

Nutrition *Works*

INTERNATIONAL PUBLIC NUTRITION RESOURCE GROUP

Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights

11 October 2007

Paper prepared for the IASC Global Nutrition Cluster

Contents

Introduction	1
Setting the Scene: Whose ‘Capacity Development’?	2
Thinking About Capacity Development in General	2
Developing Human Resource Capacity and the Role of Learning	6
Recurrent Capacity Gaps	8
Moving Towards Key Pillars in a Capacity Development Strategy	12
A Note on Resourcing Capacity Development	13
A Note on Process	14
Annex 1: Interviewees	15
Annex 2: Interview checklist	16
Annex 3: Literature Reviewed	17
Annex 4: Ten Critical Enablers to Building Surge	19
Annex 5: Core Competencies for Nutrition in Emergencies, developed by Save the Children (UK)	20
Annex 6: The Twelve Training Principles of the Emergency Shelter Cluster	21

Introduction

This paper presents some ideas gleaned from telephone interviews (Annexes 1 and 2) and a rapid review of key documents (Annex 3). It offers lessons and pointers regarding capacity development approaches, in order to contribute to discussions at the workshop convened by the IASC Nutrition Cluster (Rome, 13-14 Sept 2007). The work has been carried out under the auspices of Nutrition Works, by Lola Gostelow¹, an independent consultant².

¹ I would like to express my thanks to all interviewees for sharing their experiences so generously. I am particularly grateful to John Telford for helping me define the scope of the discussion, and to John Borton for sharing a rich repository of capacity development related literature.

² Funding for this activity was provided by the IASC Global Nutrition Cluster based on an agreement between UNICEF, the lead agency for the Cluster, and NutritionWorks. Opinions expressed in this report do not necessarily reflect those of the Cluster or UNICEF

The paper begins by defining the scope of this work and contextualising the Nutrition Cluster's focus on nutrition in emergencies within the wider sector's capacity. It goes on to explore the concept of capacity development, and then focuses down on the specific sub-component of human resource capacity development by exploring the process of learning. Various approaches to developing human resource capacity are discussed, and potential avenues for using the training modules Nutrition Works are preparing for the Nutrition Cluster are emphasised. The paper ends by suggesting some priority components of a capacity development strategy for consideration at the workshop and thereafter.

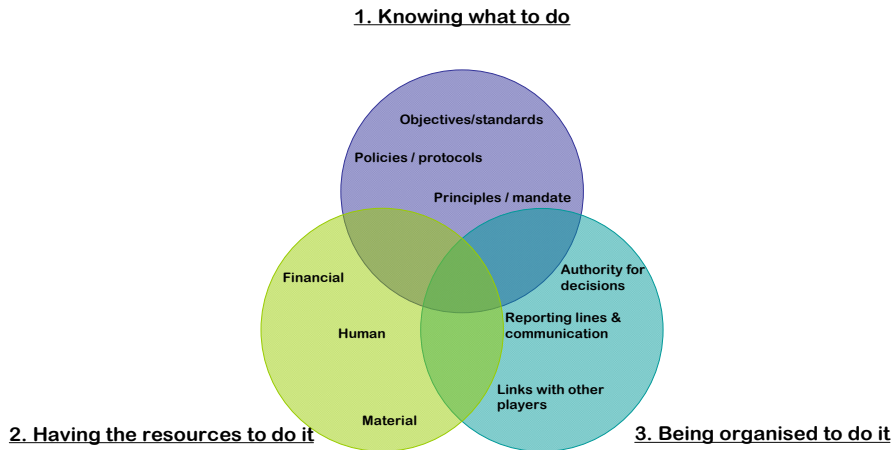
Setting the Scene: Whose 'Capacity Development'?

The central concern of the IASC Global Nutrition Cluster is to improve the predictability, timeliness and effectiveness of the comprehensive nutrition response to humanitarian crises. But in order to do this, there is an essential prerequisite: the capacity and capability that can be mobilised to respond. Nutrition in emergencies is not a separate sector or an isolated concern (even though it enjoys its own acronym in some circles: NIE), but a small sub-set of the concerns of the nutrition sector as a whole. This is obvious, perhaps, but critically important in considering mechanisms to fulfil the Nutrition Cluster's purpose. Therefore, in all that follows, readers are urged to keep in mind that in order to be more effective in emergencies, the nutrition sector as a whole needs to strengthen.

Thinking About Capacity Development in General

Capacity is defined as the ability of individuals, institutions and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner. Capacity development refers to the *process* through which the abilities to do so are obtained, strengthened and maintained over time (DANIDA website, 2007, cited in Nutrition Works 2007). Training refers to the teaching of knowledge and skills for capacity development i.e. it is one component of capacity development but on its own, cannot build capacity. Capacity development is a comprehensive, complex endeavour linking three key domains.

Figure 1: The Three Domains of Capacity Development



“Capacity development is more than training and organisational strengthening. Both obstacles and opportunities lie within the enabling environment and concern policy, governance and incentives. These demand different interventions and responses than those traditionally found in the capacity development toolbox. It is as much about building ownership, changing systems, and creating an enabling environment, as it is about technology transfer, skills development and organisational strengthening” (UNDP/ISDR 2006). “Institutional norms and rules must be in place if organisations and individuals are to be accountable for their work. Institutional incentives, opportunities and sanctions must be influenced to ensure that humanitarian values are central to decision-making processes. Networks need to be developed for advocacy, joint analysis and fundraising. Mundane material support, such as office supplies and communications facilities, may be an indispensable first step in enabling a partner organisation to operate effectively. All of these are areas where local organisational capacities often need to be built” (ALNAP, 2004).

This understanding of capacity development is borne out by Tekle (2001) who identifies several reasons as to why previous efforts at capacity development in nutrition have failed:-

- there was no mechanism for incorporating capacity development efforts in the national development process;
- the initiatives were often driven by outside forces and heavily dependent on external resources with minimal government commitment;
- they were often fragmented and short-term;
- there has not been meaningful commitment from governments to build, develop and sustain their nutrition capacity either due to lack of awareness on the role of nutrition and/or the limitation of financial resources.

In addition, he emphasises that key constraints to previous capacity development initiatives have been poor coordination and poor follow-up (Tekle, 2007?).

In light of the earlier discussion about whose capacity we are developing, it might be helpful to highlight a few of the different questions raised by this model for:-

- A. The Nutrition Cluster (global/national); and
- B. The Nutrition Sector as a whole (i.e. cluster members and beyond, at all levels)

A. For the nutrition cluster:-

1. Knowing what to do
 - E.g. global standards - does the cluster endorse Sphere?
 - Harmonisation of national protocols with international norms
 - Building commonality whilst respecting agency independence
2. Having the resources to do it
 - E.g. Mechanism to produce money fast to support emergency response
 - Having the materials required in an emergency (food, equipments, drugs)
 - Having the right people in the right place with the right skills
3. Being organised to do it
 - E.g. How is the Cluster organised? Who reports to whom?
 - What are the obligations of cluster members?
 - Who has authority for decisions and how will they be communicated?
 - Is there a constitution for the Cluster (do members have voting rights)?

Answering these would go some way to developing a strategic direction and priorities for the cluster.

B. For the nutrition sector, the capacity development model raises other questions:-

1. Knowing what to do
 - E.g. What are the areas (standards and protocols) of inter-agency agreement/consensus? How can gaps/disagreements be addressed? Do we have the necessary evidence? Role of UN (WHO) in setting standards for NIE? Is there a shared humanitarian ethos that agencies are working to?
2. Having the resources to do it
 - E.g. Is the nutrition sector under-funded or are funds not being used to best effect? Inadequate attention (+/or funding?) for emergency preparedness in nutrition.
 - Capacity development needs to be built in to long term organisational processes and programmes, not financed in isolation
 - University capacity on nutrition has been in decline (in Africa only?) – how to reverse?
 - What level of national capacity do we need in priority countries (and what exists currently)?
 - Stock pre-positioning (some work underway?)
 - Institutional supplies/hardware for govt units and NNGOs

3. Being organised to do it

E.g. Is nutrition a priority (for donors? UN agencies? Other cluster members?)

Evidence-based decision making (donors and operational agencies)

Inter-sectoral connections and synergy

Not all the issues raised above are within the control of the nutrition sector, however. Advocacy would need to be incorporated into a capacity development strategy in order to influence other players. But, by answering these questions for the nutrition sector, we would move closer to the challenge of humanitarian reform!

An understanding of the comprehensive and long-term nature of capacity development³ is critical to the strategic process the Nutrition Cluster is going through and to the choices that will be made on priorities. In addition, it is also important to recognise that capacity development fundamentally challenges the unequal power relationship between international and national actors (ALNAP, 2004). Is the nutrition sector ready for this?

In terms of the process through which a capacity development strategy is pulled together, the following broad pointers should be borne in mind⁴:-

- Capacity development strategies need to be developed at the national level, in context. This helps mobilise political support as well as the financial and technical resources required from among local, national and international stakeholders;

- Some form of national coordination mechanism is desirable to oversee the strategy formulation, implementation and monitoring process;

- Outside partners can play an important role in giving legitimacy to such initiatives, engaging in or supporting stakeholder dialogue for strategy development and in planning. They can also help contribute to identifying needs and priorities, or, in particular circumstances, mediate differences. Different outside partners will be able to offer different types of assistance (funding, expertise, advocacy, information / knowledge).

- Multi-stakeholder fora and participatory planning processes offer valuable opportunities for galvanising interests and mobilising capacities

A Capacity Development Strategy would need to consider the three domains described in Figure 1. Yet, already in process, is the development of 21 training modules that Nutrition Works is undertaking on behalf of the Nutrition Cluster. So there is specific focus on the human resources component of the second domain – *having the resources to do it*. In order to explore potential channels for using these harmonised modules, the paper next explores what can be learned about the process of learning.

³ A word on semantics:- ‘Capacity development’ is an on-going process that needs to be embedded within organisations to be maintained. The notion of ‘capacity building’ in contrast, implies that there is an end point – i.e. an outcome of capacity having been built.

⁴ Derived from UNDP/ISDR, 2006

Developing Human Resource Capacity and the Role of Learning

Human capacity can be understood as the combination of knowledge, skills and motivation. All three are required in order to enhance the capacity of individuals and groups to respond to nutrition in emergencies. Knowledge and skills can be learned, through various processes that will be outlined below. Motivation, however, is not something that is learned; it is a person's predisposition to use their knowledge and skills for a particular purpose. This requires organisational and institutional support and systems, as well as personal drivers (such as the humanitarian imperative). This, therefore, links us back to the third, organisational, domain of capacity development. So, even when focusing on human resource capacity development, attention needs also to be paid to the comprehensive nature of capacity development in general.

The development of surge capacity offers useful insight into these inter-relationships. *“Whatever an agency's approach, and whatever resources it has at its disposal, it is clear that the development of an effective surge capacity rests on an agency's ability to develop and prepare an entire system of policies, people, procedures and resources in a flexible yet comprehensive manner, with attention always focused on those it is intending to support. Framing this system is the agency's strategic vision. Developing an effective surge capacity therefore requires a whole organisation approach, and is as much about mandate, structure, culture and effective leadership as it is about concrete inputs and processes”* (People in Aid, 2007, page 2). This can be represented diagrammatically.

Figure 2: The Organisational Process Required for Surge Capacity⁵



Ten critical enablers to building surge capacity have been identified and are presented in Annex 4. One of the enablers is concerned with linking emergency response efforts to longer-term approaches. This was reinforced during the course of this work.

Several interviewees expressed their frustration at the continuing divide between nutrition programming in emergencies and nutrition programming in development (echoes of this were also heard in the Nutrition Works Stakeholder Report). Assumptions are sometimes held by practitioners, policy-makers and managers that there is a fundamental difference between the quality/knowledge/skills of nutritionists working in the different operational contexts. Yet the distinctions are minor (and possibly evident more with respect to motivations than other aspects of human capacity). Any emergency/development distinction is less about technical know-how and more about management/organisation/scale. So, a fundamental underpinning to any capacity development strategy for nutrition in emergencies must be the capacity of the nutrition sector as a whole.

⁵ Source: People in Aid, 2007, page 12

Recurrent Capacity Gaps

Through the course of the interviews, four capacity gaps emerged as recurrent weaknesses:-

1. Inadequate ‘resident capacity’ - competent nutritionists at national level that can be redeployed/employed in an emergency⁶
2. Nutritionists able to handle the specific demands of an emergency
3. Resources to address the skills and knowledge gaps of nutritionists in advance of a crisis
4. Mechanisms to maintain those skills and knowledge outside emergency contexts

Possible mechanisms to fill these capacity gaps can be identified.

1. Enhancing resident nutrition capacity:

Way Forward:-

University courses (national/regional): need to be strengthened and expanded (for emergencies) and possibly linked to active recruitment of students from neighbouring countries. Practical application of skills needs to be integrated into courses to maximise their programmatic utility. Short courses for professionals could be linked to career development and incentives schemes. Follow-up mechanisms would help provide some support to former students as well as promote sharing of experiences.

Lessons from Experience:-

The Association of African Universities initiated a process to explore how “universities [could] work towards eliminating societal inequalities and injustices, and the promotion of a culture of peace.” With DANIDA funding, AAU with the International Association of University Presidents (IAUP) convened a workshop in 1999, where various universities tabled proposals for masters-courses linked to humanitarian concerns (AAU/IAUP, 1999). Despite the commitment from the institutions, lack of funding, and staff turnover meant that momentum dissipated soon afterwards. Perhaps links with operational agencies in putting proposals to donors might have strengthened their applications. Also, more flexible teaching (i.e. alternatives to year-long masters courses) with experience-based learning might have strengthened the quality of the proposals.

The SCN’s Working Group on Capacity Development in Food and Nutrition has established links with five designated Task Force sites of the United Nations University Food and Nutrition Programme (UNU-FNP), the African Graduate Students’ Network (AGSNet) and African Nutrition Leadership Programme (ANLP). The global network of

⁶ Nutrition Works’ Stakeholder Report identified a number of reasons as to why resident capacity is often low:- ‘resident capacity’ in NIE is often very low:

- The lack of well-funded in-country training facilities for nutrition
- The focus of many international agencies on in-house capacity building
- The ‘get the job done’ culture amongst international agencies, i.e. bypassing government for the sake of speed and efficiency
- The high level of staff turnover particularly among government employees
- The lack of career structures/incentives within government to remain in the nutrition sector.
- Lengthy periods between emergencies whereby national institutional memory and capacity is eroded

task force sites was established as part of the UNU-FNP's capacity development initiative to strengthen nutrition resources within each world region. The sites are CASNA for Asia, MENANA for the Middle East and North Africa, SANCADI for Southern Africa, the Capacity Building for Better Nutrition in Africa, and the Network for Capacity Development in Nutrition Central and Eastern Europe. These efforts have had limited impact partly because of funding constraints but also because they have centred on teaching for academic progression rather than for programming use.

Self-learning can be helpful but should probably be only one component of a wider learning strategy. Whether on CD or a web-based system, it can be difficult for field staff to implement – because finding the time to dedicate to it can be seen as ‘taking time off’ real work and because of IT limitations in-country (hardware and/or internet connections).

2. Enhancing nutrition in emergencies capacity

Way Forward:-

Secondments }
Country exchanges } mentoring / supervision / support
Emergency experience }

Short courses on specific, highly relevant technical areas:

E.g. 30x30 cluster surveys; CTC (community-based therapeutic care); rapid assessments; infant feeding in emergencies etc) followed up by, and linked with, operational practice under supervision]. Competency-based training would ensure tailored learning events to suit individuals and institutions, and provide performance criteria that could be used for monitoring and follow-up (see Save the Children, UK, 2001, and Annex 5)

Lessons from Experience:-

Practical support, based on the reality of the working context of trainees, is by far the most widely acclaimed method for supporting learning. In particular, experience of working in an emergency can be a powerful enabler to being able to handle future crises (see, for example, UNICEF 2005).

Training workshops during emergencies are very common but have limited impact unless they are directly tied to an operational role or incorporate field exercises. Workshops tend not to be followed up very well, further limiting their impact. Approach often hinges on bringing in technical experts to train personnel, rather than using competent trainers. Also, workshops can be very expensive. The Shelter Cluster has articulated 12 principles that would help overcome these limitations of workshop-based trainings (see Annex 6).

Regarding mentoring, clear guidelines on how to do it, with clear expectations, tips and lines of accountability would need to be provided in order to build a more systematic approach. The guidelines could also usefully provide insight and tips on key areas in which staff need to be coached related to working within the context of nutrition in emergencies. Save the Children UK developed competencies for nutritionists working in emergencies, which could be updated and incorporated into a mentoring programme (See Annex 5).

On-the-job and other types of personnel field training such as staff exchanges, mentoring and coaching suffer from reliance on support from individual managers rather

than being seen as an element of institutional support. Thus, clear expectations need to be made of managers (perhaps linked to performance reviews) that such learning should be encouraged and supported by them. Resources to release staff time, as well as some basic guidance to mentors, would also help systematise this approach to learning.

3. Addressing skills/knowledge gaps in advance of a crisis

Way Forward:-

Emergency (nutrition) preparedness with a specific focus on national organisations and governments: participatory processes to build ownership; mentoring support possible over medium time frames (e.g. 3-5 years); inter-agency cooperation and coordination can be defined through Government-centred role (see Borrel, 2007?).

Operational research on merits of emergency nutrition preparedness (with capacity development as an integral component): Focus on 5 disaster-prone countries in 2008 and work in advance of likely timing of disaster

Advocacy to donors and operational agencies (who does this and does it well?)

Build non-technical skills (report-writing; proposals and fundraising; negotiation; evidence-based planning and prioritisation; monitoring and evaluation skills etc)

Build less tangible capacities that can nonetheless have a significant bearing on overall performance. Most successful organisations and larger systems display specific capacities for stakeholder engagement, change management, anticipating changes in the external environment, mobilising staff, constituency or client loyalty, and for learning and self-renewal (UNDP/ISDR, 2006).

Lessons from Experience:-

FAO has recently produced three papers concerned with incorporating food security, nutrition and livelihood objectives into national process. Their analysis of the external policy environment (FAO, 2007a) points to the critical need for technical support to help build the capacity of regional and national institutions for designing, delivering and managing more effective programmes. A framework is proposed (FAO, 2007b) for developing the organisational capacity required to incorporate food security, nutrition and livelihoods objectives and considerations into development planning; and lastly, a 6-step approach is described for evaluating organisational capacities (FAO, 2007c). These and other resources might offer useful tools and ideas to work with governments and other national stakeholders to develop emergency preparedness plans and activities.

4. Maintaining capacity outside crisis responses

Way Forward:-

Focus on national organisations and governments

Emphasise generic conceptual frameworks (malnutrition and livelihoods) that are relevant in all contexts (c/f university curricula)

Link skills development with existing processes (at PHC level, nutritional surveillance, coordination, advocacy, fundraising etc) so they can be used continuously

Train personnel to be able to train others during an emergency.

Promote “communities of practice” amongst staff on topics related to emergencies so that they can exchange experiences, learn from one another, and share information amongst themselves on a regular, informal basis. This can be at the regional level or across regions.

Use evaluative reports from other emergencies to stimulate on-going learning.

Lessons from Experience:-

TOTs: On the whole, the model of learning cascading from a core group of trainers who train other trainers is difficult to implement successfully. Challenges include: considerable wastage, with only between 50 to 70 % of the ToT trainees going on to provide training to their colleagues; Staff trainers often have difficulty getting release time to lead training sessions outside of their working context, and tend to provide training on top of their full workload; it takes a long time and a lot of coaching before staff trainers can function effectively as lead facilitators on their own; there are concerns about the dilution of the training materials by staff trainers who are not sector experts; staff trainers often do not have the same degree of credibility and stature as a Regional or external specialist; there is rarely an effective monitoring and evaluation system in place to follow-up on the TOTs.

In general, “lessons learned” activities – such as evaluations, field reviews and exercises – represent a strategic learning opportunity in that they tap the actual experiences of individuals and programmes, use a shared responsibility approach (when they are participatory), and offer a viable alternative to direct training.

Key reminders about learning:-

People learn best from practice and problem-solving

People learn from interaction / discussion / reflection /observation

People able to facilitate learning are as valuable as top-notch training material

Learning needs to be part of the organisational culture, and understood as an essential part of an employee’s work.

Moving Towards Key Pillars in a Capacity Development Strategy

“If it is accepted that the humanitarian imperative ‘comes first’, then the will for more significant and sustained investment in capacity building should not be expected to come from vague platitudes about how ‘important’ it is, but rather on solid and critical analyses of whether capacity building yields results for disaster-affected people.... If there is no evidence that local capacity building actually saves both lives and money, then capacity building will never amount to more than a collection of tack-on components to mainstream programming” (ALNAP, 2004).

This is an important reality-check for the Nutrition Cluster and Nutrition Sector. In some ways, much of the discussion so far is old news. So why aren’t we doing it? What would it take to break the current inertia around effective capacity development? How can capacity development ‘win’ more often against competing priorities?

I think there are three key obstacles that impede our progress on the above, but by recognising them explicitly may help us to carve out a strategic direction:

Firstly, we need to make a stronger case, based on reliable evidence, that capacity-development works, and is worth the investment. I.e. evidence-based decision making!

Secondly, the emergency/development divide that exists within the nutrition sector needs to be bridged, for the commonalities far exceed the distinctions. Common conceptual frameworks such as ‘public nutrition’ and livelihoods are key common tools to support this. This would help re-think institutional and funding opportunities that would enhance humanitarian response to nutrition.

Thirdly, the nutrition sector (i.e. the range of stakeholders at all levels) needs leadership and focus. Although there has been a long-standing rapport and understanding amongst nutritionists, this has not been harnessed under a common strategic intent. Are we at a point now where such leadership can be consolidated? If so where? How?

So what can we practically do?

In trying to address the recurrent capacity gaps identified through the capacity development model, and bearing in mind the reading, listening, discussing and thinking that has contributed to this paper, there emerge for me a few key areas that might help us shift gear on developing effective capacity for nutrition in emergencies. These might usefully form the core pillars of a capacity development strategy for nutrition in emergencies – to be debated at the workshop, and if agreed, fleshed out.

Pillar One: Emergency Preparedness

Formulate this as an operational research agenda. Explore costs/benefits in 4 locations (different regions). Develop common monitoring and criteria for evaluation to allow cross-country comparisons. Key to success will be having competent persons on the ground to work with governments and agencies. Would it be possible to operationalise this in such a way so that the emergency preparedness personnel are working on behalf of ‘the nutrition sector’ rather than any specific agency? Does the Nutrition Cluster have such generic identity? Countries involved could be those prone to natural disasters as well as those for priority roll-out of cluster approach through 2008. Proposal should be endorsed by the Cluster but developed and implemented by small group of operational agencies (with academic support possibly). Role of UNICEF regional offices (to link with cluster)? Red Cross would be a key ally given their mandate for disaster preparedness. Target regional donors, not pooled funds. Involve national governments in the conceptualisation and proposal development process. The harmonised training modules would support the training elements of emergency preparedness. Such evidence would be an important contribution to the debate about whether capacity development investments are worthwhile, since most capacity development occurs outside emergency contexts.

Pillar Two: Strengthening the Foundations of Nutrition Capacity

The national context and its resources are paramount, but have also been identified as a key gap in terms of nutritional capacity. There simply aren’t enough national nutritionists to draw on in an emergency. The only way around this is to invest in (re)building those mechanisms/institutions that educate and train individuals as nutritionists. This is a huge

challenge in the face of eroding nutrition capacities amongst universities in the ‘south’ and in light of other efforts that have failed. What could we do differently so as to succeed? Start small, with one or two key university allies. Create a real partnership between the academic and operational domains and sell this to a donor. Roll out as a roving course, to maximise geographical coverage whilst keeping the enterprise relatively small. Whether this is, strategically, a component of emergency preparedness or warrants a separate pillar is a debateable point. By separating it, new/different partnerships and funds may emerge than would otherwise be the case which might also help reinforce the commonalities between ‘nutrition’ and ‘nutrition in emergencies’.

Pillar Three: Real-Time Learning

Even with a strengthened cadre of national nutritionists, there will always exist the need to support learning in the midst of an emergency. Specific techniques and operational issues may need to be introduced/reinforced even during a response. The challenge is to ensure this happens without distracting from the core humanitarian mission. Brief but structured sessions to explore specific issues might improve performance more than a polished 3-day workshop. Identifying mechanisms that would best support real-time learning is a speciality in itself. One action, therefore, might be to recruit one learning specialist in each of two regions (West Africa and S Asia for example) to facilitate processes that enable learning ‘just in time’⁷. This experience would need to be monitored and documented thoroughly in order to later extract learning around the efficacy of the approach. Another component might be mechanisms that overcome language barriers that can preclude national actors participating effectively in a humanitarian effort. Key working documents need to be translated and disseminated rapidly in order to contribute to a shared, more equitable, response effort. Might the HICs have a role here?

A Note on Resourcing Capacity Development

“Resources for developing capacity appear to be limited. Humanitarian appeal documents do not always include a component for capacity building and, because nutrition is a sector that has been increasingly marginalised over the last 15 to 20 years, funding for nutrition capacity in general is low. While some agencies routinely allocate a percentage of funds for capacity development (for example all OFDA grants to NGOs include a capacity development element), it is unclear to what extent donors are willing to fund capacity development for NIE although it was mentioned by respondents as a constraint.” Nutrition Works, 2007.

Interviewees were not able to shed more light on this. However, in order to enable the implementation of any strategy that is developed, donor positions would need to be scoped out to ensure that proposals are well-targeted.

⁷ The notion of ‘just in time’ learning was first introduced to me by John Telford, and has been incorporated in the training approach of the Emergency Shelter Cluster.

A Note on Process

A salient note to end on draws from UNICEF's experience in building its capacity for humanitarian response. *“The process of formulating an internal capacity-building strategy can be as critical to the results as the actual validity of the strategy itself. Time must be taken to bring key actors on board, building ownership, with careful attention to the different levels of the organisation”* (UNICEF, 2002). The same is likely to be true for the Global Nutrition Cluster and the Global Nutrition Sector – if the Rome workshop is to have any benefit, it needs to end with a commitment to begin building processes for engaging with a wide variety of stakeholders around the world. The challenge of building capacity for effective response to nutrition in emergencies cannot be ‘projectised’; the challenge requires a movement of change. And that change can only be brought about through the concerted (i.e. working ‘in concert’) efforts of all stakeholders: national NGOS, national governments, Red Cross/Crescent, donors, UN agencies, international NGOs, academic institutions, universities and consultants. They therefore need to be invited to join and build the movement of change - whether one calls it humanitarian reform or a paradigm shift that places national capacity centre-fold.

ANNEX 1: Interviewees

Annalies Borrel
Humanitarian Policy and Advocacy Unit, EMOPS
UNICEF

John Borton
Learning Support Adviser
ACT/Caritas Darfur Emergency Response Operation

Dominique Brunet
UNICEF Madagascar (formerly in Ethiopia)

Mickey Chopra
Associate Professor in Public Health
University of Western Cape

Bobby Lambert
Consultant/Shelter Cluster

Frances Mason
Nutrition Advisor (Emergencies)
Save the Children UK

Jean McCluskey
WES Emergencies Adviser / WASH Cluster Co-ordination
UNICEF Geneva

Abiud Omwega PhD
University of Nairobi (currently on secondment to UNICEF Rwanda)

John Telford
Consultant (and worked with shelter cluster)

Anne Walsh
Operations Manager
Valid International

Pattanee Winichagoon, Ph.D.
Associate Professor, Deputy Director for Academic Affairs
Institute of Nutrition, Mahidol University (INMU)

ANNEX 2: Interview checklist

What are considered as the main constraints to capacity development, e.g. rotation of staff, reluctance of medically oriented agencies to spend time supporting local staff in teeth of an emergency. Are these soluble problems or do we just have to live with them.

Different types and methods of capacity development familiar to the interviewee

How can organisations work successfully in partnership in capacity development? E.g. in order to establish regionally coordinated capacity development efforts. Are national governments a vital partner in the process?

Any specific insights in capacity development for nutrition in emergencies

Positive experiences and factors underpinning success

Examples of where approaches have failed and why

Institutional implications of capacity-development, and what preparatory work might be required to ensure success

Funding for capacity development. Experiences of getting budgets for CD - are there pots of money that agencies could use? Are there ways of putting in proposals which can generate CD funds?

Suggestions of potential strategies for long-term capacity development and for rolling out the training package (or: how to address gaps in emergency nutrition capacity in absence of long-term capacity-development strategies)?

e.g. how can mentoring/apprenticeship schemes be set up after short courses?

e.g. how can academic institutions be better linked with practice/implementation?

Ideas on how Capacity Development Strategies can be monitored (and evaluated in due course).

Awareness of any conclusions from evaluations or reviews of CD experiences either from nutrition in emergencies or nutrition sector more generally.

ANNEX 3: Literature Reviewed

AAU/IAUP, 1999. Report of the AAU/IAUP Workshop of Partners, 11-12 June, 1999, Bay View Hotel, Accra, Ghana.

ALNAP, 2004. *Review of Humanitarian Action in 2004*. Chapter 2: Institutional capacity building amid humanitarian action. By Ian Christoplos

Borrel, A, undated. *Capacity Development in Public Nutrition; Ministry of Health, Afghanistan (2002-2004)*. Annalies Borrel, Tufts University. Unpublished

Emergency Shelter Cluster Training Strategy . Version as of 03-05-2007

Emergency Shelter Cluster (ESC) Training & Learning Support Strategy Draft v 10.11.06

FAO, 2007a. *Ending Poverty, Hunger and Malnutrition in Africa: incorporating food security, nutrition and livelihood objectives into common development assistance frameworks. A review of the external policy environment*.

FAO, 2007b. *Incorporating Food Security, Nutrition and Livelihood Objectives into Community Action Processes (CAP) - Frameworks for Building Organisational Capacities*.

FAO, 2007c. *Incorporating Food Security, Nutrition and Livelihood Objectives into Community Action Processes (CAP) - Evaluating Organisational Capacities*.

Feinstein International Famine Centre, 2003. *FINAL DRAFT 2 Summary of Training for Nutrition in Emergency Situations*. By Dr. Helen Young, Wendy Johnecheck, Annalies Borrel, Diane Holland. Information was compiled by the Public Nutrition Programme at the Feinstein International Famine Center at Tufts University for the purposes of the UN Nutrition forum (formerly ACC/SCN) "Capacity Development in Emergency Nutrition".

INTRAC 2004. *Theme 1. Institutional Co-operation between African NGOs and External Partners "Current Constraints and Ways Ahead"* Background paper prepared by INTRAC. International Symposium on Building the Capacity and Resources of African Non-Governmental Organisations. African Union Conference Centre 5 to 7 December 2004, Addis Ababa

Nutrition Works, 2007. *Report on Stakeholder Interviews: Capacity Development for Enhancing Nutrition Programming in Emergencies*. Carmel Dolan, Jeremy Shoham, Fiona Watson and Jacqueline Frize. May 2007

Nutrition Works, 2005. *Review of Training Opportunities*. Frances Mason, May 2005

People in Aid, 2007. *Surge Capacity in the Humanitarian Relief and Development Sector. A Review of Surge Capacity and Surge Capacity Mechanisms within International NGOs*. July 2007.

Save the Children (UK), 2001. *Technical Internship Pilot Project. Competencies.*

Shoham, 2005. *Food Security Information Systems Supported by Save the Children UK A Review.* Jeremy Shoham. 2005

Tekle, 2007? *Nutrition In Emergency And Relief.* Estifanos Tekle, Consultant. 2007?

Tekle, 2001. *Draft 2. Nutrition Capacity Development Initiative for Eastern Africa.* IUNS/UNU Initiative in collaboration with the University of Western Cape. Background Paper Presented for the Workshop in Cape Town. Estifanos Tekle, 2001.

Tekle, 2000. *Human Resources Capacity Development in Nutrition in the Eastern and Southern Africa Region (Esar). Assessment of the Current Status and Future Needs.* Estifanos Tekle, Consultant. UNICEF-ESARO. January, 2000

UNDP/ISDR, 2006. *Capacity Development for Disaster Risk Reduction. Discussion Paper. Draft Final.* November 2006. Prepared jointly by UNDP and ISDR

UNICEF, 2005. *Evaluation of UNICEF Learning Strategy to Strengthen Staff Competencies for Humanitarian Response 2002-2004.*

UNICEF, 2002. *Working Paper Series: Capacity Building for UNICEF Humanitarian Response in Review. An internal review of the DfID-UNICEF programme cooperation to strengthen UNICEF programming as it applies to humanitarian assistance, Phase I, 2000-April 2002.* Evaluation Office, UNICEF New York, November 2002

WASH, 2007. DRAFT Concept Paper – Strategy – to be updated after Teleconference WASH Training for Capacity Building in Humanitarian Response. WASH Cluster.

ANNEX 4: Ten Critical Enablers to Building Surge Capacity⁸

1. Agencies need to adopt a whole-organisation approach to developing surge capacity. If this does not happen, their capacity to respond will be compromised.
2. Within the context of a wider strategic vision, capacity needs to be matched to mandate and structure. This has significant implications for the quality of an agency's programming as well as its ability to be accountable to affected populations.
3. Pre-positioning of funds is critical. Need to find ways to leverage more unrestricted and other funds so that agencies can scale-up when required, respond to less visible emergencies, as well as build, and maintain, capacity between emergencies.
4. There needs to be investment in HR as a strategic function and not just an administrative one. This is necessary not only at HQ but also at regional and / or country level.
5. Well-trained and experienced staff are critical. In particular, strong and competent leadership is a decisive factor in the success of any response. There needs to be long-term investment in staff development, including career development. Focusing on behavioural as well as technical competencies is important.
6. If emergency response is to be sustainable beyond the initial surge, recruitment for second-wave and longer term deployments needs to start at the beginning of an emergency. Counter-parting between international and national staff at this stage in a response is difficult, but vital to the longer term success of any response.
7. It is equally important to develop surge capacity at country and regional level as at HQ. Strategic integration of aspects of emergency and development programming will help.
8. Rosters (and registers) need better investment if they are going to remain the preferred model for rapid deployment. Agencies which use this capacity to augment their sizeable standing capacity also face challenges. If agencies opt to develop these tools, it is imperative they invest in adequate HR capacity in order to make these tools effective.
9. Agencies need to develop standard operating procedures that govern all aspects of an immediate response. This is especially important, as being able to rapidly deploy will inevitably compromise ordinary agency policies and procedures.
10. Agencies need to adopt more systematised learning practices, otherwise they are doomed to make the same mistakes year on year. This is not only bad practice but unethical, given agencies' quality and accountability commitments. Becoming better learning organisations is especially important in the current era, where agencies need to shift from being reactive to proactive in order to keep up with changes in their external policy and operating environment.

⁸ From People in Aid, 2007, page 2-3

ANNEX 5: Core Competencies for Nutrition in Emergencies, developed by Save the Children (UK)

Technical Competencies

Unit 1: Assesses the nutritional status of emergency affected individuals and populations

Unit 2: Manages or monitors food aid distribution programmes in emergencies

Unit 3: Influences and contributes to activities that promote a safe, adequate and nutritious food supply to emergency affected populations

Unit 4: Manages quality selective feeding programmes in emergencies

Generic competencies

Unit 6: Manages own professional development

Unit 6: Demonstrates a professional and ethical approach to work

Unit 7: Leads and facilitates teams in the workplace

Unit 8: Manages emergency programmes /projects to achieve planned outcomes

ANNEX 6: The Twelve Training Principles of the Emergency Shelter Cluster⁹

These principles refer to the following stakeholders: affected communities, their hosts and their governments; NGOs, IOs, UN bodies; public donors, donor governments, International Financial Institutions; and, under specific circumstances, expert consultants, construction professionals, contractors and civil defence.

1 Training should recognise, involve, represent, and support the needs and understandings of the first and greatest responders impacted by conflicts and natural disasters

- i.e. the affected population, their hosts and their governments. Their needs and their understanding should be involved, represented and supported as part of the training process.

2 Workshops should be tools for participation in both strategic planning and coordination

Training workshops should be understood as building positive relations between stakeholders, constituting an integral part of the programme cycle at all stages.

3 Training should be an ongoing process and not a single event

Training needs change over time differently for each stakeholder.

4 Workshops should be designed for each circumstance

5 Training should be collaborative and coordinated

The maximum number of stakeholders should be involved in developing and delivering training, in coordination with other cluster/non-cluster training, policy, standards and accountability initiatives.

6 All stakeholders should have access to training workshops

In both operations and in organisations, stakeholders should be trained together wherever possible, in order to promote operational and organisational coordination and collaboration.

7 All stakeholders should have access to all materials through varied and appropriate media

The maximum number of stakeholders should have free and open access to all training materials, through the maximum variety of media.

8 All stakeholders should be supported in their use of training materials

E.g. language support.

9 A capacity should be maintained for developing and delivering coordination training

- in full coordination with other cluster/non-cluster coordination initiatives. Specific contributions should be sought on strategic planning and implementation, TOTs and training in operations.

10 Capacity should be maintained for developing and delivering additional specialist training

The cluster should agree a single humanitarian agency as being responsible for coordinating this capacity, other contributions to it, and coordination with other capacities.

11 A capacity should be maintained for developing and delivering training for trainers

- ditto above

12 A capacity should be maintained for developing and delivering training in operations

- ditto above

⁹ IASC Emergency Shelter Cluster, 2007 (original text has been abridged).