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From Near Paralysis to High Achiever:

The Evolution of CHF Building Community Capacity Project in Guyana

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Introduction

This Note is an overview of the evolution of a capacity building process in Guyana. It analyses how initial mistakes were overcome thanks to a flexible attitude and willingness to change strategy. The Note also identifies key lessons that may be useful to other capacity building practitioners.

Background

CHF is an Ottawa-based, non-profit organisation with several Southern-based field offices.¹ It is one of Canada's longest established international development organisations and is now one of the most accomplished agencies working on capacity building in the South.

This note is based on CHF's experiences while executing the Building Community Capacity Project (BCCP), a Canadian International Development Agency (CIDA)-funded capacity building project in Guyana between 1996–2003.

The goal of BCCP was to strengthen Guyanese civil society so that it could become a dynamic force in the social, economic and democratic development of Guyana. It did this by assisting national and community-based organisations to

improve their systems and to manage their programmes more professionally. In this way, they could better deliver benefits and services to their members, clients and/or communities.

This project was CHF and CIDA's first major involvement in developing Guyanese civil society capacity. It has achieved exceptional results, and is widely recognised in Guyana as one of the most successful initiatives in civil society development in the country. However, it had its fair share of challenges, which proved to be both impediments and blessings in the implementation process. The implementation was bureaucratic and sluggish in the first two years, but the lessons it revealed were so insightful that they laid the foundation for CHF to emerge as a key executing agency for capacity building initiatives in the Caribbean, Asia and Africa.

Initial mistakes

The main problems of the project were caused by overly bureaucratic and prescriptive approaches used during the first two years of the BCCP. These affected the implementation of the project, the quality of the results, as well as the response of the Guyanese NGOs. The unsuitable approaches led to

¹ www.chf-partners.ca/index.shtml

inappropriate implementation strategies which resulted in the following problems:

1. Slow start up

The project suffered from a very slow start. The contribution agreement was signed in December 1996, and from that point until mid-1999 it was difficult to tell who was in charge. CHF as the executing agency of the project was stymied by the day-to-day involvement of CIDA in project decision making. CIDA and CHF staff, both in Ottawa and Guyana, were involved in daily bureaucratic negotiations on strategies that should be pursued. The capacity building strategies were mainly based on prescriptions coming from officials with insufficient knowledge of the local context. The first two years were mostly spent on finding consensus on an appropriate strategy. It also took almost two years to decide which organisations will be partners in the project.

2. Length of time for organisations to receive support

The slow start to the project affected the pace at which the targeted organisations received support. Initial contact was made with potential Guyanese partners in the beginning of 1997 but by the end of 1998 they had received no support from the project, despite attending meetings every month and preparing and submitting large amounts of information. The credibility of the executing agency and the project staff was under threat as partners were beginning to conceive notions of a self-serving bureaucracy. These partners started to vent their disappointment and lack of confidence in the process.

3. Raising expectations

Each potential partner organisation had to submit a business plan as a condition for approval to participate in the BCCP. However, none of the organisations had

the capacity to prepare these plans, given their lack of experience and resources. The procedure was perceived to be too sophisticated and bureaucratic. Organisations agreed to have the plan prepared if the project would pay for it to be done. Since CIDA insisted on having business plans, these were prepared with project resources. The problem was that because the project insisted on business plans, the organisations expected it would also fund the implementation of these plans. However, they were only part of the selection process and CIDA never intended to fund their implementation. Therefore no such support was provided. By this time it was late 1998 and almost two years had passed without the organisations seeing any tangible benefit and they became increasingly frustrated with the project.

4. Little or no influence on capacity building strategies

When the project eventually reached the implementation stage it started by providing the partner organisations with pre-packaged technical assistance which included proposal writing, fundraising, review of programmes, volunteer recruitment and management, and review and redesign of financial systems. While most of this support was useful, the manner in which the type of support was decided on was flawed. The capacity building strategies were mainly designed by CHF staff, and primarily negotiated and agreed upon with the consultants. Often, the first time the organisations saw the terms of reference for technical assistance was when they were informed about the commencement of the assignment. The organisations were required to participate with total motivation and commitment, yet they had little or no say in the design of the initiative. Organisations were basically told

that this is what capacity building is and they should accept the support offered in order to access funds for service delivery in the near future. The approach was very prescriptive and provided few opportunities for the organisations to participate in designing the type of support they received. Some organisations accepted the pre-packaged technical assistance even though they did not think it was strategic to them at the time.

5. Facilitating the capacity building process

The technical assistance for capacity building was mostly provided by short-term consultants. CHF staff coordinated and monitored the technical assistance contracts and liaised with organisations to ensure that consultants were satisfactorily carrying out agreed tasks. CHF staff also monitored follow-up by the organisations to ensure that the objectives of each technical assistance contract was achieved. Through dialogue with the organisations CHF staff recognised that the reliance on short-term consultancies to carry out capacity building suffered from the following problems:

- The approaches of the consultants were visionary in many cases but not grounded in the local and organisational context.
- The use of short-term consultants did not cater for the ongoing interaction and coaching support that weak organisations needed for capacity building.
- The time span for achieving capacity building objectives was often dependent on a consultant's level of effort rather than on organisational dynamics.
- The consultants could not get a good enough understanding of the

organisation in the short time they spent on designing strategies.

- It was difficult to justify the money spent on consultancy services for the miniscule capacity that was built.
- To the displeasure of some, several organisations were provided with the same general training in batches in order to reduce training costs.

Mid-term review and change in strategy

By the beginning of 1999 both CIDA and CHF recognised that the project was in the doldrums, and that rescuing it would require doing things differently. Both were committed to developing and using new approaches. CIDA decided to use the mandatory mid-term review due in mid-1999 to explicitly analyse the difficulties the BCCP was facing. This review highlighted the following concerns:

- The project was in deep trouble and likely to miss all of its targets.
- The management approach was both bureaucratic and prescriptive.
- The tendency to use top-down approaches and micro-management was not conducive to capacity building.
- Capacity building was treated as pre-packaged support to be delivered to each organisation irrespective of their capacity to absorb such support.
- CHF staff had conceptualised some innovative and contextualised approaches to capacity building and should be given more scope to use them to enhance the implementation of the project.

The fiscal year 2000/01 was a watershed year for the BCCP. To begin with, discussions between CIDA and CHF led

to a consensus that collaborative action must be taken to rescue this project. Both saw the mid-term review as a crucial learning point and showed great flexibility and determination to change strategies and to make the project a success. The following changes were made:

1. Utilising participatory approaches

As part of strengthening the partnerships, BCCP paid more attention to the use of participatory approaches in the preparation of the 2000/01 work plan and subsequent work plans. Each organisation was involved in determining the specific type of assistance it required from BCCP in each fiscal year. To do this, the organisation held internal discussions and prioritised the systems and processes they wanted to strengthen. They then worked out a schedule for completing the organisational strengthening process, designed the capacity building initiatives to be requested and sought funding from BCCP.

2. Re-structuring the programme management

A new strategy for managing the capacity building initiatives was developed, giving the management responsibility to the organisations. This strategy was based on the assumption that the organisations had been somewhat strengthened by BCCP's assistance in the previous two years, and were now able to identify and manage their own organisational strengthening. Funds were released to the organisations for each institutional strengthening intervention that they requested, based on a simple proposal and approval mechanism between BCCP and the organisations.

Both of the above mentioned approaches were empowering to the organisations, and responsive to their needs. These

approaches also freed the time of CHF staff, so they were able to concentrate more on coaching and facilitation, and less on contract administration as before.

3. Providing tailor-made training

General training sessions at which several organisations were invited to participate were replaced by tailor-made training sessions in which more members of each organisation could participate, and where more attention was paid to the specific issues of the organisation. Previously, for example, participants from five organisations would have participated in a general training on volunteer management in which they were exposed to the principles of volunteer management. In the tailor-made training, organisations not only learned about the general principles of volunteer management, but they also diagnosed the unique problems their organisation had with volunteers. They could then better determine the areas in which they could improve, develop strategies to achieve those improvements and determine the resources it would require. The results were much more significant, both in terms of learning taking place and the course of improvements.

4. Building long-term relationships

Short-term consultants were largely replaced by full-time staff as BCCP sought to forge strong, continuous and long-term relationships with its partners. The staff acted as coaches and knowledgeable discussion partners to the organisations. The NGO members and CHF staff worked together to achieve the capacity building results. The long-term relationships allowed the organisations to be more open with CHF staff and to trust them. This made it possible to discuss openly the resistance and reservations that some of the NGOs had towards capacity

building. The long-term relationships also enabled CHF staff to have a holistic understanding of individual organisations and to collaborate with them in developing capacity building strategies that were specific to the particular needs of the organisations.

5. Improving programme delivery through sub-projects

The strategy of BCCP from 2000 onwards was oriented towards helping to improve programme **delivery** as the participating organisations felt capacity building should be an instrument for achieving improved and expanded programmes. BCCP's new strategy set in motion the use of sub-projects as a capacity building and service delivery vehicle. This meant that each partner organisation was eligible to access funds from the BCCP to implement small sub-projects of its own. Through these sub-projects, organisations received practical support to develop their capacity. For example they were coached in proposal writing for a project for which they were guaranteed funding. They were coached in project implementation while implementing an actual project. They were coached in financial management, internal project monitoring, participatory evaluation and decision making skills and reporting. These coaching sessions were more meaningful than general training sessions in that they targeted weaknesses specific to each individual organisation. They were also more practical rather than theoretical and organisations appreciated them far more than general training sessions. This new strategy helped to reduce the partners' initial frustration at not receiving tangible support for two years.

Outcomes from the change in strategy

Shortly after changing the capacity building strategy CHF observed:

- improvements in capacity building results
- improvements in relationships between CHF staff and project partners
- improvements in the cost effectiveness of the project
- a more participatory approach to capacity building
- a more strategic and contextual approach to capacity building in Guyana
- the emergence of tailor-made approaches for each organisation as the most successful approach to capacity building in the Guyanese context.

These improvements were clear indicators for the difference a change in strategy can bring about. The improvement was also reflected in the positive feedback CHF received from their partners.

Key capacity building lessons from the BCCP

The difficulties faced at the beginning of the BCCP project and the process of changing the strategy proved to be an important learning curve for CHF. The organisation now understands that capacity building should always be thought of as an organismic process – it is by nature responsive and flexible.

Based on this organic approach the following key lessons were learnt²:

² For more lessons on capacity building from CHF

1. Respond to difficulties

There should be consensus among all key stakeholders in a capacity building project about the need for flexibility as well as a timely response whenever difficulties are foreseen or encountered. This consensus should not merely be acknowledged but should influence the degree of freedom that the practitioner on the ground has in responding to difficulties. In particular, the issues of empowerment, responsibility and accountability of each stakeholder should be made clear from the inception. It is not enough to confront these issues during project implementation; they are best addressed during the planning stages.

2. Ensure participation in project design

When building the capacity of NGOs, participatory approaches should be used to determine what type of capacity building assistance is required by recipients. This approach must be based on the recognition that these recipients understand their capacity gaps, the pace at which they want to grow, their absorptive capacities and their organisation's vulnerabilities. They may not be able to articulate their capacity building needs in a scholarly way, but they understand them very well nevertheless. This is why the participatory process, in which recipients are fully empowered and involved, is critical.

3. Use appropriate approaches

Capacity building with several different NGOs will present unique challenges and opportunities, making the process complicated. In these situations there is sometimes a tendency to take a similar, generalised approach towards each organisation, especially when capacity building staff are limited and stretched.

Generalised approaches should be avoided as they are not as effective as tailor-made approaches in building capacity.

4. Hire full-time staff instead of short-term consultants

Using tailor-made approaches to capacity building requires a substantial level of effort from capacity building staff. A high percentage of the funding for capacity building should be allocated for hiring full-time staff rather than short-term consultants. The use of capable full-time staff allows for more effective capacity building. This is because full-time staff are able to gain more insights into the partner organisations and to develop a better understanding of their internal dynamics. They are able to win trust, forge stronger bonds and achieve better interaction with organisations' boards, members and beneficiaries.

All four of these key lessons are central to capacity building success.

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