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COVID-19 Capacity Strengthening Response Review 2020-21

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Authors

Lucy Hall

Research, Evidence & MEAL Advisor

Pawel Mania

Research, Evidence & MEAL Lead

Thanks to everyone who contributed to this report, and huge recognition must go to the Humanitarian Leadership Academy and the Subject Matter Experts for delivering high quality learning content amid a global pandemic that affected and challenged everybody.



Contents

Executive Summary	7
Impact: Results	7
Impact: Localisation	8
Core Humanitarian Standards	9
Relevance & Appropriateness	9
Timeliness	9
Coordination	10
Key recommendations	10
Introduction	12
The Backdrop	12
Capacity strengthening response to COVID-19	13
The Purpose of the Review	16
Methodology	19
Findings and Recommendations	20
Core Humanitarian Standard One: Relevance and Appropriateness	20
Regional Needs and Localisation	20
Language and Learning Design	23
Kaya: Who is Using Reactive Learning and When?	28
Core Humanitarian Standard Six: Coordination	45
Shifting the Power within Save the Children through localised coordination	45
Outside the HLA	47
Inside the HLA	49
Timeliness and Appropriateness – how has coordination impacted these?	54
Improving coordination with data: Recommendation to the HLA	55
Core Humanitarian Standard Two: Timeliness	58
Conclusions and Key Recommendations	60
Bibliography	62

Executive Summary

From March 2020 to April 2021 the Humanitarian Leadership Academy (HLA) delivered 81 learning solutions as a capacity strengthening response to the COVID-19 pandemic. They varied from digital learning pathways to one off webinars or programme adaptations, together bringing the digital learning audience of more than 18,000, in addition to engaging with 39 Save the Children Country Offices (COs). The Save the Children (SC) staff was the primary audience of most of those interventions, but some open access courses have had most engagement (COVID-19 Learning Pathway, Integrated Public Health Hub, webinar series). This work has happened against the backdrop of the global public health crisis, that unlike previous emergencies directly impacted the HLA team, posing new challenges in terms of delivery.

Impact: Results

The number of learning interventions delivered, and the evidence collected to inform this review, has demonstrated that the HLA has supported the Save the Children movement with quality learning responses. However, all of those delivered as a result of the global Rapid Learning Needs Assessment (39 COs participated) have targeted technical or operational staff within the Regional and/or Country Office, therefore some COs may have not received the support they required if their needs didn't overlap with the 5 key global priorities that were identified. In addition, given the nature of the HLA interventions, the impact at the Country and Regional Office (RO) level is difficult to determine as we don't have direct relationship with the end-user learners or the full picture on how the learning has been cascaded or utilised.

The impact on the technical areas within the COs and ROs and has been recognised by the Subject Matter Experts (SMEs) as potentially very significant, but this is based often on anecdotal evidence, or their own understanding of the capacity needs, as apart from few examples (MEAL Mentoring Pilot, East and Southern Africa Coaching & Mentoring Pilot), no consistent monitoring and/or evaluation approach has been implemented.

The support provided to the learners from the wider sector was mainly delivered through open access learning on Kaya. The overall uptake across the globe from learners from local and national organisations at different times throughout the pandemic, often corresponding with the spikes in cases in some selected countries e.g., India, demonstrates that this has been a much needed and relevant resource. This has been confirmed by the majority of learners responding to the survey we run. In contrast, the uptake from the Save the Children staff across all courses on Kaya was relatively low as the automatic enrolment on some courses (COVID-19 Learning Pathway, internal) hasn't resulted in many completions. This requires further

exploration of the reasons for this and agreement on the way forward for the Save the Children organisational learning.

The adapted preparedness portfolio has the MEAL tools in place to measure overall outcomes of the programme rather than focusing on the impact of the element delivered as a result of the global pandemic.

There are many factors contributing to that somewhat inconsistent evidence collection across the reactive capacity strengthening learning interventions. Ensuring a MEAL component is part of each learning intervention is crucial, however the MEAL framework, including Theory of Change needs to accommodate for this specific, somehow new type of response delivered by the HLA, that is focusing on building partnerships and collaborating with ROs, COs, Technical Advisors and SMEs working groups rather direct delivery. This will allow for better understanding of capacity strengthening as an enabler of responses to then connect the HLA's work with the wider Save the Children [impact reporting](#), where lack of recognition of capacity strengthening as an enabler of responses (and localisation) can be seen as a missed opportunity.

Impact: Localisation

The findings on the global Rapid Learning Needs Assessment confirm that its results have informed the global response through 5 identified priority areas, though the success within each area depended on many factors with particular importance of the relationships the HLA held with the TAs/SMEs in each area. Where such relationships existed (e.g. MEAL, Public Health) or where there was an absence of supporting structure (Leadership) the outcome has been more appropriate, better timed and/or coordinated.

The RLNAs themselves have been an unprecedented exercise for the HLA team and the whole Save the Children movement in terms of scale. The feedback received provides invaluable lessons learned for future delivery process, implementation and, finally impact. Particularly around the need to streamline and improve the process to reduce burden on the Country Offices and maximising the impact and understanding of the results.

However, the most significant, though not really planned impact of the RLNAs was the strengthened position of the HLA as the key driver for localisation within the Save the Children movement. The HLA has been recognised as the leader in this by shifting some of the power to the Regional Centres (albeit not followed by budget allocation in terms of the COVID-19 response) and needs to continue supporting the centres to become more autonomous in decision making. Planned regional priorities for our next strategic period 2022-24 will help shape both, capacity and resources.

The great progress in localisation led by the HLA should now be followed by stronger decolonization efforts. [The Global perspectives on decolonising capacity strengthening report](#) (de Bruin, James, 2020) identifies different principles underpinning both goals that should go hand in hand. The Civil Society Organisations (CSOs) pillar identified as one of the key foundations of the HLA 2022-24 strategy is a step towards better understanding of how the HLA wants to further champion the localisation agenda and contribute to decolonisation of capacity strengthening within Save the Children, where only 13% of the COVID-19 funding went to local organisations (Our COVID-19 Response, The Impact in 2020, Save the Children, 2021)) and beyond the movement.

Core Humanitarian Standards

Core Humanitarian Standards 1 (relevance and appropriateness), 2 (timeliness) and 6 (coordination) were identified as the most suitable reference evaluation framework for the reactive capacity strengthening work.

Relevance & Appropriateness

most of the learning in response to COVID-19 has been considered relevant. This is also due to the nature of the pandemic which is ongoing and impacting all areas of the humanitarian work. The uptake of the COVID-19 Learning Pathway, HOP and FIELD modules as well as the webinars at different times of the pandemic development across the globe, as well as received feedback, confirms that the learning provided by HLA has been considered appropriate. In addition, the solutions addressing more structural capacity gaps like the MEAL Mentoring Pilot & Training Hub or the Integrated Public Health Hub may have not been addressing the effects of the pandemic as directly, but are more sustainable and futureproof.

Timeliness

The timeliness of some responses has not been immediate, but the prolonged existence of the pandemic made all learning interventions valid if they considered the current needs of the audience and adapted for any changes. However, in order to deliver a well-timed rapid response, the HLA needs to consider developing an Emergency Preparedness Plan as well as resources (e.g. microlearning content) that can be utilised within the first two weeks of the response. Both of these were mostly absent during the COVID-19 response but mitigated by the COVID-19 Learning Pathway that has been consolidated reasonably swiftly since the declaration of the pandemic as a Public Health Emergency of Global Concern (World Health Organisation, 30 January 2020).

Coordination

There are some good examples of where this worked for the individual learning interventions, but this too often depended on the relationships held by the HLA or its team members (in terms of 5 priority areas identified as the result of the global RLNA). Within the organisation the roles and accountabilities were often not clear, with the majority of the needs identified in the regions participating in the RLNAs, but no budget allocated to the regional centres to address them. Looking retrospectively, there should have been more done to identify other funding streams. However, looking forward there needs to be a better process set up for differentiating and/or linking the global work with regionally led learning within HLA (including funding allocation) but also between the HLA and Save the Children (e.g.. Technical Working Groups) to be able to deliver a well-coordinated reactive capacity strengthening for the movement and/or the sector.

The majority of these conclusions and the recommendations below are in line with the findings of the COVID-19 Mid-Action review conducted by Save the Children Association and Save the Children International (2020).

Key recommendations

- Reactive capacity strengthening initiatives should be led by the Regional centres of the HLA (with adequate budget allocation)
- Develop an Emergency Preparedness Plan for the HLA
- Reactive capacity strengthening should be led by data from Country Offices, Regional Offices and partners
- Continue with the shift towards micro-learning for just in time learning in the first phase of a response
- Need for better and consistent output and outcome monitoring that accommodates for different modes of HLA delivery, working closer with the ROs, COs, local partners and technical working groups, including SMEs and TAs
- Advocate for capacity strengthening to be considered a response enabler and therefore better connected to overall Save the Children response impact reports/data
- Creation of a framework for measuring localisation and criteria for decolonisation within capacity strengthening
- With multiple platforms existing in SC and there being a low uptake of COVID-19 learning by Save the Children staff, this review recommends understanding what the barriers are within the movement to engaging with Kaya, and how the HLA can work with the One Humanitarian Team and SCI Learning & Development team to have a more consistent approach to organisation wide learning

- 5 types of Learning Needs Analysis are proposed to meet the different scope of work the HLA supports and delivers on:
 - Regional LNA: Intended for strategic decision making in the region, similar to the one conducted for the COVID-19 response
 - Rapid LNA (1st phase response): Light touch, able to be deployed within 2-3 weeks of a response being categorised
 - Reactive LNA (2nd phase response): Still response focused, but addressing the needs of local actors involved in the response and to ensure sustainability of the recovery phase
 - Preparedness LNA (programme/TE specific): Thematic and programmatic specific LNAs tailored to the specific work being delivered by the Learning Solutions Specialists
 - Capacity Gap Analysis (TE specific): Connecting with the Technical Expertise Transformation to identify capacity gaps in specific contexts using Technical Competency Frameworks

Introduction

The Backdrop

The Reactive Capacity Strengthening service is part of the Humanitarian Leadership Academy's (HLA) core learning offer and aims to create sustainable change on a local level. We work with country programmes and partners to understand specific learning needs on the ground and provide contextualised packages of support, ensuring responses are as effective as possible when it matters most. The team has previously worked on the category 1 and 2 responses in Bangladesh (Rohingya crisis), Indonesia, Mozambique and Syria (amongst others) delivering on the Save the Children's commitment to make capacity strengthening critical to any response led by the organisation.

The team's previous work has had some clear successes, but also provided some good lessons learned acknowledging that this offer to the Save the Children movement was in the development stage and required further consolidation to improve the delivery.

The merger of the Humanitarian Capacity Building team within Save the Children UK (SCUK) with the Humanitarian Leadership Academy, a formerly autonomous learning organisation incubated by SCUK provided a good opportunity to address some of the challenges to reactive capacity strengthening delivery. The expansion of our regional centres in East and Southern Africa (ESA), West and Central Africa (WCA), Asia and Middle East and Eastern Europe (MEEE) has enabled the HLA to be better positioned to foster regional integration, that allow for better tailoring of learning to the needs of individuals and facilitate an enhanced ability to respond quickly to a country's emerging. This integration positions us to drive forward the wider capacity strengthening agenda in our regions and supports the shift to a broader sector facing localisation strategy.

What previous lessons learned showed is that even though each response is different, and the learning content often needs to be contextualised, there is some level of standardisation that is not only possible but also needed for the rapid support in the first phase of the response. However, even with that knowledge the response to the unfolding COVID-19 crisis was like no other given its scale and impact on the way the humanitarian system operates. This is the main reason the HLA could not really follow previous processes that were being set for the reactive capacity strengthening work.

There has been so much said about the pandemic and this review doesn't attempt to explain what [impact it had on the humanitarian system](#), but it needs to be noted that it is the first time the global HLA team had to respond to an emergency whilst being directly affected themselves. The fact that different regions and countries

where the team is located, have experienced and/or are still experiencing the impact of the pandemic at different time and scale adds another layer of complexity.

Going through a significant change process (merger) at the same time as experiencing the impact of the global pandemic provided a very challenging backdrop for the team needing to deliver on their commitments to partners and learners, completely change their ways of working (including learning delivery) and at the same time deliver a global capacity strengthening response to this Public Health crisis. Therefore, the findings from this review should be considered with understanding of the environment within which the HLA team had to deliver the response.

Capacity strengthening response to COVID-19

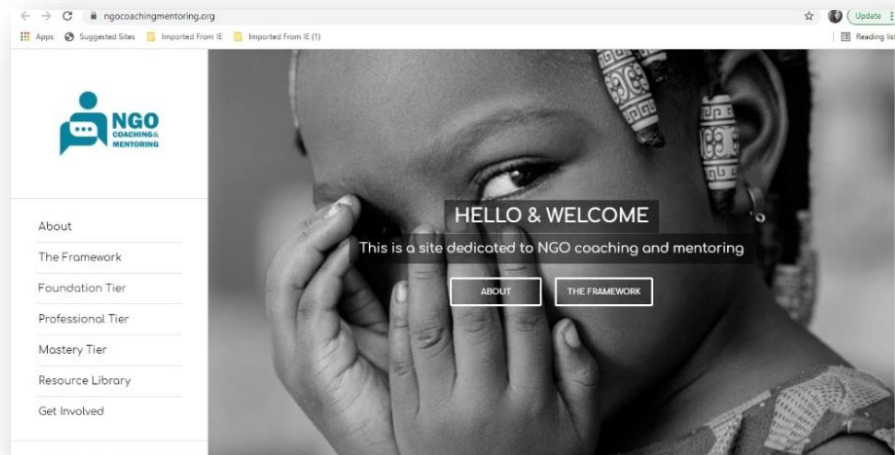
As a response to the pandemic the HLA has delivered a portfolio of learning at unprecedented scale for the team. A COVID-19 Learning Pathway was put together first on Kaya, (the HLA's digital learning platform), and it consolidated a number of resources that had already existed across both teams going through the merger. This has been followed by other learning interventions that either required adaptation of the content or delivery mode, or a brand-new project that would address the needs more directly.

It's worth noting that differentiation between what learning has been delivered as a response to the pandemic as opposed to what has been delivered that does not respond directly to the pandemic is particularly challenging in the COVID-19 context. Its global impact means that practically all interventions can be classified as a response to the crisis even if they are not directly addressing the Public Health issues. Therefore, in this review of the HLA response to COVID-19 we have looked at the following learning delivered by the team:

- COVID-19 Learning Pathway on Kaya 7,141 starters across internal and external Pathways (12,980 enrolments)
- Preparedness Portfolio; adaptation as well as development of new content for:
 - Education in Emergencies (EiE)
 - Humanitarian Operations Programme (HOP)
 - Field Managers in Emergencies Learning and Development (FIELD)
 - Transformation of Training (ToT)
 - Child Protection in Emergencies (CPiE)



- Public Health capacity strengthening interventions, delivered prior to the Rapid Learning Needs Assessment (RLNA)
 - Integrated Community Case Management of COVID-19 *delivered in Bangladesh & Malawi April 2020*
 - WASH in Schools 51 *Save the Children WASH Technical Learners*
 - WASH in Healthcare facilities 29 *Save the Children WASH Technical Learners*
- Webinar series delivered in response to COVID-19 2,931 *open access learners*
- Mobile learning pilot (from the perspective of addressing COVID-19 needs) implemented in Lebanon, Afghanistan, Yemen, South Sudan, Bangladesh and Uganda
- Regional teams' support to Regional and Country Offices (ESA, WCA, MEEE, Asia) *at least 36 Country Offices supported and at least 10 region-wide initiatives*
- Global Rapid Learning Needs Assessment (RLNA) 39 *Country Offices responded: 12 from Asia, 11 from ESA, 8 from MEEE, 8 from WCA*
- Capacity strengthening responses for 5 selected priority areas as a result of the RLNA
 - Monitoring, Evaluation, Learning and Accountability (MEAL): MEAL Mentoring Pilot 5 *mentees and 4 mentors* and [MEAL Training Hub](#) *launched September 2021, with 63 Save the Children MEAL enrollers within one month*
 - Leadership: development of an interagency coaching and mentoring framework (including resources) that is showcased through the [Coaching and Mentoring for NGOs website](#) *1,013 users*
 - Mental Health & Psycho-Social Support (MHPSS): 2 *Micro-learning animations, 3 webinar series for Save the Children staff approximately 240 listeners*
 - Cash: self-paced learning module in West & Central Africa and development of CASH resources for [Cash Learning Partnership \(CALP\)](#)
 - Public Health: [Integrated Public Health Hub](#), *1,751 enrollers*
Management of Acute Malnutrition in Infants Learning Package *delivered in at least 2 Country Offices in ESA*



The courses that are listed above that are hosted on Kaya are referred to in the review of the COVID-19 Courses.

All those interventions have been delivered/started between April 2020 to April 2021 and given that some of them have been produced more recently, are very different in size (including number of learning products within them), scale, or the ongoing nature of some of them (i.e. digital learning hubs or programmes) means that the level of evidence of impact will differ quite significantly between them. In addition, is important to note that the primary audience for the vast majority of those learning products (particularly those which were developed as result of the RLNA) was Save the Children staff, though most of those available on Kaya were also available and utilised by external learners.

Summary of all interventions delivered by the HLA team as part of the response:



Blended or virtual delivery trainings mean some elements of the learning were facilitated either in person or remotely, but retained a high level of interaction, alongside an element of self-paced e-learning. This also includes webinar series.

The Purpose of the Review

The complexity of this capacity strengthening response as well as the backdrop against which the team was delivering made consistent monitoring challenging in many cases, though this has also been issue within previous reactive capacity strengthening work. Therefore, to better understand what has been achieved by those combined learning interventions the Research, Evidence and Monitoring, Evaluation, Accountability, Learning (REMEAL) function at the HLA conducted this review.

The key objectives of the review are:

- Consolidating all the interventions that took place as one reactive capacity strengthening COVID-19 response delivered by the HLA.
- Understanding the reach, short-term to longer-term outcomes of the separate learning interventions as well as at aggregated response level (where possible).
- Providing lessons learned from the capacity strengthening COVID-19 response to inform future HLA's reactive capacity strengthening offer and delivery for different phases of the response: rapid (first 2 weeks), reactive (first 3 months) as well as preparedness.
- Evaluating the overall response against the 3 selected commitments to the Core Humanitarian Standards (CHS): appropriateness and relevance (1), timeliness (2) and coordination (6).
- Evaluating and providing lessons learned for the global Rapid Learning Needs Assessment to inform future Learning Needs Assessments (LNAs) and improvement of the process.
- Understanding how the HLA response to COVID-19 delivered on the organisation's localisation agenda and ambition.

Localisation at HLA/SCUK definition:

The process through which a diverse range of humanitarian actors are attempting, each in their own way, to ensure local and national actors are better engaged in the planning, delivery, and accountability of humanitarian action, while still ensuring humanitarian needs can be met swiftly, effectively and in a principled manner (International Committee of Red Cross/Crescent)

A related term is “the localisation agenda”, which also lacks a sector wide agreed definition but usually refers to the agenda aimed at increasing the level of authority, capacity, decision-making, funding, and accountability that is held by local actors in humanitarian responses. The agenda requests for advocacy, inclusivity, support and promotion of its aims by ‘traditional humanitarian actors’ such as the institutional donors, UN agencies and INGOs. (SCI and SCA Policy: Localisation. 2021)

Finally, the HLA recognises that the wider Save the Children movement made significant investment in the HLA to be able to support capacity strengthening under the pandemic with Children's Emergency Fund (CEF) funding. The IKEA Foundation, one of the key donors of the HLA, has also allowed for repurposing part of their award. Therefore, this review helps us remain accountable to our funders, partners and learners by providing lessons learned that will allow us to improve our reactive capacity strengthening service. It is also an attempt to see how the reactive capacity strengthening can be considered a response enabler (\$3.5 million allocation for the COVID-19 response across the movement) to make a better link between the work of the HLA and the impact on children and adults which Save the Children demonstrates in their reporting ([Our COVID-19 Response. Impact in 2020, Save the Children, 2021](#)), which has not made any mention of capacity strengthening as part of the organisation's response. This can be considered a missed opportunity to demonstrate the scope and scale of capacity strengthening as an enabler of localised responses.

Methodology

To address the above objectives an evaluation framework has been designed to allow for the assessment of the response against the CHS commitments 1,2 and 6 and the three overarching objectives which the COVID-19 capacity strengthening response aimed to achieve:

- Save the Children Country Offices (COs) and Regional Offices (ROs) were supported to be able to better respond to technical and operational challenges caused by COVID-19.
- Humanitarian staff from the wider sector were supported with an offer that addresses the learning needs caused by the COVID-19 pandemic.
- HLA delivered quality COVID-19 responses based on the learners needs.

We identified a mixed-method approach as the most suitable to deliver on the objectives. The quantitative data from Kaya based products (COVID-19 Learning Pathway, FIELD, International Association of Professionals in Humanitarian Assistance and Protection (PHAP), WASH in Schools and Health Care Facilities, Public Health Learning Hub, MEAL Training Hub, Humanitarian Curriculum, Child Protection Innovation Catalogue, Humanitarian Learning Webinar Series, Supply Chain Hub) has been analysed to inform on reach and access and identify the 'Super Learners' (those who have accessed more than one learning product) for the survey element. Following the analysis, two surveys were conducted with a) Super Learners (10% response rate of 350 surveyed resulting in 31 respondents) b) key stakeholders that led on the delivery of the learning products included in this review (12 respondents, 60% response rate).

The qualitative data came from interviews with the 9 key informants (KI) and the focus group that has been conducted with those 9 stakeholders involved in the Rapid Learning Needs Analysis.

It is important to mention that both authors of this report completed the survey as led on some of the learning interventions under the RLNA. However, given the scale and maturity of those projects, we believe that the risk of bias is very limited. In addition, we have also triangulated our comments with those from other stakeholders to further reduce the potential bias.

Findings and Recommendations

Core Humanitarian Standard One: Relevance and Appropriateness

Overall, the work of the HLA during the COVID-19 response was appropriate to meet the HLA's objective of furthering localisation. It was also relevant and appropriate for technical sectors at a holistic level, however, what was clear is that the needs of individual Save the Children Country Offices weren't always met in the way that the HLA was hoping them to be.

There had to be a prioritisation of needs based on capacity and funding available, and therefore not every Country Office was able to receive support from the HLA, however, the participation in the RLNA has brought some indirect benefits: opportunity to identify their own capacity and capability gaps, to increase their autonomy and critical reflection on their strengths and technical areas needing to be addressed.

The flexibility of the funding available for the identified 5 priority areas meant that the interventions delivered could be tailored according to many factors that needed to be considered: the learning need, HLA capacity, Save the Children Subject Matter Experts (SME) capacity, maturity of the product, timing etc.

Regional Needs and Localisation

The RLNA tool was intended to inform how the HLA responded to the pandemic. However, it acted more as a process to further the localisation agenda within the Save the Children movement. It has also changed the way the HLA is viewed within the movement, moving away from training delivery to broader capacity strengthening.

As highlighted in the introduction one of the core components of the HLA's response was the roll out of the Rapid Learning Needs Assessment tool. The RLNA tool was intended to be used to inform the HLA team where the priority needs were to respond to the COVID-19 pandemic by delivering needs-based learning, however, apart from a few examples when it worked as planned, the RLNA ended up being used in a different way to a great extent, as highlighted by the Regional Directors, Regional Technical Advisors and RLNA Global Priority Focal Persons.

“The RLNA was a good exercise to connect with COs and the results informed the regional CS strategy”

Lucile Bantiono, HLA West & Central Africa Programme Manager

The tool was not specific enough to be used for the thematic areas, and was a somewhat burdensome process on the CO staff, meaning that it was somehow devalued in the way it was used. This was primarily due to the intended use being rapid deployment of the RLNA tool, meaning that the template developed in 2018-9 was simplified, but had the unintentional consequence of resulting in more work for HLA and Country Office staff.

“I thought the learning needs assessment that we put out there was pretty weak to be honest.....If I was a Technical Advisor I would not want to go through the questions for all subthemes”

Thomas Howells, Asia Regional Humanitarian Director.

“Some of them [the questions] were not very useful because they mentioned a lot, so it was very broad and didn't cover the area I work in.”

Gheen Hamed, CASH Technical Advisor, West & Central Africa, Save the Children

What this review will set out in the coordination section below, is that having a more coordinated approach with the Save the Children movement will likely improve the outcomes by reducing the burden on the Country Offices.

“If all technical sectors carried out surveys, it would have been too much for the Country Offices to input.”

Abraham Varampath, Humanitarian WASH Advisor

The process was also quite a long one – for reasons explored below in the *Coordination* section, meaning that the results were used more for longer term planning and the large-scale changes caused by COVID-19 rather than reacting and responding directly to the pandemic.

The analysis of the RLNA results was aggregated across the regions, which did not allow for nuanced understanding of where the needs were. However, there were clear synergies in the results of the RLNA in each regional centre and at thematic area level, so it did make some sense to do this at the time, and as a result, the funds were allocated to the overarching thematic areas.

Consequently, the needs identified in each specific Country and Regional Office were communicated to the wider HLA in aggregate form for the thematic area, and the specific learning needs were unable to be addressed.

“I don't think it was used as much as it should have been [at global level], but I think in terms of regional response, I know it was much more useful.”

Pawel Mania, REMEAL Lead, HLA

However, the RLNA succeeded in furthering the localisation agenda within Save the Children.

By identifying regional and country priorities from this process, what the RLNA achieved was increased autonomy for Regional Offices and Country Offices to make decisions and support their planning and strategy development processes by clearly understanding their strengths and weaknesses.

“That survey was the pivot point from Country Offices going from not knowing what they don't know to knowing what they don't know..... in terms of the future direction of humanitarian action and our relevance and role within it..... we are able to build this broader change agenda”

Thomas Lay, East & Southern Africa Regional Humanitarian Director.

It provided the Country Offices the critical reflection spaces to identify what their needs were and helped the planning process for emergency preparedness in collaboration with the Regional Offices. There was good cohesion with humanitarian and non-humanitarian teams with the RLNA process, as some COs saw this as an opportunity to bridge the gap between Programme Quality and Humanitarian learning needs. This was particularly strong in Asia, where the Humanitarian Director said:

“The emergency preparedness planning work that we do directly relates to our capacity building work”

Thomas Howells, Asia Regional Humanitarian Director, Save the Children

This process has increased the visibility of the HLA within the Save the Children movement as it demonstrates that we are acting as a driver of localisation by supporting the regions and countries with the tools and learning to conduct this type of needs assessment. This contributed to one significant change that happened under the pandemic, as now the Humanitarian Regional Directors are a key part of the Humanitarian Strategy Group, which they feel was influenced by the RLNA process and the work of the Humanitarian Capacity Building (now Strengthening) Group.

“The conversations we were having monthly between us, the regional team and the regional Human Resources and Learning and Development people.... was a new thing...it really helped us work in a different way from this year [2020] as well, and that’s important as it is much more appropriate.”

Rachel O'Brien, Director of the HLA.

This was seen as a surprise to some of the key informants in this review as previously they had perceived the HLA as a service to deliver training, so this global effort shifted the way the Academy is seen by some stakeholders acknowledging that this helped positioning the organisation within the Save the Children movement as a key driver for furthering the localisation agenda.

As Lucile Bationo, West & Central Africa Programme Manager at the HLA highlights, the RLNA has “helped me to have a close relationship with Country Offices, and I can speak to them quickly.” This has contributed to a much stronger localised approach to reactive capacity strengthening within Save the Children.

Language and Learning Design

Having content created in the language of the audience will reduce time pressure on the HLA and SMEs and make the content more appropriate for learners.

Ensuring the reactive capacity strengthening solution is appropriate for the phase of the response is key to making learning relevant. The shift towards micro-learning is supporting this.

Save the Children SMEs and learners appear to engage with platforms (including an internal LMS and OneNet) that already exist within the organisation, whereas externally, Kaya is the most preferred platform.

It has been recognised by multiple stakeholders, both internal and external to the HLA, that the Academy is a leading force in shifting the power to Regional and Country Offices. This is comforting testimony that our localisation efforts are working well and achieving their aims, however, in order to continue this successful journey, it is clear that one area needs immediate attention: the language and accessibility of learning.

Almost all the HLA team members involved in the delivery of COVID 19 specific work highlighted language as a key challenge in making their work more appropriate and relevant for learners.

The vast majority of learning content is created in English and then translated into a more relevant language for the audience, but professional translation is often de-prioritised in the budgeting process and the HLA team members who speak language(s) other than English often have to then do the translation themselves. This has led to challenges in terms of lower quality work due to increased time challenges and has delayed the release of projects. In addition, it also places a high burden on colleagues based in HLA regions.

“Translation is a job, so it's already dangerous, condescending to say Regional Programme Managers can do it because again, the time it's going to take and the quality of what we're going to release”

Olivia Scaramuzza, Learning Solutions Specialist, HLA.

In East and Southern Africa (ESA), it was noted that a key contributor to the success of the team was the strong relationship with regional and country-based SMEs, meaning they have had the capability to create content in an appropriate language and having the materials contextualised from the beginning rather than waiting on specialist support that may affect the quality and timeliness of the work.

This success in ESA is supported by the statements from SMEs echoing for content to be developed in languages other than English based on their experience of working with mentors who speak a wider range of languages. This will ensure that its work is even more appropriate for learners, and is shifting the power to local SMEs, furthering the localisation approach.

“We tried to make it as approachable for them [the mentees] as possible”

Linda Steinbock, Senior Humanitarian Evidence, Evaluation & Learning Advisor and a co-chair of the MEAL Capacity Building Technical Working Group

Whilst ensuring the HLA is designing learning in the most appropriate language is hugely important, ensuring the right modality to deliver the learning matters as much.

There are some clear examples of the most appropriate type of learning being delivered at the right time – the Humanitarian Learning Webinar Series where 75% learners engaged with the series between March and July 2020, the Integrated Public Health Hub which attracted all of its current users within 2 days after the launch in April, the WASH e-learning modules being launched ahead of major peaks in COVID-19 cases around the world, the project management learnings in the MEEE region launching during the planning period for the MEEE Regional Office.

“The Integrated Public Health Hub was useful as it was based on needs and bought all elements of health together in one place”

Abraham Varampath, Humanitarian WASH Advisor, Save the Children.

“Through the Kaya e-learning platform, the projects were completed during the year 2020 with the least effort, time and cost.”

Issam Mohammed Abdulrab, Learner, Yemen.

However, the key challenge in the design and delivery process was the timeliness of some of those interventions.

This will be explored more in the further section below, but when designing learning it is really critical that the HLA are using the most appropriate method at a particular stage of a response under the reactive capacity strengthening service.

The learner feedback from Kaya indicates that in the first phase of a humanitarian response, they need key information quickly, and whilst they are able to draw on preparedness learning they may have done in advance, they are less likely to reference this at the start of a response, and need reminders of critical information.

6. To what extent do you agree or disagree with the following statements around online learning in the first phase of a response.

[More Details](#)

■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree

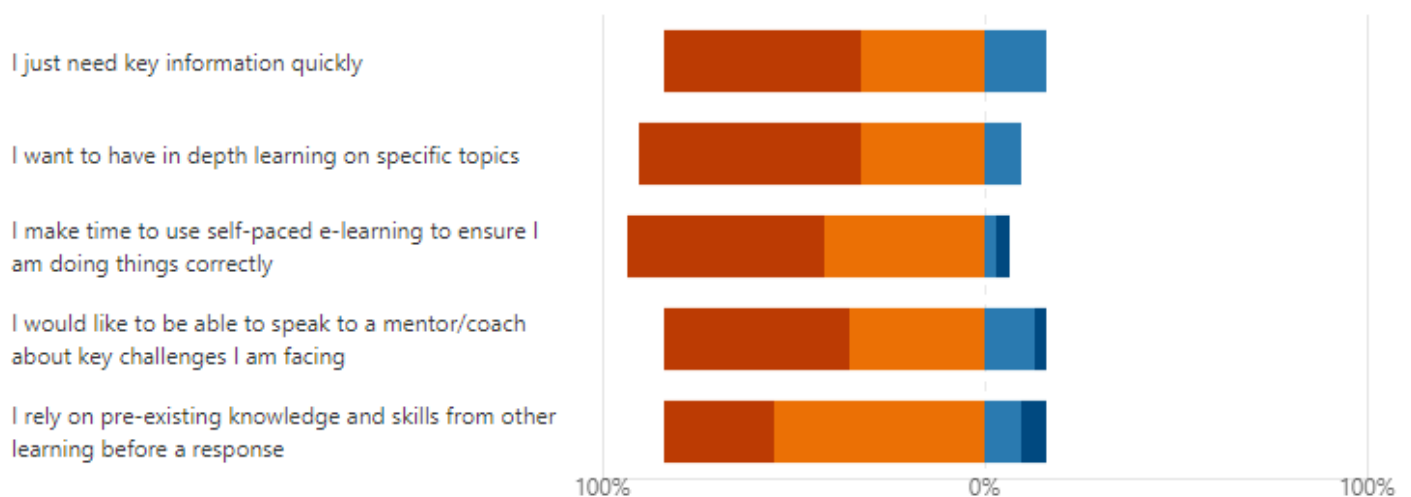


Figure 1: Super Learner responses indicating how they learn in the first phase of a response.

Figure 1 indicates that what learners value the most is self-paced e-learning to ensure a quality response, as well as having key messages delivered to them in a quick and easily accessible way and providing them with in depth knowledge on specific topics.

There is recognition that in a more reactive response (e.g. a rapid onset crisis) micro-learning is more effective than creating longer, more technical content, and there is already a strategic shift towards this in ESA and the HLA Digital Learning Solutions team.

“I think we probably need to prioritize more of the micro learning resources [in reactive capacity strengthening work] rather than the larger self- paced learning”

James Maltby, Digital Learning Lead, HLA

What will further support this is ensuring the SMEs are clear that this is what the Academy recommends as best practice for an initial phase of a response.

With the learner feedback from Kaya being in slight contrast to the perception of members of the HLA and SMEs, the need to have clear needs identified as soon as possible is clear. In the section below, how learners are engaging with Kaya is further explored, and this lends support to the idea that when there was intense international concern around the possible course the pandemic could take, learners were coming to Kaya to prepare themselves. As the pandemic progressed what can be observed is that learners tended to access content for ‘just in time’ learning. All of this supports the idea that in rapid onset crises (such as a peak in COVID-19 cases) learners tend to access the content they need in that moment, so the notion by SMEs and the HLA that micro-learning is more appropriate in this context can be justified.

The second phase response (after first two weeks) and preparedness portfolio that has already existed (though often adapted for the pandemic) has been appropriate in the eyes of HLA members, SMEs and learners. It has been delivered to meet the needs in a more consistent way, as there was more time to refine the needs and tailor the approach accordingly, and this is something that people are keen to see more of in the future.

“Once the activities were underway, I think they were timely, and they were responsive in a way that they needed to be.”

Rachel O'Brien, Director, HLA

“Combining capacity building with mentoring, coaching and activities actually helps a lot.”

Gheen Hamed, WCA Cash Technical Advisor, Save the Children

“Having a resource library of learning initiatives on all key topics that can be translated and then implemented using different methodologies should be prioritised for all future responses”

Samantha Davies, Head of Regions, HLA.

One consistent challenge with selecting the appropriate modality of learning, was the usage of Kaya within Save the Children. Many SMEs indicated that they preferred to use a different platform, and there were concerns from the regional colleagues about accessibility, particularly in terms of internet connectivity. For example, the HLA Regional Programme Manager Asad Iqbal noted that in Myanmar, only 2 out of 1000 staff members had ever accessed Kaya as they needed connection to first access the content they wanted in order to download it and use it offline.

Whilst it is clear that remote, digital learning delivery can be beneficial, blended methodologies and face-to-face are still valued for a number of reasons:

- Addressing gender barriers
 - Currently there is a 55-45 Male-Female (M-F) split on Kaya as a whole, which is similar to the learners from the courses that inform this review (56-44 M-F) although this varies between courses. For example, a 70-30 M-F split for the FIELD Programme and a 36-63 M-F split for the Transformation of Training Programme
 - Blended learning can provide safe spaces for female voices to be heard and selective recruitment onto virtual workshops and/or webinars can ensure a more equitable space for women. *“We prioritise women for scholarships, offer additional support to distance learning and for the in person residential, as length of the course, fees, and not being around children and family members is a barrier for women that can be overcome. This helps achieve a slightly narrower gender gap of 54-46 M-F split on our blended courses”* Arlo Kitchingman, Learning Solutions Specialist.
- Enabling safe, practical demonstrations for technical areas that cannot be delivered online

- Limited digital literacy levels with community humanitarian workers, such as community WASH Officers, teachers and social workers.

“We need to consider literacy and technology accessibility...community health workers need practical, hands on training and are used to classroom training and you can't learn everything online”

Lucy Hall, REMEAL Advisor, HLA

The majority of the learning solutions delivered by the HLA do take all of this into consideration but ensuring that there is a nuanced approach to what is being designed is important and understanding the needs of the project and the audience is critical.

One solution proposed by this review for the Save the Children movement is using Kaya in conjunction with other, existing platforms where appropriate for preparedness work, and also creating a resource library of readily accessible learning packages that can be rapidly deployed to meet the needs in the earlier phases of the response. This is similar to how some of the regional HLA centres work, but it is recognised that this could be implemented more consistently across the team. The section on Kaya below demonstrates that Save the Children staff were quick to access the COVID-19 learning content, but only a few returned to the COVID-19 Courses, whereas local and national learners engaged more frequently during the development of the pandemic.

Kaya: Who is Using Reactive Learning and When?

Globally, learners are using Kaya for “just in time” learning that is used straight away, as demonstrated by peaks in COVID-19 cases around the world in the worst affected countries corresponding with the uptake of courses, as well as from learners’ feedback.

Within Save the Children, Kaya is used more for preparedness activities, similarly to learners coming from organisations affiliated with other global International Non-governmental Organisations (INGOs). This can be drawn from lower engagement with reactive content in this review, but an examination of the HLA’s Preparedness Portfolio would confirm or challenge this more extensively.

The pandemic was predicted to affect countries all at the same time in similar ways back in March 2020 ([Imperial College London, 2020](#)), however with a variety of public health interventions put in place around the world, we know that the pandemic has behaved differently to this predictive model.

Outbreak evolution for the current most affected countries

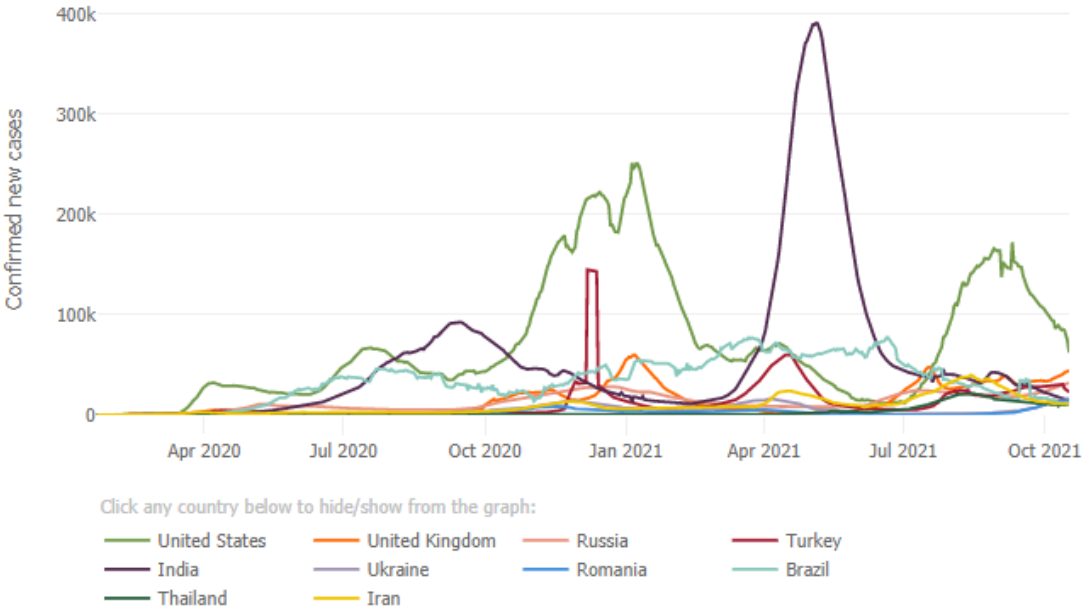


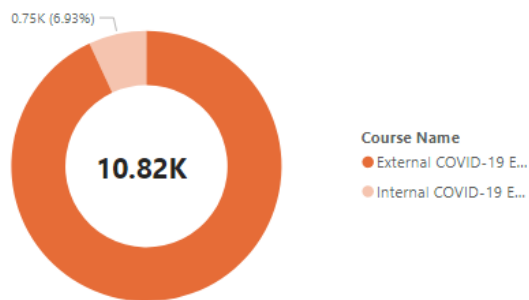
Figure 2: The evolution of the pandemic globally in the currently most affected countries by cases using a 7-day moving average. Last accessed 19th October 2021

Source: [Johns Hopkins University](#)

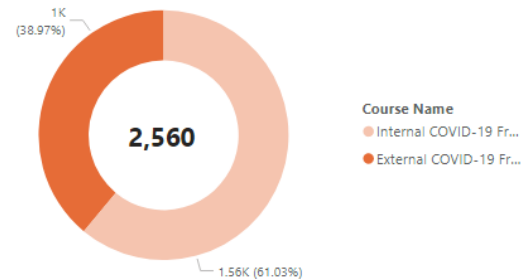
5th May – a significant date for the COVID-19 learners

This is the date when the HLA launched the Arabic, French and Spanish versions of the COVID-19 Learning Pathway within and external to Save the Children, following the launch of the English Pathway on 24th March 2020.

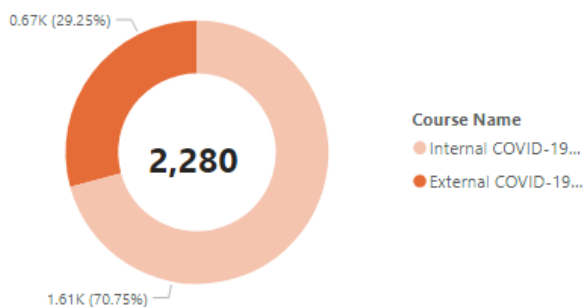
Number of Learners - English COVID-19 Pathway



Number of Learners - French COVID-19 Pathway



Number of Learners - Arabic COVID-19 Pathway



Number of Learners - Spanish COVID-19 Pathway

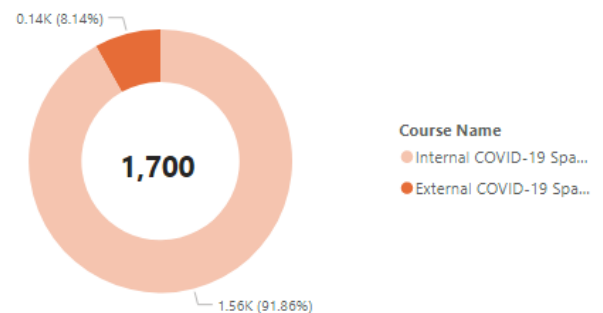


Figure 3: The number of learners for each of the COVID-19 Learning Pathway.

The Open Access version is depicted by the darker orange, with the paler shade representing the Internal Pathways which were only available to Save the Children learners.

Save the Children learners were also engaging with the Open Access version too, so the numbers of the internal pathway do not represent all Save the Children learners.

What the figure below shows is that the single day with the highest number of enrolments on any of the COVID-19 Courses was on the 5th May, with over 1,600 individuals enrolling on this day.

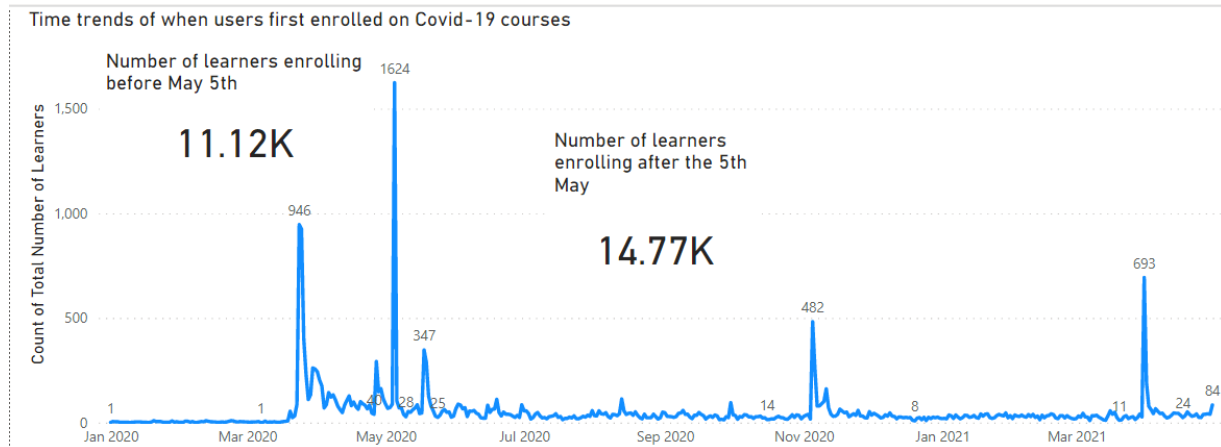


Figure 4: The time when learners were enrolling across all COVID-19 Courses and the differences in the number of enrolments before and after 5th May

What is important to note here, is that on launch day of 5th of May, Save the Children International staff were automatically enrolled in the COVID-19 Learning Pathways which is skewing our understanding of how many would voluntarily enroll.

There was also a significant communications and marketing drive for the pathway in multiple languages.

Number of learners who enrolled before 5th May who accessed the course after this time

1397

When looking into the habits of learners who had enrolled on or before the 5th May, only 1,397 returned to the course, and when narrowing this down further to looking at those who enrolled on this day specifically, none returned to any of the COVID-19 Courses.

This is a clear indication that mandatory enrollment alone does not work for reactive capacity strengthening unless supported by targeted awareness campaigns or an incentive such as line manager support, that are not captured in this review.

With languages other than English being highlighted above as being important in a reactive capacity strengthening response in the Language and Learning Design

section, the data from Kaya does support this somewhat, although it is hard to separate this from the impact the mandatory enrolments had on numbers enrolling on this date.

Time trends of when users last accessed the courses



Figure 5: The time when learners last accessed the courses throughout the duration of the pandemic, highlighting the differences before and after 5th May.

When comparing those who last accessed the courses after 5th May, only 1,397 had enrolled on the COVID-19 Courses on or before this date and 96% of those who last accessed the courses after 5th May also first enrolled after this time. .

Before the 5th of May, there was a high volume of learners enrolling on the courses (11,120 individuals), primarily on the Open Access COVID-19 Learning Pathway with 2,300 learners registering within three days of the launch as a result of the email marketing campaign.

COVID-19 learning pathway (open access)
Enrolments (as of 27th March 2020)

User completion status

- Total enrolments: 2308
- Enrolled but not started: 929
- In progress: 1379

An example of the Communications and Marketing campaign that supported the launch of the External English COVID-19 Learning Pathway

The launch of the English version was within a week of the [Imperial College report](#) on the 16th March predicting the potential consequences of the pandemic. In 2020, Kaya saw a 50% increase in learners registering on the platform with the vast majority coming in June 2020, having increased rapidly from April 2020.

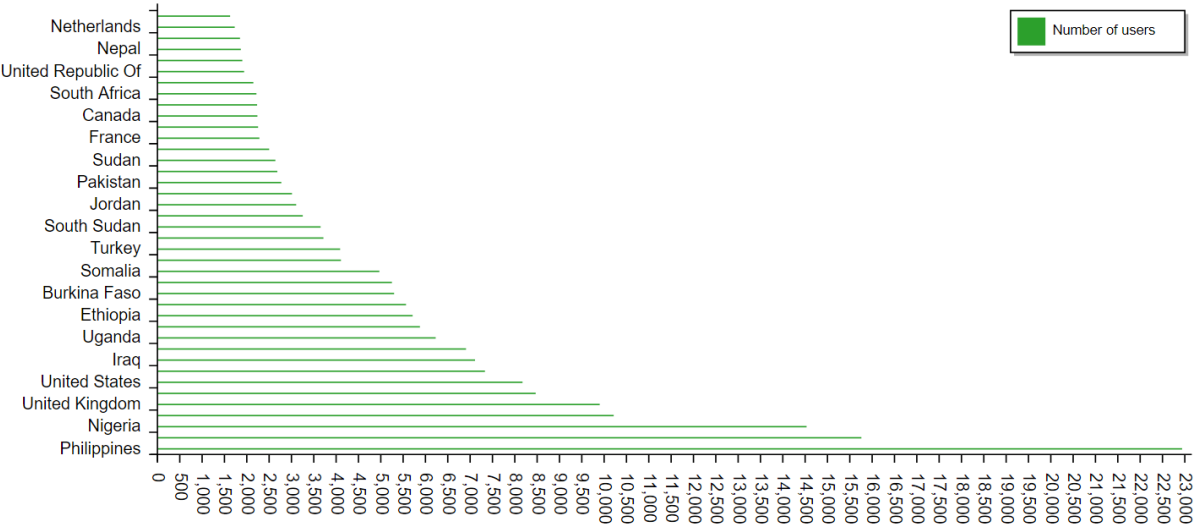


Figure 6: Countries learners are based in who have registered on Kaya since 16th March 2020.

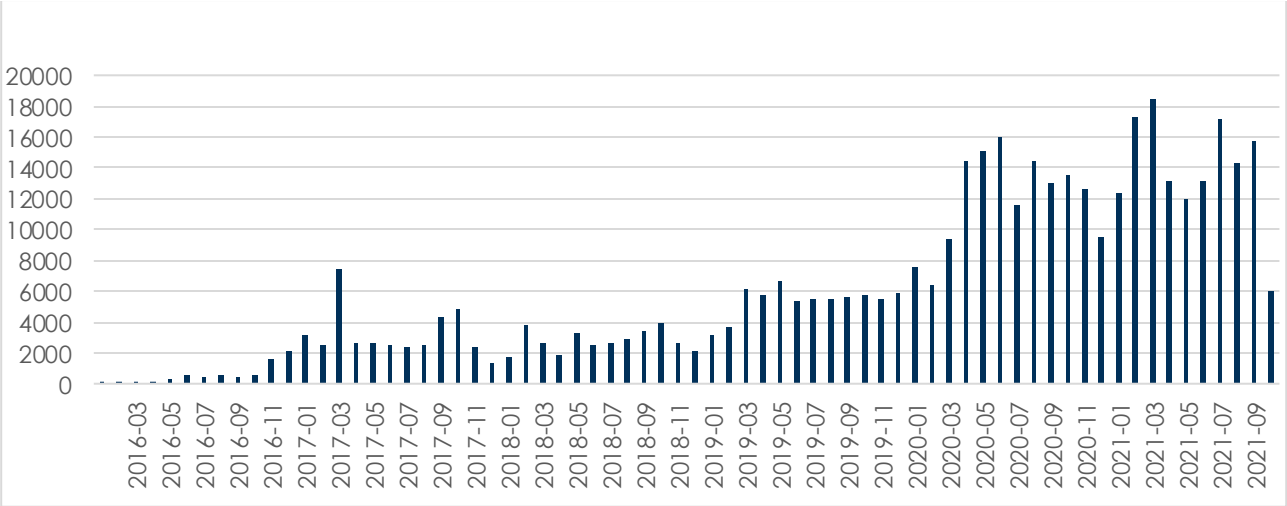


Figure 7: Number of learners registering on Kaya shows a large increase from April 2020

Referring back to figure 4, there is a peak in learners enrolling on the COVID-19 courses, with just under half of those returning to the courses throughout the course of the pandemic.

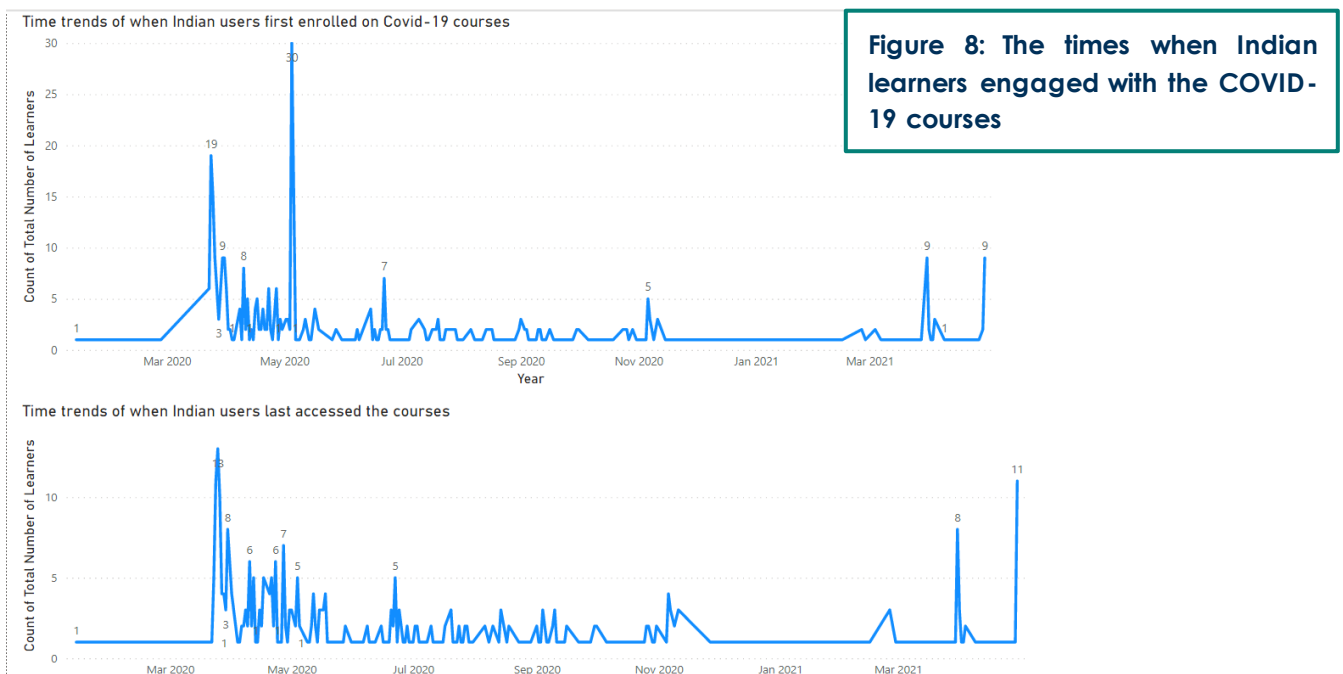
Bringing all of this information together, indicates that:

- Learners coming to Kaya between March 2020 and before 5th May 2020 were predominantly looking for COVID-19 learning, and the increased registrations in this time period, indicate that many people came to Kaya to look for such content (although without access to other humanitarian learning platform data, this is hard to say with absolute certainty)
- Learners after 5th May tended to access the learning content when they needed it for their work.

What is also interesting, is that the waves of cases globally in the pandemic are often consistent with increases in users engaging with the COVID-19 content on Kaya.

Looking back at figure 2, there are waves in cases in different countries at different times. India is a clear example of this, with a significant wave of COVID-19 cases in April and May 2021.

When examining when learners from India are accessing the COVID-19 courses, it is clear that engagement was high around this time period, as well as in March 2020. This supports the idea that at the start of the pandemic learners were looking for information in anticipation of severe numbers of cases, and when this did happen, new learners came to the platform to access the learning ‘just in time.’



Understanding when different types of learners engage with the COVID-19 courses will also support the HLA to ensure that learning is as appropriate as possible. The figures below must be viewed in the context that learners when registering on Kaya are not required to disclose their organisation type, and therefore only learners who

have specified their organisation type have been included in this analysis making the total figures smaller than expected.

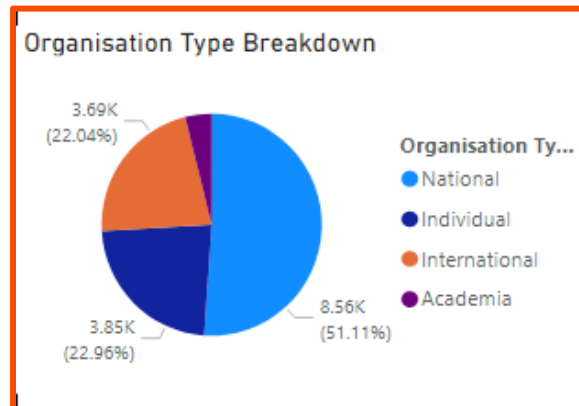


Figure 9: For this review, those who register as 'volunteer, consultant, intern or other' has been classed as individual which is used as a proxy for local in the absence of a local option upon registration. 48% of these are volunteers (21% consultants, 18% other, 12% interns)

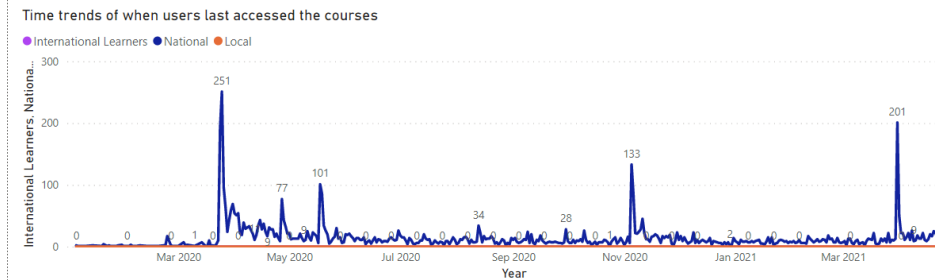
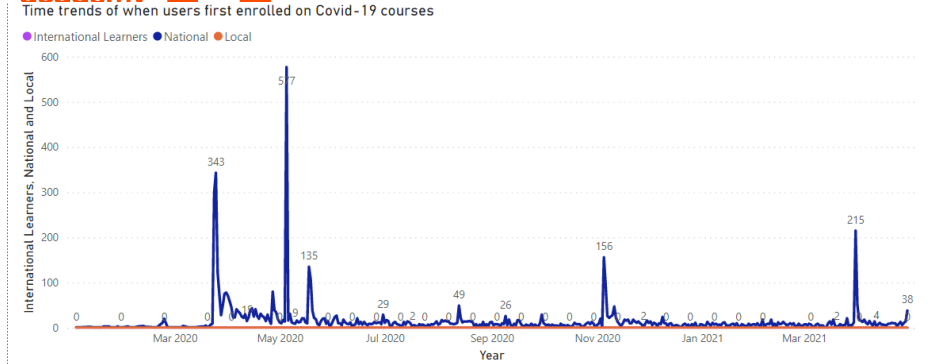
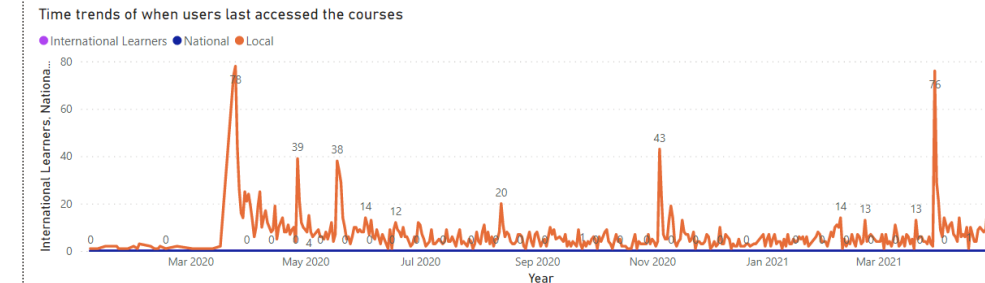
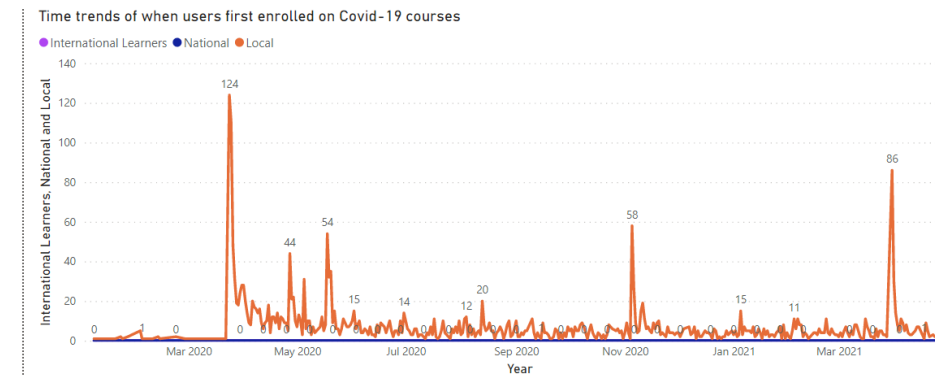
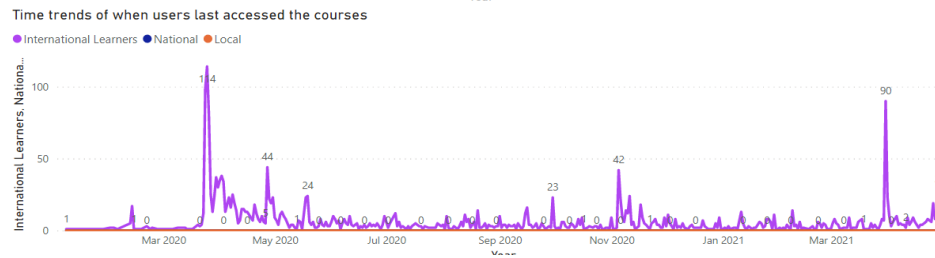
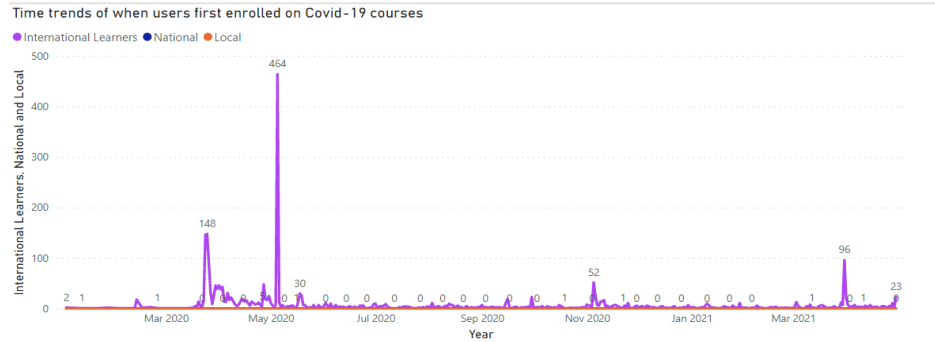


Figure 10: The difference in users from International (purple), national (blue) and local (orange) organisations accessing the Covid-19 learnings for the first time and the last time they accessed them.

Note: The peaks on this figure show higher number of international learners, however there are more national, local and volunteer learners than international learners engaging with the COVID-19 Courses, as these make up almost 75% of COVID-19 Learners (74.07%)

The key takeaways from these figures are:

- All types of learners after 5th May engaged with the content for just in time learning.
- Local users were more consistently engaging with the content throughout the duration of the pandemic than international and national learners.
- Where there were global waves of COVID-19 cases increasing, all types of learners saw increased engagement (enrolling and last accessing the courses).

Throughout the pandemic, national and local learners in India were enrolling on and accessing the courses more consistently than international learners. All types of learners saw an increased engagement trend around the large wave of cases in April and May 2021.

This trend was also seen in the Philippines, where a large number of learners using Kaya are based, and in the United States of America, which was a country badly affected by COVID-19.

There are many potential reasons for this, which cannot be explained without further investigation.

Another interesting trend identified was that there were more volunteers (individuals) starting the COVID-19 Pathway than international staff. This follows similar patterns to those observed in the [LSE paper](#) focusing on Humanitarian Operations Programme learners and re-enforces the [BRC report](#) findings that volunteers are often the first responders in any crises. The COVID-19 Pathway Kaya data shows that volunteers were mainly engaged with the courses pre-5th May. This supports the idea that volunteers are accessing learning to respond to crises in their communities and possibly to prepare for them.

Time trends of when Indian users first enrolled on Covid-19 courses

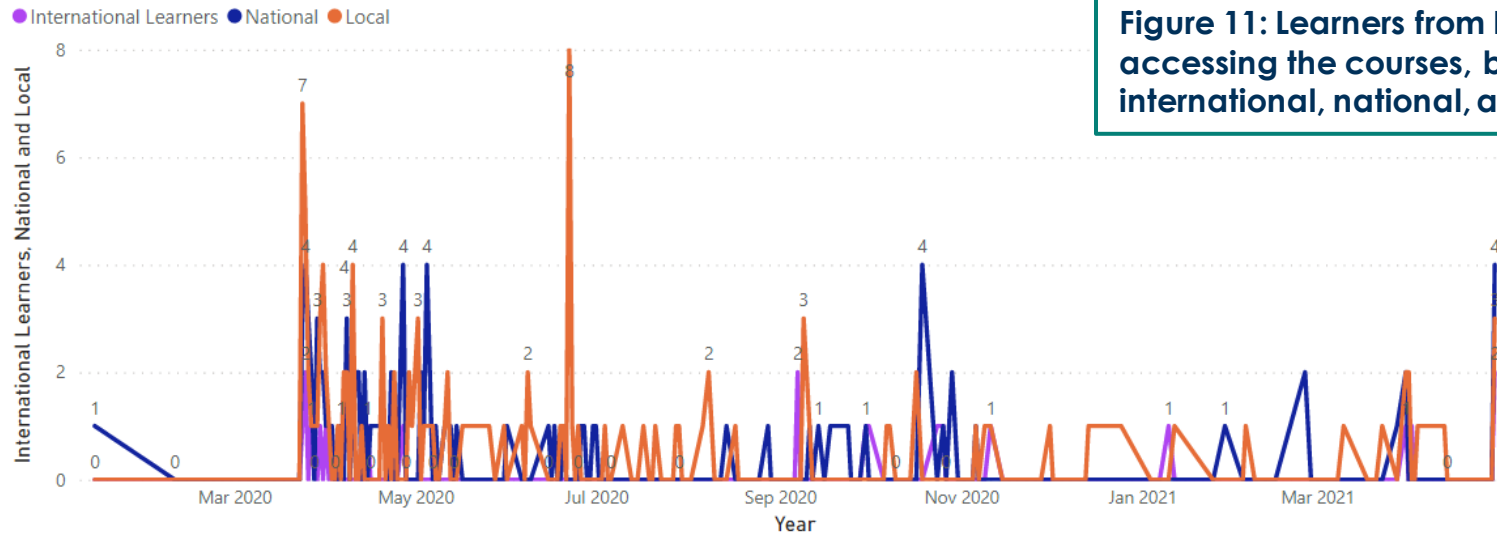


Figure 11: Learners from India first accessing the courses, broken down by international, national, and local actors.

Time trends of when Indian users last accessed the courses

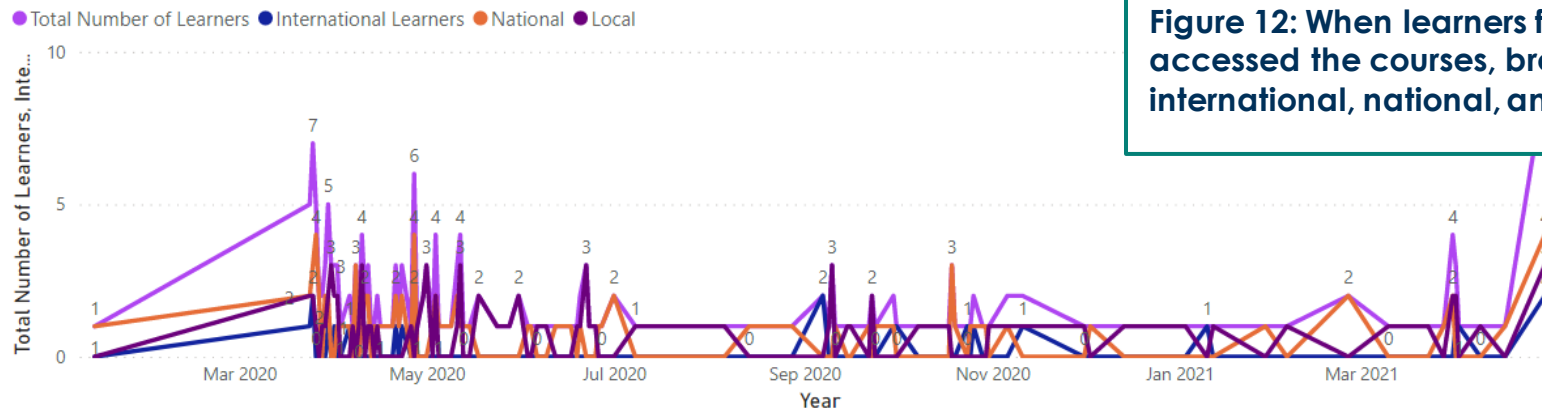


Figure 12: When learners from India last accessed the courses, broken down by international, national, and local actors.

These trends are similar to the findings by the London School of Economics (LSE) when assessing the shift in power of Humanitarian Operations Programme learners in 2020-1. [Humanitarian learning under the COVID-19 pandemic; a pathway to localisation?](#)

Number of unique Save the Children Learners across all courses

2195

Interestingly, Save the Children users of the COVID 19 courses all enrolled at the start of the global pandemic with almost no re-enrolments after this initial launch, and only very small numbers (5 or 6) Save the Children learners returned to the content throughout the pandemic.

Whilst there is a case to be made that the mandatory enrolment of the Save the Children International staff mentioned before could change this conclusion, excluding it from the data shows a similar trend of learners accessing the COVID-19 Courses in larger numbers at the start of the pandemic

Figure 13: When learners from Save the Children accessed the COVID-19 courses, including the mandatory enrolment on 5th May 2020

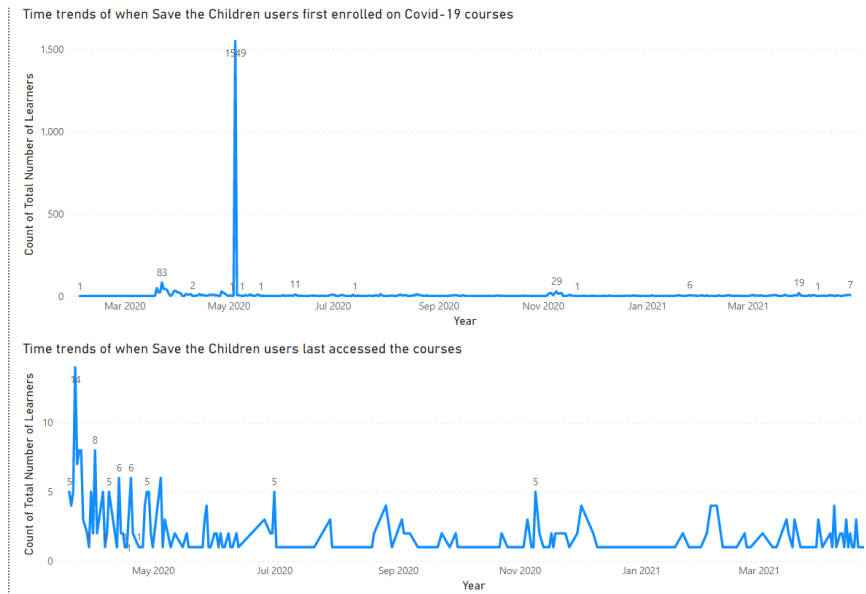
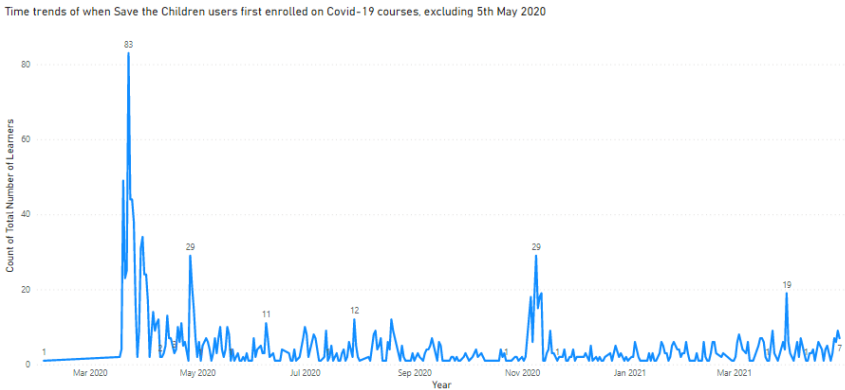


Figure 14: When learners from Save the Children accessed the COVID-19 courses, excluding the mandatory enrolment on 5th May 2020



The low numbers returning to the courses from Save the Children are in line with the trends identified above with international users not coming back to the content as often as national or local organisations. This highlights that SC staff found this content was of interest to the Save the Children movement at the start of the pandemic (even when excluding the mandatory enrolment) but may not have been for the remainder of the pandemic.

This can be further supported through the completion rates for Save the Children learners, although it is not possible at this time to come to firm conclusions as to why Save the Children learners did not engage as much as external learners – start rates for the COVID-19 Learning Pathways for Save the Children was 13% compared to 70% for external.

Save the Children Engagement Statuses for the English COVID-19 Learning Pathways

Course Name	Completed	In Progress	Not yet started
The COVID-19 Learning Pathway	0	418	302
The COVID-19 (Coronavirus) Learning Pathway - Open Access	0	152	123
Total	0	570	425

Save the Children Engagement Statuses for the French COVID-19 Learning Pathways

Course Name	Completed	In Progress	Not yet started
Le Parcours de Formation COVID-19	0	9	1548
Le Parcours de Formation COVID-19 - Open Access	0	6	6
Total	0	15	1554

Save the Children Engagement Statuses for the Arabic COVID-19 Learning Pathways

Course Name	Completed	In Progress	Not yet started
مسار تعلم فيروس الكورونا COVID-19	15	34	1555
COVID-19 مسار تعلم فيروس الكورونا - Open Access	2	9	7
Total	17	43	1562

Save the Children Engagement Statuses for the Spanish COVID-19 Learning Pathways

Course Name	Completed	In Progress	Not yet started
La Ruta de Aprendizaje COVID-19	0	4	1550
La Ruta de Aprendizaje COVID-19 - Open Access	0	6	5
Total	0	10	1555

Global Engagement Statuses for the COVID-19 Learning Pathways

Course Name	Completed	In Progress	Not yet started
COVID-19 مسار تعلم فيروس الكورونا	15	36	1560
COVID-19 مسار تعلم فيروس الكورونا - Open Access	12	380	272
La Ruta de Aprendizaje COVID-19	0	4	1553
La Ruta de Aprendizaje COVID-19 - Open Access	0	76	62
Le Parcours de Formation COVID-19	0	11	1549
Le Parcours de Formation COVID-19 - Open Access	1	600	395
The COVID-19 (Coronavirus) Learning Pathway - Open Access	0	5565	4500
The COVID-19 Learning Pathway	0	435	315
Total	28	7107	10206

Figure 15: Engagement statuses for Save the Children learners show that the majority of users did not start the COVID-19 Learning Pathways, although engagement was slightly higher on the Arabic version. Global engagement statuses were significantly higher.

Understanding of Kaya is used is also underpinned by ‘COVID Super Learner’ feedback. Super Learners for the purpose of this review are learners that have engaged with multiple courses highlighted by the HLA as key learning solutions.

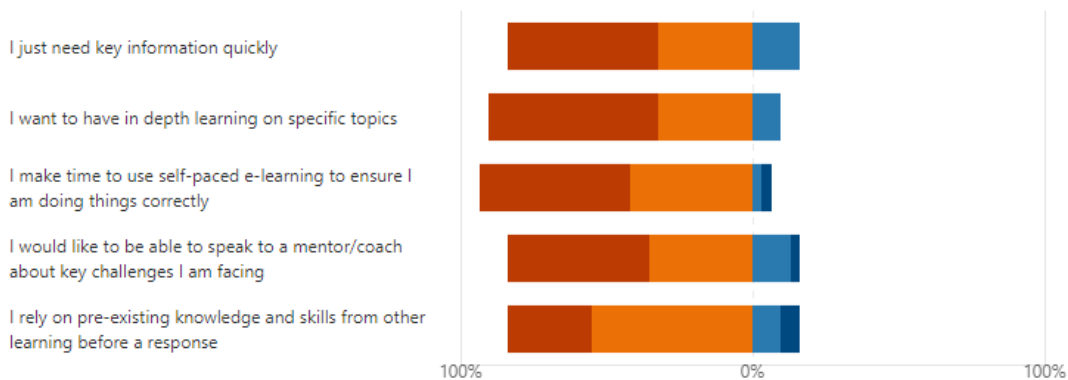
These are the 350 learners that have been identified as engaging with multiple COVID 19 resources — and were approached for feedback on their learning experience with the courses, and Kaya more broadly. 31 have responded to the survey.

As highlighted in the *Language and Learning Design* section above, learners are keen to have key messages re-enforced in the beginning of a response whilst drawing on existing knowledge as much as possible.

6. To what extent do you agree or disagree with the following statements around online learning in the first phase of a response.

[More Details](#)

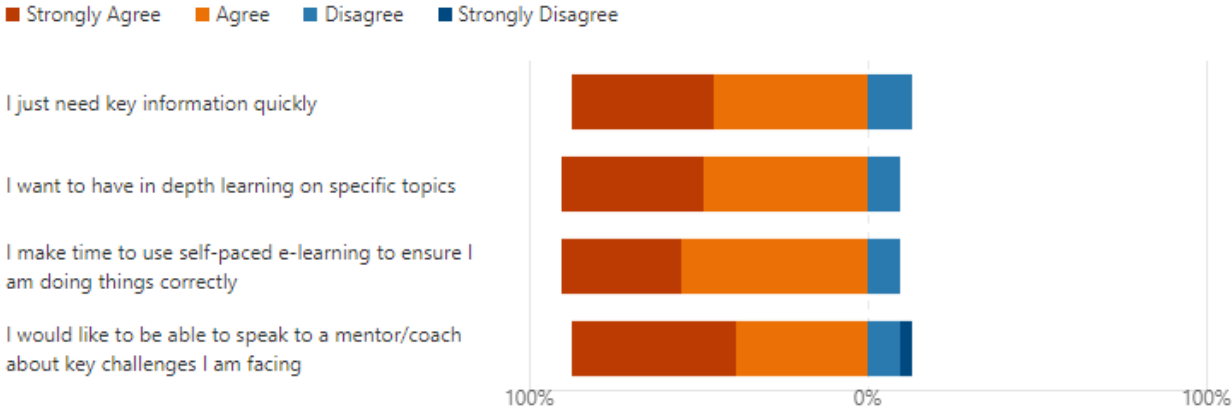
■ Strongly Agree
 ■ Agree
 ■ Disagree
 ■ Strongly Disagree



This feedback echoes what is being reflected in the engagement data, where people may already have existing knowledge but refer back to it when they are having to rapidly respond.

7. To what extent do you agree or disagree with the following statements around online learning in the second phase of a response.

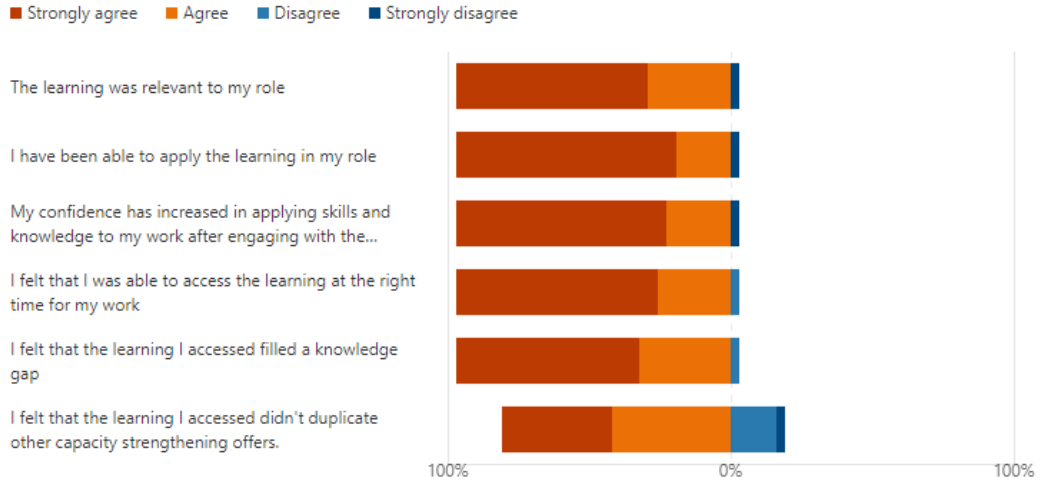
[More Details](#)



With the Super Learners saying strongly that the content was relevant, applicable and has increased their confidence in applying the knowledge, the HLA can reasonably say that the digital learning offer for the pandemic was appropriate.

5. To what extent do you agree or disagree with the following statements:

[More Details](#)



All of this information about when our learners were accessing COVID-19 learning, and who they are, indicates that:

- International staff were looking to prepare ahead of the predicted waves of cases.
- National and local learners return to courses to review learning more than international staff.
- The content created and shared on Kaya in response to the pandemic was considered useful for learners to take away and apply, even if it was not directly related to COVID-19.
- The learning resources collated and created on Kaya enabled global humanitarians to be more prepared and ready to be able to react when they needed key information, as demonstrated through the feedback shared by learners below.

One thing that DA Global have indicated in the [British Red Cross COVID-19 Response Review](#), is that there was a need for global capacity strengthening and that international, national and local actors all needed this during the pandemic for different reasons, and the HLA Kaya data supports this statement. The BRC report also calls for governments to be the main focus of capacity strengthening initiatives. The HLA ensures through its blended learning offer that government officials are included in the CPiE and EiE Professional Development Programmes, but the Kaya data in this review does not show that governments are engaged with the COVID-19 Learning Courses.

Quotes from learners: what have they changed as a result of their learning?

“...how to support teams effectively remotely due to COVID-19 movement restrictions (and) facilitation skills for mentoring new learners”
Nemwel Moracha, Kenya.

*“ I have become more confident and better prepared to respond to the needs in my field. I now ensure that I prioritize applying global best practices in my workplace based on the knowledge gained from Kaya”
Ignatius Attah, Nigeria.*

“Thanks to the Kaya e-learning platform, the projects were completed during the year 2020 with the least effort, time and cost. He also chose the places most affected by the war in Yemen.” *Issam Mohammed Abdulrab, Yemen.*

“I have adapted most of the learning that I got to my everyday job, it had helped me it and has increased my ability to work” Thomazamile Kula, South Africa.

“I have changed ways if interacting with communities (community approach). I begin to understand what is more wanted from humanitarian workers.” *Paul Bul Chol Deng, South Sudan.*

*“I was able to accomplish the learning styles needed for my learners in this pandemic time..... I have nourished the learning styles of my learners to devote studying even if face-to-face is hardly approved this time....”
Marie June Espinosa, Philippines*

“Online learning increased my knowledge and skills therefore it created confidence in daily routine work.” *Abdullahi Adi Hussein, Ethiopia.*

*“We went totally online. This was a very valuable resource for that.”
Angela Owen, United States.*

Core Humanitarian Standard Six: Coordination

This section reflects on the findings highlighted in the RLNA and localisation section. Whilst there is significant overlap between these two, what this section is examining is how the coordination between the HLA and the Regional and Country Offices supported this to happen.

Despite some successes within this area of work, coordination has been identified as an area where the HLA COVID 19 response could have been strengthened, and where there are clear recommendations for future reactive capacity strengthening work.

Shifting the Power within Save the Children through localised coordination

The RLNA process has forged closer relationships with the Regional Offices and Country Offices in Save the Children. Regional members of the HLA are acting with autonomy in their region for capacity strengthening and have good relationships with regional networks.

By having regional focal points in the HLA, Senior Regional Directors have seen the benefits of our work in creating the space for Regional Offices to act more autonomously and in control of their own direction and asks of support.

“This crisis accelerated and changed the way we do things....it creates autonomy and empowers the Region to lead.”

Thomas Howells, Regional Humanitarian Director, Asia Regional office, Save the Children

When speaking to Regional Directors, they felt that the regional teams in the HLA weren't only and fully 'belonging' to the HLA and were much more embedded in SCI and the Regional Office. This was seen both as a positive and an area that could be addressed.

The positive element to this is again re-enforcing the narrative that we are becoming a much more regionally led movement, with the regional HLA colleagues having autonomy and full accountability for their work, but there was a feeling that the wider HLA needs to support the regional capacity strengthening team members.

“This is a good thing; after all these trainings we're doing we run and online surveys after [and] everyone's happy. I don't know how we really measure the impact of the learning initiatives that we do.”

Thomas Howells, Regional Humanitarian Director, Asia Regional office.

This highlights that REMEAL is a key area that needs to be better connected to the regional HLA members to ensure there is evidence available to demonstrate their impact.

Digital support for alternative modalities to deliver remote learning in the regions was also highlighted as an element that needs to be better considered within the HLA, particularly in reactive responses where there are challenging contexts with limited bandwidth and connectivity.

The findings indicate that Regional Humanitarian Directors are seeing value in the regionally based HLA members being more autonomous from the HLA in reactive capacity strengthening, but there still needs to be close connections with the HLA team to ensure support in delivering effectively and with impact.

There is good evidence that power is shifting laterally within Save the Children, and there is greater collaboration and coordination with different teams.

One of the key drivers of this accelerated localisation shift was the RLNA process. With many of the regional team members coming into post at the start of the process, there was a steep curve for them to develop the relationships with the Country Offices, and these relationships are now very strong. The Regional Directors really bought into the process, and supported this happening, and embedded it as part of the regional strategy processes, highlighting its importance to Save the Children, and building relationships with priority countries in the movement.

HLA staff, Regional Directors and SMEs all recognised that there has been greater focus in the last 18 months on bridging the gap between humanitarian and non-humanitarian teams within the regions, whereas these would previously have been separate. This has resulted in greater preparedness, as humanitarian capacity strengthening is increasingly seen as a core component of Country Office Emergency Preparedness Planning. There is also a stronger relationship with different HR Learning & Development teams, and they have been involved in the HLA COVID-19 regional response.

Rachel O'Brien, Director of the HLA, has also been identified by the Regional Directors as being the lead on the Save the Children Global COVID-19 capacity strengthening response, and was entrusted with steering this to ensure that not only the capacity strengthening teams were involved in the response, but in advocating for a localised approach through the Humanitarian Strategy Group. This resulted in conversation that brought an ambitious project to create One Humanitarian Team (OHT) within Save the Children movement, this is huge testament to the collective influencing work that took place last year.

Outside the HLA

Well established relationships with Subject Matter Experts meant better coordination within the HLA for reactive capacity strengthening, and for emergency preparedness work.

When there were not established relationships, the HLA either needs to act as the leader in this space, or offer support to existing actors if they request capacity strengthening support.

Given that the HLA will need to establish how it interlinks with the future One Humanitarian Team (OHT) at Save the Children, one of the key elements to look at is how organisation's relationships and processes with external SMEs have evolved during the pandemic, and to identify any challenges and successes with this.

It is clear that where there were existing, well established relationships with technical sectors in advance of the pandemic, stronger learning has been achieved - the Integrated Public Health Hub being one good example - and the ways of working were much simpler and straightforward, resulting in a more timely and appropriate product.

The WASH e-learnings are another good example of a strong relationship with the Humanitarian WASH teams, and this resulted in the WASH team securing funding for SCI for this project, which was delivered "very timely" according to Abraham Varampath (Humanitarian WASH Advisor).

These relationships are also critical for emergency preparedness work both as preparedness and reactive content packages, which HLA focal persons and SMEs are able to adapt easily to different scenarios and contexts.

The formal service request process that is in place after the merger and post-COVID-19 delivery, is said to be causing a delay to starting projects and to limit opportunity to have scoping conversations and create proposed solutions before having to submit a formal request for support.

"The new process with the HLA is not as fast as it used to be...previously I could write an email to Charlie [Rowley, former HLA Public Health focal person] or message on Teams, but now I have to fill in a form. The lead time before a response from the HLA extends the process and makes the work more challenging. In terms of [the previous process for reactive COVID-19 delivery], the timeliness, appropriateness and efficiency, it was amazing"

Abraham Varampath, Humanitarian WASH Advisor, Save the Children .

Given that many technical areas are developing capacity strengthening work outside of the HLA as part of surge roles or technical advisory roles, this poses a risk for the HLA if our internal processes are seen as a barrier to working with SMEs within the movement.

“We need to leverage the Technical Competency Framework and other tools and relationships we have as that is what is asked on the HR system, otherwise capacity strengthening will continue to be a tick box exercise for everyone.”

Linda Steinbock, Senior Humanitarian Evidence, Effectiveness and Accountability Advisor, Save the Children

This was reflected in the COVID-19 capacity strengthening response where there were limited relationships with certain technical areas. For example, Mental Health and Psycho-Social Support (MHPSS) was identified as a priority from the RLNAs, however, as there was no historic relationship within the HLA to MHPSS Technical Advisors (TAs), the HLA had little to no influence on the capacity strengthening work that was being delivered by that Technical Working Group. In contrast, where there were strong relationships with the SCUK Humanitarian Public Health Technical Unit, the collaborations allowed for multiple and varied outputs. Within the Leadership space – again another global priority from the RLNA – there were few actors in this space, which allowed the HLA to lead the way on developing relevant learning solutions and creating close relationships with those who were involved in work around developing future humanitarian leaders.

This poses a number of questions to the HLA as the movement moves into OHT and considering our localisation agenda. Whilst it is clear from this review that having established relationships within SC allows for a more efficient response and supports preparedness work, there needs to be good understanding within the HLA where those relationships sit and with whom.

“The co-ordination with the HLA was ad-hoc and wasn't always consistent and there was no clear understanding of what the HLA could offer me as a TA. Having clearer objectives would have helped understand the roles and responsibilities and the scope of work.”

Gheen Hamed, CASH Technical Advisor, WCA, Save the Children

What has helped the HLA work well with SMEs where there has been weaker or no established relationship before, is having clear roles and responsibilities outlined for the HLA team and the SMEs. This reduces the burden on both parties and is a more collaborative design process, allowing for technical review, and for learning design

review. This approach has been piloted throughout the COVID-19 Capacity Strengthening work delivered, and was especially helpful for the Integrated Public Health Hub:

“There was a clear divide between project lead, SMEs and learning specialists”

Olivia Scaramuzza, Learning Solutions Specialist, HLA

Inside the HLA

Reactive capacity strengthening is most effective when led by the Regional HLA centres. This includes needs identification, acting as the focal point, and having the funding managed in the regions.

The HLA should consider an Emergency Preparedness Plan to allow it to better coordinate a reactive capacity strengthening response, with defined roles, responsibilities and accountabilities, including for SMEs.

The lessons learnt around funding, prioritisation and internal capacity can be used to address the challenges, as they were primarily around coordination, particularly around how we need to be led more by the regional HLA teams to ensure we have greater impact for reactive work such as the COVID-19 response.

Many of the HLA interviewees noted that the HLA regional teams were created to lead the way on delivering the HLA offer, but with the funding available to the COVID-19 response being allocated to the ‘Global’ leads of the 5 priority areas (Samantha Davis – Leadership, Janet Nyaoro – Cash, Lucy Hall – MHPSS & Public Health, Pawel Mania – MEAL, Olivia Scaramuzza – Public Health), this hasn’t always been the case in the last 18 months. However, this is also due to limited capacity across all regions.

“There’s too much need at the regional level”

Asad Iqbal, Asia Programme Manager, HLA

However, it is worth highlighting that a lot of these challenges existed before the merger between the HCB and the old HLA.

One of the key challenges identified from the COVID-19 Capacity Strengthening response is allocation of the funding.

To deliver on the needs identified in the RLNA, there was approximately £100k awarded to the HLA from the Children’s Emergency Fund (CEF), and this was managed by UK based members of the team to deliver on the 5 priority areas. This had a strong impact on the regional team as they were not able to deliver on these

additional requirements as they did not have access to the funds due to the UK 'Global' leads managing the response.

When there was direct delivery in regions, this was achieved by re-purposing funding from other CEF funded work, notably from Cyclone Idai funding in the ESA region, and collaborating closely with thematic sectors in the other regions.

“We were able to access funding from the Idai funding to address Education in Emergencies needs to respond to the Country Offices that needed training immediately.”

Rose Wahome, Education in Emergencies Programme Manager, East & Southern Africa, HLA

The complexity of the funding allocation is said to affect the coordination of the response. It required more time to identify the needs, secure the funding from the SCUK Humanitarian Operations Team, establish relationships with SMEs (where needed), design solutions and then try to connect back up to the regional needs.

As many of the regional HLA members highlighted during the focus group discussion, if the regional centres had been allocated funding following the analysis from the RLNA, they would have been better positioned to work closely with the Country Offices and the Regional Offices and SMEs. This approach could potentially have had stronger impact on the timeliness and appropriateness of the HLA's COVID19 regional response. This was also echoed by those delivering on the global priorities, as they recognised that the learning would have been more contextualised and had the potential to be developed in a language that was not English more easily and without relying on translation costs, improving the overall response.

“There was no separate regional capacity strengthening budget and so if our regional centres wanted to do anything reactive, we had to try and find the funding from somewhere else....we were able to secure a small amount of funding available for the 5 global priorities (priorities that were identified across all of the regions), however that circumvented other priorities that were across individual regions.”

Samantha Davis, Head of Regions, HLA

“I was allocated a budget of £20,000 for MHPSS and at one point I was emailing everybody saying, please let's spend this money [to deliver on the needs identified] but

this was not enough to meaningfully address the findings of the RLNA”

Lucy Hall, REMEAL Advisor, HLA.

“There were countries that needed some kind of training, but they didn’t get them as there was no resource available to support.”

Rose Wahome, Education in Emergencies Programme Manager, East & Southern Africa, HLA.

Having autonomy over funding is a key point raised in the DA Global review of the British Red Cross COVID-19 publication ([British Red Cross, 2021](#)). This is one of the critical factors that signals that international organisations, such as the HLA, are moving to decolonise their work. There is definitive momentum and intention to support this within the Save the Children movement through the OHT, and within the HLA.

Another challenge internal to the HLA that negatively affected the COVID-19 Capacity Strengthening response was the team’s existing priorities and the lack of capacity in the team to deliver.

Living under the global pandemic is an exceptional time for everyone around the world, and the HLA team was also affected by its impact.

In the UK, the furlough scheme allowed some members of the team access this scheme for a short period, which was hugely beneficial to the UK based colleagues needing this sort of support. What didn’t appear to happen was a consistent, full re-prioritisation to support the delivery of the COVID-19 Capacity Strengthening response and the need to continue working on the team’s existing preparedness portfolio and award-based activities, with multiple people throughout the team highlighting this need for repivoting as a pain point for them and their work.

This was also against the backdrop of the HCB-HLA merger that consumed a lot of effort and time from the whole team, meaning that capacity and energy was split between competing priorities.

Looking into the future; having regular progress reviews against KPIs in the response and in preparedness work, led by the REMEAL team wherever possible to identify what can be put on hold when would be beneficial for this.

“[We need to] have a bit of an ongoing understanding of the impact of the work [the digital team] are doing. It’s a really difficult problem to solve in terms of real time analytics, but I think having a little bit more insight about

what the KPIs were as they went along would have helped us adapt and maybe helped us to prioritize a bit more”

James Maltby, Digital learning Lead, HLA.

This cross-team coordination could also help course correct within the response to support all learning teams more effectively.

Several members interviewed said that having a clear understanding of when to step back from preparedness work and focus on reactive capacity strengthening and having measures in place to mitigate the contractual and human impact this would have on the team would help to navigate this reality in the future, although it was recognised that our preparedness and consultancy work is award driven with constraints and commitments in place so this had an impact on how much capacity there was to repivot the effort, despite the fact that 4 regional roles were secured to work primarily on the Reactive Capacity Strengthening. It was also noted that the scale of the COVID crisis was unlikely to be seen again in the short term.

At the very start of the pandemic, around the end of March 2020, many team members recognised that multiple groups across the movement (Humanitarian Steering Group, COVID-19 Programme Group etc) were meeting on a regular basis in a fast-moving situation meant that there was a lot of confusion, and almost a sense of panic was being created within the team.

One interviewee indicated that having a HLA Emergency Preparedness Plan in place to ensure that at the start of any reactive capacity strengthening response we are well coordinated would be of benefit.

“We need an Emergency Preparedness Plan that tells us clearly what to do and who should be accountable”

Olivia Scaramuzza, Learning Solutions Specialist

This sentiment was shared by others making similar points.

“...everybody should be flexible our title starts with humanitarian, you cannot be fixed. You cannot say book me in June when you need my services in October. It doesn't work like that..... Nobody knows what emergency we will be dealing with in August You might actually have nothing to do, you know. So the nature of our work, the nature of the sector we work in requires us to be very agile and flexible and I want to see every team putting in

that caveat [of their time for reactive capacity strengthening].”

Charity Lukaya, Former ESA Humanitarian Capacity Strengthening Lead, HLA

“There is a need to plan more about how the digital portfolio can be reactive.”

James Maltby, Digital Learning Lead, HLA

“Coordination takes time. Initially there was too many people involved at different levels who didn't need to be involved, so that impacted on timeliness of delivery”

Rachel O'Brien, Director, HLA

This should include roles, responsibilities and senior decision-making accountabilities pre-defined to ensure rapid coordination from the start of the work and should include all elements of the HLA (Communications, Learning Solutions, Business Development, REMEAL, and Platforms if applicable) and be regionally led to ensure contextualisation, appropriateness and integration within the wider response.

To further support this, there were clear recommendations from colleagues based in the regions who agreed that having standard packages of micro-learning content ready to be deployed within 48-72 hours of a response being categorised would be highly beneficial to reduce the need of extended coordination, and therefore improve the timeliness and appropriateness of the reactive capacity strengthening responses.

“When the requests come, they don't have a turnaround of one month. Sometimes they have a turnaround of five days or two weeks. We cannot say we offer reactive capacity strengthening without this.”

Charity Lukaya, Former ESA Humanitarian Capacity Strengthening Lead, HLA

Finally, as the HLA moves into its second year as a cohesive unit, based on how successful they view the HLA regional teams, the Regional Directors are keen to have clarity on how these roles will be secured in the future, and also want to see them grow, to further increase their autonomy.

“During the humanitarian team planning process, we [Asia Regional Office] did say that we would like a three

person capacity building function. A head of the team, an officer level and an advisory post in the middle, with the senior posts kind of leading the team looking externally.”

Thomas Howells, Asia Humanitarian Regional Director, Save the Children

Timeliness and Appropriateness – how has coordination impacted these?

Challenges with coordination has resulted in a less timely response in terms of delivering learning solutions, however, coordination at a more strategic, movement wide level has really delivered a timely and quality localisation response.

Whilst the initial timeliness of the direct COVID-19 learning activities could have been improved, the work done within the HLA has supported thematic areas to deliver learning at the right time to mitigate the effects of the pandemic, as demonstrated by the engagement trends on Kaya and learner feedback.

“I have greatly improved my capacity and output at work and in my speciality tremendously.”

Gladys Ekie Bah, Learner, Cameroon.

Where there were successes with the first phase of the response, there was minimal to no coordination beyond working with the SMEs that have already established relationships with the team, or when there was no established leader in the sector and the Learning Specialists were able to deliver autonomously.

“Where we found it much easier to implement activities were on initiatives where there were no real discussions or working groups already in place.....we found we were able to design a number of initiatives around leadership in crises because there were less stakeholders to engage....we could also expand on our existing initiatives on coaching, making it much more timely and relevant and giving us the scope to deliver tangible outputs relatively quickly.”

Samantha Davis, Head of Regions, HLA

Emergency preparedness has long been a strength of the HLA and this has been demonstrated again the COVID-19 work, where multiple internal and external stakeholders found value in this approach. Whilst coordination in the first phase of the response could be more effective, the amount of learning solutions delivered in

the second phase of the response being used to address existing gaps, highlights that the coordination within the HLA is conducive to delivering quality, timely learning.

In the ESA region where capacity strengthening is a key part of the initial humanitarian response after categorisation, having consistent linkages and pre-prepared packages of support ready to go, allows for rapid deployment of learning solutions with minimal need for coordination internally with the HLA or with SMEs, as it has been pre-approved. This increases the timeliness and the appropriateness of the reactive capacity strengthening response.

If the HLA is able to plan and prepare well in advance, using the Internal Emergency Preparedness Plan as suggested above, this may improve future reactive capacity responses overall.

Improving coordination with data: Recommendation to the HLA

The RLNA process for COVID-19 response wasn't free from challenges, however these have provided invaluable lessons learned for ensuring their positive impact on coordination, appropriateness and timeliness of future HLA responses.

The process of collecting data to inform the COVID-19 RLNA was challenging. Based on these challenges, and the successes of unintended outcomes from the process, this review recommends 5 separate LNA tools for the HLA to use.

There are a number of factors that need to be considered in this process to ensure that the LNAs have a positive impact on coordination, and appropriateness and timeliness.

The discussions in the Appropriateness section explore some of the unanticipated outputs and outcomes of the RLNA process. This section explores how the process was conducted and where it can be strengthened to ensure that intended outputs and broader outcomes are achieved.

The RLNA process involved a significant number of stakeholders within Save the Children movement in 39 Country Offices, 4 out of the 5 Regional Offices, and Members, plus a large number of team members from within the HLA.

Given the fact that there has been wide recognition of how useful the exercise was to support with identifying regional priorities, and to identify the best approach for learning solutions, there is an argument to be made for using different templates for different purposes.

This is not an uncommon approach to take when understanding the needs of different contexts – [Save the Children has internal guidance documents](#) for Rapid Needs Assessments, General Needs Assessments, Sectoral specific, cross sectoral etc, in line with [UNOCHA's toolkits](#).

With increasing importance of the organisation needing to be more data led, it is important to ensure this process is the most appropriate it can be, to ensure better coordination with the right people in the right spaces.

There have been further LNAs conducted since the COVID-19 RLNA was conducted that have been more detailed, focused on priority countries and more targeted. This signals that the whole approach needs to be reconsidered to ensure transparency, validity of the findings and to reduce burden of the Country Offices.

Based on the focus group discussions, interviews with people delivering the RLNA 5 priorities, Regional Humanitarian Directors and SMEs, these 5 types of Learning Needs Analysis are proposed to meet the different scope of work the HLA supports and delivers on:

- Regional LNA
 - Intended for strategic decision making in the region, similar to the one conducted for the COVID-19 response
- Rapid LNA (1st phase response)
 - Light touch, able to be deployed within 2-3 weeks of a response being categorised
- Reactive LNA (2nd phase response)
 - Still response focused, but addressing the needs of local actors involved in the response and to ensure sustainability of the recovery phase
- Preparedness LNA (programme/TE specific)
 - Thematic and programmatic specific LNAs tailored to the specific work being delivered by the Learning Solutions Specialists
- Capacity Gap Analysis (TE specific)
 - Connecting with the Technical Expertise Transformation to identify capacity gaps in specific contexts using Technical Competency Frameworks

However, this needs to be supported by a functioning information/knowledge management system to ensure the findings from those LNAs are speaking to and inform one another to avoid unnecessary duplication.

When developing these tools for humanitarian capacity strengthening needs assessments, we may want to consider:

- How do we ensure Save the Children partners are included in this?
- If LNAs are being conducted for external organisations requesting our expertise through the HLA's Social Enterprise arm (for example) how are their partners included?
- How do we work across the development and humanitarian nexus?

- How can we include the intended audience in the LNA process?
- Are we ensuring that equality, diversity and inclusion commitments are being addressed in LNAs? Are we following the Cross-Cutting Issues toolkit endorsed by the Humanitarian Capacity Strengthening Group in 2020?
- Do we ensure that delivery method is captured as standard and accept the recommendations made by the stakeholders?
- Do we want to have capacity strengthening included in standard sectoral needs assessment tools to reduce an additional tool being created?
- How can we verify these findings over a period of time – what if situations change?
- How, and by whom, are the findings analysed – currently there is equal weighting given to importance to role and competency gap, but is this the best way forward?
- How can the HLA and SMEs and regional TAs best access this data?
- Can we inform Learning Needs Assessments by drawing on data from alternate sources rather than going direct to Country and Regional Offices and Technical Advisors?
 - There are several dedicated data and prediction units within the movement and wider sector – could the HLA be better connected to these? This would bring us in line with other initial assessments/desk reviews that inform new categorised responses.

The recommended changes and questions to consider will also further the decolonisation of the HLA's work by being more inclusive of local organisations and civil society and will strengthen the recommendations around language and learning design, particularly by ensuring that the HLA is driven by demand by local partners, as highlighted by the DA Global's recommendations to SCUK around leveraging the HLA to further the organisations decolonisation progress (DA Global, 2021).

The review recognises that there are several existing tools and templates used by the HLA already, but with increased demands for LNAs from various areas of the team, and the challenges summarised below, there is a demand for a level of standardisation of this. Any new guidance issued by the HLA on LNA templates should be updated in the Quality Framework through coordination with Save the Children International.

The recommendations are made to address the below challenges identified by this review:

- The process was too long as too many people were involved
- The process wasn't tailored enough to meet needs or to inform some key aspects of work
- Sharing of information was inconsistent

- The tool wasn't best utilised for the benefit of the Country Offices as the needs identified were aggregated at 'global' level
- Lack of instructions for Country Offices made completing the tool inconsistent
- The tool placed a heavy burden for inputting on Country Offices who are repeatedly being asked to complete multiple needs assessments by different parts of the movement.

By improving the (R)LNA process by making them more nuanced and led by the data, this should reduce a lot of the challenges that the HLA and our stakeholders were faced with in the COVID-19 Capacity Strengthening coordination.

By having this information readily available to all members of the team, people can then use this as needed for different projects, making them timelier and more appropriate as well as improving the coordination between stakeholders. This, however, does not mean they may not require future adaptation.

Core Humanitarian Standard Two: Timeliness

Assessing the timeliness of the HLA's COVID-19 response is challenging as there are negative and positive influences that affected the timing of key activities, but the resulting work was generally timed well in relation to the progress of the pandemic and its impact on global society.

The timeliness of the HLA COVID-19 response had been mainly influenced by the coordination within the team and with other actors in the Save the Children movement.

Where there were clearly defined roles, responsibilities and accountabilities making coordination of projects more cohesive, this improved the timeliness of the activities delivered for learners. Where there were greater challenges with coordination at different levels within the SC movement and the HLA, it was clear that this delayed work. However, the majority of key stakeholders recognised that whilst what was delivered wasn't rapid, it still resulted in a timely intervention as the pandemic was shaping the needs so dramatically.

“For Somalia, we've delivered a training just in time for them categorising the Global Hunger Crisis Famine as a Category 2 response, so it really worked as we were able to do it [the training] in February and then the learners deployed in March and April, using the knowledge they learnt in February.”

Charity Lukaya, Former HLA Head of East & Southern Africa.

This also highlights how poor or good prioritisation can impact on timeliness. Using this same example of Somalia, the ESA team had received this request in 2020, yet

was only able to deliver in early 2021. Whilst this resulted in better timeliness in that learners were able to apply their learning quickly, it does highlight how HLA is struggling to meet demand for support and having to prioritise those who need rapid and reactive support. As noted in the coordination section, a high demand for capacity strengthening created conflict between how best to prioritise reactive capacity strengthening, preparedness capacity strengthening and other existing commitments within the Academy.

The Regional Directors and the HLA regional colleagues have a direct obligation to meet the needs of Save the Children Country Offices and their partners, which is a huge network, and as the RLNA highlighted, there is huge demand for the HLA's services with 39 Country Offices all feeding into this with capacity gaps they were hoping to address. This is in addition to the preparedness portfolio that the HLA holds. The regional HLA colleagues worked with their Country Offices to identify the key priorities – using the priority country listings and categorised responses to determine these priorities, but at the time, the wider HLA were struggling to deliver on multiple fronts.

There were clear recommendations from different parts of the team to have greater flexibility built into future rapid and reactive responses so that the needs of the regional teams could be met better and in a timelier manner. This still leaves the question around how the preparedness and contractual agreements the HLA has in place still to be addressed. Having the resources built into the regional teams for reactive capacity strengthening could be one solution for this, as the review confirmed that the lack of flexible funding available to the regional centres during the COVID-19 pandemic to scale up projects hindered their ability to respond in a more timely manner.

In terms of Technical Expertise, it is clear that close relationships with the thematic sectors are vital in delivering timely responses as they are able to deliver on projects outside of coordination mechanisms. In addition, as thematic areas were prioritised in the SC-wide COVID-19 programme framework before capacity strengthening, SMEs had a much clearer idea of what the needs would be, meaning that the HLA was able to start delivering on what was needed before the RLNA process was launched, making it more reactive to changing needs, particularly in the health sector, with 4 Public Health projects already having been completed before the RLNA was developed having anticipated what the needs would be at that stage of the pandemic, and with the COVID-19 Learning Pathways on Kaya that learners referred back to throughout the course of the pandemic.

SMEs have also noted that post-merger and with fewer thematic focal points in the HLA, the process is much slower, and they feel there is a less autonomy to collaborate with the HLA than before the merger. However, the new HLA 2022-2024 strategy has partially addressed such concerns trying to strike the balance between being responsive to the needs of the organisation, but at the same time ensuring the decisions are led and aligned to organisation's strategy.

Conclusions and Key Recommendations

This review has demonstrated the immense work that went into delivering a COVID-19 capacity strengthening response that is appropriate and based on needs, well timed and coordinated which served both the wider humanitarian sector as well as the Save the Children Movement. The HLA team has made great effort to ensure quality and scale of the learning products delivered despite the many challenges (e.g. team capacity), which sometimes resulted in an incomplete evidence data for a number of products, or issues with the overall coordination. Nevertheless, all those interventions provide invaluable lessons learned for the HLA and its reactive capacity strengthening offer that informed the following recommendations:

- Reactive capacity strengthening initiatives should be led by the Regional centres of the HLA (with adequate budget allocation)
- Develop an Emergency Preparedness Plan for the HLA
- Reactive capacity strengthening should be led by data from Country Offices, Regional Offices and partners
- Continue with the shift towards micro-learning for just in time learning in the first phase of a response
- Need for better and consistent output and outcome monitoring that accommodates for different modes of HLA delivery, working closer with the ROs, COs, local partners and technical working groups, including SMEs and TAs
- Advocate for capacity strengthening to be considered a response enabler and therefore better connected to overall Save the Children response impact reports/data
- Creation of a framework for measuring localisation and criteria for decolonisation within capacity strengthening
- With multiple platforms existing in SC and there being a low uptake of COVID-19 learning by Save the Children staff, this review recommends understanding what the barriers are within the movement to engaging with Kaya, and how the HLA can work with the One Humanitarian Team and SCI Learning & Development team to have a more consistent approach to organisation wide learning
- 5 types of Learning Needs Analysis are proposed to meet the different scope of work the HLA supports and delivers on:
 - Regional LNA: Intended for strategic decision making in the region, similar to the one conducted for the COVID-19 response.

- Rapid LNA (1st phase response): Light touch, able to be deployed within 2-3 weeks of a response being categorised.
- Reactive LNA (2nd phase response): Still response focused, but addressing the needs of local actors involved in the response and to ensure sustainability of the recovery phase.
- Preparedness LNA (programme/TE specific): Thematic and programmatic specific LNAs tailored to the specific work being delivered by the Learning Solutions Specialists.
- Capacity Gap Analysis (TE specific): Connecting with the Technical Expertise Transformation to identify capacity gaps in specific contexts using Technical Competency Frameworks.

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