25 July 2011

CAPACITY DEVELOPMENT for The Core Commitments for Children in Humanitarian Action

TECHNICAL NOTE

This Technical Note is developed to support Country Offices and national partners in achieving the CCC Benchmarks. It is based on years of practical experience from numerous capacity development initiatives in humanitarian situations. In developing national capacities to achieve the CCC Benchmarks technical support is provided (remote and in country support) to requesting Country Offices by a Capacity Development Specialist from the Office for Emergency Programmes.

To request technical support for national capacity development for the CCCs, please write to opscen@unicef.org.
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WHY AND HOW IS CAPACITY DEVELOPMENT CRITICAL FOR THE REALIZATION OF THE CCCs?

UNICEF’s Core Commitments for Children in Humanitarian Action (CCCs)
The Core Commitments for Children in Humanitarian Action are UNICEF’s core humanitarian policy. For both chronic and sudden-onset emergencies, the revised CCCs outline a framework for sectoral and operational Results, Commitments and Benchmarks that should be met in a humanitarian situation. The CCCs also stresses the accountability of UNICEF Country Programmes for developing capacities of national partners to realize the specific Benchmarks in the CCCs. For all other circumstances, they outline the necessary measures to minimize the likelihood and possible impact of a conflict or disaster in order to ensure that the level of attainment of rights and progress towards the MDGs is not gravely set back by disaster or conflict. This includes preparedness, prevention and mitigation.

What is Capacity Development for the CCCs?
Capacity Development is a process through which individuals, organizations, communities and nations strengthen and maintain the capabilities to set and achieve their own development objectives, defined within norms of human rights and gender equality. According to the UNDG capacity development is one of five key principles for UN country programming. In UNICEF, CD for the CCCs is one of the key strategies, along with Emergency Risk-Informed Programming, Partnership and Advocacy which are all deemed essential to ensure that that the CCCs can be achieved if and when an emergency occurs. Globally as within UNICEF, the concept of capacity development has undergone a gradual evolution. It has moved away from an externally-driven, narrow focus on human resource development (such as training with little follow up) and ad hoc support (such as one-time workshops) to a broader systemic approach that promotes national ownership. This entails a conscious emphasis on facilitation and support for iterative processes to strengthen capacity—rather than a directive way of working. This is the approach presented in this Technical Note. Capacity development for the CCCs aims to strengthen the capabilities of individuals, organizations, communities and nations to ensure the achievement of the CCC Benchmarks. In other words, the approach aims to enable national actors to develop their capacities in order to effectively and quickly be the provider of first resort in the event of emergencies.

Why and how is Capacity Development critical for the realization of CCCs?
The dramatic increase in number and scale of emergencies over the last decade combined with a situation where many countries are simultaneously hit by various types of emergencies at the same time has hampered the ability for speedy international humanitarian assistance on multiple fronts. The difficulties to respond to a complex emergency in one area, a nutrition crises in another and a flood in a third area - all in the same country - is tremendous, as was experienced in Haiti with challenges to swiftly respond to the cholera outbreak after the earthquake in 2010. This has caused international humanitarian actors to seriously reconsider the way they work vis-à-vis national systems. There is an honest recognition that international assistance has in some instances demonstrated a slow start-up phase and that it has later lacked the ability to provide far-reaching and deep-reaching assistance to the most vulnerable groups. Hence, not only humanitarian principles are jeopardized but also UNICEFs determination to reach the most vulnerable populations (the equity approach) is at stake. Moreover, climate change is an increasingly powerful driver of natural disasters like the violent weather events that have hit the Caribbean and South East Asia and the slow onset droughts that plague the Horn of Africa. The frequent and sometimes unexpected natural disasters demand a high level of flexibility that international systems sometimes lack but can be provided by national, small and pliable networks for humanitarian assistance (this was the case in the 2011 Pakistan floods where small national agencies quick maneuver more quickly that the UN. And finally, chronic conflict, often exacerbated by severe insecurity and fragility in contexts such as Afghanistan, Colombia Iraq and Somalia, has left humanitarians
with little or no access to populations in need due to security - the capacities on national providers have therefore become crucial. In the 2012 drought in the Horn of Africa UNICEF had to rely on national actors to access most of the areas in South Central Somalia.

Within this shifting landscape, developing capacity for emergency response, preparedness and recovery is acknowledged - by UN agencies, INGOs and national actors - as fundamental to effectively address the increasingly complex humanitarian crises. This is expressed through the: Hyogo Framework for Action, 2 Paris Declaration on Aid Effectiveness, 3 Accra Agenda for Action, 4 and Principles for Good International Engagement in Fragile States and Situations, 5 all of which stress national ownership and capacity development. CD for the CCCs applies mostly to humanitarian action (which covers preparedness and the response phase, including early recovery) but also, as it relates to disaster prevention, and mitigation - hence CD for the CCCs may also occur in development. In this sense, there is a partial overlap with Disaster Risk Reduction, when the latter is undertaken in the context of humanitarian action. CD for the CCCs when undertaken during the response is also key strategy for early recovery and contribute to building sustainable peace. The OECD DAC and UN efforts to enhance interventions in fragile settings, the International Dialogue on Peace-building and State-Building and the SG’s Report on Peace-building in the Immediate Aftermath of Conflict, all recognize the importance of national capacity development for a sustainable peace through institutions that deliver protection, security and services to the population.

How development of national capacities saves lives and realizes the CCCs
In West Bengal, the floods of year 2000 resulted in 1362 casualties and damages to two million houses. The following year, UNICEF led a major capacity development initiative for Community Based Disaster Preparedness (CBDP). The CBDP programme had emerged as a response from the national government, affected communities and humanitarian agencies to avert the type of devastation caused by the 2000 floods.

The capacity development approach was systemic, which means that UNICEF engaged with different actors on multiple levels to develop various—mutually enforcing—capacities. A fundamental strategy of the CBDP programme was to closely collaborate with leaders at community level, public administrators at district level and with government counterparts at national level. The programme was particularly focused on three key flood-preparedness capacities: 1) the capacity to develop and coordinate preparedness plans amongst local, district and national government counterparts; 2) the capacity to maintain an early warning system; and 3) the capacity to manage and implement contingency plans. The CBDP programme adapted these capacities to the community level with a strong focus on the participation of women and children and engaged communities using a participatory learning and action methodology to develop Plans of Action (POA) for Preparedness (e.g. how to access Family and Child Survival Kits, and form special preparedness task forces for various aspects of flood-preparedness).

The data for disasters since 2000 indicate a dramatically reduced loss of lives and assets. A 2007 evaluation referred to the CBDP initiative as a “true life-saving strategy” and found that “across ten villages in three districts...communities reported that the main gains were no deaths or missing persons since inception of CBDP”. Communities on the whole seem to have become more resilient in managing and surviving the initial days of floods. In some areas, the typical post-flood water-borne disease rates dropped dramatically and women and men were able to administer ORS if any episode of diarrhea occurred. Raised tube wells in most areas made safe drinking water available, by boiling or treating with alum and halogen tablets. In addition to the achievement of saving lives, the CBDP programme showed the potential of capacity development to help realize the commitments of the Core Commitments for Children in Humanitarian Action. The success of the project in West Bengal has contributed to the government’s realization—at both state and national level—that CBDP efforts can support and mobilize resilient communities that are well equipped to respond to and quickly recover from a flood. In 2007, a strategic decision was made to extend, replicate and expand the community-based approach in other districts.

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1 OCHA online home page www.ochaonline.org (Accessed August 2009).
5 Principles for Good International Engagement in Fragile States & Situations, OECD, April 2007 (www.oecd.org/fragilestates)
6 External Evaluation, by RedR India, June-August 2007 “UNICEF-led Community based Disaster Preparedness In West Bengal, India”
UNICEF's capacity development mandate, which is drawn from the Medium Term Strategic Plan (MTSP) for 2006-2013, requires all offices to provide “continued support for building national capacities to fulfill children’s rights with increased emphasis on strengthening policy frameworks, service delivery and protection systems and institutions.”7 Also the Framework for Action 2009-2012: Strengthening capacity for Humanitarian Action and Post-Crisis Recovery, and the Core Commitments for Children in Humanitarian Action highlights CD as a main strategy to strengthen humanitarian action.

Yet, Country Offices struggle with various challenges in terms of conducting capacity development that evidently impact on the situation of children and women. While a great number of government and non-government officials are trained, these capacity enhancement initiatives do not necessarily translate into the achievement of the CCC Benchmarks. These challenges were highlighted in 2008 and 2009 through an extensive survey of practitioners and in-depth reviews of existing practice within the organization.8 The lack of a common approach on capacity development in humanitarian situations and the absence of an evidence-based Technical Note seriously limited the impact of country-level CD initiatives. Based on a series of practical experiences - both good practices and repeated mistakes – this Note provides a conceptual approach and a five step Technical Note on capacity development for the CCCs.

Objective and Scope of the Technical Note
This Technical Note is intended to guide UNICEF’s programme officers in supporting national actors to develop their capacity to achieve the specific benchmarks for each strategic result outlined in the CCCs for health, nutrition, education, child protection, WASH and HIV/AIDS.9 The Technical Note is intended as a companion to the CCCs and aims to complement other guidance products associated with the CCCs.

THE APPROACH

CD IN DEVELOPMENT AND CD IN HUMANITARIAN SITUATIONS

Whether Capacity Development occurs within a predominantly developmental or humanitarian context it bears many similarities. In both cases, it is a step by step process involving 5 equally important steps. And in both cases the systemic approach (detailed in page 6) is critical. This Technical Note is consistent with UNICEF’s organizational approach to capacity development and that of UNDG, which applies to development contexts10. However, it seeks to adapt that approach and process in order to focus on developing capacities most critical for achieving the Core Commitments for Children in Humanitarian Action. This means that CD for the CCCs has a slightly different focus in a number of areas listed in the table below.

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8 Primarily UNICEF HQ and CO staff.
9 The CCC commitments and benchmarks are derived from globally accepted performance levels for emergency/humanitarian response drawn from inter-agency standards including Sphere standards, CCCs, p. 14.
10 For more details see http://www.undg.org/index.cfm?P=225
### Table 1 CD in Regular Programming and CD for the CCCs – comparative chart

<table>
<thead>
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<th>Capacity development in regular programming</th>
<th>Capacity development for CCCs</th>
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<tr>
<td><strong>Overall goal</strong></td>
<td>Realization of the Core Commitments for Children in Humanitarian Action and thus saving more lives during emergencies.</td>
</tr>
<tr>
<td><strong>Specific objectives</strong></td>
<td>Sector specific “Strategic Results” in the CCCs, each of which outline clear “commitments” with specific “benchmarks”.</td>
</tr>
<tr>
<td><strong>Primary Focus</strong></td>
<td>Developing capacities for immediate service delivery and protection for vulnerable populations in emergencies (less immediate focus on systems, frameworks and policies).</td>
</tr>
<tr>
<td><strong>Partners</strong></td>
<td>Government actors as well as CSOs, CBOs, and the private sector are equally important. Engaging with NSEs might be necessary.</td>
</tr>
<tr>
<td><strong>Risk analysis</strong></td>
<td>Emergency risk-informed programming is crucial in humanitarian contexts; it is important to weigh the risks of investing in CD as opposed to focusing on direct implementation and in considering when and with whom to partner.</td>
</tr>
<tr>
<td><strong>M &amp; E</strong></td>
<td>Greater weight on immediate outcomes for children and women receiving services and protection. Each CD input should be directly linked to the overall outcome. If medical personnel are trained yet children and women are not receiving treatment, CD cannot be evaluated positively.</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Systemic approach. As a first phase strong focus on individual and organizational capacities that directly affects the outcome as the “enabling environment” is most likely very fragile.</td>
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### CAPACITY DEVELOPMENT FOR THE CCCs

#### Six Guiding Principles

The Guiding Principles in the box are critical for UNICEF’s efforts throughout the capacity development process—from engaging with partners, planning and implementing CD strategies to monitoring and evaluating CD efforts. They apply in both development and humanitarian contexts but entail particular challenges in humanitarian situations. For more detail on Guiding Principles for CD see Annex 1.

#### The Systemic Approach

Evidence and experience strongly indicates that no single capacity development action (such as one-time training or an embedment of a consultant for a short period of time) will lead to solid capacity development. A systemic approach is critical for CD. A systemic approach means that CD actions should be undertaken in...
response to analysis—based on a capacity assessment—that highlights capacity assets and gaps, including root causes. The analysis leads to a CD plan, which identifies multiple capacities to be strengthened at the individual and organizational levels. Capacity outcomes identified in a CD plan should be sustainable, which is only possible through a clearly phased exit strategy. In humanitarian situations UNICEF will most often focus on the individual and organizational capacities with a second phase of CD addressing capacities related to the enabling environment. In other words, systemic CD for the CCCs can be described as follows:

A) CD must be outcome oriented - this means that the focus must be on the x number of civilians accessing and using e.g. services and facilities (for example education, health etc) rather than merely the number of trained or skilled health/education professionals

B) National and international partners must prioritize distinct Benchmarks to be met in a relatively short period of time (one month to two years) and other Benchmarks for long term results. One must start with asking CD for what exactly and by when?

C) National and international partners must conduct a Capacity Assessment for these specific benchmarks, in which existing versus desired capacities are identified (this ensures that we build on existing systems wherever possible and try to avoid parallel structures)

D) National and international partners must develop a Capacity Development Plan that addresses technical capacities on individual level and organizational capacities on institutional level. (Developing only technical capacities such as trained teachers, without supporting the organizational capacities - safe school buildings with textbooks, blackboards etc – will result in a situation where the teachers will not have a venue to apply their capacities. The investment in teachers training is hence lost.

E) Most importantly, national and international partners must identify a clearly phased exit strategy that shows how increased knowledge transfer is coupled with increased national takeover and finally the complete transfer of agreed upon functions

Table 2 Systemic Capacity Development – Individual level, Organizational level and Enabling environment

<table>
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<th>Individual Level</th>
<th>Organizational Level</th>
<th>Enabling Environment</th>
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<tbody>
<tr>
<td>Skills, knowledge and experience</td>
<td>Internal organizational structures, organizational policies and procedures</td>
<td>Laws, national policies and frameworks</td>
</tr>
<tr>
<td>Individual capacity can include technical expertise in a particular sector, e.g. the skills, knowledge and experience of teachers, health workers and other service-providers. It can include management skills of system managers, and decision-makers at sub-national and national levels. Individual capacity can also include the ability and willingness to contribute to plans and their implementation.</td>
<td>The organizational level refers to internal organizational structures (including equipment and supplies), organizational policies and procedures within and among organizations, institutions, communities and sectors.</td>
<td>Enabling environment is the broad national structure within which individuals and organizations function, such as national laws, policies and frameworks.</td>
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Tip: Effective CD addresses communication skills, attitudes and beliefs, awareness and incentives, all of which influence the practices of service-providers, community leaders, and policy-makers.

Tip: If individual capacities are strengthened but the organizational capacities ignored, then there is no venue for application of the individual capacities and the entire capacity development initiative will be at stake.

Tip: If it is not feasible for UNICEF to undertake broader CD work at the enabling environment level, it may be useful to explore strategic partnerships with organizations that have expertise in this area such as the WB and UNDP (see page 11 on strategic partnerships).

The crucial importance of multi-level capacity development – case study: In the education sector, CD initiatives in humanitarian situations have often focused on the individual level, thus investing a lot in teacher training to develop individual teacher capacities. However, the trained teachers may not be able to effectively apply their training and remain in schools if the training is not complemented by actions at the organizational level (including appropriate equipment, texts and supplies in the classroom; adequate remuneration and incentives; monitoring and performance management) and at the enabling environment level (including supportive policies and legislation). A singular focus on training teachers is not enough to strengthen the capacity of the system. Education authorities must have the complementary capacity to plan, budget and manage education programmes (organizational capacity) and national policies and legislation to support and fund those programmes (enabling environment).
What capacities are critical for the achievement of the CCCs?

Many areas are important for capacity development. But as CD processes in fragile contexts need to be focused and based on a distilled process, this Technical Note offers a lighter process which is more realistic for humanitarian situations. Based on the organizational CD priorities and analysis from case studies as well as consultations with humanitarian practitioners four specific capacities are critical for any capacity development process relevant for the CCCs.

1. Capacity to plan, budget, manage and deliver services and supplies
2. Capacity to coordinate stakeholders
3. Capacity for evidence-based decision and policy making
4. Capacity to monitor and evaluate\(^2\)

Whose capacity is most critical to the achievement of the CCCs?

**Duty Bearers**

**Government actors** (central and local) are given CD partners due to their duty to support and protect children and women during an emergency. However, it is essential to be mindful of humanitarian principles, particularly neutrality, when considering engagement with government counterparts.

**NGOs, CSOs and CBOs at the national, sub-national and local levels** are key players for emergency preparedness and response. In situations in which the government is engaged in the conflict or lacks control over territories, NGOs and CSOs may fulfill an even more significant role. NGOs and CSOs may be able to access areas and groups not accessible to government actors and can serve as a bridge linking government actors with CBOs, which are essential for developing capacity at the community level. CBOs may facilitate links between remote communities and local services; represent people with particular needs and help identify vulnerable populations. When considering CD with an NGO, CSO and CBO partner, it is essential to consider neutrality concerns particularly in conflict settings. Engagement with the military should be guided by the Inter-Agency Civil-Military Guidelines.

Engagement with **Non State Entities (NSEs)**\(^3\) may be necessary to develop capacity to realize CCCs. As government or military actors such engagement will likely be politically charged and it is important to consider risks around neutrality considerations and compliance with humanitarian principles.

Engagement with NSEs does not imply political recognition of the NSE. Specific guidance on engagement with NSEs are being developed and will be found on the UNICEF emergencies portal by mid-2011\(^4\).

**Rights Holders**

**Communities, Families and children** are key stakeholders. UNICEF is unlikely to partner directly with families and children but may be represented through service providers (e.g. schools and health clinics) or CBOs. Yet, families and children must always be key actors in a) communicating availability of and gaining access to supplies, services and other life-saving intervention b) end-user monitoring of services and c) the design of improved service. Vulnerable populations such as children or women with HIV/AIDS,

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\(^1\) See Annex 2 for more details on these four capacity areas and examples of different capacity aspects.

\(^2\) NSE refers to organized entities which control territory, and which may provide services or protection to people living in that territory, but are not internationally recognized as states. They are usually associated with non state armed groups, which may or may not be separate from political components. They may or may not be in open conflict with the recognized state within which they operate.

\(^4\) http://www.intranet.unicef.org/CoP/EMOPSHGNE/CommunityContent.nsf
minorities, orphans and children with special needs should also be engaged or represented in the process as feasible—participatory, human rights-based, gender-equal and inclusive approaches are hence critical.

**Particular challenges of CD in Humanitarian Action**

There are a number of critical (and recurrent) challenges to undertaking capacity development in fragile or humanitarian contexts. While not an exhaustive list, the three issues below can have a potentially negative impact on the CD process if not carefully taken into consideration by humanitarian staff.

**The principle of neutrality** needs to be carefully considered when forming CD partnerships, especially with governments and other national partners in complex emergencies. This means that UNICEF commits itself to not take sides in hostilities or in controversies based on political, racial, religious or ideological identity.

**Potential weaknesses in government structures** can impact CD partnerships. While governments are often key partners in CD for development, they may not always be the only appropriate CD partners in complex emergencies as they might have diminished human resources in emergency affected areas, may lack full control over territories or may be part in human right violations. Therefore, capacity may need to be strengthened among new or additional partners including CSOs and CBOs and the private sector. Engagement with Non-State Entities (NSEs) around capacity for humanitarian action may be necessary.

**The principle of Do No Harm** should guide CD efforts in humanitarian contexts. Existing national coordination structures are overwhelmed by the influx of international NGOs and the urgency to save lives. It is therefore of crucial importance to—as much as possible—work through national partners and develop their capacities at all times. If not, there is always a risk of undermining existing capacity by circumventing or bypassing national structures—hence breaking the principle of “do no harm”.

**Entry Points for Capacity Development for the CCCs**

**Preparedness**

Pre-emergency capacity development efforts focused on preparedness should be aligned with development efforts and integrated with broader country or UN-led development or emergency planning processes. Capacity assessments and analysis should be undertaken within the scope of broader needs or baseline assessments and planning exercises, and can be linked to contingency planning (which usually only considers the preparedness capacities of international organizations). Developing capacity for preparing for the next emergency is closely linked to Disaster Risk Reduction. DRR aims at minimizing vulnerabilities and disaster risks of children and women throughout a society in order to avoid (prevent) or to limit (mitigate and prepare for) the adverse impacts of a natural hazard or complex emergency, and facilitate sustainable development. DRR applies equally to humanitarian and development programmes.

**CD during humanitarian response**

In the midst of a humanitarian response the recommended *systemic approach* to CD is difficult to maintain due to extreme time pressures and the focus on life saving interventions. In this critical phase CD is mostly about harnessing capacities that have been developed prior to the emergency (for preparedness, mitigation and prevention), and to ensure the principle of “do no harm” by avoiding parallel international humanitarian systems that marginalize national ones. To quickly identify effective national systems and enhancing those or working through them is far better than establishing new systems that rely completely on international competence – that may take time to work itself through the context-specific humanitarian conditions. On the job-training and embedding international staff within national, local and community based organisations will enhance humanitarian action more than extracting qualified national staff and insert them into mainly international structures that lack grass root structures that support far reaching humanitarian access and assistance. It is however critical that all CD initiatives are *outcome oriented*, which means that the focus is on the x number of civilians accessing and using *e.g. services and facilities* rather than merely the number of trained or skilled health/education professionals. Yet, during the phase of response to a humanitarian crisis, it is still important for practitioners to proactively consider systemic capacity development and start planning for it as early as
possible because this will strengthen the early recovery approach and facilitate longer term recovery\textsuperscript{15}. In any given situation CD should not be conducted if it disrupts life-saving interventions.

**CD ACTIONS THAT SUPPORT EFFECTIVE AND SUSTAINABLE CAPACITY DEVELOPMENT**

Certain CD actions have repeatedly proven to be of limited success while others – that support systemic capacity development - are achieving a greater impact on the development of national capacities and more importantly on the situation of children and women.

Table 3: Systemic Capacity Development – Successful versus unsuccessful strategies

<table>
<thead>
<tr>
<th>Instead of doing below</th>
<th>Opt for actions that support systemic capacity development</th>
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<tr>
<td><strong>Focusing only on technical capacities on individual level</strong></td>
<td><strong>Investing in technical capacities on individual level and institutional capacities simultaneously</strong></td>
</tr>
<tr>
<td>How: Conducting only technical training on individual level, e.g. teachers-training for teachers or nutrition-training for health care professionals.</td>
<td>How: Improving technical capacities on individual level through technical training and at the same time ensure institutional capacities that ensure that the technical capacities can be applied successfully. Institutional capacities range from ensuring the provision of sufficient supplies to supporting effective management systems including effective coordination, transparency and accountability.</td>
</tr>
<tr>
<td>Example: In country A, UNICEF conducted teachers’ training for 300 teachers in three districts. Still, the children did not receive adequate education due to lack of school supplies.</td>
<td>Example: In Country B, UNICEF conducted training for 200 teachers in two districts and used the remaining CD funds to ensure that sufficient text books, note books and pencils were provided in time (through parallel work in the area of supply and logistics).</td>
</tr>
<tr>
<td><strong>Weakening national management and coordination by overwhelming it with international structures</strong></td>
<td><strong>Strengthening the national humanitarian structure by integrating international systems with national ones</strong></td>
</tr>
<tr>
<td>How: In the absence on national humanitarian capacities international agencies tend to fill the assistance and service-delivery gap by employing a large number of international professionals to perform essential humanitarian functions – usually as a mean to “save time” and ensure efficiency. Yet most humanitarian situations are protracted and slow onset emergencies, which means that international agencies usually have months and years to conduct CD.</td>
<td>How: In this critical phase of response capacity development is mostly about harnessing capacities that have been developed prior to the emergency (for preparedness, mitigation and prevention), and to ensure the principle of “do no harm” by avoiding parallel international humanitarian systems that marginalize national ones. It is important to quickly identify effective national systems and enhancing those or working through them rather than establishing new systems that rely completely on international competence. On the job-training and embedding international staff within national, local and community based organisations will enhance humanitarian action more than extracting qualified national staff and insert them into mainly international structures that lack grass root structures that support far reaching humanitarian access and assistance.</td>
</tr>
<tr>
<td>Example: In country A, UNICEF delivered humanitarian supplies with little involvement of district authorities. Several humanitarian agencies did the same hence depleting national humanitarian capacities (capacitated national staff left their functions to join the UN large NGOs).</td>
<td>Example: In Country B, UNICEF supported district authorities to particularly strengthen its coordination capacities. UNICEF had one international and several national staff on each level of the national system, i.e. one international staff in the districts office and one on national level. The international staff worked in teams within the national systems to ensure speedy service delivery. The teams in the districts office were particularly responsible of coordination to make sure the different humanitarian agencies’ supply a) complemented each other and b) were useful to the end users. Capacity development was tailored to each level’s main functions.</td>
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\textsuperscript{15} For more information on the early recovery approach please see Programme actions for early recovery within the CCCs, “Facilitating Smoother Early Recovery: a Technical Note for UNICEF Staff” and Cluster Working Group on Early Recovery (CGWER) Guidance Note on Early Recovery, April 2008.
**Conducting ad hoc and one-time training on generic issues**

**How:** Conducting ad hoc and one-time training with little follow up or provision of serious platforms for application of the newly acquired training.

**Example:** In country A, UNICEF sent 20 ministry officials to a one time training in a neighboring country. There were no follow up and one year later the officials said they hardly applied their newly acquired knowledge.

**Un-proportional focus on Government Capacities**

**How:** Focusing on developing government capacities with less attention to the capacities of CBOs and CSOs. In 2009 most UNICEF humanitarian COs identified Government counterparts as their main partner for CD, yet in many humanitarian countries up to 80% of service delivery is by NGOs and CBOs.

**Example:** In country A, UNICEF staff UNICEF invested heavily in developing capacities of government counterparts through training and provision of cars, computers and office equipment for the Ministry of Health. It is unclear how that investment has affected the speed and quality of service delivery for health.

**Un-proportional focus on measuring outputs of capacity development programmes**

**How:** Measuring CD outputs such as x number of trained government counterparts or x number of work shops conducted.

**Example:** In country A, UNICEF conducted training of 300 social workers and paid the salary for an

**Ensuring regular on the job training for directly relevant capacities that are useful and can be applicable in their day to day work**

**How:** Regular on-the-job training on technical issues that are directly relevant and can be applied in the day to day work to improve service delivery or other areas. These “directly relevant” capacities can only be identified through a Capacity Assessment (in which existing versus desired capacities are assessed for each specific CCC Benchmark).

**Example:** In country B, UNICEF assessed the capacities of the health sector on national, district and community levels. Three key people from each level were enrolled in a one year on-the-job training on capacities that were assessed as crucial for a functioning health system and that were complementary on the three levels. Remaining CD funds were used for supply to health units on community level and on management coordination and information sharing tools (computers and faxes) on district and national levels.

**Equal investment in government and non-government capacities**

**How:** In humanitarian contexts, and particularly in complex emergencies, governments may lack full control over territories, have diminished human resources in emergency affected areas, or be human rights violators. Studies and field practitioners emphasize the importance of considering all potential CD partners in light of their understanding and adherence to humanitarian principles. Capacity development for the CCCs may therefore include government actors as partners, but often needs to look also to civil society organizations (CSOs), community based organizations (CBOs) the private sector. Engaging with NSEs might be necessary.

**Example:** In country B, UNICEF assessed that 70% of WASH services are delivered by NGOs, and CBOs. UNICEF then used 30% of its CD funds targeted to Ministry of Water and 70% of CD efforts targeted the NGOs who deliver services such as digging and maintaining of wells.

**Ensuring that outcomes are measured**

**How:** Focus on the CD outcomes; in a programme for Orphans and Vulnerable Children (OVCs) the progress was measured against the Outcomes i.e. the number of children without primary caregivers who benefited from the developed national capacities).
additional 50 social workers in the area of children without primary caregivers. At the end of the year the Country Office reported only on outputs i.e. 300 social workers trained and 50 social workers salary paid, with little attention to how the investments on the 350 social workers have in reality affected the situation of children without primary caregivers. Also, no attention was given to the sustainability of the 50 additional social workers after the humanitarian funding has diminished.

Example: In country B, UNICEF chose to train 100 social workers through on the job training and working with them to ensure they have all other components need to ensure the protection and care for children without primary caregivers (e.g. registration form, tracing task forces, psychosocial workers etc). At the end of the year they reported on outcome i.e. 175 children without primary care givers were identified, of which 65 were reunited with parents, 13 were taken care of through community based support and 7 were placed in institutional care with regular monitoring by social workers.

THE TECHNICAL NOTE

INTEGRATING CAPACITY DEVELOPMENT FOR THE CCCs INTO COUNTRY PROGRAMME PLANNING

Capacity development is one of five key programming principles of the UNDAF and as such is a priority in the UNCTs’ UNDAFs. The five step capacity development process illustrated in pages 14 – 20 should ideally be integrated in the UNDAF process, which usually is stretched over a period of several months and provides a great opportunity for systemic work on capacity development. However, the UNDAF process takes place only once every 4-5 years and there may be windows of opportunity for capacity development for humanitarian action in between those planning exercises. This section suggests the Situation Analysis (SITAN) as the most suitable entry point for capacity development for the CCCs. If the SITAN does not address CD then the Vulnerability and Capacity Analysis can provide general indications on capacity development aspects with a focus on community participation. If the VCA does not adequately address CD then the CD process can be initiated as a stand-alone process.

Situation Analysis
The SITAN is the ideal entry point for highlighting CD areas that should be addressed to realize the CCCs. The SITAN can provide a generic picture of the country situation including weakness and strength in the 4 capacity areas that are most important for the CCCs (explained in page 7). However it is then of crucial importance to immediately follow up with a Capacity Assessment, which assesses desired capacities and existing capacities. Only with a proper Capacity Assessment can a CD Plan be developed, with targeted CD actions. And only with a CD Plan can the developed capacities be monitored – in terms of capacity outputs and more importantly in terms of programmatic outcomes.

Vulnerability and Capacity Analysis (VCA)
A VCA can be part of the Common Humanitarian Action Plan (CHAP) or conducted as stand-alone exercise. Its objective is “to identify together with governments strategies to strengthen the ability of vulnerable populations to cope with possible natural or complex emergencies and to help develop national or local contingency preparedness plans to facilitate a rapid response by government including local authorities and the UNICEF office in case of an emergency – keeping in mind the CCCs”. The VCA demands a participatory approach and capacities are hence primarily assessed by the communities.

16 The Policy, Programme and Procedure Manual p.50
Stand-alone capacity development process

The CD process can be initiated as a stand-alone process and may be initiated at different points of the planning or programming cycle or independently within a specific sector. If there has not been any focus on CD prior to a sudden onset disaster, a quick and very light version of the process focused on immediate service delivery can be conducted only a couple of days after a disaster to determine critical capacities needed to make service delivery more efficient. A more substantial version can be done as part of or following the PDNA or PCNA.

STRATEGIC INTERNATIONAL PARTNERS

There are numerous partners on capacity development whose work is complementary to UNICEF’s niche and with whom collaboration and partnerships are particularly useful. From a long list of CD partners the World Bank, UNDP and IFRC have been singled out for a brief analysis due to two facts. Firstly, the three organizations explicitly focus on capacity development as a key strategy to realize their respective results. Secondly, the three organizations cover UNICEF’s sector specific areas (health, education, child protection and WASH), but have clear comparative advantages in terms of CD levels (national, local and community). Despite the fact that the three organizations all work on national, local and community level, they tend to focus and therefore be particularly strong on somewhat different levels: the World Bank on nation-state level, the UNDP on local governance and the IFRC on community level. In 2010, UNICEF initiated a dialogue with UNDP, the World Bank and the IFRC to identify concrete areas for CD collaboration, based on respective niche, expertise and experience. UNICEF’s collaboration with the three organizations can take many forms depending on country and programme context and can be focused on different levels. The section below is a brief presentation on the three organizations’ most recent thinking in terms of conceptual focus in the area of national CD.

The World Bank

The World Bank estimates that about 600 million people live in countries affected by fragility and conflict. Poverty rates in these countries average 54%, in contrast to 22% for low-income countries as a whole, and in general these countries face particularly severe development challenges such as weak institutional capacity and poor governance. In such situations, building an effective state is naturally both urgent and difficult. The focus for the Word Bank is to support the creation and maintenance of a state that is able and willing to mobilize resources, exercise political power, control its territory, manage the economy, implement policy, and promote human welfare in an inclusive manner. This state focused capacity development aims to contribute to successful transitions, sustained peace and state-building processes.

Due to the rigorous analytical frameworks of the WB, UNICEF can greatly benefit from country analysis related to existing government and economic structures and government capacities on state level. The WB analysis attempt to explore not only the various dysfunctional links in Governments structures but more importantly the root causes of those. These country-studies can support UNICEF’s Capacity Development Assessment in which the analysis of “root causes” of the failure to achieve the CCCS are of great importance, yet often neglected.

Also, much of the World Bank’s work on governance focuses on identifying and diagnosing specific governance problems and developing sound measures to address these problems, with a strong focus on state structures i.e. the enabling environment. The country-studies can therefore be of great importance when UNICEF conducts its own Capacity Needs Assessments for the CCCs, in which the focus is most often individual and organizational capacities.

Programmatic collaboration in Capacity Development for Service Delivery is also an interesting option in terms of partnership with the World Bank. The WB niche in CD for service delivery in fragile and conflict-
affected settings focuses on several capacity aspects of which three are particularly important to UNICEF and complementary to its work:

A) Capacity for budget management,
B) Capacity for procurement and
C) Capacity for effective public-private partnerships toward enhanced service delivery.

These are usually not the main focus of UNICEFs work on CD for the CCCs and can therefore be fruitful in terms of programmatic collaboration. Points A and B will be of particular importance when UNICEF conducts its own “cost analysis” within the framework of the Capacity Needs Assessment.

The United Nations Development Programme
The UNDP recognizes that Sub-national institutions constitute one of the most important avenues for poor people, women and minorities to participate in the development of their communities and influence the decision-making processes that are directly relevant to their lives. Important opportunities for these (often marginalized) groups in the development of their communities are to be found in local and regional institutions of governance. UNDP therefore focuses its work on local governance to strengthen the inclusiveness and accountability of sub-national governments, ensuring that they have the capacity to manage the opportunities and responsibilities created by decentralization and devolution. Because most basic services for citizens are provided by local governments it can particularly useful to partner with UNDP around the objective of building local governance capacities for improved service delivery. UNDPs work is focused on capacity development to improve the ability of local governments to:

A) Improve local governments capacities for improved administration,
B) Improved local government capacities to raise revenue and
C) Improved local government capacities to deliver high-quality services, through strengthened local structures.

Focus on local governance can have several positive spin-off effects as a stronger local government can promote peace and reconciliation at the local level. It can build consensus through dialogue, promote trust, and integrate conflict prevention into programmes and services.

The International Federation of the Red Cross and Red Crescent Societies (IFRC)
The IFRC’s work focuses on four core areas: promoting humanitarian values, disaster response, disaster preparedness, and health and community care. The IFRCs’ capacity development focus is on building the capacities of its 186 National Societies – which is one of the Federation’s fundamental tasks.

The Federation works through both its Secretariat in Geneva and its country and regional delegations to provide this capacity building support. Promoting opportunities for National Society staff and volunteers to cooperate and learn from each other is vitally important for capacity development of communities. This can include regional meetings for development of particular skills and/or establishment of networks for knowledge transfer in specific areas. A set of indicators has been produced which helps National Societies to plan and measure their progress in capacity building. These “customized assessment and performance indicators” list 120 checkpoints towards achieving the defined characteristics of a well-functioning National Society. While working through its volunteers to improve health and care for the most vulnerable, a major part of the work of IFRC is to prevent, mitigate, prepare and respond to disasters. Through small scale structural and non-structural mitigation projects (drainage, school work, hazard mapping, livelihoods etc) as well as through strengthening its volunteer network and enhancing national and local capacity it strives to increase community resilience.

In terms of the CCCs, partnership with the IFRC is particularly useful for building national and local capacities for preparedness and response; opportunities, however, also exist to prevent and mitigate risk.
STEP BY STEP GUIDANCE

The process below is not intended to be prescriptive, but rather a menu of suggested steps and tools for an outcome oriented national capacity development process.

Preparation: Identify CD opportunities and assess risk

As an initial preparation step, identify critical gaps in terms of CCC strategic results and benchmarks for children together with key sector partners including: national counterparts (government and non-governmental actors), cluster and UNCT colleagues and other key sector actors. Look for opportunities to link the CD process with broader assessments, planning processes or related preparedness and response/early recovery initiatives as noted above. In most cases UNICEF staff know their partners very well due to years of collaboration, however if new to a country and exposed to new partners it might be useful to conduct a risk analysis early on in the process of deciding to go forward with CD for CCCs (see risk analysis exercise in Annex 3). Assess the risk of initiating a CD process with particular attention to timing, identifying appropriate partners and how CD may impact overall emergency response efforts in the short, medium and long term. In the few cases where government priorities are significantly different from or even clash with the CCCs, UNICEF might need to focus on advocacy or look for other partners. If there is a significant risk that a more formal CD process would undermine implementation of critical services for children look for ways to support existing capacity using Early Recovery approaches or as a minimum ensure the principle of “do no harm”.

Step 1 Engage partners and plan CD process

| What needs to be achieved | ✓ Stakeholders engaged and CD process planned |

1.1 Mobilize stakeholders and agree on CD objectives and process

*Lessons from Evidence:* Evidence show that the CD process is clearly facilitated if there is a specific *working group or task force, which takes the lead and responsibility* of the CD process and coordinates key stakeholders/partners and activities. Ideally a national partner should lead the process or take an active leadership role. If partners new to UNICEF are to be involved it can be useful to conduct a broad stakeholder mapping to determine who should be consulted and/or involved during the CD process, in what capacity, and to what extent. If needed a stakeholder mapping (Annex 3) and risk analysis (Annex 2) can be conducted.

1.2 For each Strategic Result identify the specific CCC Commitments and Benchmarks to be addressed and the needed capacity areas to reach the Benchmarks.

*Lessons from Evidence:* Most case studies show that unless there is a clear and tangible *objective* for the national capacity development process, it will be very difficult to realize the desired outcome for children and women. It is also useful to focus on commitments that are linked to other child rights issues and hence if addressed can lead to a positive multiplier effect. Refer to the CCCs for the sector specific Strategic Result of which a small number of Benchmarks will be prioritized.
Table 4: Sample – Benchmark Prioritization

| Strategic result for Child Protection: Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities | Benchmark 2: Children and women have access to at least 7.5 – 15 litres each of clean water per day |

1.3 Prioritize amongst capacities

*Lessons from Evidence:* Systemic capacity development can be resource consuming. The most successful cases have focused on a time bound prioritization process in which a smaller number of capacities are addressed thoroughly (rather than addressing a bigger number superficially). After identifying the key capacity aspects needed to achieve desired Benchmarks, prioritize these based on impact and feasibility. In a humanitarian context CD efforts could prioritize immediate service delivery and critical protection mechanisms. At a later stage, when the context is more stable the focus can shift to CD efforts related to revising national policies and legal frameworks. If needed see prioritization matrix in Annex 4.

**Step 2 Assess Capacities**

| What needs to be achieved | ✔️ Capacity assessment conducted |

2.1 Design and plan for the assessment

*Lessons from Evidence:* Repeated evidence shows that it is of critical importance to clearly determine the CD process. Therefore, is useful to – in an initial phase – determine the following aspects:

- **Who** will conduct the assessment and who will contribute to it and/or be interviewed/assessed? The assessment team should include (and preferably be led by) national counterparts, and work in collaboration with those responsible for quality assurance (e.g. a technical reference group), the primary client and other stakeholders. It is important to get a variety of perspectives and include a range of stakeholders among those who will be assessed.

- **What** capacities will be assessed? This is where existing versus desired capacities are assessed including root causes for lacking/existing capacities.

- **When** to do the assessment and its duration? Will this be a 1-2 days of consultations or a series of meetings over a longer period of time?

- **Where** to conduct the assessment? Will this be consultations in the capital or more extensive district or community level consultations in the field?

- **How** to collect information? Will this be joint consultations, in-person meetings, individual phone interviews, questionnaires or focus groups, or a combination of methods?

2.2 Tailor the Capacity Assessment Matrix and conduct the Capacity Assessment

*Lessons from Evidence:* In humanitarian action it is particularly important to tailor the Capacity Assessment in a way that makes is clear, light and endorsed by national actors. The Capacity Assessment below provides a good Matrix for Capacity Assessment in humanitarian situations.
Table 4: Sample – Capacity Assessment

<table>
<thead>
<tr>
<th>DESIRED CAPACITIES</th>
<th>EXISTING CAPACITIES</th>
<th>ROOT CAUSES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment 2</strong>: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.</td>
<td><strong>Benchmark 2</strong>: Children and women have access to at least 7.5 – 15 litres each of clean water per day</td>
<td></td>
</tr>
</tbody>
</table>

Analyze the root causes of identified capacity gaps—move beyond what is missing, and focus on understanding why it is lacking. In the sample table a + indicates a strength while the – indicates a weakness. A problem tree or cause and effect analysis can be a useful way to collaboratively determine root causes of capacity gaps and assets. (see Annex 5 for Root Cause Analysis Tool).

2.2 Analyze the capacity assessment – summarize and interpret results

*Lessons from Evidence*: Once the assessment has been completed, it has repeatedly been proven that it is useful for the assessment team to summarize and interpret results for stakeholder review, discussion and consensus. The results of the assessment should be communicated to all stakeholders to verify findings, capture additional information and feedback, and ensure trust and the credibility of the exercise. Many capacity assessment include language which is vague or unclear. It is the responsibility of the assessment team to distill the text to a concrete, clear and concise table.

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Step 3 Develop CD Plan

What needs to be achieved | ✔ Capacity development action plan developed

3.1 Define the CD actions

*Lessons from Evidence:* Various evidence show that CD actions are most fruitful when they:

- Are designed to address a very specific and tangible Benchmark
- Capitalize on existing capacities (in terms of assets, structures and institutions)
- Include a monitoring component, which is operationalized from the start
- Address concrete gaps (that hamper specific programme achievements)
- Include complementary approaches and inputs that are prioritized as per costs and benefits;
- Combine actions from more than one CD approach or strategy and address individual and organizational capacities at the same time
- Combine short- to medium-term initiatives (one year or longer) with a specific focus on quick-impact activities (less than one year)
- Include a clearly phased exit strategy;

See page 9 for more information on “Systemic Capacity Development – Successful versus unsuccessful strategies”.

3.2 Cost capacity actions

*Lessons from Evidence:* Once CD actions are determined, conducting a costing exercise for the range of capacity options and actions is an important tool to explore the extent of funding required to implement the CD plan. Costing short-term CD actions is likely to be a straightforward exercise of budgeting the necessary inputs, such as consultancy days, skill-building and support costs. However, for longer-term CD actions involving attitudinal change or complicated institutional reforms, the costing exercise may not be so straightforward. In such situations where costs cannot be accurately projected or measured, limit the costing exercise to actual costing of inputs in order to avoid issues of legitimacy. If the exercise reveals insufficient funds to support the proposed capacity development actions, alternative solutions are needed. These can include leveraging other programmes and resources or further prioritizing the actions. Since priority setting is inherently political, this process should be managed carefully and transparently, with the involvement of all relevant stakeholders.

3.3 Define tangible indicators for output and outcome

*Lessons from Evidence:* Define measurable and distinct monitoring indicators for each capacity development action, focusing on outputs and outcomes, to the extent possible. The summary and analysis of results from the capacity assessment provides a baseline against which to measure progress towards the indicators. Regular monitoring is important as it can immediately address implementations problems. Because while an evaluation answers the question “how did we do?” the monitoring answers “how are we doing”? by:

- Highlighting what is working with partners
- Identifying problem areas and why they are not working as planned
- Soliciting continuous feedback from participants and their communities
- Providing information to “fix” the problems during (not after) implementation

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Table 6: Sample Capacity Development Plan

**Strategic result for Child Protection:** Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities

**Commitment 2:** Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

**Benchmark 2:** Children and women have access to at least 7.5 – 15 litres each of clean water per day

<table>
<thead>
<tr>
<th>Desired Capacity</th>
<th>CD Actions</th>
<th>Exit Strategy: for sustained progress</th>
<th>How and who Responsibility</th>
<th>Time frame by when?</th>
<th>Resources needed funds and available funds</th>
<th>Output Indicators</th>
<th>Outcome Indicator</th>
</tr>
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<tbody>
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<td>3.</td>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

**Step 4 Implement CD Plan**

- **What needs to be achieved**: CD action plan implemented

4.1 Manage and adapt implementation

*Lessons from Evidence:* It is evident that there is a great value in managing implementation through national systems and processes to support sustainability. It is also critical to engage regularly with stakeholders throughout the implementation process – in order to share and discuss progress (based on output and outcome indicators). Ongoing cluster coordination should also feed into this process, with a two-way flow of information. All case studies show that using the monitoring indicators to adapt and

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adjust implementation greatly improves the quality of implementation. The process of monitoring progress during the implementation phase should allow for refinements to the CD plan and potentially the design of new initiatives to address evolving needs. Therefore, it is advised to review the implementation plan regularly to take account of changing circumstances, progress made, new opportunities and challenges.

4.2 Incorporate CD into agency and sector plans

*Lessons from Evidence:* Following the agreement on a CD Plan, which is supported by national partners, NGOs and international organizations it is important to immediately reinforce the plan by reintegrating it into country programmes and projects, emphasizing organization-wide accountability as well as keeping the collective development impact. For UNICEF, it is important to incorporate the identified capacity development responses into UNICEF’s programme documents, primarily the Annual Work Plan.

**Step 5 Monitor and Evaluate CD efforts**

| What needs to be achieved | ✔ Monitoring of output and evaluation of outcome conducted |

5.1 Monitoring

*Lessons from Evidence:*

- All case studies show that it is critical to establish monitoring indicators (for *output* and *outcome*) and monitoring mechanisms before beginning the implementation phase of the CD plan.
- It is fruitful to use the capacity assessment and initial data compilation as a baseline of current capacity.
- Align CD monitoring with mainstream M&E processes such as those integral to national development strategies and sector plans where possible and relevant. A common monitoring and reporting system helps avoid fragmentation of efforts and places responsibility in the hands of national stakeholders.\(^{20}\)
- Monitoring has been particularly feasible when kept simple. Overly formal M&E systems may impede capacity development given the time and resources required to operate them.\(^{21}\) Work with partners focus on a few priority indicators and agree on time frame and method for monitoring.

5.2 Evaluation

*Lesson from Evidence:* Plan to evaluate the CD initiative at the appropriate points in the programme or project cycle. Develop an evaluation framework that links the CD plan (objectives and indicators) with measurable outputs and outcomes. Include stakeholders in designing and conducting the evaluation. In evaluating CD for the CCCs put the greatest weight on immediate outcomes—children and women receiving services and protection. Each CD action/input should be directly linked to the outcome. If medical personnel are trained yet children and women are not receiving treatment, CD cannot be evaluated positively.

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ANNEX 1: GUIDING PRINCIPLES FOR CAPACITY DEVELOPMENT FOR THE CCCs

GUIDING PRINCIPLE 1: INCORPORATING A HUMAN RIGHTS APPROACH INTO CD FOR CCCS

UNICEF is committed in all humanitarian action to further the realization of human rights through the framework of the human rights based approach to programming (HRBAP).22 This approach identifies rights holders and their entitlements as well as corresponding duty bearers and their obligations. The approach aims to strengthen the capacities of rights holders to make their claims and of duty bearers to meet their obligations. It focuses on the realization of the rights of excluded and marginalized populations and those whose rights are at risk of being violated. The CCCs put children and women at the center of humanitarian action as active participants rather than recipients of assistance and CD for CCCs reinforces their capacity to claim their rights.

A human rights based approach reinforces the importance of analysis to understand disparities and identify who are the most vulnerable and whose rights are being violated. “Analysis from a rights perspective should lead to an understanding of the mix of causes that together prevent some children from enjoying their rights. Data should be disaggregated by sex, geographic origin, age and ethnicity in order to expose disparities, which are too often concealed by averages.”23 This indicates evidence-based decision and policy-making and evidence based advocacy and rights claims as important capacities to be developed.

GUIDING PRINCIPLE 2: INCORPORATING “BEST INTERESTS OF THE CHILD” INTO CD FOR CCCS

The CRC identifies the “Best Interests of the Child” as a one of four foundation principles that underpin all other articles. This principle is to be “a primary consideration in all actions regarding children.” This is important for the following reasons:

- It supports a child-centered approach.
- It serves as a mediating principle and can help to resolve confusion between different rights
- It provides a basis for evaluating the laws and practices—including those relevant for emergency preparedness and response—of States Parties with regard to the protection provided to children.

UNICEF and others have invoked the “best interests” principle to argue that basic services for children and women must be protected at all times, including during wars or other periods of disruption.24 “The best interests of the child” should guide the decision to engage in the CD for CCCs process.

GUIDING PRINCIPLE 3: CULTIVATING NATIONAL OWNERSHIP

Capacity development and its ownership are not power neutral. Capacity development must be owned—wanted and managed—by those who develop their own capacity.25 External partners cannot design and implement CD, however, they can support CD processes or help create the right external incentives for CD processes.26 Capacity development for CCCs entails ownership by actors with the potential and desire to contribute to realization of the CCCs.

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Conflict and complex emergencies present fundamental tensions: How to support ownership and develop national capacity for roles envisioned under humanitarian principles to be carried out by a neutral, impartial external actor? How to work with government actors when the government is a rights violator? In such cases, CSO actors may take primary ownership of the CD process or efforts may focus on how not to further erode capacity.

GUIDING PRINCIPLE 4: BUILDING EQUITABLE AND EFFECTIVE PARTNERSHIPS

Equitable partnerships between UNICEF and national actors are at the heart of effective CD processes. They depend on two-way communication, mutual learning and accountability of all partners. UNICEF staff need to acknowledge CD partners as genuine partners operating at eye level in pursuit of common goals rather than as mere contractors or implementing agents. The Global Partnership Framework incorporates the principles of humanitarian partnership and outline guidelines for partnerships between UN and non-UN humanitarian organizations that are based on principles of equity and collaboration and can be used guide this process.

The starting point for CD partnerships is agreement on the results for children that should be realized and the need for capacity development to achieve them. Partnerships should be premised on clear mutual understanding of the objectives of the partnership and the steps planned to achieve those objectives. This includes clarity on what programmatic, administrative and financial actions are required by UNICEF and the partners. Some capacity development support may entail three or four party agreements with national actors and the roles, responsibilities and accountabilities of each actor should be spelled out clarity from the outset and revised as needed. It is important that capacity assessment address capacities related to programme implementation and service delivery, but also organizational development needed to ensure that the partner has the capacity to partner effectively with UNICEF and other international or national organizations. This includes financial controls, and administrative structures as well as actual programme capacity.

Building structured two-way monitoring into CD partnership agreements is important and this should include two-way discussion on the administrative requirements, funding, and accountabilities, as well as the nature of capacity development support, steps forward in capacity development and programmatic results.

GUIDING PRINCIPLE 5: SUPPORTING CD WITHOUT COMPROMISING HUMANITARIAN PRINCIPLES

In considering potential CD partnerships it is important to consider whether national actors are committed to humanitarian principles and able to provide assistance in line with them. Building an understanding of humanitarian principles may be an aspect of CD. Adherence to humanitarian principles should be incorporated into risk analysis related to CD for CCC initiatives. Due to concerns about neutrality and impartiality, some actors and situations are not appropriate for CD. Incorporating humanitarian principles into CD efforts involves two aspects:

1. External organizations engage in CD in a manner that is in line with humanitarian principles and doesn’t compromise their integrity.

<table>
<thead>
<tr>
<th>UNICEF humanitarian principles</th>
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<tbody>
<tr>
<td><strong>Humanity</strong>: all boys and girls, women and men of every age shall be treated humanly in all circumstances by saving lives and alleviating suffering, while ensuring respect for the individual.</td>
</tr>
<tr>
<td><strong>Impartiality</strong>: assistance is delivered to all those who are suffering, based only on their needs and rights, equally and without any form of discrimination.</td>
</tr>
<tr>
<td><strong>Neutrality</strong>: a commitment not to take sides in hostilities or in controversies based on political, racial, religious or ideological identity.</td>
</tr>
</tbody>
</table>

International Humanitarian Law (IHL) including the Geneva Conventions, is a set of rules that seek, for humanitarian reasons, to limit the effects of armed conflict. IHL also contributes to defining roles and responsibilities of humanitarian agencies in armed conflict. Within international humanitarian law, protection for children in armed conflict is provided through general and child specific protection provisions of the Fourth Geneva Convention (1949) and the two additional protocols (1977). UNICEF humanitarian principles—humanity, neutrality and impartiality—are drawn from IHL, described in General Assembly resolution and intended to be applied in all humanitarian action. Because humanitarian action was conceived of as being conducted by neutral, impartial —and usually external actors—it may be difficult to envision how this function could be fully assumed by national actors, in conflict situations. CD efforts need to take into account the special role of external humanitarian agencies as duty bearers in complex emergencies as prescribed by IHL.

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2. National actors develop their capacity to act in concert with humanitarian principles in their own emergency work.

GUIDING PRINCIPLE 6: GENDER EQUALITY

A gender focus is a crucial part of capacity development. This involves multiple dimensions:

- **Gender equality as a capacity goal**: UNICEF supports national capacities to achieve equality for girls and boys on two levels: (i) strengthening understanding and competence among government counterparts and civil society, both duty bearers and rights holders, and (ii) the establishment and/or development of enabling institutions and environments.\(^\text{(31)}\) CD for CCCs may consider: national capacities to redress gender inequalities, incorporation of gender considerations into preparedness planning and systems (i.e. disaster management planning, early warning systems), gender sensitive humanitarian policies and operations that meet needs and build the capacity of women and girls to claim their rights and national actors to deliver rights.

- **Equal participation of women and girls in the CD process**: The CD process should include women, men, girls and boys in all aspects—mobilization of stakeholders, coordination and consultation, capacity assessment, data collection, capacity analysis, action plan design and implementation, and participatory M&E. Gender should also be considered in terms of whose capacity is developing to ensure that women and girls benefit equally from CD initiatives—including, for example, women leaders, women and girl-focused CSOs/CBOs, relevant service providers and the institutions and policies that support the realization of women’s rights.

- **Gender-equal approach to humanitarian action**: UNICEF undertakes emergency/humanitarian response, including in post conflict situations, in a gender-equal manner as part of its overall commitment to national development and realization of human rights. Preparedness and risk reduction activities that take full account of gender differences enable actors to respond more completely when emergency strikes, and to “build back better” through the immediate establishment of rights-based processes and enhanced gender equality in the early post crisis and recovery phases, so that any opportunity for positive transformative change is seized.

ANNEX 2: RISK ANALYSIS TOOLS

Risk analysis associated with potential CD initiatives is an essential aspect of risk management, good programming, emergency preparedness planning, or responsible work during or just after an emergency. Enterprise Risk Management defines risk as: **Risk = Impact x Likelihood** of a given threat. Risk assessment entails considering a threat in light of the impact it would have on the programme and organizational capacity development principles and the likelihood of its occurrence.

There are **four main strategies for managing risk**:

1. Accept the risk (no further action)
2. Control the risk with prevention or mitigation (prevention = reducing likelihood of the threat; mitigation = reducing impact of the threat)
3. Avoid the risk (temporarily distance the target from the threat)
4. Transfer the risk (insurance, sub-contract, etc.)

These risk management strategies apply equally for capacity development initiatives as for other programme decisions. It is important to think through the risks associated with all angles of a decision. Consider the threats inherent in deciding to go ahead with CD or to not go ahead with CD. Risk is dynamic and should be reassessed on an ongoing basis, particularly in a rapidly evolving response situation. Please see example below.

<table>
<thead>
<tr>
<th>Decision related to CD</th>
<th>Threat / Likelihood / Impact</th>
<th>Possible risk control measures (prevention, mitigation, control, transfer measures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To initiate a more comprehensive CD assessment process</td>
<td>Threat: High staff turnover makes it hard to build strong equitable partnerships with national actors. &lt;br&gt; Likelihood: Med-high &lt;br&gt; Impact: Med-high—CD initiative not likely to have strong foundation due to lack of consensus around CD for specific results and lack of equitable partnerships and national ownership of CD initiative.</td>
<td>• Delay capacity assessment until staff in place to facilitate the process and relationships. Until then focus on advocacy around key results and need for CD to achieve them. &lt;br&gt; • Ensure detailed handovers between UNICEF staff to ensure continuity regarding relationships and CD approach.</td>
</tr>
<tr>
<td>To identify stakeholders for CD initiatives focused on feeding centers for infants and young</td>
<td>Threat: Investment in CD during acute response phase may take staff resources away from direct delivery. &lt;br&gt; Likelihood: Medium</td>
<td>• Delay initiation of CD initiative &lt;br&gt; • Focus on direct delivery through known INGOs who can work side by side with local CSOs</td>
</tr>
</tbody>
</table>

**ANNEX 3: STAKEHOLDER ANALYSIS TOOLS**

Having a clear understanding of the potential roles and contributions of the stakeholders is a fundamental prerequisite for a successful CD process. Stakeholder mapping/analysis is a basic tool for achieving this understanding. To ensure a balanced representation, the analysis should examine and identify stakeholders across a number of different dimensions—identifying relevant groups and interests within the public and private sector, civil society and community levels. It is important to include the full range of relevant stakeholders and proper representation in relation to gender, ethnicity, or other locally relevant criterion. Cutting across these categories, the analysis can also look at stakeholders in terms of their information, expertise and resources applicable to the issue.

**CD for CCCS stakeholders may include:**
- National/local civil society organizations
- Community organizations and leaders
- Government ministries and departments: national, sub-national, local governments
- Sector-specific authorities
- Disaster management agencies
- International donors: bilateral and multilateral organizations
- International NGOs
- Red Cross / Red Crescent
- Private sector and academic institutions
- National and local media

Sample questions to identify stakeholders:
- Who makes or influences decisions related to CCC sector / EPRR?
- Who has information or expertise that might be helpful to the thematic areas and CD process?
- Who could provide financial or technical resources for the CD process?
- Who could use the results of the capacity assessment findings?
- Who could help to implement the CD strategy?
- Who has been involved in related CD or sector initiatives?
- Who are current or potential supporters of capacity development?
- Who could exert a negative influence if they are not involved?
- Who has little formal “voice” through an organization, yet should be involved?
- Who are the possible beneficiaries of strengthened capacity for CCC results?

<table>
<thead>
<tr>
<th>Stakeholder (Organization or Individual)</th>
<th>Role/responsibility related to CCC results areas</th>
<th>Reasons for inclusion in NCD process</th>
<th>Possible role &amp; involvement techniques</th>
<th>Degree to which affected or interested (high, medium, low)</th>
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32 Adapted from UNDP/UNEP Global Environment Facility, National Capacity Self Assessment Resource Kit, September 2005.
1. **Assess feasibility:** For each component roughly estimate and rank cost, funding, timeframe to achieve, human resources (UNICEF, partners and national counterparts), and accessibility (of populations, terrain, data, key actors, etc), in terms of how they affect feasibility (1 for very feasible, 2 for moderately feasible and 3 for not feasible). The feasibility score is the average of the feasibility factors.

2. **Assess impact:** Rank each component (1=low; 2=medium; 3= high).

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost</th>
<th>Funding</th>
<th>Timeframe to achieve</th>
<th>Human resources</th>
<th>Accessibility</th>
<th>Feasibility Score</th>
<th>Impact</th>
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</table>

Actions with High Impact and High Feasibility will be the first priority, Low Impact and Low Feasibility actions will be the lowest priority.
ANNEX 5: ROOT CAUSE ANALYSIS

Root cause analysis can be an effective way to determine the fundamental root causes of a particular issue and identify key actions to address them. A root cause analysis helps to determine the linkages between symptoms and problems, and between causes and effects. As part of a CD process, this analysis can help to highlight capacity needs, identify underlying capacity constraints, define priority capacity needs, and identify the most effective capacity development actions. These tools may also point to “bottlenecks”, which are single root causes that may underlie multiple problems.

Root cause analysis is best done in a workshop or working session where a facilitator and group discussion can contribute to the analysis. In such a setting, start the process by asking a series of questions to probe the fundamental basis of a problem or issue until the group gets to an answer that can be directly addressed. This can be done graphically by writing and/or drawing the answers on a large paper or on small cards that can be attached to the paper. Lines and arrows between the cards represent cause-effect relationships. Cards can be changed and moved until participants are satisfied that they accurately represent the situation.

The Problem Tree is a helpful format to present the root cause analysis graphically. Tree diagrams are multi-purpose, visual tools that can be used to narrow down and prioritize problems, objectives or decisions. Information is organized into a tree-like diagram. In the simplest version, the main (focal) problem or issue is represented by the tree’s trunk, and the relevant factors, influences and outcomes are put on the roots and branches (causes/effects).

1. Identify one or more key problems: stakeholders brainstorm suggestions and agree on the focal problem(s)
2. Identify the immediate and direct causes of the focal problem (identify reasons why problem exists, conditions or actions, & fundamental root causes)
3. Identify the immediate and direct effects of the focal problem (impact of problem, who is affected)
4. Construct a problem tree showing the cause and effect relationships between the problems
5. Review problem tree with group, validate and make any adjustments.

To take it a step further and identify actions to address the root causes: Reformulate all elements in the problem tree into positive desirable conditions. Identify the actions to address these root causes. Who needs to do what and when? The problem tree can be transformed into a “solution” or an “objectives” tree.

\[33\] Adapted from NCSA & ODI
REFERENCES


Principles for Good International Engagement in Fragile States & Situations, OECD, April 2007 (www.oecd.org/fragilestates)


UNDP, Practice Note: Capacity Development, October 2008.


