HOW TO BUILD A GOOD SMALL NGO

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SECTION A: THE PROJECT CYCLE
This Section consists of Chapters 3,4,5 & 6, with Annexes 1 & 2.
The original numbering is left in place so that extracts can be traced back.
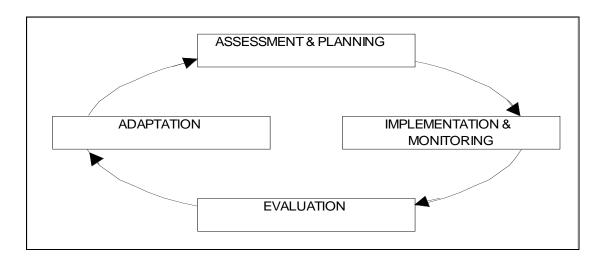
IDENTIFYING THE REAL PROBLEMS AND NEEDS

The first steps of the Project cycle involve identifying the real problems and needs. You may already have a lot of information, and may already have a good idea of what you want to do. However perhaps this information is less complete than you realise. An exercise in actively gathering information may bring in an extra dimension.

3.1   **Step 1:** Plan what information you need and how to gather it – perhaps through a Needs Assessment or a PRA

A Needs Assessment is often seen as a separate activity, when a team from the NGO and other disciplines goes and spends a week with the beneficiaries. But if the beneficiaries are nearby, living in shanty-towns or in a refugee camp, you might want to build information collection into routine NGO activities, with perhaps a pair of workers spending an afternoon a week visiting a few families or individuals and gathering information in an organised way. Then, your NGO will be basing future decisions on good foundations.

THE PROCESS OF A NEEDS ASSESSMENT IS LAID OUT IN ANNEX ONE.

The project cycle

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                    │   ASSESSMENT & PLANNING      │
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   │   ADAPTATION     │              │  IMPLEMENTATION &       │
   │                  │              │  MONITORING             │
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                    │        EVALUATION            │
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3.2   **Step 2:** Get information from experts outside your NGO and from the beneficiaries – and make sure that what they say is taken seriously

No NGO has complete expertise. Needs Assessments can be done in partnership with other experts. These may be people working in Government offices or private enterprises. If you are concerned with poverty, you might want to involve an expert on micro-enterprises from a bank; if you are interested in health and sickness, you can talk to the local health workers. Building partnerships with such people is worth doing.

Most groups of beneficiaries can play an active part in the process of finding out what the problems are. Children over seven, people with psychiatric problems, even people with special education needs (the people previously called 'mentally handicapped') may still be able to communicate – if you say to them in a careful and respectful way, "what are your problems?"; "what kind of place do you want to live in and why?" they will have a point of view worth hearing.

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (1)**
I belong to a national NGO in a Central African country. I was working overseas with an International NGO when the country went into a period of civil war, with killing, burning of villages etc. When peace was restored I returned and, with five colleagues, started the NGO with the main purpose of reconstructing houses, since there were many displaced people and returnees with no proper housing. The International NGO for whom I had been working was ready to fund a reconstruction project if the plan was good quality.

Our first step was a Participatory Rural Appraisal. We needed to find out what should be done first in the situation that existed. We formed two teams, each having four local experts – an economist, a rural development specialist, a nutritionist/primary health care expert and a sociologist. The teams were given a one-week training in Participatory Rural Appraisal. Each team was then assigned a District for which, after the PRA, they would have to draft a reintegration and development plan – two Districts in all.

PLANNING

The next steps of the Project Cycle involve deciding what the project should do and then planning. To ensure that you get to where you want to go to, pick goals, objectives and indicators which together reflect the vision of your NGO.

4.1 **Step 3:** Decide what the project should do and start planning; identify goals, objectives and activities

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (2)**
The vision of the NGO working in Luarlila is to improve the quality of life of the people through building and infrastructure projects. In Luarlila the Goal (the long distance vision) was to enable the community to resume normal life through rebuilding the houses and infrastructure, Coming down to a more specific scale, there were three main objectives:

1   To have rain-proof housing for all by the start of the rainy season;

2   To have basic infrastructure restored to an acceptable standard

3   To involve the community in planning, implementation and monitoring,
      so that they would see the project as their own.

We felt that the Goal and objectives of the project fitted well with our vision.

Indicators
Some project managers, when they are clear on their goal and objectives, break down some of the objectives and activities into small representative targets or indicators. If the activities selected as indicators are carried out well, then probably other things are proceeding well also. Each indicator has to be measurable, achievable, and relevant.

4.2 **Step 4:** Involve the beneficiaries in the planning process

When you start to plan what to do, you must know what is Best Practice in your field. So check Chapter 7. In Luarlila, building in Best Practice was part of the planning:

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (3)**
Our next step was to involve the Community as Active Partners. In one of the Districts there was an active District Development Committee ready to work with us. We wanted to give this committee support, help it learn by doing, and so become more capable. However in the other District the Committee was heavily controlled by the chief and his family. It was clear that they would try to control who benefited from new housing and the sales from any water supply.

This problem of an undemocratic committee, was addressed in the following way:
Both Development Committees were told that, if they wanted the project in their district, they would need to form a Reconstruction Sub-Committee which could make decisions. The numbers, gender and ethnic background of the members were defined in advance, and the sub-committee members were warned that they were not allowed to benefit themselves from the project. Ways of settling disagreements were also worked out in advance.

4.3 **Step 5:** Build Good Practice and Transparency into the plan

When you start to plan what to do, it makes sense to be clear about Best Practice in your field. If in doubt, check Chapter 7. In Luarlila, building in Best Practice was part of the planning:

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (4)**
After the Participatory Rural Appraisal, there was a lot of planning and preparation needed before the implementation could start. Two Community Development Plans were made from the PRAs, and were validated by the two populations. The PRAs had found that in both Districts the needs were for housing, followed by basic infrastructure like water supply, basic health facilities and some primary schools. We were surprised at how strongly the two populations wanted schools for their children.

We had ensured that Best Practice was built into the plans: This was done by following certain principles:
- We used technologies which are used locally so that people knew how to construct their own houses and keep them repaired.
- We tried to be sensible about local resources, to avoid a negative environmental impact. We used a house design that did not involve too much local wood; we did not want to see all the surrounding trees cut down. We were also very careful about latrine siting etc.
- We found local people for the critical stages of beneficiary identification and mobilisation, and hired technical expertise from outside.

EXAMPLE: **TRANSPARENCY IN THE RECONSTRUCTION PROJECT IN LUARLILA (5)**
Our next step was to try to build Transparency in the following ways before work started: both sub-committees met with the NGO to agree on who was to receive extra benefit from the project, either in the form of help with the labour of house reconstruction or by a reduction in their payments. The two selection criteria, vulnerability and poverty, were agreed on and defined. For example, women-headed households were classified as vulnerable. These criteria were written down and displayed in the two communities.

4.4 **Step 6:** Develop a monitoring system in which, where possible, the beneficiaries can play a role

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (6)**
We then planned the monitoring. This was done in a meeting between our NGO and the two Reconstruction Sub-committees. A number of areas were discussed including
- How will we know if we are reaching the vulnerable groups?
- What will the community want to see as a sign of progress?
- What can the sub-committees do to keep the project activities going when the money stops and the professionals leave?

Out of this discussion we agreed on a number of indicators, some of which were suggested by committee members. They included:
- A month after implementation starts, a group will visit each district to check that all the vulnerable and poor families are truly included;
- Six months after the school is open a majority of the children will be attending regularly.
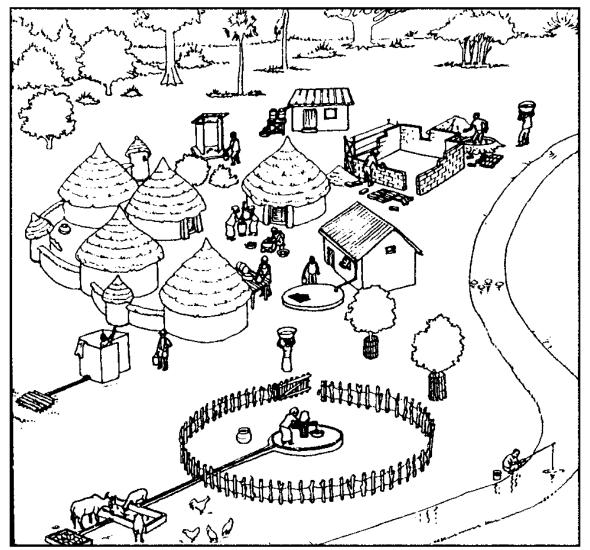
The Reconstruction Sub-committee had accepted responsibility for collecting essential information, and forms were drawn up to help them. It was agreed that some supervision of the monitoring would be done by our NGO

4.5   **Step 7:** Get the financing

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (7)**
Because we were working after a war in which our reserves had disappeared, we were dependent on one donor, the International NGO. This is never good and in fact it took longer than necessary to approve the financing. This was mainly because the woman responsible for Central Africa got pregnant with complications. So the start of work was delayed for four months and one of the best NGO workers got bored, found a better-paid job and left.

For more information read Chapter 10.2 on Fundraising and Chapter 9.3 on Making Budgets.

House designs using local technology and not too many local trees

IMPLEMENTATION

5.1   **Step 8:** And now – after all the planning – implement, or do it

Implementation can be relatively easy if you have done the planning well – and if you are lucky. Some things are bound to go wrong. The most common problems are: delayed financing; delayed supplies; sickness among the workers; and bad weather. Planning should try to take all these possible pitfalls into account. And when problems happen, you have to be inventive in finding solutions.

EXAMPLE: **THE RECONSTRUCTION PROJECT IN LUARLILA (8)**
Our next step was Implementation as finally the work began. Our project had two major types of activities:

The first group of works were houses which to a large extent the beneficiaries could rebuild themselves or with some help from a skilled builder. The responsibility for construction lay almost entirely with the owner of the house; he/she made the bricks, collected the sand, did all the unskilled labour etc.; our NGO was only responsible for delivering building materials like cement and roofing and collecting a subsidised amount from each household

The second group of works were those that needed a contractor, and these were the facilities for each community – a water supply plus reconstruction of the health post and the primary school. A contractor did the work.

During implementation, a number of problems arose. Small amounts of cement were needed during an early stage of construction, and our NGO had been assigned an amount from a shipment. However, this quota got diverted to a Government project. It took time to find alternative sources. Meanwhile, construction had to stop. One sub-committee became very de-motivated. A rumour went round that out NGO had embezzled the funds. Frequent visits were necessary to keep up morale until work could start again.

A further problem was the optimism of the community. Each family had either to pay a small amount to the project, or instead, help one of the vulnerable families with their house-building. People volunteered to do this but many failed to put in the hours. Three-quarters of the way through the project, there was an emergency meeting with the defaulters. They were given a deadline for when the promised work had to be completed – or their own house would have no roofing.

Because of these delays, the final work on the houses went on into the rainy season; extra constructors had to be found and paid so that all the roofs were put on in time. The project ran three months over the time planned and used up all the contingency budget line.

EXERCISE:
What were the three biggest implementation problems faced by the project manager?
How did she solve them?
Would you have solved them in the same way, given your own culture?

MONITORING AND EVALUATION

6.1 **Step 9:** Monitor

You have seen how monitoring begins as part of the planning stage. One way to ensure that it is effective is to involve the people you are working with and who will benefit from the project, as happened in the reconstruction project in Luarlila. They can help you monitor the progress, based on the indicators which you have identified together with the target groups. This is called participatory monitoring. Just as in Participatory Rural Appraisal, people who cannot read or write can nevertheless count and tally, so they can monitor and keep records.

The definition of monitoring:
To monitor means constantly to check how things are going, comparing actual progress to what was planned. In other words, how well are you faring on your journey?

Different reasons for monitoring:
For each NGO, for each project, you, the managers, have to decide why you want to monitor; then you have to work out the minimum amount of recording that will give the information to meet your needs; then, how to collect it; and finally, how you will use the information collected. Monitoring is one of the most important management tools. Because of its importance, it may rightly take up to 5% of the budget. However, if the information gathered does not reach the managers or if managers do not use it, time, money and effort will have been wasted.

6.2 **Step 10:** Evaluate

Evaluation, like monitoring, looks at whether objectives have been achieved. But it tries to stand back and look at the longer-term objectives – Are you on the right road? Is your project going to change the problem? Being more specific, here are some ideas (criteria) that are used by bigger organisations when they evaluate. You do not need to use all of these criteria. But you may want to refine how you think and plan within your NGO. And/or you may want to talk to a bigger organisation in the international language.

Three criteria used in Evaluation:

Relevance: This is perhaps the most important. Question whether the objectives of the project really matched the problems and needs – whether the *'why'* of the project was a good one. It is easy to start activities that do not help the problem. For example, one health project found a lot of protein-calorie malnutrition (PCM) among the children under five and spent a great deal of energy persuading the villagers to start growing lettuces (not a priority food for children with PCM). Once the plants were cropped they were mainly sold in the local markets and the cash disappeared into the household budget. So there was no match between problem and activity.

Cost-effectiveness: Effectiveness asks whether the project has been successful in achieving its objectives, and adding the word ”cost” asks whether it has done so for a reasonable amount of money, time and effort. If a project, following its plan, immunised 500 children, that seems effective; but if the project made one hundred field visits and spent three months doing only immunisation, then it was not very cost-effective.

Sustainability: Are there lasting benefits after the intervention (such as increased self-sufficiency)? Sustainability looks at what happens after the project comes to an end and whether the beneficiaries go on receiving benefits for an extended period of time after the assistance has been withdrawn.

> EXAMPLE: **LUARLILA CONTINUED**
> A further step for the project was an Evaluation, done three months after the end of the project by the funding International NGO. They wanted to learn lessons for the future. From our point of view (the local NGO) the biggest weakness of the evaluation was that we had not insisted on contributing to its Terms of Reference. We thought that the strong points of the project were the community involvement and the help given to the vulnerable. The Terms of Reference were more concerned with money, especially cost-effectiveness (value for money) which had not been a strong point in the project because of all the delays and over-spending. For our own evaluation, we re-visited the villages a year later and found that the sub-committees were collecting money for water and ensuring repairs to the houses and water systems. This to us seems very positive.
>
> > **EXERCISE:**
> > **Do you think this project scores well for relevance and sustainability?**
> > **Could you give reasons?**

6.3   Step 11: Feed lessons back into the next round of planning

The last step is to feed back the lessons you have learnt into the next round of planning.

> EXAMPLE: **LUARLILA CONTINUED**
> After our own evaluation, our NGO held a workshop to review "lessons to be learnt from Luarlila". We had invited two outsiders from other NGOs and one from an international donor. After two presentations, we split into groups and brainstormed. Several people had been asked to take the role of "Devil's Advocate". As a result we were more critical than we might have been of our beneficiary involvement and of our dealings with the funder. At the end of the day we had a number of "Lessons Learnt" written up on a poster in our main office, where they could be kept in mind.

ANNEX ONE: **NEEDS ASSESSMENTS INCLUDING PRAs**

Update, March 2006: Since this manual was written, Networklearning has continued to develop its training materials. When identifying Real Problems and Needs, we recommend you refer to our publication "Information – its collection and use", at **www.networklearning.org/books/collecting-information.html**

There is also a teaching module on the Project Cycle based on the same case study as appears in this manual, at **www.networklearning.org/books/project-cycle.html**

PRA stands for Participatory Rural Appraisal. However, there are a number of names for this way of finding out information about needs. Another variant is RRA – Rapid Rural Appraisal. And another is Community Analysis. Perhaps the most important characteristics of these methods are:

- the people whose needs you are studying participate in the process. They collect information you know you want, but also add things you never thought of. For example, in one PRA concerned with women and health, the mothers said they wanted help persuading their husbands to wait before arranging marriages for their daughters – the girls were being married off too young. This was a valid concern, linked to reproductive health, and worth following up.
- you involve colleagues of different but relevant disciplines. So if you are looking at income generation, you might want colleagues who know about agriculture, animal husbandry or fishing, or micro-industries.

The approach and many of the techniques are equally useful in urban or peri-urban (around the towns) areas.

Information you might need could include:

- The numbers, age and sex distribution of the beneficiaries; their occupations and income; number, age and gender of family/dependents; housing: where they live (e.g. in remote locations, among the main population, in shanty towns or refugee camps) and whether housing adequate/inadequate; main sources of food and water.

- Total family budget and amounts going out for rent, food, water, schooling, health care.

- Physical problems, illnesses, risk behaviour; use of alcohol, drugs, unprotected sex. For women: age at marriage, history of pregnancies and birth risk factors, contraceptive use.

- People and occupations: absent men? Incomers? Enough jobs? Underemployment? Access to credit for creating work? Dangerous or unhealthy occupations? Small industries? Resources used in the best way? Workloads through the year, through the day, for women/men? In rural areas: crops? Animal husbandry? Fishing? Crafts?

- Children: nutrition? Vaccinations? Spacing between babies? General care? Genital mutilation? Chances for school? Differences between boys/girls? Choices for teenagers?

Age of first marriage/pregnancy? Male/female power within marriage? What does it mean to be a man/a woman?

*   What are the problems for our beneficiaries? What do normal people have that they don't have? What do they need that normal people don't need? What do they see as most important? Where do they want the money spent? How do they see themselves – as in control of their own lives, as victims, or somewhere in between?

***** Try only to collect information you will make use of, for this project
or another in the future. When people give you information they also give you
time and confidences – and that must be respected. *****

Ensuring a Good Needs Assessment:

Good Needs Assessments are not easy, but not impossible. Get all the help you can.
Find an NGO or similar who can give you advice. Look for the TALC address and buy
M. L. Fuerstein's book, "Participatory Evaluation".

You need to be able to form a team of one or two if you are working locally, or about five if you go off to do a PRA. In this case some of the team members may be advisory rather than active. The members, between them, must have the following skills:

•   At least two must be able to talk easily with the beneficiaries, understand their lives and at least one must be female if you are talking to women. If the beneficiaries talk different languages there must be people to translate. If you will be talking to women about personal things you need women translators.

•   Someone in the team must understand figures – not a qualified statistician but someone who can work out percentages and compare one to another, who understands "more" and "less", "seriously more" and "seriously less".

•   Someone must be able to put a questionnaire together to get the information you need – and be able to train the rest of the group to use it.

If you do a PRA in a village, then because of distances you may have to go and stay there. You will need at least five working days, so you will have to find a way of staying six nights, perhaps camping. Don't expect the community to feed you – they are probably less well off than you. If the beneficiaries live nearby, the team could free up one afternoon a week, for two months. You can find out a lot in eight half-days.

What can your team of NGO-plus-beneficiaries do?

Most groups of beneficiaries, except babies and small children, can discuss problems and needs. The more active groups, even those who cannot read or write, can get their neighbours talking, bring groups together, count, map, tally, do simple measurements, make timetables of activities, work out incomes and family resources, tell their own story, listen to the stories of others and spot patterns. You might be looking at the needs of children over seven or people

with special needs (previously called the mentally handicapped). If you speak to them with respect, give them time, and ask them about the kind of help or care they would like to have, then they will have an opinion worth listening to.

— you can use a questionnaire.
For collecting simple facts a questionnaire is the most useful way. If you make a questionnaire, practice using it first, to make sure that is clear and takes no longer than half an hour to fill in. If you translate it, get someone else to translate it back, so that there are no mistakes. Do not have any difficult questions in your first questionnaire. Check that you would like to answer the questions yourself – if you want to ask me "Have you ever had a sexually-transmitted disease?" then you better do it with great sensitivity or I will kick you out!

> **EXERCISE:**
> **How would you ask this question to whoever is sitting next to you?**

— you can hold Focus Group Discussions.
You have a question: perhaps, "how are small children cared for?" Or "what are the practices here around pregnancy and child-birth?" Then the people who know – in these cases, women – are asked to come and join in the discussion. Groups of about eight people are best. Other examples of Focus Groups producing important information are: street children talking about the risks in their lives; elderly women recalling good feeding practices for small children; small-business women pooling experiences of the risks of business.

> EXAMPLE:
> In three villages in Somalia, 19 women talked about their pregnancy history; between them they had had 136 known pregnancies leading to 79 living babies, some of whom died afterwards. The causes of the miscarriages suggested malnutrition and anaemia, malaria and sexually transmitted diseases. The women were still sad at their losses but glad to have had the chance to have their stories listened to.

— you can do a Sickness Survey if you must (but this is difficult, so get advice).
You are studying the beneficiary group and you want to know what sicknesses they have experienced in a defined period. The information will not be very useful unless it is fairly accurate. You could give them paper and pencil and ask them to keep a list. But this only works with an educated and motivated group. You can ask them to recall their sicknesses over the last year, but most episodes will be forgotten. On the whole, recall is only successful over the previous two weeks. This is important when it comes to recording seasonal illness. If the malaria season was three months ago, malaria will be under-reported. But you can ask about sickness over the last two weeks. And you need to be very persistent and specific: "Now let's talk about your second child – think about the day before – are you sure? – what were the symptoms? – so none of them had diarrhoea? etc". And you can return every few months. It takes a lot of time and you might do better talking to the health workers in the area.

If you are talking to the **elderly or disabled**, you would probably be concerned not only about physical symptoms but about mental/emotional symptoms like depression or anger.

— you can bring in non-NGO people from different disciplines, perhaps agriculture. Then these experts, the NGO people, and community members with their different informal skills can form themselves into smaller teams. Team membership can change during the week so that everybody bounces ideas off each other. They can do the following:

- **Make maps** of the village and its resources, including houses, pumps, roads etc. These maps can be made on the ground using sticks and stones. Distances can be measured using pacing.

- **Find out about Workloads:** the daily burden of work of both men and women. (Report from one village: "the women work much longer hours than the men, mainly in the fields. The men do the same work in the fields but as it is men that do it, it is more important so more tiring").

- **Take Key measurements:** for example, the nutritional status of small children under five using Upper Arm Circumference Bands. A group of women are shown how to do this then they do it in pairs. If the pair have different measurements, the expert double-checks.

  Moderate malnutrition is an example of a problem that is not noticed by the community. Usually it is invisible. By measuring and discovering it, the problem becomes visible to mothers.

— you can look for the different kinds of truths, knowing that different people will tell them in various ways depending on the situation.
The village chief will paint the picture he wants officials to accept. Women's replies to questions can be more varied and accurate than their husbands', because they do not know the "correct" answer. Some issues are not for public consumption. They must be brought up in private. So if you need this information, your job is to get through the layers of correct, public or political truths. You need to have done your homework. You must know the type of truths that people would not easily discuss.

  EXAMPLE:
  In an assessment of a project building latrines in East Africa, it was difficult to find out why some houses were not participating. Only by organising small focus group discussions, and by taking the time to talk about every missed household, did it emerge that each of these families were being badly affected by the amount the earners were spending on alcohol.

  EXAMPLE:
  Doing a Needs Assessment with sex workers, one key question was "Why is the work so dangerous?". In discussions, the workers wanted to talk more about poor pay, violent and cheating clients, and money-grabbing police, than about AIDS. These other issues were also important, and some solutions could be found. By allowing the sex workers to have some control over the agenda and by giving them a lot of time, eventually they were willing to look seriously at lessening the spread of HIV.

ANNEX TWO: **INDICATORS FOR EFFECTIVE WATER AND SANITATION PLUS HYGIENE EDUCATION**

A group called PROWWESS, based in the New York UN offices, developed aims and indicators for water projects.

They said that a water project should have two initial **aims**:

• People should use the water properly, hygienically, so that there would be a good effect on the health of the family (PROPER, HYGIENIC USE); and

• People should create a structure so that the water points would continue in use (SUSTAINABILITY).

The **indicators** have been adapted for projects that include water, latrines and hygiene education. These targets should be agreed on or adapted with the community at the start of the project and then monitored. Many questions are geared to women because they are the ones who collect water, care for small children, cook etc.

INDICATORS FOR PROPER, HYGIENIC USE
These are used both at the start of the project and during it, and if all is going well, the number of "yes" answers should increase. (Check that the indicators are measurable, relevant and achievable).

— Is soap affordable?
— Is soap purchased increasingly during the project by households?

— Is water quality maintained from the source to mouth?

Look first at the water point:
— Is the site routinely kept clean?
— Are unprotected wells or ponds chlorinated regularly (specify how)?;
— Are containers chlorinated regularly (specify how)?
— Are containers clean when they are dipped into the well or pond?
— Is the water kept clean during collection and transport?;

Then look at home hygiene in the kitchen:
— Can water be contaminated in the kitchen?;
— Are cups etc washed, dried and stored cleanly?;
— Is there soap or ash and water near the kitchen for hand-washing?
— Are hands washed before cooking?
— Are animals kept out of the kitchen?

Then look at home hygiene with small children:
— Is contaminated water boiled when children are sick?
— Can mothers make and use a rehydration drink or ORS?
— Are the faeces of children cleared up?

— Are babies well washed?
— Do mothers wash their hands after dealing with faeces?

Then look at personal hygiene:
— Are there private washing places for women?
— Is enough water used in the household for washing?
— Are washing-related illnesses getting less – skin infections, scabies?
— Do people say that they feel cleaner?

Then look at improved latrine use:
— Are there enough latrines and are they close to the houses?
— Are people free to use latrines (no taboos)?
— Are latrines clean and free from smells?
— Is there a system to wash hands after latrine use?

INDICATORS FOR SUSTAINABILITY

— ARE THERE CONFIDENT/COMPETENT VILLAGE ACTORS?

— Is there a Water & Sanitation Committee?
— Are most of the committee members the people who do the committee work?
— Is there at least one woman in the committee?
— Do women members say what they think in meetings?

— Has there been meetings with community members including the women?
— Have some of these meetings led to action?

— Do women in the community know what is going on?
— Have the women participated in activities?

— Do the women say that they can do something about diarrhoea in small children?

Do not ask general questions. Ask specifically:
"This morning, where and how did you shit, wash, etc?"
"What did you do yesterday to keep everything clean?"
"When was the last time your kid got diarrhoea? What did you do?"