Cultivating Change
Insights for effective influencing, inspired by Bridging the Chasm
A Positive Vibes Publication
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DEDICATION

To all the partners in the Bridging the Chasm project – both organisations and individuals – whose courage and insight show that significant change is always possible, and that the gravity of prejudices, and of institutions and systems, can be defied even in the most challenging, under-resourced, and conservative contexts.

Warren Banks | 12 July 2020 | Durban, South Africa.

NOTE: Any errors or misinterpretations in this publication are the responsibility of the author.
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# Acronyms

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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>Know the Present, Imagine the Future</td>
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<td>LEGABIBO</td>
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| LGBT+   | Lesbian, Gay, Bisexual, Transgender people  

('+' = others who identity in ways different from the dominant expectations of society in relation to sexual orientation, gender identity and expression, e.g. queer) |
| MOH     | Ministry of Health |
| MoU     | Memorandum of Understanding |
| MSM     | Men who have sex with men |
| NSF     | National Strategic Framework on HIV/AIDS |
| PEPFAR  | President’s Emergency Plan for AIDS Relief |
| PV      | Positive Vibes Trust |
| SADC    | Southern African Development Community |
| SAfAIDS | Southern Africa HIV & AIDS Information Dissemination Service |
| SGM     | Sexual and Gender Minorities |
| SRH-R   | Sexual and Reproductive Health and Rights |
| STI     | Sexually transmitted infections |
| STL     | Setting the Levels |
| SW      | Sex Worker |
| TBZ     | Trans Bantu Zambia |
| ZLHR    | Zimbabwe Lawyers for Human Rights |
Most civil society organisations exist to produce change of one kind or another. This is certainly true of organisations working with and for vulnerable, marginalised or oppressed people – such as sexual and gender minorities (SGM) on the African continent. These organisations are all about change, at many levels: personal, relational, attitudinal, systemic, structural, political, cultural. Therefore, influencing and advocacy are critical areas of practice – and worth consciously learning from and about.

To exert influence, is to change something outside of our immediate sphere of control. This can be a daunting prospect, and the ‘how’ of it may be elusive for those of us who do not occupy positions of power and privilege, authority and dominance – and especially for people who are themselves excluded, othered or oppressed.

Too often, influencing and advocacy are discussed in abstract terms, which make it difficult to grasp the heart of the matter.

In this publication, we explore actions and practices that allow people and organisations to be in the world differently, to alter their relationships with others, and to catalyse change in larger systems. The emphasis is practical: stories and experiences from the field are used to derive lessons for influencing work.

Two questions guide much of this content:
- What does effective influencing look like?
- What principles can we infer from an influence-focused project (Bridging the Chasm) that might have application to other projects, and perhaps to advocacy work in general?

Cultivating Change will hopefully make a small, but useful contribution to your influencing practice. It offers stories, principles and ideas that may inspire you, or suggest some new ways of working. However, the simplest and most direct way of learning how to influence, is by beginning to do it – consciously, thoughtfully, and (especially in high risk contexts) carefully and strategically.

Your own experience and practice is the most powerful training ground, but this is not ground you have to walk alone. Connections with allies, working in the same spaces and with the same issues, are critical – practices are best learned from practitioners. Please feel free to use the contact list on the inside back-cover to reach out to specific people or organisations.

Chapter 1 offers a brief, general introduction to this volume.

Chapter 2 offers some background to the Bridging the Chasm (BTC) project – providing context for the stories and cases.
Chapter 3 offers a snapshot of some of the changes and impacts that have unfolded in various countries. This is not an exhaustive summary – it simply provides context for the stories and principles shared in Chapter 4.

Chapter 4 focuses squarely on how influence happened within and around BTC and what can be learned from this experience. Through participants’ and partners’ stories, and three cases of more complex change processes, it unpacks a range of promising practices and associated principles.

This section is worthy of a whole book in itself. Here, some initial considerations, principles and promising practices from Positive Vibes’ experience are sketched out.

Chapter 6 concludes this volume and offers some thoughts on the application of the principles for effective influencing, as well as some questions for further exploration.

Chapter 7 connects us back to the people to whom these stories belong – BTC partners and contributors to this volume, and to its companion piece...

See the companion volume, Ripples in Reality (Banks, 2020), for an analysis of impact – and the nature of impact – within the BTC project. It also contains a wider selection of stories from which insights and promising practices may also be derived.

For the purpose of this volume:

**Practice** is about action and behaviour – what people, organisations and other systems do, and how they do it.

**Principles** are generalisable propositions – ideas that guide people's choices, actions and ways of making meaning (their practice).

The principles surfaced here are not offered as universal rules, but as a set ideas worth thinking about, and experimenting with.

Chapter 5 briefly explores the enabling practice of the core BTC team who led this project. It offers some initial answers to the question:

How might one enable people and organisations to become more influential and effective at making change?
2. Bridging the Chasm

The material explored in this publication comes from the Bridging the Chasm project and takes the form of stories from partners, and others, involved in the project’s work.

Bridging the Chasm:

Building an alliance for SRH-R practice for key populations in East and Southern Africa (2019-2020)¹

Themes:
- community-led, participatory health service monitoring
- improving access to comprehensive reproductive health services
- challenging stigma, discrimination, attitudes and laws

Importantly, the project was not primarily about “health” – it was about monitoring and accountability. Citizens – regardless of their sexual orientation or gender identity – have the right to be included in the sociopolitical process, to hold elected and appointed leaders to account, and to expect a reasonable standard of service from those acting on behalf of the State.

Partners & countries: Alliance partners included LGBT+ and Sex Worker organisations in Botswana, Namibia, Uganda, Zambia and Zimbabwe (see list on inside back-cover), all of whom shared an interest in these themes and the project purpose. All are strongly community-connected. Some have national scope, a regional profile, and a long track-record of advocacy work in-country. Others are younger organisations focused on more specific districts and communities. Some are situated in capital cities or major centres; others cover peri-urban or rural districts.

Entry point: The project took the idea of whole, local ‘systems for health’ as its entry point. It saw the health system as something wider than formal service providers, such as clinics and hospitals, nurses and doctors. The core premise: clinical systems and community systems are not separate. They are a single local system for health across which accountability and responsibility are shared. Nurses and doctors are not only providers; they are also human beings and “users” of health. Community members are not just “clients”; they have expertise, voice and a contribution to make.

“Clinical systems and community systems are not separate.”

¹ The BTC project is ongoing, and elements of it will likely continue beyond 2020. It is described here using the past tense because this publication focuses on what has already been done and what has already unfolded.
Process: A participatory process for health system monitoring called Setting the Levels (STL) was used to spark a new kind of contact between community members and their organisations, and healthcare service providers, and their institutions.

“The process was not directed by outsiders, but facilitated by members of local organisations and communities.”

In this process, which unfolded over five days in each locale, different segments of the community (e.g. transmen, transwomen, gay men, lesbian women, etc.) unpacked what "good healthcare" meant to them, and reflected on their perceptions of local healthcare facilities in relation to five factors: availability; affordability; accessibility; acceptability/appropriateness; and accountability. These five factors are the 'levels' in the 'Setting the Levels' mixing-desk analogy.

Staff from healthcare facilities went through the same process and shared perceptions of their services in relation to the same five factors.

The local team – composed of members of the local partner organisation, Positive Vibes (PV) personnel, and sometimes other partners from the same country or others – summarised and synthesised the data from these various engagements, identified 'high-level messages' or themes, and prepared these for sharing with representatives of the whole system.

This summary material was shared in a combined meeting. Members of the community groups and clinics came together to make meaning of what was emerging. The material that was gathered and synthesised was subjective – based on people's individual experiences and beliefs. However, it also emerged from a common, well-defined process that made different groups' perspectives visible and comparable, as well as opening up space for participants to empathise with, and more deeply understand each others' experiences. Critically, it allowed community members' voices to be heard by health facilities, within the frame of a collaborative and constructive dialogue, and often for the first time. This enabled a quality of listening and engagement that might not have been achieved in a less structured confrontation.

This collaborative, learning and meaning-making process often led to commitments and agreements around next steps, and highlighted various stakeholders' change priorities.

After this catalytic first step, follow-up and continued work at local level – and often, other levels – was led by the local partner, with some support and accompaniment from PV. Various aspects and effects of this emergent work are explored in Chapters 4 through 8.

Roles in the STL process: Importantly, the whole process was not directed by outsiders, but – in terms of BTC's expanded definition of the health system (see “Entry point” on the previous page) – facilitated by members of local organisations and communities, i.e. system members. PV facilitators consistently role-modelled the approach, and helped prepare local people to co-facilitate it. Local team members played active
roles in leading different elements of the process, and all positioned themselves as part of this team. The team led the work. During the process, PV facilitators were part of the facilitation team, helped guide and resource the process, and engaged in thorough debriefing to deepen learning en route.

**Other levels of support – enabling connection, accompanying change:** In addition to the work in-country (which included STL processes, as well as a range of other follow-up work, convenings around policy questions, etc.) the BTC project supported the development of an online space for sharing and learning: [https://bridgingthechasm.ning.com](https://bridgingthechasm.ning.com). The site became a space for sharing reflections, videos documenting key moments in the work in different countries, ideas for influencing strategy, and for staying connected as an alliance of practitioners and partners.

Partners also convened in Swakopmund, Namibia at project inception (April 2019) to clarify the project goals, and to cement buy-in and commitment, and again in Harare (January 2020) to learn from experiences in Zimbabwe and elsewhere. These convenings were significant for mobilising energy, opening up possibilities, sparking insights, and moving the whole project forward.

Throughout the process learnings, insights, innovations (e.g. new tools and models developed along the way), and knowledge products were shared across all participating practitioners and organisations. Documentation in various forms, capturing learning and knowledge generation, were critical elements of the work. (A selected reading list is included at the end of this volume.)

“It allowed community members’ voices to be heard by health facilities, within the frame of a collaborative and constructive dialogue, and often for the first time.”
3. Signs of impact

Before we move onto exploring promising practices emerging from the BTC process, it is worth taking a snapshot of some examples of the change effects that have been produced, sparked, or at least contributed to, along the way.

This chapter offers a taste of the kinds of shifts that have occurred. A more complete and nuanced picture of these change effects, and of the connections between them, may be found in this publication’s companion volume, *Ripples in Reality* (Banks, 2020). We will go on to unpack some of the processes and practices leading to these kinds of changes in Chapter 4.

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### INDIVIDUAL SHIFTS

- Increased confidence
- Active use of own voice
- Strengthened leadership capacity (especially for facilitative leadership)
- Enhanced strategic and systems thinking
- Improved responsiveness to challenges/changes
- Increased empathy (and emotional intelligence in general) and more considered, more tactical responses

### CHANGES IN LOCAL SYSTEM FOR HEALTH

- More local champions of change and accountability
- Strengthened facility CSO-community relations: more feedback and engagement; more connection and responsiveness
- Increased health-seeking and service uptake from local sexual and gender minority (SGM) community members
- Some shifts in key stakeholders’ perspectives: ‘there is one local system for health that we are all a part of’

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“There is one local system for health that we are all a part of.”

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2 Many of the stories of change in *Ripples in Reality* also offer useful insights about influencing practice – it is worth reading from this perspective, as well as for its reflections on how impact happens. *Ripples in Reality* (pp. 12-13) includes an Impact Framework which unpacks and expands on the dimensions of change described here. It is also a powerful tool for monitoring, learning and strategising.
Civil Society Organisations (CSOs):
- Integrated STL and its underlying approach to participatory monitoring
- Integrated an approach to partnership building and development
- Deeper, more functional partnerships with other CSOs and/or healthcare facilities
- Data and evidence used to revise organisational strategy and approach
- Strengthened culture of, and practice around, accountability (internally and in relation to community and other stakeholders)
- Increased credibility and improved positioning with influence
- Plans for next steps and new influencing priorities in relation to health and SRH-R
- Connections drawn between health systems issues and wider advocacy agendas (e.g. decriminalisation)

Health Facilities:
- Shifts in service provision – better, more effective, appropriate and responsive services
- Friendlier spaces
- New champions of change and SRH-R

- Increases to Global Fund allocations to key populations (KP) work in Namibia
- Index testing paused in Botswana and reviewed in the Southern African sub-region
- Increased parliamentary engagement with SGM organisations around SRH-R and other advocacy goals (e.g. decriminalisation, changing gender markers, definition of KPs, marriage rights, etc.)
- Increased, and increasingly effective, engagement between CSOs and national planning and review processes of the Global Fund, PEPFAR, National AIDS Councils, etc.
- Transgender people recognised as a key population in Namibia
- Healthcare worker curriculum and guides for KP work in Zimbabwe, developed by the Ministry of Health in collaboration with a BTC partner organisation
4. Lessons for effective influencing: promising practices & principles

**Practice** is about action and behaviour – *what people, organisations and other systems do*. It is also about how they think about their work and their world, and about their way of being in it.

A *promising practice* is one that produces useful results – it appears to be effective in catalysing change or movement in a desired direction.

**Principles** are *generalisable propositions* – ideas that guide people’s choices, actions and ways of making meaning (practice).

This chapter highlights stories of shifts in partners’ practices, ways of being and thinking (4.1); of influencing local systems for health (4.2); and of advocacy addressed to government and/or powerful players such as PEPFAR and the Global Fund (4.3).

In each of the subsections which follow, several stories\(^3\) from the field are shared – they reflect partners’ practice, or their reflections on their practice.

Each story is accompanied by some principles that arise from it. These are an invitation to the reader: consider whether and how they might be applied in your own work.

**Principles are marked with a 🌟 symbol.**

### 4.1. Changing positioning and practice

People’s and organisations’ capacity to influence is grounded in who and how they are in the world. Becoming influential often involves learning and changing as a person or an organisation.

**CONNECTING TO REALITY | experience, depth, feeling**

**Salen’s story:** I attended the second Setting the Levels (STL) process in Walvis Bay in 2019. Being there, being with the community, you sense the things that are going wrong: human right violations, discrimination, stigma...

In lots of ways, STL has been the single biggest thing that’s affected me in the past few years. It reminded me of where I came from. I have had multiple experiences of what can happen in health services... During my time as a social worker, but also when I was a young mother, having a kid sick for three months and being shouted at and judged by a clinic sister just because she had all the power.

\(^3\) These stories represent a small selection from the range of experiences shared with the author by BTC partners. For a wider selection of narratives, see the companion volume, *Ripples in Reality* (2020).
A person is influenced by their experiences. Experiences shape me. My biggest inspiration comes from the communities - which is why I believe community visits are so important. You can't get this by reading reports - you need to sit with the people, where they live. I don't want to talk on behalf of people and experiences I have not had - that would be superficial. And national players rely on organisations like Positive Vibes and people like me to make these links.

For me, the most profound impact was seeing how invisible and forgotten transmen are in the human rights and HIV response. There's almost a cloud of double discrimination. That really touched me. My heart beats so badly just thinking about it.

**NAMIBIA**

**Passion for change comes from a felt connection with other’s lived experiences – usually related to injustice or a sense of wrongness.**

**Personalisation – making the reality personal and meaningful at an individual level – moves people. Emotions, feelings, empathy and identification: these are powerful levers for change.**

**To influence, you have to know the realities as well as feel them. People's lived experience is one of the best sources of knowledge - close connection to communities and their day-to-day realities is essential for credible influencing work.**

**WALK THROUGH THE FEAR | out of the shadows & into relationship**

**Tinah’s story:** When we started organising last year, we were doing everything under wraps. It can be very scary to talk about LGBT+ issues in Uganda, and this is a more rural area - people are more laid-back, but also more traditional.

The first thing we did was reach out to the Most At Risk Populations Clinic at Gulu Regional Referral Hospital. We introduced ourselves to them, we referred people, we scheduled some activities. We had been attending open District Health meetings, and from time to time we would talk about our activities. But we weren’t getting the respect we needed – we were being seen as just patients. We felt like we needed more, but didn't know how to achieve that.

When I got the opportunity to go to Namibia for the BTC inception meeting, I took lots of notes. I knew this was something that I wanted to take back home. I talked to Ricardo (BTC Facilitation
Courage is required.

Nothing moves unless you reach out and invite the right stakeholders into the conversation.

Find allies and supporters to accompany you. You don’t have to do it alone.

Get at least some of the gatekeepers on your side, and stay connected to them.
- In this specific story, this required a process (and practice) of visiting, briefing (clearly and specifically), debriefing, revisiting, and slowly escalating accountability with the District Health Management Team.

Start by offering a process/a way of connecting/an activity that makes sense to the people you want to influence, and that they can see has potential value for them, as well as for you.
- This is a powerful basis for buy-in. In this case, the STL participatory monitoring process was an important part of the initial offer and invitation into relationship.

* * *

Most BTC partners agreed that relationships are critical. The following stories speak to this very human theme in the time of COVID-19, and in general.
CULTIVATE MEANINGFUL, MUTUAL RELATIONSHIPS

**Bradley’s story:** Most of our engagement with the clinics paused during COVID. But we thought, “How will we keep this relationship going?” And the healthcare system is suffering right now. The element of partnership – a supportive relationship – is so important.

So, we did a pamphlet for frontline workers. It basically said, “We’re here for you, and we’re grateful for the work you’re doing.” We sent it out via WhatsApp. It’s important that people know we’re not just about give-us give-us give-us! We’re here to support them too – partnership is mutual; it goes both ways.

People need acknowledgement and positive feedback, as well as criticism and to be held accountable.

**BOTSWANA**

Worthwhile relationships need to be maintained no matter what else is going on. This takes thought, attention, empathy, and energy.

Change (and influencing) at any scale requires allies and partners. Cultivate them.

Affirm as much as possible, as well as offering constructive criticism. People who feel appreciated are much more likely to listen when you raise concerns or problems.

FORMAL POWER ISN’T THE ONLY POWER | connection & process are key

**Meddy’s story:** I learned that you don’t need to have power and authority to disrupt or to start change in a negative situation. You can make yourself heard without a formal position.

When you connect with different people, you can influence through networks, connections – influence becomes faster and easier. Connections are how change happens – and the more connected you are, the faster it can happen.

We are smaller organisations, but we’ve achieved big things. We did this by having a way of working (a process) that people trusted, and by working as a team with people who share the same purpose. Don’t work in isolation.

All of this enabled a kind of leveling, so that formal power was less important. We thought changing structures was necessary, but we found that if you can change processes, and the behaviours of people inside those structures – through your connections with those people – then you can make a change in the structures.

**UGANDA**

Worthwhile relationships need to be maintained no matter what else is going on. This takes thought, attention, empathy, and energy.

Formal power isn’t the only kind of power: there is power in relationship, in an effective process, in shared purpose.

Connections are how change happens.

You can change how a system (organisation, facility, community) by influencing its processes and the behaviours of the people inside it.
Abby's story: Namibia has quite a formal culture – especially in government spaces. But even in our new work with parliamentarians, we make sure our processes are fun. This begins with how we do introductions and set the scene. We starting with games – things like 'speed dating'. The approach is more fun, more playful, but everything is also very intentional – we make sure that the outcomes for the process are foregrounded in the types of questions that we ask. And working in this different way is usefully disruptive – it shakes people out of the same-old, same-old mode and encourages freer, maybe deeper, thinking.

We also bring these kinds of techniques into smaller group interactions – so it's not all about the big PowerPoint presentation.

We're talking about human rights all the time – so let's be human, and humanitarian in our approach too! Play is human; playfulness encourages people to bring more of themselves, to personalise issues more easily; and play is creative – which is important if you're trying to change things.

We learned a lot about designing in this way from BTC. And I think this approach is having an impact on government design – some departments have begun asking our advice on how to run sessions and I know one is going to experiment with the World Café method.

Meetings, workshops, and other kinds of group processes can be important spaces for influencing, so they should be impactful.

Creative, playful, memorable meeting and workshop designs can disrupt rigid power relations, invite people to be themselves, and encourage deeper engagement with the issues you want to focus on.

Invest in learning how to design group processes that shift and deepen people's thinking and feeling about your influencing agenda. Document what works; consciously learn about and strengthen your skills in this area.

4.2. Influencing local systems

Local systems are webs of relationships between people, organisations and institutions. They are imbued with discourse, stories, and ways of being and doing that are unique to the local area. BTC focused significant energy on influencing the local system for health.
Here are some promising practices and observations from the project, beginning with some reflections on the process as a whole.

**LEARNING IS CHANGE & ENABLES CHANGE | it lies at the heart of influence**

**Anna’s story:** Setting the Levels (STL) is really a learning programme. It allows communities to monitor access to services – and so, to learn about them, and from and with each other... About what works, and what doesn’t.

I've also seen quite a lot of changes inside LEGABIBO. Those implementing STL have learned to hold people accountable and to be very persistent. It also offered a different way of thinking about and implementing advocacy – a different way of building relationships without making the partners you are working with scared of you. It was less about finding fault and more about finding solutions together with service providers.

The people working on the project became more conscientious about following up on plans, agreements, and about maintaining our friendship with the facilities. And they also became more insistent. They developed a deeper understanding of how to achieve their own rights – of how to stand up for themselves, and for others - more confident. And they learned how to use evidence to do that.

They are also finding new friends and partners as they go along; and bringing members of the community along with them.

It felt like it wasn’t an organisation making changes – instead it was the community speaking and raising its issues, not LEGABIBO, not Positive Vibes. I've seen that development and what that means to people. I hope it continues.

A really important role for LEGABIBO is to educate service providers around Key Populations’ policies. And helping to change attitudes; even if it's in a small way – can play a very important role.

By working in this way with STL, we also gain evidence about what's really happening on the ground, which is often different from what plans and documents say. This kind of evidence can really benefit wider advocacy efforts on national and even international levels. For example, it could feed into the Universal Periodic Review process; or reviews of the Convention on the Elimination of All Forms of Discrimination against Women, or the Sustainable Development Goals.

**BOTSWANA**

- **Learning is a major lever for change; it's a critical aspect of advocacy and influencing processes.**

- **Don't speak on behalf of people. Instead, facilitate.**
  - Create a container and a process in which communities and facilities (or whatever groups you’re working with) can see and really hear each other.
  - STL is a good example of this.

- **Learning together can be a solid foundation for building more functional relationships between people and groups.**
Being an effective advocate or human rights influencer starts with being able to stand up for one's own rights.

Persistence is essential – change takes time, attention and regular follow-up; live and breathe the change process, and keep checking back in.
  - What's changing? Why?
  - What isn’t? Why?
  - What are our next steps?

Evidence is essential; and evidence is all around us.
  - Every situation and person we encounter is a rich source of information.
  - We need to find effective ways of documenting and using evidence. (Again, STL offers one powerful example of how to do this, but there is wide scope for creativity here; and written documents are just one way – though an important way – of building an evidence base.)

Knowledge confers power/influence because it confers credibility and authority.

Make the links between local information and evidence and wider issues at district, national, regional and global levels. Effective advocates see both the local reality and the bigger picture.

WORKING WITH RESISTANCE

Bradley & Wandy’s story: This hasn’t all been champagne and roses. Our work with one of the big clinics has been difficult. We’ve had to listen to some painful things... That we don’t deserve to be among other people; that we should go and get our own clinic. It’s been sad to hear this from educated people, as if gays were aliens fallen from the sky!

When we first approached this clinic, everything seemed great, but it was just words – rhetoric. Sometimes people think, “Let them come. Tell them what they want to hear. Then they’ll go away.” But the moment we started getting more concrete, attitudes began to change.

Some of the junior nurses were keen to learn. They were willing to ask, “How can we do better?” But the matron maintained, “My people don’t need training. You can see they’re not interested.”

During our work with the clinic, community members spoke about their suffering; it was like she couldn’t hear that. We thought, “You don’t want training, but you’re responsible for providing services. And you have the power and influence to change people’s attitudes; but instead you’re
showing them how to have *negative attitudes, how to discriminate*.”

We and the community members realized that we couldn’t just leave things as they were. We followed up together with the PV team and had another meeting with the matron. At first, she pretended she hadn’t been in the original session… “Was I even at the meeting?” We showed her pictures of her together with us, and smiling. Then she said things like, “I talk to them [the nurses], but they don’t want to [serve LGBT+ people]…”

We know that not everyone at this clinic is resistant. But if the leader is not leading, everything is going to stop. Healthcare workers’ contracts don’t say, “Exclude LGBTI people!” They do say, “Serve the community.” If people refuse to do so, you don’t just throw up your hands and say, “What can I do?” That’s the main problem.

After this conversation with the matron, we went to see the district’s Key Populations (KP) and SRH-R coordinator. She is a champion of our cause, and we’ve worked together for a while now. We explained the situation to her, then she went back and spoke to the clinic staff. They asked her why she was working with us, and repeated the kinds of statements they were making before: that we should have our own separate clinic, and so on. The KP Coordinator was so disappointed to hear this from her colleagues. Together we decided to make an appointment to see some more senior people.

The KP coordinator got us an appointment with the head matron, the STI coordinator of the region, and the cluster matrons – all of whom are more senior than the clinic matron. They listened to us and said they would come back to us. We’ve heard through informal channels that something is happening, but we still need to follow-up and demand an official response.

We won’t give up. And we still hope that the clinic matron will change her mind and behave differently. It’s not impossible!

** Resistance is normal – persist anyway! (It’s worth saying it again.) **

** Understand and use the chain of command when trying to influence a formal system like a health facility. **

- Start where you’d like the change to happen. If that doesn’t work, go one level up. If resistance persists, try the next level up.
- Make contacts and friends in the system. Cultivate champions and supporters.

** Resistance usually isn’t personal, even if it feels like rejection… It helps to: **

- believe that people’s hearts and minds can change
- not assume the worst of anyone
- keep communication channels open
If we want to influence change in a system, we have to have a real stake in it – ideally, we need to be part of it.

- If it seems that we’re not part of it, is there a way to reframe the system – to redraw its boundaries – so that we become part of it?
- One of the reasons for BTC’s success was the framing of the local system for health to include services providers and community members. This was not just sensible, it was also strategic. It created the potential for community members and the staff within the formal health system to connect to a shared purpose and some common ideals: building a system for health that works for everyone, that respects human rights, that is actually healthy. This framing also makes questions of accountability important and makes it possible to thinking in terms of partnership – between facilities and CSO, between community and service provider, between citizens and state.
Shen’s story: Our influence in relation to local health facilities is stronger now. They saw us monitoring their work, as a community, in an organised and inclusive way. This approach was respected – it gave us more credibility.

It also helped secure our welcome at the clinic’s monthly meetings – they invited us to attend. We now know that we can turn up whenever we want to. This shifted the balance of power – they listen to us a lot better than before.

For some people, it really was about visibility. On the last day of the STL process, some healthcare workers saw us, perhaps for the first time. They became aware that we actually do exist – we became real for them. This was a real moment of change. Many healthcare workers said they are now open to receive any person and we are working on increasing their knowledge. It also became clear that there are knowledge and information gaps for healthcare workers that we need to help fill.

Through the STL we also saw that there was a big gap in relation to the peer leaders – community members attached to health facilities whose job is to link the facility to the community. We realised that the peer leaders could be people who enable monitoring to go smoothly or disable it, so we started engaging with them more. We’re planning to have meetings with them more often too, so there is always that link – without it, it is easy for peer leaders to forget that they are from the community... They start to see themselves as more attached to the facility.

The STL removed a lot of uncertainty. All the facilities involved agree that they do serve LGBT people – and this was confirmed again last October, in spite of talks in parliament about reinstating capital punishment of gay people.

If we want to influence what services are provided, we need to reach beyond the facilities and engage with their implementing partners. In Uganda, implementing partners – donors and international NGOs – have a lot of influence over what kinds of services different facilities can offer. We need to extend our influencing efforts to them as well. We will show them the report from the STL once it is possible to meet – it shows the issues and gaps. A big gap is around treatment for STIs; at the moment a lot of facilities just offer screening.

ZAMBIA

Understand the local system and the parts different people and institutions play.

Be visible, active and professional if you want to be seen as credible.

Share knowledge, reports, information and other resources if you want to be seen as resourceful.
4.3. Addressing government and other formal systems: three cases

Several significant policy effects and other formal changes flowed from BTC, but more especially, from what partner organisations did with the new insights and evidence the project produced. Here are three cases of successful influence at policy level.

The stories in sections 4.1 and 4.2 were told from an individual perspective, in part because this reflects how they were gathered, but also to make them more relatable to than bulleted lists of action points.

The three cases which follow are summaries of advocacy processes, told from the perspective of three organisations: LEGABIBO in Botswana; GALZ in Zimbabwe; and PV in Namibia. They are listed in key-point form.

Each reflects a complex process, often unfolding over months or years. Key outcomes are captured in bold, followed by the actions which enabled them. We then list some key principles for effective influencing, highlighted by the 🌟 icon.

LEGABIBO (BOTSWANA)

PAUSING INDEX TESTING under PEPFAR in Botswana; and prompting a review of the practice in the sub-region (SADC)

- We participate in the quarterly PEPFAR stakeholder meeting in Botswana, where the emphasis is usually on targets for testing and treatment (and why they are not being met adequately). But we also use these spaces to raise issues and advocate for change.
- We had made it clear that the practice of index testing (contacting the sexual partners and sometimes family members of those who test) was problematic – raising issues of confidentiality, privacy, trust, vulnerability and stigma. PEPFAR continued to insist that index testing was, "the only way to find KPs."
- We were able to augment these arguments with data and knowledge products from the Francistown STL and the wider BTC programme. This allowed us to substantiate our reasons with concrete information about people's experiences of index testing, stigma, discrimination and unfriendly services.
- We shared the same information with MPact (Global Action for Gay Men's Health and Rights) who made the case at regional level.
- As a consequence, index testing was paused for a time in Botswana and was to be reviewed in the region.

🌟 No matter how commonsensical your argument, documentation and strong evidence always add weight – especially when you aim to influence bureaucratic/technocratic institutions (e.g. governments, large donors).

🌟 Work with collegial, regional/international organisations to position your message.
GALZ (ZIMBABWE)

COLLABORATING WITH THE MOH TO:
- develop a government curriculum for healthcare workers serving KPs; and
- begin to implement it for expanded service provision

- GALZ has done a lot of work around evidence generation, and STL was part of that. For example, we rebranded the STL report for local use and shared it with the Ministry of Health.

- Through the STL process we have also developed much stronger relationships with several health facilities (e.g. Wilkins Hospital, which is part of Harare City Health).

- As a consequence of this and our other work in this space with MPact and SAFAIDS, the Ministry of Health approached us when they saw the need to develop a KP curriculum for healthcare workers.

- We shared many documents with them including documentation from BTC.

- We supported the process of reviewing their curriculum and manual by giving feedback on it ourselves, and creating opportunities for others in the KP space to do the same. The manual contains minimum services packages for each KP – including transgender and intersex people, male and female sex workers, men who have sex with men, and injecting drug users.

- We worked with the ministry and other KP groups to identity hospitals and facilities to begin roll-out so that service provision to key populations could expand in the public sector.

- Invest in producing knowledge resources and share them strategically.

- Position yourself to influence by offering solutions and resources – share what you have freely with those you seek to influence.

- Stay with the process!

- Positioning yourself as a recognised source of technical support can be a powerful avenue for influencing.

POSITIONING TO INFLUENCE PARLIAMENT

- GALZ saw the opportunity presented by the advent of a new president and a new dispensation at the end of 2017.

- We posed a series of questions to political parties at election time. These included:

  » What is your stance on LGBTI rights?
  » What do you intend to do in relation to access to SHR-H for LGBTI people, and all people in Zimbabwe?
  » What is your stance on access to justice for marginalised and minority groups?
  » How will you work towards good governance?

- We got few responses, and most parties were silent on LGBT+ issues, but Zanu PF (the ruling party since independence) responded and offered us a private meeting. We met with their CEO and some other officials and leaders at their headquarters. They raised questions
and we shared our experiences during President Mugabe’s time – experiences of violence by state organs, raids on our offices, arbitrary arrests. We also clarified what we were asking of them. They were open to listen and said they would like to learn more.

- This enabled us to engage more actively with parliament. There are several committees which civil society has access to. Because we partner with Zimbabwe Lawyers for Human Rights (ZLHR), and because they have an MoU with parliament, we were able to identify parliamentarians who we thought might be potential allies – or at least more open to....

- We organised a first dialogue and were invited to do an initial training with the Committee on Health. They were quite receptive and we have maintained those relationships.

- We also secured the Global Fund MSM grant – this gives us a national mandate and responsibility to fulfil. The allocation was debated in parliament and approved by parliament, so we have to report to parliament. This helped us bring more people to the table.

- Since then, different committees within parliament have been able to come to our drop-in centres – to see people’s lived realities and engage with them. Last year we reached about 72 parliamentarians directly – people from the Committees on Education, Justice, Health, Women’s Affairs and Gender.

- The Committee on Health is committed to looking at the issue of decriminalisation. The entry point will be same-sex practices in prison. We’ve had subsequent dialogues with parliamentarians about how to counter some of the arguments that are likely to come up, and to think through the policy document that we developed.

- As a consequence of all this work, there is now a lot of interest in us, and in engaging with us. Bills on issues that we’ve been invited to make submissions around include: a marriage bill; an education and health bill; access to ID cards, birth certificate changes and gender markers.

Effective advocacy requires a high environmental awareness and sensitivity to opportunities to relationship building – even in unlikely places!

Plan and prepare: select potential champions with care; cultivate these relationships with care; develop policy briefs and submissions and grasp opportunities as they arise and built on them... Influencing is both intentional and opportunistic.

High visibility and strong positioning are the product of serious focus; this kind of positioning takes multiple steps and several years to achieve.
POSITIVE VIBES (NAMIBIA)

INFLUENCING THE HIV/AIDS NATIONAL STRATEGIC FRAMEWORK (NSF) to include trans people, better minimum service packages for key populations, and the STL process itself

- We were aware that the NSF mid-term review was happening and we had a staff member on the technical review panel.

- She was able to include partner organisations from the KP space in the process and to play an active role in many aspects of the process.

- We used data from STL reports and the BTC online platform to influence policy and strategy.

- We presented the STL process to the ministry and they were convinced that it was a viable approach to community health system monitoring.

- We convened others to discuss aspects of the work (e.g. a civil society convening, with ARASA to discuss SRH-R).

Stay abreast of emerging opportunities to influence (reviews, planning cycles, etc.).

Position yourself for influence (e.g. secure positions on technical review panels).

Invite input – don’t be a lone voice.

Share and use up-to-date data and analysis (e.g. STL reports).

Be an active influencer – prepare and engage.

Offer solutions to gaps and problems facing government.

INFLUENCING NAMIBIA’S GLOBAL FUND PROPOSAL to secure funds for NSF implementation.

- We lobbied hard to secure a place on the Country Coordinating Mechanism and put in all the necessary background work.

- The PV representative secured a place on the technical core group that is responsible for linking the proposal to the NSF and for proposal development.

- We played an informal role in coordinating the civil society lobby and inviting other voices into the process.

- We fought for the positions we believed in and significantly influenced the outcomes in favour of our priorities.

- Despite a reduced country allocation, the KP investment was almost doubled (from USD 400 000 to USD R750 000) and the overall allocation to civil society work was substantially increased; an emphasis on human rights and combination prevention was integrated.

Collaborate – champion other civil society voices as well as your own.

Unglamorous technical roles often hold the potential for powerful influence.

Fight for what you believe in and back it up with solid, authoritative data and arguments (this requires both conviction and a high level of preparation; influencing is tough work!)
With others in civil society, we influenced the REDRAFTING OF THE PEPFAR CALL FOR KP PREVENTION PROGRAMMES to include a stronger emphasis on human, and human rights, issues

- We caucused with other civil society organisations representing sex workers and LGBT+ and presented a united front at the information session.

- We critiqued the call as overly technical and purely biomedical – ignoring issues around stigma, discrimination, human rights and identities.

- We said we would not apply unless there were changes.

- Our united front, and some support from the Washington-based KP representative carried the day.

- The call was withdrawn, revised and reissued in a form that addressed our challenges.

Apply a critical eye to the world – including offers of funding! Always ask: will this move our cause forward, or backward, or is it neutral?

Show up, speak your mind, and wherever possible offer alternatives.

Influence in your areas of strength and expertise.

Seek allies and use your voices together to influence.

POSITIONING TO INFLUENCE PARLIAMENTARIANS

- We are one of the civil society representatives on the SRH-R National Assembly Working Group, whose role is to work with and build the capacity of parliamentarians so they can address SRH-R issues with confidence.

- We took the initiative to resource and pay for a session with the Working Group. This helped to position us as a leader in terms of SRH-R practice and raised awareness within the directorate and parliamentary committees of our approach and methodologies.

Make strategic investments: it is worth spending money (even in tough times) to position yourself for influence.

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The stories and experiences of BTC partners contain a wide range of lessons about which practices work to effect change and exert influence. The ideas in this chapter are not exhaustive and were drawn from a relatively small selection of stories. Nevertheless, it seems clear that some central themes are important for effective influencing. Some of these include:

- data, documentation and intelligence – which enable credibility and authority;
- courage and conviction;
- listening, learning and connecting to lived experiences;
- strategic and tactical thinking – staying on message and responding rapidly; and, perhaps above all,
- working consciously with relationships and processes.
Behind the direct practice of influencing, illustrated by the stories and cases in Chapter 4, lies a different, but allied practice: that of the BTC Facilitation Team which worked to support and enable partners’ influencing efforts.

It is worth asking:
- How does one enable people and organisations to become more influential, and more effective in catalysing change?

One core principle:

**CONGRUENCE**: role model the kind of practice that enables effective influencing.

In practice this meant:

- Facilitate instead of direct.
- Explore questions together.
- Engage in regular reflection and debriefing, and joint analysis and meaning-making; learning is the basis for influencing.
- Document everything and process insights and ideas into new knowledge products (articles, reports, abstracts, new tools and models).
- Communicate clearly and effectively - in writing, through visual summaries and through graphic representations, in person.
- Be conscious of naming, story and metaphor; the words you choose have the power to evoke strong responses, and to act as mnemonic devices (see some of the titles in the reading list [pp. 36] for examples).
- Share all documentation and resources within the partnership and encourage their use in advocacy efforts.
- Follow up regularly and stay connected.
- Be responsive – follow the energy of partners and participants.
- Invite engagement and initiative – make space for leadership to emerge and encourage it at every opportunity.
- Build intimacy by working intensively with people, on-site, in communities.
Resources, tools and processes:

- A simple, clearly structured, and easily transferable approach to participatory health system monitoring.
- An online platform for reflection, sharing and connecting.
- Convenings to invite buy-in to the process and to learn from it en route.
- The Facilitation Team leaned into the rights discourse and placed accountability at the heart of the work.
- According to the Facilitation Team Leader, “This work was not primarily about increasing health services. It was not about pills, condoms, drugs, doctors or nurses. We saw those things as products of an accountable public system. Their absence or deficiencies were too. So, we’ve pushed the concepts of accountability, participation, dialogue, and engagement because they are the rights of people to civic and political participation. I think that’s been animating for advocacy – not just to get more stuff, better. But because people have a right to be a part of their society, and not to be diminished in ways that reduce dignity, personhood or citizenship.”

An appropriate budget and resources for:
  » admin, logistics and organising events and meetings;
  » travel;
  » convening partners at inception and closure, and for learning events in between;
  » convening community members and health facilities (STL processes);
  » accompanying partners’ advocacy efforts – attending meetings and debriefing every significant step;
  » documentation;
  » online spaces for engagement.

- This work is labour-intensive and skilled. Costs for ongoing engagement, follow-up, and documentation are likely to consume a higher proportion of costs than might usually be the case.
- BTC benefited from two core project staff who, together, were exceptionally skilled in all of these areas. This is difficult to replicate – a larger team would usually be required.

“People have a right to be part of their society, and not to be diminished in any ways that reduce their dignity, personhood or citizenship.”
6. Conclusion

This publication is intended to offer some insight and inspiration into the influencing process and to encourage readers to experiment with some familiar – and perhaps, some new – approaches to influencing and advocacy practice.

As you reflect on this material, it may be worth exploring a few questions:

- Which of these principles and stories resonate most for me?
- In what areas of influencing am I/my organisation already strong and accomplished?
- What areas do we need to work on strengthening or learning more about?
- Do any ideas in this volume appeal to me? If so, which might we try first?

Positive Vibes, BTC partners, and the author would welcome your engagement around these ideas or your feedback on this volume. Our contact information is available on the inside front and at the back of this publication.

For a story-based analysis of impact within Bridging the Chasm, please see the companion piece to this volume: Ripples in Reality (Banks, 2020).
7. Contributors to Cultivating Change

The following leaders and practitioners contributed their ideas and stories to this volume and its companion piece (*Ripples in Reality*).

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Wandy is a proud human rights defender, activist and feminist. She started volunteering in 2014 as a focal person for LBQ women's support groups, before becoming a community liaison officer based in Francistown.

**Anna Mmolai-Chalmers**  
*Human Rights Practitioner and Activist | Former CEO of LEGABIBO, Botswana*

Anna is very passionate about human rights, specifically in relation to marginalised and under-represented groups and individuals. She has spent 11 years working in the human rights field. In her six years as CEO of LEGABIBO, Anna successfully saw the organisation through two landmark court cases focused on freedom of association (the LEGABIBO Registration case) and the decriminalisation of same sex relations in Botswana.

**Bradley Fortuin**  
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Bradley is a passionate human rights activist with seven-years’ experience in advocacy work. This includes practical experience in project management, proposal writing, sexual and gender diversity capacity development, and research. He is the founder and curator of the online platform *Life | Loss | Love* which showcases photo-narratives of queer life in Botswana.

**Salen Kambinda**  
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Salen has more than 25-years’ of experience in public health and development programming with special emphasis on SRH-R programming. She worked for government and tertiary institutions before joining Positive Vibes. Salen manages teams focused on adolescents, young people, LGBT+, sex workers, and SRH-R, across Namibia. Her expertise lies in strategic program development, management, social science research, program implementation and advocacy.
Meddy Lugasa  
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As well as leading his own organisation, Meddy coordinates the work of Positive Vibes in Uganda. He is a facilitator of workshops such as LILO Identity and LILO Voice, as well as being a coffee farmer. Meddy has also embarked on becoming a Monitoring and Evaluation practitioner, motivated by a desire to build a strong evidence base around work that makes a real difference to communities.

Samuel Matsikure  
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Sam is human rights activist with 16-years’ experience of social issues affecting LGBTI communities. He holds a postgraduate qualifications in sociology and gender development, higher education, and systemic family therapy, and was a 2016 Human Rights Advocate Alumnus at Columbia University (NYC). He is presently studying towards a master’s degree in Human Rights, Peace and Development with the African University.

Shen Mbabazi  
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Shen is the Team Leader of Rainbow Shadows Uganda, and a community paralegal, peer counselor and human rights defender for LGBT people. An extroverted and personable communicator with a proven track-record in successful collaboration and resource mobilisation, Shen focuses on building strong professional relationships, and works to ensure sustainable development for the LGBT community in Uganda.

Lee Mondry  
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Lee Mondry Lee has close to 15-years' experience focusing on national, regional and international development. He comes from an activist background, and was the co-founder and chair of the first LGBTI Youth Network in South Africa. He is happily anchored in Cape Town working at Positive Vibes, with a primary focus on organisational innovation, and on leading and developing the organisation’s regional programmes across Africa and Asia.
Zuki Ntshuntha
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Zuki has worked in the development and HIV sector for the past 18 years. Her strengths include facilitation and relationship-building. She lives with her partner and daughter in Cape Town; she is a family-oriented human being.

Tinah P’Ochan
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Tinah P’Ochan is a 37-year old mother, and a queer, radical feminist and social worker. She the founder of Resilience Uganda, a feminist organisation that aims to promote and protect the rights of marginalised women – especially LBQ women, sex workers and transgender women based in Gulu (Northern Uganda). Tinah is passionate about mental health and mentorship.

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Stephanie takes pride in co-creating settings in which trans-diverse, intersex and young women are recognised, included and capacitated to pioneer innovative ways of relating to their realities. She believes that people can steer and sustain their own development through consciousness raising, shared learning and using the knowledge they create together.

Michelle Ruhonde
*Gender and Community Officer | GALZ, Zimbabwe*

Michelle Ruhonde is a queer activist whose passion lies in amplifying queer womxn’s voices. Born a Gweru girl, 27-year-old Michelle found her passion in LGBTIQ work when she moved to the capital city and into GALZ. Michelle’s work focuses on Lesbian, Bisexual, Queer and Trans (LBTQ) persons’ programming. She hopes to be a well-known activist one day; she is proud of the work she does and the community she serves.

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Since 2017, Aiden has volunteered and worked as an advocate in many spaces to protect the rights of transgender and intersex communities in Zambia. He is currently working on documenting lived experiences of transgender and intersex persons with the goal of changing policies in Zambia and improving access to sexual and reproductive health and rights, empowerment and education.
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Abby has worked at Positive Vibes for the past six years. She works with LGBT, sex worker and feminist-led organisations on capacity development, generating evidence, and using evidence to inform legal, policy and practice reform – all to advance the rights of sexual and gender minorities in Namibia.

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Mayita is an LGBTQ advocate with extensive experience advancing for the rights of sexual minorities in Zimbabwe. He has a strong drive to ensure that diversity and inclusion are respected in all his work.

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Ricardo has worked internationally in development and human rights for over twenty years, accompanying and learning from communities and organisations as they respond to complex relational health concerns such as HIV, violence, post-conflict reconciliation, social exclusion and inequity, and inclusive governance and accountability. He is based in Cape Town, South Africa.

Warren Banks  
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Warren has worked in the African development sector for the past twenty years. His strengths include strategy development, organisation development and facilitating learning processes. He lives with his husband (and several smaller beasts) close to Durban, on the east coast of South Africa.
Readings & References

This is a selection of readings from Bridging the Chasm. They represent a small sample of the 60+ documents, 385 photographs, 13 video clips and multiple blog posts produced in the course of the project (so far), and consulted in the making of this publication.


"A Better Advocate" (reflections from Anna Mmolai-Chalmers). 2019


"For the Record: Report of the inception meeting of the Bridging the Chasm project (Swakopmund, Namibia)“. April 2019.


"Learning from Local Action" – a series of learning notes arising from events, meetings and processes across the life of the project.

"Opting In: Regional partners resonate with the ideas of public accountability and community monitoring; the democratization of health." A reflection on the inception process. 2019.

"Pathways to Power: Gauging Positioning in the System (GPS)" – a series of documents applying the GPS tool with BTC partners, and some additional partners under the new KPIF project. 2020.


"... what is their secret?" Summary of process and outcomes from the Bridging the Chasm Learning Exchange visit (Harare, Zimbabwe)" January 2020.

"When we really care: A Ugandan partner reflects on the importance of local voices for accountability in health” (reflections from Tinah P’Ochan). 2019.
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