Ripples in Reality

Exploring the nature of impact through stories from 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.
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# ACRONYMS & ABBREVIATIONS

<table>
<thead>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>AMSHER</td>
<td>African Men for Sexual Health and Rights</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral drugs</td>
</tr>
<tr>
<td>BTC</td>
<td>Bridging the Chasm</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CeSHHAR</td>
<td>Centre for Sexual Health and HIV/AIDS Research</td>
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<tr>
<td>CITT</td>
<td>Community Inclusion Task Teams</td>
</tr>
<tr>
<td>COP</td>
<td>Country Operational Plan</td>
</tr>
<tr>
<td>Decrim</td>
<td>Commonly-used shorthand for 'decriminalisation of same sex practices'</td>
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<tr>
<td>GALZ</td>
<td>Gays and Lesbians of Zimbabwe</td>
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<tr>
<td>GPS</td>
<td>Gauging Positioning in the System</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HRAPF</td>
<td>Human Rights Awareness and Promotion Forum</td>
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<tr>
<td>KP</td>
<td>Key Populations</td>
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<tr>
<td>KPIF</td>
<td>Know the Present, Imagine the Future</td>
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<tr>
<td>LBQ</td>
<td>Lesbian, Bisexual and Queer women</td>
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<td>LGBT+</td>
<td>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)</td>
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<td>LEGABIBO</td>
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<td>LGBT+</td>
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<td>NSF</td>
<td>National Strategic Framework</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PV</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SIDA</td>
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<td>SOGIE</td>
<td>Sexual Orientation and Gender Identity and Expression</td>
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<td>STL</td>
<td>Setting the Levels</td>
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<td>SW</td>
<td>Sex Worker</td>
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<td>TBZ</td>
<td>Transbantu Zambia</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>UTH</td>
<td>University Teaching Hospital (Lusaka, Zambia)</td>
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Many development and advocacy efforts exist to work towards significant shifts and sustained changes in policy, practice, institutional behavior, and in the lived experience of specific groups of people. Impact is often seen only as an end-state – a destination to achieve, or a marker of achievement. For example:

- *Same sex practices and sex work are decriminalised.*
- *Stigma and discrimination is reduced in the public health system.*
- *Appropriate sexual and reproductive health services for key populations are available and accessible.* And so on.

These sorts of results clearly fit the traditional definition of ‘impact’ as it is usually applied in the development sector, i.e. ‘a significant or major effect.’ (Merriam-Webster online)

However, reality is always in motion, and there are few final end-states. And, reality is composed of multiple subsystems, all of which are complex, and also in movement. Simple cause-and-effect relationships are rare – whether one focuses on changes in people, in organisations, in institutions, in policy and law, or in whole societies.

Usually, many contributing causes feed into those phenomena that we label ‘effects’ or ‘impacts’.

Importantly, ‘impact-as-major-effect’ is only half of the dictionary definition. Impact is also:
- an impinging or striking, especially of one body against another
- a forceful contact or onset

In other words, an impact is contact that produces movement.

Impact in the first sense – a significant change-effect in a complex system (like a community, a sector, a society, or a region) is usually achieved through a whole process of change – of movement-producing-contacts – rippling across many dimensions of that system.

From the perspective of programming and practice, this dynamic process is the main subject of the work. Unless it is appreciated and made visible, it is difficult to consciously lead or facilitate dynamic processes of change towards high-level goals within complex systems (i.e. ‘impact’ in the traditional sense of the word).

If this process of change remains invisible and unappreciated, it may be difficult to see the extent to which significant change effects are being catalysed/provoked/inspired – especially in the context of relatively short-term projects. This makes tracking progress challenging, and also limits the effectiveness of planning; ideally, plans should be based on a reasonably firm prediction of how change will unfold towards one’s larger goals, if not of the detailed ‘micro-effects’ along the way.

This publication explores both signs of impact, and signs of movement towards impact – and the connections between them. It aims to make visible some of the ripples in reality that might lead to lasting change through the example of a five-country, sexual and reproductive health and rights (SRH-R) project.¹

¹ A companion volume explores how to work with and amplify these ripples: i.e. principles and practices for effective influencing. See: Banks, W. 2020. Cultivating Change: Insights for effective influencing, inspired by Bridging the Chasm. Positive Vibes Trust: Cape Town.
2. BRIDGING THE CHASM: THE BACKSTORY

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.

Stories are the most accessible and natural way in which human beings make sense of change... They unfold sequentially, they usually make explicit or implicit cause-effect connections, and they speak to what feels meaningful in people’s experience. Alone, they do not offer complete evidence of impact – but this is not an impact evaluation, or even a scientific study. Rather, it is an attempt to think more deeply about change, impact, contact and movement based on the BTC experience.

Importantly, this document does not provide a comprehensive summary of all the change-effects and signs of movement towards impact within Bridging the Chasm. These are documented extensively within the project literature. Rather, this publication draws on the BTC experience to learn about impact-as-dynamic-process.

Bridging the Chasm:

Building an alliance for SRH-R practice for key populations in East and Southern Africa (2019-2020)²

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.

² 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.
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.

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.

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.

“Clinical systems and community systems are not separate. They are a single local system for health across which accountability and responsibility are shared.”
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.

“**Work at local level was led by the local partner, with some support and accompaniment from PV.”**

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.)
3. THE POSITIVE VIBES IMPACT FRAMEWORK

The Positive Vibes (PV) Impact Framework was developed in a rudimentary form during the Bridging the Chasm project, and has since become a core way of viewing impact for the organisation. In itself, it is a marker of both project learning and project impact on PV.

Within BTC, the framework was used to articulate a broad hypothesis or theory of change... If we work in certain ways, we should see certain kinds of change in different sites and spaces, i.e. individuals, organisations, local systems for health, and so on. The coming chapters explore in more depth what these change effects looked like and the connections between them.

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3 It may be useful to note that, within BTC, PV was both project-holder/facilitator and a project partner/implementer. PV Namibia was directly involved in implementing BTC, while PV Regional acted as overall facilitator of the project across the five countries. Learning by, and impact on, PV itself flowed from both of these roles. Some of these effects are illustrated by stories in later chapters.
RIPPLES IN REALITY | impact framework

Positive Vibes now uses this framework to see and make sense of changes in the systems in, and with which, it works. Like all frameworks, it is a simplification of reality, but a useful one – it highlights some critical dimensions in which movement can be expected, witnessed, supported, and joined up to deepen and widen change-effects.

<table>
<thead>
<tr>
<th>Individual change</th>
<th>Organisational adaptation</th>
<th>Shifts in the local system for health</th>
<th>Transfer &amp; movement</th>
<th>Policy</th>
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<tr>
<td>relates to shifts in people's experience of themselves, and in their ways of being, thinking and doing.</td>
<td>speaks to shifts in organisations (partners or others, such as clinics or hospitals).</td>
<td>might include changes in the community-facility relationship, or other relevant changes in the local geographical area.</td>
<td>speaks to signs of spin-off effects: partners' transfer of ideas and methods from BTC into other areas of work; invitations from non-participants to engage; interest in the work from other levels of the larger system (national/regional/global), or evidence of the adoption of similar approaches elsewhere.</td>
<td>speaks to civil society organisations' engagement with policy and in policy spaces, to shifts in policymakers' behaviour, to changes in policy itself, and to shifts in the plans, practices, strategies and commitments of other significant formal systems (e.g. ministries of health; HIV/AIDS National Strategic Plans; Global Fund proposals and plans; PEPFAR Country Operational Plans; etc.).</td>
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In the coming five chapters, this Impact Framework is used to organise stories of change and movement arising from and around the BTC process. All of these stories were told by members of partner organisations in conversations with the author in June 2020; see Chapter 10 for a full list of contributors.
THE FIRST DIMENSION OF IMPACT

4. INDIVIDUAL SHIFTS

Individual changes, insights, experiences and connections have value in themselves.

They can also be the basis for new ways of being, thinking, speaking and acting – which may, in turn, ripple outwards to catalyse change in less personal dimensions. What is personal is also political, strategic, and potentially, powerful.

WE CAN USE OUR VOICES | silence is agreement

**Shen’s story:** One thing I’ve learned as a leader in this process is that our voices can cause change if we use them. Every time we don’t hold anyone accountable for things going wrong or missing the mark, people assume that the services are good. That’s what happens unless we speak up, and use our voices.

I’ve learned to use my voice as a leader. And that has helped me to see that there can be a shift in attitudes. Setting the Levels (STL) was only five months ago, but we’ve already seen concrete changes.

“*I’ve learned to use my voice as a leader.*”

Energy, connection and inspiration are essential for movement, as is the belief that change is possible and that ‘my voice does matter.’

People who were involved in the work of BTC spoke in similar ways about finding meaning, voice, and their own power in the process. Awakening to one’s own voice and the urgency of the issues – human beings whose basic rights are denied – was a critical shift at individual level.

CONNECTING TO MY HISTORY & MY PASSION | things change because people stand up

**Zuki’s story:** This work connects to my history and where I come from.

I worked for the Treatment Action Campaign in South Africa. We were fighting for access to HIV treatment. When I heard about and saw people’s human rights still being violated today, it reminded me of women’s rights being violated back when HIV was very new – back when there were no drugs to protect women’s unborn babies from HIV, when women were involuntarily sterilised and discouraged from having babies.

When the people we worked with in BTC spoke about index testing and assisted partner notification, that connected me back to that history. I also remembered how women challenged those abuses and violations. I remembered how, at the end of the day, things changed because people stood up and fought for change.

**POSITIVE VIBES REGIONAL**

**UGANDA**
This occurred for members of civil society organisations involved in leading the process at local level. A complementary shift happened for several local health workers as well – they began to find a new level of awareness of, interest in, and empathy for people who they may have failed to notice, or found frustrating, or even offensive, in the past. (See Chapters 5 and 6 for some stories from health facilities and the local system for health.)

**THINKING & ANALYSIS MATTER**

**Meddy’s story:** I started studying monitoring and evaluation after the first time I worked with Positive Vibes on the Learning from Innovation Project [which preceded BTC]. I came to Cape Town and participated in the Technical Working Group. I saw how people took time to think about and analyse things, and I thought, ‘This is quite awesome! I want to do this.’

In BTC, I’ve learned more about the interconnectivity of different structures. I used to think it was enough to change structures without worrying about the process or about the patterns of behavior inside them. I think more in terms of systems and how they behave now ... If you change the processes and behaviours, you can make a change in the larger system. This work of thinking and understanding is important for the process of making change – it helps you to see what’s needed and how to respond.

I am done with my post-grad diploma – I would have graduated in April if it wasn’t for COVID-19. I might go on to do Masters research.

**UGANDA**

**I LISTEN, I WRITE, I THINK, I UNDERSTAND**

**Zuki’s story:** Even now I don’t enjoy writing, but with STL, I started writing... I felt a need to write. While the process was being facilitated, I started listening really carefully. I see the value and power of being able to quote people accurately, to capture details.

Usually I am not like that... I would rather summarise stuff. Now I make it my habit to make sure I sit, I pay attention, I write. There’s always information; something you can take away; something to read and understand, think about and link to.

**PV REGIONAL**

These changes are about something more than a qualification in project monitoring, or an increased willingness to write reports. The value – indeed, the power – that comes from documentation, and from the associated processes of thinking and meaning-making, was a revelation for several participants.

BTC is an extensively documented project: 60+ reports, papers, notes, posters and publications have been produced in the course of 18 months of work – and this excludes many blog posts on the project’s online platform, hundreds of photographs and at least 13 short video records.

This emphasis on documentation was not just a consequence of the project’s focus on monitoring and evidence generation. Clearly, documentation of evidence and insights, and the progressively deepening process of thinking strategically together, enabled learning together. And **learning is essential for influencing** within the complex web of issues, challenges, causes and possible solutions at local, national and other levels.
Bradley’s story: A lot of my organisation’s work has been about big, activist issues, like decriminalisation of same-sex relations and changing gender markers. We’ve fought court battles, run campaigns, and been very visible in the press.

At the same time, we always say that our work is also about strengthening communities. This process has challenged me to think about how we really do that. BTC offered us a practical way of building capacity within communities about human rights, and making the link to sexual and reproductive health and Rights (SRH-R). I also saw there are other means of influence.

Before we won the decrim case, there were targeted services for Key Populations (KPs) – mainly for men who have sex with men (MSM). But healthcare providers always gave off the vibe, “You should be thankful” – thankful that they’re allowing and enabling MSM to test, or whatever. And we'd forget that everyone has a right to health – it's fundamental. Access to health includes me.

Something changed in my mindset in this project. Like others, I was afraid to challenge, to speak up and say, “Thank you, we are grateful for this service,” and go on to name what wasn’t working. That has changed. I see that you can be thankful and still challenge in a diplomatic, serious manner... There’s no need to go out and be disrespectful to facilities, partners and donors. Responsible challenge is possible – and challenging is part of taking responsibility. Often, people see being challenging as being defiant – but it's more about how can we help you to help us. A new way of thinking about it...

As much as we are citizens demanding our rights, we have responsibilities too. We're responsible for being involved in our health. If we're not going to speak up, health workers aren't going to know, or do anything different. You can’t have accountability without engagement.

In the past, our engagement with healthcare workers was about frustration or about demanding things. But they’re human beings too, not robots – and that means there’s an opportunity to make the system better together.

This story speaks to a common experience across all of the countries and areas in which the process unfolded. People saw, perhaps for the first time, the potential for interdependence – for building a truly functional system for health at local level that would work for sexual and gender minorities and for healthcare facilities.

“You can’t have accountability without engagement.”

This, in turn, allowed a level of ownership and responsibility for this system, and for claiming their rights in some new ways. For many, the idea of making local accountability work was a genuinely new one. The process revealed how challenge and activism could operate at the most local level, as well as within the technical and political spheres of policy and power.

Most spoke of a mature approach to challenging; of greater security in their right to speak out, and confidence in the legitimacy of their voices; and of a more grounded, evidence-led and systematic approach to meeting and working with the community-health system.
LEADERSHIP GROWS BY LEADING | STL's effect on team members

**Zuki’s story:** The STL process is simple – it doesn’t need PowerPoint or too much preparation. And you learn how to do it by doing it.

It was easy for me to learn and understand how to facilitate the process from the very first time... It was in Zambia. Ricardo (Facilitation Team Leader, PV Regional) led the first two groups. From the third group, I could take on parts of the facilitation, and I’m now able to lead the whole process on my own. I shifted from being that person who does administrative stuff in the office to doing the work of facilitating processes and writing reports – there was real growth there.

A lot has changed and shifted in me... I feel stronger than before. I feel like I am a real leader now. My work isn’t just about connecting people. I ask questions about their work, I follow up, I think about what should happen next... These are all parts of leading a process.

I’ve moved from that comfort zone of not always thinking strategically. I do that now: think about consequences and possibilities and next steps...

**PV REGIONAL**

Most participants spoke of the power of the STL process.

STL was always facilitated by a local team, as well as one or two external co-facilitators. One of its greatest strengths is its transferability: it does not rely on an outside expert to make it happen. As people led the process for themselves, and in their local communities, their capacity to work as effective, facilitative leaders grew. (These change-effects were often heightened at the organisational level – see also Chapter 5.)

A DOCTOR’S INSIGHT | if we all change the system will change

**Meddy’s story:** During the STL at Gulu, when we started talking about challenges and problems facing sex workers and LGBT+ people when they want to access healthcare, one of the doctors said, “Right now, there's only one person focused on Key Populations (KPs). What if all of us were trained?” That got people thinking about processes and behaviours. “If all of us change,” he said, “the structure will change – there won't be only one focal person to address KP issues. Then we could all offer appropriate services.”

**UGANDA**

This moment inspired Meddy and other participants in the process, and it was noticed, documented, and built on. Individual insights can be powerful foundations for systemic change, at least at the local level. The STL process offers a fertile ground for reflection and contact between people and groups. The written records of these processes are rich with these kinds of insights.
Increased confidence was a widespread effect amongst individuals involved in leading STL processes (and in the BTC project as a whole). People felt more able to use their voices and to engage constructively with the healthcare system, and in their communities. There was a growing sense of efficacy: "I – and we – can make things happen; change is possible."

This is a fertile foundation for generating and sustaining movement, traction and impact in other dimensions of the system.\footnote{This section contains a very small sampling of individual change stories. Several others are recorded in the companion publication, Catalysing Change, as well as in the extensive project literature.}

Individual changes like the ones reflected above are seldom thought of as impact. Usually, much more attention is paid to changes in services, to policies promulgated or scrapped, to public statements and commitments. In part, this is because individual changes don't translate automatically to impact at scale, unless almost every system member is directly reached and affected by the work. (This was certainly not the case in BTC which focused on a limited number of organisations, communities and facilities in each country.)

However, if there are not significant shifts in the individual dimension of impact, what might that mean for shifts at other levels?

Individuals lead change; individuals do the work at the most local level, where people live; and individuals reflect something of the life, attitudes and potential of the systems to which they belong. Impact in the individual dimension may be insufficient for systemic change, but it is certainly an essential ingredient and one worth monitoring. BTC was designed around the idea that local action and experience should inform policy, and that once individuals and communities are activated locally, through monitoring, they gain confidence, vision, appetite to carry that forward into the policy environment. A number of the stories in this volume illustrate this link.

Historically, a focus on the individual and their experience has been a critical element of PV's philosophy: the belief that conscientisation (personal awakening and awareness – and the unveiling of personal capacity) is directly connected to social transformation. The BTC experience seems to confirm that individual development, when connected to other aspects of the larger system, can ripple out quite extensively and lead to far wider and deeper effects. These effects are often felt first in the organisations that people belong to...

"Local action and experience should inform policy. Once individuals and communities are activated, they gain confidence and appetite to carry that forward."
THE SECOND DIMENSION OF IMPACT

5. ORGANISATIONAL ADAPTATION

WE’RE NOT JUST AN IMPLEMENTER | we have things to say

Wandy’s story: Now that we are taking this approach, we don’t just want to be looked at as ‘implementing partners’. We want to be there when you make decisions about us.

I want my voice to be heard... When we work on the ground, we don't want to feel like we are just doing things because someone else's plan says we should, whether or not it works for our community.

Even inside the organisation, something has shifted. I'm making my voice heard. We share more. Whatever plans I have, I tell Bradley about them. We collaborate all the time – we are always working together. There are all these WhatsApp groups going on, and we all influence what happens. We are in each other's heads – not divided anymore.

BOTSWANA

This story is interesting on two levels:

1. It signals a rejection of the simple, subcontractor role that larger agencies often cast small LGBT+ organisations in. It is about claiming voice, power and authority – the right to be heard and have a say in ‘what works for us, and for our community’; a more assertive positioning of the organisation in relation to powerful others.

2. It points to a shift in ways of working within the organisation – a more collaborative, mutual, and sometimes challenging approach. More communication, more thinking together, more responsibility at all levels.

This mirroring of external and internal realities is a theme that recurs across these stories. It may reflect how shifts at one level of a system reinforce or enable shifts at other levels.

The second point probably also reflects learning from the highly collaborative process of BTC – and a recognition that communication, engagement and collaboration can lead to significantly better results than more familiar, top-down ways of working. Here are two related stories from PV in Namibia and GALZ in Zimbabwe:

ACCOUNTABILITY AT THE CENTRE OF OUR WORK, & OTHERS’

Abby’s story: BTC helped us get to grips with accountability in a new way. STL is one of the few methodologies that is actually focused on systemic change – on tackling the underlying factors that impede access. In the past, we didn't have a lot of discussions about accountability... it was something that was said, but not interrogated...

In the past few years, it's been much more central and conscious: both in terms of tracking external change; and asking how we're being accountable to the people we say we're working with and for.
I’ve also seen this happening with some of our other partners, like Rights Not Rescue Trust. They were not part of the STL process, but were involved in other processes that followed it (about the national Human Rights Action Plan and other advocacy initiatives). I notice that they’ve started budgeting for monitoring and accountability processes, asking new kinds of questions; doing more follow-ups with their partners and communities.\footnote{This is also a good example of impact as ‘transfer’ – see Chapter 7 for others. The shift in this partner organisation’s practice is not a direct impact of BTC, but it is a sign of ripples spreading through the system of connected initiatives, processes and conversations surrounding it.}

NAMIBIA

LISTENING TO ALL THE VOICES | inviting in trans people & LBQ women

Michelle & Mayita’s story: For a long time, it had been an ongoing issue that GALZ mainly targeted MSM; and that’s also where the funding was. We were aware of this and had done an analysis of our membership, but it became even more visible during early STLs [the approach was piloted by GALZ and PV back in 2017]. Women came in and said “you are not doing anything for us!” This was a spark for action that led to a lot of changes.

We now have a gender office. Mayita focuses more on trans people, and Michelle on lesbian, bisexual and queer (LBQ) women.

We’ve managed to source funding to do activities for queer women and trans people, and to increase their visibility. These and other groups were being marginalised, not just within GALZ, but also within the community. There is more happening now – you find the birth of small, self-organised groups of women, trans people, male sex workers, intersex people, some of which are hosted by GALZ in Harare and Bulawayo.

When we held our second STL process last year, it showed that the scores from LBQ were still low; this helped us to pinpoint LBQ women’s need for services and led to health facilities offering programmes that are more inclusive of women’s needs – including STI treatment for women and family planning.

STL also provoked GALZ to look at the strategies we use, and to think more about what accountability means. BTL is a small project but it’s sparked a lot of things... You end up thinking that the way things are is normal; that getting shabby services is OK. STL made it very clear that it is important for service providers to be accountable to the people that they serve.

The experience has also influenced the way we work in other ways... We work in more connected, joined-up ways now, and the work is organised around interconnected, interdependent units focused on community, advocacy, counselling and research, which all support and are accountable to each other.

ZIMBABWE

These stories speak to an additional element to the two listed on p.19: yes, accountability to colleagues within the organisation; certainly, accountability between service providers and service users; but also increased accountability between the community and the organisation.
Meddy’s comments speak most strongly to the experience of smaller, more locally-focused partner organisations. In the course of BTC (i.e. the past 18 months), their organisational identities and capacity has shifted to include a more conscious emphasis on influencing and advocacy that engages more formal systems, as well as working at community level.

It is especially striking that this shift did not arise from a training programme or from direct skills-development or capacity-building efforts. It happened in response to BTC’s approach, to getting more deeply connected and engaged with the local system for health, and from having some basic tools, and the confidence to begin.

A TEMPLATE FOR COMMUNITY-LED MONITORING & ACTION

**Abby’s story:** BTC has given us a template for community-led monitoring and response mechanisms. I was part of the STL in Walvis Bay and became part of the online platform on ning.com and saw the types of engagement that were happening there. This got me thinking about other applications...

We started thinking about whether this type of process could be replicated for the police, for gender based violence units, for social workers. It is inspiring new areas of programming. For example, our new youth-focused strategy has a mechanism called Community Inclusion Task Teams (CITTs), which aims to replicate some of the effects of STL, and uses a lot of the thinking embedded in the STL design.

NAMIBIA

A SHIFT IN PERSPECTIVE UNLOCKS NEW CAPACITY

**Meddy’s story:** I see how partner organisations’ capacities have changed and improved. Things we thought were impossible have become possible. Through this process, we got new ideas; opportunities to think beyond what we normally think about, and we were constantly pushed to think even further.

Most of the organisations were not thinking much about advocacy and influencing at a higher level. We are now. We are more about influencing, about engaging certain groups of people, about strategic thinking for influence.

UGANDA

As well as expanding programming around community monitoring and accountability in Namibia, Positive Vibes has also transferred the learnings, insights and evidence from BTC into new programmes and new partnerships. Lee’s story in Chapter 7 offers more insight into this work (p.27).

**“We are more about influencing, and strategic thinking for influence.”**
INTEGRATING A NEW APPROACH & PRACTICES

**Bradley’s story:** The STL process is methodical, and it produces what we want – real engagement; hearing the voices of communities and healthcare workers.

In the past, we would do a presentation, or a training, or a sensitisation session. But we’d often miss real engagement. Now, when we plan our work, we think much more carefully about the how - the methodology - and we’re more explicit about this. We look for different ways to bring out people’s humanness. We might write a concept note and think much more carefully about design.

In one meeting with a nurse at Area W, a community member burst out with, “We are dying!” That brought tears to my heart. Connecting to healthcare workers on that human level means seeing them as human beings too. It’s important to engage in ways that evoke emotion and connection as well as offering facts and evidence. That feeling is a kind of evidence. People being vulnerable with each other can be a tipping point.

**BOTSWANA**

Many participants said they had adopted more personalised and personal approaches to their work, as well as being more thoughtful, professional and conscious of process design, and of the link between processes and outcomes.

* * *

“Connecting to healthcare workers on a human level means seeing them as human beings too. It’s important to engage in ways that evoke emotion and connection as well as offering facts and evidence.”

The stories that follow speak to some of the changes that are visible in a few specific health facilities and their practice. Most sites where the process unfolded have registered some similar shifts – or progress towards them – though the degree of change varies by locality and institution.

**MASEGO CLINIC LEADS CHANGE | cultivating champions**

**Wandy’s story:** The Masego Clinic was and is very keen about the process and about making changes! Masego is our model clinic because they didn’t wait for us to come to them after the STL process – they followed up to ask when we were coming, to request additional meetings, to ask how to engage with the community outside of the clinic.

Even through lockdown (COVID-19), we’ve called them and they’ve called us. They’ve referred a counselling client to us, and we’ve certainly sent people to them.

**BOTSWANA**
**SHIFTs IN BOUNDARIES & PRACTICE | a real partnership**

**Mayita’s story:** The Centre for Sexual Health and HIV/AIDS Research – a USAID/PEPFAR funded institution in Harare – was assessed during the STL process. They didn’t score all that well during the first round, but things have definitely changed for the better now. They’re offering better services to the trans community, and even housing some small trans organisations and sub-granting to some trans people. These are very important milestones.

Our strongest relationship is probably with Wilkins Hospital. They’re part of Harare City Health. While there is still room for improvement and dialogue, there is also a real partnership there now. They offer a holistic response to health services for any LGBTI person.

During this coronavirus crisis, communities have been struggling to access SRH-R services. Wilkins was closed to non-COVID patients. Instead, they offered us two nurses and a doctor every Tuesday and Friday (09:00-15:00) to work in the GALZ clinic space. So, in partnership with them, we can make health services available to the LGBT+ community. We even pick people up from their homes to access this service.

**ZIMBABWE**

**CHANGE & ADAPTATION AT UTH**

**Aiden’s story:** Before BTC, we had a relationship with the University Teaching Hospital (UTH). We’d called for a centre of excellence for KP health, and they were it ... but it wasn't necessarily a friendly place. There was also some stigma about using their services: the media had caught wind of the fact that LGBT+ persons were going there.

But they’ve made changes and improvements since the STL process. Instead of a Saturday clinic, they offer services to Key Populations every day. This reduces the suspicion and stigma, and feedback suggests that their quality of service have improved.

The process sparked a real shift – we had meaningful engagements, and the healthcare practitioners really got it.

**ZAMBIA**

BTC enabled several changes in partner organisations, but also in the institution holding and facilitating the project: Positive Vibes (Regional). The story below speaks to some of the most significant of these.
A STEP FORWARD FOR OUR STRATEGY AND PRACTICE | profound learning & development

Lee's story: BTC intersects, mobilises and speaks to all of PV’s strategic directions and their outcomes – from strengthening systems for health; to movements for effective advocacy at national and regional levels; to influencing national, regional, and even global programming and practice. It has also positioned PV to be an innovative leader in what, for us, was a new focus on regional SHR-H practice.

BTC was one of the first projects we designed from a really systemic perspective, based on what we had learned from earlier work. It was designed to work across and catalyse meaningful change at different sites of the system: individual awareness and agency; social attitudes and norms; health services; policy and law. But it also allowed us to immerse ourselves deeply in these sites of change, along with partners, to really learn how meaningful change happens. And to learn what enables it, and how we can integrate this learning into our approach to accompaniment – to work with partners in ways that stimulate, support and encourage them and their work, and to offer inspiration, challenge, and technical and process assistance to deepen its impact.

The project has encouraged us to articulate a new way of thinking about how we make impact together – which is expressed in our new Impact Framework [pg 12] and our emerging approach to monitoring, evaluation, accountability and learning (MEAL).

So, apart from any external achievement, one of the most profound effects of BTC was on our own internal learning approach, and our practice as an organisation.

PV REGIONAL

“Everyone is a subject with the power to act, and the capacity to change themselves and influence others.”

Aside from this project’s contribution to strengthening PV’s work in the world, it also had important effects on the organisation’s practice, and on PV’s way of thinking about change and impact – some of which are reflected in this publication.

Lee’s story underlines a critical aspect of PV’s philosophy: change and impact are not linear and uni-directional – they unfold in a field of interconnected systems, all of which are affected by, and affect, each other. The idea of an ‘unchanged intervener’ working to change others, denies the reality that ‘doing change’ and ‘making impact’ almost always requires that we change too.

Immersion in the change process is critical for understanding and insight. One cannot see, appreciate, and support change effectively, without a degree of depth and intimacy of connection to the people involved, and the processes they are in.

This perspective is powerful because it moves beyond the traditional subject/object, actor/acted-upon, developer/developed splits. From PV’s standpoint, everyone is a subject with the power to act, and the capacity to change themselves and influence others.
Several of the organisational changes named in the previous chapter flowed directly from BTC, others were sparked by aspects of it, or influenced indirectly by it. The boundary between the organisational dimension of impact and the local system for health can be blurred, or quite subtle: some of the effects named in Chapter 5 might fit here – and vice versa.

However, in general, the stories in this chapter focus on the wider system for health, and particularly, on the interface between partner organisations working with LGBT+ and/or sex workers, formal health facilities, health administrators (often at district level), and community members.

First, some stories about improvements in service delivery...

**SERVICE PROVIDER ATTITUDES HAVE CHANGED**

**Aiden’s story:** I recently went back for a cervical cancer check-up at one of the facilities we included in the STL process. Before, awkward questions would be asked: Why would a masculine-looking guy be going to a cervical cancer room to be screened? Usually it would be very uncomfortable. This time, I didn't have to explain myself. It was a smooth process.

We might not have changed the perception of thousands of medical personnel, but change has happened. I didn’t receive any negative attitudes or feel judged by the healthcare providers. That is a success story.

**ZAMBIA**

**SHIFTS IN SERVICE PROVISION | open channels of communication**

**Stephanie’s story:** Community members are actively seeking health services and our relationships with facilities are better.

Before BTC, it was difficult to have conversations with health workers. We were just basing them on very general messaging about sexual orientation and gender identity and expression (SOGIE), and on human rights in general. Now, we focus more broadly on SRH-R – as human rights. We also focus less on what’s different, and more on affirming services for everyone.

We also lacked a documented methodology to use – and STL proved to be a good one, partly because it starts with a general question: “What do you mean by good services?”

Several health facilities rated themselves very high – they had HIV services; believed that they offered confidential, affordable services; and felt they treated people with respect. When community
members rated these facilities, they said that confidentiality wasn’t necessarily there, and that transport costs to the facility (and how long you had to wait for services) determined whether the services were affordable or not.

This led to some concrete changes. For example, there is a fast track process at UTH to reduce waiting times. Feedback from a recent healthcare provider training suggested that the provider felt better able to offer quality healthcare services to key populations. In general, community members suggest that services have improved in spite of understaffing at some facilities.

ZAMBIA

“She received the right care; she was placed in a female ward; she wasn’t discriminated against or judged. People used the right pronouns – they didn’t make assumptions as they used to.”

ZAMBIA

SURPRISED BY SERVICE | non-judgmental, appropriate, lifesaving care

Aiden’s story: We have a community member – a transwoman – who recently defaulted on her antiretrovirals. She’d fallen into depression and stopping her HIV meds was part of that. She became very ill. We had to make the right referrals at the right time, before it was too late.

She was transferred to UTH and admitted for four days. We helped make sure that she was safe, and had food. And we monitored her care. She received the right care; she was placed in a female ward; she wasn’t discriminated against or judged. People used the right pronouns – they didn’t make assumptions as they used to.

When we took her there, we were expecting backlash; some negative reactions. There’s turnover of staff, so we were worried about what might happen. But it all worked well. She even sent a letter afterwards saying that she had received good care. She’s better now – back on her meds and doing well.

ZAMBIA

Acknowledging a change in power relations...

THE BIRTH OF ACCOUNTABILITY | SHIFTING POWER RELATIONS

Salen’s story: The health authorities know that communities are looking at them now... Of course, there was defensiveness, but also some celebrating of real connection. There’s been a shift in ownership of health services by community members; and ownership of methodologies to make health services more accessible, affirming, nice for
communities. The change is noticeable. STL and the BTC approach brings people together. Health facilities understand that community members won't take crap anymore but they, and community members have also found a viable way to work together to improve health services.

NAMIBIA

A visible process of change is unfolding locally...

CHANGE RIPPLES THROUGH THE COMMUNITY-CLINIC SYSTEM

Meddy’s story: In both Mbarara and Gulu districts, because they involved the District Health Officers (who are in charge of the district health system), many things are shifting. Engaging them has created a stronger relationship. Facilities are inviting people to attend monthly meetings, and our organisations are being invited to other forums as well.

The facilities are reaching out more to the communities – asking for peer leaders, so they can be better connected. A big change.

Some facilities have also acknowledged problems and stated their intentions for change. This gives local organisations something to hold them accountable to. And local organisations are doing just that.

UGANDA

Michelle & Mayita’s story: Most of the clinics now have a KP desk. They have pamphlets and posters that speak to men who have sex with men, women who have sex with women, sex workers. That was not there before. Before, most community members were not confident about going there and asking for services. That has shifted: people used to wait for us to connect them to health services - now they go, and then give us feedback if things aren't working. And then we handle the issues. But the system's definitely working better.

The relationship between GALZ and the facilities is also more equal; there is more willingness to share data with us now. And the data shows a big increase in trans people accessing services.

ZIMBABWE

The local system is where people live, suffer, survive, or thrive on a day-to-day basis. Shifts in relationships, attitudes, connections and health service delivery in this dimension of the larger system have the potential to make a real difference to the lived experiences and life chances of marginalised people. Most organisations involved in this process continue to follow-up on changes that have been initiated, and STL itself is a powerful tool for reviewing and reflecting on progress over time. It would be interesting to revisit progress in these local areas towards the end of BTC (late 2020) to see which changes have been sustained, deepened or expanded, and if any have been reversed.

A change in the local system that feels certain to persist beyond BTC is the shift in power dynamics and connections between partner organisations and their local health facilities. This should be the basis for continued, significant improvement in the years to come.
This dimension of impact looks at ripples of change that reach beyond the project’s boundary of direct control and influence: emergent effects.

Arguably some aspects of organisational change and other localised shifts ( Chapters 5 and 6) also fall into this dimension. By now, though, it will have become apparent that the five dimensions of impact interpenetrate and overlap significantly—change in each dimension effects and, potentially, amplifies movement in others.

Our emphasis here, is on observing the extent to which momentum is being built through and beyond the core activities, and pointing to new possibilities and opportunities to deepen overall impact.

The stories in this chapter lie in the space between the other four dimensions. In a sense they measure project vitality—or perhaps, virality: the tendency for the ideas to spread, osmose or scale-out into adjoining and more distant systems.

**OTHER CLINICS FEEL LEFT OUT**

**Shen’s story:** At least two other health facilities in the district heard about the STL process we went through with their sister clinics. These other clinics heard about what happened and felt left out—they want to be part of the next STL process, and our community members want to work with us.

**UGANDA**

**POWERFUL PEOPLE WANT TO INCLUDE US**

**Bradley’s story:** We heard someone on the Global Fund Country Coordinating Mechanism (CCM) was asking, “Where is LEGABIBO? Why are they not getting money from us?” We still need to communicate our work better. But it seems the STL and work done in Francistown is being seen—and that people are more eager to collaborate than they were before.

**BOTSWANA**

**BEYOND BTC | the approach is ours**

**Stephanie’s story:** These methods we have learned from working with PV—STL, but also workshops like LILO Connect—are part of our approach now.

There isn’t always time to use a whole workshop/process, but they inform how we focus on people’s personal experience, and create opportunities to connect to this... Then look out and connect with how their socialisation, the environment, and others impact on them. We learned what it takes to facilitate dialogue.

We have made the essence of the PV development methodology our own and use it flexibly in our influencing work to respond to situations and opportunities.

**ZAMBIA**

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*Transbantu Zambia (TBZ) and Positive Vibes have worked together in several projects over the past decade—thus, TBZ’s exposure to other PV methods and approaches. Stephanie’s comments speak both to transfer of ideas, methods and approach, but also to the development of a new synthesis of these that works for TBZ within its context, interests and focus.*
RESOURCES FOR INFLUENCING IN NEW SPACES | media guides

Sam’s story: Recently, we were approached by the state newspaper, The Herald. They expressed interest in developing a policy on how to report on LGBT+ issues – and to improve their reporting on these issues. They needed guides, and we were able to share a range of documents and resources that we’d developed – including documents and evidence from the STL process.

ZIMBABWE

SHARING ON THE GLOBAL STAGE & WITH COLLEAGUES | conference abstracts and inputs

Abby’s story: We’ve prepared a range of conference posters and inputs for AIDS 2020 (6-10 July). All of the data is from BTC, and based on about 10 abstracts that we prepared for this and a range of other conferences (some of which have been postponed due to COVID-19).

I’ll be sharing these things with the larger PV programmes team so people can see how we’re using data and evidence.

NAMIBIA/REGIONAL

APPLYING THE LEARNING TO OUR NEW REALITY (COVID-19)

Tinah’s story: A month ago, people were very hungry. Sex workers (SW) could no longer go to the hotpots where they worked. Most of their clients were long-distance drivers – many of whom have COVID. So, people were hungry and sick. We needed to get food from the COVID Taskforce in the district. But we were told that we were not vulnerable people.

The SWs, through their Adherence Club, went and talked to the district officials. They said, “We’re here with you as sex workers, attending monthly meetings on the first Wednesday of every month. As sex workers, as queer women, we have been part of this – planning, budgeting, doing everything together.” But they were not being heard, and needed food.

So they threatened the district officials. They said, “If we are not given food, we will release the names of our clients – many of whom are district officials.” Desperate times call for desperate measures, I guess. We probably wouldn’t have done it, but it got the officials’ attention. After that, we had a few more meetings with the district to prioritise people who were on ARV’s or homeless, or living with disabilities, or who had children. We made sure that the girls from 16-to-24-years old got into a shelter. And the food came – I personally got the food.

The backlash was severe – not directly from the district, but on local media and in smaller villages. We were threatened; there was angry talk on the radio. Gulu is rural – more laid back, but also more traditional. When the food was being distributed people got to find out, and the media came in. It was in the news, on radio. That’s what led to the backlash... It came from shame and politics (there’s an election coming in 2021).

Politicians didn’t want to look like they were affiliated with SWs. On the radio people said that SW was against our morals and our culture. And the local village leaders felt pressured and forced to do something,
which was where the evictions came in.

Although the list of people who were to receive food was kept secret, in a small village you can’t be anonymous. Some peer leaders (a few of whom had been part of the STL process) were evicted from their villages. The village councils passed by-laws to do this. About thirty SWs were evicted. That was the biggest challenge.

We contacted the Human Rights Awareness and Promotion Forum (HRAPF). They give general legal aid to marginalised communities. They came down here and went to have a meeting with local leaders. The local leaders said their hands were tied – that they were under pressure from their villagers, but they were willing to sit with us and have a dialogue. Dialogue is very important – even if it’s just to calm people down and to get an understanding of the law and the issues. The conversation is continuing, and the officials at the district are also allowed to be part of this dialogue. We invited them in as allies; their presence will help us to resolve this situation in time.

In general, district officials come to our meetings, which gives the impression that they are endorsing us. This gives us a certain blanket of protection. Having a good relationship with these officials is a good thing, providing both some security and credibility to our cause. It will also be useful when it comes to writing proposals.

District officials also have some influence on policy. We can have conversations with them about gender identity and sexual orientation, which is a good place to start with awareness. They can also open doors to some meetings – such as PEPFAR meetings. Every meeting in the district goes through

the district office – they are key gatekeepers.

To me, the biggest achievement of STL is our much stronger partnership with the district.

UGANDA

Tinah’s story is powerful, not only because of the significant shift in relations between her organisation (Resilience Uganda) and the district officials – though this is an important lever for change and a real gain. It also highlights: an approach to working in solidarity with community members to address critical issues; awareness of power dynamics; the capacity to manage crisis and risk; willingness to call on appropriate outside support; real insight into the importance of working with leadership; and an understanding of the value and power of dialogue.

Doubtless many of these capacities were present before the STL process and BTC. It is also likely that Resilience Uganda’s capacity for flexible, creative response, and for working in process with difficult and volatile issues, was honed by the BTC experience. BTC offered a structured way of doing this work, and accompanied Tinah in learning how to manage a consultative and confronting accountability process: a useful contribution for preparing to work with the chaos and unpredictability that so often arises in change and influencing processes.

* * *

Finally, an example from PV at regional level. This story highlights some of the impacts of BTC on other programmes and partners.
EXPANSION INTO NEW PROGRAMMES & REGIONS | influencing development discourse

Lee's story: Some of the initial ideas for this work go back to mid-2017. The Setting the Levels process was piloted by PV and GALZ in Zimbabwe under a programme called KP Connect. In essence, it was a method to bring the health and community systems together and connect them up into one, combined system for health. We heard about the really exciting things happening for GALZ in Zimbabwe where really substantial changes were happening and decided to pilot it in Namibia as well.

Up until this point, we hadn’t been able to generate a lot of energy around influencing public services. It got us all talking about the idea of participatory monitoring, and about accountability, and began to generate excitement and interest within the PV team. I remember thinking: “This really links to the work we want to do; to the big idea of ‘ending othering’; and it’s another way to catalyse change across the system – perhaps even at a regional level.”

We found a way to fund this work through our partnership with Amplify Change, and Bridging the Chasm was born. As it unfolded, and as we learned more about this way of working, we began to share what was emerging with other donors and and they got excited about it too. Their interest wasn’t just in the STL method – though that is key to getting traction – but also the knowledge being generated and some of the initial changes that were happening.

First, Positive Action, a programme of ViiV Healthcare got interested and came on board. This is allowing us to scale up this work in some existing countries in Southern Africa, and to begin it in Lesotho and Eswatini. This new project is called KPIF – “Know the Present, Imagine the Future.” It’s focused on accountability in relation to Global Fund, PEPFAR and USAID grants in these countries, and aligns with the community monitoring that’s meant to be happening anyway.

We're also part of the “We Lead” global consortium which is putting together a programme that will kick off in 2021. We’re working in partnership with HiVOS, FemNet, Restless Development, Marsa Sexual Centre, and The Central American Women’s Fund. They’re really enthusiastic about the method, the approach, and the potential for real impact. Key elements we developed within BTC are being integrated into that work. It will focus on LBTQ women; people with disabilities; people who have been displaced, and people living with HIV. This will also allow the basic method, and the approach to accompanying impact, to reach new countries in Southern Africa, Eastern Africa, the Middle East and North Africa (MENA), and central America.

We have always said that we want to spread our thinking and practice beyond the spaces where we work directly. From that initial little pilot in Harare three years ago, these ideas have expanded quickly to affect work well beyond PV and our partners in BTC. They have begin to influence and inform the thinking and work of a wider community of influential players.

PV REGIONAL
This dimension of impact is perhaps the most obvious – policy is seldom ignored in influencing work. At the same time, people often have a hard time programming around it, or of making the steps towards policy change visible. “Advocacy can’t be planned,” is a common lament, and it is true that advocacy and influencing have emergent aspects and are, to a degree, opportunistic.

However, the BTC experience also shows that by preparing the ground with care, and by building a foundation for impact in other dimensions of the system, the chances of impact at policy level are improved.

The stories in this section speak to:
- shifts in government policy, and the policy of other powerful players;
- progress towards shifts in policy;
- engagement between civil society organisations and policy makers or other key influencers.

The range of change effects in this dimension of impact are striking given the short duration of BTC (roughly 18 months at the time of writing). It should be borne in mind that this is not an exercise in simple attribution: some changes were clearly heavily influenced by learning from BTC, but all of them involved multiple factors.

The stories in this section focus more on outcomes and change-effects than on how they were achieved. (This ‘how’ is addressed more fully in the companion volume, *Cultivating Change* [Banks, 2020].)
This is not a success story, and nor is it impact as such. Rather, Anna's story reflects an awareness of something stuck or unresolved at regional level – which may also present opportunities for influence in future. This is a step in a process that might lead to change-effects down the line, and therefore, important to notice.

CHALLENGING THE DEFINITION OF KEY POPULATIONS | making our voice heard

**Stephanie’s story:** During the BTC learning session in Zimbabwe, I was very interested that GALZ was receiving funds from the Global Fund. We started talking with Ricardo [Facilitation Team Leader, PV Regional] about accessing some of these spaces and managed to find our way onto the Country Coordinating Mechanism (CCM).

Before taking this step, we were left out of many conversations. Also, while the CCM did talk about Key Populations, there are 13 KP groups recognised in Zambia, which made it all the more important for us to access this space.

We are also part of a Technical Working Group under the National AIDS Council (NAC), though there are challenges there, too. There's only been one meeting and the NAC says there are no funds for meetings. Right now, we’re trying to write a concept note for the Global Fund. There has also been a shift in the NAC – and new Director General who seems more open-minded and willing to engage, so I think we might be heading in the right direction.

Our goal with the NAC is to go from 13 KP groups down to the four recognised by the main global institutions, including the Global Fund, namely: trans people, MSM, people who inject drugs, and sex workers. We will bring this up in the review of the HIV/AIDS National Strategic Framework. This will require a lot of stakeholder engagement, but I like the methodologies that we have learned from our work with PV – they offer ways of easing people into having conversations about uncomfortable things.

We are also working towards pushing back against donor agendas that prioritise quantity (i.e. finding as many MSM, trans people, sex workers, etc. as possible) over quality and upholding human rights. We've begun by hosting a meeting with UNDP and FHI360 and having a heart-to-heart conversation about trans people's experience and issues.

**ZAMBIA**

Stephanie’s story is about the beginning of an ambitious trajectory for policy influence. It will be interesting to see what unfolds, but already some of the ingredients are visible – signs of movement towards impact.

* * *

The remainder of the stories in this chapter speak to more definite signs of policy impact. They centre on experiences in Botswana, Zimbabwe, and Namibia where BTC’s partners were most strongly positioned to advocate for policy-level change.

PAUSING/REVIEWING INDEX TESTING

**Anna’s story:** We made use of evidence from STL to feed into the PEPFAR Country Operational Plans (COP) for Botswana and the region. We did some of this work directly at national level, and worked with and
CHANGING THE HEALTHCARE CURRICULUM & INFLUENCING PARLIAMENT

**Sam’s story:** GALZ has done a lot of work around evidence-generation and STL has been an important part of that – even before BTC (STL was piloted with GALZ in 2017).

One aspect of ensuring our community’s rights are respected relates to healthcare worker training. Training shapes the competencies that are expected of a healthcare worker.

Government saw the need for a manual and a curriculum for health workers in relation to Key Populations, but didn’t really have anywhere to start. We had a range of relevant materials of our own (and from MPact) already developed, as well as evidence from the first STL process (2017). So, when the opportunity to collaborate with the Ministry of Health arose, we grabbed it.

Towards the end of 2018, a Ministry of Health training manual about healthcare services for KPs was developed and revised. It contains minimum service packages for each key population group. Key populations were involved in identifying healthcare facilities within the public sector to begin rolling out the training and expand service delivery. This process is continuing.

In addition, GALZ has taken advantage of increased openness under President Mugabe’s successor. In the past three years we have:
- positioned ourselves more strongly in relation to the Global Fund (recipient of the national grant for MSM programming)
- met privately with the ruling party, Zanu PF, for the first time;
- forged stronger relationships with parliamentarians and cultivated some champions in parliament;
- begun to open space for conversations about decriminalisation through the Committee on Health (using sex in prisons as a lever);
- influenced key pieces of policy such as the National AIDS Council’s 2019-2020 KP Implementation Plan.
INFLUENCING PEPFAR, THE GLOBAL FUND & THE NATIONAL STRATEGIC FRAMEWORK

Salen’s story: We used the STL process and related conversations about accountability to feed into a range of joined-up advocacy efforts.

First, there was the HIV/AIDS National Strategic Framework (NSF). A mid-term review was happening and we had a role in that process as a civil society representative. I worked to bring in people from other civil society organisations to both disrupt that process – to add new perspectives and experience – and to bring in the technical content that was needed. I involved two Namibian sex worker organisations: Rights Not Rescue Trust and Wings to Transcend.

There were two significant wins here.

1. For the first time, transgendered persons were written into the NSF. That’s been a huge fight the past couple of years – both government and PEPFAR put transgender people under MSM. We hated that. But finally, we got to write in a cool, technical piece on trans persons.

2. The STL process was also presented to the ministry and they saw how viable it is. STL has now been written into the NSF as a method for community health monitoring.

Secondly, the NSF feeds into your country’s Global Fund proposal, so we were able to influence that process too, including the new emphasis on transgender and the inclusion of STL. Again, we were able to invite others from the movement and wider civil society in. It was a rich process. Funds allocated to civil society work will almost double in the coming period, even though the overall country-allocation is being reduced.

Thirdly, PEPFAR issued a call for KP prevention programmes. It was a very biomedical call. Together with other SW and LGBTI organisations in the country, we rejected it at the briefing session. We saw it as another way of being stigmatised and discriminated against; of seeing these communities as objects to move through the 90-90-90 process. We raised issues about the behavioural aspects (self-efficacy; SOGIE issues) and also about the need to look at structural barriers to access and change.

PEPFAR retracted the call, built in all of these combination prevention issues, and reissued it. The movement was united in what they wanted; the content needed to change, as did the mechanisms of delivery – and they did.

Fourthly, we have carved out some space to engage with and influence parliamentarians, especially around SRH-R issues. We are one of the civil society representatives on the SRHR national assembly working group. That gives us space to organise sessions, to invite in civil society voices, and to influence the SRH-R discourse in parliament. This isn’t a direct spin-off from BTC, but what we have learned in the process fed into it. It is part of why we are seen as a leader around SRH-R issues and people know we have methodologies that add value.

NAMIBIA
The stories and observations in the past five chapters show that change and movement within the five impact dimensions are not discrete – shifts in one dimension (e.g. individual ways of thinking and being) can catalyse, or at least feed into, shifts in others (e.g. changes in organisations, in communities, and even in policy).

Reality is itself a system: a dynamic nexus of interpenetrating subsystems. It seems from the BTC experience that some simple, but intensively supported and accompanied actions, beginning at the local level, can begin to generate ripples of change across this whole system – even to the point of affecting national and regional policy choices.

Indeed, local is an excellent place to start. It’s grounded and real, and it offers a strong basis for building collegiality, connection, intimacy and, even when working across multiple countries, a movement with a common core practice of influencing, evidence generation, and mutually supportive action.

BTC did not cause all of the significant change effects at, for example, policy level (see Chapter 8). However, it is easy to see how the ripples of inspiration, energy, ideas and evidence originating in the project (or fueled by it) fed into larger change effects. The value of this kind of catalytic, evidence and experience-led influencing work, grounded in local systems and connected to national and regional efforts, seems clear. As too, does the value of paying attention to changes in all five of these core dimensions of impact. They offer a window into change in the whole system, and enable opportunities for insight, learning and dynamic response that keeps the work relevant and moving in the right direction, and reveals opportunities for deepening change effects – in spite of chaos, randomness and an unpredictable environment.

Change effects did differ from context to context and country to country – and it is clear that those organisations with existing strengths in advocacy work (i.e. PV Namibia, GALZ, LEGABIBO) were able to achieve more obvious policy-level impact. However, it is also clear that, despite a later start in applying STL, a very challenging environment, and less exposure to policy processes, other partners appear to be on the same trajectory.

Many projects promise significant change, but end in obfuscation. It could be argued that BTC had ample cause to fail on at least some fronts: COVID-19 has effectively erased six months of in-person contact between partners and the PV project team; the Ugandan context in particular is a challenging space for any LGBT+ related work – and all of these country-contexts have their challenges. And yet, the stories in this volume suggest significant movement across the board.

“Simple, but intensively supported and accompanied actions can begin to generate ripples of change across the whole system.”
Ripples in Reality has explored what changed, and how these changes enabled shifts across five dimensions of impact. Its companion volume – Cultivating Change – focuses on how to do effective influencing; and how to enable others (especially marginalised or oppressed others) to become more influential.

This may be attributed to many factors, chief among them:

- a strong sense of shared purpose and commitment from all partners from the outset – built on a high degree of transparency and mutual respect;
- a deeply considered, but essentially simple and flexible design;
- an approach to project leadership and management that emphasised both careful planning and rapid response to emerging opportunities – to following the energy of change rather than trying to force it;
- a deep commitment to connection, reflection, learning and documentation that resourced change effects at all levels;
- grounded local knowledge, a willingness to live and work with unresolved questions, and a commitment to pushing the envelope of possibility.

These factors combined to make Bridging the Chasm an unusually powerful project for all involved. May the ripples it has set in motion continue to resonate, rebound, and amplify each other in the years to come.
The following leaders and practitioners contributed their ideas and stories to this volume and its companion piece (Cultivating Change).

**Wandipa Omphile Chabe**  
*Policy & Legal Advocacy Officer | LEGABIBO, Botswana*  
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**  
*Community Movement and Strengthening Manager | LEGABIBO, Botswana*  
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**  
*Director – Namibia | Positive Vibes Trust, Namibia*  
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  
*Director, Sauti Youth Foundation | Uganda*

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  
*Programme Manager | Gays and Lesbians of Zimbabwe (GALZ)*

Sam is a 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  
*Team Leader | Rainbow Shadows Uganda*

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  
*Deputy Director | Positive Vibes Trust, South Africa/Regional*

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.
Tinah P’Ochan
*Team Leader | Resilience Uganda*

Tinah P’Ochan is a 37-year old mother, and a queer, radical feminist and social worker. She is 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.

Stephanie Rossouw
*Programmes, Advocacy & Learning Manager | Transbantu Association Zambia*

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.

Aiden Sindowe
*Media, Communications and Liaison officer | Transbantu Association Zambia*

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.

Zuki Ntshuntsha
*Regional Projects Officer | Positive Vibes Trust, South Africa/Regional*

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.
Abigail Solomons  
*Programme Manager* | Positive Vibes Trust, Namibia

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.

Mayita Tamangani  
*Gender and Inclusion Officer* | GALZ, Zimbabwe

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.

Ricardo Walters  
*Facilitation Team Leader* | Bridging the Chasm  
*Positive Vibes Associate & Independent Consultant* | South Africa/Regional

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  
*Facilitator, Writer & Organisation Development Practitioner* | South Africa

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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