting partners in accessing smaller emergency funds to enable them to practice newly developed emergency capacities in local contexts. This may also enable better follow-up and interaction with affected communities to check emergency response relevance at beneficiary level in the future.

Effectiveness

The programme approach and methodology followed by the HCDOs is, in the opinion of the evaluator, effectively leading to the identification and addressing of priority areas defined by the partner. The HCD framework provides a strong backbone for the programme supported by a menu of options. The approach is quite intuitive and easy to grasp for partners. The framework may benefit from some simplification as the existing 14 categories at times appear overwhelming to partners, including measuring of achievements. Regarding the latter, there is currently an overemphasis on scoring by partners, which sometimes may divert attention from other important learning moments of the partners.

The effectiveness of the programme is significantly influenced by the leadership and commitment of senior management of partners, not least the Bishops. This dynamic may require more attention as part of the selection criteria for phase two. The ability to provide regular support by HCDOs to partners is another observed element, which influences the effectiveness of the programme. Partners receiving more regular follow up visits appear more committed and engaged than partners in areas only erratically visited and supported by the HCD programme.

The role of the HCDO as a proactive and present facilitator could be strengthened further by developing a set of benchmarks and capacity support features to ensure more coherence across HCDOs in how they interpret their roles in their different settings. It is also sensed that the HCDO could add more objectivity to the partners' self-assessment by offering their own assessment of progress, something also requested by partners themselves.

Efficiency

Whereas the minor grants received per partner as part of the HCD programme cannot be considered excessive, the support provided by the HCDOs themselves is in theory substantial given the relatively few number of partners per HCDO. However, rather than spreading out the programme more thinly with more partners in several countries per HCDO, the evaluator, in fact, sees more efficiency gains in consolidation of partner selection for the next phase. The evaluator would like to see that partners in future are located within reasonable regional geographical reach of each other. This would enable more regular visits and follow up by CAFOD, as well as stimulate peer learning among partners, something requested by several partners met.

Efficiency gains may also be had by HCDOs more consciously engaging other external agencies in the locality which may have an interest in and the resources to contribute to the HCD process within specific areas so as to pool resources, rather than CAFOD being the

main contributor. Finally, to the extent the HCDOs would eventually become better integrated within the existing CAFOD country programme structure in the future, this may also increase efficiency gains for CAFOD at large by having the innovative approaches of the HCD programme become more widely accessible to the wider country programme staff.

Impact

Given the short period of implementation, two years, it is unlikely that the HCD programme at this stage would have achieved significant changes at impact level, i.e. evidence based better emergency responses. Further, given the fact that the programme primarily addresses internal organisational CD issues, it is difficult to directly link these to improved external performance, let alone community level responses. Nevertheless, the supported partners are, in the opinion of the evaluator quite likely to be better prepared to plan and respond to future humanitarian emergencies, which was also clearly confirmed by partners' own reporting. Lack of access to small emergency funds is at this stage, however, remain a main obstacle for partners to apply what they have learnt, which would otherwise provide the best possible evidence of real impact. This is an area CAFOD may want to address internally, or by partnering with other agencies with similar interests, such as START Shifting the Power, which maintains close contact with CAFOD.

Sustainability

Sustainability of capacity development support programmes remains tricky to assess and the processes initiated and stimulated by the HCD programme are most likely to change over time. To the evaluator, therefore, the most important thing to ask is whether this programme has been able to set in motion an internal process of transformation or organisational change, which is likely to continue beyond CAFOD support. At this point in time, the answer would be: quite probably, though the process remains fragile at this stage. However, CAFOD could help stimulate these prospects further by focussing more on leadership and commitment at the inception phase, by remaining a critical, though objective friend of the partner, by stressing an external orientation of the partner from the start, and by developing a high quality transition plan with the partner which would resemble a convincing business case for the future to attract a wider external audience.

6. Beyond HCD - Future Directions

Overall, it would be more than fair to deem the HCD programme as both innovative and bold, having ventured into support areas where there are less available scripts to follow, and with a high emphasis on the self-assessments by partners, which remains a defining, unique aspect.

One partner summed up his appreciation particularly well:

I used to work with an INGO in the past. There we administered institutional assessments to see whether we wanted to fund partners or not. We never gave them feedback beyond whether we wanted to work with them or not, so learning was non-existing for the unsuccessful partner. The HCD approach, however, was very different; it was our own assessment, not just an external thing done to us. It helped us become acutely aware of our strengths and weaknesses against a set of international standards. It was ours! (SOCOAC - DRC)

The HCD programme has already generated interest from many different quarters, not only internally but also externally. For instance, the START Shifting the Power (STP), which is a coalition of several humanitarian international organisations, including CAFOD, has largely based their SHAPE framework on key elements of the HCD framework, as well as the strong element of self-assessment by the partners.

In a recent research report on how partners are often seen and assessed by donors, it was found that the predominant model of capacity assessment and support is quickly becoming out-dated and even irrelevant:

The common model for developing capacity by international donors for the last two decades has focused on training an organization's staff and volunteers in techniques designed to strengthen internal managerial systems. This focus on optimizing management systems and practices has produced disappointing results (and is based on) a highly idealized, normative theory that well managed organizations with strong administrative systems are able to respond consistently to the everyday challenges they face.¹⁰

The authors argue for embracing what they call capacity 2.0 for organizations, which accepts that there is no panacea for organizational longevity. Rather, real world organizations, in fact, operate in unpredictable and often messy environments dominated by complexity and rapid change. In such an environment, focus must be on how to stimulate local organisations in ways that may lead to transformational change, instead of treating them as small management entities implementing well-structured plans on behalf of external investors. This view also prescribes that putting in place numerous checks and balances will rarely lead to better results, beyond documenting how funds were allocated operationally and how they were accounted for.

The HCD programme has in many ways also, by default, opted to move away from the one size fits all partner capacity development approach with excessive checks and balances. Instead, it has encouraged considerable flexibility and self-determination by the partners, which could potentially become transformational given proper stimulation during and after the formal support period.

According to another recent study carried out for ICVA¹¹ on how donors administer various capacity assessments of partners in order to determine their eligibility for funding, it is proposed to create more dialogue between donors and local partners around how to carry out transformative change together, and how to invest in social capital rather than primarily assessing how the targeted partner can become a good contractor. The study found that this would, by implication, require a fundamentally different approach to capacity assessments, let alone capacity development support. This includes who gets to decide which criteria to apply and who gets to make final decisions on resource allocations. Also here has the HCD

¹⁰ Root Change: New Directions in Local Capacity Development: Embracing a Systems Perspective, Nov 2013

¹¹ Partner Capacity Assessments of Humanitarian NGOs - Fit for purpose? Thomas Lewinsky, ICVA 2015

programme demonstrated a readiness to jointly assess and score capacity against broader HCD framework criteria.

Where the HCD programme appears less conscious or confident concerns promoting support to partners to actually enable them to influence, if not shift power relations within the humanitarian sector, which is becoming a still more prominent theme in the humanitarian discourse. Examples of UK based initiatives that are more vocally addressing these issues are CAFOD's own Charter for Change, START's STP and START's Financial Enablers. The fact that STP has largely based its own framework on the HCD framework, while adding new categories on policy influencing and advocacy, and the fact that CAFOD continues to play an important role as consortium partner to STP testifies to how the HCD framework is considered innovative by several other actors and agencies.

An organisation which has consciously sought to combine capacity development support with funding and a good amount of flexibility is Concern. Concern has in recent years has supported a number of local partner organisations in disaster prone areas through the Pakistan RAPID Fund. The Pakistan RAPID Fund is an innovative funding mechanism established under a cooperative agreement between Concern Worldwide and (USAID/OFDA), which helps other organizations in Pakistan to respond quickly to areas affected by disasters within a funding range of \$5,000 - \$300,000. The rationale for the umbrella grant is to channel funding quickly to short-term interventions that address gaps and meet the demonstrated needs of affected people that have been overlooked by other relief and recovery efforts.

Like for the HCD programme, Concern has given preference to small projects that are designed by local and international organizations with a strong presence in the proposed target areas. The guidelines stress that given the need to deliver relief quickly, prolonged assessments are not recommended. Due diligence pre-assessments requirements are kept light, and instead Concern provides regular monitoring visits to partners, also to spot operational issues early on. Due to an efficient assessment system, Concern is on average able to process applications and get clearance from the USAID/OFDA office in Pakistan, before the approved application is sent to Washington for release of funding within only 15 days.¹²

Should the HCD programme or CAFOD, possibly in collaboration with other agencies be able to design mechanisms to allow similar types of quick funding disbursement to local partners, this would be truly innovative. It could also demonstrate a significant link between the chosen HCD approach and the resulting capability of local partners' to respond quickly to local real emergencies.

¹² Partner Capacity Assessments of Humanitarian NGOs - Fit for purpose? Thomas Lewinsky, ICVA 2015

Annexes

1: ToR

2: What is HCD within CAFOD

3: Humanitarian Capacity Development Framework

4: HCD Consolidated Results

5: HCD Timeline

6: Itinerary

7: List of People Met

8: Bibliography