Capacity Development
Best Practice
Background

In recent times there has been a change in terminology when referencing activities related to responding to skill and knowledge gaps from ‘Capacity Building to Capacity Development. What is not contested is that the main drivers of socio-economic development are capital and ‘know how’.

There are multiple operational definitions of Capacity Development (CD) used by different organizations and in this review of LVCT’s capacity development model two stand out. The United Nations Development Programme (UNDP)\(^1\) defines capacity development as the process through which individuals, organizations and societies obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time. The emphasis is on the activities that build the capability of these key players to empower themselves in order that they attain their own objectives over a certain amount of time. It suggests that the end goal is to be independent of whichever agency is supporting this process. The World Bank\(^2\) – Africa Region on its part defines capacity as the proven ability of key actors in a society to achieve socio-economic goals on their own. They continue to provide what could constitute indicators of the success of CD process when they opine that ‘this is demonstrated through the functional presence of a combination of most of the following factors: viable institutions and respective organizations; commitment and vision of leadership; financial and material resources; skilled human resources.

The Timisha Model

Catherine Theuri, the Capacity Development manager at LVCT, clarifies that the capacity development philosophy adopted by LVCT is that which emphasizes learning through experience and is founded on the idea of growing individuals or organizations in order that they can manage themselves. LVCT has used a model developed in 2008 and internally, is known as ‘Timisha’, Swahili word for “to fulfil”. The central idea being that capacity development seeks to fulfill a need, a dream or a vision.

The choice of this non-formal class-room training approach arises from LVCT’s own experience. Catherine explains that this approach is based on LVCT’s own experience and growth from a small indigenous organization to one that has capacity to grow emerging organizations. In many instances organizations begin from a point of passion felt by the founders for a certain subject area or a cause but more often than not have no clue on how to run an organization. She explains that in this model “…we look at our experiences as LVCT and how we have grown as a local organization, the challenges we have had, the systems we have had to put in place, and we use that to help the organizations to do the same because they are in a similar context…the Timisha model
is a model of change, it rides on mentorship, coaching and the aspects of training but we avoid the classroom training” – Catherine Theuri.

Sharing the LVCT experience with emerging organizations provides evidence that growth is possible and also offers real practical challenges that an organization is bound to face. The emphasis on individuals and systems is key in this CD approach: the mentorship and coaching methodology allows for trainer and trainee to interact in contextualized situations one learns in an environment of troubleshooting and problem solving.

Though LVCT has at times received funds to provide Capacity Development an important consideration for taking an organization on board is the synergy between it and LVCT. Since mentorship and coaching are the major ways of skills transfer LVCT has tended to work with organizations that are involved in HIV and sexual and reproductive health or those that target marginalized populations where LVCT have core-competence. In this model LVCT opens itself up to the partner organizations, encourage the partners to come in and learn from them. This approach is termed the integrated mentorship approach. The process begins with an assessment of the managerial, financial and technical capacity alongside the current policies, systems, skills and strategies.

“Capacity Development at LVCT is a process that we do with partners in Kenya, and outside Kenya...we help organizations to look internally at their organizational systems and strengthen that for them to be able to deliver the services that they seek to deliver to the populations…” – Catherine Theuri

Capacity development of emerging CBOs has emerged as among the most significant areas of LVCT work. The Timisha Curriculum evolved from and benefited from several other curricula used in capacity development globally. However in response to the unique needs of the socio-cultural context a component to cover Gender issues. In preparation for the capacity development course participant go through a capacity assessment kit that allows for capturing the ‘entering behavior’ of the individual or organization. The capacity assessment covers eight areas:

1) Governance and Strategy
2) Finance Systems and structures
3) Administration and Human Resources
4) Project Design and Management
5) Data Management, Monitoring & Evaluation
6) Technical Capacity
7) Networking and Advocacy
8) Community Ownership, advocacy and sustainability.
The training packages offered by LVCT includes a series of Tools:

a) ‘Working with Kenya’s Vulnerable and Most at Risk Population’ Handbook – Introduction to Vulnerable Groups and MARPS.

b) Handbook II – Men who have Sex with Men

c) Handbook III – Sex Workers.

**Beneficiaries: Case Study - GALCK**

The LVCT Capacity building has beneficiaries strewn across the African continent. Among the first group supported in organizational development is the Gay and Lesbian Coalition of Kenya (GALCK). GALCK is a network of organizations representing sexual minority groups. David Kuria who was to become its first CEO describes the formation of GALCK after the heady days of the national Rainbow Coalition victory in the 2002 elections. Gay and lesbian individuals started coming together owing to the enlarged democratic space after NARC government came to power with the belief that there would be higher levels of tolerance for sexual diversity. These groups were meeting at people’s houses since public spaces were still too hostile. The amorphous group of individuals eventually found a meeting space at LVCT courtesy of one among them. This acceptance went beyond mere accommodation; LVCT had recently initiated a treatment and outreach program for MSMs. The groups thus began to meet at the LVCT boardroom on Sundays. While the MSM saw this gesture as a magnanimous support for their cause LVCT recognized this as an opportunity for outreach to MSMs. David Kuria describes how at this point several partners were keen to support GALCK but they were bereft of governance or other structures. This marked the beginning of the relationship with LVCT. Stigma and discrimination directed at sexual minorities were such that LVCT had to host Gay and Lesbian Coalition of Kenya (GALCK) by securing lease for them for office premises. LVCT took on additional chores relating to administrative work like facilitating banking and funds management.

“It was more of a partnership that was really convenient for both parties. Why? Because LVCT had the mandate to provide HIV services to MSMs and MSM comprised part of the constituency that GALCK served…” – David Kuria

The significance of this partnership is clear when one realizes that at this point in the history of the response to HIV &AIDS there was no organization that was willing to associate with LGBTI.

“LVCT helped member organizations (of GALCK) in formalizing their structures, the process was very formal, they would go into workshops on policy, development and all that…” – David Kuria,

GALCK after some years graduated to a fully independent membership organization receiving funds from donors and went ahead to build the capacity of its members.
“When they got their first funding in 2008, they did not have an office, they did not have a bank account, the systems and structures to support the funding they were getting, so LVCT was approached by the development partner (NORAD) and they asked us to be fund managers for GALCK…

…so we managed their funds for a while then we got to a point where we thought they need to develop their own systems and their own structures and we had funding from Ford Foundation at that particular time which was meant to strengthen the systems of the MSM and sex worker organizations, so we used that funding to build the organizations system for GALCK, so the first three employees at GALCK were actually employed as LVCT employees, that was General Manager, Finance Officer and Programme Officer and they came and sat at LVCT.

The Finance Officer sat with the finance team, the programme officer sat with other program managers, they sat with people who were doing similar work at LVCT and they learned by watching and they managed their funds from here, they would write their own cheques, they would go through the process of procurement…so they developed a lot of their policy documents during that six month period…

While they were here, we also worked with them to get an office, the office that they occupy currently is actually in the lease of LVCT...we helped them go through the whole legal process of doing a lease, looking through contracts, the clauses that would put them through any problems and stuff like that…during that time they also opened a bank account and we took them through the process of opening a bank account and running for those six months while they were still with us and eventually we transitioned them and they moved on…

LVCT has over the years supported other nascent groups: Ishtar, MWIA, TEA and TOMIC.

LVCT’s work in Nairobi has been replicated in Kisumu with NYARWEK, based in Kisumu, also a beneficiary of LVCT Capacity Development. NYARWEK is a coalition of 23 organizations serving key populations in the larger western region. The partnership enables LVCT Health to use the NYARWEK network to key populations and provides linkages for LVCT to these organizations. LVCT also uses spaces provided by NYARWEK to hold activities such as health days. This is important as the key populations see these spaces as safe spaces as NYARWEK is run by peers. For example in early 2014 after Uganda passed laws perceived to be harsh to gay persons, some MSM fled to Kenya.
and sought refuge with NYARWEK. LVCT was able to come in and provide health education and services including screening and treatment for STIs, HIV testing and treatment and psychological counseling. NYARWEK provided protection services such as linking them up with UNHCR and other organizations providing protection services.

NYARWEK also engages in advocacy for the key populations and LVCT works closely with them on issues around health rights; “When it comes to advocacy for rights, we channel a lot of our advocacy through them...” - Dr. Wanjala, LVCT Programme Manager, Kisumu

LVCT played a significant role in the establishment of NYARWEK. NYARWEK was founded by an individual who was a beneficiary of LCVT services and saw the need to bring groups that serve key populations together. LVCT hosted NYARWEK at its Kisumu offices for one year.

Identifying Partners

LVCT engages organizations for its capacity development programme through three ways:

i) Competitive Bidding: LCVT sources funding for capacity development and then put out a call for applications. They receive applications from various organizations and go through a selection process. This method is what they prefer.

ii) Donor approach: Donors working with organizations with weak structures at times forward these organizations to LVCT to work with.

iii) Historical – at times they see capacity weakness in partners that they are working with in other technical areas and make a decision to work with them in building their capacities.

LVCT has been able to offer training to various groups that focus on services to MSMs on areas such as HTC services, peer education. These were groups such as Ishtar and HOYMAS.

“The belief that peers can provide services to peers, it was there in the books but it is LVCT that jumps the agenda from academia to reality” – David Kuria, formerly GALCK CEO

To date, LVCT has done capacity development to about 66 organizations, helping them grow from nascent organizations to strong and complete organizations that are able to make an impact in their areas of intervention. LVCT hopes that this process will nurture a group of strong local organizations that can create a great impact with key populations such as LVCT Health has done over the years. “...where we work with organizations that are smaller than LVCT which we can help to grow that they can be able to access their
own resources, have proper accounting systems because we actually require many more organizations that are local – Jane Thiomi, LVCT Programme Manager, Nairobi

Impact

The impact of LVCT on smaller organizations working with key populations alongside its role and impact in the HIV and MSM policy arena cannot be underrated. David Kuria of GALCK speaks about their impact on this:

“I think the progress has been phenomenal, at least within the HIV circles and people who programme around HIV, I think right now there are more of a minority people who would say let us exclude the MSM from HIV programming, or let’s not have policy that provides for programs for MSM…coming from a place where people don’t want to see you, you are attention seekers to a place where people now see you as part and parcel of the response…The only institution that has remained steadfast right from the beginning is LVCT … it is the pillar around which these movements have formed…”

Despite all the success that LVCT and its partners have achieved in bringing MSMs to the core of HIV programming, a lot of work still remains to be done. David Kuria opines that: “The fact remains that the trajectory of infections amongst MSMs is not slowing down…if anything it is affecting more MSMs at an earlier age than before…seeing a stabilization of infections, we are not yet there, slowing down, we are not yet there…

Based on indicators suggested by the World Bank to determine successful capacity development which emphasize looking at the functional presence of a combination of factors such as: viable institutions and respective, commitment and vision of leadership; financial and material resources; skilled human resources we can conclude that the success of the beneficiaries of LVCT capacity development like Tamba Pwani, Usawa kwa Wote Initiative (UKWELI), Transgender Education and Advocacy (T.E.A), Minority Women in Action (MWA), ISHTAR MSM, HOYMAS, TOMIC, GALCK and (Nyanza Rift Valley and Western Kenya Coalition (NYARWEK) are testimony that Timisha works. GALCK as the coalition of these organizations has been able to forge relationships with mainstream organizations like Kenya Human Rights Commission, and National Aids Control Council. That GALCK has been invited as a participant in the drafting process of the National HIV &AIDS strategic plan as well as engaging in the review of the National Voluntary Care and HIV/AIDS testing Form is evidence that a it is a viable institution resulting from the capacity development. The number of individual activists fighting for the rights of LGBTI has grown and they are engaging at national policy level as well as at community level.

The LVCT Health Capacity Development model provides evidence of a best practice:

✓ The capacity development initiatives have resulted in positive outcomes among individuals, communities and the community at large. The formation of the LGBTI coalitions has not only allowed for the cascading of capacity development, but has empowered a hitherto marginalized
population. These coalitions have been at the forefront of championing the rights of the LGBTI community in multiple processes. The biggest achievement was the inclusion of MSM in the KNASP process and the mention of MSM in the KNASP III document.

- ✓ The TIMISHA training curriculum has been accepted and used in the sector for CBO and CSO capacity development. The TIMISHA curriculum qualifies as implementation material, training and support resources which have quality assurance procedures and tare already in use by the public.

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i United Nations Development Programme (UNDP).
ii World Bank Capacity Development Resource Center