IASC NUTRITION CLUSTER

MAPPING OF NUTRITION ACTIVITIES AND CAPACITY DEVELOPMENT REQUIREMENTS IN SOMALIA

Acknowledgements

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Cover Picture: Gabiley District MCH- OTP Distribution(Capacity Building of staff supported by World Vision)

LIST OF ABBREVIATIONS

BCC	Behaviour Change Communication
CAP	Consolidated Appeals Process
CB	Capacity Building
CBO	Community-Based Organization
CHP	Community Health Promoters
CHNP	Community-based Health and Nutrition Programs
CHW	Community Health Workers
CM	Capacity Mapping
ECHO	Humanitarian Aid and Civil Protection department of the European Commission
EPHS	Essential Package of Health Services
EU	European Union
HF	Health Facilities
IDP	Internally Displaced Persons
IMAM	Integrated Management of Malnutrition
INGO	International NGO
IYCF	Infant & Young Child Feeding
LE-NGOs	Less-experienced NGOs (have been in field operations for less than two years)
LNGO	Local NGO
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health (Centre)
MDG	Millennium Development Goals
ME-NGOs	More Experienced NGOs (have been in field operations for more than two years)
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NC	Nutrition Cluster
OCHA	Organisation for the Coordination for Humanitarian Situation
PCM	Project Cycle Management
PLW	Pregnant and Lactating Women
SITREP	Situation Report
SMT	Senior Management Team
ToT	Trainer of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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1. Executive Summary

1.1 Introduction

The 2010-2011 Global Nutrition Cluster (GNC) work-plan began with implementation of a systematic capacity mapping in 8 priority countries in 2011[1]. The Somalia capacity mapping exercise intends to increase the timeliness and effectiveness of nutrition responses in this emergency context. It is important to obtain accurate information on who is doing what and where on capacity building and for what purpose and with what resources, in the different regions of Somalia. This mapping exercise is planned to be undertaken at regular intervals as part of preparedness and kept up to date, tracking validity of declared capacity. Primarily, this baseline phase informs the rationale of a multi-year capacity building plan. In addition, it acts as a key information source for any subsequent Inter-agency Contingency Planning work. This falls in line with Somalia NC objectives and in-country strategy where the need to build the capacity of the nutrition response actors has been recognized as a key component in the drive for quality nutrition programme delivery as outlined by the Somalia Consolidated Appeal Process (CAP) 2011 cluster response plan objective number 3 and in the Somalia Nutrition Strategy 2011-2013 **(Outcome 6: improved capacity and means in country to deliver essential nutrition services)**

1.2 Somalia Nutrition Cluster Approach

There are currently 85 cluster partners (those in the nutrition sector), 58 members and 4 observers (Annex 1)[2]. This exercise focused on capacity of cluster partners, who comprise predominantly of actors from South Central Zone, and those in Somaliland and Puntland. LNGOs, particularly in South and Central Zone, are instrumental in reaching the areas inaccessible to other actors due to security concerns. UNICEF, as the "provider of the last resort"[3] continues to advocate for interventions in inaccessible areas. It provides training and supports national NGOs with a potential to operate and ensures that adequate support [financial, technical and supplies] is available to agencies intending to implement programmes. Nutrition cluster Terms of Reference and cluster work plan have been developed and there are agreed nutrition programmes objectives to guide the stakeholders programme operations. The Cluster approach is now recognized as a legitimate and resourceful forum for nutrition partners, with a functional mandate and work-plan. Nutrition cluster coordination meetings are held at Nairobi Level twice a month as well as working groups, which tackle specific organizational/programmatic issues. Effort to provide coordination support is made, to enable district level coordination of the intervening agencies – with or without INGOs or the cluster coordinator. This is facilitated through decentralization of coordination: Early recognition of the gap between programme sites coordination issues and the Nairobi's (policy level) coordination led to the decentralization move that is bridging the information gap. District level coordination meetings in accessible areas have been held. Inter-cluster meetings currently take place in Mandera, Dolo, Mogadishu(CSZ); Hargeisa(NEZ) and Bossaso(NWZ), as well as specific nutrition cluster meetings. Representatives of the local authorities periodically participate in some Somalia level meetings. Similar meetings are supported to take place in some of the insecure areas where some national NGOs are operating in. Inter-cluster meetings currently take place in Mandera, Dolo, Mogadishu (CSZ); Hargeisa (NEZ) and Bossaso (NWZ), as well as specific nutrition cluster meetings. Thus, the Nutrition cluster is currently well established at both national and subnational level, with a main focus on a) coordination, b) capacity building c) emergency preparedness, assessment, monitoring, surveillance, and d) Advocacy, resource mobilization and fund-raising.

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[1] Somalia, Afghanistan, Yemen, South Sudan, North Sudan, DRC, Niger, Chad.

[2] Nutrition Cluster Contact List for 1st September 2011

Agencies with requisite capacity to undertake emergency nutrition programmes are few and their expansion potential is limited due to access and lack of long term funding to support qualified staff and programmes expansion. National NGOs (LNGOs) often lack adequate technical capacity to run programmes, in these circumstances. However, the LNGOs have community presence and a good network. Advocacy for improved security and long term funding is on-going.

Overall Objective:

To map the existing capacities, capacity gaps and opportunities for nutrition implementers, with an appreciation of the Somalia context.

Specific Objectives:

- To determine, using quantitative and qualitative data collected, the extent to which Nutrition Cluster activities have adequately addressed the capacity-building requirements for nutrition workers to effectively address health and nutrition needs in Somalia.
- To review NGO management and capacity development (CD) organizational guidelines and standards and give recommendations on improvements to enhance the same.

- To meet with NGO partners involved in Nutrition activities and MCH management to identify capacity issues and problems that need to be addressed in order to improve the integrated health and nutrition programming in Somalia.

- To evaluate nutrition competencies of different cadres of field implementers with a view to forming a basis for the design of a nutrition competencies roster.

- To identify the lessons that can be drawn from the exercise and priorities for action.

- To recommend areas to be changed and/or strengthened in capacity development interventions.

- To recommend new/emerging opportunities or methods of capacity development in the health and nutrition sectors, specific to governed and non-governed zones.

- To facilitate at the end of the consultancy, a validation meeting with the capacity development working group to review, and revise as necessary, Nutrition Cluster planning for capacity development in Somalia.

1.3 Methodology:

An external consultant conducted the CM exercise from September to November 2011. The methodology employed included:

1. Stakeholder analysis: All partners (excluding UN) received one of the two formats of tool to screen them against a set of systematic criteria (general information, activities, trainers, staffing and training, funding, reactivity and organizational orientation and personnel capacity gaps). The online too format was simplified and excluded some criteria, designed for the newer LNGOs.
2. Non-technical capacity Analysis by conducting workshops with senior management team (SMT) staff at Nairobi Level and Key Informant Interviews (KIIs) with focal points at field level
3. Technical Gap analysis: Use of Key Informant Interviews and Focus Group Discussions (FGDs) with representative samples of nutrition cadres, across the three categories of partners in the 3 different regions of Somalia
4. Knowledge Gap Analysis: Use of technical questions for different cadres to evaluate knowledge gaps in their functional activities. This utilized standardized question sets that were then checked for consistency in addressing key nutrition technical competencies

1.4 Organization and Process:

The CM exercise was implemented in five stages:

- Contact with the participating partners, contextualization and distribution of 2 versions of CM tool and interview planning;
- 3 Workshops with INGOs; HC-LNGOs and LC-LNGOs;
- Field work component- FGDs, KIIs and Nutrition Competencies Roster;
- Collection and analysis of completed tool (Excel and on-line survey versions);
- Analysis and interpretation of responses;
- Presentation of first draft report to Cluster and UNICEF;
- Presentation of results to the Capacity-building working group.
-

1.5 Contextualization of the Capacity-Mapping Exercise:

The Somalia capacity-mapping (CM) focus was reviewed at planning stages to incorporate some additional factors (to the ToR) that would enhance the practical outputs of the exercise. These included:

a. Revision and simplification of the GNC CM tool for the Somalia context. This was in cognizance to the fact that there are differences in the competencies of NGOs as well as relevance.
b. Recognition that successful capacity-building incorporates not only training, but mentoring and organizational design
c. Additional feedback mechanisms to enhance data collection. In tandem with the CM tool, Key Informant Interviews (KIIs) with focal points of nutrition program implementers and Focus Group Discussions(FGDs) with nutrition workers were also applied to gain insight into the field perspective. 10 FGDs composed of 1 FGDs held in SCZ, 5 FGDs in NEZ and 14 FGDs in NEZ. These were included both urban and rural areas. 17 KIIs were also conducted in the same regions with nutrition focal point representatives purposively selected to include a range of smaller and larger partners, state and academic institutions. This was coupled with telephone interviews when there was lack of access to field site. Organizations selected were a sub-sample of those partners selected for CM tool distribution. LNGOs were specifically targeted as they represented the majority of partners operating in Somalia. Selection used a combination of purposive and random methods, based on the fact that access was restricted to some field sites. To take into account differences in populations, the total number of FGDs undertaken in a region was broadly proportionate to the populations of that region. Thus regions with larger populations included larger number of FGDs. Within regions, jurisdictions were selected to include both rural and urban areas.
d. Workshops with LNGOs were held at Nairobi-level to discuss non-technical capacity development gaps based on the 10 topics that are commonly accepted elements of organizational capacity[4]. This is especially pertinent for LNGOs as these elements are crucial for capacity building (CB) success.
e. Questions directed at partner focal persons, to explore: Approaches to retain institutional memory in the face of high technical staff turnover; Limited capacity in-country ; specific skills training/refreshers and On the Job Training (OJT) in addition to standard training needs; Lack of systematic follow-up mechanism through OJT mentoring to facilitate understanding of skills and knowledge acquired in nutrition programming
f. Basic design of a roster for different nutrition technical competencies is for standardization and assessing reactivity. This roster was pilot-tested by the use of standardized questions posed to the different cadres of nutrition staff

[4] organizational structure, management systems, and metrics; management capacity; community participation; human resource management; organizational vision and strategy; organizational governance; leadership capacity; monitoring and evaluation; multisectoral planning; financial management

1.6 Conceptual Framework

The broadly accepted definition of capacity building that underpins the approach taken in the study is the following:

"The ability of individuals, institutions and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner"[5]

Based on the above definition, capacity can be seen to constitute three dimensions – individual; organizational; and institutional. In conducting the mapping exercise, an attempt was therefore made to collect and analyze the information on ongoing and planned capacity building activities using this framework (Table 1.1). Some of the methodological difficulties inherent in such an approach are discussed below:

Table 1: Dimensions of capacity mapped and indicative activities

Dimension of capacity	Indicative Capacity Building Activities
Individual/Human resources Development	• On-the job training *(coaching, mentoring, attitude change)* • Short-term training *(skills enhancement)* • Long-term training *(professional development)* • Study tours and exposure visits *(sharing best practices)* • Support to human resources development
Organizational	• Development of systems, procedures and processes (e.g. financial management systems; monitoring and evaluation systems; strengthening internal planning processes; human resources management systems; etc) • Assistance in developing organizational strategies • Development of sector strategies and plans • Secondment of Technical Assistance and other staff • Other organizational development initiatives
Institutional	• Assistance in developing legal and regulatory frameworks • Incentives • Governance mechanisms

Capacity development can also be conceived of in three interlinked dimensions: capacity creation, capacity utilization and capacity retention. The exercise was essentially focused on examining the nature and scope of nutrition capacity creation in Somalia, and less directly on capacity utilization and retention issues. For planning and prioritization purposes, the exercise also aimed at assessing the impact of ongoing capacity building activities – its focus primarily on making a detailed inventory and analysis of capacity enhancement activities and to provide an accurate mapping for the requirements of effective capacity building and development.

The mapping exercise was first and foremost aimed at establishing the current state of affairs with respect to capacity building activities underway in NC and to provide the Capacity Building Working Group (CBWG) with the information needed to plan activities of the 3-year capacity development plan. Furthermore, the results of the exercise will provide the cluster with information necessary to empower it to dialogue more effectively with donors on capacity building priorities and strategies. In this regard, the mapping exercise attempts to answer some critical questions on capacity building some of which are presented below:

[5] United Nations Development Programme

Types of Capacity Building Activities Supported

- What are the key capacities building activities undertaken by partners and donors in terms of individual training, organizational strengthening and institutional development?
- How is this spread over national and international NGOs?
- How does this vary across the different regions of Somalia?
- What is the current existing capacity for in service and pre service training?

Resources allocated for Capacity Building and Other barriers to capacity Development

- What are the resources allocated to capacity building activities?
- How much is provided at the different levels – management level and field level?
- What is the resource allocation pattern across the different dimensions of capacity - institutional, organizational and individual?
- What are the other potential barriers to CD, and how can they be mitigated?
- Which cadres are benefiting most from ongoing and/or planned capacity building activities?
- Which cadres appear least supported?

Identification of Capacity Assets and Gaps

- What are the key capacity assets based on ongoing and planned support?
- What are the key capacity gaps?
- What are the areas of duplication?

1.7 Results

Quantitative feedback (CM Survey) attracted a 35% response rate (30 out of 85 NC partners) and thus stakeholder analysis should not be presumed to be entirely representative. In view of the context, other instruments were employed, so as to make inferences about the CB needs and gaps of the wide range of nutrition cluster partners. Together with data collected using a structured CM tool , triangulation instruments were designed to collect, collate and analyse experiences, views and perceptions from the perspective of Nutrition Cluster partners in relation two aspects: Technical nutrition capacity and other elements of organizational capacity at the executive or administration level. The results also highlight the perceived gaps in knowledge and skills of particularly national staff and give a sense of which of these should be prioritised.

Below are a series of tables, which summarise the capacity gaps and opportunities gleaned from the survey review:

Table 2: Capacity-Gaps Table:

Capacity Gap	Specific component	Resolution/Action Required

Capacity Gap	Specific component	Resolution/Action Required
Knowledge gaps in field staff	1. IMAM	• IMAM curricula to be modified for different cadre of field staff(differentiation of IMAM modules); translated to Somali language and SFP component included
	2. IYCF	• At least one IMAM staff should be fully trained in E-IYCF; curriculum,job aids and handouts translated
	3. PCM	• Simplification of operations skills training • Using practical training methods e.g. experiential learning and 'Lessons Learnt' activities • Share available tools and learning and development materials on program management across the cluster organizations.
	4. Proposal/report writing	• Targeted single-component training •Process skills and Feedback
	5. M&E	• Simplified data collection tools • One technical field staff, with reporting skills, trained and responsible for M&E • Targeted single-component M&E training focusing on third-party monitoring and community involvement
	6. Stock management	•Emphasis/training on inflows and outflows, so as to schedule re-supply at the earliest opportunity that reflects practical/realistic considerations
Tools and materials for field staff	1. Update/contextualize BCC/IEC materials	• Development of pictorial key messages
	2. Lack of appropriate training materials for lower cadres	• Translated guidelines/handouts for CHWs and social mobilizers
	3. Lack of standardized protocols	• Development of competencies framework: short,standardized tests for competencies for recruitment different nutrition cadres

Capacity Gap	Specific component	Resolution/Action Required
Inadequate follow-up after training of field staff	1. Lack of requisite nutrition competencies of field supervisors	• Field supervisor requires pre-requisite nutrition competency and supportive supervision tools, to offer basic feedback. Sharing/training of use of SS tools
	2. Lack of experiential learning opportunities	• Exchange information on existing mentoring schemes within the cluster and how they can successfully be applied to train NGO staff • Applicability of buddying schemes which are sometimes used by humanitarian teams when employing 'less experienced staff'
	3. Lack of standardized materials for follow-up	• Supportive supervision tools can be modified accordingly and shared among the cluster
Remote Management	1. Decreased Monitoring	• Third-party monitoring module-M&E training
	2. Lower program accountability	• Emphasis on joint assessments and use of CRO for third-party monitoring
	3. Delayed decision-making	• Adjustment of SOPs by strengthening field-management skill set e.g. action-learning to resolve some of the challenges encountered and/or experience-sharing within the cluster
	4. Inefficient M&E	• Dual-level M&E with off-site team using field information to compile data with organizational criteria and using this to guide further assessment or project modifications
Knowledge gaps of managerial cadres	1. Lack of ongoing professional development	• Online PMC e-learning modules and forums
Knowledge gaps of SMTs	1. Finance and Budgeting 2. Project Planning 3. PMC 4. End of project reporting	• Specifics components requested by SMTs include training for a better understanding of nutrition programming, funding issues, staffing Issues and project costs(elements • Ensure process skills and feedback on these are built into the learning methodologies

Capacity Gap	Specific component	Resolution/Action Required
Inadequate dissemination of information	1. Language Barrier of filed staff impacting on quality of reporting 2. Updated guidelines and protocols are not disseminated to field level fast	• Job-embedded learning for support in writing of reports, proposals and application of soft skills • Link with nutrition call centre initiative for complementary email service to partners(specifically nutrition field-workers)to provide a platform for quick dissemination of updated protocols/guidelines. • The functional UNICEF-supported Nutrition Call Centre can compile 'frequently-asked questions' and a develop translated guidance 'notes' that can be disseminated to a subscriber mailing-list
Inadequate technical personnel	1. High Staff turnover	• Staff-retention strategy that includes formal contracts and JDs for all staff; non-monetary incentives-targeted training & supportive supervision • Contingency measures in place, that include volunteer pool, new talent development and preserving institutional memory
	2. Semi-skilled field workers learning on-the-job	• Induction training; collaboration between partners (on-site mentoring) to develop and implement internal monitoring and supervision; regular performance appraisals
	3. Key management skills required for higher cadres	•Suggested certification through 3-step program: general proficiency; nutrition-specific proficiency and nutrition-specific certified project manager: through online e-learning
	4. Weak linkages with academic institutions for robust technical qualifications	• Field internship and volunteer opportunities for nutrition, nursing and medical students in NGOs

Capacity Gap	Specific component	Resolution/Action Required
CB system strengthening	1. Lack of CB personnel database	• Development of a database of all personnel trained, that is updated regularly
	2. Lack of CB materials database	• Development of database of tools, materials and guidelines used for CB by cluster partners for sharing, dissemination and development of standards
	3. Lack of ongoing CB surveillance	•A simplified, self-assessment of CB activities tool(preferably online format) is recommended as an annual exercise for all partners, to be able to monitor results of the CD plan based on changes, and evaluate impact
	4. Capacity development	• CB teams can be contracted for specific component/specialized training for both field and off-site staff. There are few resourceful & competent persons available in-country to conduct relevant trainings currently.
	5. Evaluation of collaborative efforts	•Targeted single-component training (Inclusive Just-in-time) focusing on practical application, for field implementers •Coordination support and dynamics between partners requires to be investigated to realistically gauge suitability of collaborative efforts i.e. inter-partner relationship between those with different capacities.

Table 3: Capacity Building Opportunities

CB Opportunities	Specific Activities	Action
Vibrant coordination Activities	1. Cluster coordination efforts have been found to be responsive to partner needs. 2. A website forum for information and experience-sharing would be appreciated, among members	•Positive working relations within cluster members • Regular working relations with government health authorities • Regular consultations with key actors in civil society • Regular communications/guidelines from the nutrition sector • Setting up nutrition cluster website for information beyond the cluster
Good computer-literacy skills of field workers	1. The CB tool showed that field workers have relative good access and computer skills, and almost all have an email address that they use	• Link with nutrition call centre initiative for complementary email service to partners(specifically nutrition field-workers). Also provides a forum for quick dissemination of updated protocols/guidelines. •The functional UNICEF-supported Nutrition Call Centre can compile 'frequently-asked questions' and a develop translated guidance 'notes' that can be disseminated to a subscriber mailing-list

1.8 Specific Focus Areas in the three categories of Partner Organizations

Less Experienced/Newer Local NGOs & CBOs

Most of the newer local NGO surveyed are small in size and are often employ a project approach, based on available funding. They have very small administrative capacity, often only the director. Consequently, the local NGOs surveyed tended to have benefited least from capacity building. The initiative to build capacity is often left to multilaterals or, if partnering, to the INGO. Where this is not possible, the local NGOs try to cater for their own needs as best as possible. However, it is generally recognized that due to limited funding for capacity building, especially for the field staff, can be compromised.

Human Resources Development: Most partners in this category have no structured or systematic human resources development activities. In general, they have a smaller fund and are unable to devote significant resources to training. Most of the training for their staff is on an ad hoc basis, provided by more experienced colleagues, projects and NGOs. Coupled with poor workforce planning, these sporadic training actions do not appear to have a lasting impact, as they are not part of any well-conceived capacity building plans of the partners concerned.

Organizational and Institutional Development:

1. Most LE-LNGOs are informally structured and do not have enough personnel, management tools or sufficient facilities. New projects are therefore exploited to assist the NGOs access more and better equipment and management tools, as well as more personnel.

2. High Staff turnover, is a chronic problem-which erodes any gains made in capacity-building. This is also a disincentive to CB investment. From those surveyed, very few activities are implemented on organizational strengthening. These include basic reporting, proposal writing and annual action plan elaboration.

3. Field-level organizational strengthening activities were weakest, or non-existent. The LE-LNGOs/CBOs active in the North (NEZ & NWZ) appear to place greater emphasis on strengthening organizational capacities, with additional activities- financial management tools, reporting, auditing and basic M&E.

Resource Allocation for Capacity Building:

Among the LE-LNGOs represented in the workshops, it was acknowledged that the overall resources devoted to CB were very minimal- with almost 100% devoted for training and none committed to organizational and institutional reinforcement.

More Experienced LNGOs

The ME-NGOs are national NGOs that have a perceived higher capacity based on longer experience or geographical consortiums of nutrition-focused NGOs and generally operate in many sites or more than one region. Remote management is employed, with a small administrative team in Nairobi, liaison person and field implementers

Human Resources Development:

This is generally understood as "training", ME-LNGOs support some short-term training sessions for their field implementers. Where a skilled supervisor is available, on-the-job (OTJ) training and other efforts to develop the required nutrition skills are common for this category. A few have training plans and some funds are allocated from internal resources to support these activities. But most receive external support to strengthen nutrition technical capacities from the cluster, UNICEF, WFP and INGOs. One ME-LNGO has been implementing a donor-funded training project for capacity building of NC staff to implement emergency nutritional response, with a tailored curriculum[6]. Other types of training activities documented included IMAM, skills and vocational training. There appear to be no medium or long-term training activities. The training approaches used are also generally similar and mainly involve the training of trainers, exchange visits -internal and external, seminars and workshops. The beneficiaries of these programmes are: the NGO own staff and the beneficiaries of the projects implemented by the NGO.

Organizational and Institutional Strengthening:

In general, this was found to be only marginally better than LE-LNGOs. The types of training activities documented include: basic financial management, basic reporting, annual action plan elaboration and financial management tools. There appear to be no medium or long-term training activities. The exception is ME-NGOs that have partnered with INGOs (i.e. local implementers). These INGOs support capacity development through training in strategic plan elaboration, financial management tools; ICT – acquisition of equipment; reporting, auditing and participatory monitoring and evaluation. In addition, there is also sharing of technical assistance costs. INGOs also help the partner organization/CBO to structure themselves

[6] Development Initiatives Access Link (DIAL)

so as to meet the requirements of the sectors and cluster. This long-term partnership approach enhances sustainability and institutionalization of the ME-LNGO

Resource Allocation to Capacity Building:

Thought CB resource allocation is quite small overall resources devoted to capacity building, over 80% goes to training activities with the rest committed to organizational and institutional reinforcement. The sources of financing for these activities include the following: International NGOs; projects; Bilateral and Multilateral agencies.

International NGOs

There are two categories of INGOs in the Somalia operational domain. Direct implementers- these implement nutrition programs directly or through governance structures. Partnering INGOs- these has been an alternative to remote management, build up and support a LNGO to implement nutrition programmes in the field. These INGOs generally do not intervene directly in the activities of local partners.

Human Resources Development:

Nearly all the organizations surveyed invest in human resources development through individual skills enhancement and on-the-job training and most have a training budget and a training plan. Some funds are allocated from internal resources to support these activities. In some areas. external support is sought to strengthen capacities where specific critical skills may be lacking, through, for example the hiring of expertise from institutions that specialize in capacity building e.g. RedR. Some NGOs consortiums are jointly addressing issues of staff capacity, accountability and impact measurement through specific projects[7]. INGOs that do not implement directly organize training sessions for their local partners or beneficiaries in three main areas: key nutrition thematic areas, financial management and reporting methods, Seminars and workshops are also organized to share information and research outcomes while cross visits are supported to facilitate the sharing of best practices.

Organizational and Institutional strengthening: INGOs contribute to organizational strengthening through the following activities: new technical and management software; technical assistance in strategic planning and lobbying; financial reviews and audits; networking and linkages with regional and international bodies working in the nutrition sector.

Resource Allocation to Capacity Building: The INGOs interventions target mainly individual training (through short/long time courses, seminars and cross visits). This takes around 80% of the total amount dedicated to capacity development. The main sources of funding for INGOs include: own funds; bilateral and multilateral agencies.

UN Agencies

The partners mapped were UNICEF and other multilateral agencies

Main Capacity Building category supported by donors

Organizational strengthening is the category that is most supported by donors, both in terms of activities and resource allocation. This implies that there is more effort channeled towards developing organizational capacity than skills development or institutional development.

[7] Emergency Capacity Building (ECB) Project.- A collaborative effort of the Inter-Agency Working Group on Emergency Capacity

Individual training Capacity Building

Individual training is the second largest capacity building category supported by donors. Short-term training is the preferred mode and includes training workshops, seminars, and short courses that tend towards information dissemination or information mobilization (for strategic plans and work plans), and skills enhancement.

Long-term training is limited,especially for emergency programs requiring more resource allocation and is not targeted towards emergency programs. It is mainly targeted towards middle level managers and professionals. It is offered by both multilateral and bilateral agencies.

A more detailed presentation on these observed trends can be found in the second section for the report, treating the results of the mapping with respect findings from partners.

1.9 Conclusions

The main priority areas of focus from the CB exercise, were found to be:

1. Capacity Building of Field Staff
   - Knowledge gaps in IMAM, IYCF, PMC, Report-writing and M&E- modules of these technical training requires disaggregation/simplification for different cadres of field staff. Standardization of these modules would also ensure that competency after training is measurable
   - IYCF, report-writing and M&E training requires to be strengthened and follow-up undertaken
   - Stock management inflows and outflows are not well understood
   - Tools and materials for field staff need to be translated to Somali language, updated and development of appropriate job aids for lower cadres (CHVs and social mobilizers).
   - Lack of standardized protocols and competencies within the cluster stresses the importance of developing a competencies framework: short, standardized tests for competencies for recruitment different nutrition cadres.
   - Inadequate follow-up after training should be rectified by ensuring that field supervisors have the requisite competency to offer appropriate supportive supervision and also emphasis of experiential learning opportunities(as opposed to theoretical training only) for field staff
2. Capacity Building of Off-site Staff
   - Lack of on-going professional development of managerial cadres
   - Knowledge gaps in Senior Management Teams (SMTs) i.e. Finance and Budgeting, project planning, PMC and end-of-project reporting
3. Inadequate dissemination of information, at field level within cluster
   - Language barrier of field staff impacting on the quality and consistency of reporting. Job-embedded learning for support in writing of reports, proposals and application of soft skills would facilitate improvement of this component
   - Slow dissemination of updated guidelines and protocols to field level. Direct email service to nutrition field workers, who have relatively good internet access would improve dissemination
   - Collaborative capacity building primarily based on sharing of CB resources between more-experienced and less-experienced NGOs at field level
4. Inadequate Technical Personnel

- Due to high staff turnover, staff-retention strategies that include formal contracts and JDs for all staff; non-monetary incentives-targeted training & supportive supervision are advised. Also contingency measures should be put in place, that include volunteer pool, new talent development and preserving institutional memory
- In the emergency context, many semi-skilled field workers learning on-the-job. Ensuring induction training; collaboration between partners (on-site mentoring) to develop and implement internal monitoring and supervision; regular performance appraisals, will improve the situation
- Key management skills required for higher cadres- standardized packages in module form
- Weak links with academic institutions remove the opportunity for new talent development for the nutrition workforce. Field internship and volunteer opportunities for nutrition, nursing and medical students in cluster NGOs, are advised for academic-nutrition sector partnership.

5. CB System Strengthening
    - Strengthening of referral systems at community and facility-level, to support CB activities
    - A focus on remote management challenges for management cadres is required
    - Databases for CB personnel and materials for on-going surveillance
    - Use of CB institutions to train different cadres of cluster members , as necessary, would augment internal CB activities

1.10 Recommendations

The section below presents the general recommendations from the mapping exercise:

1. *It is recommended that knowledge gaps of field and offsite staff be addressed, with emphasis on modules and areas of weakness, requiring improvement, from the results of the exercise.* Minimum standards for nutrition staff recruitment requires focus on development of job descriptions and thresholds for competency. Development of a nutrition competency framework is thus necessary

2. *Whilst coordination activities were found to be satisfactory, a cluster website is recommended as a platform for information dissemination exchange and best practices to be shared among partners , and beyond.*

3. In the emergency context, it is acknowledged that longer-term training and skills development may not be feasible. However, so as to ensure that the right profiles and competencies are available among partner staff, dedicated institutions with CB expertise are recommended to offer training and follow-up, that would augment internal initiatives. This will complement the gains being made by the cluster and improve technical service delivery at field level.

5. Strengthening of referral systems-at community and facility level as a long-term strategy has the dual advantage of enhancing sustainability of project/programs and is a key support for CB activities. The existence, training, support, and supervision of the community worker—based in the community or operating from a nearby health facility—are indispensable features and a key aspect of any community-based health and nutrition programs (CHNPs).

6. It is recommended that a database of existing CB materials among nutrition cluster members is set up to adapt and improve existing documents. Translation of key documents- including protocols is crucial, as is simplification for use by different cadres. Innovative approaches towards training should be implemented as well as linking with UNICEF CAP Building & Needs Assessment & Framework

7. *It is recommended that the capacity development plan provides a framework for short, medium and long-term investments to strengthen capacities, and to facilitate regular monitoring and impact assessments. Efforts should be made to properly assess and support nutrition pre-service training for relevance and ability to respond to current and emerging capacity needs of Somalia.*

8. Efforts to build capacities in non-technical aspects should be intensified and accelerated given the critical role they play in service delivery and in fostering accountability and governance. *It is recommended that adequate training and information be provided to the Senior Management Team (SMT)-Executives, human resources and other management staff of partners. Furthermore, efforts to strengthen organizational capacities should be accelerated to ensure that Less- experienced LNGOs develop the requisite capacity to respond to beneficiary needs and ensure timely and quality service delivery.*

8. *It is recommended that efforts be consolidated, paying particular attention to the need to strengthen organizational capacities of NGOs. It is further recommended that efforts be made to target training to different cadres and make available translated tools and job aids to ensure that critical and strategic skills lacking in the nutrition sector are made available.*

9. *It is recommended that the capacity development plan provides a framework for short, medium and long-term investments to strengthen capacities, and to facilitate regular monitoring and impact assessments. Efforts should be made to properly assess and support nutrition pre-service training for relevance and ability to respond to current and emerging capacity needs.*

10 It is recommended that the Cluster undertake annual assessments of all ongoing capacity building efforts and to put in place a database on capacity building activities.

1.11 Limitations and Constraints of the Exercise

The main constraint encountered was the number of partners (>80) to map vis a vis the availability of time, which influenced access to people, documentation and information. The overall response rate to the CM tool, for stakeholder analysis, was too low for definitive mapping. An exercise of this scale and scope requires sufficient time for detailed information and documentation to be collected, key persons in institutions to be interviewed and sufficient time to triangulate the information collected to establish the accuracy of the data. A lot of agencies considered the template complex, confusing and hard to fill. However, the online format received a better response rate. In addition, the templates received from some partners had a lot of false positives that change the report view. Thus, for more reliable view of organizational nutrition capacity it is highly recommended that a simpler tool that is administered directly, is used for the next phase of capacity mapping.

Data gathering for local NGO entities proved particularly challenging given access, the scattered nature of relevant sources of information and other factors. Newer LNGOs were at the inception, or planning stage of activities, so it would have been misleading to quantify current capacity. Response rate to the tool, from INGOs was also very low (<10). The non-availability of the relevant persons, in particular for the INGOs to fill in the tool was because the period of the investigation coincided with the protracted crisis. It was thus not possible to exhaustively map quantitatively. This meant that resources committed for capacity building could not be accurately quantified for these particular sectors. However, meetings were held with INGO field personnel, which provided valuable insights. Sub-sampling of institutions and partners for more detailed quantitative data collection was undertaken to enable some general conclusions to be made with respect to where capacity building resources appeared to be concentrated for these two sectors, and therefore making it possible to pinpoint general patterns and trends.

On the methodological front, it proved challenging to collect information and systematically disaggregate the data into the three categories of capacity development, namely, individual, organizational and institutional. Nonetheless, efforts were made wherever it was possible to collect and analyze information on capacity building activities based on the three dimensions of capacity. To circumvent this difficulty, the analysis in many cases grouped the capacity building activities into two main categories, namely: human resources development; and organizational and institutional development. A key question therefore is not whether more should be done on capacity development but rather how it should be done and what approaches would best help address current and future challenges.

2 RESULTS:

2.1 Qualitative Information

2.1.1 Perspectives on Non-technical Gaps :

Strengthening of organizations' internal systems and structures is generally accepted as an element of organizational capacity building and widely understood to be integral to strong institutions, and yet is not uniquely a training intervention. Many forms of capacity building—training, mentoring, organizational design—can lead to sustainable change, yet none alone defines capacity development[8]. The three workshops organized at central level (Nairobi) were convened for members of the Senior Management Team (SMT) of partner organizations i.e. representing INGOs, More-experienced LNGOs(ME-LNGOs) and Less-Experienced LNGOs(LE-LNGOs). Feedback from all three sessions reinforced that priority for CD should follow the ranking below:

Priority for Capacity Building:

1. Program Implementers (Technical Field Staff)
2. Nairobi office- Program Coordinator/ Prog. Officer
3. Nairobi office- Executive

Emergency nutrition capacity in the Somalia context depends to some extent on the ability to leverage other organizational resources, including:

- Operational capacity of the nutrition program line management structure-often remotely managed from Nairobi Level
- Technical capacity in the field
- Capacity of other departments of the organization such as Finance, Human Resources, Fundraising, Supply chain management and Information Systems.

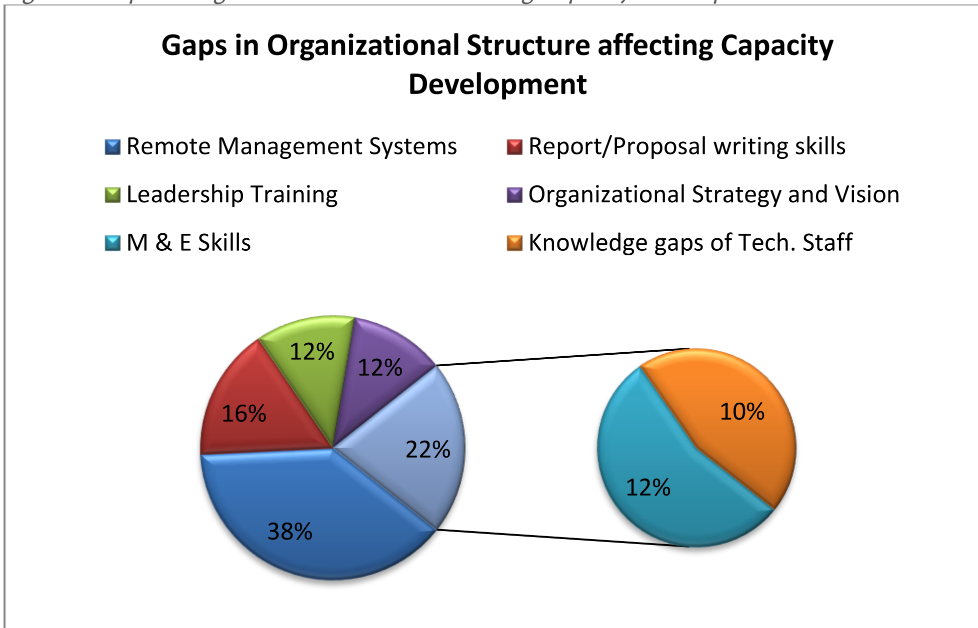
Reflection and brainstorming with partners on these issues was directed using primary topics that fell into 10 main categories, consistent with commonly accepted elements of organizational capacity building[9], to stimulate discussion. Based on feedback of three workshops held at central level with INGOs, LE&ME LNGOs found that there were consistent challenges reported that had a negative influence on optimal capacity development within the organization. These did not necessarily correspond with the 10 elements suggested.

The results of the exercise are tabulated in Figure 1 below:

[8] USAID/AIDStar-2 (2010) Technical Brief: Challenges Encountered in Capacity Building-A Review of Literature and Selected Tools

[9] organizational structure, management systems, and metrics; management capacity; community participation; human resource management; organizational vision and strategy; organizational governance; leadership capacity; monitoring and evaluation; multi-sectoral planning and financial management

Figure 1: Gaps in Organizational Structure affecting Capacity Development



2.1.2 Current Challenges to Capacity development in Nutrition Programs

The main agenda of the workshops to brainstorm on non-technical barriers to capacity development in INGOs and LNGOs was addressed in the question that asked:

In your opinion what are the challenges/ key obstacles to capacity development in your organization?

The challenge of high staff turnover, was also discussed in detail.

These responses indicate the non-programmatic needs of a capacity development plan, which complement the components of technical learning needs.

The answers are discussed below, according to their weighted ranking, illustrated in Figure 1:

1. Remote Management Training Needs for Somalia
2. Monitoring and Evaluation Skills
3. Knowledge gaps of Technical Staff
4. Report and Proposal Writing Skills
5. Leadership training
6. Organizational Strategy and Vision

2.1.3 Remote Management Training Needs for Somalia:

The complexities of the Somali context mean that INGOs and LNGOs have a reduced ability to operate and are causing many of the agencies to modify ways of working in order to adapt. Almost all NGOs in the Somali NC use a series of remote management/partnership approaches to continue (and in some cases) scale up operations and assure programme quality and accountability. All approaches, though, necessitate management and implementation to occur at different locations. Extensive management and coordination structures based in Nairobi, Kenya, support the LNGOs and staff of partners that continue to undertake field activities. Efficiency, accountability and delivery are still expected and thus a special set of skills and considerations were requested by workshop participants because, as expected, remote management poses special challenges. This condition needs to be addressed in a substantive manner as rather than the 'short-term contingency' scenario that many agencies think typifies remote management, in Somalia it has become a standard operating procedure for INGOs and many LNGOs over the long haul.

> "Remote support is required in this case for quality assurance (of the) program"
> LNGO comment about capacity gaps in organization

The ideal measure is to conduct prior training of implementing staff for programme implementation, reporting, security, etc., before remote management arrangements take effect[10]. However, where partners are already operating in emergency, the priority areas suggested areas for capacity building/ increased support within Somalia seem to be quite similar to recorded requests in similar contexts, "The most frequently cited area was project cycle management, including report writing. Others included accounting, team management, and strategic vision and planning"[11]. Rather than accepting that "shifting to remote management means accepting an unavoidable lowering of technical sophistication and versatility, as well as for programme monitoring and evaluation standards", there are useful practices (Appendix 3) that can be shared/incorporated to a remote monitoring training that should be in the NC capacity building plan.

2.1.4 Knowledge gaps of Technical Staff:

Many respondents stated that in an upsurge of emergency work e.g. the current famine crisis, LNGOs engaged new staff, who inevitably had knowledge gaps. In this circumstance, technical training (when available) would not be sufficient in itself to equip new staff for emergency work.

All staff (INGO and LNGO) felt that follow-up after trainings was inadequate. On-going mentoring, often does not exist or work on an on-going basis in the organizations concerned. It was felt that training courses without follow up would have limited success during implementation. Emphasis on 'on-the-job'/practical component of training would help individuals to practice with guidance and develop confidence and skills, and subsequently opportunities to take on more responsibilities. Refresher courses were also emphasized as a solution to reviewing technical material and also an opportunities for new staff to receive training. Many respondents stated that nutrition technical staff do not have the time during an emergency, nor make the time, to build the capacity of new staff. Follow-up and mentoring was perceived as a big challenge and some respondents pointed out that capacity building for program managers (PM) needed to be more intensive than subordinates, with a component of monitoring and evaluation (M&E) and supportive supervision skills. This would enhance PM capacity to gauge what competence the field worker already has and what they lack, how s/he can potentially fulfil that, and what support/opportunity capacity building can offer. Good M&E skills should also improve the trained individuals ability to analyse and utilize the information and improve program outputs.

On-going capacity building and support is needed to develop softer skills such as management and leadership for senior technical staff. It was also mentioned that ToT trainings do not necessarily guarantee that there will be resourceful & competent persons are available when needed, to conduct relevant trainings[12]. In the field, UNICEF-supported IMAM trainings have become a double-edged sword, where trained ToTs are immediately promoted(e.g. in institutions, MoH), undermining skills transfer agenda[13]. ToTs need to be selected carefully, to ensure that they will actually deliver the skills learnt, correct mistakes and offer practical support to ensure quality implementation.

Development of Particular Skills:

Respondents highlighted the following skills areas which would need development:

Monitoring and evaluation skills

Monitoring and evaluation of the efficiency, effectiveness, relevance and sustainability of a nutrition programme is very important including documentation and dissemination of lessons learned and good practices. It is considered crucial in programme management because it ensures compliance with international humanitarian standards, ensures learning, informs decision making and publicises performance. Monitoring the relevance and impact of any program in an organization, is important for continuous learning and improvement - M&E provides accountability for strategic planning; it can be an excellent fundraising tool; facilitates learning and supports accountability towards beneficiaries. It was agreed by all NGOs that it is a necessity to invest more in the M&E training of staff members. The key components at the various stages of M&E are: design of a monitoring framework, formulation of monitoring indicators, formulation of

[10] *Once Removed: Lessons and Challenges in Remote Management of Humanitarian Operations for Insecure Areas,* Humanitarian Outcomes Paper, February 2010

[11] ibid

[12] Gostelo, L/Nutrition Works (2007) IASC Global Nutrition Cluster: Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights

[13] KII with UNICEF Nutrition Focal Point (SCZ)

monitoring methods, design of data collection tools, analysis and storage of collected data and presentation of information in user friendly formats for easy interpretation and usage[14]

Training of M&E needs to be contextualized to Somalia with inclusion of 3 pertinent aspects:

a. Simplification of tools- review of "normal" M&E frameworks to identify a limited set of indicators for basic standards that they would be accountable for monitoring. Data should be reasonably consistent with the criteria of other organisation data collection tools[15] guiding further detailed assessments. Indicators should be clear and simply worded, with simplified collection mechanisms, as data is likely to be collected by partners, community members, or other third parties[16]
b. Partner-level monitoring- For the majority of NGOs, utilizing remote management requires working closely with a partner at field level. Many LNGOs collaborate in this way with INGOs. Since decision-making is shared with national staff it is vital that daily management criteria are consistent with the NGO approach and capacities are developed accordingly[17]. Sometimes collaboration with a Somali NGO is established in the implementation of the activities. A good practice scenario by Italian NGOs working in Somalia indicates that the best experiences have been based on clear mutual understanding of roles and responsibilities, simple procedures, focus on capacity building
c. Community Involvement- The partner, together with the community, monitors the key indicators. The partner is responsible for setting up monitoring and feedback systems with the local community, for regular focus group discussions with different community groups (women, men, youth, elders), for data analysis and cross-checking, and for reporting[18]. This common missing link makes a big difference in programme acceptability and support. Suggestions[19] for practical skills needed included putting in place incentives to encourage stakeholders to perceive the importance of their involvement and feedback on the project, and the usefulness of the process that should be seen as an opportunity to discuss problems openly, reflect critically and criticise constructively in order to learn what changes are needed to enhance impact. Equally important is clearly defining the communication strategy targeted at different stakeholders.

Report and Proposal Writing Skills

This was reported as a basic skill, which was by-passed as a training need in this emergency context. Reporting/proposal-writing is the documentation and presentation of focused information on a specific intervention. LNGO respondents lamented that while technical and institutional training modules were in plenty, they lacked a proposal-writing/report-writing guidelines. Many LNGOs SMT members reported that their technical staff lacked report-structuring skills. However, a good report is the most common way to show results to donor and it is worthy investing in its realization. A request was made to have UNICEF staff specifically guide LNGOs on PCA documentation. This points to a lack of confidence in fulfilling a basic requirement in partner-donor collaborations and could go some way in explaining the delays in partner reporting[20]. Besides the fact that they are a key resource in institutional memory, reports also serve to communicate to target audience that are interested in the intervention. Reports/proposals should be individualized and focused on the recipient. This serves to guide in the level of detail, analysis, technical nature of the report and even format-thus defining the structure. Real-case past reports can be reviewed, with assistance, outlining what should be the nature of a good report in both structure and content[21]. Training modules on donor requirements are already available for ECHO and others. These could be completed by individuals with input and application of learning within their own organizations.

[14] COSV: Distant Monitoring And Reporting Guidelines For Somalia Programmes-Report Of The Workshop And Guidelines Italian Development Cooperation Nairobi, Kenya February 2010

[15] ibid

[16] Oxfam International and Merlin for NGO Consortium: Remote Programming Modalities in Somalia Discussion Paper -January 2009

[17] Sandro De Luca (CISP-Development of Peoples)-Dealing with monitoring challenges in Somalia: field esperiences of Italian NGOs- Seminar Presentation, November 2010

[18] Oxfam International, “Quality Standards, Monitoring and Evaluation strategy in insecure areas of South- Central Somalia”

[19] COSV: Distant Monitoring And Reporting Guidelines For Somalia Programmes-Report Of The Workshop And Guidelines Italian Development Cooperation Nairobi, Kenya February 2010

[20] Nutrition Cluster Coordination Meeting Minutes of September 14th 2011

[21] ibid

Lack of basic skills
Ability to speak English was mentioned repeatedly as a barrier to national staff development, particularly lower-cadre field staff. This impacted their ability to follow instructions or interpret guidelines, which are primarily in English (e.g. IMAM guidelines)
One respondent said that less skilled field staff were selected for posts over others because
of their ability to speak English. In many instances basic education had been interrupted by war and insecurity. Many did not have a chance to enhance English speaking skills, particularly in LE-LNGOs. It was also agreed that it can be hard to find staff who are comfortable with Word, Excel, Project, and Access and who can effectively write reports.

The principles of Project Planning and Management, applied to various different case examples, lend themselves to classroom learning. Participants would be able to share experiences of
emergency programs they have had direct or indirect contact with. Video footage of various
program contexts could be watched to show examples of the kind of decisions that are needed
early on in the emergency situation. All this could be covered as part of a multi-agency program.
Participants could be encouraged to keep reflective logs, which would cover new ideas they
learn, and successes and problems encountered in their application.

Also, general competencies ('soft-skills') that were felt to be necessary, especially for the staff at field level include:
• Accelerated decision-making under pressure. Emergencies require a mind-set that nurtures
critical thinking in an on-going way, not just doing what was agreed to in an earlier context.
• Ability to cope with the change in pace of emergency work. Ability/willingness to think quickly, out-of-the-box and appropriately adjust to changing circumstances.
• Need to view things differently. Many national staff may not comfortable in thinking outside the historic norms of thought. This limits possibilities. National staff can lack the flexibility that comes with international experience. They lack confidence and the ability to see and articulate what could be, rather than what has been in the past[22].

2.1.5 Learning Needs of Senior Management Teams (SMT)

SMTs discussed their learning needs to enhance their organizational capacity. The areas, ranked by priority, are noted below:
Executive/Program Staff Offsite(Nairobi):

- Finance and Budgeting
- Project Planning
- Project management Cycle
- Reporting at end of project report

Specific capacity gaps to be addressed, in terms of understanding nutrition programme, that is managed remotely, included:

1. What it takes for nutrition programming
2. Good idea of funding issues
3. Good idea of Staffing Issues
4. Understanding of project costs(elements)

This is proposed to be accompanied by a more perceptive focus on improved results-based management and result reporting. Supporting the leadership, ownership, management of LNGOs is particularly useful. As needs differ, planning tailor-made learning opportunities for the different categories of partners in an inclusive and participatory manner, will do. The importance of the SMT role-modeling clear and transparent principles and practices of governance as well as using a range of forums that ensures participation of all staff (including field implementers) in consultations and decision-making over the design, management, monitoring and evaluation of the programme elements.

[22] Swords, S(2006) ECB Project Staff Capacity Initiative- Establishing the Learning Needs of National Staff in Emergency Response: Results of Learning Needs survey November 2006

2.1.6 Organizational Strategy and Vision

All NC partners should pursue a conscious strategy to enhance the quality of programme planning and the delivery of results and financial resources by:

a) Securing necessary technical inputs in design/ implementation and monitoring processes
b) Mainstreaming a results-oriented culture through monitoring and evaluation by ensuring that all programme staff are trained in monitoring and evaluation, seeking the necessary monitoring and evaluation technical expertise
c) Regular review of existing programme management capacity and taking corrective actions to enhance quality and ensure good financial management
d) Undertaking a systematic capacity assessment of administrative and technical staff as well as monitoring new/surge employees to ensure that they are capable of delivering to quality standards

This was acknowledged to be an easier process for INGOs and particularly problematic for ME-LNGOs who, in some cases had no strategy or vision. The key role of the Executive Director/Chairperson in communicating this and motivating staff was emphasized, and thus was included as an area of weakness that should be addressed in capacity development.

2.1.7 High Staff Turnover:

> "We rely on national staff to carry out our projects. The INGOs normally take the best staff due to their competitive salary scales "
>
> LNGO Executive Director lamenting on personnel challenges

In the Horn of Africa organisations' poor retention is an accepted reality and the workforce is highly mobile. However organisations are attempting to address this[23]. The Somalia context is a classic case, with the blanket assumption that high staff turnover is inevitable. How much can the organization do to minimize staff turnover, was the question raised in different forums of the CM exercise. Research shows that organisations (INGO and LNGO) are relatively weaker at implementing initiatives that mitigate the consequences of turnover such as inductions, succession planning, and preserving institutional memory[24]. It is understood that the nature of the emergency sectors' work creates many 'push' factors for staff which include geography, security, short term assignments, and extreme urgency. The 'pull' factors, where the employee decides to leave for a competitor, are caused by limited funding or limited career progression opportunities in their present job.

The context being as it is, other job satisfaction factors are crucial in staff retention. Although some staff turnover is unavoidable, much can be done to reduce the attraction of other competing organisations and the impact of operational realities on staff. This is underpinned by employee engagement- described as being intellectually and emotionally committed to the goals of their organisation and work group. When an employee is 'engaged' they are more likely to speak positively of their organisation to others, to apply their best efforts to their work, and to want to remain part of the organisation.

This is an overwhelming concern, particularly for LNGOs who feel that their competitors include each other as well as INGOs. This resignation has translated into minimal effort made in professional development of staff. It was acknowledged that in Somalia context, though a 'better package' i.e. monetary remuneration is a first priority, staff needed to feel more valued in their positions, which would be primarily supported by the opportunity for individual professional development.

[23] Emergency Capacity Building(ECB) Project/People in Aid Report March 2010- Addressing Staff Retention in the Horn of Africa
[24] Swords, S(2006) ECB Project Staff Capacity Initiative- Establishing the Learning Needs of National Staff in Emergency Response: Results of Learning Needs survey November 2006

All partners, regardless of their clout, should realize that investment in their staff and improvement in human resources is worthwhile even when staff leave earlier than hoped. Cluster partners recruit from and contribute to the same evolving and expanding pool of talent in the sector[25].

Strategies to improve staff retention:

Individual Talent development: alignment of personal and organisation's agendas is necessary to engage staff- both formally and informally. In an environment where salaries are limited to funding and organizational capacity, the second 'line of defence' suggested by managers is prioritization of an individual's professional development i.e. opportunities for promotion, lateral growth[26], consistent supportive appraisals and tailored training based on this. Since 100% retention of staff is not possible, retaining your best staff members means focusing on and engaging your best people.

Workforce Planning: Strategic foresight anticipating future deployment and programme needs is crucial for workforce planning. This is dependent upon good collaboration between HR and programmes- based on the assumption that there is a highly-functional HR department. The key competencies and qualities are needed to deliver program success should be matched with who is priority to retain; this means you must also understand what they need and want and what you are prepared to offer them (within standards and guidelines)[27]. Workforce planning should be embedded at the beginning of the project.
Transparency is also key, so that management is not perceived as inconsistent in application. For nutrition programmes, a viable mechanism for engaging 'surge' staff in times work overload is crucial. While mechanisms for this are clearer at INGO level, LNGOs will engage minimum-qualified field staff, who are then trained 'on the job' by colleagues. This lowers on the quality of programming. Suggestions to circumnavigate this eventuality included:

- Keeping an updated roster of volunteers that can be deployed
- Collaborating with academic institutions to engage interns that can be groomed
- Job rotation in the program so that staff have multiple skills

This aspect needs to be explored further by documenting good practices that work in the Somali context, to overcome this challenge-especially for LNGOs

Good Management at the starting and ending: It was felt imperative that managers handle these key thresholds well, to uphold the organizations reputation. To be more useful staff inductions (especially at field level) by supervisor or fellow staff should focus on into how to 'navigate' their way in the organisation such as explaining the way things are done, norms and expectations. Briefings should also include strategy and any tools or materials used by the organisation at local or regional level. 'Involuntary turnover' that is common in project-based nutrition programmes, should be handled well to minimize casualties- and re-assure those left. Open communication is key, to manage expectations, anxiety and perceptions.

Managers and HR also need to realize that there are inevitable push and pull factors that influence staff retention of employees. Line managers have little control over some push factors such as the environment, job insecurity, family pressures, and poor alignment between emergency and development agendas. Pull factors that are experienced mostly by INGO staff, in addition to those mentioned above, are practical limitations to career progression for Somali field staff are positions are in locations where the staff member would not want to operate on a permanent basis. Barriers include local languages and ethnicity, remoteness, and accommodation – these factors should not be presumed however and staff can overcome them.

[25] ibid
[26] Same salary scale but different role and responsibilities, to expand their skills and capacity
[27] Emergency Capacity Building(ECB) Project/People in Aid Report March 2010- Addressing Staff Retention in the Horn of Africa

Adopting counter measures to push and pull factors are pinned on good HR practice and providing opportunities for meaningful work.

Preserving institutional memory:

Corporate institutional memory can be defined as the total body of data, information, and knowledge that is required to deliver the strategic aims and objectives of an organization[28]. The CM exercise focussed loss of institutional memory, following the departure of members of staff. This scenario was reported to be common, based on staff retention challenges. When a member of staff leaves, they carry with them valuable experience with which they learnt, made decisions, understood contexts, or engaged colleagues.

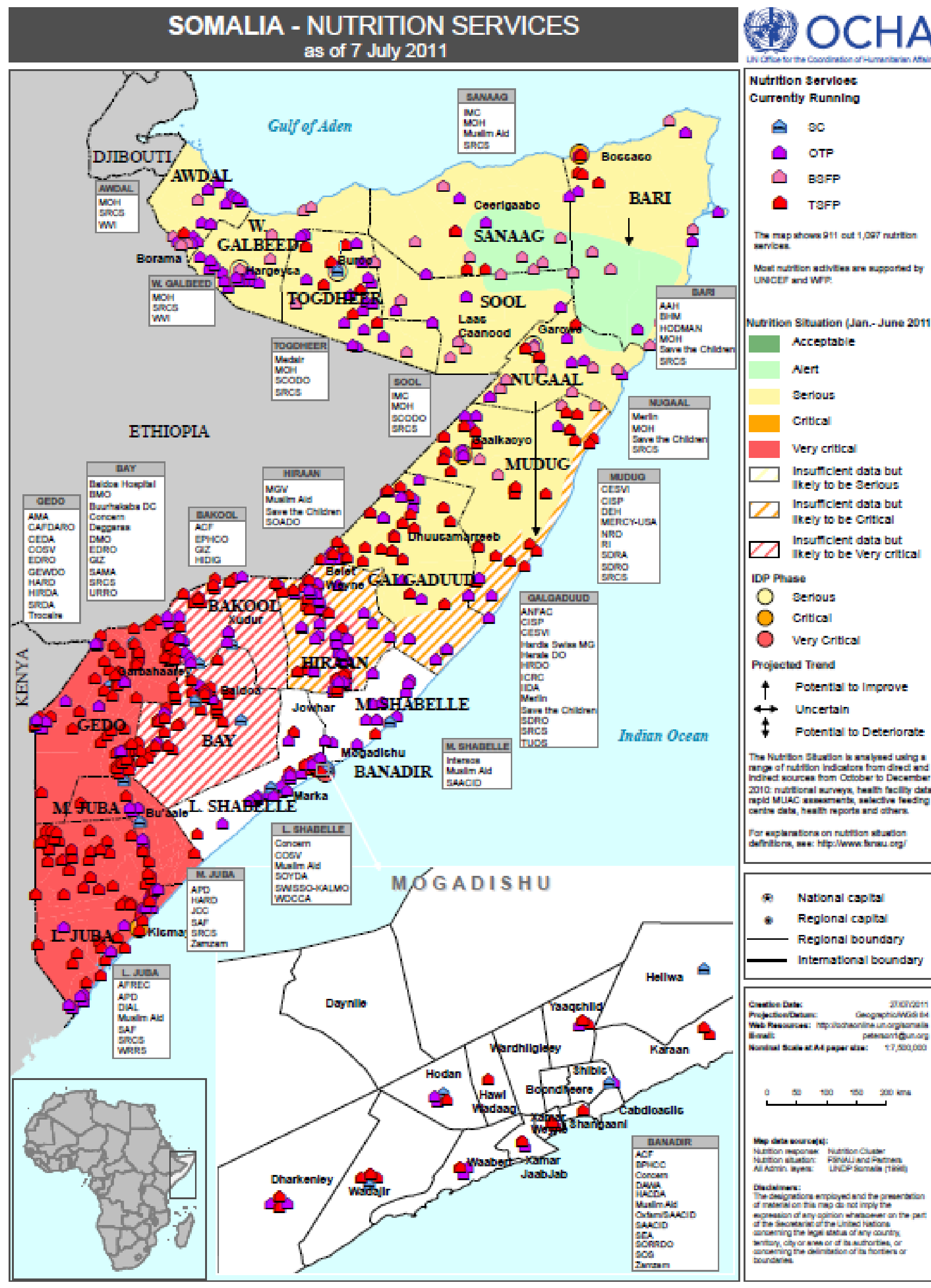
The conundrum of training staff, only to have them leave for better positions has been experienced by all cluster members that participated in the workshops, thus is a pertinent concern. The following were suggested as methods of going round the problem:

1. Train more than one member of staff in the same cadre (field positions)
2. Job-shadowing: This was possible when an exit strategy for departing staff is in place, whereby the new employee is paired up with the departing employee to share knowledge (and perhaps hands-on practice) in dealing with the most difficult situations on the job.
3. Good Documentation- they are a key resource in institutional memory,
4. For smaller LNGOs, having a core member of staff double up as a technical manager, that could induct new staff in the event of sudden departure of technical staff.

3.1 Quantitative Information

Figure 2: Coverage of Nutrition Services

[28] Elements of Effective Succession Planning(2007) A Working Paper for the UCEDDs



3.1.1 Categories of Nutrition programs and activities

Figure 3: Graph showing Domains of Expertise from CM Tool

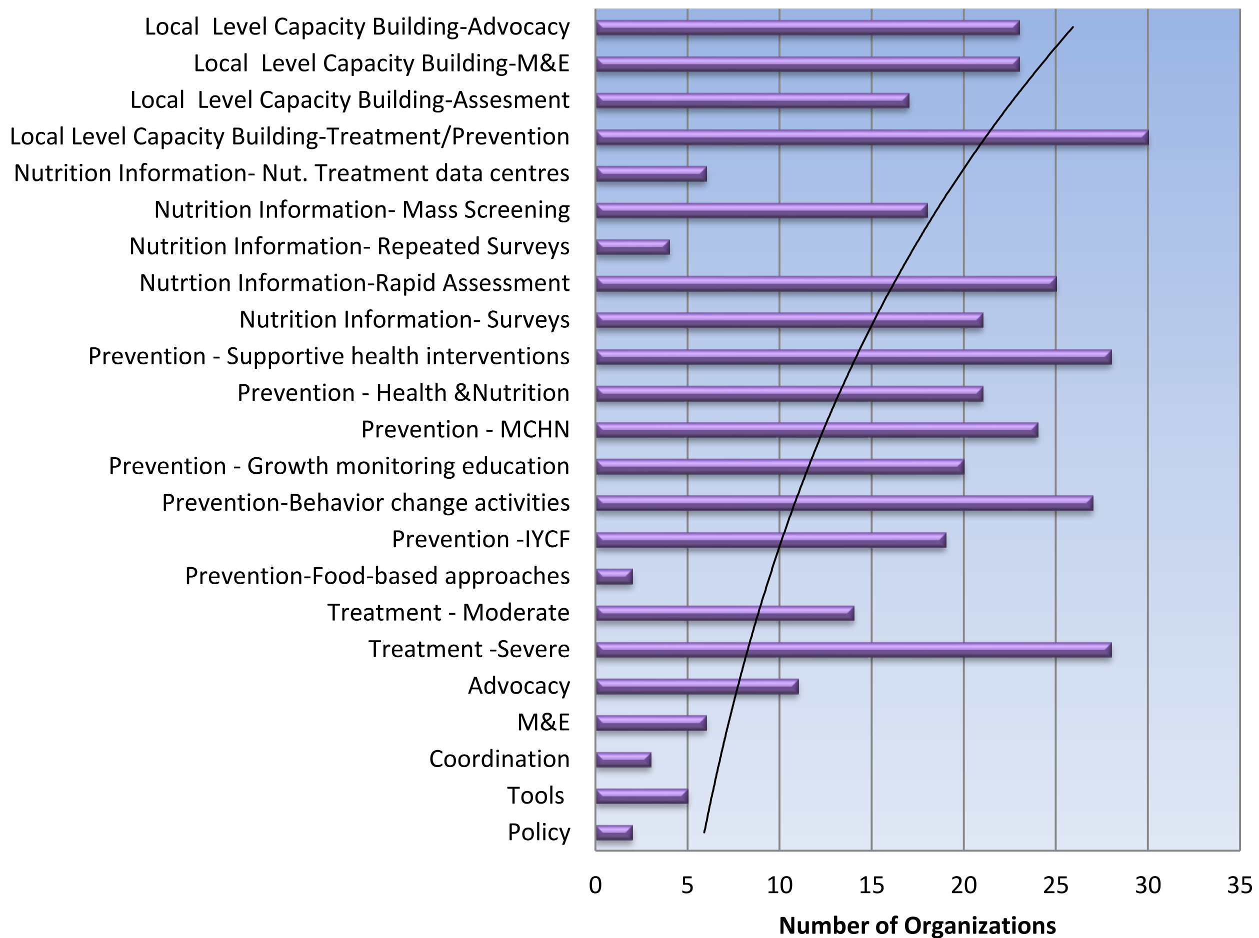
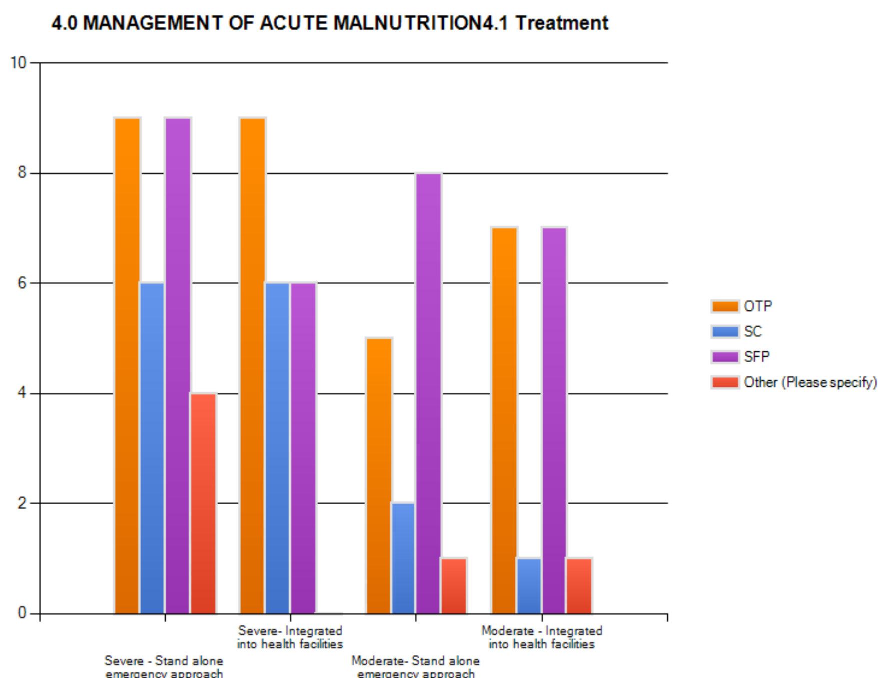


Figure 3 is the overall graphical representation of the activities reported nutrition cluster partners and their specific domains of expertise.

Though not a representative sample, the distribution of activities shown above is fairly typical of NC partners- with UN agencies and a few INGOs in policy, and most partners specializing IMAM and local capacity-building. It is evident that Management of Malnutrition- preventative and treatment, whether by implementation(IMAM) or capacity-building, are the dominant field of expertise. This overview shows at a glance that technical capacity building and coordination opportunities are available in the general domains: Policy, Tools. M&E, Advocacy as well as surveillance.

The following graphs below disaggregate Figure 3 and refer to the domains of expertise of cluster partners- categorized into broad categories of general activities, management of acute malnutrition activities, nutrition information activities and capacity-building activities. These are further subdivided in the tool, to pinpoint how/ where specific activities carried out.

Figure 4: Management of Acute Malnutrition-Treatment



As expected, management of acute malnutrition features strongly for all partners, as IMAM, with both stand-alone centres and integrated to Mother and Child Health Clinics (MCH). The 'other' categories referred to other food-based approaches e.g. one partner cooks locally-available food for SFP

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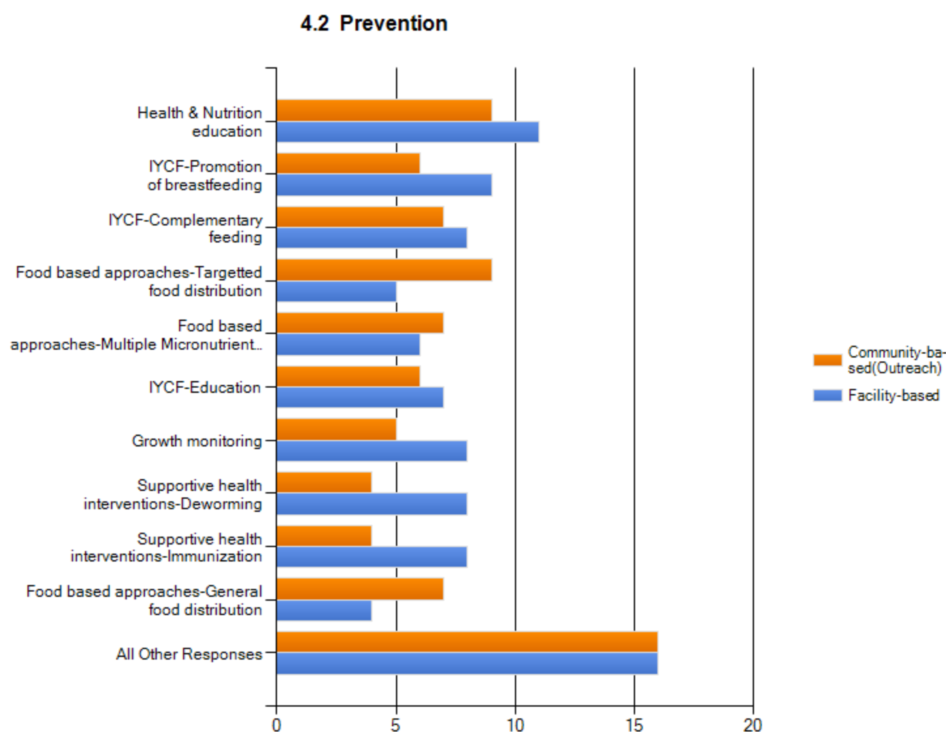
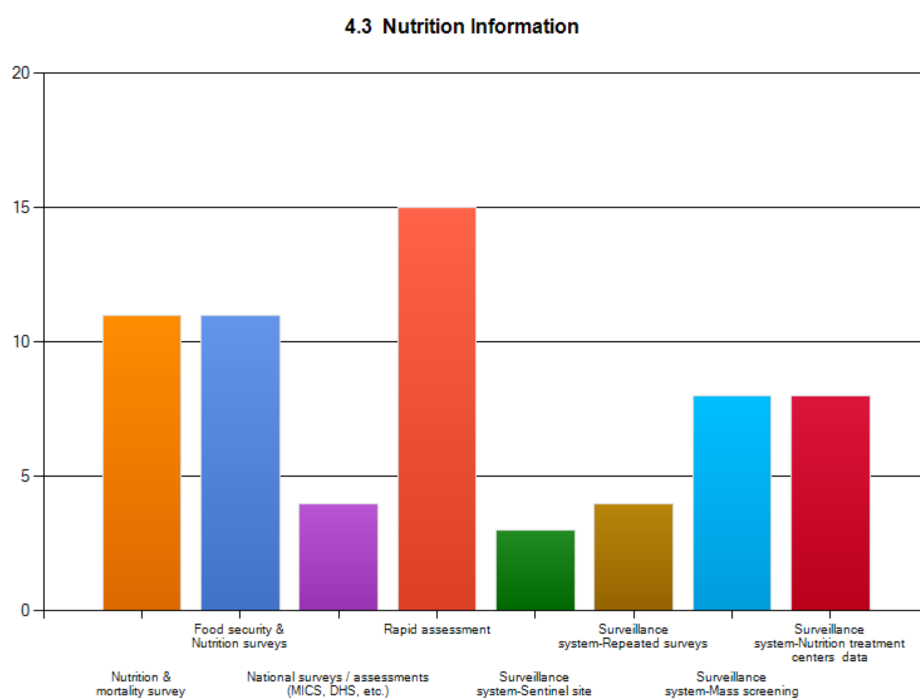
Figure 5: Management of Acute Malnutrition-Prevention



From figure 5, preventative interventions were categorized either as being facility-based or community-based (including outreach)in the CM tool. These augment and are often provided side-by-side with curative services- e.g. IYCF initiatives are often part of MCHN (Mother and Child Health and Nutrition). These are often the domains of expertise of partners that have a longer-term (livelihoods and development) focus, and will also provide services to a targeted population e.g. one INGO provides food vouchers to IDP households.

From Figure 6 below, the most common form of nutrition information is rapid assessments, followed by surveys with the minority of partners also carrying out surveillance. Rapid assessments remain the more practical option, due to the cost and skill implication requirements of other nutrition information methodologies. Joint rapid assessments are recommended to increase robustness.

Figure 6: Nutrition Information activities



From Figure 7, capacity building activities are observed to be carried out typically at local level with the most prominent training being on prevention and treatment of acute malnutrition. However, these results should be read with caution as it is possible that misinterpretation of this section was likely- whereby partners referred to personnel undertaking capacity building in these areas NOT providing CB themselves.

Figure 7: Capacity Building activities

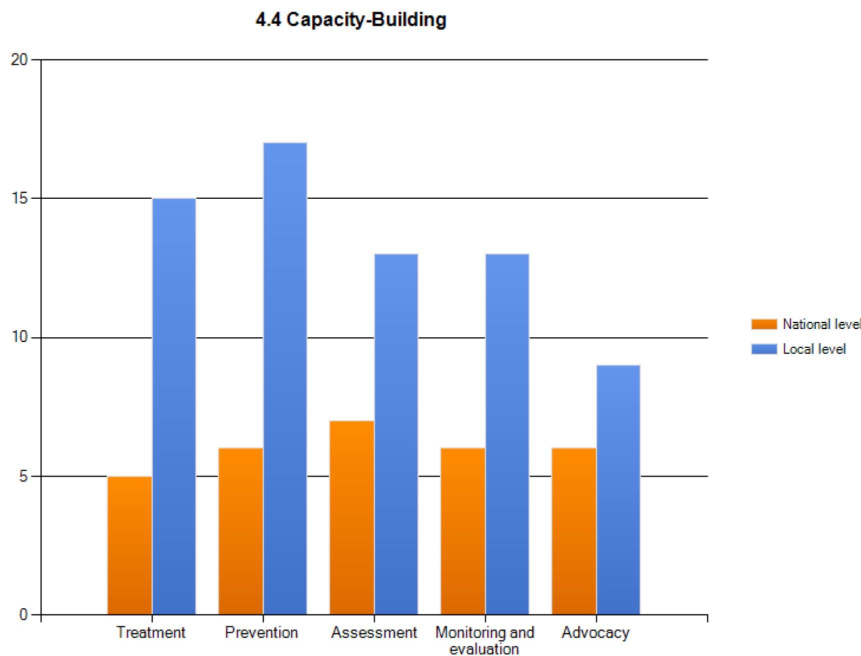
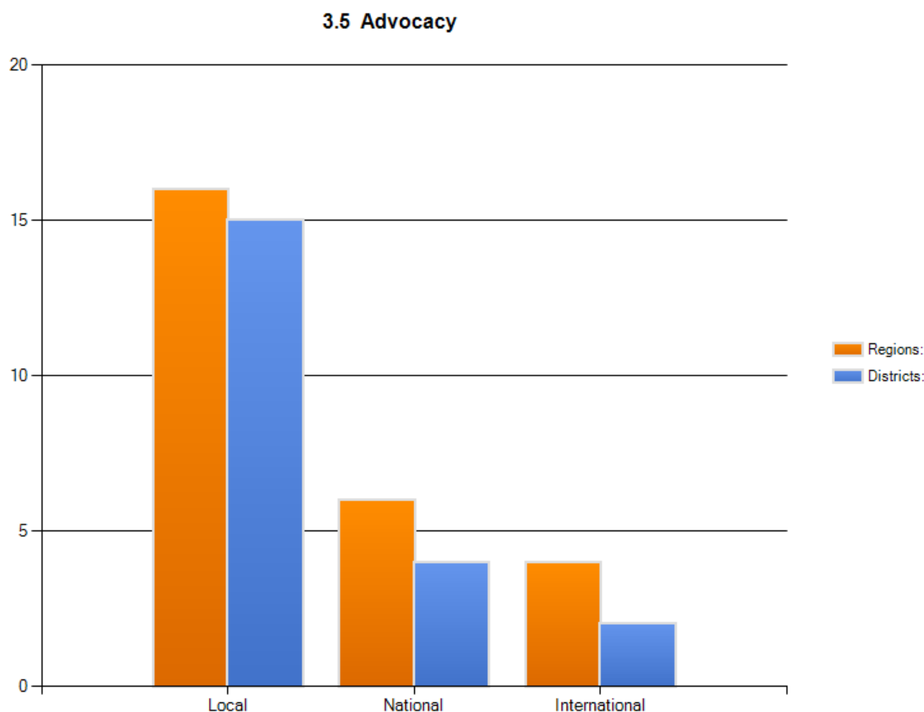


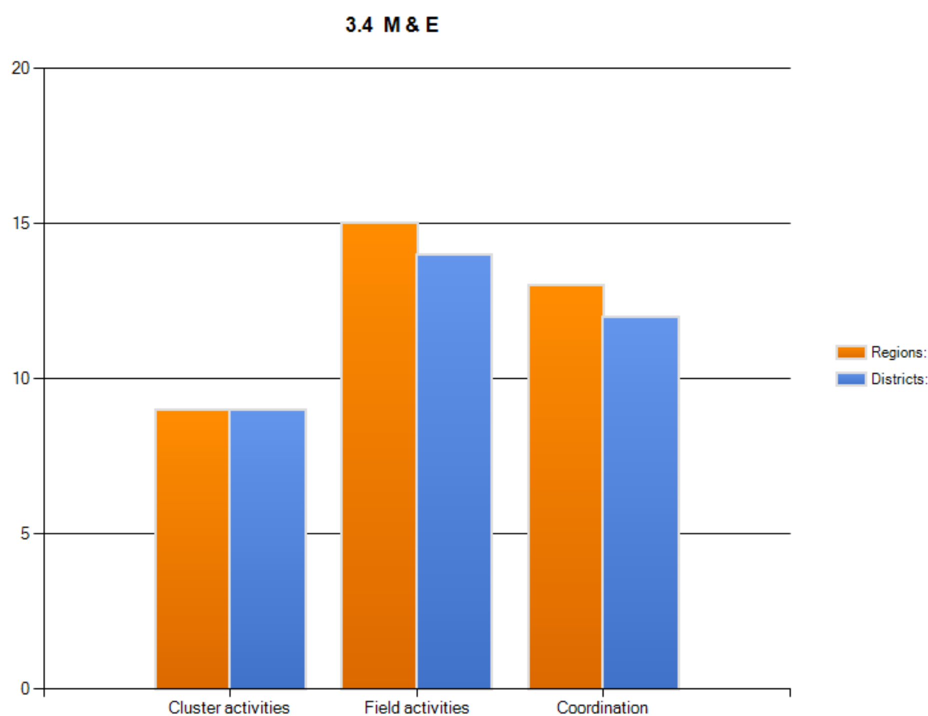
Figure 8 illustrates the level of advocacy activities that are carried out by cluster members. Local advocacy is most prominent, as expected, for community/grassroots involvement. The bars are representative of the activity areas, with more cluster members with a wider scope of coverage on regional level, rather than on district level. It is important to note that some cluster members will carry out multi-level activities (i.e. more than one type of advocacy) and thus may be represented more than once in the graph below.

Figure 8: Advocacy activities



Monitoring and evaluation (M & E) activities, illustrated in Figure 9 are carried out with a focus mainly on field activities and coordination, and less on cluster activities. It is worth noting that in general, there few partners in this area of expertise.

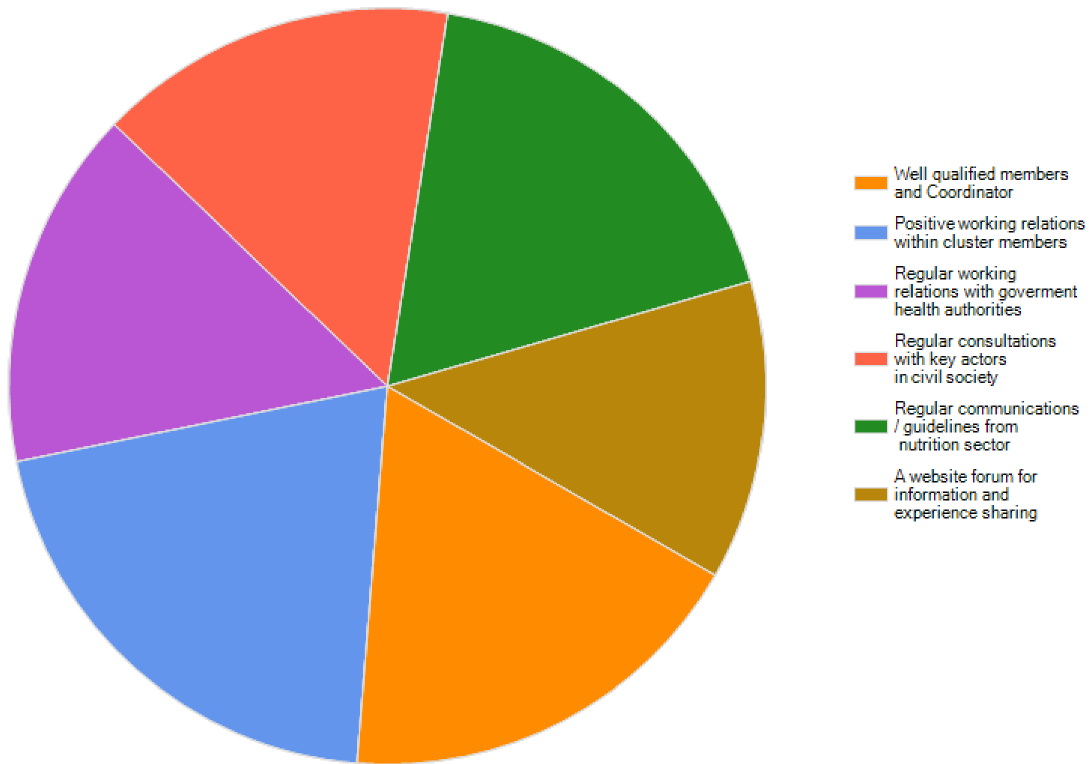
Figure 9: Monitoring and Evaluation activities



3.1.2 Coordination Activities

The effectiveness of coordination activities was investigated, to glean partner satisfaction and elements that could be improved. Figure 10 shows that all factors key to effective coordination were rated equally and are thus should continue to be implemented in nutrition cluster coordination. The only missing element currently is a nutrition cluster website-useful for disseminating cluster information and activities, beyond the members.

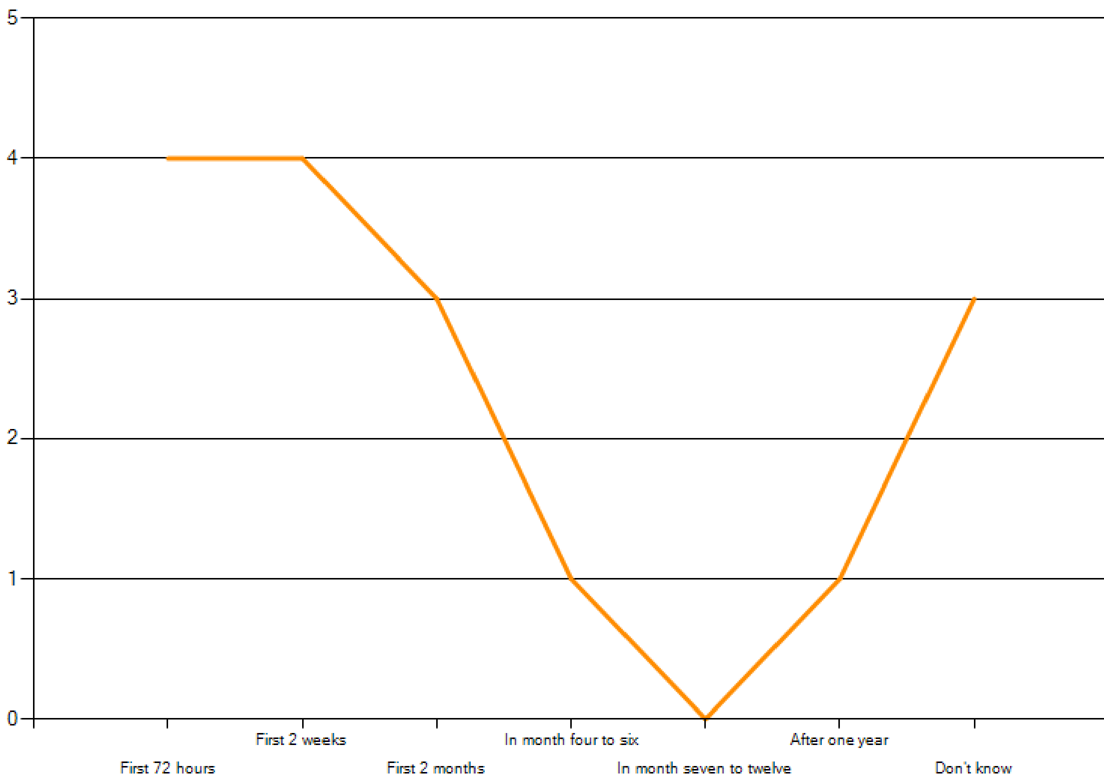
Figure 10: Key assets for Coordination



3.1.3 Impact of Recurrent Changes in emergency

It is evident from Figure 11 that the 1st stage of an emergency is the most precarious for nutrition cluster members, which points to a gap in preparedness. This may also be indicative of scope of the emergency at the early stages, which may be overwhelming for partners, with limited resources in both supplies and manpower. Similarly, some cluster members seemed unaware of the different stages of emergency and thus were unable to pinpoint which stages were the most challenging.

Figure 11: Impact of Recurrent Changes in emergency



3.1.4 Agency Capacity

Nutrition Staff

Figure 12: How many staff are in each area of expertise?

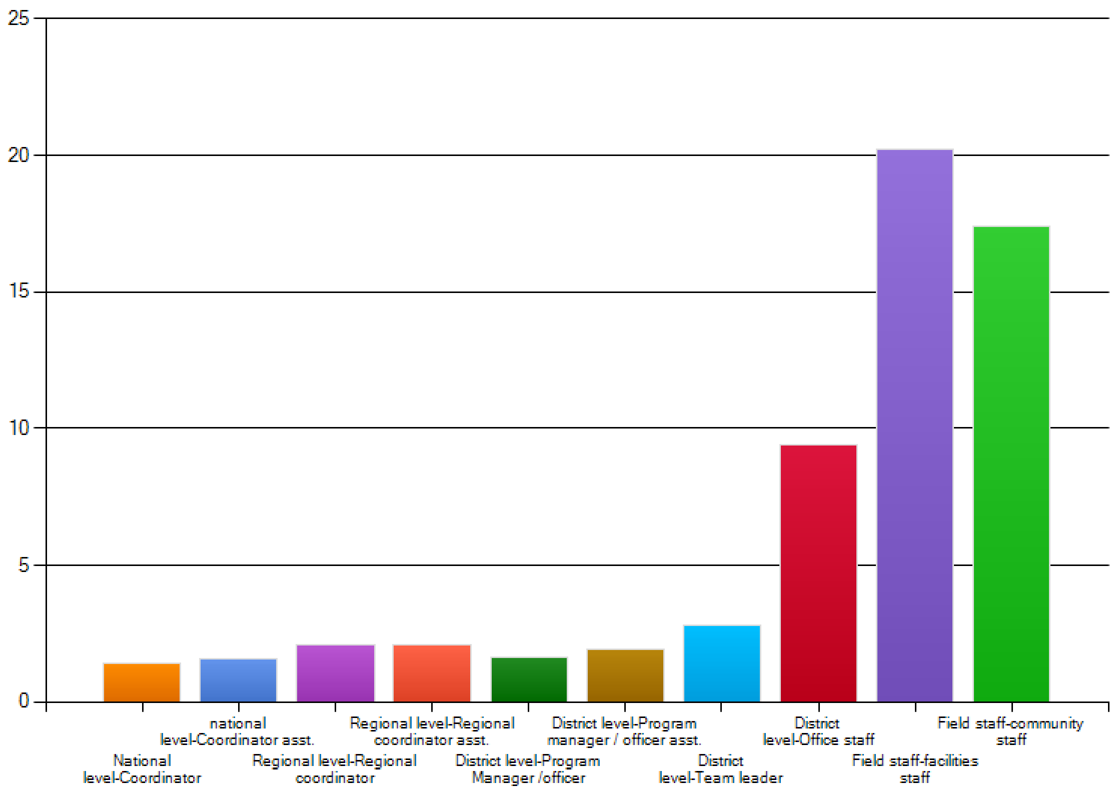


Figure 12 shows that most of the human resources are working at the field level and health facility staff. Capacity building of this group of staff is the most urgent priority as inadequate skills are often found at this level and thus remains one of the major bottlenecks in improving quality and scaling up the provision of nutrition services-which is a prerequisite for achievement of the Somalia Nutrition Strategy and MDGs . Thus, it is necessary to concentrate on building capacity, [29] and effective strategies to impact this largely semi-skilled workforce. Moreover, although health –facility staff can make an important contribution to improved nutrition among the most vulnerable groups, MCHs are few and far between, too often fail to reach these people who need them most because of access. Another important category of field staff working at the community level is community health promoters/community Health Workers (CHPs/CHWs) that are still yet to be adequately developed as the crucial link between HF and the community. Community-based organizations (CBO) operate at grass-root level. Their role is partly in improving access, but more importantly in fostering behavioural change and in supporting caring practices. These workers interact with households to protect their health and nutrition and to facilitate access to treatment of sickness. The existence, training, support, and supervision of the community worker—based in the community or operating from a nearby health facility—are indispensable features and a key aspect of any community-based health and nutrition programs (CHNPs)

[29] Babu S, Rhoe V, Temu A, Hendriks S. Strengthening Africa's Capacity to Design and Implement Strategies for Food and Nutrition Security. IFPRI. http://www.ifpri.org/sites/default/files/pubs/pubs/ib/ib23.pdf

Nutrition Stocks, Supplies and Working Context

Figure 13: Nutrition Stocks and Supplies

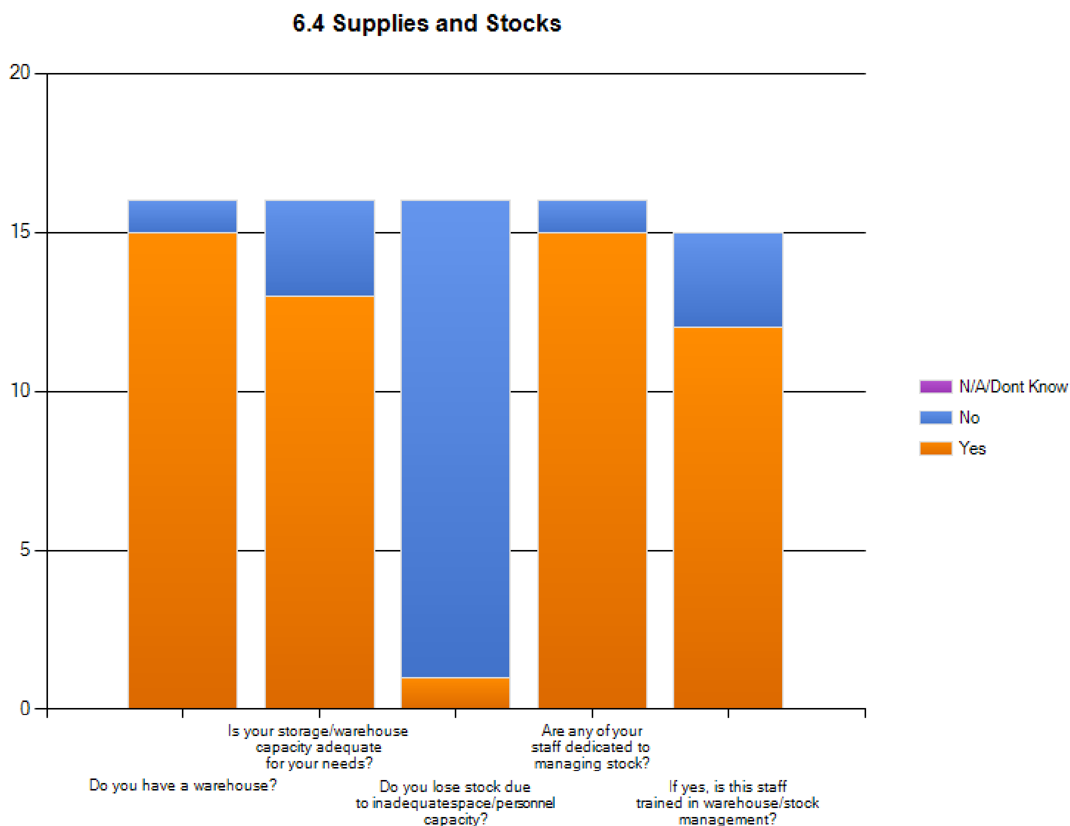
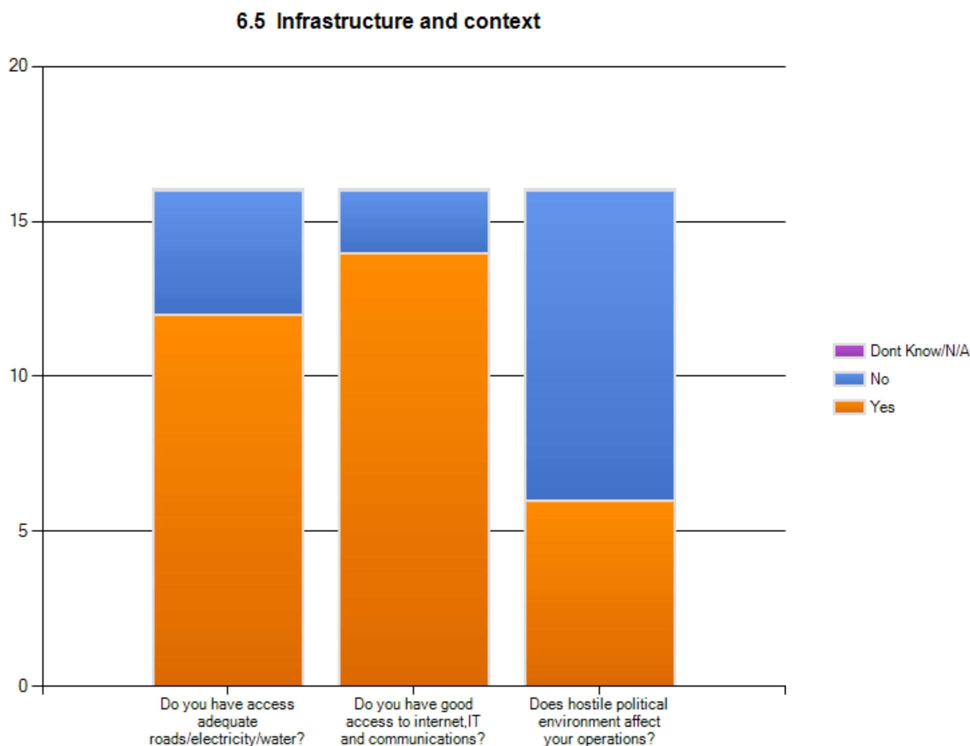


Figure 14: Infrastructure and context

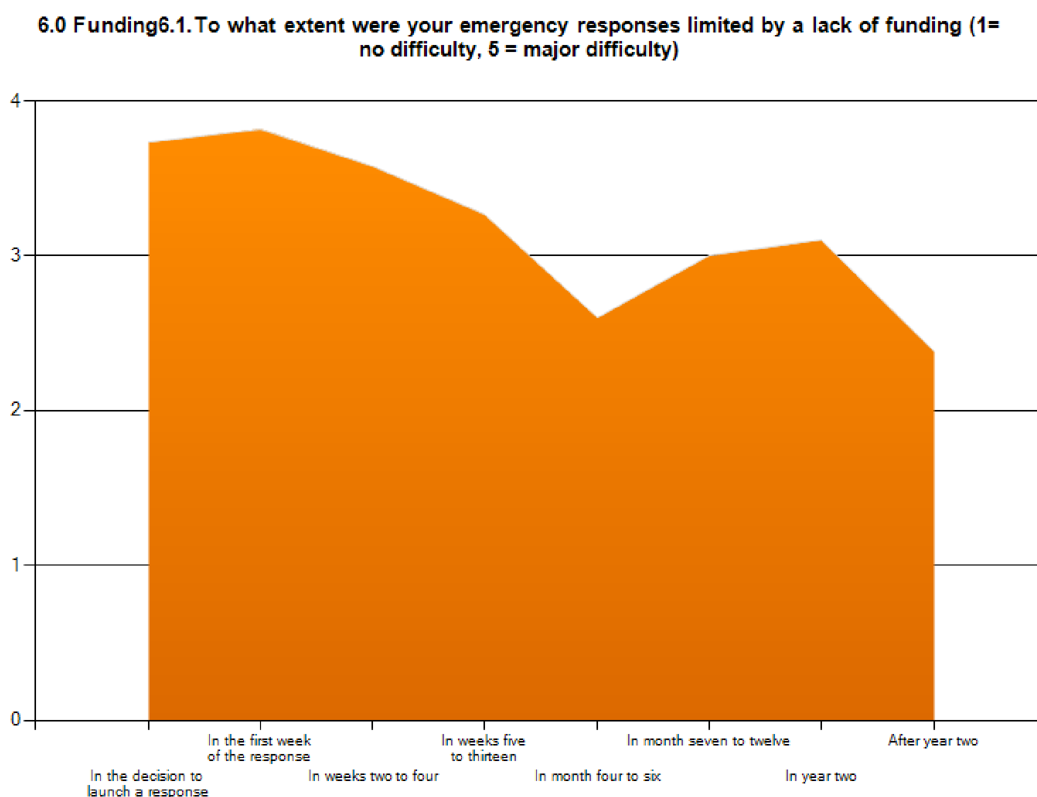


As in Figures 13, individual Nutrition agencies have Nutrition- related stocks-either their own stocks or are supplied by UNICEF and WFP-dependent on individual PCA/FLA agreements. A large majority of partners have all the key aspects of good warehouse management in place-with safe and adequate warehouses as well as dedicated/trained staff. However, some partners in the field reported delays in supplies, but also acknowledged that, requests could have been delayed, on their part due to slow reaction time. More effective stock management requires a thorough understanding of inflows and outflows, so as to schedule re-supply at the earliest opportunity that reflects practical/realistic considerations.

From Figure 14, basic infrastructure is reported to be adequate by the majority of partners, with the political environment not inhibiting operations.

Financial Preparedness

Figure 15: Emergency Funding Response



Financing options for surveyed partners ranged from loans (HOAF), grants (Consolidated Humanitarian Fund-CHF, UNICEF, DEC) and internal funds. All respondents confirmed that it did not take more than one month, to access the funds. In most cases, immediate access was available. From Figure 15, the dip in access to funds after the initial phase of a crisis, is attributed to size of funding for LNGOs, which is nominal in comparison to INGOs, and likely to run out faster, depending on the scale of the crisis. This may also be a pointer to issues with accountability, but this was not investigated, within the scope of this exercise. The distinction between INGOs and national NGOs was where the fund was normally held. LNGOs held funds within Somalia, using Daahabshiil, a key local money transfer firm. This emphasizes the critical role played by Somali money transfer agencies in facilitating their operations in through the transfer of operational finances.

<u>Reasons for funding difficulties (Surveyed Less-Experienced LNGOs):</u>

Figure 16: Reasons for funding difficulties

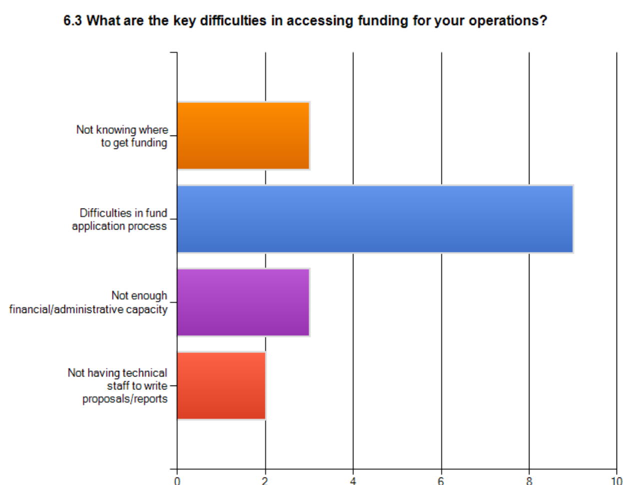
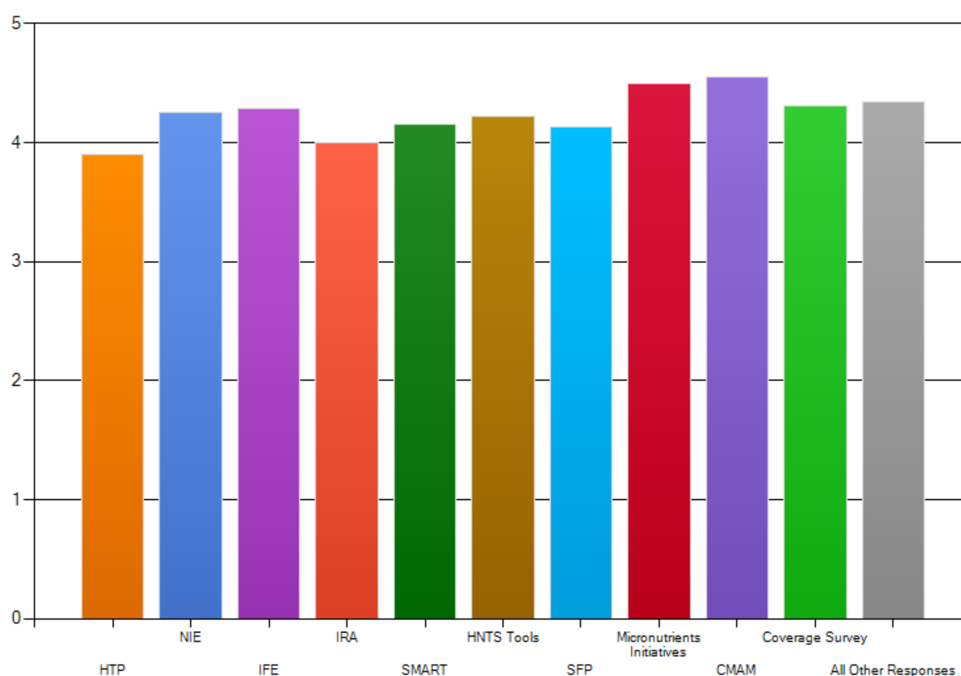


Figure 16 indicates that emergency response runs out of funds after the immediate phase of the emergency. The Nutrition Cluster currently facilitates financial appeals to support the on-going programmes and implementation of the proposed contingency plans. Advocacy for improved security and long term funding on-going.[30].Most partners depend on Consolidated Appeals or CAP funds and are constrained with short-term funding as they can neither expand programmes nor make medium/ longer term programme commitments. Further, most national NGOs do not meet existing criteria for funding and therefore do not easily access funding. This is supported by figure 16 above. Of surveyed LE-LNGOs, the key issue in accessing funds was "difficulties in the funding process".

<u>Nutrition Cluster Training:</u>

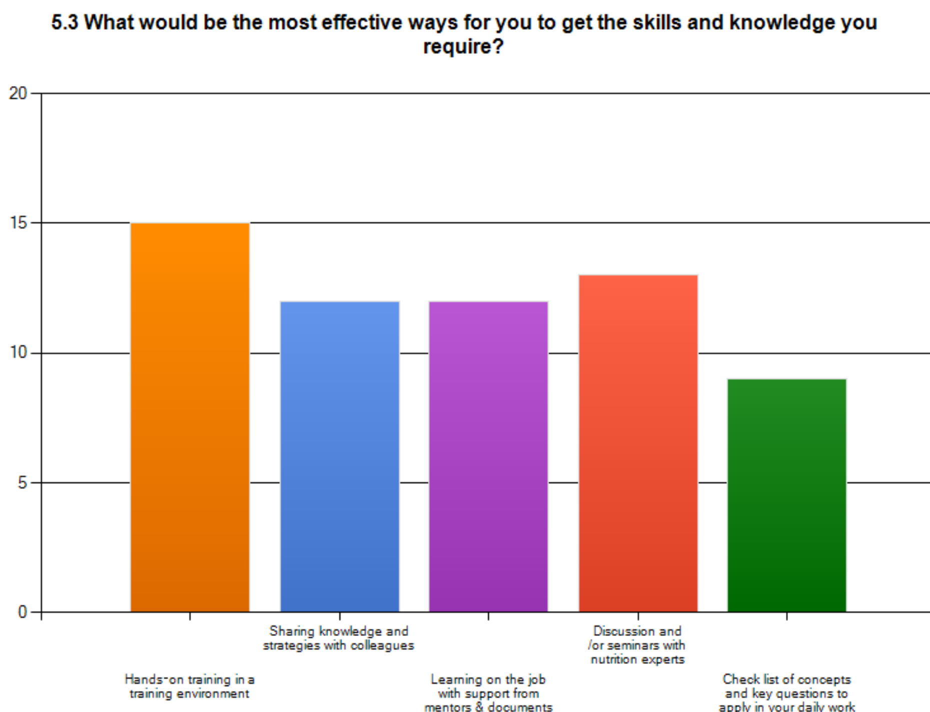
Figure 17: Training needs for Personnel in Nutrition Cluster Partners



[30] Kingori, J: Best Practice on Using the Cluster Approach at the Field Level-IASC Global Nutrition Cluster: Somalia(2007)

Figure 17 shows that the training is universally needed for all nutrition topics and for the majority of the staff. Unless adequate attention is paid to the quality and quantity of capacity at various levels, progress toward achieving food and nutrition security goals will remain elusive. Therefore, capacity strengthening should be viewed as a special dimension of the overall development process. Capacity building goes beyond training and requires a realistic foundation to be established under the guidance of NC with attention to the major areas of preparedness, response, assessment, monitoring, evaluation, reporting and the equally-important areas of protocols and supplies. Building and supporting surge capacity at all partner levels is core of effective emergency response for the NC at national level[31]

Figure 18: Effective methods of acquiring skills and knowledge



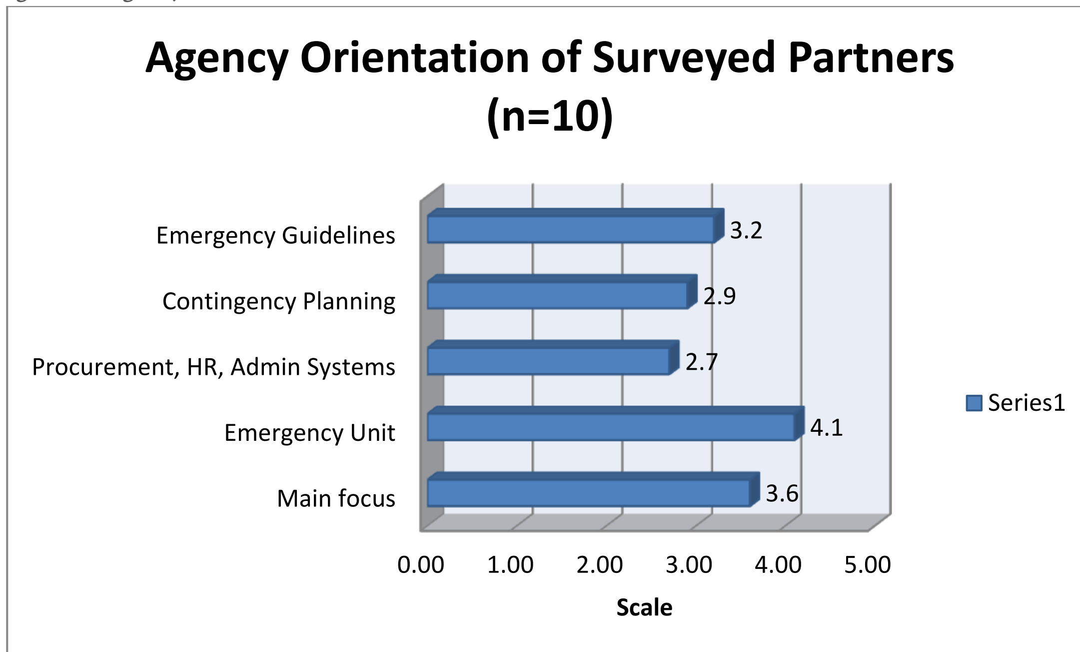
The modalities of training are explored in Figure 18, which reflects that there is a need for more than just the typical 'classroom'-type training, which entails the need and cost of temporarily removing national NGOs staff from insecure areas for training. In the initial phase of an emergency, this may not be viable. Qualitative data indicates the biggest gap, is not in the training itself, but the lack of follow-up mechanisms.

<u>Agency Orientation:</u>

A section of the INGO/ME-LNGO tool also looked into the overall orientation of the agency vis-à-vis emergencies. Different agencies or departments have different levels of emergency orientation. These investigates the extent to which partner agencies have the necessary components to support effective emergency programming. To determine a general picture of surveyed agencies, the scores given by each agency under the five major categories were averaged out. The figure below is average score of the agencies who responded to the tool and is graphically depicted and the overall orientation of the agencies is briefly described in the bulleted points.

[31] IASC Nutrition Cluster: Key Things to Know. Ochaonlineun.org

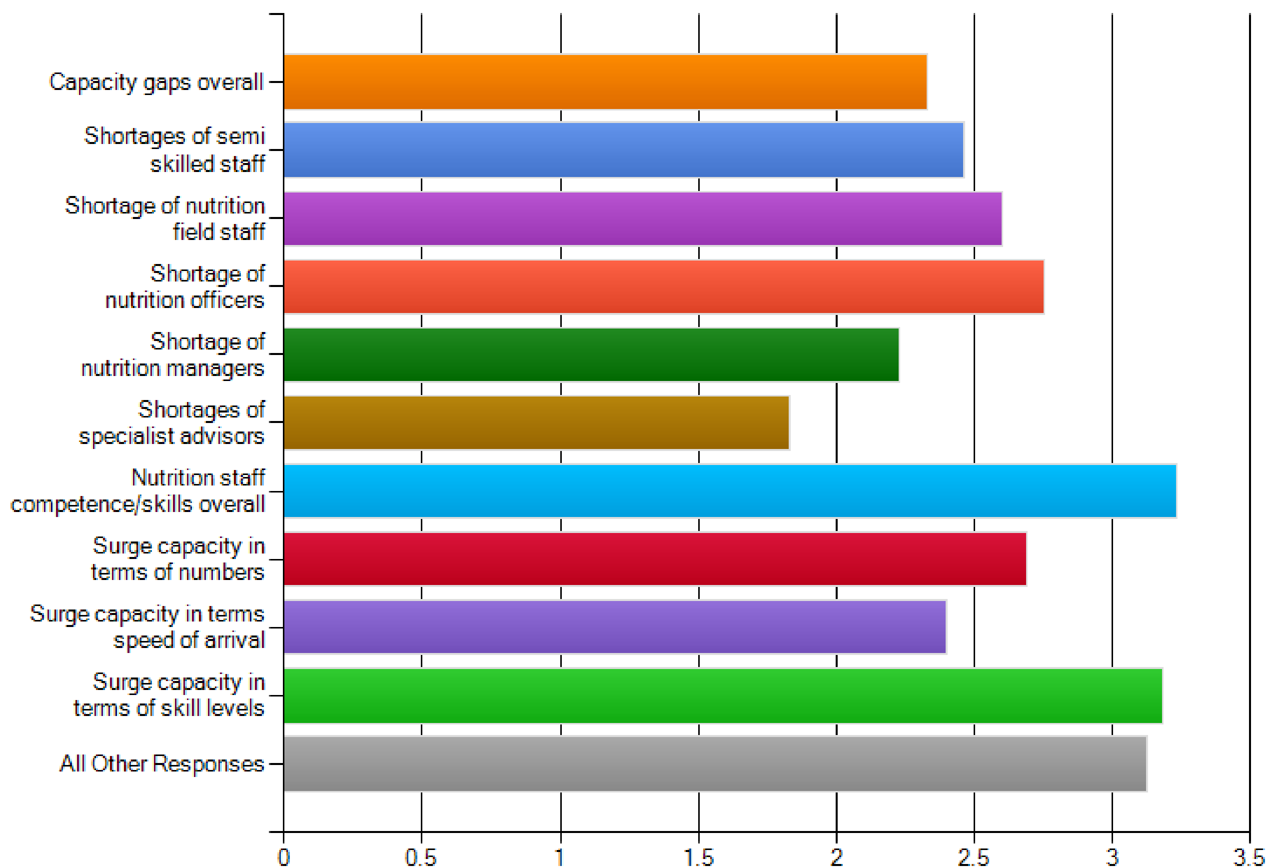
Figure 19: Agency Orientation



- Main Focus – A strong leaning towards emergency programming (3.00 on the scale represented a focus on both relief and development)
- Emergency Unit – INGOs surveyed have a medium-large emergency unit; ME-LNGOs-small, or none at all
- Procurement, HR and Admin Systems – INGOs have developed a comprehensive set of finance, admin, and human resources procedures for use in emergencies, while for ME-LNGOs some internal rules would be waived during an emergency, but would follow regular procedures.
- Contingency Planning - Have some sort of a contingency plan, but needs updating
- Emergency Guidelines - Most partners have at least one of our own guideline documents on a specific aspect of our emergency response. But some ME-LNGOs rely on Generic Guidelines like SPHERE guidelines

3.1.5 Personnel Capacity Gaps

Figure 20: Personnel Capacity Gaps



Graph 20 above is indicative of the impact of the current crisis on personnel needs. 30 respondents to the CM tool indicate that overall, capacity gaps have increased ('become worse') as have the shortages of ALL cadres of nutrition technical staff. The area with the greatest gaps are the higher cadres: nutrition officers, managers and of nutrition specialist advisors (perhaps as a result of capacity gaps?). The qualitative data collected attempted to establish the causal factors that have led to this situation of a net deficit in capacity. These are explored under the sub-titles below:

1. Target groups and Strategies Used

The target group for most nutrition programs was children under five (U5) and pregnant and lactating women (PLW). These were primarily emergency response programmes, focusing on management of acute malnutrition (MAM) of IMAM, with a supporting component of preventative intervention e.g. IYCF and BCC. Some INGOs and CBO partners that also have a development (together with relief) focus would target other vulnerable households i.e. elderly and IDPs. A few partners supported nutrition of the target group through advocacy (e.g. IEC materials, media and implementation of Somaliland MICS and IYCF strategy)[32] and assessments. Among the partners visited, selection of beneficiaries is community-led, with the use of village health/development committees, religious leaders and community based organizations to select the most vulnerable individuals and households[33].

[32] Hargeisa
[33] Gaalkayo and Hargeisa

2. *Capacity Building/Individual Skill Enhancement for Skilled and semi-skilled workers*

Responses from LNGOs key focal persons interviewed primarily indicated that technical CB was undertaken at various levels and with priority for field workers.

Skilled workers: In the main, skilled nutrition workers/focal points (e.g. project coordinators, nutrition officers, head nurse) did not benefit from the technical trainings (e.g. IMAM) as they had requisite nutrition competencies, and primarily offered supportive supervision to their subordinate staff. However, some skilled workers (coordinators) did not have a nutrition background, and delegated technical supervision, as a result. It was also noted, that while their primary task was supervision of field staff in program implementation, very few had received formal training in project cycle management, and relied on prior experience in staff and project management. The consistent request heard from focal points was to strengthen their management and M&E skills. Intensive IMAM training for team-leaders with no nutrition background (e.g. doctors) was highlighted. Refresher training was also advocated, to cater for new recruits who joined after the start of the project and to refresh and update technical skills.

Semi-skilled workers: From the interviews, observations and FGDs, semi-skilled workers were broadly categorized into two i.e. those that had received formal training e.g. CHW, IYCF counselors and those that had been trained 'on the job' e.g. nutrition assistants, screeners. The latter category mainly consisted of surge capacity to manage the current crisis. Worth noting, is that though semi-skilled workers had some form of basic education, inability to communicate in English is a formidable barrier to further CB. This is because though training is facilitated in Somali language, there was a lack of training tools, handouts and guidelines that had been translated. Training thus, did not have the necessary backstops to ensure skill-enhancement. This situation was noted to be worst in SCZ (which has the largest number of semi-skilled workers), where ToTs had very large catchment, and did not transfer skills adequately. Supportive supervision was sometimes restricted by access(long distances/different implementing regions) between programmes and security concerns , bringing into question, maintenance of programme quality.

3. *Identification and support of CB Staff*

In INGOs and LNGOs, Capacity-building was planned and prioritized for those with the least technical skill because CB has a limited budget. Supervisors are responsible for identification and recommendation of staff for training via appraisal and supportive supervision. While most INGOs and some ME-LNGOs have in-house/on-going training programmes, this is not the case for LC-LNGOs who relied on externally-supported training, which may not necessarily suit their staff needs. Due to budgetary constraints, only a few of those requiring training were selected, and were relied upon to transfer skills to their colleagues.

Of concern, however, is the lack of pre-requisite skills/minimum standards for recruitment of semi-skilled workers who, in some cases, were engaged on the basis of passing a nutrition knowledge 'test'-set by an unqualified field supervisor.

Lack of follow-up after training, absence of translated guidelines/handouts and not enough trainers –were highlighted as the biggest challenges experienced *after* capacity building/training.

4. *Other positive CB practices*

- On-the-job training (OJT) was acknowledged as the most practical way to strengthen skills (taught during training). However, there was reluctance by supervisor (not confident about their own skills, too large a catchment for regular one-on-one interaction, lack of effective monitoring tools) and recipient (not receiving the 'right kind of feedback') to rate it as better than traditional training.
- The current practice in the initial phase of a crisis, characterized by increasing workload of the public health emergency, is a variation of Just-in-time training(JIIT). This occurs by focusing of on imparting specific skills that provides responders with the information they need immediately before they are

asked to perform a task[34]. Many LNGOs have recruited new staff in response to the crisis, with focused OJT with only the most relevant aspects. Workshops/trainings are not viable in this context-specific techniques and operational issues also need to be introduced/reinforced even during the response-so as not to distract from the core humanitarian mission. Every organization is doing this within the scope of their ability[35]. Monitoring and documentation of best practice would be valuable to in order to later extract learning around the efficacy of the approach. Support of this approach may include brief but structured sessions , delivered by a learning specialist, to explore specific issues might improve performance[36].

- Availability of nutrition reference materials/guidelines and protocols for use by different cadres of nutrition workers
- Development of contextualized materials e.g. simplified, translated job aids for semi-skilled workers
- CHP/CHV can be trained to carry out more than one role e.g. health promotion , home visits and defaulter tracing because they are familiar with all households.

5. Organizational key support factors (Non-monetary incentives)

- Across the board, the opportunity for individualized professional development ('more training is needed') was reported as the next best alternative to pay increments. Supportive supervision and appreciation (e.g . annual certificate of appreciation) have been identified by many partners as a key motivator, because existing skills are validated through constructive feedback and exceptional work is recognized by other colleagues.
- Training in other 'soft skills' e.g. data management, computer skills, report/proposal writing was also viewed as valuable additions that can act as motivators
- Some organizations offer job rotation opportunities where staff have the opportunity to learn other nutrition technical skills
- For unskilled/semi-skilled field workers, support materials like hand-outs, IEC materials, t-shirts and the opportunity to learn new skills are viable incentives
- Simple initiatives that enhanced teamwork, the feeling of ownership/loyalty and being part of something that offered a crucial service to the community, also had a role to play in motivation.

6. Additional Factors for Staff Satisfaction

[34] Advance Practice Centres- Inclusive Just-In-Time Training Module
[35] KIIs with HC-LNGOs in Galkayo and Mogadishu
[36] Gostelo, L/Nutrition Works (2007) IASC Global Nutrition Cluster: Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights

Figure 21: Additional factors for staff satisfaction

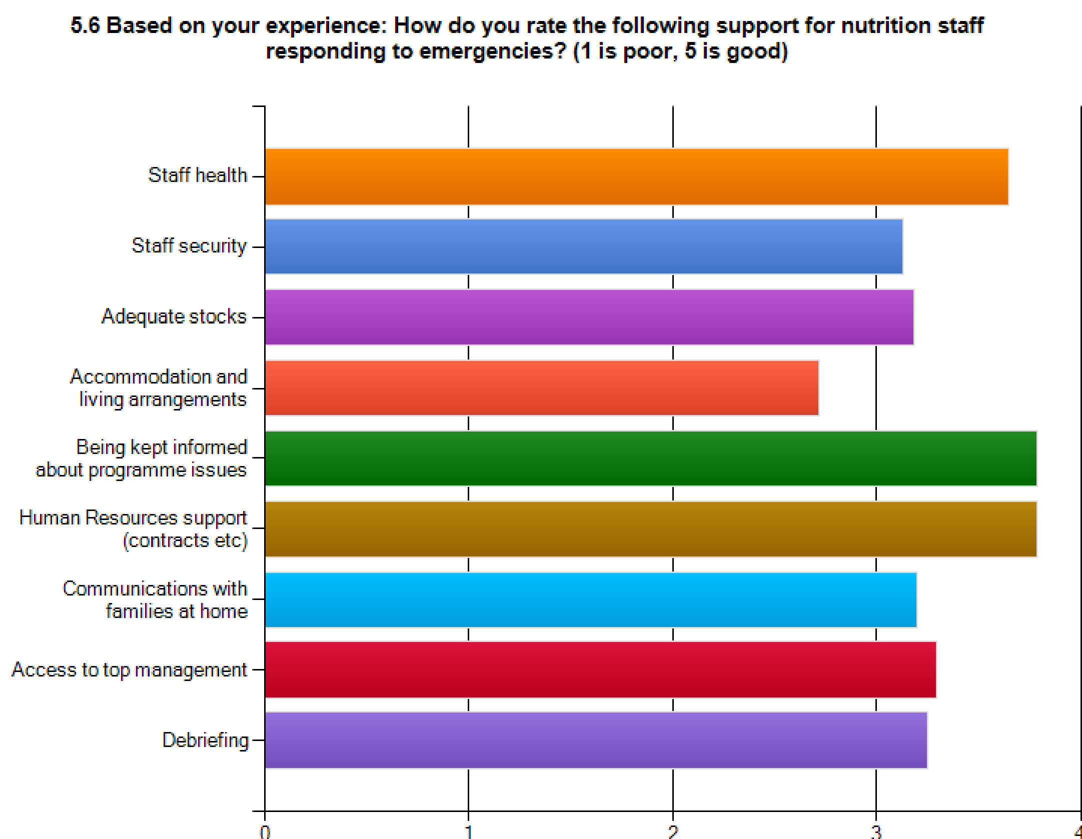


Figure 21 explores other support factors that would complement to CB efforts , and are crucial for staff satisfaction. The responses indicated that all parameters were important but the most notable are staff health, programmatic support and HR support

3.1.6 Additional Elements needed to support and enhance CB activities

Linkages for CB are explored below. Support factors for CD were gleaned from interaction with other stakeholders . These are within the control of the nutrition sector and advocacy by partners may be carried out, based on priority needs:

a. Pre-service training for Nutrition
b. Advocacy for Prioritization of CB among cluster partners- standardization, monitoring for effects
c. Facilities for training (venues, equipment ,job aids)
d. Translation of key technical documents
e. Adequate Tools and trainers
f. Standardization of training. Advocacy of minimum requirements e.g. SCRC has job descriptions and induction training programme for all semi-skilled staff, despite the program. Exposure visits and Training support by HC-NGOs
g. Innovative approaches: Email subscription service for nutrition workers offered as complementary service through UNICEF nutrition call centre . Updated protocols/guidance disseminated quickly and more effectively, as soft copy documents
h. Solutions for replication in inaccessible areas
i. Delegation of decision-making to speed up action- backed up with relevant soft-skills, documentation for accountability
j. IT tools- Computers at field sites (to support M&E) , to access online tools/updated tools and online CB efforts

> "Although the project coordinator is one of the most experienced personnel in the field, there is need for specialist to do periodic review and advice the team on the best practices".
>
> Partner comment on capacity gaps

4.0 Zone-Specific Strategies for Improvement of Capacity Building Initiatives

The CB strategies so far are focused on an emergency context, without government support- as is the case in South Central Somalia. Emphasis on line ministry support for implementation of nutrition strategy, is the basis of approaches in NEZ and NEW zones.

Somaliland Approach:

Characteristics: MoH capacity is weak- no job descriptions. Priority should be given to equipping and recruitment of qualified nutrition staff (now possible, with university nutrition graduates). Qualifications of staff should be accredited

1. Emphasis on government structure support. And strengthening referral systems(from health posts to MCH. Health posts should be well stocked, run by qualified nurse with CHWs that have undergone 6-month training, have basic management and monitoring skills to treat systematic illnesses, and functional referral system to MCHs and hospitals
2. Proposed Nutrition Strategy: preventative(C-IYCF), promotive (Health and Nutrition education) and curative services(MCHN and primarily SFP/OTP). Emphasis on supporting MoH through Integrated PHC programmes
3. Good Practice:
    - Mobile OTPs for targeted outreach(e.g. IDP community)-for better access, manned by CHWs
    - Integration of TBAs into health strategy by offering training as CHP/CHV- they can act as change agents, enhancing BCC
    - Involvement of other important stakeholders in MCHN to enhance BCC i.e. men, religious leaders and grandmothers to promote good IYCF practices
    - More participatory and community-led interventions e.g. Establishment of support groups e.g. Mother to mother support groups (MtMSG) for mothers to share experiences
4. Potential of MCH to become baby-friendly through Use of IEC materials in HFs (e.g. radio messages, short TV Somali doctors guidance on good IYCF practices in MCHs; focus on health promotive strategies); health promotion billboards- to counter code-violation advertisements of breast feeding substitutes (Footnote-ANPPCAN implementing programme on legislation against violation of the Code) i.e. HR (existing collaboration with THET) and infrastructure for outreach- increased access(potential collaboration with DRC)
5. In-service training of seconded staff to equip with nutrition modules, with priority to MCH team leaders.
6. SFP and longer term-initiatives in place. IYCF training package to be disseminated through CORE Group package and possibly HTP??
7. To set precedence, Training of nutrition, should be standardized, to achieve a certain level of competence, before giving major responsibilities. OJT needs to be supported through development of internal monitoring and support supervision for different interventions.

8. Meeting Points for collaboration: Documentation of operational experiences and good practice (LNGOs), for in-coming and existing INGOS will encourage further collaborations. Mentoring/sharing on this can be done by the existing INGOs, which already have established guidelines.
9. Nutrition promotion through coordination with other development partners, not necessarily cluster partners
10. INGOs need guidelines on how to deal with seconding: MoAs, agreements and joint action/work plans highlighting responsibilities for the NGO and MoH.
11. With implementation of the IYCF strategy, targeted training in BCC is necessary for nutrition cadres implementing IYCF
12. Longer term strategies that help shift from EMOP to preparedness i.e. development of local capacities to mitigate cyclical emergencies (e.g. drought impact). Resilience of the community can be enhanced through livelihoods enhancements.
13. The crucial link between facility and community: Community-based monitoring mechanisms are viable. Local communities, through committees and boards, have a relevant role in coordinating, managing and monitoring the provision of basic services, that include health and nutrition. Partners, through development interventions, can develop long term presence that allows greater community buy-in/ownership, as well as for the organization building up understanding of the context and contacts[37].
14. Short courses on emergency nutrition (NIE) can be offered at the university, for both pre-and in-service training.
15. Assessments are still a gap- FSNAU needs to intensively support new and up-coming LNGOs and CBOs which show aptitude and build capacity for them to carry out assessments(in addition to emergency nutrition assessments, emphasis on longer term- IYCF, KAPs and barrier analysis) or use nutrition member organizations to monitor partner assessments(Footnote- ANPPCAN Somalia has already carried out implementation of MICS, IYCF strategy development and strong in nutrition advocacy) - especially in hard-to access areas
16. Look in to the possibility of staffing pools i.e engaging emergency staff on a needs basis and for outreach, but maintaining a permanent skeleton staffing structure tosupport longer-term programming

Puntland approach

Characteristics:

- Nutrition is still a relatively new field, but supported by MoH
- Partners were previously not hiring qualified people but pre-service training now available in nursing and medical institutions(2 medical facilities and 5 nursing schools-recognized by WHO)
- Skills gap in nutrition assessment and challenges in accessing rural areas
- Need for minimum requirement in nutrition programme recruitment: proposed standardized nutrition training for coordination by line ministry

[37] COSV: Distant Monitoring And Reporting Guidelines For Somalia Programmes-Report Of The Workshop And Guidelines Italian Development Cooperation Nairobi, Kenya February 2010

5.0 Identification of Priorities for Action

	High Cost	Medium Cost	Low Cost
High Impact	Differentiation of training modules for different categories of nutrition cadres to be trained using inclusive JIIT Minimum CD objectives for technical staff for individual organizations; development of generic JDs and competency requirements from different cadres; Advocacy for implementation	Integration of relevant modules in PMC training; MRP training; Action-based learning-training simulation or case study work. Sending participants to carry out real time evaluations Targeted single-component training (Inclusive Just-in-time) focusing on practical application, for field implementers; competency test for field supervisors; Sharing/training of use of SS tools Development/adaptation of training guidelines and job aids(pictorial key messages) for semi-literate cadres Development of short, standardized tests for competencies, in collaboration with UNICEF, to be piloted in LNGOs and INGOs in different regions	Sharing of tools, developing materials; Mentoring between organizations; Ensure process skills and feedback Nutrition Call Centre facility to provide subscribing emailing service for nutrition field workers- can also use this as a platform disseminate FAQs Single component training and general competencies training Translation and field testing Soft copy update documents(translated) from nutrition workers email subscriber service Exchange Visits Twinning/ Buddying scheme
Medium Impact		Targeted single-component M & E training (Inclusive Just-in-time) focusing on 3 aspects: MRP application, partner-level monitoring and community involvement; simplification of tools Link with existing initiative; Adapt existing management and leadership programs within the cluster organizations; develop or adapt tools, exercises and materials and engage specialized trainers "	Advocate for prioritization of curriculum development/improving; creation of partnership between the academic and operational domains. Certification through 3 step-program: general proficiency; nutrition-specific proficiency and nutrition-specific certified project manager: through online e-learning
Low Impact		Development of IMAM/IMCI for medical students/in-service for doctors	