

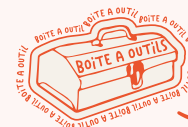


METHODOLOGICAL TOOLKIT FOR EXPERIENCE CAPITALISATION IN COMMUNITY HEALTH





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PREAMBLE

Coalition PLUS is an international network of community-based organisations founded in 2008. It is engaged in the fight against HIV/AIDS and viral hepatitis, and works to promote the rights and health of key populations affected by the epidemic, with a presence in more than 52 countries and in collaboration with around a hundred civil society organisations.

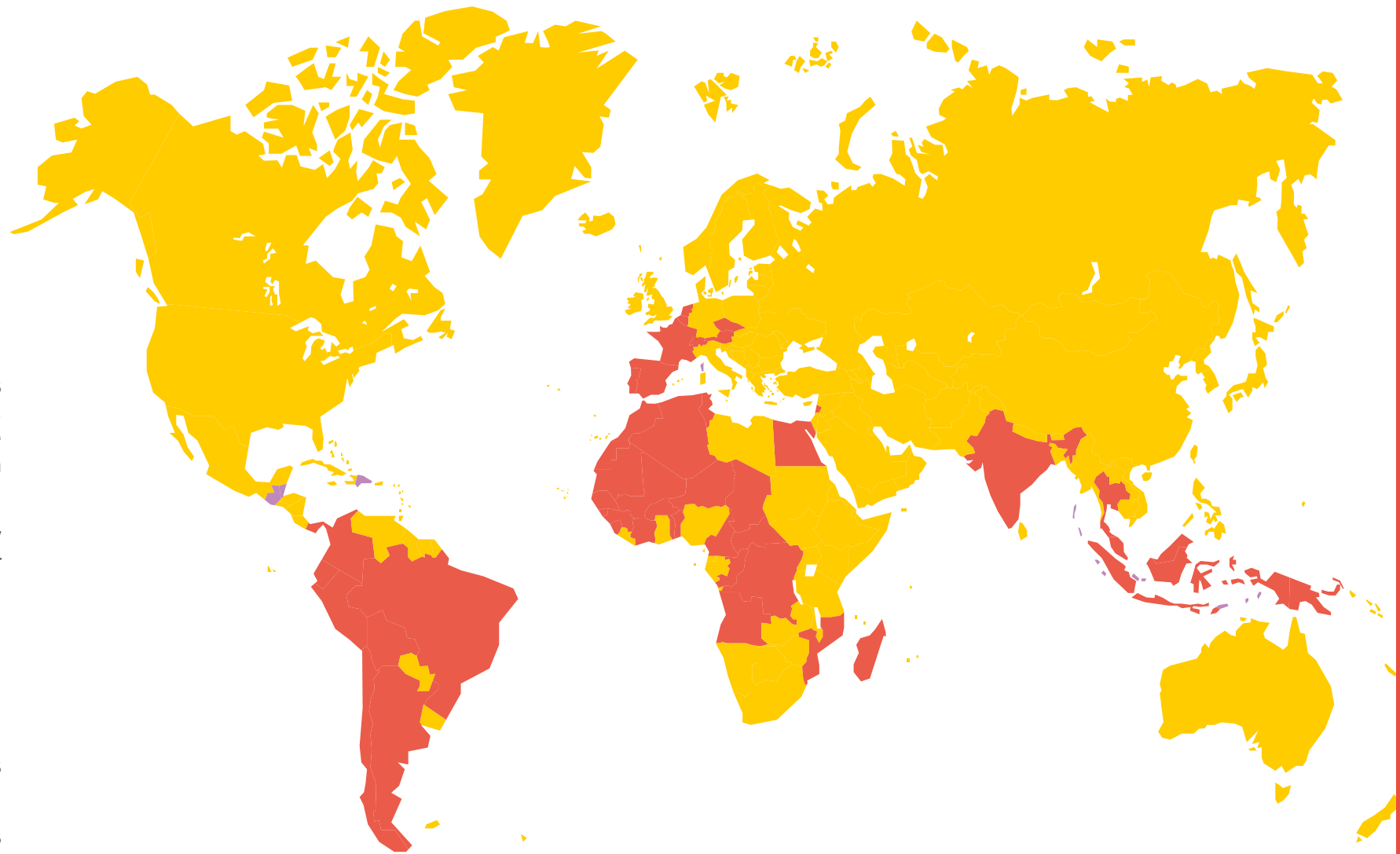
At the heart of its work is a community-based approach, which aims to directly involve people most vulnerable to HIV/AIDS and viral hepatitis in defining their needs and priorities, as well as in implementing and evaluating health interventions. This approach not only seeks to provide an appropriate health response, but also to contribute to social transformation.

Coalition PLUS advocates for the recognition that the expertise of people living with or exposed to HIV/AIDS and viral hepatitis should be fully acknowledged, and that these communities should be systematically involved in decision-making processes and in the development of public policies and health programmes that affect them.

With this in mind, the Knowledge Management and Capitalisation Unit was created at the end of 2019 to strengthen knowledge management within the organisation.

Its objective is to transform existing knowledge and know-how into a resource that can drive social transformation and innovation. This process is part of a broader quality management strategy, focused on promoting a comprehensive approach to health, particularly for vulnerable populations.

The core missions of the Capitalisation Unit include promoting Coalition PLUS' expertise and strengthening the capacity of the organisation and its partners to capitalise on and share strategic knowledge, thereby supporting the community-based approach, improving the quality of actions undertaken, and preserving institutional memory.



15 ADHÉRENTS

100% Life, **Ukraine**
AIDES, **France**
ALCS, **Maroc**
ANCS, **Sénégal**
ANSS, **Burundi**
ARAS, **Roumanie**
ARCAD **Santé PLUS, Mali**
COCQ-SIDA, **Canada (Québec)**
GAT, **Portugal**

Fundación Huésped, **Argentine**
IDH, **Bolivia**
Kimirina, **Équateur**
Malaysian AIDS Council, **Malaisie**
PILS, **Maurice**
REVS PLUS, **Burkina Faso**

COALITION PLUS MAP, LIST OF NETWORKS

RÉSEAU RÉGIONAL « PLATEFORME AFRIQUE CENTRALE ET DE L'EST » (PACE) : Burundi, Cameroun, Congo-Brazzaville, République centrafricaine, République démocratique du Congo, Rwanda, Tchad

PLATEFORME DE RENFORCEMENT DE CAPACITÉS AFRIQUE CENTRALE ET DE L'EST (PACE) : Burundi, Cameroun, Congo-Brazzaville, Rwanda, République centrafricaine, République démocratique du Congo, Tchad

PLATEFORME DE RENFORCEMENT DE CAPACITÉS AFRIQUE DE L'OUEST (PFAO) : Mali, Bénin, Burkina Faso, Côte d'Ivoire, Guinée-Conakry, Niger, Sénégal, Togo

PLATEFORME DE RENFORCEMENT DE CAPACITÉS AMÉRIQUES-CARAÏBES (PFAC) : Équateur, Bolivie, Canada (Québec), Colombie, France (Guyane française, Martinique, Guadeloupe, Saint-Martin), Guatemala, République Dominicaine

PLATEFORME DE RENFORCEMENT DE CAPACITÉS ASIE DU SUD ET DU SUD-OUEST (PF SASEA) : Malaisie, Inde, Indonésie, Thaïlande

PLATEFORME DE RENFORCEMENT DE CAPACITÉS EUROPE (PFE) : France, Belgique, Portugal, Roumanie, Suisse (Genève), Ukraine

PLATEFORME DE RENFORCEMENT DE CAPACITÉS AFRIQUE DU NORD ET MOYEN-ORIENT (PF MENA) : Maroc, Algérie, Liban, Mauritanie, Tunisie

PLATEFORME DE RENFORCEMENT DE CAPACITÉS OCÉAN INDIEN (PFOI) : République de Maurice (île Maurice, île Rodrigues), Comores, France (Mayotte, La Réunion), Madagascar, Seychelles

ALLIANCE GLOBALE DES COMMUNAUTÉS POUR LA SANTÉ ET LES DROITS (AGCS PLUS) : Algérie, Bénin, Burkina Faso, Burundi, Cameroun, Côte d'Ivoire, Guinée-Conakry, Mali, Maroc, Sénégal, Togo, Tunisie

RÉSEAU DE RECHERCHE SUR LES QUESTIONS LIÉES AU BIEN-ÊTRE ET À LA SANTÉ GLOBALE DES HOMMES GAYS, BISEXUELS, AUTRES HOMMES AYANT DES RELATIONS SEXUELLES AVEC D'AUTRES HOMMES ET DE LA POPULATION TRANS EN AMÉRIQUE LATINE (RIGHT PLUS) : France, Espagne, Chili, Bolivie, Brésil, Guatemala, Mexique, Pérou, Portugal

RÉSEAU DE RENFORCEMENT DE CAPACITÉS DES PAYS LUSOPHONES : Portugal, Angola, Brésil, Cap-Vert, Guinée-Bissau, Mozambique, Sao Tomé-et-Principe, Timor oriental



1. Capitalisation at Coalition PLUS

The current global context of the fight against HIV/AIDS and viral hepatitis requires Coalition PLUS to address **complex challenges** that demand a high level of integrated thinking and analysis. Such results are difficult to achieve without an **institutional capitalisation process** - built around capturing¹⁵ and managing of Coalition PLUS' **strategic knowledge**.

Bringing greater visibility to the community-based response to HIV/AIDS and viral hepatitis—an essential approach to ending these pandemics; promoting a comprehensive approach to the health of the most vulnerable populations and those furthest removed from healthcare systems; addressing the stigma and criminalisation that hinder their access to care; overcoming the difficulty of keeping this fight at the forefront of public attention and high on political agendas; responding to the significant reallocation of public funds, both nationally and internationally, towards broader responses to emerging pandemics and global health; and strengthening community health systems as an integral part of public health systems—these are some of the current challenges we face.

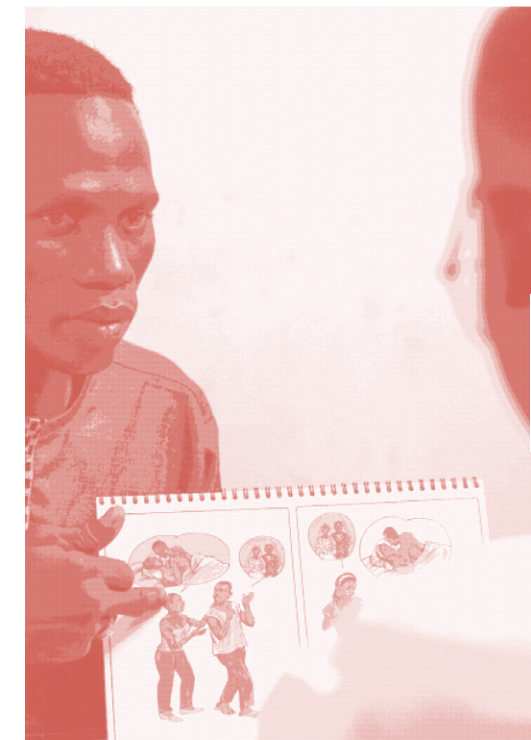
To address these challenges, Coalition PLUS has set as a strategic priority the strengthening of::

- ✎ **The visibility of its distinct identity** as an international network of NGOs fighting HIV/AIDS and viral hepatitis relies on the promotion of a community-based approach, in particular the central role of people living with or affected by these conditions in the design and implementation of actions that concern them;
- ✎ **The quality of its programmes and projects**, as well as the added value of its interventions in the lives of people living with HIV and/or viral hepatitis, and of key populations vulnerable to HIV, viral hepatitis and STIs;
- ✎ **The consistency of its actions and its capacity to influence** public policies, debates and strategic decision-making related to HIV and hepatitis epidemics, the rights and care of affected populations, as well as the direction and allocation of funding dedicated to these pandemics..



THIS **STRATEGIC PRIORITY** IMPLIES, AMONG OTHER THINGS, AN **INSTITUTIONAL CAPITALISATION APPROACH** THAT WILL CONTRIBUTE TO:

- ✎ **Strengthen Coalition PLUS' capacity** to identify, document and leverage its knowledge capital, drawing on the wide range of experiences and expertise of its members and partners. Particular emphasis will be placed on developing synergies and linkages between high-impact actions implemented at national, regional and international levels;
- ✎ **Recognise that knowledge—particularly experiential knowledge—is essential** to improving practices. The collective development and production of high-quality strategic knowledge based on experience and expertise contribute to enhancing the visibility, credibility and influence of Coalition PLUS as a key stakeholder in the health sector at both international and regional levels;
- ✎ **Support and promote the community-based approach**, as well as the role of people living with or affected by HIV/AIDS and viral hepatitis in defining and implementing actions that concern them;
- ✎ **Improve practices and the quality of actions (effectiveness, efficiency, sustainability and relevance)** of community-based organisations through lessons learned from the analysis of interventions, while fostering innovation and the continuous development of the network's own practices;
- ✎ **Ensure the continuity of approaches and methods across different contexts of change** (health crises, staff turnover, institutional changes, geopolitical crises, etc.);
- ✎ **Preserve institutional and operational memory** by preventing the loss of experience, and by conserving, structuring and making available the organisation's culture, knowledge and existing know-how;
- ✎ **Strengthen the dynamics of exchange among stakeholders** through the sharing of information, both internally and externally..



¹ This is a technical term in the field of knowledge management, in particular, capitalisation, which is used in both French and English as it stands (la capture des connaissances/knowledge capture). **Knowledge capture** is the process by which tacit knowledge residing in the minds of individuals is transformed into explicit knowledge that can be accessed by others and the organisation.



2. Brief presentation of the "Accès Santé 2" project (Access to Quality Sexual Health Services for Key Populations)

Led by Coalition PLUS and supported by L'Initiative, implemented by Expertise France, the Accès Santé 2 project aims to improve comprehensive sexual health care for key populations (KPs) and vulnerable women in Burundi, Morocco and Mauritius. It builds on the first phase, Accès Santé 1 (2017–2021).

Implemented by the associations ANSS-Santé PLUS in Burundi, ALCS in Morocco and PILS in Mauritius, the project is based on a concerning observation: current sexual health services (SHS) remain insufficient, often focused on reproductive health, and do not adequately address the specific and comprehensive needs, nor the sexual health rights, of women and men. Existing services remain largely inaccessible and poorly adapted to key populations and the most vulnerable women.

To address these gaps, the project aims to develop tailored, holistic and accessible sexual health services that respond to the diverse needs of target populations. The Accès Santé 2 SHS strategy is based on an integrated approach aimed at filling gaps in national strategic plans (NSPs) and addressing the lack of funding for sexual health.

Services provided include sexual risk reduction, testing, access to PrEP, anal and genital health care, as well as the management of sexually transmitted infections (STIs).

This strategy relies on the engagement of peer educators (PEs), who refer beneficiaries to appropriate services. However, these community actors face precarious working conditions, a lack of professional recognition and insufficient remuneration, leading to high turnover that affects the continuity and effectiveness of interventions.

Key challenges of the project



1. Improving sexual health services (SHS)

Sexual health services (SHS) currently focus mainly on reproductive health, leaving aside the comprehensive and specific needs of key populations (KPs) and vulnerable women. The project aims to develop a holistic approach, integrating several components: sexual risk reduction, STI testing, access to PrEP, and anal and genital health care. Key initiatives include: Setting up fixed and mobile community screening facilities.

- ✎ Establishing fixed and mobile community-based testing services;
- ✎ Strengthening adapted sexual health services;
- ✎ Implementing educational programmes to promote healthy sexuality;
- ✎ Ensuring comprehensive STI management.

2. Recognition of the community system and its actors



Peer educators (PEs) play a fundamental role in sexual health interventions. The project aims to strengthen their capacities through:

- ✎ The development of a continuous training system;
- ✎ Enhanced institutional and professional recognition of peer educators, essential for the sustainability of interventions.



3. Sustainability of Sexual Health Services (SHS)

The project aims to integrate the systems and approaches developed into national healthcare systems, thereby guaranteeing their sustainability. This involves:

- ✎ Advocacy with governments and donors to integrate SHS into national strategies;
- ✎ The development of regulatory and financial frameworks to ensure sustainable funding;
- ✎ The sharing of best practices with stakeholders;
- ✎ The development of strategic partnerships to strengthen the legitimacy of sexual health services.



Project objectives:

Overall objective: Improve comprehensive sexual health care for key populations affected by HIV and vulnerable women in Burundi, Morocco and Mauritius.

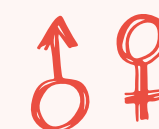
- ✎ **Specific objective 1:** Enable key populations and vulnerable women to access an optimal package of dedicated and strengthened sexual health services through SHS delivery models implemented by ALCS, ANSS-Santé PLUS and PILS.
- ✎ **Specific objective 2: Achieve recognition of the role of SHS actors**—particularly peer educators—as a key component in effectively addressing the needs of key populations and vulnerable women.
- ✎ **Specific objective 3:** Ensure the sustainable integration of SHS—particularly sexual health services for key populations and vulnerable women—into national health systems, and disseminate results at regional level through three geographic platforms of Coalition PLUS.



Direct beneficiaries:

The three partner organisations implementing the project—ALCS, ANSS-Santé PLUS and PILS—are the direct beneficiaries. In addition, community actors involved in sexual health service delivery, such as peer educators (PEs), healthcare providers and programme staff, will also benefit from capacity-building activities.

Indirect beneficiaries:



Key populations (KPs): The group includes men who have sex with men (MSM), sex workers, and people who inject drugs (PWID), who are particularly vulnerable to HIV and sexually transmitted infections (STIs) due to risk behaviours, social stigma and limited access to health services. Targeted interventions will include free and anonymous testing services, tailored counselling, and psychosocial support programmes.

Vulnerable women: Facing discrimination, gender-based violence and limited access to care, they will benefit from awareness-raising on their rights, expanded access to sexual health services, strengthened psychosocial support, and advocacy for public policies adapted to their needs.





3. Presentation of partner associations:



ANSS-Santé PLUS (Burundi): Founded in 1993, ANSS-Santé PLUS is the first organisation in Burundi to provide comprehensive care for people living with HIV (PLHIV). It focuses on preventing new infections and eliminating mother-to-child transmission. ANSS-Santé PLUS also leads the Central and East Africa Platform (PACE) of Coalition PLUS, which brings together around twenty partners across seven countries.



ALCS (Morocco): Founded in 1988, ALCS is the first organisation fighting HIV/AIDS in the Maghreb and the Middle East. It plays a central role in HIV prevention, access to treatment, and the defence of the rights of people living with HIV (PLHIV). ALCS contributes to up to 80% of Morocco's national targets for service coverage among key populations. It also coordinates the MENA Platform of Coalition PLUS, which brings together ten partners across five countries.



PILS (Mauritius): Founded in 1996, PILS is the leading organisation in the fight against HIV/AIDS in Mauritius. It offers a comprehensive range of services, from primary care to peer support groups, and advocates for improved care for people living with HIV (PLHIV) and the reform of drug policies. PILS coordinates the Indian Ocean Platform (PFOI) of Coalition PLUS, bringing together around fifteen partners across five countries.



Community health and experience capitalisation



GENERAL INTRODUCTION

Today, community health is an essential pillar in guaranteeing equal access to healthcare, particularly for marginalised and vulnerable groups. It makes it possible to adapt health interventions to the real needs of populations, to promote greater acceptability of services, and to ensure their long-term effectiveness by involving the beneficiaries or users themselves in their design and implementation.

Faced with the complexity of health and social issues, the Coalition PLUS associations and networks involved in the fight against HIV/AIDS and improving access to sexual health services have developed innovative approaches, community expertise and effective practices. However, these experiences remain poorly documented and insufficiently shared.

In a world where knowledge plays an increasingly central role, its management is becoming a strategic issue, particularly for community associations. Implementing a knowledge management system has become an imperative if we are to ensure the sustainability of our knowledge over time and make our actions more impactful, particularly in a field such as community health.

As part of this dynamic, community associations are called upon to evolve into genuine “learning organisations” (Nonaka and Takeuchi, 1997)¹, where experience is an invaluable and accessible resource. With this in mind, capitalising on experience is an important lever for structuring, sharing and developing knowledge and learning from the field.

Experience capitalisation transforms experience into shareable knowledge, fostering the transmission and reuse of learning from the field and, more broadly, the valorisation of experiential knowledge. Unlike scientific research or evaluation, which rely on rigorous and often standardised methodological frameworks, experience capitalisation adopts a more flexible, iterative and participatory approach. Rather than replacing these approaches, it complements them by providing a perspective grounded in field realities, as it primarily seeks to understand the “how” and the “why” of an experience and to share the knowledge that emerges from it.

The experience capitalisation process functions as a collectively assembled puzzle, in which each participant contributes a piece drawn from their own experience. These fragmented forms of knowledge are brought together, analysed and enriched through a shared understanding. By highlighting the narratives of field actors and their reflective perspectives, this process builds collective knowledge and fosters its appropriation to drive change. In the context of community health, this can translate, in the short and medium term, into strengthened effectiveness and impact of interventions, as well as their scaling up in other contexts.

¹ Nonaka, I., & Takeuchi, H. (1997). La connaissance créatrice: La dynamique de l'entreprise apprenante. Paris: De Boeck Université.



A methodological kit for capitalising on experience in community health

As part of a dynamic of collective learning and continuous improvement, Coalition PLUS has developed a methodological toolkit for experience capitalisation in community health. This tool supports the network's member associations and partners in analysing, structuring and sharing their experiences, while strengthening the documentation, valorisation and dissemination of knowledge generated from the field.

This toolkit forms part of the mandate of the Capitalisation Unit, which aims in particular to:

- **Encourage and support** the emergence of a culture of experience capitalisation and knowledge management, in line with recent developments within the network.
- **Systematise learning** derived from capitalisation processes carried out since 2020, by developing a methodology tailored to the needs of community-based organisations and progressively moving towards the standardisation of this process within the Unit.
- **Support member associations and network** partners in their efforts to:
 - ✱ Document and analyse their experiences and expertise in order to identify good practices, success factors and challenges encountered;
 - ✱ Facilitate the sharing of knowledge and know-how by making learning accessible and replicable;
 - ✱ Strengthen the capacities of community-based organisations to use experience capitalisation as a lever for the continuous improvement of their practices, services and actions in the field of community health.

A methodology based on co-construction and consultation

The methodological toolkit for experience capitalisation was developed as part of the Accès Santé 2 project, led by Coalition PLUS and funded by L'Initiative, implemented by Expertise France.

The design of this toolkit was based on a collaborative and participatory approach, involving teams from the Capitalisation, Access to Community Health Services (ACSe), and Advocacy units of Coalition PLUS, as well as Capitalisation focal points and coordinators of the MENA, PFOI, PFAO and PACE networks.



Following a brainstorming session, several proposals were identified to structure the content of the toolkit:

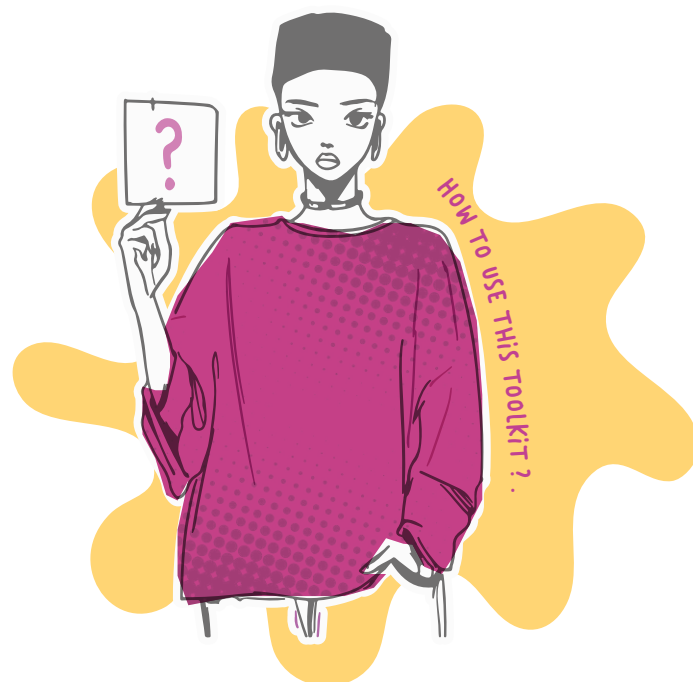
- An accessible introduction: given that experience capitalisation remains a relatively new concept in the community-based sector, the toolkit should explain it concisely, using concrete and illustrative examples from community-based practice.
- Identifying experiences suitable for capitalisation: the toolkit should provide methodological guidance for selecting relevant experiences, determining the appropriate timing for initiating a capitalisation process, and asking the right questions from the outset.
- A clear and engaging methodological guide: the toolkit should explain in a concise and visual way how to implement a capitalisation process, from data collection and analysis to the structuring and dissemination of outputs.
- Practical case studies: the toolkit will include examples of experience capitalisation in community health and/or sexual health, as well as actionable recommendations to ensure the uptake of lessons learned, particularly in relation to advocacy.

Sources and contributions to the development of the toolkit

Several elements of this methodological toolkit draw on a range of complementary resources: the bibliographic references cited in the guide (Sheet 5), observations derived from the evaluation of capitalisation processes carried out by the Capitalisation Unit since 2020, as well as contributions from teams of partner associations involved in the Accès Santé 2 project—ALCS (Morocco), ANSS-Santé PLUS (Burundi) and PILS (Mauritius). Some sections have also been refined with the support of artificial intelligence (ChatGPT).



How do I use this kit?



A comprehensive approach:

A step-by-step reading will help you understand the overall approach and develop a solid methodological framework..



Targeted use:

Each section of the toolkit can be consulted independently and addresses specific needs (methodological and others).



Using the toolbox

The toolbox includes technical sheets and practical resources designed to support the implementation of a capitalisation process.

The methodological toolkit – an evolving and adaptable tool

Experience capitalisation is a participatory and evolving process that is enriched over time through experience. There is no single methodology for capitalisation, nor a single way of implementing a capitalisation process: contexts and challenges strongly influence the approaches and methodologies used.

This methodological toolkit has been designed as a dynamic, evolving and adaptable tool, capable of responding to field realities and to the specific needs of each association..

"Learn as you walk, walk as you learn. More than a simple result, capitalisation is above all a collective and continuous learning process. Indeed its value lies in this dynamic approach. " ²



The best way to understand how to set up the process of capitalising on experience is to actually do it. Many things that seem complicated or even a little rigid in this manual are simple when you actually put them into practice. It's about learning by doing. Don't be afraid to put yourself out there, and learn a new method that prepares you to learn from your experiences. You'll then be able to share them with others and enjoy all the benefits this method has to offer." ³



² F3E (2014). La capitalisation des expériences : un apprentissage collectif. Essentiel n°5. Available on: <https://f3e.asso.fr/wp-content/uploads/essentiel-F3E-capitalisation-des-experiences.pdf>

³ IIED Africa. (2014). Du terrain au partage : Manuel pour la capitalisation des expériences. International Institute for Environment and Development - Africa (IIED Africa). Available on https://www.iedafrique.org/IMG/pdf/du_terrain_au_partage.pdf

02

OUR COMMUNITY APPROACH TO HEALTH

1. Our community health approach

The community health approach lies at the heart of the work carried out by Coalition PLUS member and partner organisations. It aims to involve the people most vulnerable to HIV/AIDS and viral hepatitis in defining their needs and priorities, as well as in implementing and evaluating health initiatives, within a comprehensive approach and with a view to social transformation¹.

The community health approach is a participatory approach that seeks to engage communities in identifying, planning and implementing solutions to the health issues they face. This approach is not limited to a specific field, but is particularly effective in the health sector. It makes it possible to address, in a holistic manner, both the social determinants of health – that is, the political, social, economic, environmental and cultural factors that influence the health status of a population and which, for the most part, fall outside the direct scope of action of health professionals – and persistent health inequalities, by engaging and empowering communities to take ownership of their own health.

What is Community health?

The concept of community health has existed since the 1940s, marked by the introduction and development of Community-Oriented Primary Care (COPC) in South Africa. This approach was developed by physicians Sidney and Emily Kark, who pioneered the integration of primary health care with a comprehensive community-based approach, placing particular emphasis on the social determinants of health and community engagement².

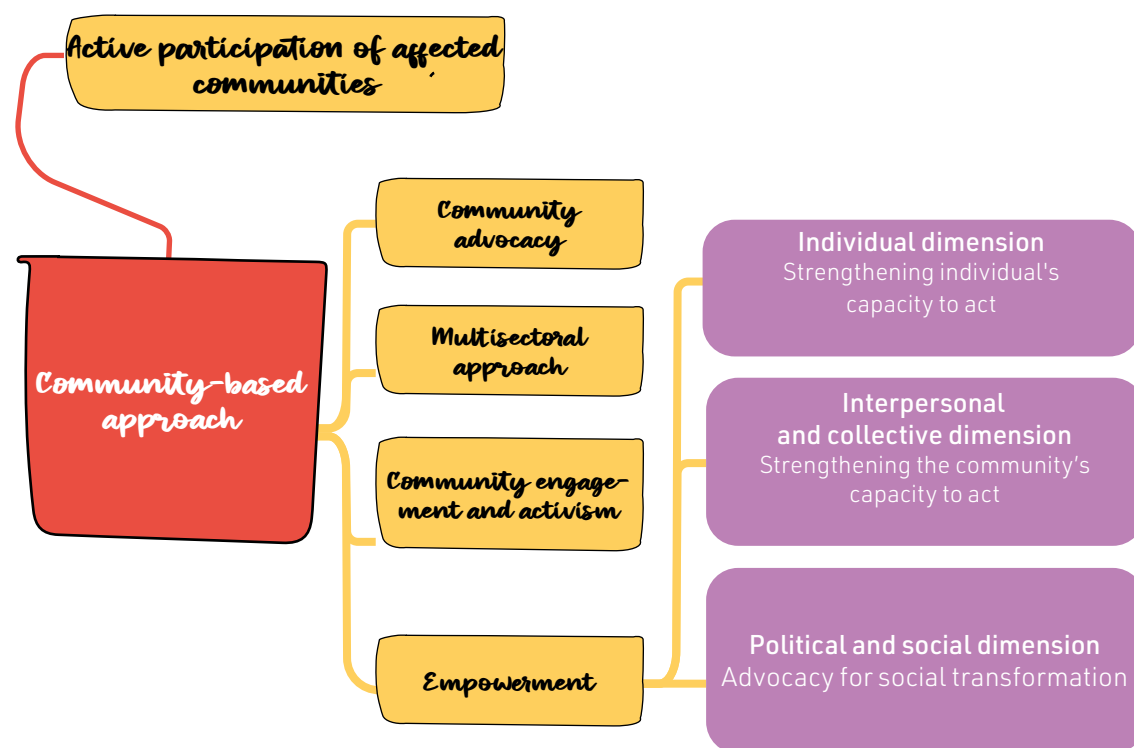
The Alma-Ata Declaration of 1978 established primary health care as the key means of achieving an acceptable level of health and explicitly stated the need for “every human being [...] to participate individually and collectively in the planning and implementation of the health care intended for them.”

The 1986 Ottawa Charter for Health Promotion also played a major role in defining a fundamental objective for strengthening community action: “Health promotion works through effective and concrete community action in setting priorities, making decisions, and planning and implementing strategies to achieve better health.”

Community health is based on a participatory process that promotes the empowerment of vulnerable people, social justice, and the social development of communities.



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By integrating the elements described above and considering the contextualisations provided by the contributions of the capitalisation focal points at the four Coalition PLUS geographical networks - PACE¹, PFOI², MENA³, and PFAO⁴, who participated in the drafting of this Methodological Capitalisation Toolkit - community health could, in the context of our specific actions aimed at taking charge of the health needs of people vulnerable to HIV, in summary, be defined as a comprehensive and evolving approach to public health which focuses on:

1) Community participation and involvement:

Community health is characterised by the strong involvement of community members, who share a sense of belonging and actively participate in all stages of health promotion. This includes identifying health issues, expressing priority needs, and participating in the design, implementation and evaluation of health activities.

2) A co-construction approach:

Community health involves a process of co-construction and partnership among all stakeholders involved, particularly service users, in collaboration with health professionals and community activists. This collaborative approach aims to strengthen the community's capacity to act on the determinants of health and to design responses that are best adapted to its needs..

3) Focus on the determinants of health and adapted response strategies to meet community needs:

Stmproving the health status of the community by acting primarily on the determinants of health and by implementing strategies tailored to the specific needs of the community, as identified by the community itself.



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4) Vulnerable groups and their empowerment:

community health - in the context of activities relating to people vulnerable to HIV - focuses particularly on vulnerable or marginalised groups, such as - but not limited to - people living with HIV, men who have sex with men, sex workers, migrants, women and young people and drug users. These groups are often the most affected by specific health problems and require special attention.

5) Reducing social health inequalities:

This involves addressing the social determinants of health and promoting social justice. In particular, it means taking into account factors such as education, housing and access to quality services in order to reduce these inequalities.

6) The key role of community actors:

Community health actors may include therapeutic and social mediators, community counsellors, outreach workers, or peer educators. Their work is carried out primarily in the field, in testing and screening centres, sexual health clinics, care centres for people living with HIV, as well as in other types of community health facilities.

A wide range of activities:

Community health encompasses a broad range of activities, including disease prevention, the promotion of healthy lifestyles, access to health care, and raising awareness of health issues specific to a given community.

¹ "Central and Eastern Africa Platform" (PACE) regional network: Burundi, Cameroon, Congo-Brazzaville, Central African Republic, Democratic Republic of Congo, Rwanda, Chad

² "Indian Ocean Platform" (PFOI) regional network: Republic of Mauritius (Mauritius, Rodrigues), Comoros, France (Mayotte, Réunion), Madagascar, Seychelles

³ "Middle East and North Africa Platform" (MENA) regional network: Morocco, Egypt, Algeria, Lebanon, Mauritania, Tunisia

⁴ "Western Africa Platform" (PFAO) regional network: Mali, Benin, Burkina Faso, Côte d'Ivoire, Guinea Conakry, Niger, Senegal, Togo



Sexual health

The WHO defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality. This implies not only the absence of disease, dysfunction or infirmity, but also a positive and respectful approach to sexuality and sexual relationships, and the possibility of having pleasurable and safer sexual experiences, free from coercion, discrimination and violence. To achieve and maintain sexual health, the sexual rights of human beings must be respected, protected and guaranteed⁵.

According to the organisations involved in the development of this guide, as mentioned in the introduction, the community-based definition of sexual health has evolved over time towards a broader perspective that incorporates the physical, psychological, relational and social dimensions of sexuality. This definition now includes aspects such as sexuality education, mutual consent, prevention of unintended pregnancies, promotion of sexual diversity, respect for sexual rights, prevention of sexual violence, management of sexual dysfunctions, and support for people living with sexually transmitted infections.

The range of community sexual health services provided within the Coalition PLUS network includes, among others, the diagnosis and treatment of sexually transmitted infections (STIs), management of ano-genital conditions, treatment of genital warts, diagnosis of precancerous lesions, prevention of mother-to-child transmission of HIV (PMTCT), support for survivors of gender-based violence (GBV), as well as psychosocial support for people living with HIV.

By way of example, the table below presents the sexual health services provided by four facilities within the Coalition PLUS network, identified during the capitalisation analysis carried out in 2022-2023. This overview highlights the diversity of community-based services offered by Coalition PLUS member and partner organisations to address the sexual health needs of the communities they serve.



SERVICES / AREAS OF ACTION ¹	Le Spot & L'Antenne	Douala Access medical center	Les Halles clinic	Quito community medical centre
Prevention (which involves a combined approach at the 4 centers)				
Assessment of needs and risks	✓	✓	✓	✓
Education/awareness-raising/communication for behavior change	✓	✓	✓	✓
Prevention on social media	✓	✓	✓	✓
Distribution of IEC materials on sexual health and STIs	✓	✓	✓	✓
Distribution of prevention materials (internal and external condoms, lubricating gels)	✓	✓	✓ External condoms only	✓
PrEP	✓	✓	✓	✓
Community-based HIV testing with the use of rapid diagnostic tests and self-testing	✓	✓	✓	✓ No self-tests
Cancer screening (cervical, prostate, anal)		✓	✓	
Contraception (including emergency contraception) for women		✓		
Hepatitis B screening and vaccination	✓	✓	✓	✓
Risk reduction related to drug use with distribution of sterile drug-use equipment	✓		✓	
Medical care and referral				
Syndromic management of STIs (diagnosis and treatment)	✓	✓	✓	✓
Link and care referral	✓	✓	✓	✓
Treatment and care for people living with HIV	✓	✓	✓	✓
Diagnosis and treatment of HIV/TB co-infection		✓	✓ Diagnosis only	
STI (genital or anal) treatment including complex STIs	✓	✓	✓	✓
Gynecology and proctology consultations		✓	✓	✓
Treatment of proctological pathologies		✓	✓	
Referrals for post-abortion care		✓	✓	
Obstetric care and follow-up			✓	
Referral to risk reduction services and addiction treatment	✓		✓	
Addiction diagnosis	✓			
Prescription and follow-up of opioid substitution treatment				
Biological follow-up				
Biochemical analyses (creatinine, blood glucose, cholesterol, triglyceride)		✓	✓	✓
Hematology (complete blood count)		✓	✓	✓
Regular monitoring/measurement of CD4 lymphocytes			✓	✓
Regular monitoring/measurement of viral load			✓	✓
Psychosocial and economic support				
Community mobilization and self-support (self-esteem, human rights, sexual health, etc.)	✓	✓	✓	✓
Psychosocial counseling and support including adherence assistance	✓	✓	✓	
Adherence assistance and treatment education	✓	✓	✓	
Family mediation		✓	✓	
Referral for psychosocial care	✓	✓	✓	
Comprehensive care in cases of GBV		✓		
Referral to dedicated structures in the case of GBV	✓	✓	✓	✓
Mediation in situations of GBV		✓	✓	
Emergency shelter/accommodation		✓	✓	
Income-generating activities, vocational training, entry into the job market		✓		
Legal support				
Recording and documentation of cases of human rights violations		✓	✓	
Legal assistance		✓		

¹ The list of services has been established based on the Regional Guide "Offre de santé sexuelle en Afrique de l'Ouest (PFAO). Osons des solutions innovantes pour l'accès aux soins des populations clés !", Coalition PLUS 2019 - www.coalitionplus.org

03

HEALTH ISSUES AND EXPERIENCE CAPITALISATION

How can experience capitalisation help address regional community health challenges?

Experience capitalisation helps address regional community health challenges by transforming the experiential knowledge developed by community actors in the field into knowledge that can be shared and transferred. It makes it possible to document good practices and lessons learned, while analysing the enabling factors that can improve access to health services for key and vulnerable populations affected by HIV, STIs and viral hepatitis. This process strengthens the capacity of community actors to adapt services to the needs of the populations concerned and to identify the conditions required to replicate different intervention models in other contexts.

By facilitating the sharing of experiences, knowledge and skills among community actors at both national and regional levels, and by supporting advocacy efforts, experience capitalisation indirectly contributes to the development of more inclusive health policies adapted to specific contexts. The knowledge produced, when used as evidence or advocacy arguments, also strengthens advocacy efforts aimed at overcoming obstacles such as the absence of normative frameworks or legal barriers limiting community interventions, including access to PrEP, for example.

Through in-depth analysis, the formalisation of knowledge and know-how, and the detailed documentation of health interventions, experience capitalisation helps highlight and enhance community expertise. It also sheds light on the underlying principles of the community health approach and on the essential role played by community actors.





Major community health and sexual health challenges within the Coalition PLUS regional networks – PACE, PFOI, PF MENA and PFAO

PACE network - umbrella organisation for the ANSS network (Burundi):

In 2011, almost 69% of people living with HIV lived in sub-Saharan Africa, while the region accounted for just 3% of healthcare workers worldwide. In this context, community support and the delegation of tasks to community actors are essential to meet the challenges of HIV/AIDS care in the region's resource-limited countries.

In accordance to national guidelines, community actors are involved in the HIV care continuum: counselling, testing and prevention, support for patients entering care and monitoring of patients on antiretroviral treatment (ART). HIV/AIDS education, health promotion and HIV prevention are among the activities/tasks assigned to community actors

In Burundi, for example, community workers and civil society organisations (CSOs) are involved in a number of health activities/services:

- Community distribution of medicines (including ARVs) and other health products,
- Medical and non-medical care at home,
- Support for medical staff through training in caring for people living with HIV/AIDS,
- Testing for HIV, STIs and viral hepatitis,
- Tracing patients who have been lost to follow-up,
- Information and awareness-raising,
- Identifying cases of stigmatisation and discrimination,
- Skills development,
- Index case testing (cases of stigmatisation and discrimination),
- Promoting self-testing to improve access to HIV testing,

- Community monitoring of patients through community ART distribution points (PODI),
- Peer-navigation for access to treatment for key populations,
- Promotion of PrEP to prevent new infections.

Major challenges in this context:

- Lack of a regulatory/normative framework for community actors
- Inconsistent approaches between the various stakeholders in the fight against HIV, particularly in community mobilisation,
- Lack of an institutional link between community actors and the Community Health Promotion Department, which has a negative impact on the visibility of their contribution,
- Differentiated care services not harmonised at national level,
- Lack of documentation and integration of community indicators into the national database (DHIS2).

These challenges compromise the quality of services, the planning and implementation of community actions and their funding.

PFOI network - umbrella organisation for the PILS (Mauritius):

Sexual health in Mauritius faces a number of major challenges, including a widespread lack of understanding of the concept. Currently, the sexual health approach remains largely limited to the prevention and management of sexually transmitted infections (STIs). This lack of knowledge, on the part of both providers and the populations concerned, reveals an urgent need to move towards a comprehensive understanding of sexual health, which includes not only the disease prevention but also emotional, mental and social well-being. Through the National Sexual and Reproductive Health Policy, published at the end of 2022, the Ministry of Health and Wellness is finally prioritising a more positive, holistic and integrated approach, based on rights and focusing on the needs of vulnerable populations. Yet sexuality remains a taboo subject and is often marginalised in discussions on individual well-being, particularly among people living with HIV and people who use drugs. This situation severely limits open discussion and education on sexual well-being, depriving these populations of vital information on medical progress that enables them to enjoy a fulfilling sex life. In addition, certain populations, such as men who have sex with men, have difficulty accessing sexual health services due to inadequate communication, limited ownership and use of dedicated community spaces. Cultural and religious prejudices reinforce this dynamic, perpetuating the idea that sexuality is degrading, which fuels stigmatisation and discrimination.

The current range of services, including those offered by the PILS association, remains limited. It fails to meet all sexual health needs, from STI treatment to reproductive and sexual health, mental health and support for transgender people. These issues highlight the need to improve access to services, raise awareness and combat the social stigma surrounding sexuality, particularly for vulnerable groups.

PILS identifies key issues both in sexual health, which is often reduced to the prevention of STIs, and in community health, where the scope for action by community actors is limited, particularly with regard to treatment and care.

PF MENA network - umbrella organisation for the ALCS (Morocco):

➤ **Gain recognition for the community health worker profession:** community health workers, the vast majority of whom come from communities living with HIV or which are vulnerable to infection by the virus, perform roles that are not officially recognised that are not recognised as such by the Ministry of Health and Social Protection. This lack of recognition increases the vulnerability of these players and is detrimental to the successful implementation of the community health strategy and therefore to the improvement of the HIV treatment and care cascade.

➤ **Establish sexual health services that take into account the specific needs of cisgender and transgender women:** the feminisation of the HIV epidemic and the cumulative vulnerabilities of transgender women require differentiated services to be established.

➤ **Removing barriers – particularly legal barriers – that hinder access to good sexual health** is all the more necessary because sexual health and human rights are interdependent. In Morocco, while the national sexual and reproductive health strategy (2021-2030) targets the entire population, including “women, whether married or not and whatever their age, young people, adolescents, the elderly, people with disabilities, refugees and migrants, the prison population and key populations”, the Penal Code (promulgated in 1962 but largely inspired by the French Penal Code of 1810) criminalises sexual relations outside marriage as well as same-sex relations. In addition, testing is not authorised for minors who are not accompanied by their legal guardian, and sex education is not included in school curricula.

**PFAO network – led by ARCAD Santé PLUS (Mali)**

- **Unequal access to health care:** In the Sahel region, and particularly in Mali, many communities – especially those living in rural areas – have limited access to basic health services. Health infrastructure is insufficient, unevenly distributed and, in some cases, of poor quality. This hinders access to essential health care services, including sexual and reproductive health services. As a result, vulnerable populations – including people living with HIV, key populations, refugees and internally displaced persons, as well as isolated rural communities – are particularly exposed to risks affecting their sexual and reproductive health.
- **Insufficiently developed sexual health services:** In sub-Saharan Africa, and particularly in Mali, the limited implementation of laws and standards, combined with socio-political instability and the security crisis that has led to population displacement, disrupts health systems and prevents them from adequately responding to the actual sexual health needs of communities.
- These regional challenges (PACE, PFAO and MENA) highlight the importance of community health approaches based on a holistic and integrated vision of sexual health that takes into account the cultural, social and economic specificities of each region. The main areas of convergence between these challenges include:
 - A need for greater recognition, training/capacity strengthening and integration of community actors within health systems..
 - Unequal access to health care, particularly for vulnerable populations and people living in rural areas, remains a major challenge.
 - The need for a better understanding of sexual health and for an expanded range of sexual health services, including services adapted to specific groups such as transgender women.
 - Legal and social barriers continue to hinder access to comprehensive, rights-based sexual and reproductive health services.
 - A need to harmonise approaches and practices in order to improve the effectiveness of community health programmes..

PACE (ANSS-Santé PLUS, Burundi)

In response to the various challenges outlined above, particularly the regional challenges related to community health and sexual health, ANSS-Santé PLUS, with the support of Frontline AIDS, developed a unique community reference guide in Burundi aimed at harmonising community-based HIV interventions. This guide seeks to strengthen the effectiveness and efficiency of interventions, as well as improve access to HIV prevention, care and follow-up services. In this context, experience capitalisation could play a key role in supporting the promotion and dissemination of this guide through the sharing of good practices and by facilitating collaboration among different community actors.

PFOI (PILS, Mauritius)

Experience capitalisation helps identify, document and disseminate good practices in the field of sexual health, thereby contributing to the improvement of programmes and interventions implemented by community-based organisations. By identifying the most relevant and effective approaches, organisations are better able to increase the impact of their actions. The sharing of information, resources and feedback also strengthens collaboration among community organisations working towards common objectives.

By capitalising on collected data and evidence, organisations can strengthen their advocacy capacity in support of sexual health policies and programmes. The evidence generated through capitalisation can also be used to raise awareness among policy-makers and mobilise civil society.

MENA (ALCS, Morocco)

Capitalisation is considered a tool for learning from the experiences of others, improving services and advocacy efforts, and disseminating results across the MENA network. It could therefore strengthen the platform's role as a driving force in the fight against HIV/AIDS in the region.

PFAO (ARCAD Santé PLUS, Mali)

Experience capitalisation could help gather and analyse information related to the sexual and community health needs of communities, while taking into account local cultural, social and economic realities. By drawing on past experiences, capitalisation would facilitate the identification and replication of approaches that have proven effective and relevant in this field. This approach therefore supports the adaptation of health programmes to the specific contexts and expectations of each community.

Experience capitalisation can also play a key role in training health care staff by highlighting interventions that have proven successful in other contexts, thereby contributing to improvements in the quality of care and services.

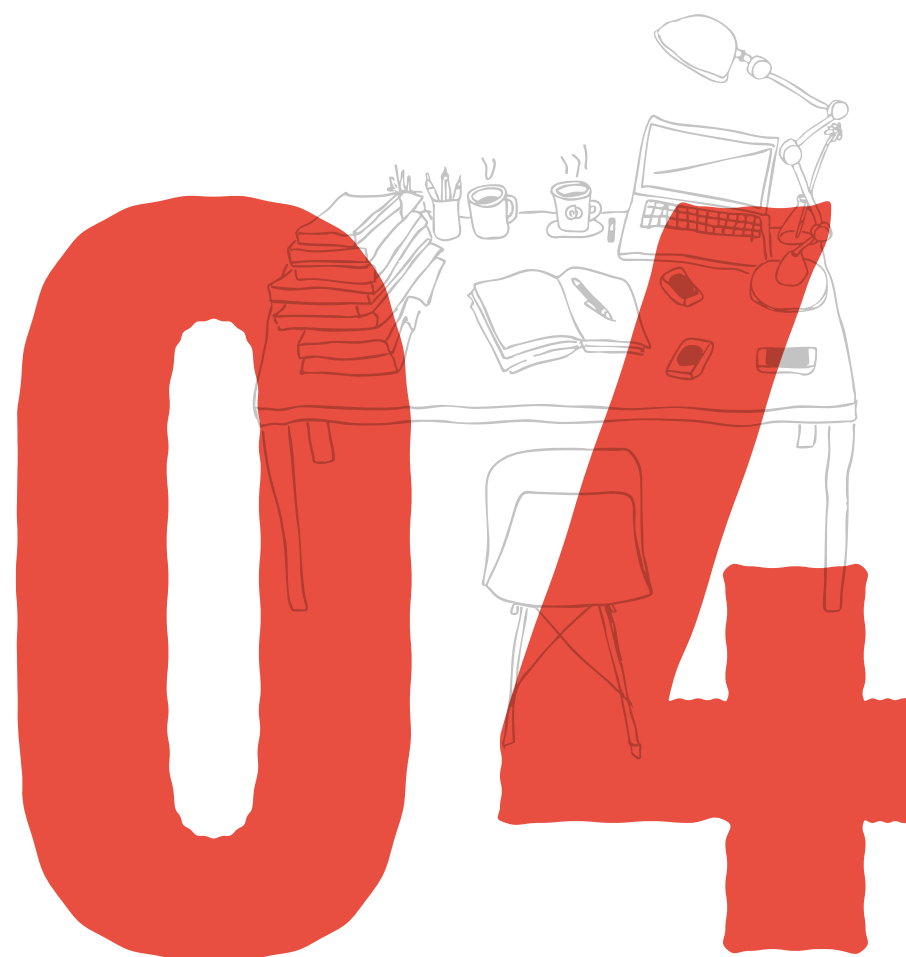
Capitalisation could also support efforts to mobilise financial and technical resources for the implementation of community and sexual health programmes by demonstrating the effectiveness of interventions.

In addition, capitalisation facilitates data collection and the monitoring of programme results, thereby supporting the evaluation of intervention impacts and enabling the necessary adjustments to be made.

Finally, by encouraging information sharing among different stakeholders – including government institutions, NGOs and international partners – capitalisation promotes collaboration and coordination in the field of community health.

In summary, experience capitalisation can play a major role in:

- Documenting and promoting approaches and practices in the field of community and sexual health.
- Sharing and disseminating successful experiences and good practices, enabling organisations to learn from one another and adopt approaches that have proven effective in other contexts. By encouraging information sharing, experience capitalisation also facilitates collaboration and coordination among different actors in the field of community health, including government institutions, NGOs and international partners.
- Supporting the training and capacity strengthening of staff working within community-based organisations in order to improve the quality of the services provided..
- Supporting the mobilisation of the financial and technical resources needed to implement community and sexual health programmes.
- Providing evidence to strengthen advocacy for effective public policies and programmes in the field of sexual health..
- Facilitating the replication, scaling-up and adaptation of health interventions to community needs while taking local contexts into account.
- Supporting data collection and analysis for the monitoring of programme and service outcomes, thereby enabling a more accurate evaluation of the impact of interventions



METHODOLOGICAL GUIDE FOR CAPITALISING ON
EXPERIENCE IN COMMUNITY HEALTH

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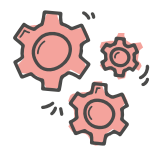
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Bibliography



1. Capitalising on experience in NGOs: from emergence to practice

Knowledge production was based on a **top-down approach**, whereby researchers, regarded as the sole holders of objective knowledge, transferred their scientific knowledge to development practitioners, who were expected to apply it in order to improve their practices.

1970

Experience capitalisation became **formalised** through the work of the Charles Léopold Mayer Foundation and the publication of Pierre de Zutter's book *Des histoires, des savoirs, des hommes* (1994). A key definition emerged: "To capitalise is to transform experience into knowledge that can be shared." NGOs, training organisations and international development cooperation institutions subsequently adopted and adapted this approach.

1990

In response to the limitations of results-based approaches, F3E and CIEDEL, both in France and internationally, reoriented their approach by developing training programmes and disseminating methodological guides. These initiatives refocused experience capitalisation on the people involved, knowledge sharing and collective learning, positioning it as a systematic, participatory and iterative approach to building reflective and dynamic knowledge.

2010

The concept of "knowledge management" dates back to Taylor (1911) and the emergence of scientific management. This approach aimed to capture employees' knowledge, make it accessible and share it in order to reduce the organisation's dependence on individual knowledge, optimise practices and foster innovation (Mallowan, M., Liqueùte, V., & Verlaet, L., 2015).

1980
Experience capitalisation emerged in the **field** of international development as an alternative to external evaluations, which were most often driven by donors. This new approach recognised and promoted practical, experience-based knowledge. It also marked the first steps towards the emergence of the role of the experience capitalisation facilitator, **supporting field practitioners throughout the capitalisation process.**

2000
NGOs use experience **capitalisation to promote the continuous improvement** of their projects. In France, through funding mechanisms such as Programme Agreements, training programmes and technical support are provided by the F3E network, in partnership with CIEDEL, to support the implementation of experience capitalisation within organisations.

Experience capitalisation has since **pursued a dual objective**: to strengthen the professionalism of **organisations' practices** and to contribute to the development of strategies for improving interventions, tailored to the needs of local contexts and the **populations they serve.**



Initially used in the industrial sector in the early nineteenth century to improve productivity, experience capitalisation gradually expanded to development NGOs from the 1980s onwards. Initially adopted as a tool for accountability to donors, experience capitalisation subsequently evolved within the non-profit sector into an approach aimed at improving practices and strengthening organisational professionalism.

“LEARNING IS EXPERIENCE.
EVERYTHING ELSE IS JUST
INFORMATION.”

ALBERT EINSTEIN



1.1 What is experience capitalisation?

A Tool and Approach for Collective Reflection and Action



For example: **How** was the community-based strategy for PrEP delivery through mobile service delivery units designed, adapted and implemented?

Experience capitalisation helps highlight the conditions for success or failure, the enabling factors mobilised, the obstacles encountered, and the lessons learned, which can, to some extent, be shared or transferred to other initiatives, organisations or contexts. Experience capitalisation aims to **“transform experience into shareable knowledge”** (De Zutter P., 1994).¹

Through the formalisation, structuring and analysis of the knowledge generated throughout the process, experience capitalisation fosters internal learning while enabling the knowledge derived from experience to be promoted and shared more widely.

Experience capitalisation does not seek to provide ready-made solutions. Rather, it aims to analyse in depth what has – or has not – worked in a given context. By highlighting the factors that contributed to success, the obstacles encountered and the specific conditions under which an intervention was implemented, it encourages reflection on the transferability of an experience. Its primary objective, however, is to foster critical learning that takes contextual differences into account, rather than to promote universal models.

As a tool and approach for collective reflection and action, experience capitalisation aims to “organise knowledge acquired through practice and make it transferable” (Vielajus J.-L., quoted in Ollitraut-Bernard et al., 2001, p. 36). This approach is based on the ability of actors to reflect collectively on their own practices (Calame, 2018).

Although there is no single universally accepted definition, experience capitalisation can be understood as a participatory and structured process of collective reflection that seeks to analyse, document and enhance a lived experience in order to draw lessons that are useful both for those directly involved and for others working in different contexts.

Above all, experience capitalisation seeks to explore the “how” of an experience—that is, the specific ways in which practitioners design, implement and adapt their actions.

¹ Adapted from: Laurent, A., Ferron, C., Georgelin, B., Lombrail, P., & Soudier, B. (2022). La capitalisation des expériences en promotion de la santé – Histoire et fondements du projet CAPS. Laxou: Société française de santé publique; Aubervilliers: Fédération nationale d'éducation et de promotion de la santé. 32 p. Available online: <https://www.capitalisationsante.fr/wp-content/uploads/2022/04/Guide-conceptuel-CAPS-VF.pdf>

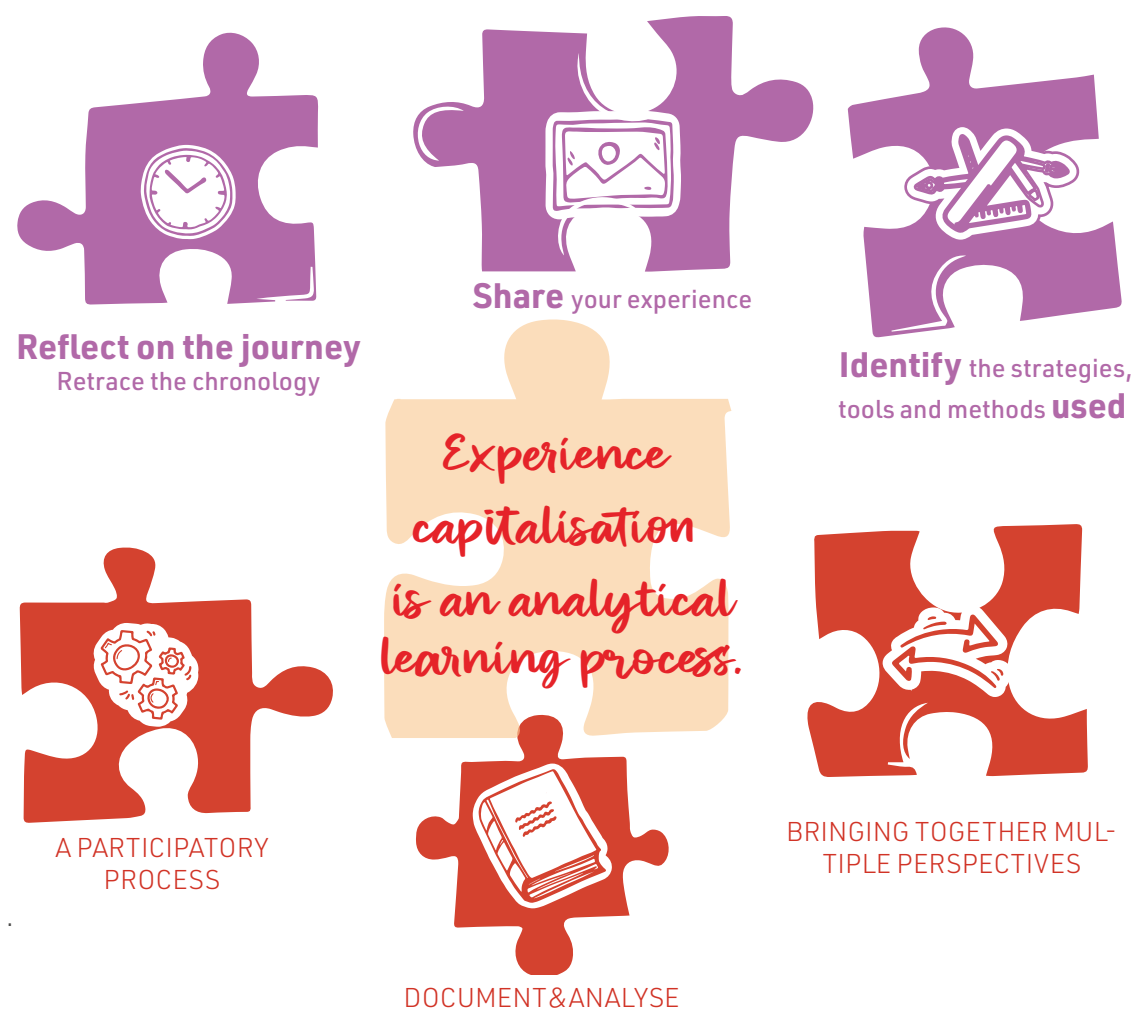


However, when conducted in depth, experience capitalisation can generate lessons with broader relevance, without claiming universal applicability. As Villeval et al. (2004, p. 9)² point out, it enables practitioners “to highlight and make explicit how an experience [...] brings to light lessons of more general validity.”

Furthermore, analysing several experience capitalisation processes conducted in similar settings (national, regional, sectoral, etc.) can lead to what may be described as meta-capitalisation—a cross-cutting capitalisation approach that identifies recurring patterns, common enabling conditions and consolidated lessons at the level of a given territory or sector of activity.

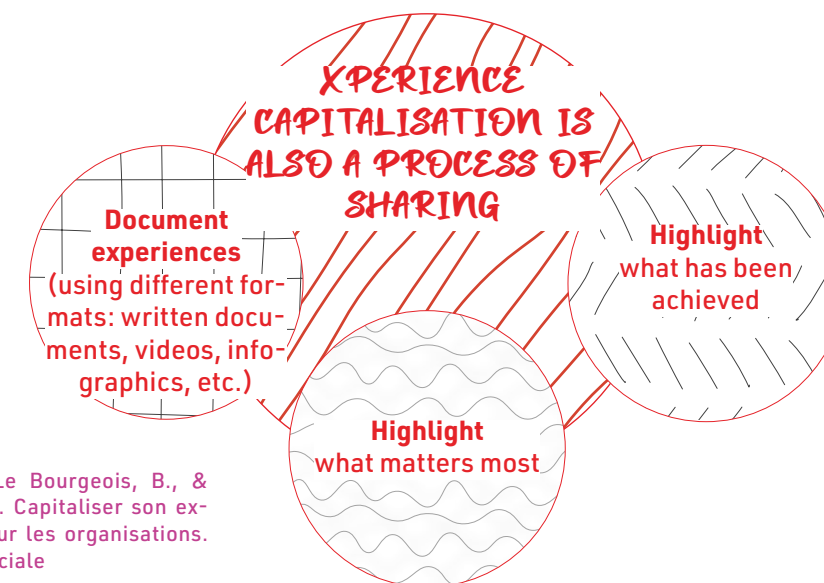
Experience capitalisation goes beyond simply describing an experience. It seeks to understand what happened, how and why events unfolded as they did. What factors influenced the outcomes? What were the underlying causes?

Experience capitalisation gives equal attention to successes, obstacles and unresolved challenges, recognising that learning often emerges from difficulties. It is both an analytical learning process and a process for sharing and promoting knowledge derived from experience, highlighting its value and relevance within a specific context



Source: Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). Capitaliser son expérience, un atout pour les organisations [Experience capitalisation: An asset for organisations]. Lyon: La Chronique Sociale.

² Adapted from: Enten, F., Feuvrier, M. and Oliveira, A. (2020). De la capitalisation des expériences au sein des organisations de l'aide internationale Entre standardisation et approches « sur mesure » Revue internationale des études du développement, N° 241 (1), 189-211. <https://doi.org/10.3917/ried.241.0189>.



Source: Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). Capitaliser son expérience, un atout pour les organisations. Lyon: La Chronique Sociale

Capitalising on experience: a strategic lever for change and social transformation

Experience capitalisation extends beyond the scope of individual projects. It also serves as a strategic tool for transforming organisational practices, guiding action, and developing more effective organisational and operational strategies. The appropriation and use of the knowledge generated through experience capitalisation by the various actors within an organisation make it a genuine driver of change.

In the context of community health and human rights, experience capitalisation can contribute to processes of social transformation within the specific context in which it is implemented. It does so by strengthening awareness, reinforcing the legitimacy of an approach, and consolidating locally generated, context-specific learning that supports change at multiple levels—from community practice to institutional decision-making.

Capitalising on experience: a component of Knowledge Management

“**Knowledge Management** is a strategic, multi-disciplinary approach designed to achieve the objective set by making optimum use of knowledge”³ and includes experience capitalisation. Knowledge management enables the knowledge and learning generated through experience capitalisation to be aligned with an organisation's strategic objectives. By integrating this knowledge into its various processes, knowledge management ensures that it is used to its fullest potential, thereby strengthening the organisation's ability to achieve its objectives effectively, consistently and sustainably.

Capitalising on experience: a diversity of methodological approaches

There is no single methodology for experience capitalisation. Rather, a variety of approaches exist, each adapted to the specific context and objectives of a given organisation or experience (project, intervention, service, etc.). This diversity and flexibility make it possible to select the most appropriate approach according to the needs, context and available resources.

³ J-M Laurent; KM: “Knowledge Management, Les trois dimensions d'un projet OCSIMA” 2005.



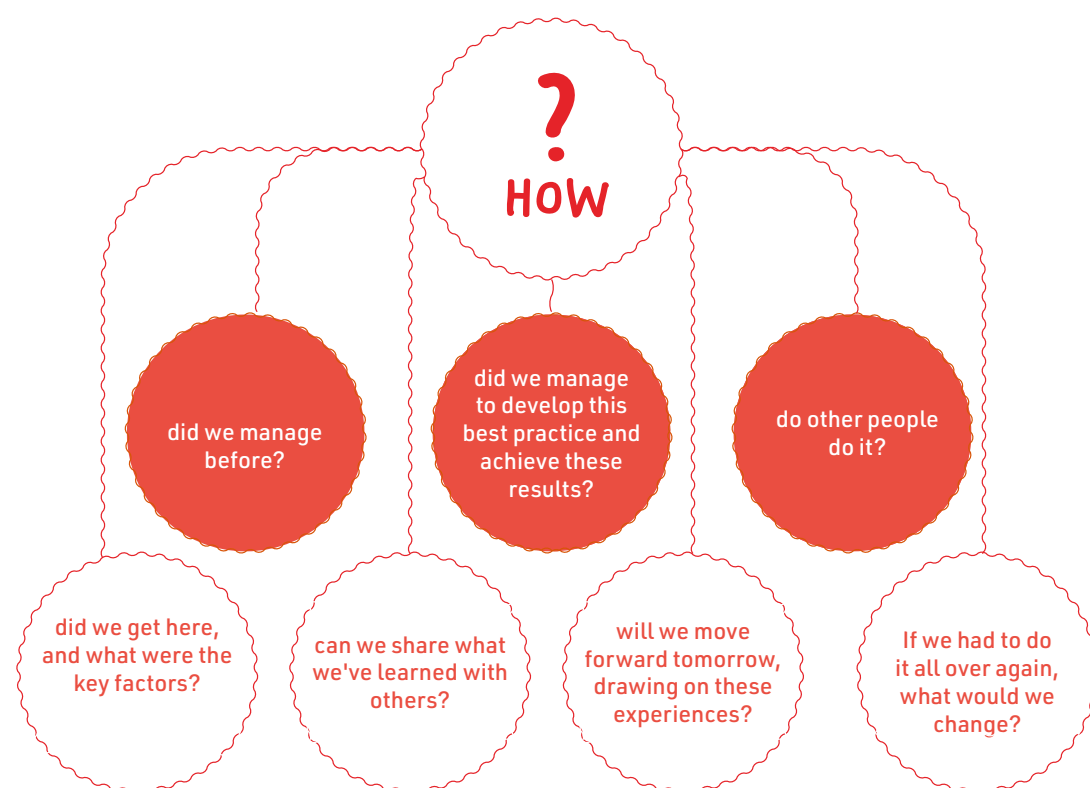
The methodology proposed in this guide is a blend of approaches developed by F3E⁴, Ciedel⁵, the Société Française de Santé Publique (SFSP - CAPS method)⁶ and the FAO⁷, enriched by the observations and reflections of our Capitalisation Unit since it was set up by Coalition PLUS at the beginning of 2020.

However, all these approaches share, in one way or another, the idea that **capitalisation consists of exploring, “unpacking” and formalising the “how” of an experience**: how an action was carried out, how results were obtained and how these lessons can be passed on and reused. The “how” also includes an analysis of the limits, brakes and obstacles encountered and the strategies adopted to overcome them. The richest lessons often emerge through these difficulties.

Capitalising on experience: evidence to promote and strengthen community health

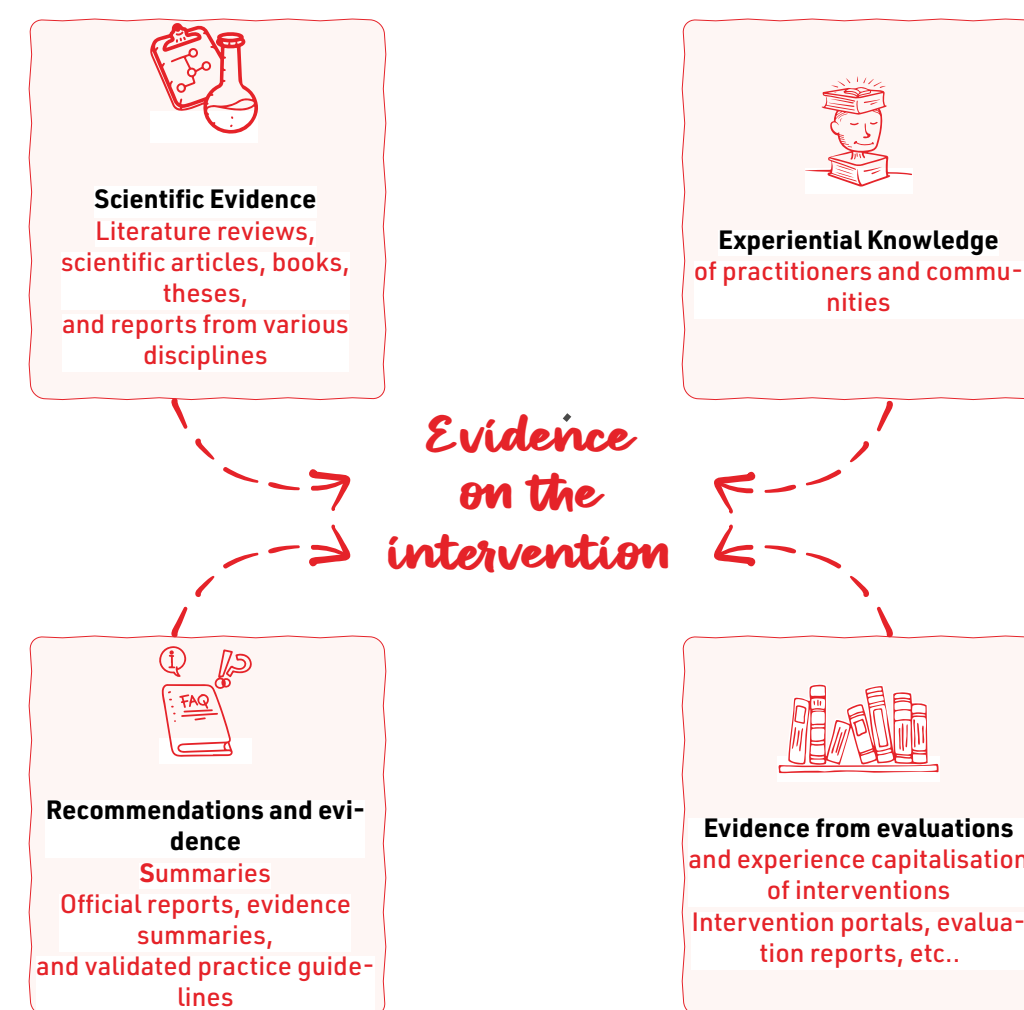
“Evidence refers to conclusions drawn from research and other knowledge that can serve as a useful basis for decision-making in the field of public health and healthcare.”⁸

By definition, **evidence includes data derived from experience**, in conjunction with academic knowledge and the experiential knowledge of the people concerned. **Experience capitalisation produces data that can be used in conjunction with data from scientific research.**⁹



Evidence generated through experience capitalisation helps, among other things, to improve our understanding of the real needs of communities and key populations that are particularly vulnerable to HIV, HCV and STIs. It also helps identify effective interventions and inform the design of more appropriate, inclusive public policies.

Evidence generated through experience capitalisation is most valuable when interpreted within its specific context. The objective is not to generalise or replicate experiences unchanged, but to inform institutional, strategic and operational decision-making on the basis of concrete experiences, while taking into account the cultural, social, economic, health and epidemiological characteristics of the original context.



Source: Diagram adapted from the teaching note *Les données probantes en promotion de la santé* which benefited from the contribution of the RITeC (“Recherche interventionnelle et Transfert de connaissances”) group. FNES, March 2022, <https://www.promosante-idf.fr/donnees-probantes-en-promotion-de-la-sante>

⁴ Source: <https://f3e.asso.fr/decouvrir-le-f3e/que-faisons-nous/nos-sujets/capitalisation-des-experiences/>

⁵ Source: <https://www.ciedel.org/lassociation/>

⁶ Source: <https://www.capitalisationsante.fr/>

⁷ Food and Agriculture Organization (FAO). Source: <https://elearning.fao.org/course/view.php?id=325>

⁸ Banta David. Considerations in defining evidence for public health: the European Advisory Committee on Health Research World health organization regional office for Europe. International journal of technology assessment in health care 2003; 19(3): 559-73

⁹ Source: <https://www.promotion-sante-idf.fr/capitalisation-experiences-promotion-sante#:~:text=Par d finition, les donn es probantes,issues de la recherche scientifique.>



Experience capitalisation: a three-level Complementary approach

Experience capitalisation can be structured around three complementary levels. Although the boundaries between these levels remain flexible and interconnected, this framework—proposed by specialists in the field—helps clarify the priorities of an experience capitalisation process according to its objectives.

For example, if the primary objective is to document practices, the focus will be on the actions, processes, tools, methods, models or service delivery mechanisms used.

If the experience itself is the primary focus, attention will instead be given to the practitioners and those directly involved in the experience, in order to highlight their lived experiences, perceptions, adaptation strategies, challenges encountered and the decisions they made in the field. In this case, experience capitalisation fosters reflective learning and self-directed learning based on real-life situations.

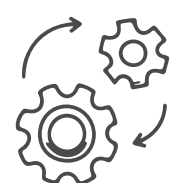
Knowledge capitalisation—centred on explicit and tacit knowledge—consists of bringing together the knowledge, skills, competencies and professional attitudes generated through the analysis of practices and experiences. This form of capitalisation contributes to the development of reference frameworks, databases and training programmes, while supporting organisational learning and professionalisation.

Knowledge capitalisation—centred on explicit and tacit knowledge—consists of bringing together knowledge, skills, competencies and professional attitudes generated through the analysis of practices and experiences. This form of capitalisation contributes to the development of reference frameworks, databases and training programmes, while supporting processes of professionalisation.

These three levels can be addressed separately or in combination. Together, they transform actions and experiences into useful, shareable knowledge, thereby enhancing organisational effectiveness, improving practices and fostering continuous learning.

It is during the scoping phase of the experience capitalisation process that priorities should be clearly defined in order to guide capitalisation efforts effectively.

In short, experience capitalisation—like research or evaluation—is a process of knowledge generation, regardless of the level at which it is applied. Practice can be understood as a space where knowledge is applied, enriched and transformed through experience and context.



EXPERIENCE CAPITALISATION OF PRACTICES

WHAT WE DID

Knowledge Transfer / Adaptation
Improved Practices
Capacity Strengthening

- Actions
- Practices
- Processes
- Tools
- Models

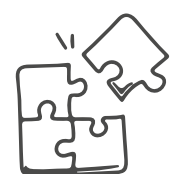


EXPERIENCE CAPITALISATION

WHAT WE EXPERIENCED

Learning / Self-Directed Learning

- Actors in Action
- Lived Experience
- Experiences



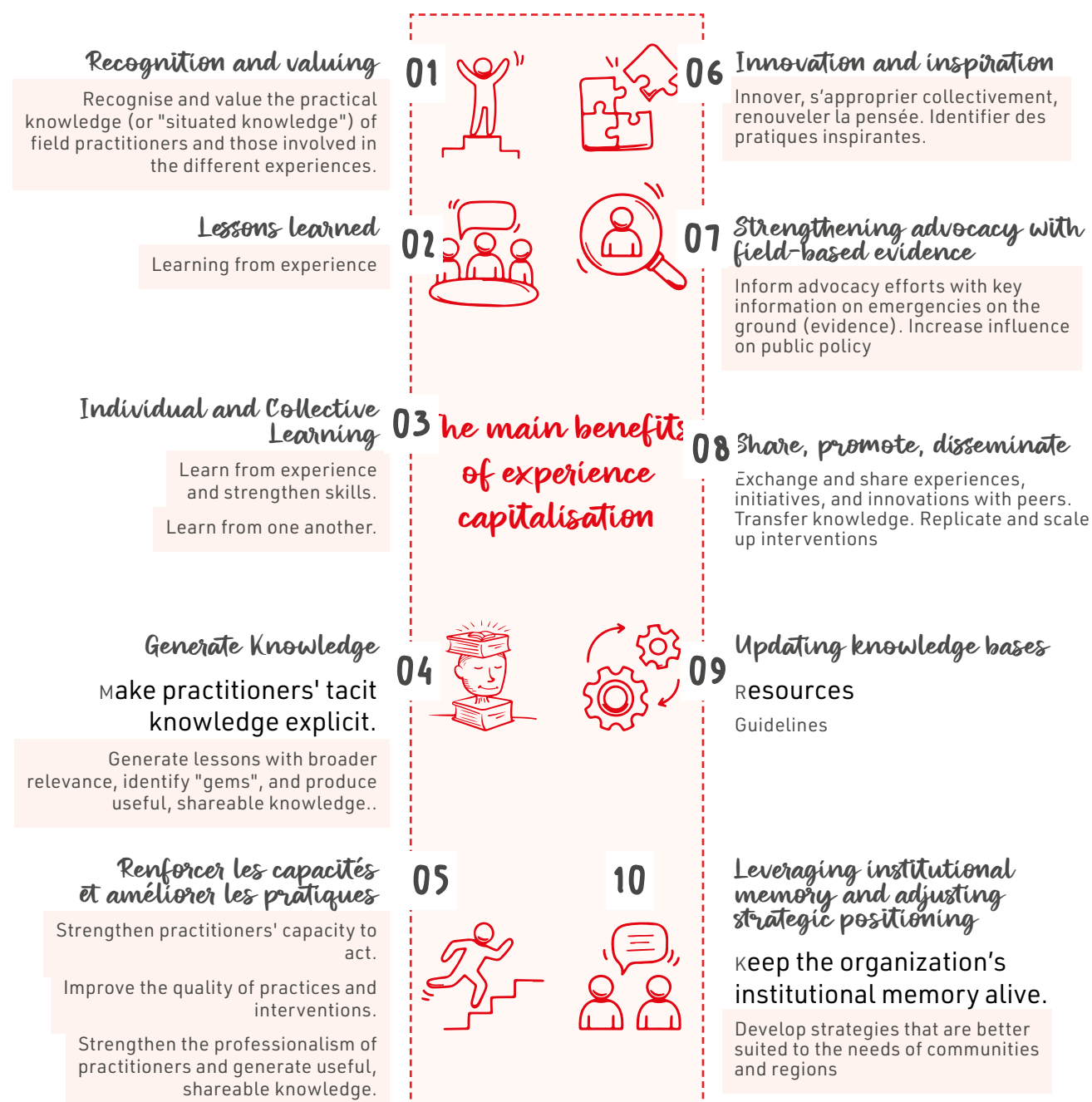
KNOWLEDGE CAPITALISATION

EXPLICIT AND TACIT KNOWLEDGE

Reference Framework / Training / Database

- Knowledge
- Skills
- Attitudes

1.2 The main benefits of experience capitalisation





Capitalising on experience is a systematic, interactive and participative process that enables experience to be analysed and documented, leading to the creation of knowledge that can be shared and used to generate positive change¹⁰.

A short video presentation of experience capitalisation: <https://www.youtube.com/watch?v=Q39Q3LZvQaw>

**“WHAT THE EYES
HAVE SEEN, THE HEART
CANNOT FORGET.”**

(African proverb)

(Commonly cited in collections of African proverbs and often attributed to the Bantu tradition.)

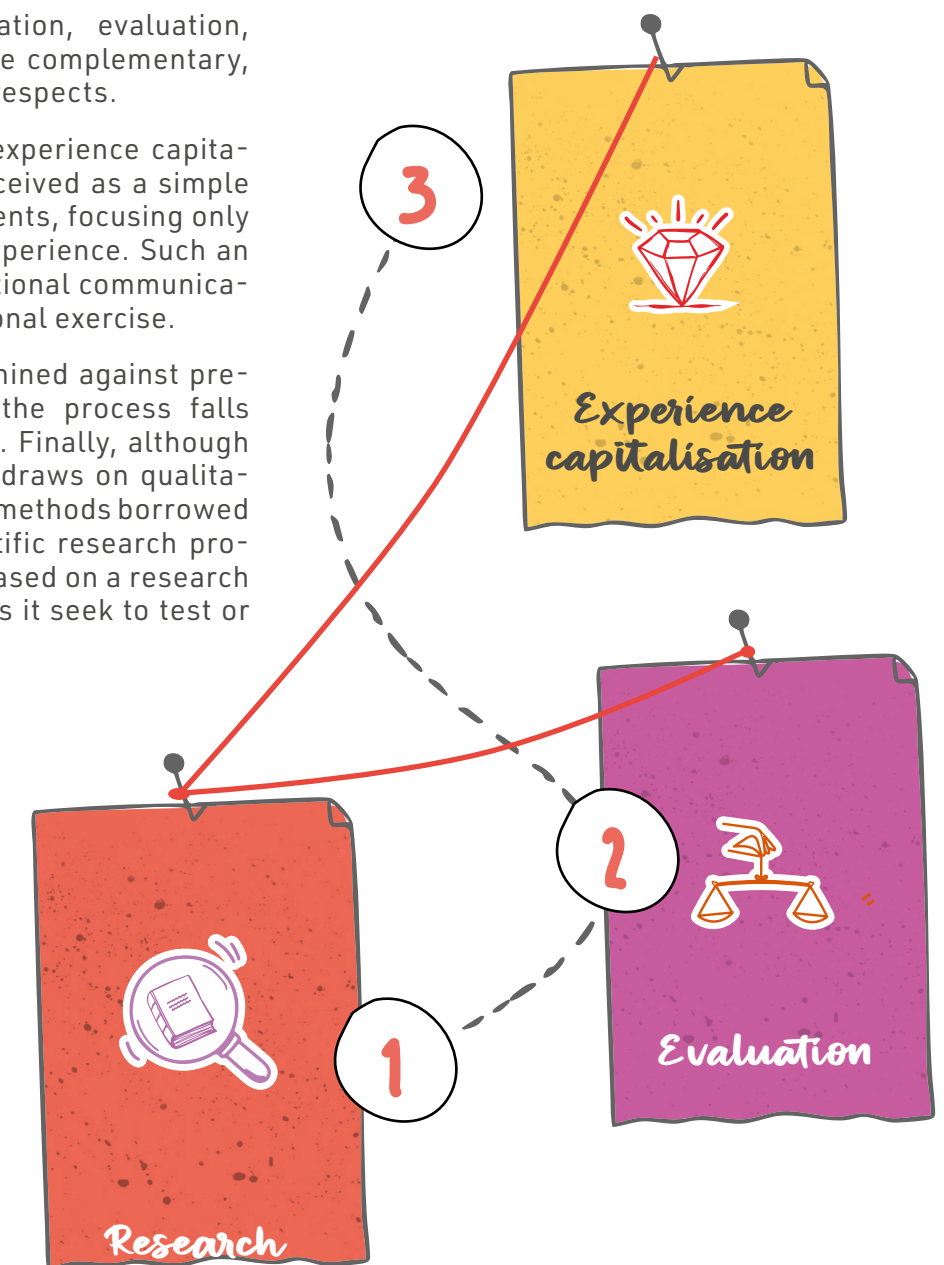


1.3 Experience Capitalisation, Evaluation, Communication and Research: similarities and distinctive features

Although experience capitalisation, evaluation, communication and research are complementary, they differ in several important respects.

In community health projects, experience capitalisation is often mistakenly perceived as a simple exercise in promoting achievements, focusing only on the positive aspects of an experience. Such an approach is more akin to institutional communication or a marketing and promotional exercise.

When a field experience is examined against pre-defined performance criteria, the process falls within the domain of evaluation. Finally, although experience capitalisation often draws on qualitative data collection and analysis methods borrowed from research, it is not a scientific research process. Unlike research, it is not based on a research question or hypothesis, nor does it seek to test or validate them.



¹⁰ Food and Agriculture Organization (FAO). Source: <https://elearning.fao.org/course/view.php?id=325>



To better distinguish these approaches, we have summarised some of their specific features in the table below¹¹:

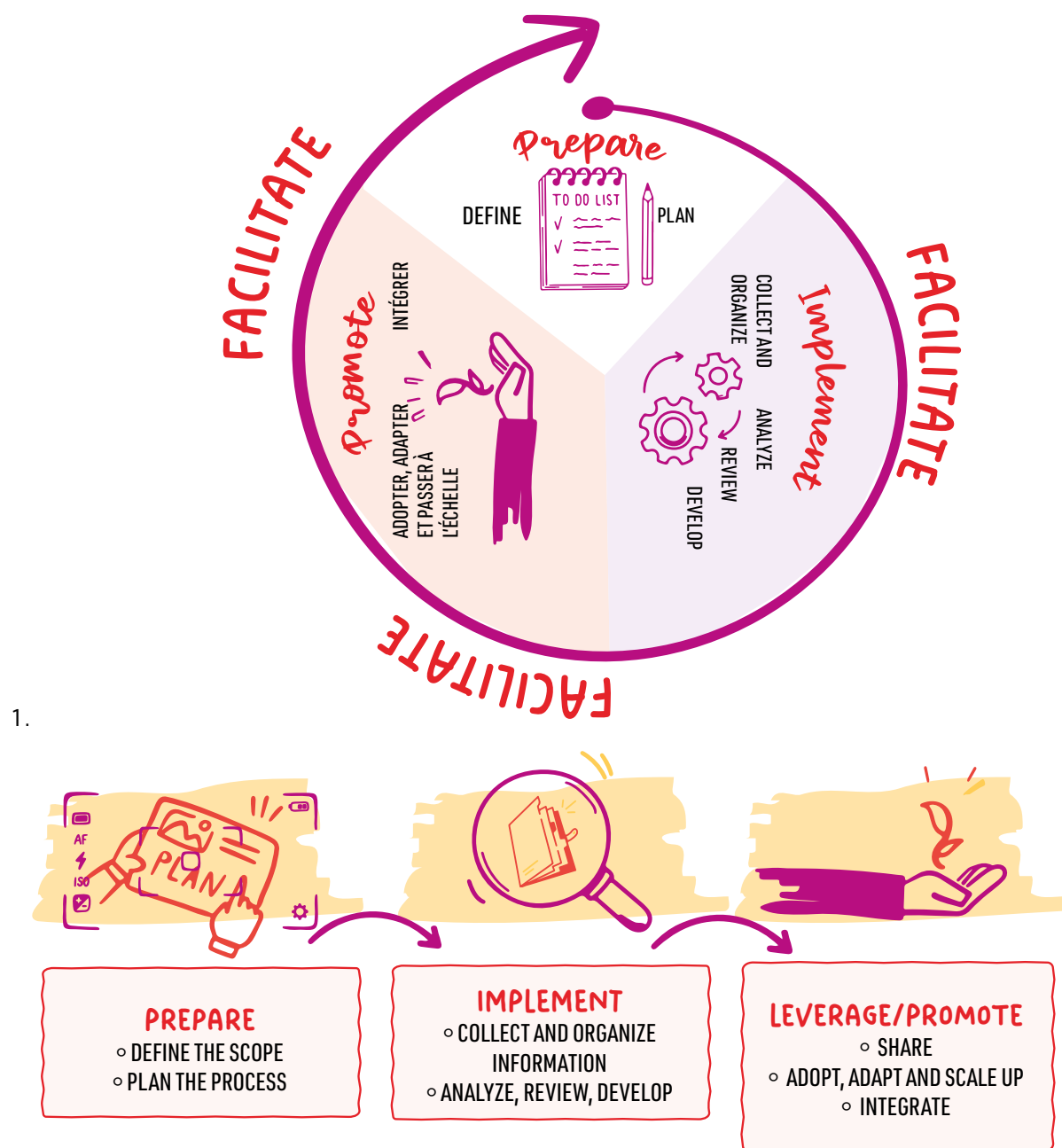
Specific features				
Area of focus	Capitalisation	Research	Evaluation	Communication
Objective	Learning from our actions Strengthening skills Innovating and bringing about change Sharing our expertise Analyse the factors leading to success or failure, and unexpected effects	Produce or expand knowledge on a given issue, following a methodical approach based on a rigorously defined investigation or experimentation protocol.	Evaluate the achievement of objectives and performance indicators and the results of the actions implemented to ensure that resources are used effectively and efficiently.	Enhance and promote good practice Inform and raise awareness
Purpose	Focus on the experiences of local players in their approach Analysis of the "how", the process behind an action/ intervention/project	Validation of hypotheses through studying the reality	Analysis of results, impact, effectiveness and accountability.	Promote and disseminate acquired experiences, while ensuring quick and easy access to the deliverables / capitalisation media
Approach / Method	Combines qualitative research tools (interviews, focus groups, questionnaires, documentary review) with collective intelligence methods (collaborative workshops, brainstorming, knowledge mapping, participatory analysis). It is not based on theoretical hypotheses or solutions, but on critical feedback from real-life experience and exchanges between peers. Does not judge, but instead tries to understand how and why	Scientific method applied to discover objective truths.	Applies comparative analysis and measuring techniques based on indicators/criteria. Evaluation applies comparative analysis and measuring techniques based on indicators/criteria. Evaluation also makes it possible to identify subjects for capitalisation, while capitalisation, in turn, helps to gather useful data to enrich the evaluation process	Descriptive and rewarding, focusing on positive aspects to share the knowledge acquired.
Players involved in implementation	The people driving the experience are also the authors of the capitalisation, actively participating alongside the leaders, facilitators and coordinators in the analysis and documentation of practices and learning.	One or more researchers (from within or outside the association), separate from the people driving the experience	An evaluator (external or internal to the association) who is separate from the people driving the experience.	People specialising in communication in collaboration with those involved in experience capitalisation.
The result, what comes out of it	Producing shareable knowledge - Lessons learned - Factors/conditions of success - Areas for improvement - Brakes and levers - Best practice - Experiential knowledge	Scientific knowledge Publications are intended primarily for a scientific audience, although a popularized version of the results may be made available to a wider public.	Formulate a judgement on a practice. Diagnosis and recommendations for improving actions. Identification of the elements that need to be capitalised. Useful resource in French F3E document - CAPITALISATION, ÉVALUATION ET SUIVI-ÉVALUATION : quels liens tisser entre suivi-évaluation, évaluation et capitalisation : va-t-on vers une fusion des démarches ?	Content tailored to different target audiences (computer graphics, fact sheets, brochures, etc.) Facilitates the appropriation of the capitalisation deliverables by the stakeholders.

¹¹ The two summary tables below have been freely adapted from "Manuel de capitalisation des expériences", Profadel, 2017 <http://www.profadel.net/pictures/field/actualidades/Manuel capitalisation PROFADEL.pdf> FAO online course - "Capitalising on experience for continuous learning" Lesson 1. <https://elearning.fao.org/mod/scorm/player.php?scoId=679&cm=362> and from the "Fiche repères sur la capitalisation", L'Initiative.



2. Stages in the capitalisation process

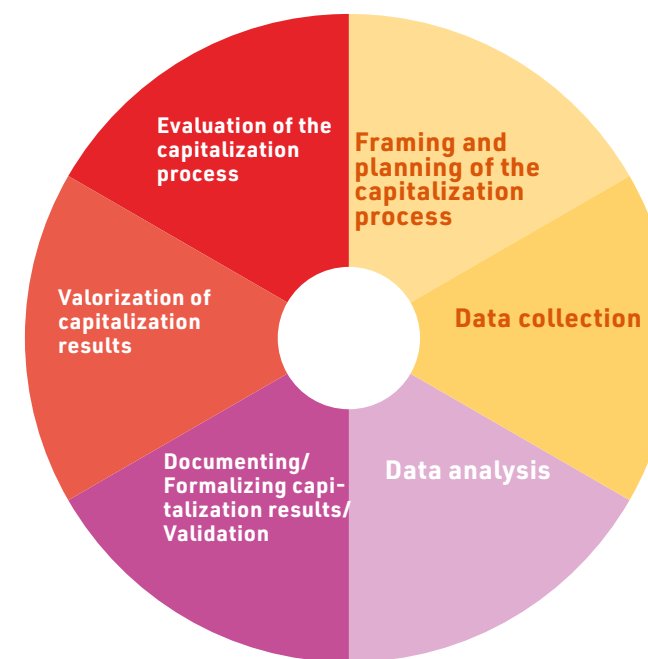
A capitalisation process or approach generally follows a few key stages which form the framework for structuring it:



Important!

Capitalisation is an *iterative, non-linear process*: in a capitalisation process, each phase is likely to be re-examined and modified depending on what is learned and the feedback obtained, thus enabling continuous adaptation. For example, during the analysis phase, the cross-checking of information may reveal the need to return to the data collection stage in order to confirm or deepen the understanding of certain experiences. This to-ing and fro-ing between stages makes the process flexible, allowing it to gradually adjust to changes in the context and new knowledge acquired.

FAO tool (<https://elearning.fao.org/#/elc/fr/course/EXCAP>)



1	Framing and planning of the capitalization process
2	Data collection
3	Data analysis
4	Documenting/ Formalizing capitalization results/ Validation
5	Valorization of capitalization results
6	Evaluation of the capitalization process

2.1 Scoping and planning of the capitalisation process

Setting aside sufficient time to properly define the scope and plan the experience capitalisation process is the first essential step in ensuring its successful planning and implementation.



This involves defining, among other things, the scope of the experience to be capitalised, the objectives, the target audience, and identifying the stakeholders involved in the capitalisation process, as well as determining the most appropriate time to undertake it.

It is also important to define, through a participatory approach, the rationale, the expected outputs and deliverables, the data collection and analysis methodology, as well as the organisation and governance of the process. All these elements are generally documented in the ****Terms of Reference (ToR)**¹² or the specifications for the experience capitalisation process.

To ensure effective framing and planning, it is recommended to organise a participatory meeting or workshop, together with discussion sessions involving those commissioning the capitalisation process.

The commissioners are the individuals or organisa-

tions that initiate and support the experience capitalisation process. Their role is to define its overall strategic direction, express their expectations, and validate the results.

“The people involved in the action have the knowledge linked to the project, but they don’t necessarily have the hindsight required to identify what is original and relevant in their project or their way of working. The subjects of capitalisation are defined by the interplay between general questions of interest to the organisation and concrete experiences.” (Villeval and Lavigne, 2004)¹³

¹² In evaluation jargon, the terms of reference are the equivalent of specifications. Often replaced by the abbreviation ToR for “Terms of Reference”, these terms set out and reflect, in our case, the expectations of an experience capitalisation process/approach. The terms of reference (ToR) or specifications formalising all the essential elements for scoping and planning the capitalisation process. They specify the context and motivations, the objectives and goals, the challenges and expectations of the stakeholders, and the scope of the experience to be capitalised on (purpose, focus, central question). They also describe the expected results, the methodology for data collection and analysis, the management organisation, the players involved, the provisional timetable and the costs. The ToR therefore constitute a reference document that provides a framework for the implementation of capitalisation and guarantees that the process is consistent and relevant.

¹³ Villeval, P., & Lavigne Delville, P. (2004). *Capitalisation d’expériences... expérience de capitalisations : comment passer de la volonté à l’action ?* Initiatives Group



2.1.1 Defining the motivations, expectations, aims and challenges of the capitalisation process and the expected results

To avoid a simple overview of experiences and enable an in-depth analysis, it is important to define the motivations, expectations, aims, objectives and expected results of the capitalisation process from the outset. To achieve this, **collective reflection** is needed to clarify the motivations and expectations of the various stakeholders who wish to capitalise on experience.

Why (issues) and for what (motivations) do we want to capitalise?

What will capitalisation be used for? (General aim(s)/objective(s))

Is it to reflect on and analyse our work so that we can learn from it collectively as part of an internal learning process? Is it also to support advocacy work? Or to produce and share knowledge and know-how internally, then promote it externally? To generate change (adopt, adapt and scale up an intervention or practice)?

What do we hope to achieve from this capitalisation? (Expectations)

What are the specific objectives, i.e. the expected results in the short and medium term?

It is also important to define the **specific objectives**, whether explicit or implicit¹⁴. This includes not only clearly expressed motivations, but also underlying intentions, which may sometimes be unstated and may reflect hidden but legitimate interests, as well as relational dynamics or tacit expectations likely to influence the process.

- ✂ **Explicit objectives:** for example, to strengthen operational capabilities or to learn from experience in order to improve practices, actions or services.
- ✂ **Implicit objectives:** for example, updating or adjusting an organisation's sectoral strategy, such as its advocacy strategy.



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The **specific objectives** represent the **concrete results** that one hopes to achieve through the **purpose (the general objective)**.

If, for example, the general objective of a capitalisation approach is to "strengthen access to healthcare for vulnerable populations", a specific objective could be to "document and share good practice in monitoring patients living with HIV/AIDS in community health centres".

The general objective sets out the overall vision, while the specific objectives translate this vision into measurable and achievable actions.

Involving the key players, whether operational and/or institutional, in this framing and scoping stage encourages collective, concerted support of the project and ensures solid backing throughout the capitalisation process.

Once the motivations, expectations, aims and objectives have been clarified, they need to be **prioritised** in order to concentrate efforts on the aspect that is considered to be the most relevant for the capitalisation process in question.

2.1.2 Defining the subject (the general theme), the specific purpose¹⁵ and the associated issues (the question to be explored and resolved) of capitalisation

All experience can be capitalised on, but it is necessary to identify and prioritise the elements to be documented, taking into account the issues, the objectives (see previous section) and the resources available to implement the approach.

This may include, for example, the human resources available, the time allocated, or the budget for the graphic layout of documents and the production of other media (video clips, etc.).

Exhaustive capitalisation would produce a mass of information that would be difficult to process and deal with and risks sometimes being irrelevant. It is therefore important to define a clear scope for the experience to be capitalised on, which implies a whole series of strategic choices.

1. Target the subject of the capitalisation (the "what"), **the purpose** (the "about what"), **the main area of focus** (the main direction for analysing a key aspect of the experience) and one or more **specific angles of analysis** (even more precise aspects to be explored and promoted, rather like sub-areas of focus). Here are some examples of further questions that can help you decide on the purpose of the capitalisation:

- ✂ How does the experience provide original information? For yourself, for the team, for the organisation.
- ✂ Why is this information of interest to others? Of interest for the future?
- ✂ Isn't this information already available?
- ✂ What would people who have gone through this experience like to learn more about or share?
- ✂ **2. What type of experience** can we capitalise on?
- ✂ Capitalising on experience can involve any type of experience, for example: setting up a sexual health clinic, a pilot project for dispensing injectable PrEP, a screening campaign, advocacy for access to treatment, or a community research project.

3. By reformulating the area of focus for capitalisation in the form of a question, we obtain a central capitalisation question - "How did we... ?" Or "How did we organise ourselves to...?" or "How did we involve the various players in...?" - this central question is the thread that runs through the whole process. It provides structure for the approach, helping those involved to stay focused and avoid getting sidetracked.¹⁶

To identify the **central question**, another approach is to **formulate it in terms of the main objective or purpose, as defined collectively with the stakeholders** (the commissioning bodies¹⁷, the people identified as overseeing the experience to be capitalised on, the people working in the field, etc.) of the approach. This purpose depends on the issues and objectives identified at the outset, and helps to focus the questioning in the right way. There are two possible options:

¹⁵ **The subject** is the general framework or overall theme of capitalisation. It corresponds to the key question or theme on which you want to reflect and document your learning. For example, in "community health programmes", the subject could be "community health." The **purpose** of capitalisation is the concrete, precise element or specific component of the subject on which you wish to capitalise. It defines what will be analysed and documented in a targeted manner. In our example of community health programmes, the purpose could be "monitoring beneficiaries in community health programmes." The **problem** represents the specific questioning linked to the purpose, which seeks to highlight an issue, a challenge or a question to be resolved. It often takes the form of a question to which the capitalisation process attempts to provide an answer, thereby guiding the analysis. For example, the problem of monitoring beneficiaries could be conveyed as a question: "How can we improve beneficiary monitoring to ensure quality of care in community health programmes?" In short, **the subject** = the general framework or theme; **the purpose** = the specific aspect of the subject on which you wish to capitalise; **the problem** = the precise question or issue that you are seeking to explore and resolve in your analysis of the object.

¹⁶ Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). *Capitaliser son expérience, un atout pour les organisations*. Lyon: La Chronique Sociale.

¹⁷ The commissioning bodies are the people behind the request to capitalise on an experience

¹⁴ Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). *Capitaliser son expérience, un atout pour les organisations*. Lyon: La Chronique Sociale.

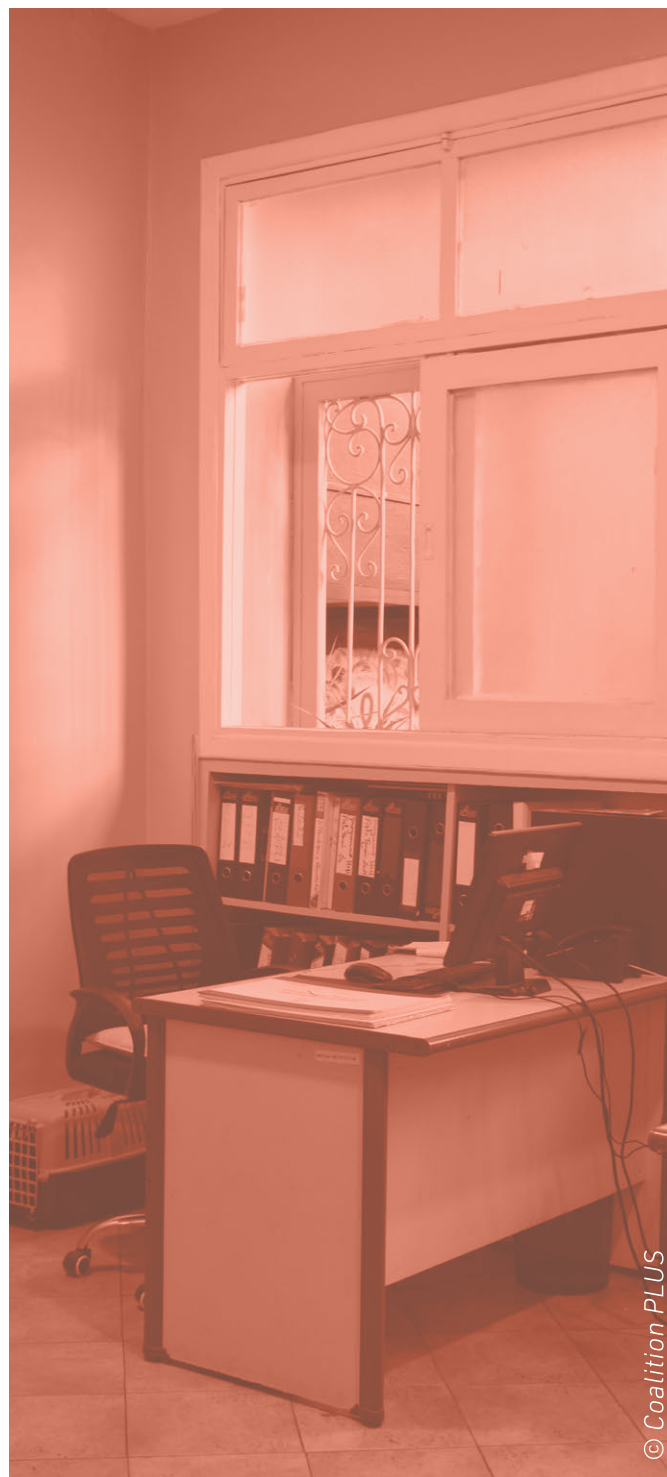


(a) A **broad question**, designed to explore all the experience to be capitalised on (a project, for example) and identify the knowledge or lessons likely to be shared and re-used. For example: **how has knowledge and know-how been mobilised to meet the specific needs of the project?**

(b) A **targeted question**, focusing on a specific aspect deemed particularly significant or innovative. For example: **how was community PrEP developed and deployed as part of this project?**

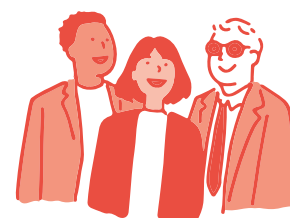
4. Identify and explain the precise issue being explored and resolved, in other words the **problem** associated with the analysis of the subject and the purpose of the capitalisation.

*“Clarifying and explaining the **problem** means making sure we know why we’re dealing with a particular subject, and giving ourselves the means to make the link with the sources of information (internal and external), the teams and the time available.”¹⁸*



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2.1.3 Defining the target audiences, intended use and outputs of the experience capitalisation process



Identify the target audience - For whom?

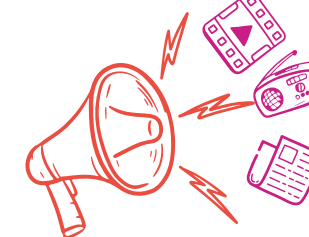
- ✎ Identify the target audiences who stand to benefit from capitalising on experience (funders, decision-makers, practitioners, field teams, local communities, etc.) and analyse their specific needs.
- ✎ Prioritise these audiences by identifying their specific interests, their expectations in terms of information and their usual communication channels (website, social networks, reports, videos, etc.).
- ✎ Adapt approaches depending on target audiences: depending on their needs, priorities and uses, target audiences will not have the same expectations in terms of content, form or channel. This diversity should guide the choice of formats right from the scoping stage.

Clarify how the results of capitalisation are used in terms of the process and production of deliverables. - For what use?



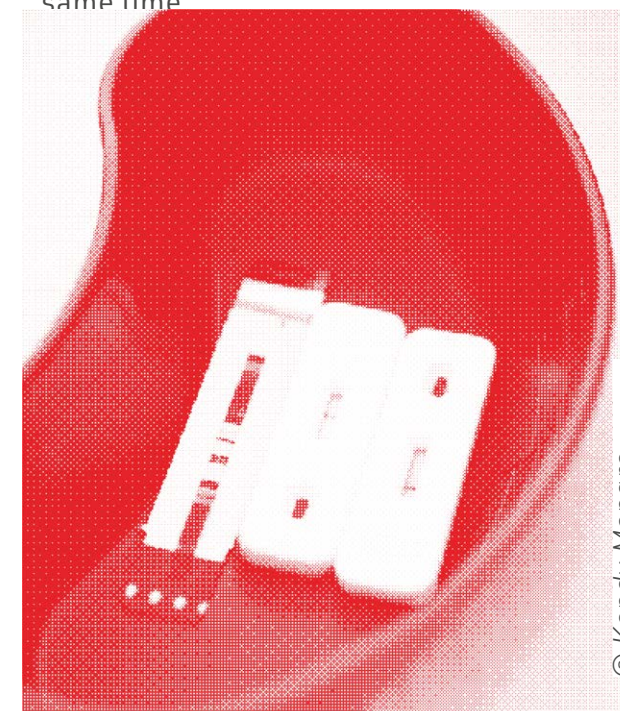
- Reflect on the purpose(s), issues and specific objectives of the previously defined capitalisation (for example: to enhance community expertise, to support the arguments for advocacy action, to share successful practices, to facilitate knowledge transfer, etc.);
- Direct the intended use of the results not only to the content, but also to the form and level of detail of the deliverable. For example, an educational use may require a concise, interactive medium (e.g. guide or video), while a strategic

use aimed at decision-makers will require a structured summary or graphic elements to convey information.



Choosing the final medium - Products planned following capitalisation - Which format?

- ✎ Select the format best suited to achieving your objectives (report, infographics, video, podcast, etc.). Take into account that the intended use of the capitalisation (and its audience) directly guides this choice. For example, an experience shared in an interactive workshop may require a different medium from sharing the experience online. Think about versatility: certain formats (e.g. summary sheets or short videos) can meet the needs of several audiences at the same time.



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¹⁸ Villeval, P., & Lavigne Delville, P. (2004). *Capitalisation d'expériences... expérience de capitalisations : comment passer de la volonté à l'action ?* Initiatives Group



Example of a framework for capitalising on experience in the field community health (non-exhaustive and designed for educational purposes) - Access to PrEP for vulnerable women

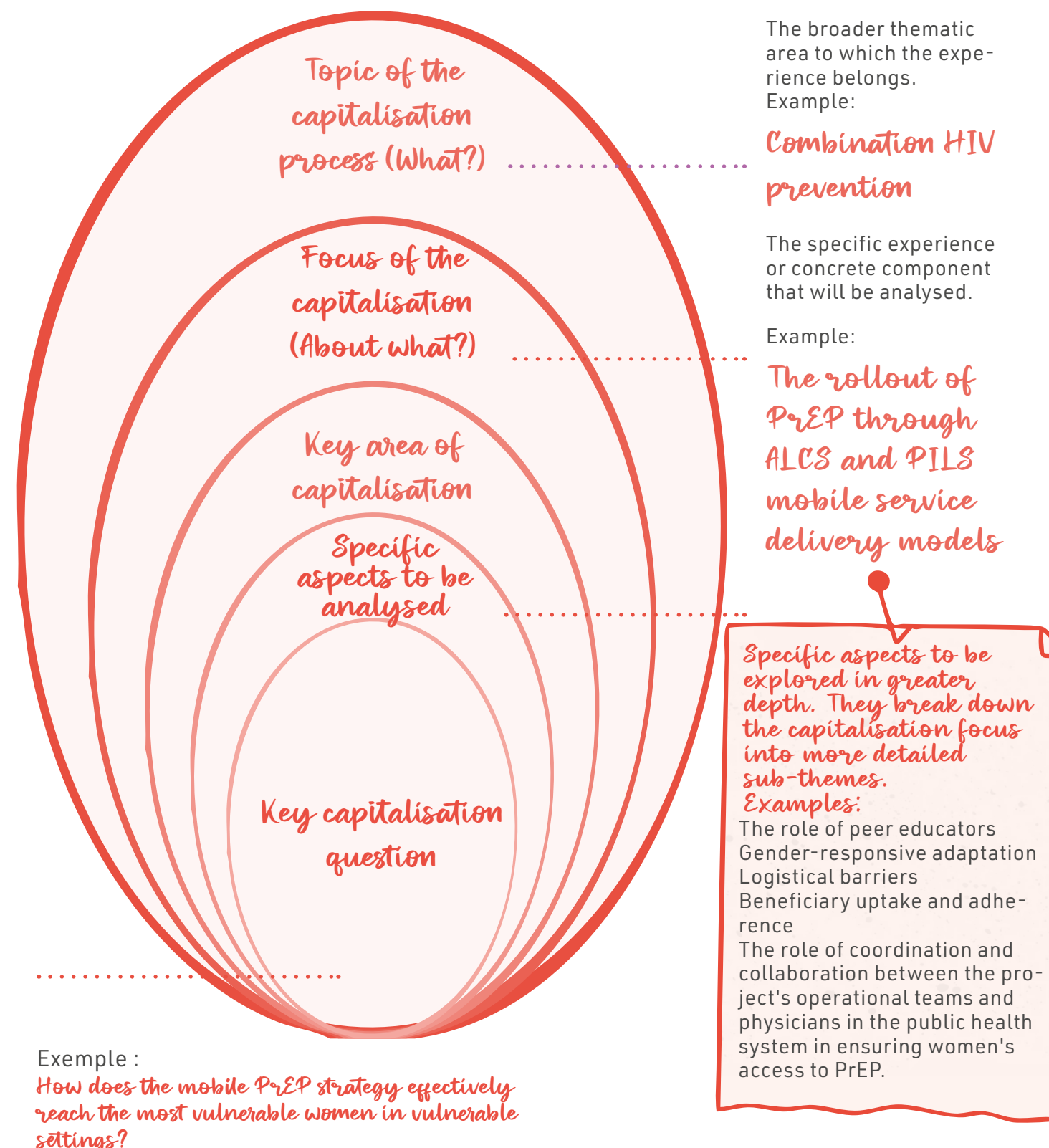
Framework elements	Description (details)
Expectations of commissioning bodies or stakeholders	- Capitalise on our PrEP access system to identify good practice, effective strategies and areas for improvement. - Use the results to promote best practice and results. - Produce appropriate materials (reports, practical guides, executive summaries, etc.) to achieve these objectives.
Challenges <i>Why is this capitalisation process important to us?</i>	- To improve this system, influence public policy and encourage its scaling-up to national and regional levels. - To promote wider and fairer access to PrEP for vulnerable women, based on an analysis of our system and the current challenges and obstacles it faces.w - To strengthen the recognition and visibility of our association as a key player in community health, both nationally and regionally.
Aims (general objectives) What for? <i>The results and changes expected in the short and medium term as a result of the capitalisation process</i>	- To model the processes involved in the various interventions of our system, document our approach and facilitate its scaling up to national and regional levels. - To influence public policy, in particular to promote access to injectable PrEP.
Specific (explicit) objectives <i>Concrete actions to achieve the general aims.</i>	- Identify and document the results achieved, good practices and effective strategies that have facilitated access to PrEP for vulnerable women. - Analyse persistent obstacles, both internal to the system and external, in order to propose appropriate solutions for extending access to PrEP to vulnerable women. - Highlight the innovations that have been put in place to help widen access to PrEP, with a view to replicating them and adapting them to other contexts.
Specific (implicit) objectives <i>The less explicit objectives of the commissioning bodies, but just as important.</i>	- To strengthen the cohesion of the association's coordination and operational teams through a participative and reflective approach that highlights the value of experience. - To strengthen the confidence of partners and funding bodies by demonstrating convincing and documented results/
Capitalisation subject (What?) <i>The general theme of the experience to be capitalised on.</i>	Community health: access to PrEP for vulnerable women.
Purpose of capitalisation (About what?) <i>The specific experience or component of the subject to be analysed and documented.</i>	Analysis of the system developed by our association to provide access to PrEP for vulnerable women.

Capitalisation area of focus <i>The main orientation or strategic point of view adopted to analyse the purpose.</i>	Our association's strategies, which have facilitated access to PrEP for vulnerable women.
Specific angle(s) <i>Specific variations of the capitalisation area of focus. The angles of analysis highlight the key elements of the experience to be capitalised on. Depending on the situation, an angle can emphasise the most significant aspect of the experience. It can also be defined on the basis of different areas of interest, such as an innovation, a good practice, an impactful sector strategy (e.g. advocacy), or other relevant aspects.</i>	- The role of peer educators in raising awareness and mobilising the community. - A good practice: the deployment of mobile clinics or distribution points in disadvantaged areas. - The effectiveness of our targeted promotion and awareness-raising campaigns for vulnerable women.
Key capitalisation question <i>The key question that guides the whole capitalisation process.</i>	How have we facilitated access to our PrEP services for vulnerable women to date?
Problem <i>What we are seeking to explore and resolve through capitalisation.</i>	What levers could our association activate or strengthen to maximise access to PrEP for vulnerable women? ? - What effective approaches or strategies have we implemented to overcome the obstacles? - What results have we achieved so far? - What are the main remaining challenges in maximising access to PrEP? - What key factors and skills have helped to achieve results? - How can we improve our system?
Target audience	<u>Internal target audience:</u> - The association's coordination and operational teams, to strengthen their commitment to improving access to PrEP in the community. - Peer educators, to equip them with feedback and effective practices. <u>External target audience:</u> - Technical partners and funding bodies, to promote the results achieved and consolidate the support they receive. - Political decision-makers and public institutions (e.g. Ministry of Health), to influence policies on access to PrEP. - Community or civil society organisations at national and/or regional level that are interested in our intervention model.



2.1.4 Identifying contributors in the capitalisation process

Products/deliverables	- Capitalisation report: an exhaustive analysis of the association's system and strategies for access to PrEP (particularly for vulnerable women), including obstacles, innovations and results obtained. - Case studies illustrating the impact of the systems put in place. - Summary document aimed at decision-makers, highlighting key points and strategic recommendations. - Best practice guide detailing the most effective strategies for improving access to PrEP, including the role of mobile clinics and targeted promotion and awareness-raising campaigns. - Visual aids: infographics and video clips highlighting the community-based approach to raising women's awareness of access to PrEP.
Immediate use of capitalisation deliverables	- Strengthen the association's scheme for access to PrEP. - Advocacy: contributing to the arguments and recommendations made to decision-makers and influencing national policies on access to PrEP for vulnerable women, particularly injectable PrEP. - Mobilising resources: convincing financial and institutional partners to invest more in the association's scheme and in our proven strategies for promoting PrEP and access to PrEP. - Sharing lessons learned with other organisations or communities to help them adapt and replicate our intervention model. - Internal capability-building: develop the skills of the field/operational teams - particularly the peer educators - by capitalising on the levers identified in the analysis of the scheme, to meet the challenges of HIV prevention and access to PrEP for vulnerable women.
Contributors	- Key resource people to be mobilised as part of the capitalisation process: for example, women receiving PrEP, peer educators, field workers, or coordinators of operational or mobile teams, etc





Contributors play a key role in the capitalisation process by bringing their unique knowledge and insights into the experience being analysed, sometimes referred to as “**situated knowledge**”¹⁹, because it is shaped by their position and lived experience. Their active participation helps build a deeper understanding of the experience, its context, its origins and its evolution. By recognising and valuing individual perspectives (perceptions, opinions and lived experiences), the participatory approach to capitalisation encourages these different perspectives to be brought together, enriching the analysis and transforming **experiential knowledge into shared knowledge**²⁰.

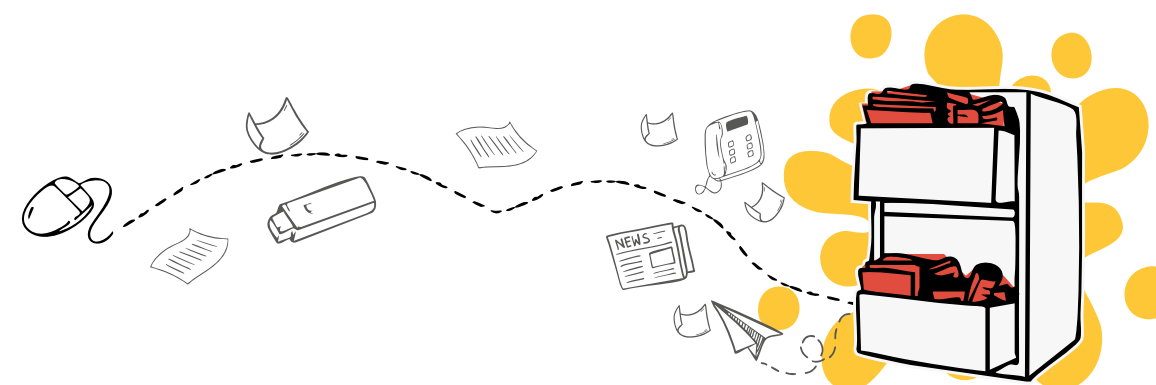
The nature and number of contributors depend on the elements identified during the scoping phase of the capitalisation process (topic, focus, objectives, challenges, purpose, etc.). Depending on these elements, and without claiming to provide an exhaustive list, several types of contributors may be involved. For example:

a. Stakeholders directly involved in the experience being capitalised:

- ✎ The operational team involved in a health project, programme or community health intervention.
- ✎ Community actors (peer educators, etc.).
- ✎ The organisation's management, members of the board of directors or steering committees, who often commission the capitalisation process.
- ✎ Direct beneficiaries (for example, people using an association's community-based sexual health services (SHS)).

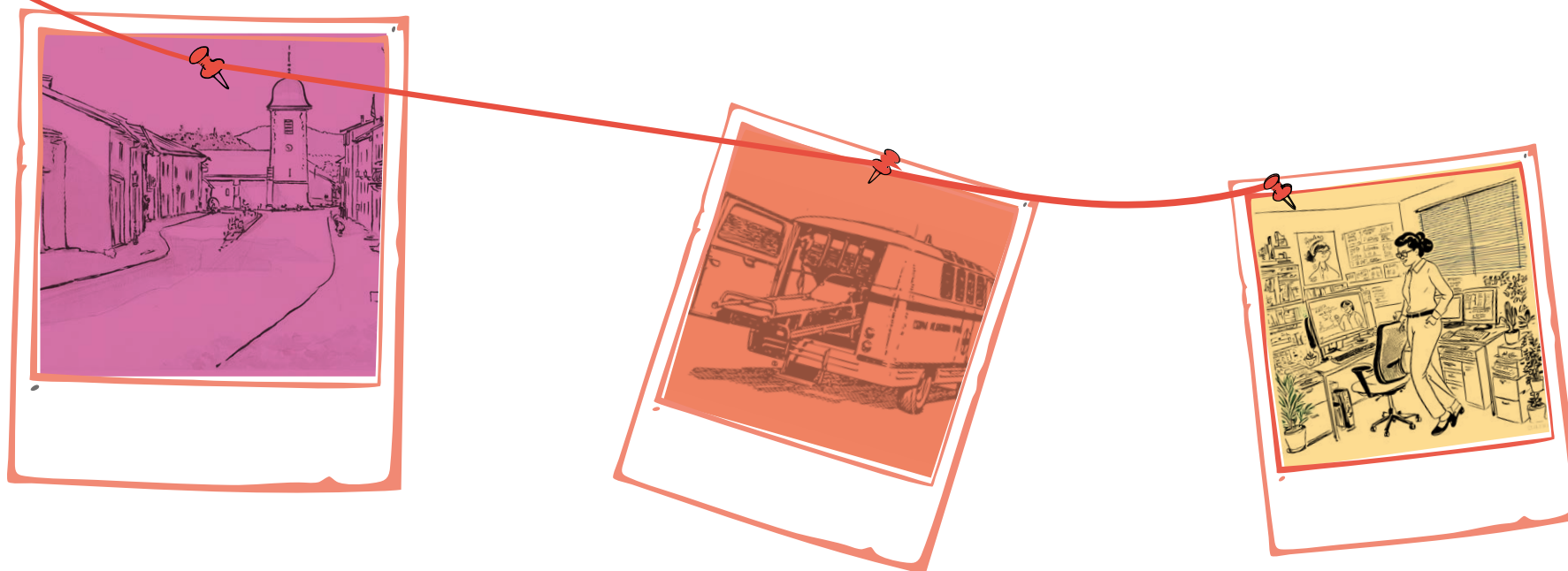
b. Internal and external partners:

- ✎ Partner organisations and institutions (local NGOs, health centres, etc.).
- ✎ Local and national authorities, such as representatives of the Ministry of Health.
- ✎ Community leaders, who provide a strategic perspective grounded in local realities.
- ✎ External experts or resource persons who can support the process while respecting the participatory and internally driven nature of the capitalisation process.



To identify contributors to the capitalisation process, it is useful to carry out a participatory stakeholder mapping²¹ **to identify the people with the greatest knowledge of the experience being capitalised**, as well as of the expectations, purpose, challenges and other elements identified during the scoping phase of the capitalisation process. Different collaborative methods can be used depending on the context and specific needs.

Some of the tools frequently used for participatory stakeholder mapping include influence diagrams (to visualise the relationships and interactions between stakeholders), mind maps²² (which are useful for organising ideas and structuring relationships between stakeholders), and roles and responsibilities matrices (such as the RACI matrix)²³ which help clarify each stakeholder's level of involvement.



¹⁹ The notion of situated knowledge, developed by Donna Haraway in 1988, criticises the idea of abstract scientific objectivity. She emphasises that all knowledge is influenced by the social, cultural and historical position of the person who produces it. Awareness of this context and of power relations help us to move towards a more critical objectivity. Source: <https://moisdugenre.univ-angers.fr/2022/02/24/savoir-situe/> et https://fr.wikipedia.org/wiki/Connaissance_situ%C3%A9e

²⁰ “Capitaliser, c’est transformer l’expérience en connaissance partageable” - Pierre de Zutter, *Des histoires, des savoirs, des hommes : l’expérience est un capital*, 1994

²¹ Useful resources: <https://blog-gestion-de-projet.com/cartographie-des-decideurs/> https://www.ipcinfo.org/fileadmin/user_upload/cap-dev/docs/tools/Tool-1-Stakeholder-Mapping-fr.pdf <https://www.thalesgroup.com/fr/global/responsabilite-dentreprise/gouvernance/dialoguer-nos-parties-prenantes>

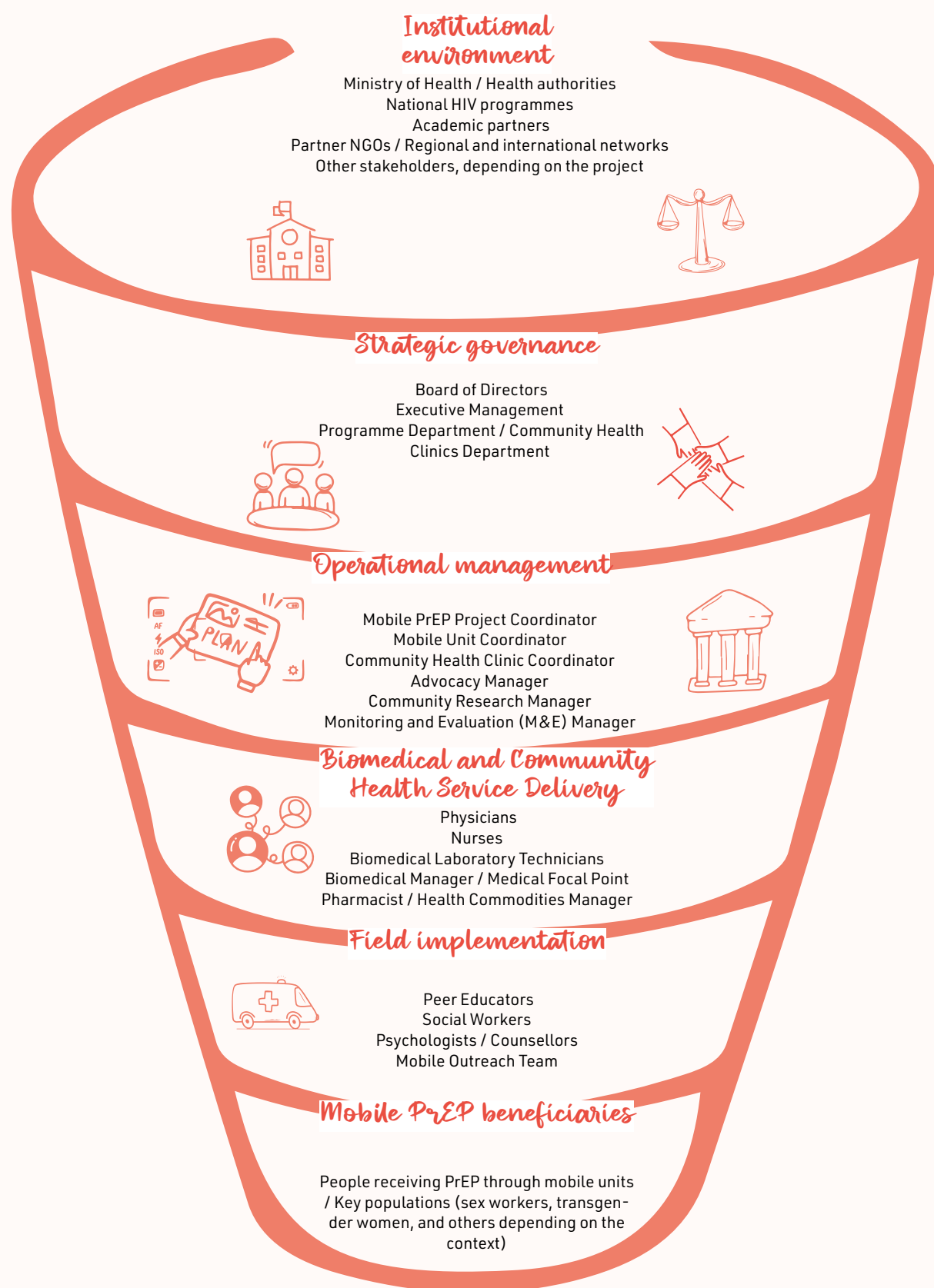
²² Useful resource in French: <https://coggle.it/diagram/Y5cllb1Eo51jf6zJ/t/parties-prenantes>

²³ Useful resource in French: https://www.manager-go.com/gestion-de-projet/dossiers-methodes/matrice-raci?utm_source=chatgpt.com



Example of a stakeholder map (to be used as a reference for the graphic designer):

Source for the image: <https://www.thalesgroup.com/fr/global/responsabilite-dentreprise/gouvernance/dialoguer-nos-parties-prenantes>



2.1.5 Organising and planning the capitalisation process

A. Managing the capitalisation process

Capitalisation is a collective and participatory process. Its success depends on adopting a project management approach, supported by rigorous planning focused on the production of strategic knowledge, in line with the objectives defined during the scoping phase. This mainly involves:

- ✎ Structuring collective work by clearly defining the roles and responsibilities of each stakeholder.
- ✎ Developing a capitalisation plan (action plan) to organise the different stages of the process.
- ✎ Defining an appropriate methodology.
- ✎ Identifying the resources required (human, material, financial and time resources).
- ✎ The capitalisation process requires careful planning and adequate resources from the outset. Analysing existing resources and anticipating financial and technical needs are essential to ensure the highest possible quality.

* **Financial resources** As an indication, the costs associated with a capitalisation process may include:

- ✎ the salaries of staff specifically assigned to capitalisation, or the reorganisation of team members' workload to enable them to participate in the process without compromising their other responsibilities;
- ✎ support from experts or consultants to facilitate specific stages of the process;
- ✎ associated costs such as field missions, equipment, graphic design or video production services for audiovisual materials, qualitative data analysis software, and other related expenses.

* **Material resources:** Identify the equipment

required, such as: automatic transcription tools, virtual facilitation platforms, audio recording, equipment for interviews, vehicles for field travel, office supplies.

* **Time:** Capitalisation is not a stand-alone stage of the project cycle but a participatory, cross-cutting process that requires a significant investment of time. It is important to determine the time required for each stage, establish realistic deadlines, and validate the timeline collectively with stakeholders to ensure their buy-in and commitment.

* **Information resources:** Identify available documentation (reports, evaluations, etc.) and compile an inventory of relevant internal and external information that will serve as the basis for the documentary analysis of the experience being capitalised.

Managing the capitalisation process refers to the overall coordination of the entire process. It is important to note that there is no standard approach to managing capitalisation, as this depends on how capitalisation is organised within the organisation. It may range from an ad hoc approach linked to a specific time-bound project to an institutional mechanism supporting continuous capitalisation.

✎ Effective management of the capitalisation process is essential to its success. It enables the production of high-quality knowledge that, when effectively applied, can strengthen organisational capacities, contribute to organisational and operational development, improve practices, prevent recurring mistakes, and foster a culture of continuous learning and innovation.

ORGANISATIONAL MODEL FOR MANAGING AN EXPERIENCE
CAPITALISATION PROCESS

Upstream

Decision

- Assess feasibility: evaluate the relevance, usefulness and analyse the specific needs of the capitalisation project.
- Anticipate potential risks and identify possible solutions.
- Formally decide to launch an experience capitalisation process..

Ressources

- Estimate the resources required (human, time and financial resources).
- Plan appropriate funding by integrating capitalisation costs into the project's overall budget from the outset.
- Determine the most appropriate organisational set-up (team) for implementing the process.

Terms of Reference (ToR) -
Scoping the process

- Draft and validate the Terms of Reference (ToR), clearly defining the objectives, target audience, expected results, etc.
- Develop an action plan to guide the implementation of the capitalisation process.
- Establish a timeline and key milestones.
- Define performance indicators (qualitative and quantitative) to monitor the capitalisation process.
- Determine the most appropriate organisational set-up (team) for implementing the process.

Implementation and follow-up

Mobilising stakeholders before
the capitalisation process

- Identify the main contributors to the capitalisation process among those involved in the experience to be capitalised. Organise the data collection phase. Formally decide to launch the experience capitalisation process.

Coordination and collaboration

- Coordinate the efforts of all participants to ensure a coherent process, using project management tools and maintaining regular communication..

Implementing the action plan

- Data collection and organisation: documentary review, qualitative interviews, focus group discussions, workshops, collaborative sessions and other methods to capture the specific aspects, good practices and lessons learned from the experience.
- Data analysis: analyse and synthesise the information collected.
- Drafting and validation of the capitalisation product: validate the drafted content based on the analysis and synthesis carried out by the contributors to the capitalisation process.
- Dissemination and knowledge sharing: organise workshops and dissemination events to facilitate the uptake and use of the capitalisation findings.

En aval

Évaluation du processus

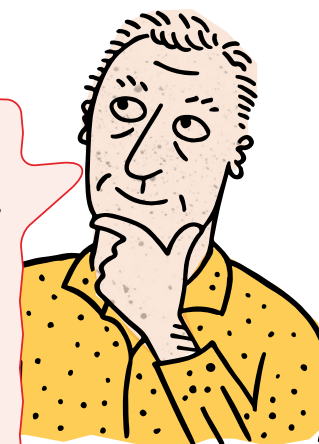
- Evaluate the effectiveness of the capitalisation process once completed and identify the improvements required.
- Analyse the results and identify the improvements needed to optimise future capitalisation initiatives and processes.

B. Designating a process lead and establishing a support mechanism: the key to effective management of the capitalisation process²⁴

Creating a collective momentum around capitalisation

“To embark on a capitalisation process, it is essential to inspire people and create a “special moment” that encourages knowledge sharing and collective reflection.”²⁵

Pierre de Zutter ²⁵



Although there is no standard model for managing a capitalisation process, one element is common to all approaches: the appointment of a **process lead (coordinator)** together with a **facilitator or a facilitation team**, responsible for:

- ✎ **Organising and facilitating** the scoping phase to define the precise scope of the capitalisation process (see the elements described in the scoping section of this guide).
- ✎ **Facilitating and supporting the participatory process and collective reflection around the challenges, objectives and purpose defined during the scoping phase of the capitalisation process.**
- ✎ **Providing methodological** guidance and expertise throughout every stage of the process—from developing the scoping document to collecting, analysing, documenting and disseminating the results—while systematically involving contributors. Effective facilitation relies on a progressive and well-structured process, built around clearly defined milestones and a methodological approach that is both rigorous and flexible. A rigorous approach helps ensure

that objectives are achieved, results are of high quality, and consistency is maintained throughout the process. Flexibility makes it possible to adapt to unforeseen circumstances, stakeholders' needs and context-specific constraints by adjusting methods or priorities without compromising the agreed objectives.

- ✎ **Ensuring that the objectives and expected results are achieved by closely monitoring the progress of the process, adjusting activities where necessary, and assessing the impact of the results obtained.**

Selecting the most appropriate methodology for data collection and analysis, based on the information identified as suitable for capitalisation and the strategic knowledge needs. As every capitalisation process is unique, it requires a bespoke approach tailored to the specific context and objectives.

Ensuring that the content produced remains free from undue influence, while valuing and respecting contributors' knowledge, without passing judgement or altering their perspectives both

*"The facilitator [whether internal or external] acts as a neutral third party, creating the conditions for stakeholders to express themselves freely while maintaining a position of benevolent neutrality. They help describe underlying mechanisms, clarify methodological choices and deepen the analysis. In this sense, they play a maieutic role by facilitating the emergence, structuring and organisation of knowledge."*²⁶

There are several possible ways of organising human resources within a capitalisation process.

Internal facilitation:

- ✎ Bringing capitalisation in-house helps embed it as an institutional practice, fully integrated into the organisation's culture.
- ✎ Integrating capitalisation into the organisa-

Diagram developed by the Capitalisation Unit, Coalition PLUS, 2024

²⁴ This section primarily draws on two French reference works: Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). Capitaliser son expérience, un atout pour les organisations. Lyon: La Chronique Sociale ; et Laurent, A., Soudier, B., Bouhier, F., Ferron, C., Gaspard, S., Georgelin, B., Le Grand, E., & Lombrail, P. (2022). La capitalisation des expériences en promotion de la santé - A handbook. Laxou: Société Française de Santé Publique ; Aubervilliers : National Federation for Health Education and Promotion. Available online: <https://www.capitalisationsante.fr/wp-content/uploads/2022/04/Cahier-pratique-CAPS-VF.pdf>

²⁵ Zutter, P. de. (1994). Des histoires, des savoirs, des hommes : l'expérience est un capital. Paris: Charles Léopold Mayer Foundation for the Progress of Human

²⁶ Laurent Anne, Soudier Benjamin, Bouhier Frédéric, Ferron Christine, Gaspard Samuel, Georgelin Béatrice, Le Grand Eric, Lombrail Pierre. La capitalisation des expériences en promotion de la santé - A handbook. Laxou: Société française de santé publique ; Aubervilliers : Fédération nationale d'éducation et de promotion de la santé, 2022, 80 p. Online : <https://www.capitalisationsante.fr/wp-content/uploads/2022/04/Cahier-pratique-CAPS-VF.pdf>



tion's internal processes promotes stronger ownership of the results. By participating directly in the process, teams strengthen their capacities, deepen their experience and enhance their learning.

External facilitation:

Engaging an external consultant can be particularly valuable in the following situations:

-  When the process is complex, for example because it requires a cross-cutting analysis of several projects or experiences, or the application of a specific conceptual or methodological framework that is not available internally.
-  When data collection requires critical distance in order to minimise bias and ensure the highest possible level of objectivity.
-  When the team does not have sufficient time or resources to carry out the capitalisation process effectively.

Advantages of external facilitation

- Methodological expertise.
- Ability to structure and document critical knowledge, expertise and practical know-how generated through the capitalisation process.
- An independent and neutral perspective that enriches collective reflection.
- Time savings for internal teams.
- Thanks to their experience and expertise, an external consultant can deliver high-quality outputs within a shorter timeframe, increasing the likelihood of a successful capitalisation process.

Disadvantages of external facilitation

- Even when an external consultant is involved, internal coordination remains essential and often requires more time than anticipated.
- Over-reliance on external support may reduce internal engagement, limit organisational learning and weaken teams' ownership of the capitalisation process.
- If capitalisation is outsourced to too great an extent, internal teams may become less engaged, reducing both their involvement in and ownership of the process.
- Integrating an external consultant into the organisation's internal dynamics can be challenging if the scoping phase has not been properly conducted.
- The cost of external support may exceed the available budget.

Key competencies required to facilitate a capitalisation process in community health

-  **Methodological competencies:** expertise in experience capitalisation, qualitative research methods (documentary analysis, interviews, focus group discussions, participant observation, etc.), and the ability to analyse and document knowledge in a variety of formats.
-  **Facilitation and coordination:** ability to design and facilitate participatory workshops, foster constructive dialogue through a neutral and supportive approach, and manage collaborative learning and collective intelligence processes in multicultural environments.

 **Writing and communication:** strong writing, analytical and synthesis skills to structure and document knowledge; language skills adapted to the context; excellent communication and interpersonal skills, with the ability to work effectively in multicultural settings.

 **Technical skills:** proficiency in digital tools for collaborative work, data collection and management, and the production of written and visual communication materials.

 **Organisational skills:** project management, teamwork and remote coordination skills.

 **Subject-matter expertise:** sound knowledge of community health, particularly HIV/AIDS and viral hepatitis, together with a strong understanding of and sensitivity to human rights issues.

Important !



The choice between **internal and external facilitation** in a capitalisation process has important budgetary, organisational and strategic implications.

Internal facilitation offers the advantage of an in-depth understanding of the experience being capitalised, while **external facilitation** can provide stronger methodological expertise and a more objective perspective. However, even when an external consultant is engaged, capitalisation should remain an internally led process, managed and coordinated by the commissioning organisation. This approach helps foster a culture of capitalisation within the organisation.

The effectiveness of a capitalisation process depends on close collaboration between the facilitator, contributors and the organisation's leadership. The decision to undertake a capitalisation process, together with the key elements defined during the scoping phase, should be validated by the organisation's leadership, which must also ensure that stakeholders have the resources they need, particularly sufficient time to participate in the planned activities.

Contributors are the primary authors of the capitalisation content, as they hold the knowledge, expertise and practical know-how that the process seeks to capture and document. The facilitator's role is to guide and structure the process by providing a rigorous methodological framework while allowing the content to emerge from participants' contributions. This role should be clearly defined from the outset to ensure a constructive collaborative process and results that are aligned with the agreed objectives.

C. Timing of the capitalisation process²⁷

*"Whatever the form that capitalisation takes, the aim is to **create collaborative dynamics that move beyond the routine of traditional meetings and encourage open, honest dialogue leading to deeper reflection and analysis.** A range of methods—including timelines, communities of practice, active listening, writing workshops and others—can be adapted to suit each context."*²⁸

Experience capitalisation is a process that can be initiated at different stages, depending on the objectives defined during the scoping phase and the specific context. The main forms of capitalisation are presented below.

One-off capitalisation

One-off capitalisation is generally carried out at the end of, or shortly before the completion of, a project or programme, or at a particular milestone in the life of an organisation. Its objectives vary according to the context and may include preparing for the continuation or renewal of a project, informing scale-up, or documenting and sharing good practices and lessons learned. Depending on the purpose, the capitalisation may focus on the project as a whole, a specific theme, an innovation, an operational practice or a particular process.

For one-off initiatives—such as documenting an organisation's 30 years of experience—it is common to **engage external facilitation**. Such an approach generally requires a **steering committee** responsible for defining the capitalisation focus and identifying the key lessons that the organisation wishes to draw from its experience, in line with its institutional strategy.

It is also important to recognise that documenting long-term experience is only possible if the organisation's institutional memory has been preserved and if those who contributed to the experience are still available to share their knowledge. While documents can help reconstruct the history of an initiative, the practical know-how held by contributors is often lost when they are no longer present. This underlines **the importance of integrating capitalisation from the very beginning of a project or embedding it as a continuous institutional practice**, so that valuable knowledge—particularly tacit knowledge—is preserved over time.

²⁷ This section also includes content adapted from: ACODEV. (2021, October). La capitalisation d'expériences [Training material]. Training facilitated by CIEDEL.

²⁸ Enten, F., Feuvrier, M. et Oliveira, A. (2020). De la capitalisation des expériences au sein des organisations de l'aide internationale Entre standardisation et approches « sur mesure » Revue internationale des études du développement, N° 241 (1), 189-211. <https://doi.org/10.3917/ried.241.0189>.



Ongoing capitalisation

*"When is the best time to capitalise on a project, and why? It is commonly assumed that capitalisation begins a few months after implementation or at the end of a project. However, capitalisation can also be carried out throughout the life of a project, actively fostering ownership of the approach within the organisation and ultimately strengthening its effectiveness."*²⁹

This kind of capitalisation takes place regularly throughout a project or action and is generally based on: feedback on activities, practices, methods, tools, etc. and/or regular meetings focusing on approaches and processes (the "how") rather than results.

This form of capitalisation takes place continuously throughout the implementation of a project or initiative. It is generally based on regular reflections on activities, practices, methods and tools, and/or recurring meetings that focus on processes and ways of working (the "how") rather than solely on results.

Ideally, **ongoing capitalisation is embedded within the project life cycle** and involves:

- ✎ Planning from the outset: identifying key opportunities for capitalisation during project design.
- ✎ Continuous learning: collecting, documenting and organising lessons learned throughout project implementation.
- ✎ Collective knowledge sharing: documenting and sharing the team's experiences on an ongoing basis.

When implemented progressively, this approach strengthens the culture of capitalisation within both project teams and the organisation as a whole. However, it requires sustained commitment, discipline and engagement throughout the entire project cycle.

Institutional capitalisation

Institutional capitalisation is a structured, continuous process implemented independently of any single project or programme. Its objectives include:

- ✎ Preserving and strengthening the organisation's institutional memory.
- ✎ Documenting and promoting experiences and expertise to support knowledge sharing, recognition (including external recognition) and organisational visibility.
- ✎ Improving practices and optimising organisational processes as part of a continuous quality improvement approach.
- ✎ Fostering continuous organisational learning as part of a learning organisation.
- ✎ Developing institutional knowledge management tools to capture, organise and share knowledge through databases, online portals, collaborative platforms and other digital systems.

Embedding capitalisation as an institutional practice requires a strategic decision by the organisation, aligned with its strategic plan or organisational strategy. It also requires adequate resources, a dedicated capitalisation strategy, appropriate institutional mechanisms, and systems that promote continuous knowledge sharing and organisational learning.

Institutionalising capitalisation as a core component of a learning organisation fosters continuous learning, innovation and collective reflection, while strengthening the organisation's capacity to generate, preserve and use knowledge over time.

2.2 Data collection

If the **scoping phase** has identified what is to be capitalised (the focus of the capitalisation), the **data collection phase** marks the transition from planning to action. At this stage, the information needed to describe, document and analyse the experience is gathered. This is when raw data and evidence related to the experience are systematically collected and organised, and the explicit and tacit knowledge of those directly involved in the experience is captured so that it can be documented, analysed and shared.

If we imagine capitalisation as a process of knowledge production, data collection represents the earliest stage in transforming raw material into valuable knowledge.

2.2.1 What should be collected?

A. Data, information, knowledge and competencies³⁰

Although the terms data, information and knowledge are often used interchangeably, it is important to distinguish between them. This distinction is particularly relevant in a capitalisation process, which is fundamentally a form of knowledge management—that is, the process of organising, analysing and transforming information into knowledge. Understanding these concepts is especially important during the data analysis phase.

Data are basic facts or observations, such as numbers, words or dates (for example, a person's age, weight, name or a specific date). Different types of data exist, the most common being raw data and structured data.

Examples: Raw data: 0.7%

Structured data: An HIV prevalence of 0.7%.

In the second example, the raw figure (0.7%) has been organised and placed in context by linking it to a specific indicator (HIV prevalence). **Information** is created when meaning is assigned to data through interpretation.

Example: "An HIV prevalence of 0.7% indicates a decrease compared with the previous year."

Here, the information results from interpreting the data within a temporal and comparative

context. **Knowledge** is information that has been understood, contextualised and interpreted in a way that informs understanding or decision-making.

Example:

"In Mali, the HIV prevalence among adults aged 15–49 is 7%."

This becomes knowledge when it is interpreted as an indicator of a concerning epidemiological situation and highlights the need to strengthen HIV prevention programmes.

Knowledge is **information** that has been assimilated and placed in a context, which gives it a particular meaning. For example, the sentence: "In Mali, the prevalence of HIV among the adult population (aged 15 to 49) is 7%" becomes common knowledge when it is interpreted as **a worrying sign** and an **indicator of the inadequacy of prevention programmes**.

Knowledge is information that has been understood, contextualised and interpreted in a way that informs understanding or decision-making.

Example :

"In Mali, the HIV prevalence among adults aged 15–49 is 7%."

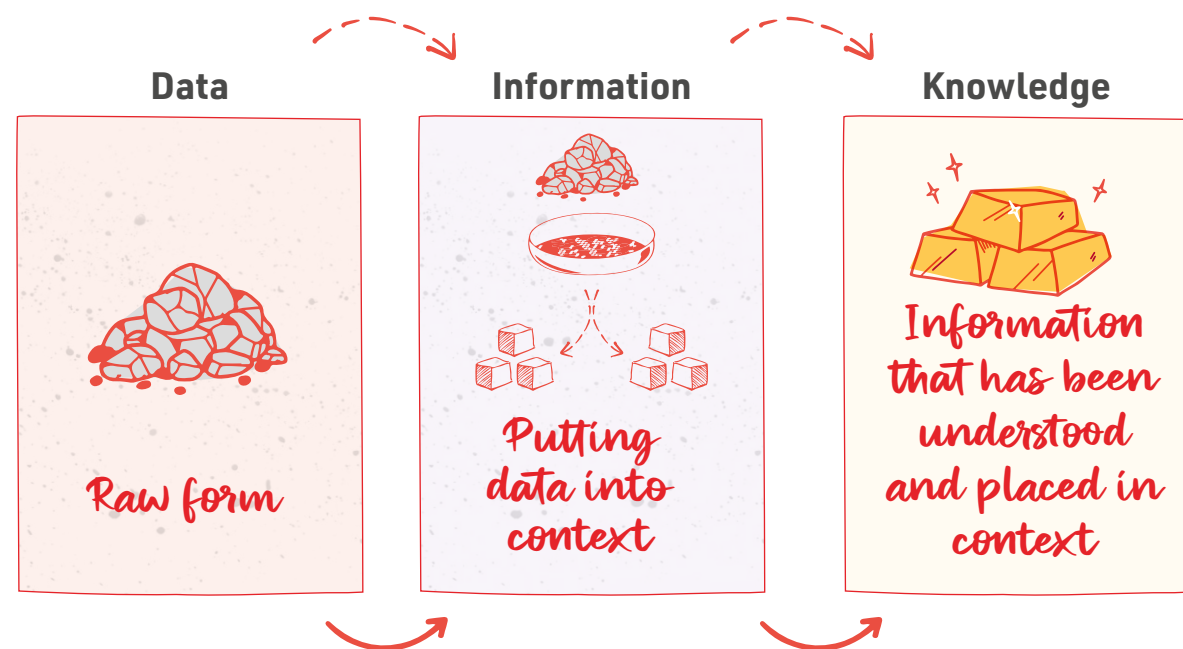
This becomes knowledge when it is interpreted as an indicator of a concerning epidemiological situation and highlights the need to strengthen HIV prevention programmes.

Knowledge may be tacit (implicit and undocumented) or explicit (documented and codified). The primary objective of experience capitalisation is to transform tacit knowledge into explicit knowledge.

A competency (know-how) is knowledge that has been structured and can be applied effectively to perform a specific task or activity. This **"knowledge in action"** is particularly evident in problem-solving situations. For example, the ability to assess a situation and analyse the effectiveness of HIV prevention programmes in

²⁹ Balizet Olivier, Feuvrier Marthe-Valère, Noury Audrey. *La capitalisation d'expériences- un voyage au cœur de l'apprentissage*. Training kit. Paris: F3E, 2016, 130 p. Online: https://f3e.asso.fr/wp-content/uploads/kit_formation_2.pdf

³⁰ Adapted from Renaud, J., Bonjour, E., Chebel Morello, B., Fuchs, B., & Matta, N. (2008). Retour et capitalisation d'expérience: Tools and approaches.



a given country is a competency..

B. Knowledge, know-how and interpersonal competencies

Knowledge refers to the theoretical understanding acquired through academic study and/or professional experience that can be applied in a specific context.

Example : having an in-depth understanding of sexually transmitted infection (STI) treatment.

Know-how refers to practical competence—"a manual and/or intellectual skill (competency) acquired through experience."³¹

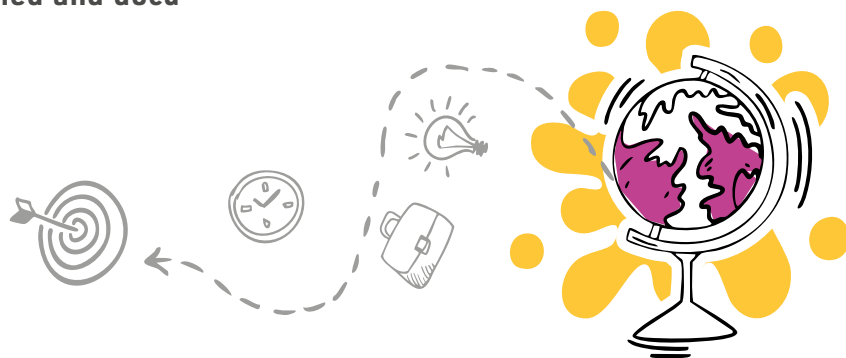
Example : peer educators supporting people living with HIV in accessing care and remaining engaged in treatment. One of the key questions addressed through experience capitalisation is : **How can this operational know-how—most often tacit or implicit—be identified and documented ?**

Types of know-how³¹:

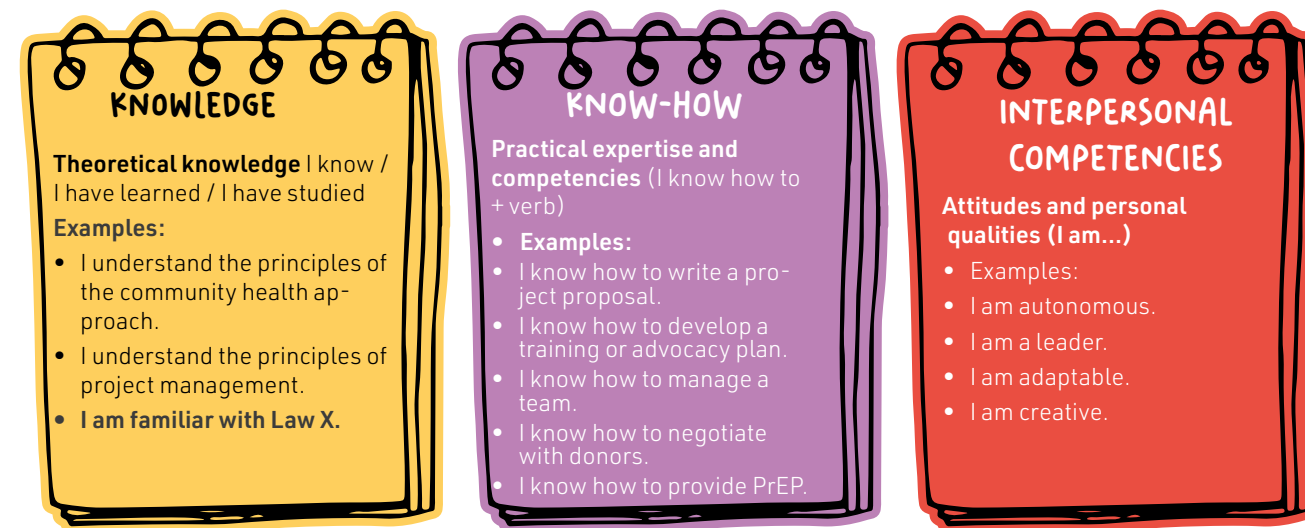
Cognitive know-how: the ability to conceptualise, analyse, reason, formulate hypotheses and build logical arguments.

- ✍ Operational know-how: the ability to perform and master the practical tasks required to accomplish a specific activity.
- ✍ Relational know-how: the ability to interact effectively with others in contexts that require strong interpersonal skills, such as networking, teamwork and partnership building.
- ✍ Interpersonal competencies (savoir-être) relate to attitudes and behaviours.

Example : demonstrating empathy, a non-judgemental attitude and respect for confidentiality when working in the field of sexual health.



2.2.2 Which data collection methods and techniques should be used?



Capitalisation involves a process of collecting and analysing data based on experience, good practice and lessons learned, with the aim of making them accessible to all the stakeholders concerned. As we will see later in this guide, the first stages of the capitalisation process involve selecting the experience to be described and analysed, discussing the objectives and expected results of the process, and identifying the people who will be involved. Most of the time, these activities take place in parallel, without necessarily following a consecutive order.

Capitalisation data can be collected and analysed using:

1. Qualitative research methods³²: ncluding documentary review and analysis, individual and/or group interviews (unstructured, structured or semi-structured), focus group discussions, participant observation, case studies, questionnaires and other qualitative data collection techniques.

2. Knowledge management methods adapted to experience capitalisation³³ to its modelling³⁴ and mapping³⁵ of knowledge: RETEX (feedback)³⁶, MEREX³⁷, DELPHI, CommonKADS³⁸, KALAM³⁹, MKSM / MASK⁴⁰, GAMETH⁴¹ etc.

³² For more information, here are some sample resources: <https://shorturl.at/bXnts> or: <https://shorturl.at/S4hW9>

³³ To find out more: <https://shorturl.at/fnxey>

³⁴ In the context of experience capitalisation, **modelling** consists of creating abstract and structured representations of knowledge or processes in order to facilitate understanding and analysis by means of clear and simplified diagrams or conceptual models. Often confused with **theorising**, the latter aims to extract general principles or frameworks from these experiences, enabling them to be applied more widely than in specific cases. *Definitions adapted from: International PROFADEL network. (2018). Manuel de capitalisation des expériences.*

³⁵ In the context of experience capitalisation, **mapping** involves creating a visual representation of the knowledge and skills within a given organisation or project to highlight the links between individuals and available resources, as well as identifying key knowledge and opportunities for exchanging ideas that already exist or need to be developed further. For example: a skills map carried out within a team can help to identify areas where expertise is strong and skills that need to be strengthened through, for example, ongoing training or joint knowledge sharing.

³⁶ **Feedback** is an opportunity to take a step back and learn practical lessons from a project activity, for example. The aim is to look at what has worked well and what could be improved, and to extract useful lessons for the future. These lessons are then shared, often with the teams concerned, and organised in a database to make them easily accessible and reusable. However, feedback is generally limited to a precise scope: an activity, an action or a specific situation. Capitalising on experience goes further, because it takes this feedback as a starting point, and then puts it into perspective, structures it and enriches it to turn it into genuine knowledge "capital". Capitalising on experience is therefore a global and strategic process that not only enables this knowledge to be passed on to a larger number of people, but also makes it useful in other contexts, and feeds into longer-term practices and decisions.

³⁷ The **MEREX method**, developed by Jean-Claude Corbel in 1995, aims to improve the design process by proposing preventive solutions based on existing collective knowledge. It facilitates access to the expertise of business players by capitalising on feedback. MEREX offers documents and checklists containing all the document headings to help gain a comprehensive overview of a problem before making a decision.

³⁸ This method is based on five models, the aim of which is to provide reusable 'prototypes' of knowledge models.

³⁹ The aim of this method is to identify crucial skills by mapping them. To find out more, visit <http://www.polia-consulting.com/Methode-KALAM-R.html>

⁴⁰ The MKSM/MASK method aims to model knowledge from different angles, based on an organisation's or company's "knowledge sources" (experts, specialists, knowledge holders). This knowledge is then organised into a "knowledge system" or "knowledge assets".

⁴¹ This approach involves clarifying knowledge requirements, identifying, locating, characterising and estimating the value of this knowledge, and defining and justifying the knowledge capitalisation actions to be developed. The approach focuses on the organisation's processes.



3. Participatory collective intelligence methods, including brainstorming workshops and strategic analysis workshops (SEPO, SWOT, Bono's Six Thinking Hats, timelines, mind mapping, World Café, Most Significant Change, Design Thinking, the NUF test, Metaplan, etc.)⁴²

Organising one to three participatory workshops can be an effective approach. Facilitated by someone who guides discussions and helps participants identify lessons learned—both successes and failures—**these workshops ensure that the capitalisation document is not merely a form to be completed, but rather the outcome of collective reflection and a genuine learning process.**

Participatory workshops enable the capitalisation process to be grounded in the experiences of those who have directly contributed to the initiative being documented (for example, a project). Bringing together all relevant stakeholders makes it possible to compare perspectives, collectively identify the knowledge generated through the experience, and agree on the lessons learned and good practices to be documented and shared.

"Collective intelligence is the intelligence of working teams"⁴³ or, more broadly, "the combined capacity of a group to understand, reflect, make decisions and take action, emerging from interactions among its members when responding to a current or future complex situation."⁴⁴

According to Garnier (2001)⁴⁵, "collective intelligence is "a process that enables a group to understand all the dimensions of a complex problem across time and context, leading to informed decision-making."⁴⁶ **Collective intelligence** is also defined as a facilitation tool based primarily on a participative dynamic, active listening and a bottom-up approach that encourages the emergence of individual and collective ideas.

Box# 1:

Example of the Delphi method in practice

The Delphi method is a technique for collecting and structuring knowledge that was developed in the 1950s. It is widely used in experience capitalisation processes, as well as in other contexts where collective expertise is needed to support decision-making.

A practical example of its application comes from pandemic preparedness. In Ontario (Canada), in 2009, public health authorities consulted a panel of experts to anticipate the evolution of a public health emergency and develop response strategies.

The process was conducted in three phases :

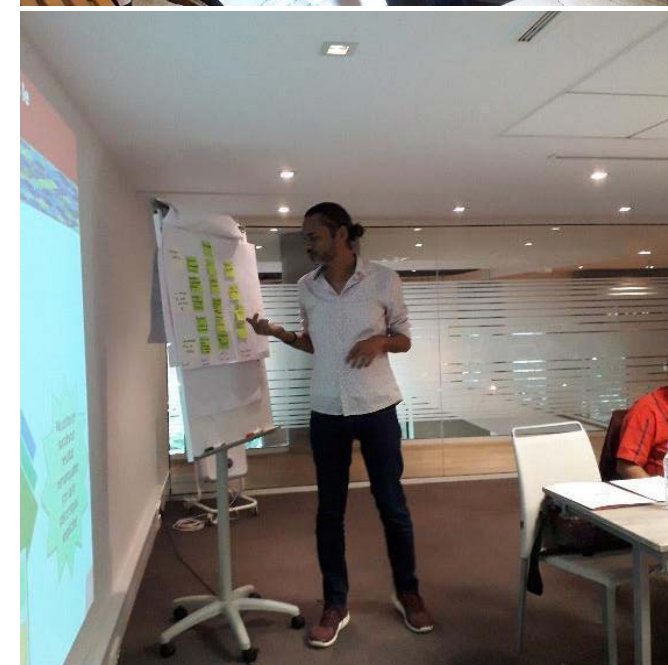
1. Identifying key issues: Stakeholders representing nine categories of health care organisations identified a series of issues related to pandemic response planning.

2. Developing potential solutions :Based on the issues identified, a series of statements proposing possible strategies and solutions was developed. Panel members were then asked to indicate their level of agreement with each statement.

3. Building consensus : A facilitated face-to-face meeting was organised to discuss the results and refine the proposed strategies.

As a result of this Delphi process, 72 unique statements were developed, 56 of which reached consensus among participants.

"The Delphi exercise proved to be an effective way of initiating coordinated pandemic response planning within a local health system. It enabled planning to progress to the development of operational plans for primary assessment centres, other health care facilities and hospitals facing a sudden surge in patient numbers."⁴⁷



Photos - Participatory experience capitalisation workshops organised by the Coalition PLUS Capitalisation Unit (ARAS, Bucharest, 2024; participatory workshops organised in collaboration with ALCS, Arcad Santé PLUS and PILS, Casablanca, 2022).

42 A manual of collective intelligence tools is available at this address: https://www.educationsolidarite.org/wp-content/uploads/2021/05/Manuel_IntelligenceCollective.pdf Another manual for facilitating collective intelligence-type dynamics is available here: https://www.chataigneraielimoisine.fr/upload/SITE/Missions/Habitat/FSB/Manuel_facilit_Coop_Leader_FSB.pdf Other resources; <https://smyleteam.fr/outil-intelligence-collective/>; <https://ota62.site.ac-lille.fr/ressources-animation/>

43 Gréselle-Zaïbet, O. (2007). Vers l'intelligence collective des équipes de travail : une étude de cas. Management & Avenir, n° 14(4), 41-59. <https://doi.org/10.3917/mav.014.0041>

44 Gréselle-Zaïbet, O. (2007). Vers l'intelligence collective des équipes de travail : une étude de cas. Management & Avenir, n° 14(4), 41-59. <https://doi.org/10.3917/mav.014.0041>

45 Garnier, L. (2001). Définir et repérer l'intelligence collective dans les équipes de travail

46 Gréselle-Zaïbet, O. (2007). Vers l'intelligence collective des équipes de travail : une étude de cas. Management & Avenir, n° 14(4), 41-59. For more information on collective intelligence: <https://doi.org/10.3917/mav.014.0041> or https://fr.wikipedia.org/wiki/Intelligence_collective or <https://www.blunenove.com/blog/intelligence-collective/> or <https://marc-prager.com/outils-intelligence-collective/> or <https://lesagoras.paca.ars.sante.fr/images/medias/data/Conf--rence-Les-outils-de-l-Intelligence-Collective-r--duit--5b5adfe749fb8.pdf>

47 Stalker, S.A., Weir, E., Vessel, S.L. et al. Planning a Coordinated Local Health Care System Response to a Pandemic Using an Accelerated Delphi Technique: Phase 1. Canadian Journal of Public Health, 100, 65-69 (2009). DOI : 10.1007/BF03405496

**Box# 2:**

The choice of data collection methods must take into account certain important aspects:

-  **Each capitalisation approach is specific** and requires flexibility and adaptation, or in other words, is “tailor-made” for the situation;
-  **Compliance with the specifications or terms of reference** defined at the scoping stage;
-  Capitalising on experience is not limited to producing knowledge and deliverables. It is, above all, about the **process itself, which is driven by a participative dynamic and exchanges between the various contributors. The participative approach** must remain the central pillar, because capitalisation takes on its full meaning when **the various opinions and perspectives come together**. That said, for reasons of time constraints, this cross-fertilisation of different views and perspectives can sometimes be limited to the stage of validating the content of the capitalisation media;
-  **Available resources** (financial and other);
-  **Constraints linked to the availability of contributors** to take part in the capitalisation process.

Box# 3:**Difference between methods and techniques for capitalising on experience**

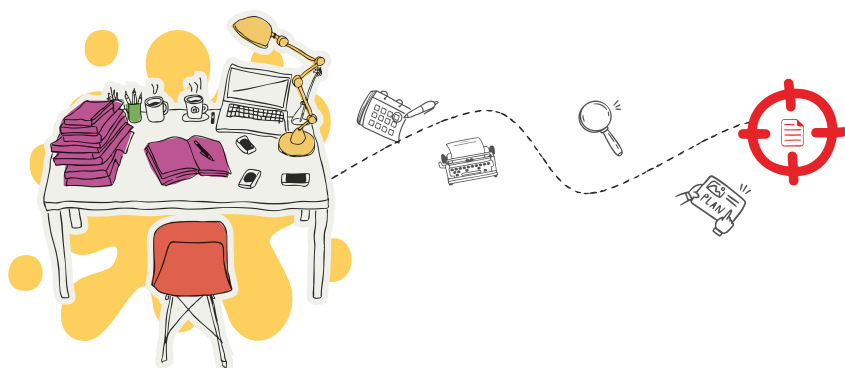
When capitalising on experience, it is important to distinguish between **methods and techniques**.

-  **Methods** define the general approach used to collect and analyse data.
-  **Techniques** are the concrete tools or processes used to implement these methods.

The **method** represents the overall framework for reflection and action, while the **technique** corresponds to its concrete application.

Example:

Data collection can be based on qualitative research methods. In this context, one **method could be the interview**, while a **specific technique would be the semi-directed or structured interview**.

**2.2.3 Organising the data collection process - How do you go about it?**

In terms of the organisation of the capitalisation process, according to our documentary analysis of the different approaches (CIEDEL, SFSP, F3E, FAO) and our observations and reflections arising from the experience of capitalisation at the level of the Capitalisation Unit since 2020, there are a number of key stages:

**Stage 1:**

Reconstruct the context and history of the experiment

**Stage 2:**

Testify - Explain - Relate the experience

**Stage 3:**

Explore in depth to extract knowledge, skills and learning

Stage 1: Reconstruct the context and history of the experiment

Reconstruct the history and identity of the experience to be capitalised (project, action, etc.) on the basis of **the preliminary documentary analysis**. During this stage, it is necessary to examine and make use of existing documents relating to the experience (reports, documents presenting the project or action, minutes, etc.) in order to identify the key elements of the context, the players involved and the main stages of the experience.

Stage 2: Testify - Explain - Relate the experience, identifying the most significant moments and inflection points

Organise an **initial phase of qualitative data collection** from contributors, in particular the players and authors of the experience to be capitalised on. This information is generally gathered through interviews, focus groups or participatory workshops. At this stage, the aim is to identify both **factual and descriptive elements** (events, key decisions, actions taken), as well as more subjective dimensions (**feelings, emotions, memories and perceptions**⁴⁸) on the part of participants. By encouraging the expression of each person's experiences and perceptions, this stage enriches the overall understanding of the experience.

A useful exercise, recommended by CIEDEL⁴⁹ at this stage, is the identification of key moments in the experience. This includes **moments of significant change** or so-called **inflection points** that have had a **major impact or structurally influenced its development**.

An experience such as a project, for example, does not always unfold in a linear fashion: its evolution can be characterised by phases of stalemate, stoppages or disruptions, major qualitative leaps with progress at varying rates. Identifying these inflection points (or turning points) enables us to move from a descriptive approach, which is often a little dry, to a more dynamic approach. This means the history of

⁴⁸ Adapted from the following source: [Eval.fr](https://eval.fr/) - Méthodes et outils pour la capitalisation

⁴⁹ CIEDEL (International Centre for Local Development Studies). For further information: <https://www.ciedel.org/> ; PROFADDEL international network. (2018). [Manuel de capitalisation des expériences](#)



a project can be focused on periods that are more significant or relevant for the capitalisation work. This exercise provides a better understanding of how these key moments have influenced the evolution of the experience over time.

Several approaches can be used to identify these inflection points: collective intelligence methods (in particular tools such as the "time-line", "most significant changes", "after-action review", "Ishikawa diagram", etc.⁵⁰) or qualitative research methods (interviews, focus groups).

Important! According to our observations, our reflections and our experience of capitalisation within the Unit, it is useful to focus on participative methods as much as possible at this stage, or to combine them with qualitative research methods (such as individual or group interviews, for example).

Information gathering must be broad and open, encouraging discussion and debate. In addition, facilitation⁵¹ and moderation⁵² during these discussions and debates should encourage a constructive confrontation of points of view, while directing discussions towards a precise and strategic analysis of the experience in order to avoid getting lost in superfluous details.

If this stage is conducted solely using individual semi-structured interviews, it is important to use the same interview guide or grid. This will make it easier to analyse the information gathered from the various interviewees.

In addition, whether we are talking about qualitative interviews or facilitating collective intelligence during a participatory workshop, the most important thing is to identify the most relevant questions, especially in relation to the

information needs of the target audiences and the other elements identified at the scoping stage. These questions must be directly linked to the use that will be made of them and to the recipients of the results of the capitalisation process.

*"This is the time to focus on explanations, stories and testimonials. The **"How did you do that?"** and comparison with other experiences help to stimulate this clarification stage. Bringing together the different players reveals what unites them and what is unique to each, the specificities and innovations. Talking about one's own personal experience encourages individual and collective learning."*⁵³

*"Comparing experiences allows groups or individuals to get contributors to react to the differences in perception that arise in their stories, so as to cross-fertilise views and provide a new perspective on a situation. **It is at this point that we move from subjectivity to the construction of objective knowledge.** It's a time for mutual enrichment through the sharing and interpretation of subjectivity. Oral discussions are preferable, as they give the participants time to develop their thoughts and build on the richness of their reflections. It may be useful to set up discussion workshops open to external people who are specialists in the subject or from other organisations sharing the same experience, in order to gain different perspectives and points of view."*⁵⁴

Examples of inflection points as part of a capitalisation process on a project to set up a community PrEP access service for vulnerable women.

Question to get started: *How did we set up our community PrEP access service for vulnerable women?*

To identify the key moments necessary for capitalisation, the following questions can be asked⁵⁵:



- What were the key moments during which the skills that need to be promoted were put into practice?



- At what moments did we resolve difficulties that had previously been stumbling blocks?



- At what moments did we feel that we were making progress on our chosen topic?



- What events do we consider to be leaps forward?



- Were there moments when we particularly felt we had to develop skills and innovate?



- Were there events or essential choices without which we could not have achieved the results we did?

⁵⁰ For more information, see the Toolbox in the appendix.

⁵¹ The **facilitation process** uses collective intelligence to enable each participant to take part in identifying shared ideas (knowledge) or solutions. The facilitator participates in the group's work by adjusting their approaches to achieve common objectives (e.g. solving problems, harmonising strategies, identifying knowledge and know-how, etc.), while optimising group dynamics.

⁵² The **aim** is to stimulate and involve participants by creating a dynamic, participative and inclusive atmosphere. The facilitator must strive to encourage active participation and interaction through group activities and discussions that promote integration and group cohesion.

⁵³ F3E. (2022). *Capitalisation des expériences: Apprendre ensemble et améliorer nos actions avec le F3E*. Summary directed by Marie-Pierre Héritier, Othmane Chaouki and Nathalie Saric, produced by Luciana Uchôa-Lefebvre <https://f3e.asso.fr/ressource/capitalisation-des-experiences-apprendre-en-semble-et-ameliorer-nos-actions/>

⁵⁴ Ugarte, V., & Roy, A. (2019). *Capitalisation, partage d'expériences et gestion des connaissances : Training manual*. Denmark's bilateral programme for Mali

⁵⁵ PROFADEL international network. (2018). Manuel de capitalisation des expériences. Consulted at <https://profadel.net/pictures/field/actualidades/Manuel capitalisation PROFADEL.pdf>



Some examples of significant moments identified by contributors	Brief description	Examples of specific questions to identify inflection points
Conception or initial design of the community service for accessing PrEP	This phase made it possible to define the objectives, vulnerable women as the target audience, and the main methodological guidelines for implementing the service. These choices shaped subsequent interventions, in particular the adaptation of other community health services in our SHS system to meet specific needs.	What events or decisions at the level of our association had a decisive impact on the developing access to PrEP for vulnerable women?
Launch of awareness-raising campaigns	Targeted communication activities were introduced to inform communities about PrEP, raise awareness of the fight against stigma and explain its importance for women in vulnerable situations. This initiative marked a turning point in the visibility and acceptability of the service.	Were there moments when the perceptions or attitudes of stakeholders (vulnerable women, healthcare professionals, communities) changed significantly?
Review of sexual health service protocols for the association's SHS (clinic) scheme	This phase enabled the integration of new protocols, such as specific consultations for women, training for healthcare staff and logistical adjustments (stocks, medical monitoring). These changes have made it possible to provide better care for women	When did we develop or strengthen specific skills that improved the effectiveness of the project?
Implementing innovations in access to PrEP	Innovative strategies such as mobile health units and community dispensing points were introduced to make PrEP more accessible to women living in rural areas.	Have there been times when we've felt like we've reached an important milestone? At what moments have we had to innovate to meet unforeseen challenges?

Stage 3: Exploring in depth to extract knowledge, know-how and learning - Going down into the mine in search of nuggets

The data collection process continues, digging deeper and dissecting each inflection point identified by the contributors in order to gather information in line with the elements identified when developing the framework. For example:

- Understand the main challenges encountered (particularly in the field, if any, and how these may have affected the expected results),
- Identify the solutions put in place to overcome these challenges,

- Identify success factors and levers,
- Areas for improvement,
- Gathering knowledge, know-how and, in particular, **gold nuggets** : "which will be shared for external communication purposes and which form part of the organisation's internal expertise and must be carefully preserved"⁵⁶.

*"The nugget is the expert's tacit knowledge. A nugget [...] is a potentially valuable piece of know-how in terms of use or behaviour (individual or collective). [...] The nuggets are difficult to identify, even though they represent almost 70% of the value of the company, i.e. what a buyer would be prepared to pay for"*⁵⁷.

⁵⁶ PROFADEL & CIEDEL International Network (2018). *Manuel de capitalisation des expériences*

⁵⁷ Tigé, Sylvain. (2022). *Capitaliser et valoriser les savoirs : Les vraies pépites internes à l'entreprise*. AFNOR Editions.

- Identify promising or good practices,
- Formulate (formalise) the lessons learned from the experience,
- Identify the strategies used to capitalise on the experience, the key decisions and the adjustments made....



Diagram: Oliveira, A. M. (2022). *Guide pratique pour accompagner une capitalisation au sein de votre organisation*. ACODEV and CIEDEL.

Selecting the people to be interviewed as part of a capitalisation process is not only a legitimate decision, but often a necessary one. We are sometimes forced to make this selection because of our own limitations as facilitators, the tight deadlines for producing a deliverable, or the need to obtain information that is both relevant and of high quality. Capitalisation is, in essence, a strategic and selective approach: it targets that which is capital, that which has value. The aim is not to exclude, but to target the people who are best placed to provide the information required, in line with the objectives set. This selection is based on criteria developed in a participatory manner with the stakeholders, right from the scoping phase. It helps to create the right conditions for highlighting tacit knowledge and know-how, in the interests of everyone, once this learning has been documented, shared and promoted.

Knowledge management specialists recommend planning at least three "explanatory interviews" per person to gather these elements in depth and, in particular, to identify as much information as possible on know-how (skills), as well as to reveal, highlight and formalise the "nuggets" - knowledge that is most often tacit.

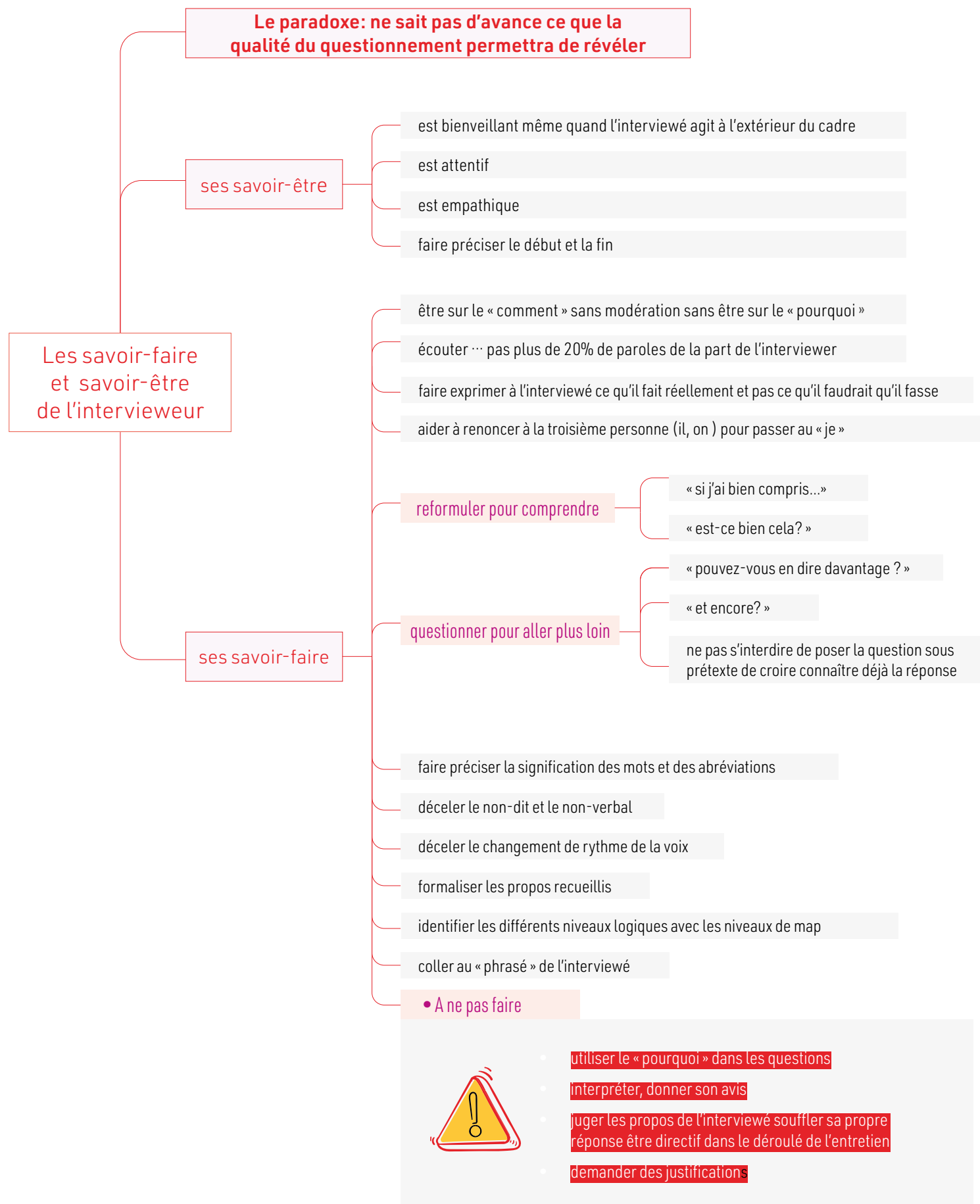
⁵⁸

Central questions, such as **"How? How did we do it?"** remain the same for all the interviews or types of exchange (participative capitalisation workshops), but they are adapted to reflect the level of detail required to extract the knowledge.

Repeated and progressive, this questioning is carried out in several stages and helps to highlight the specific features of the know-how used, to identify key learning points and to transform tacit knowledge into explicit, accessible and transferable knowledge.

The success of this process also depends on the know-how and people skills of the interviewer or facilitator, depending on the data collection method chosen. The following diagram shows some of the key skills needed to conduct effective explanatory interviews and support people contributing to the capitalisation process in identifying their know-how.

⁵⁸ Tigé, Sylvain. (2022). *Capitaliser et valoriser les savoirs : Les vraies pépites internes à l'entreprise*. AFNOR Editions.



2.3 Data analysis

The analysis of qualitative data resulting from an experience capitalisation process is complex and demanding, combining methodological rigour, flexibility and creativity.

This analysis is based on qualitative research methodology in the social sciences, in particular qualitative data analysis techniques such as thematic analysis⁵⁹, grounded theory (or theorisation)⁶⁰ and others, while at the same time valuing the contributions of participants in the capitalisation process, primarily those people whose experience was analysed in the capitalisation process.

“Capitalising on experience is an expression that should be interpreted literally: transforming a “flow” of actions carried out at different times and in different places into a “stock” of more lasting knowledge that is made available to all.”⁶¹

1. Why analyse the data?

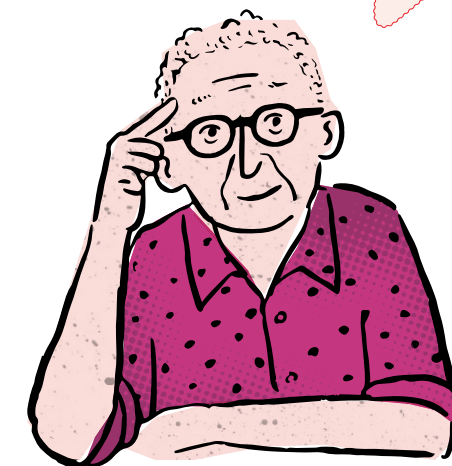
The main aim of analysing the data collected as part of the experience capitalisation process is to:

- ✎ Integrate the voice of the contributors into the process: organise their accounts in a coherent, structured way that is aligned with the objectives and needs identified during the scoping stage.
- ✎ Retrace the course of events and provide a comprehensive and comprehensible overview of the contexts, dynamics and developments of the experiences analysed.
- ✎ Transform the data into shareable knowledge by identifying key learnings to support objectives such as innovation, scaling up, capacity building, impactful advocacy, etc.

Depending on the level of intensity and complexity of the capitalisation process, which, as we have seen, is guided by the expectations, issues and objectives defined by those commissioning the project, the objectives may also include modelling and theorising, or in other words, identifying common elements (“common guiding principles”) that will guide future practices and actions (experiences).

“This identification of common issues is known as the “*identification of common guiding principles*”, which are likely to determine the success or failure of a process in all circumstances. *In my opinion, it is the most important intellectual product of experience capitalisation.*”

Pierre Calame⁶³



⁵⁹ For the definition, please consult : <https://medecine-generale.sorbonne-universite.fr/wp-content/uploads/2020/09/Analyse-thematique.pdf>

⁶⁰ For the definition, please consult: <https://www.erudit.org/fr/revues/crs/1994-n23-crs1517109/1002253ar.pdf>

⁶¹ Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). *Capitaliser son expérience, un atout pour les organisations*. Lyon: La Chronique Sociale.

⁶² Pierre Calame, *La capitalisation d'expériences, étape de la constitution de communautés apprenantes* (2018) : https://www.citego.org/bdf_fiche-document-1149_fr.html



2. Key stages in the analysis

The experience capitalisation analysis process generally adheres to the following stages, largely inspired by the principles of thematic analysis:

1. Organisation and preparation of data



Before starting the analysis, the first step is to organise the data to make it easier to use and analyse.

a. Transcription and cleaning of data

Automatically or manually transcribe audio or video recordings of interviews, as well as exchanges from participative collective intelligence workshops. Listen to the recordings again and reread the transcripts to complete the information, correct any typing or grammatical errors and anonymise the data if necessary.

A word of warning: this stage can be long and time-consuming, but it is essential to take this time in order to guarantee the quality and use of the data. As a rough guide, 20 minutes of an interview can require around an hour of manual transcription, and even with automatic transcription software, it takes at least 30 minutes to proofread and correct the AI-generated errors.

b. Organisation of data

Gather all the relevant data: interviews, observations, notes, participatory workshop reports, post-it notes, documents, etc., from the capitalisation process. Organise data to facilitate analysis:

- ✎ Manually: using tables or matrices (e.g. Excel).
- ✎ Digitally: using qualitative analysis software (e.g.: NVivo, [Atlas.ti](https://atlas.ti.com/)).

2. Familiarise yourself with the data



This stage involves immersing yourself in the data to identify initial ideas.

- ✎ Read and reread the data (interviews and other) to familiarise yourself with the content, spot links between ideas and identify emerging themes.
- ✎ Use elements from the project scoping process (specifications or terms of reference for the capitalisation process) to guide your thinking and draw up an **initial analysis grid** with initial themes, categories or codes.

3. Identification and coding of analysis units



Coding is used to organise relevant information:

- Identify important sections of text (interviews, for example).
- ✎ Assign **codes** or **keywords** to group together similar texts or content, and then compare them. For example, in a transcript, it is possible to highlight in red or introduce a code (when using data analysis software) to identify all the words/terms in the lexical field of HIV-related stigma or all the paragraphs linked to this aspect.

4. Analysis proper



- ✎ Use **the thematic analysis technique**, grouping segments/sections of data into descriptive, explanatory or interpretative themes (using both the inductive⁶³ and deductive⁶⁴ approaches).
- ✎ For example, **group** the knowledge, know-how and challenges into **general categories**, such as "Success factors" or "Lessons learned", defined on the basis of the Terms of Reference (ToR), i.e. the initial framework of the capitalisation process.
- ✎ **Deepen the analysis:** explore the links between the different categories.
- ✎ **Identify similarities and differences:** pinpoint the similarities and differences between the discourses of the various contributors to the capitalisation process.
- ✎ **Identify the factors influencing the similarities or differences** identified (e.g. strategies implemented, variations in implementation conditions).
- ✎ **Use verbatims** to illustrate the various results of the analysis.
- ✎ If necessary, use other qualitative research analysis techniques: for example, **grounded theory or cross-tabulation between different variables**:
 - a) **Grounded theory** is used to identify concepts, patterns or trends derived directly from the data.

Example: During interviews with beneficiaries/users and staff at one of the sexual health clinics run by a community association in Morocco, a recurring concept emerged: "cultural and social proximity". This concept incorporates several dimensions:

- * Language and communication: women feel at ease because staff speak their dialect and use simple vocabulary that is adapted to their context.

- ✎ Understanding of social realities: staff and peer educators demonstrate a deep understanding of the challenges these women face, such as stigmatisation, insecurity and fear of being judged.
- ✎ Physical and relational accessibility: the clinic's flexible opening hours and warm welcome make it less intimidating and more reassuring for beneficiaries.

This concept, although initially absent from the analytical framework, turns out to be central to explaining why women continue to use the community service.

- b) **Cross-referencing variables** leads to a better understanding of the dynamics influencing a phenomenon and enables us to draw lessons that can be adapted to different contexts.

Example:

- * Question identified in the scoping phase: *What factors encourage or hinder adherence to PrEP?*
- * Capitalisation objective: *Identify practices that promote access to sexual health services for vulnerable women.*

Contexts studied: *Urban environment (city centre) and suburban environment (marginalised areas).*

Cross-referenced results:

- ✎ In urban areas, geographical proximity (the fact that the clinic is just a few minutes away on foot or by public transport) is a key factor in encouraging women to visit regularly.
- ✎ In suburban areas, where the stigma is greater, peer educators (PEs) play a key role. Through their outreach work in proximity to the beneficiaries, information and awareness-raising, they reduce barriers to access and encourage adherence to PrEP.

⁶³ This approach starts with raw data and allows ideas (subjects, themes) to emerge without preconceptions. It is particularly useful when a theoretical framework is lacking.

⁶⁴ This approach uses pre-existing theoretical frameworks or hypotheses to guide data analysis. Unlike the inductive approach, which allows themes to emerge directly from the data, the deductive approach seeks to verify, illustrate or refine existing theories through the analysis of relevant segments/content. For example, if we are studying HIV-related stigma, a deductive approach might be to code the data on the basis of dimensions identified in earlier work on discrimination and social exclusion (e.g. Goffman, 1963). In this way, we apply a predefined analysis grid to identify the elements present in the corpus of the text of an interview.

**Conclusion:**

This cross-referencing reveals that the **notion of proximity** takes different forms depending on the context: in an urban environment, proximity is above all **physical (geographical accessibility)**, while in a suburban environment, it is **more social and relational (bonds of trust established by the PEs)**.

5. Interpreting the analysis results

This stage helps to give meaning to the data and to meet the objectives of the capitalisation process:

- ✎ Link the results to the main and underlying questions in the initial framework.
- ✎ Identify the significant implications of the similarities and differences observed.
- ✎ Highlight the lessons learnt, success factors, levers, recommendations and prospects envisaged for improving and developing a given action by the contributors, etc. and areas requiring further research.

6. Drafting the first draft of the capitalisation document

The summary of the analysis results must be presented in a clear and accessible way in a suitable format (file or report). The aim is to produce a document that faithfully reflects the contributions made and is understandable and useful for the stakeholders in the capitalisation process.

- ✎ Organise the results on the basis of the main themes or categories identified during the analysis (e.g. success factors, obstacles, learning).

- ✎ Include the recommendations made by contributors throughout the capitalisation process, in order to reflect their perspectives and experiences directly in the document.

7. Participatory validation or "ecological" triangulation⁶⁵

Validation is an important stage in the capitalisation process. It ensures that the contributors recognise themselves in the analysis and written support that stems from it, in particular through "ecological" triangulation. This participative validation method, which is used in both research and experience capitalisation, consists of comparing the conclusions of the analysis with the viewpoints of the stakeholders and reinforcing the objectivity of what is by nature subjective content. This stage enhances the quality of the analysis by guaranteeing that the results are faithful to the reality of the contributors and facilitates the appropriation and implementation of the results. Validation is organised to:

- ✎ Present the preliminary results (the draft capitalisation document): knowledge, lessons learned and good practice, etc. must be shared with all contributors to the capitalisation process.
- ✎ Gather their critical feedback to clarify or enrich the content of this document, as well as the results of the analysis.
- ✎ Finalise the capitalisation document, incorporating the adjustments agreed collectively.

2.4 Formalising the results of the capitalisation process

A short guide to writing a capitalisation document:

1. Drawing up a drafting plan

Draw up a drafting plan, even a preliminary one, at the end of the scoping stage, to make it easier to organise the information and ensure the overall coherence of the document.

Structure the plan around the two data collection approaches (descriptive and analytical), preceded by an introduction and followed by a conclusion.

An overall framework for a standard capitalisation document may include:

- ✎ Title
- ✎ Summary
- ✎ Introduction: definition of the aims of capitalisation, methodological aspects, presentation of the organisation(s) responsible for the experience being capitalised on and other elements
- ✎ General context: location, population, issues, history, development, etc.
- ✎ Description of the experience: activities carried out, results achieved, keydates, etc.
- ✎ Analysis (for example):
 - ✖ The knowledge and skills involved.
 - ✖ Lessons learned, best practices, success factors and areas for improvement.
 - ✖ Analysis of implementation strategies.
 - ✖ Modelling a process (example: community distribution of ARVs).
- ✎ Conclusions and recommendations from contributors to the capitalisation process.
- ✎ Appendices and references.

2. Prioritising and selecting information

Focus on the essential information to be conveyed.

Delete secondary data or points of view that do not add significant value to the document.

Selecting this information requires real discernment. Some information that might be considered secondary at first glance may actually have significant contextual, descriptive or illustrative value. A point of view may be considered secondary if it does not help to shed light on these aspects or provide the capitalisation target audience with a new and useful perspective. The aim is not to be exhaustive, but to ensure a high degree of consistency between the information that is selected and the objectives set for capitalisation.

The nitty-gritty of selecting information is knowing what you're keeping, why, and for what purpose. This sorting must be based on the initial framework of the capitalisation process and evolves in dialogue with the contributors, to guarantee the legitimacy and representativeness of the final content. It is also important to take the desired format and volume into account: too much descriptive detail can quickly overwhelm readers, especially if the aim is operational or strategic.

Systematically ask yourself a few key questions:

- ✎ Does this information meet the objectives defined for our capitalisation process?
- ✎ Does it provide a new or complementary understanding of the subject?
- ✎ Does it illustrate a key success factor, a challenge or a lesson learned?

⁶⁵ "Ecological" (or indefinite) triangulation refers to analyses and interpretations which are subject to verification by the subjects taking part in a research project (in this case, a capitalisation process). Source: <https://shorturl.at/mTdP6>



In addition, when analysing the data collected, it is useful to check:

- ✎ Frequency and relevance: information mentioned several times by different sources or people is often more relevant than an isolated point of view.
- ✎ Information revealing a critical aspect or a little-explored angle, which can enrich the analysis.
- ✎ Impact on decision-making or learning: information has a high added value if it helps to improve a practice, avoid errors or clarify a decision. Conversely, a detail that is too anecdotal or out of context can be discarded.

3. Managing titles and subtitles

Keep the subdivision simple and relevant to avoid unnecessary complexity.

For example, sections divided into 2.1, 2.2, 2.3 should only include additional sub-sections if absolutely necessary.

Grab attention with eye-catching titles and subtitles.

4. Writing specificities

Clear sentences. Be readable and intelligible

- ✎ Write short sentences structured around a single idea.
- ✎ Use an average length of 15 to 20 words for ease of reading.
- ✎ Alternate short and long sentences to vary the rhythm.
- ✎ Connect ideas with linking words (however, furthermore).

Use active verbs

- ✎ Example: "The team analyses the results" rather than "The results are analysed by the team."

Simple, accessible vocabulary

- ✎ Avoid technical terms or jargon, unless they are clearly explained.

Use of quotes and testimonials

- ✎ Include quotes and testimonials to enhance credibility and enrich the text.

Pay attention to the figures!

- ✎ Contextualise and verify data (and its sources) to avoid misinterpretation.
- ✎ Do not present isolated statistics.
- ✎ Systematically indicate the source of quantitative data.
- ✎ Limit the number of figures so as not to overload the text.
- ✎ Check the consistency of information from different sources.

6. Making the text easy to read and engaging

- ✎ Use lists and dashes to structure the main ideas.
- ✎ Add visual elements (photos, diagrams, tables) to illustrate and lighten the content.
- ✎ Keep your style concise to ensure a smooth read.

7. Proofreading and modifications

Submit the final document to contributors to the capitalisation process and, if possible, to external readers⁶⁶ to get their feedback on the clarity, relevance and attractiveness of the content.

Proofread carefully to eliminate spelling and grammatical errors.

8. Adapting to the audience

Adopt a style suited to the target audience identified at the scoping stage. Identify the expectations and needs of the target audience. Ask yourself questions like:

- How will readers view this document?
- Does it provide enough useful information without being too technical?

Adapt the style and level of detail to suit the intended use.

The main capitalisation document can be adapted and made available in a variety of formats or media depending on the target audience identified (e.g. video clips, films, photo exhibitions). It can also form the basis for a storyboard, as required.

2.5 Promoting and sharing the results of experience capitalisation

Capitalising on the results of⁶⁷ experience is the final stage in the process, aimed at transforming capitalised experience into living, accessible, (re)usable and shareable knowledge.

This valorisation is based on three key aspects: the sharing, appropriation and use of results. These steps ensure that the knowledge produced is not simply disseminated, but is genuinely integrated and used effectively.

On the one hand, this process contributes to the continuous improvement of organisational practices, impacting both institutional and operational aspects, and, on the other hand, to the scaling up of specific intervention models or the wider dissemination of identified good practices.

Valorisation also includes identifying the limits and difficulties encountered during a specific capitalised experience. The focus, however, is on the strategies and solutions mobilised by stakeholders to overcome these challenges. Capitalisation can therefore be understood as the capital of everything that has generated value in the implementation of the project, including the way in which constraints and obstacles have been overcome.

Valorisation is not just about making knowledge accessible, but also about increasing its value and usefulness to internal and external stakeholders. There are a number of carefully-prepared strategic actions that can help achieve this, including:

- ✎ appropriate formatting, taking into account the needs and formats preferred by the target audience;
- ✎ relevant contextualisation, so that knowledge can be used directly in a variety of contexts;

- ✎ targeted distribution, to maximise impact, encourage re-use and promote integration into new initiatives or decision-making processes.

This approach can be structured around **three main areas**:

1/DISTRIBUTION AND COMMUNICATION: make knowledge easily accessible to our network's member associations and partners, as well as to institutional partners and other stakeholders, using a variety of sharing channels. As well as simply disseminating information, communication also aims to raise awareness among the target audience of the various underlying issues, i.e. to provide information on the challenges, the impacts, and the importance of advocacy actions, good practice and shared lessons learned. To achieve this, it is important to use accessible and less technical language so that these issues can be understood by a non-expert audience, to encourage commitment, and to increase the visibility of the issues addressed throughout the capitalisation process.

2/APPROPRIATION: encourage the use/exploitation of knowledge gained from capitalisation within the organisation in order to improve practices, working methods and interventions. For example, lessons learned can be used to avoid repeating past mistakes and to optimise the implementation of projects or services. Similarly, the highlights and strengths of an experience can be formalised in a capitalisation document and used to support an advocacy approach.

3/TRANSFERABILITY SUPPORT: facilitate the sharing of knowledge and know-how resulting from capitalisation, the pooling of lessons learned and good practice, thereby creating a framework conducive to their transfer to similar and/or other contexts.

⁶⁶ There are two possible options, depending on what you want to check. People from outside the organisation but who are familiar with the subject to help to test clarity and consistency. Others, who are less familiar with the theme/subject, can give an opinion on the accessibility of the document.

⁶⁷ Draft development and promotion strategy for Coalition PLUS's Capitalisation Unit (Communication & Collection Department) "La valorisation des résultats de la capitalisation de nos expériences et expertises communautaires : un pilier stratégique du dispositif de capitalisation de Coalition PLUS et un levier de mise en œuvre de son projet associatif"



The key stages in a plan to capitalise on the results of capitalisation⁶⁸:

1. Identifying the target audience:

As mentioned in the chapter entitled “**Stages in the capitalisation process**”, one of the elements of the scoping phase is the definition of the potential target audience. Before starting, or even during, the capitalisation process, it is important to confirm these choices and to check whether other audiences have been identified over time. Target audiences may include:

-  **Internally:** colleagues, teams in partner countries, project coordinators, communication and/or advocacy officers, etc.
-  **Externally:** partners, similar organisations, funding bodies, professional networks, etc.

2. Selecting content to share and distribute:

Key questions can help determine which content to share, depending on the audience:

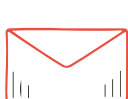
-  Are the skills and knowledge likely to be of interest to the target audience?
-  Will it be of practical or theoretical use to the target audience?
-  Is the content to be shared innovative, or is there a risk of it being perceived as redundant?

There are **two levels of sharing**:

-  **Internally:** this requires considering the appropriate means of distribution to encourage maximum appropriation of the results of the capitalisation process.
-  **Externally:** this involves a different approach, particularly in terms of selecting the content to be shared and the degree of formalisation, and may require an appropriate communication or distribution plan.

3. Choice of distribution media:

The media used should be chosen on the basis of the objectives and the target audience. Here are some possible formats:

 Written documents	♦ Reports and case studies ♦ Guides and manuals ♦ Data sheets ♦ Reference guidelines ♦ Posters ♦ Articles ♦ Training materials ♦ Advocacy arguments ♦ Working document ♦ Publication
 Digital tools	♦ Knowledge databases ♦ Wiki ♦ Intranet/extranet ♦ Website
 Multimedia	♦ Videos and webinars ♦ Podcasts ♦ Documentaries ♦ Video capsules ♦ Mix of several tools
 Meetings and workshops	♦ Workshops ♦ Conferences and seminars ♦ Meetings
 Spaces for debate and exchange	♦ Forum theatre ♦ Cycle of workshops ♦ Thematic platform or network ♦ Intranet or Internet forum or discussion area
 Other visual and interactive media	♦ Photo exhibitions ♦ Knowledge fair ♦ Visits to sites or organisations/projects ♦ Interactive document ♦ Portrait testimonials with photos

4. Selecting distribution channels

The choice of distribution channels should be strategic so that the results of your capitalisation reaches your target audience effectively. Here are a few things to bear in mind:

-  **Internally:** check whether the organisation has internal sharing tools such as an intranet, a specific platform or internal social media. Assess whether these tools are suitable for disseminating the results of capitalisation. If they are not, consider whether it is perhaps worth developing or adapting a tool to meet this need. Also identify other internal sharing channels that could be used.
-  **Externally:** think about using newsletters, online platforms, or other places where your documents should be accessible to reach external target audiences effectively.

5. Choosing the strategy for appropriating the results of capitalisation⁶⁹

After capitalising on experience, simply producing and then distributing documents is not enough to ensure that what has been learnt is passed on and that practices evolve. To achieve this, you need to be able to:



-  **Internally:** plan opportunities to share the results of capitalisation - themed meetings, mission feedback, during pre-departure training, themed training courses or seminars, webinars, etc.
-  **Externally:** plan a distribution strategy and also envisage times for presenting and discussing the results.

These steps will help to maximise the impact of capitalisation efforts by ensuring that knowledge is not only shared, but is also properly integrated and put into practice both inside and outside the organisation.

The results of the capitalisation process can be used to design training courses.

⁶⁸ References: Oliveira, Ana Maria. (2022). Capitalisation des expériences: Guide pratique pour accompagner une capitalisation au sein de votre organisation. Ciedel ; Carton, A., Le Bourgeois, B., & Oliveira, A. M. (2017). Capitaliser son expérience, un atout pour les organisations. La Chronique Sociale.

⁶⁹ Extrait - Oliveira, Ana Maria. (2022). Capitalisation des expériences: Guide pratique pour accompagner une capitalisation au sein de votre organisation. Ciedel.



2.6 Assessing the capitalisation process

Monitoring and evaluating the effectiveness of the capitalisation process in terms of complying with the needs and objectives identified at the start of the process is a step that is often neglected, usually because of time and resource constraints. However, this stage is necessary to ensure the continuous improvement of this process.

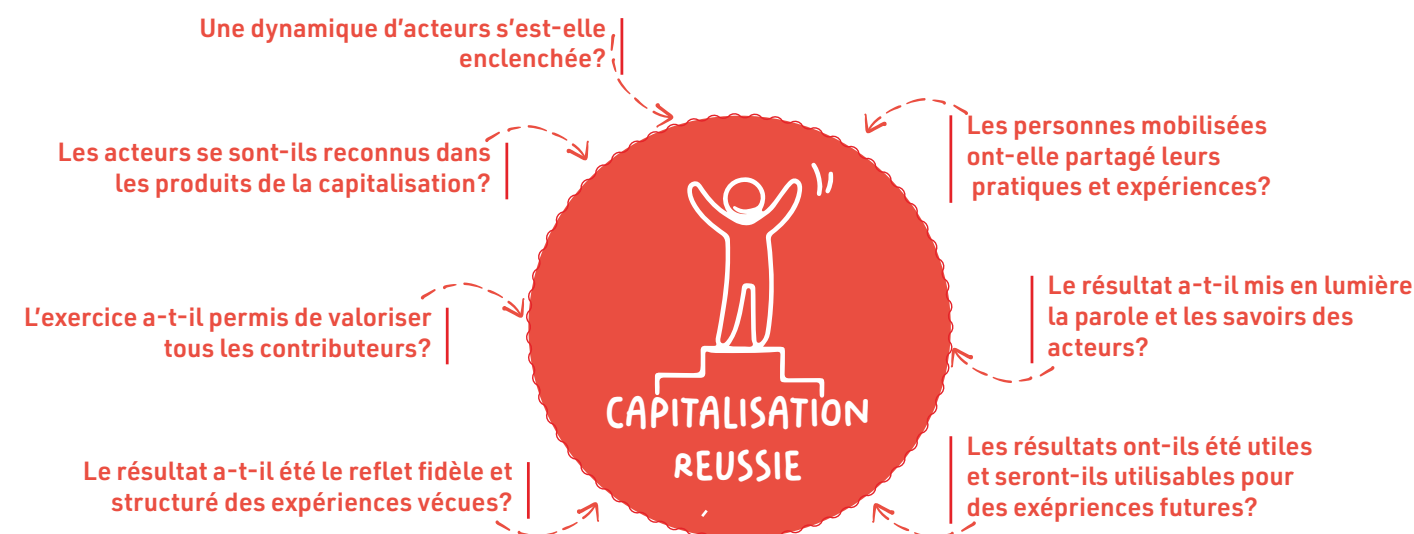
Failing that, it would be useful to carry out at least one evaluation. This will make it possible to measure the effects of the capitalisation and to ensure that the results obtained accurately reflect the experiences of those who have contributed to the capitalisation process, while also ensuring that the conditions necessary for the adequate integration of the knowledge produced and the lessons learnt by the stakeholders and others are present.

Let's start by defining what **successful capitalisation** could mean. Here are a few criteria⁷⁰ to take into account when assessing the relevance and success of the capitalisation process:

- ✎ The capitalisation process adequately met the needs and objectives identified upstream, before implementation,
- ✎ During the capitalisation process, the participants (contributors) gradually furthered their understanding of the experience analysed. They learned lessons and benefited from explanations and clarification before this knowledge was formalised in the final deliverables. This is a prerequisite for ensuring that the capitalisation materials accurately reflect the lessons learned and the collective perspectives,
- ✎ A collaborative and learning dynamic was set in motion during the capitalisation process,
- ✎ All contributors to the process were able to express themselves freely,
- ✎ Contributors recognise themselves in the final deliverables,
- ✎ The result (a capitalisation document or other medium) is a faithful and structured reflection of the experiences of the contributors and reveals their words and knowledge,
- ✎ The knowledge produced through capitalisation is relevant to the contexts and issues being capitalised on,
- ✎ The capitalisation process has enabled all the contributors to be valued, while at the same time being useful and usable for future experiences,
- ✎ The capitalisation process is seen by contributors as a way of strengthening their capabilities and skills.



LES ÉLÉMENTS POUR UNE CAPITALISATION RÉUSSIE



As soon as a capitalisation process is put in place, it is important to develop a two-tier mechanism for the monitoring and evaluation of the process itself and the dissemination of results⁷¹:

Monitoring and evaluation of the capitalisation process, which aims to:

- ✎ Draw conclusions from the process and the results.
- ✎ Examine the extent to which the objectives set in the scoping phase have been achieved, the way the project is run, the degree of participation by contributors, the quality of the information produced, etc.
- ✎ Improve future capitalisation processes.

70 Based on <https://f3e.asso.fr/wp-content/uploads/essentiel-F3E-capitalisation-des-experiences.pdf>

71 Fédération Vaudoise de Coopération, Fédération Genevoise de Capitalisation. *Formation Méthodes et Outils de la Capitalisation d'Expériences*. Mai 2019.



Monitoring and evaluation of the distribution of results, which makes it possible to:

- ✱ Analyse the implementation of the distribution strategy.
- ✱ Assess the results achieved in terms of distribution, the involvement of the organisation and the feedback received.
- ✱ Determine the level of appropriation and use of the elements produced during capitalisation, and if possible, in the medium term, their impact on practices and decisions within the organisation.

"The success of the capitalisation process can be measured, for example, by the rate of re-use of shared information. Ultimately, the capitalisation process needs to be self-sustaining and self-improving." (AFNOR)⁷²

In order to strengthen and develop a capitalisation process, it is advisable to incorporate an evaluation phase. Most often, this is a self-evaluation, i.e. a process in which the people who have overseen a capitalisation initiative analyse the initiative themselves, using indicators from the organisation's existing monitoring and evaluation system.

If this is not possible, it is advisable to define qualitative and quantitative indicators, as well as a specific monitoring and evaluation framework for each capitalisation project or initiative. Some key questions for defining this monitoring and evaluation framework:

What are the specific objectives of monitoring and evaluation?

- ✱ What indicators will be used to monitor progress?



- ✱ Who will be involved in data collection?
- ✱ How will the data be collected, including methods, tools and timings?
- ✱ How will the data be analysed and what action will be taken as a result?

3. Best practice and lessons learned

3.1 Best practice

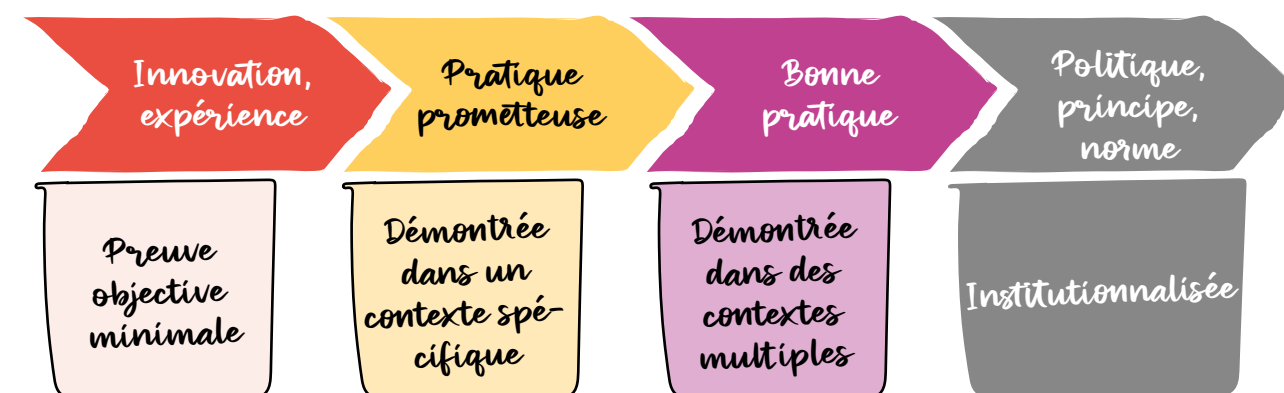
What is good practice?⁷³

In general terms, a **practice** is a **voluntary activity** aimed at achieving **concrete results** or a **concrete way of carrying out an activity** (practising a sport, a foreign language, an art form, etc.)

Good practice is a **practice** that has been proven to be **effective in achieving a specific objective and producing optimal results**. It can be an **approach**, an **initiative**, a **set of tasks and procedures**, a **technique**, a **course of action**, an **innovative action** that has led to positive results or significant changes in a particular environment and that can serve as an inspiration to others. A good practice can also be a **successful (pilot) experience that has been tested and reproduced** in different contexts and can therefore be recommended as a **model** and deserves to be shared so that a larger number of people can adapt and adopt it. **Good practices** are not **perfect**: any good practice can be improved.

Evolution of a practice

A practice often evolves through a four-stage process. At the outset, an **innovation** (a new technique or technology being piloted) provides minimal evidence of results. Then, after being tested several times in a specific context, it becomes a **promising practice**, i.e. a practice that is effective in one specific context, but may represent a risk if applied in a different context. Finally, when its effectiveness has been proven through successful replication in multiple contexts, the practice can be qualified as **good practice** and shared widely so that it can be adapted and adopted by others. In some cases, good practice can evolve to become institutionalised, for example when it is used as the basis for formulating a policy or standard.



Source: Food and Agriculture Organization of the United Nations (FAO)

⁷² Association française de normalisation (AFNOR), *Management de la qualité, capitalisation d'expérience*, op. cit.

⁷³ Source : <https://www.fao.org/capacity-development/resources/practical-tools/comment-documenter-et-partager-les-bonnes-pratiques-pour-generer-le-changement/fr/>



Why capitalise on good practice?

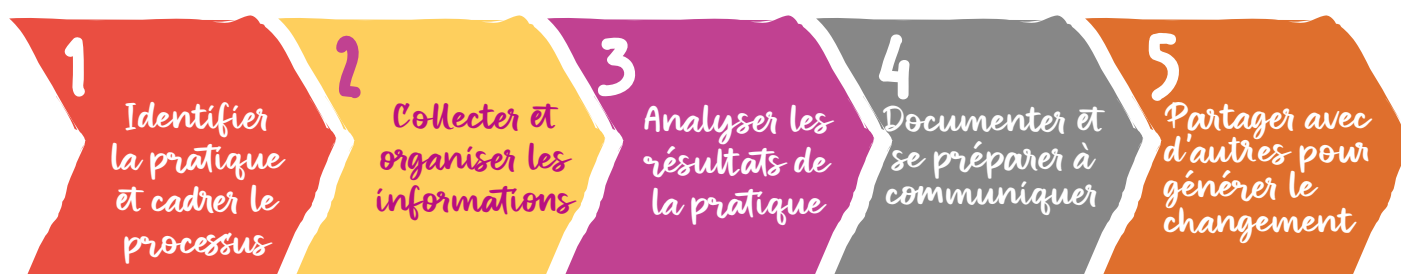
Capitalising on experience is a process that enables good practice to be identified and documented so that it can be replicated by other projects/programmes. Once this capitalisation process has been completed, the practice can evolve, improve, be adapted, shared and disseminated.

By capitalising on and sharing good practice, a team or organisation can learn from its own experiences and those of others, thereby turning knowledge into action, building capacity to improve results, and responding more quickly and effectively to different types of situation. If no steps are taken to analyse, capitalise on and share the knowledge acquired in programmes and projects, mistakes will be repeated, suc-

cessful experiences could be forgotten and opportunities to improve practices lost. As such, **lessons learned about what doesn't work and why it doesn't work** are an integral part of documenting "good practice". That's why good practice is presented in all its nuances, with its challenges and lessons learned.

Ideally, the documentation of the practice should also start early enough to ensure that all significant ongoing activities are included and to avoid writing retrospective reports or interim and final reports that may be incomplete or inaccurate.

Stages in the process of capitalising on and sharing good practice



Source: Food and Agriculture Organization of the United Nations (FAO)

Identifying good practice through experience in community health

When it comes to capitalising on good practice, we select good practices that are close to our hearts, that we are proud of because we feel we have implemented something useful or important, that are innovative, that have proven their effectiveness, that have lasted beyond a test period or that have the potential to be replicated.

The table below presents a selection of criteria⁷⁴ frequently used to identify and validate good practices, listed in order of priority. Ideally, good practice should meet at least three or four of these criteria, and particularly the ones at the start of the list.

Criteria	Characteristic of the analysed practice
1. Relevance	The analysed practice responds to a persistent problem, identified as a priority in the context of the intervention and for the target audiences.
2. Positive impact	The analysed practice produces concrete results and a positive impact recognised by the beneficiaries/users and other stakeholders (partners, etc.)
3. Efficacy	The analysed practice has been proven to be the most appropriate means of achieving a specific objective, with measurable results.
4. Efficiency	The analysed practice enables significant results to be achieved by making optimum use of available resources (obtaining maximum results with minimum resources).
5. Relative benefit	The analysed practice offers a clear improvement or benefit over previous or existing practices.
6. Reproducibility and adaptability	The analysed practice can be reproduced in other contexts or adapted to similar objectives. A small-scale implementation is possible before a larger-scale roll-out.
7. Durability	The analysed practice is long-term, going beyond a one-off project or funding, and contributes to the sustainability and strengthening of institutional and/or operational capacities.
8. Coherence	The analysed practice is aligned with national policies, strategic priorities, international recommendations and the organisation's values.
9. A participatory approach	The analysed practice was designed in collaboration with stakeholders, including representatives of the populations concerned.
10. Scientific basis	The analysed practice is based on evidence, convincing data, scientific theories and validated scientific hypotheses.
11. Cross-disciplinarity	The analysed practice is based on a cross-disciplinary, integrated approach combining different issues, methodologies and categories of players.
12. Innovation	The analysed practice introduces new elements compared with traditional approaches, whether in terms of content, methods, tools or processes.
13. Gender approach	The analysed practice takes gender inequalities into account and demonstrates how the people involved in the process have been able to improve their conditions (living, health, access to services, etc.) in line with the needs they have expressed
14. Easy to use	The analysed practice is easy to understand, technically feasible and not very complex to implement or replicate.

⁷⁴ These criteria were mainly defined on the basis of this source: <https://www.fao.org/capacity-development/resources/practical-tools/comment-documenter-et-partager-les-bonnes-pratiques-pour-generer-le-changement/fr/>



3.2 Lessons learned

Define the concept of “lessons learned” and identify them by capitalising on experience

A lesson learned is a mechanism for documenting learning and sharing it with others. The lesson learned should describe the steps to take or avoid in similar projects⁷⁵.

Learning from experience helps to establish good practice within an organisation, project or department. Capitalising on experience plays an essential role in identifying and documenting lessons learned, for a number of reasons:

✎ **Systematic collection of knowledge:** capitalisation involves the systematic collection of knowledge acquired throughout a project or activity, including lessons learned, whether from successes or failures.

✎ **Analysis of actions/practices:** capitalisation encourages analysis (“pause for reflection”) of the actions that have been implemented. By examining what worked and what didn’t, those involved in a capitalisation process can learn valuable lessons.

✎ **Creating a knowledge base** (lessons learned and good practice): documenting experiences and lessons learned can help to create a knowledge base that is rich in good practice and lessons learned. This knowledge base can be consulted for decision-making and planning future actions, increasing the chances of success.

Continuous improvement: capitalisation contributes to continuous improvement as part of a quality approach. By assimilating this knowledge, we transform the lessons learnt from our (capitalised) experiences into concrete actions to improve practices, existing processes, services, etc., thereby ensuring future success.

✎ **Sharing knowledge and strengthening the organisational culture:** by making the most of lessons learned, capitalisation fosters a culture of learning and innovation within organisations. This type of exercise builds trust between members of the team or organisation by allowing them to share their own opinions on what went right and wrong during an experience, intervention or project. They will feel more involved and will be more inclined to support the process of

implementing the next steps or courses of action identified through the capitalisation process.

To identify lessons learned effectively, a few key questions need to be asked, which may vary depending on the context of the experience to be capitalised on, but which are generally as follows:

- ✖ What were the objectives of the project or activity?
- ✖ What did we do that worked?
- ✖ What strategies were used to achieve success?
- ✖ What obstacles or challenges have we encountered?
- ✖ How were these obstacles overcome?
- ✖ What were the unforeseen circumstances? How were they managed?
- ✖ What could we have done differently?
- ✖ What are the main conclusions/lessons we can draw from this experience?
- ✖ How can these lessons be applied to future projects or situations?
- ✖ Is there any specific knowledge or skills that have been particularly useful?
- ✖ How can we ensure that these lessons are shared and integrated into the organisation?
- ✖ What would be the 4-5 key recommendation you would give to anyone wishing to draw inspiration from this experience?

These questions help not only to identify what has been learned, but also to ensure that these lessons are useful for the continuous improvement of practices, interventions and services within the organisation.

4. Success stories

A **success story** is a narrative that analyses the success of a person, a group of people, or an organisation such as an association, in chronological order.⁷⁶

Capitalising on experience includes examples of successes, but extends beyond this by highlighting learning opportunities through lessons learned, areas for improvement and solutions for moving forward.

A **success story** is similar to a **case study**, but is less dry and less factual. It leaves more room for empathy, emotion and the voice of the people behind the action (field workers, for example). Whilst your success story focuses on the results and problems solved thanks to your methods, techniques or services, a case study can explain the “how” in more detail. **A good success story can make your project (intervention, action, initiative, etc.) more attractive** and can be an important element in the success of an advocacy or fundraising initiative, for example.

To write a success story, start with the following steps⁷⁷:

1. Define your objective and your audience

Before you start writing, you need to have a clear objective and a target audience for your success story. What do you want to achieve with your story? What message do you want to convey? Who do you want to reach, influence or inspire? Your objective and your audience will guide your tone, your style and the content of your story. For example, if your aim is to persuade potential donors to support your cause, you may want to emphasise the urgency, necessity and impact of your work.

2. Choose a relevant and specific subject

Your success story should focus on a relevant and specific subject that highlights the impact of your organisation. It could be a project, programme, campaign, partnership or achievement that illustrates your mission, vision and values. Avoid being too broad or vague, as this will detract from your message and confuse your readers. Instead, choose a subject that is concrete, measurable and meaningful. For example, instead of writing about your organisation’s overall work on community health issues, you could write about a specific initiative that has had a clear practical impact on your community (your PrEP access services, HIV and viral hepatitis testing, etc.).

3. To structure your success story, you can use models such as the STAR model or the SRRP model

The **STAR model (Situation - Task - Action - Result)** is a useful framework for structuring your success story, helping you to present it in a logical and coherent way while highlighting your organisation’s role and contribution. Applying the STAR framework to your success story involves collecting detailed information and describing the background and context of the subject, explaining the purpose and objective of your organisation, showing the activities and actions taken and highlighting the results and impacts.

For **situation (S)**, you need to explain the problem or challenge being addressed, its scope and scale, and how it has affected individuals or the community. For **task (T)**, you must explain your strategy or approach and how you planned and prepared your intervention. For actions (**A**), you must show what resources, tools or methods have been used to implement your plan, and how obstacles or difficulties have been overcome. Finally, for results (**R**), you need to highlight what has been achieved or improved and how this has benefited the people or environment in question.

⁷⁶ Adapted from Larrousse fr.

⁷⁷ Adapted from content generated by AI and the LinkedIn community



The **SRRP model (Situation - Response - Results - Proof)** is another framework for structuring your success story.

1. Starting situation (the context)

- ✎ What was the initial problem with experience/activity x that is the subject of the success story, the question or concern to be resolved?
- ✎ What was the general context (e.g. epidemiological context, statistical data or information) for understanding the situation?
- ✎ How did the problem arise?
- ✎ Why was it of concern?
- ✎ Why did we need to solve the problem?
- ✎ Why was the association (and not another organisation) best placed to respond to this problem?

This is the first section where you have to explain why you implemented the intervention or project that is the subject of the success story. By implementing this intervention, which problem did you hope to solve? Who were the main stakeholders in the implementation?

2. Response

- ✎ What inputs (human resources, funding, volunteers, research, expertise, etc.) were needed to improve the situation?
- ✎ What were the results/outputs - including activities implemented such as training, services, beneficiaries, etc.?
- ✎ Who were the stakeholders involved? What was the association's contribution and role in setting up the intervention that is the subject of this success story? What was the contribution and role of the stakeholders?

3. Results

- ✎ What are the results in terms of the short- and medium-term effects of your intervention? These results could include a change in knowledge, skills, motivation, behaviour, decision-making, practices, policies, social actions, etc.
- ✎ Describe the result in terms of value/contribution or significance. Explain the meaning behind the change. Use quantitative and qualitative data to describe the important results (changes and benefits) obtained as a result of the response. Who benefited and how?
- ✎ Link to research (study, survey) carried out as part of the intervention or project, if applicable. If possible, include future directions/focus areas and lessons learned.

4. Proof

- ✎ How did you obtain proof of the changes and the results achieved?
- ✎ Include data or indicators from the monitoring and evaluation of the project or intervention. The proof of success must be credible information.

5. Modify and refine your success story

Once your success story is written, it needs to be edited and refined to ensure that it is clear, concise and error-free. In addition, make sure that your tone, style and voice are consistent and appropriate for your objective and your audience. An active voice, simple words and short sentences should be used to make your story easy to read and to understand. To refine your story further, review the content, structure, flow, message, impact and call to action. Make sure they are relevant, specific, coherent, clear, convincing and engaging.

A catchy title with a strong introduction and powerful conclusion can help engage readers and inspire them to take action. Use transitions, headings and bullets to organise the story and guide readers.

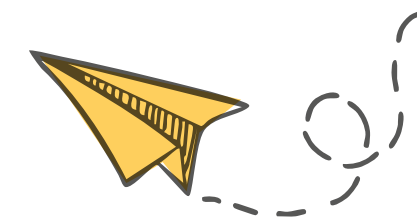
Things to remember: a few best practices for writing success stories

- ✳ **Authenticity:** make sure the story is genuine and can be shared;
- ✳ Get permission (consent) from the person or association to write and publish the stories you are most proud of. You can flesh out an existing testimonial by gathering more information during an in-depth interview with the person or people involved in your success story;
- ✳ Answer the following essential questions in your story: WHO? WHERE? WHAT problem?
- ✳ WHY? WHEN? HOW? ;
- ✳ Focus on the benefits and positive changes brought about by the solution;
- ✳ **Tell a story with emotion and evidence.** Use qualitative and quantitative data (specific figures and statistics) to back up your claims. Include anecdotes, quotes and testimonials/verbatim;
- ✳ **Write captivating content.** A success story is not just a report or a summary of facts and figures. It's a story that captures the imagination of your readers. Use a narrative style to make the story engaging. Tell it like a story with a beginning, a middle and an end. Try to be creative in the way you present your story. Be bold in the way you present your story - it doesn't necessarily have to be in writing. Try to tell the story using videos, photos or audio;
- ✳ Keep your language clear and simple. Avoid jargon and technical terms unless necessary.
- ✳ Although it contains lots of detail, the story should be concise and to the point;
- ✳ Ensure consistency of style, tone and layout;

- ✳ Use visuals such as photos, graphics and infographics to enhance the story and make it more convincing;

Check for spelling, grammar and punctuation errors;

- ✳ Get feedback from colleagues or stakeholders to make sure the story is accurate and appealing;
- ✳ Publish the success story in the appropriate format for your audience (newsletter, article, video, infographic, etc.).
- ✳ Disseminate your success story through various channels such as your website, social networks, newsletters and press releases. Encourage readers to interact with the story by sharing it, leaving comments or by following a call to action.





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CIEDEL: <https://www.ciedel.org/formation/formations-professionnelles-thematiques/capitalisation-experiences/>



COALITION
PLUS



CAPITALISATION DES EXPÉRIENCES
EN SANTÉ COMMUNAUTAIRE
METHODOLOGICAL TOOLKIT

05

05

BOÎTE À OUTILS

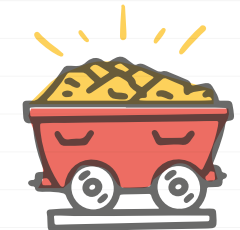
TABLE DES MATIÈRES

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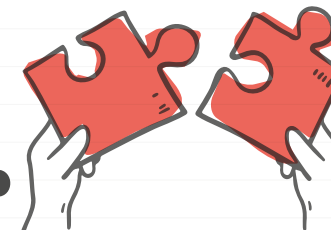
RESSOURCES ET OUTILS POUR LA
MISE EN PLACE D'UN PROCESSUS DE
CAPITALISATION D'EXPÉRIENCE (PÔLE
CAPITALISATION DE COALITION PLUS)

2.



RESSOURCES - COLLECTE ET ANALYSE
DES DONNÉES EN CAPITALISATION
D'EXPÉRIENCE

3.



RESSOURCES UTILES POUR L'ANIMATION
DES ATELIERS DE CAPITALISATION

4.



RESSOURCES UTILES - RÉDACTION D'UNE
FICHE DE CAPITALISATION



1. RESSOURCES ET OUTILS POUR LA MISE EN PLACE D'UN PROCESSUS DE CAPITALISATION D'EXPÉRIENCE (PÔLE CAPITALISATION DE COALITION PLUS)

1.1 Aide-mémoire - Comprendre les concepts clés du cadrage d'une démarche ou processus de capitalisation à partir d'un exemple appliqué à la dispensation de la PrEP orale aux groupes vulnérables au VIH

1.2 Outil Pôle Capitalisation, Coalition PLUS - **Termes de Références pour le cadrage** d'un processus de capitalisation

1.3 Outil Pôle Capitalisation, Coalition PLUS - **Liste de contrôle (ou « checklist »)** structurée selon les étapes d'un processus de capitalisation

1.4 Outil Pôle Capitalisation, Coalition PLUS - **Exemple**

de trame de journal de bord pour le dispositif « capitalisation au fil de l'eau » d'un projet

1.5 Outil Pôle Capitalisation, Coalition PLUS - **Trame de fiche bonnes pratiques**

1.6 Outil Pôle Capitalisation, Coalition PLUS - **Fiche modèle de présentation d'expérience à capitaliser**

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5. EXPERIENCE CAPITALIZATION (2019) From theory to practice: Trying out a new approach. https://evalparticipativa.net/wp-content/uploads/2023/02/2072_PDF.pdf

4. RESSOURCES UTILES - RÉDACTION D'UNE FICHE DE CAPITALISATION

1. Les guides et outils de la capitalisation (source - Le portail CAPS des savoirs expérientiels): <https://www.capitalisationsante.fr/mon-compte/outil-et-document/>

2. Modèles de fiches de capitalisation (source - Le portail CAPS des savoirs expérientiels): <https://www.capitalisationsante.fr/capitalisations/>

3. Rédaction d'une fiche de capitalisation: https://reseau-pratiques.org/sites/default/files/id_dev_local_2014_8-faire_une_fiche_de_capitalisation.pdf

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Checklist

To understand the key concepts involved in framing and scoping a capitalisation approach (or process), based on an example applied to the delivery of oral PrEP to groups vulnerable to HIV.

ToR section	Definition / Function	Related question	Example of community-based delivery of oral PrEP to groups vulnerable to HIV infection
Expectations of those commissioning the project	What the project leaders or partners hope to gain from experience capitalisation.	What do you hope to achieve through this capitalisation (on the community delivery of PrEP)?	Obtain structured feedback to improve the future deployment of the community PrEP delivery strategy.
Challenges	Profound and strategic reasons why it is important to capitalise on experience now.	Why is it important to capitalise today?	To reduce inequalities in access, demonstrate the effectiveness of the community-based PrEP delivery model, etc.
Aim(s) (general objectives)	Overall intention: what will the capitalisation be used for in the medium/long term?	What is the purpose of capitalising on community delivery of PrEP?	Share learning internally, influence public policy in this area and support advocacy efforts in this direction.
Results expected in the short/medium term	What the approach is expected to produce quickly (visible effects, deliverables, changes).	What effects/products do you expect from this capitalisation?	A capitalisation document: lessons learned for teams in the field.
Specific (explicit) objectives	Concrete actions to be taken to achieve the objectives.	What specific actions will this capitalisation enable?	Produce a deliverable, identify levers and obstacles, give feedback to teams.
Specific (implicit) objectives	More discreet but important intentions: reposition a project, reinforce legitimacy, create support.	What do you hope to achieve "between the lines" of this capitalisation process?	Value the role of peers, strengthen coherence between teams, etc.
Capitalisation subject (What?)	General theme of the experience.	What are we talking about?	Innovative PrEP strategy: community-based delivery via mobile clinics.
Capitalisation object (About what?)	The specific experience or concrete component that we are going to analyse.	What are we analysing?	Deployment of PrEP in ALCS and PILS mobile clinics.
Capitalisation area of focus	The strategic point of view or the main reading angle of the subject.	What is our strategic view of this experience?	Equitable access to healthcare for vulnerable women.
Specific angles	Targeted aspects to be explored in greater depth. They break down the theme into sub-themes.	What specific aspects do we want to explore?	The role of peers, adapting to gender, logistical obstacles, adherence of beneficiaries.
Central capitalisation question	Short, cross-cutting formulation that structures the entire capitalisation process.	What is the central question in this capitalisation?	How can the mobile PrEP strategy effectively reach the most vulnerable women in precarious situations?
Problem	It provides a broader framework for analysis, contextualising the central issue and highlighting aspects that are problematic, create an obstacle or are little explored.	What are we trying to understand, question and clarify?	What are the challenges, limitations and conditions for success of a community-based PrEP delivery model in contexts marked by profound and lasting inequalities, such as access to care, poverty and discrimination?



TERMS OF REFERENCE (MODEL)

Capitalisation project or Title of the main theme/experience to be capitalised on	
Date of drafting of ToR	
Coordination (steering and coordination) Person in charge and scheme	
Planned delivery date	
Type of deliverable	
Use (internal/external)	
Credits	Drafting and methodology Supervision: Proofreading and contributions: Director of publication: Translation: Graphic design:

For whom: Sponsor/Commissioning party As part of the (if applicable) Project: Implementation period: Funder (if applicable):		
Estimated duration of the capitalisation process		
Start date of the capitalisation process		
End date of the capitalisation process		

1. Background and justification for the capitalisation project

- **Origin** of the capitalisation project - What **triggered** your capitalisation project?
- Briefly describe **the context** in which the capitalisation of experience is undertaken.
- Specify the **field of activity or sector concerned**.
- Identify the **key stakeholders involved** in the experience to be capitalised on and who will be involved in the capitalisation process. Who is involved in the experience to be capitalised on?
- Why do we want to capitalise on this experience? (**motivations, expectations...**)

Points to watch/ Clarifications and points for attention



- Among the players involved, it is important to ask the stakeholders about any expectations they may have of this approach.
- As far as the commissioning organisation is concerned, these expectations may, for example, be "to strengthen links within the team" or "to better understand the roles and missions of each person" or "to strengthen capabilities in a given area"...

2. Challenges in the capitalisation process

- Why is it important to capitalise on this experience?
- In what way is this experience important?
- What are the advantages of capitalising on the experience identified/chosen?
- What needs could the capitalisation process meet?
- What are the opportunities and potential benefits of this capitalisation process? For whom?
- How does this experience provide original information? Why is this information of interest to others?
- What are the challenges and problems associated with this experience/theme that need to be capitalised on?
- Is it a question of checking the effectiveness of a strategy on the ground?
- Is it a question of making the most of the know-how acquired over years and years of programmes linked to a specific theme on several continents/regions?

Points to watch/ Clarifications and points for attention:

Identify the **key issues**. **Prioritise specific issues** based on their importance, urgency and impact

3. The objectives, usefulness and target audience of the capitalisation project

3.1 Objectives:

- What could capitalisation contribute in response to the issues identified in the previous section?
- How could capitalisation contribute to solving/improving the problems or challenges mentioned above/"Challenges" section?

3.2 Usefulness :

- What will this capitalisation be used for?
- What do we want to do with it?

3.3 Target audience/End-users (internal and/or external)

- Who will be the target audience for this capitalisation?
- Who will use the information/knowledge produced through this capitalisation process?
- Who will be the beneficiaries of the information/knowledge generated through this capitalisation process?

Points to watch/ Clarifications and points for attention:

- The objectives reflect the **results (outcomes/effects)** that we hope to achieve through this capitalisation process. Useful formula for defining objectives: **"This capitalisation will contribute to... "**
- The act of defining the target audience and the type of use for our capitalisation document from the outset will make it easier for us to draw it up, in terms of the choice of presentation style, technicality and appropriate language.
- It is important to question the usefulness of this capitalisation.
- It is better to limit the objectives to be pursued to a maximum of 3 so that the capitalisation process is effective and efficient.
- It is important to ensure that the objectives of capitalisation are consistent with the target audience and the uses to which it will be put.



4. Purpose of capitalisation

- **What exactly are we going to capitalise on?**
- **What do we want to learn from the experience?**
- What do we want to share?
- Which area(s) of analysis should be prioritised? What are the key aspects of the experience to be capitalised on?
- Which part of the experience/action seems to provide the most knowledge and know-how?
- What knowledge/information and in what specific areas should capitalisation produce this information in order to meet the objectives defined above?
- What specific aspects/experiences would you like to capitalise on? Are these experiences linked to a joint project, an initiative, a methodology, an approach, a particular practice/service or innovation?
- What is interesting, innovative, has added value and is worth capitalising on in this experiment/theme/action?

Points to watch/ Clarifications and points for attention:

- Capitalising exhaustively would result in a huge amount of information that would be difficult to process (and of no particular interest). It is therefore important to define **a main focus area for capitalisation / a restricted scope**, i.e. the angle through which you wish to view / approach the experience / theme / action to be capitalised (for example: a method, a specific approach, the dynamics of the players, etc.) as well as **2 or 3 secondary areas**. The **criteria for defining** these areas of capitalisation **depend directly on the objectives and expected results of the capitalisation work**.
- Capitalisation must be sufficiently targeted to allow it to be developed in depth and to enable high-quality work to be carried out.
- Capitalisation must be "shareable" and be collectively beneficial.

5. Contributors to the capitalisation process/approach

Who among the network's member organisations is best placed to provide the information we need to achieve the capitalisation objectives defined above?

Points to watch/ Clarifications and points for attention:

- The greater the number and profile of contributors, the greater the potential for capitalising on their experience and learning. However, an excessive number of contributions can lead to constraints in the organisation of interviews and sharing, with the risk of prioritising the quantity of people involved rather than the quality of the support offered to each person.
- As a result, it is essential to prioritise and organise contributors into circles that are more or less close to the areas to be capitalised on, depending on their degree of involvement.

6. Expected results (in terms of deliverables/capitalisation media)

- A capitalisation document (capitalisation file, report, guide, brochure) with text, diagrams, images and verbatim, Word and/or PDF, Arial, 10. The main execution and performance indicators for the capitalisation deliverable:
 - Maximum number of pages:
 - Type of document:
 - Density of verbatim reports (with many or few verbatim reports, specific clauses to protect the confidentiality of contributors?)
 - Quality indicators (particularly in relation to the text of the document)
 - Other - to be defined together
 - Language(s) of deliverable(s) :



- Other media envisaged on the basis of the written material - computer graphics, photo exhibitions, videos/films, knowledge fairs, etc. - are also envisaged.

7. Methodology and timetable

Capitalisation is a systematic, iterative and participative process that aims to identify, analyse and document the experiences, knowledge, know-how and interpersonal skills of community stakeholders. The aim is to **transform them into knowledge that can be shared** using appropriate media to communicate them.

Generally speaking, the objectives of capitalisation are as follows:

- (1) to systematise an experience by analysing and documenting it in order to leave a record;
- (2) learn lessons to improve practices and inspire different actions such as advocacy, project development, service improvement and contribution to public policies;
- (3) share and disseminate formalised experiences, good practices, lessons learned and recommendations.

The **capitalisation methodology** is based mainly on **qualitative research methods**, including the following elements:

- Documentary review: examination of relevant documents such as activity reports relating to the experience, theme, project or action to be capitalised on (but also evaluation reports)
- Use of questionnaires, semi-structured interviews (individual and/or group) and discussion groups with stakeholders in the capitalisation process.
- Direct observation of achievements in the field.

Other methods used: organisation of workshops to launch the capitalisation process, brainstorming-type workshops, organisation of experience-sharing workshops involving stakeholders and the project implementation team, etc.

As a general rule, once the scoping stage has been completed, the capitalisation process continues on the basis of the following stages:

- a) **Documentary analysis/review:** examination of the project's documentary sources and other internal/external documents related to the theme of capitalisation.
- b) **Setting up the data collection methodology**, including open and semi-directive interviews with an interview guide, audio (or audiovisual) recording with the contributor's consent, and transcription of the interviews.
- c) **Organising the information** (by identifying the main variables and carrying out open and/or axial thematic coding)
- d) **Thematic analysis of content** organised according to variables, codes and thematic categories.
- e) Production of a **first version of the capitalisation document** (draft).
- f) Organising a **feedback workshop** with the contributors to validate the content and gather their feedback and proposals (or **sending the draft capitalisation document** to the contributors concerned for validation)
- g) **Production of a second version** (sometimes 3 or 4 versions) of the capitalisation document.
- h) **Final validation of the document and handover to the service provider** for formatting and for distribution and sharing purposes.
- i) **Evaluation of the capitalisation process** using a questionnaire sent to contributors to assess the capitalisation process.

Remarks:

- (1) This section will be adapted to suit the capitalisation project.



(2) Feedback workshops (or other types of workshops/meetings) will be specified if they are face-to-face or virtual.

8. System for sharing, promoting and distributing capitalisation products/deliverables

When and how is it deemed appropriate to promote the results of capitalisation? How do you want to promote the deliverables produced?

- The production of deliverables is not the end of the process in itself, but the start of a new phase devoted to using, promoting and sharing the results.

There are several ways of promoting the deliverables produced: an annual meeting, posting capitalisation products/deliverables online on an interactive platform, etc

Points to watch:

- Develop/introduce a **communication plan for sharing, promoting and strategically disseminating the capitalisation deliverable(s)**
- Funder disclaimer, subcontracting (translation services, graphic design, video/film/photo production, etc.)

9. Estimated budget

Category of expenditure	Unit (e.g. number of days, months, etc.)	Unit amount	Total amount	Position/budget line (project: ex EPIC/DRC, PF)
<i>Examples:</i>				
Humanresources(project manager/coordinator etc.)				
Graphic design services				
Translation/interpreting services				
Automatic transcription services				
.....				



10. Timeline

	Description de l'activité	Date de début (JJ/MM/AA)	Date de fin (JJ/MM/AA)	Durée de l'activité (en semaines)	Responsabl e de l'activité	Livrables
Activité 1						
Activité 2						
Activité 3						



Checklist

Stages in the capitalisation process

This tool is offered by the Capitalisation Unit (Communication and Collection Department) of Coalition PLUS and provides an overview of the capitalisation process or approach. This checklist can be used as a reference guide for structuring and conducting an experience capitalisation process within an organisation.

It is based on the various stages and recommendations described in the methodological guide to capitalising on experience in community health, and can be adjusted to reflect your context, your resources and your specific objectives. Enjoy the capitalisation process!

Stage 1: SCOPING AND PLANNING OF THE CAPITALISATION PROCESS

Sub-stages	Yes/No	Comment
Launch the capitalisation process. Organise one or more scoping meetings or a scoping workshop with the people commissioning the project in order to structure the capitalisation process and draw up a scoping document or terms of reference (ToR), validated by all the stakeholders.		
Define the motivations, expectations and challenges of the capitalisation process.		
What will the capitalisation process actually achieve in terms of processes and deliverables? To guide reflection on the scope of the capitalisation process , the funnel technique should be applied, starting with the most global expected results and moving progressively towards more targeted results , in the following order: → The starting point is the expected results in the short and medium term, whether they concern the capitalisation process (internal effects) or its final products (deliverables); → These results are then translated into a general aim or objective of the capitalisation process, for example: to <i>strengthen the abilities of community players to implement community screening</i>; → This aim can then be broken down into specific objectives, such as <i>identifying the obstacles encountered in the field or listing the adaptation strategies implemented by the teams</i>.		



Definition of the capitalisation subject, object and issue: → Select a main topic/theme (e.g. community health, access to PrEP) → Define the purpose of the capitalisation (e.g. PrEP access strategies for vulnerable women) → Define the central issue or question which will be the main focus of capitalisation: for example, <i>"How do peer educators mobilise the community to provide access to PrEP?"</i> What central question do we want to address with this capitalisation? → Define the sub-questions to explore (angles of analysis of the central issue or question): for example, the effectiveness of awareness campaigns.		
Identify the target audience and capitalisation media → Identify the end users (e.g. funders, decision-makers, field teams, technical partners, etc.). Analyse their specific needs and preferred communication channels. → Choose capitalisation media (report, fact sheet, computer graphics, video, etc.).		
Map the stakeholders (contributors/key resource people with the maximum amount of information on the experience to be capitalised) and mobilise them to participate in the capitalisation process.		
Organising and managing the capitalisation process		
Define the budget and the human and material resources needed to implement the capitalisation process (time, collection tools, travel expenses, etc.)		
Plan and organise the process - set up a steering committee/manager and appoint a person to coordinate the capitalisation process. Define the roles and responsibilities of the various stakeholders: → Who will coordinate the process? → Who will collect and analyse the data? → Who will write/produce the materials? → Who will validate the content and media used for capitalisation?		
Define a timetable and methodological framework for data collection for the capitalisation process. At this scoping stage, the aim is to determine how to involve contributors and stakeholders in the process (e.g. workshops, interviews, focus groups) in order to ensure a diversity of viewpoints.		

Stage 2: DATA COLLECTION



Sub-stages	Yes/No	Comment
Determine the type of data to be collected → Factual data: figures, indicators, activity reports, evaluation results → Contextualised qualitative data: stories, testimonials, contextual elements and descriptions of the implementation processes		
Choosing collection methods and techniques: → Qualitative research methods: documentary review and analysis, individual interviews (semi-structured or open-ended), focus groups, questionnaires, case studies, observation, etc. → Participative methods: collective intelligence workshops, mind maps/heuristics, timelines, most significant changes, brainstorming, etc. → Specific knowledge modelling/management methods (DELPHI, RETEX, etc.) → Logbook etc (for ongoing capitalisation).		
Documentary review and analysis: gathering and examining existing documentation relating to the experience to be capitalised on (reports, minutes, evaluations, etc.)		
Plan and organise data collection (timetable, task allocation)		
Prepare the data collection tools (interview grids, questionnaires, checklists, workshop guides), paying particular attention to the following elements: → Identify the inflection points (moments of significant change, whether they are positive or negative) and the key moments in the experience that need to be capitalised on → Encourage participants to identify the events or phases where "everything changed" to better understand the dynamics of transformation. → Highlight the difficulties that have been overcome, innovations, major learnings, etc. → Identify "golden nuggets" (tacit knowledge or know-how) that can be documented and promoted.		
Conduct individual and/or group interviews and/or organise and lead participatory workshops: ensure that a common interview grid is used to standardise the information gathered Collect testimonials and documenting stories Systematically note, record and transcribe the data collected (with the agreement of the participants)		



Stage 3: DATA ANALYSIS

Sub-stages	Yes/No	Comment
Data analysis and synthesis		
→ Structure the information gathered (sub-themes, chronology, process, organisation of accounts and testimonies) → Define an analysis grid (success factors, obstacles, impact) → Apply data coding (themes, categories). → Apply an analysis method (thematic content analysis, cross-referencing of sources, modelling, etc.) → Identify the key elements to remember and highlight: knowledge and know-how, successes, innovations, good practice, challenges, difficulties, obstacles, failures, areas for improvement and their causes, lessons learned, mistakes to avoid, etc. → Highlight key success factors (resources, skills, methods, tools), key learning (good practice, innovations, lessons learned) and inflection points (key moments in the experience analysed in the capitalisation process)		

Stage 4: FORMALISING THE RESULTS OF THE CAPITALISATION PROCESS

Sub-stages	Yes/No	Comment
Formalising results		
→ Organise information clearly and concisely. → Formalise the results of the analysis in a clear, accessible and relevant summary document/Draft a written capitalisation document (report, fact sheet, etc.) → Success stories, good practices, lessons learned and case studies illustrating the impact and added value of capitalised experience can be formalised on the basis of a specific framework (see the SRRP model presented in the capitalisation methodology guide). → Include concrete examples and relevant quotes/verbatim → Create graphical representations (diagrams, concept maps, etc.). → Highlight the recommendations made by participants in the capitalisation process and those resulting from the analysis. → Draft a summary of key lessons and an executive summary		
Validate the capitalisation content and media produced		
→ Share the results of the capitalisation process (the written or other support produced) with the stakeholders for review and validation. → Incorporate feedback and amend content as necessary.		



Stage 5: PROMOTING THE RESULTS OF CAPITALISATION

Sub-stages	Yes/No	Comment
Define/develop a strategy for communicating and disseminating the results of the capitalisation process (products or deliverables)		
Plan communication: → Prepare a communication plan (key messages, timetable, resources). Select the distribution channels: → To whom and how will the results of the capitalisation process be disseminated? → Which channels should you use? (website, social media, events, publications, intranet, meetings, newsletters, knowledge bases, collaborative platforms, etc.) Adapt the formats of the media for capitalisation/returning the results to reflect the target audience. For example: → Parties commissioning the capitalisation process: organise a feedback workshop for the stakeholders concerned → Funders and decision-makers → Strategic note, summary sheet, infographics, etc. → Teams in the field → Practical sheets, guides, teaching aids, etc. → General public → Video, webinar, podcast, etc. • Organise a feedback meeting with the stakeholders concerned • Share documents with target audiences. • Facilitate the appropriation of lessons learned internally. Communicate widely on the availability of resources and encourage their use. • Monitor dissemination (feedback, use). Initiate advocacy or change actions (where appropriate). • Use the results to support your arguments with funders, decision-makers and public institutions • Illustrate how learning can influence or guide public policy, association strategy or the mobilisation of resources • Encourage other players to adopt/adapt the good practices that have been identified • Incorporate the lessons learned into the organisation's reference systems, procedures, training and methodological tools.		



Stage 6: ASSESSING THE CAPITALISATION PROCESS

Sub-stages	Yes/No	Comment
Set up a monitoring and evaluation mechanism for the capitalisation process		
→ Regularly gather opinions and feedback from users on the ease of access, quality and use of capitalisation products, the usefulness of the results of the capitalisation process and the use of capitalisation products. → Set up a monitoring system to assess the impact of the lessons learned on future practices.		
Assess the capitalisation process and adjust/update it		
Assess the quality and relevance of the capitalisation process: Have the objectives defined during the scoping stage been achieved? Was the choice of collection methods and tools appropriate? Were the players sufficiently involved? How can we improve their participation? Identify effects and spin-offs What concrete changes (organisational, operational, strategic) has capitalisation already triggered? Are the deliverables actually used? By whom, and for what purpose? Is there a follow-up or action plan to make the most of the process? Analyse the difficulties encountered (deadlines, budget, unequal participation, etc.). Draw lessons for future capitalisation initiatives. Update the capitalisation methodology to reflect feedback and learning. Refine and improve the capitalisation process based on feedback and changing needs. Good practice in relation to the capitalisation process: Encourage collective intelligence in data collection and analysis/use participative and interactive methods in data collection and analysis. Make the knowledge produced through capitalisation accessible in a variety of formats. Make the most of the experience of contributors to the capitalisation process and promote a participative approach.		
Plan for a long-term knowledge management system (institutionalisation of capitalisation)		
Capitalise on capitalisation (continuous improvement). Keep a record (institutional memory) of the methodology used, interview grids, etc. Integrate capitalisation as an ongoing process (rather than a one-off event).		

! As far as possible, integrate this checklist into your usual project monitoring and capitalisation practices, to gradually develop a genuine organisational culture around this type of approach. In this way, capitalisation will no longer simply be an isolated stage at the end of a project, but will instead be an ongoing process that reinforces collective learning and improves the impact of your actions over time.



CAPITALISATION DES ÉXPÉRIENCES EN SANTÉ COMMUNAUTAIRE

METHODOLOGICAL TOOLKIT

25





Template for presenting experience to be capitalised on

The purpose of this fact sheet is to give a **succinct and operational** presentation of the experiences to be capitalised forming part of the RIPOSTE project, overseen by the organisations/countries partnering in the project

Title of experience to be capitalised on (see folders/files/documents)	
Organisation overseeing the experience/Country	
RIPOSTE project objective/activity (frame the experience to be capitalised on)	
Date on which the experience document was drawn up	

Aim of the experience to be capitalised on (problem to which the experience seeks to provide a solution)	
The context behind the implementation of the experience to be capitalised on	
Summary of the process What actions were taken to implement the experience / Description of the experience / What happened?	
Target group for the experience (beneficiaries, partners, national authorities/bodies, etc.)	and roles of each
1	
2	
3	
4	
The successes of the experience to be capitalised on: why and how?	
Analysis of the problems encountered , why and how to deal with them? / Malfunctions/difficulties and obstacles overcome or to be overcome	
Lessons learned from the experience/activity/action/project/lessons learned Recommendations/ Main suggestions for improvement	
What good practices can be taught, shared and promoted? an analysis of the practice based on the criteria: which of the six criteria can be applied to the practice described and qualify it as good practice?	
What is original about the experience / Innovations?	
Testimonials	
Photos	

LOGBOOK TEMPLATE - CAPITALISING ON A PROJECT AS IT UNFOLDS

Project: [Title]

Capitalisation contact person: [Surname/First name]

Association: [..]

Period covered: [Month/Year]

1. AIMS OF THE LOGBOOK

Why create this logbook?

- To contribute to the process of collecting data on **significant moments in the project**
- To document key activities and their impact.
- To identify best practices, challenges and any adjustments required.
- To facilitate progressive capitalisation as part of the project
- To provide input for the final products (fact sheets, tools, summaries, webinars, etc.).

2. LOGBOOK

Monitoring in relation to **specific objectives, expected results and project activities**

Date	Activity / event	Aims(s) of the activity/event	Players involved/Stakeholders	My observations/highlights (good practices, challenges, lessons learned)
Example: 15/04/2025	<i>Training of peer educators</i>	<i>Reinforcing skills in injectable PrEP</i>	<i>12 peer educators, 2 trainers</i>	<i>Extensive involvement and support from participants, but need for simplified awareness-raising tools.</i> <i>Need to supplement training with other topics.</i>

3. BEST PRACTICE AND KEY LESSONS

- What actions have worked particularly well?
- What factors have contributed to their success?
- How could these practices be replicated elsewhere?

Examples:

Mobile PrEP: strong demand from beneficiaries, easier access in remote areas.



*Training of peer educators: Strong community involvement, improved knowledge.
Community approach to advocacy: Greater acceptance by local authorities.*

4. DIFFICULTIES ENCOUNTERED AND SOLUTIONS FOUND

- What challenges have been identified?
- What are the obstacles to implementation?
- How have they been overcome or could they be resolved?

Example:

The problem is that some recipients are reluctant to switch to injectable PrEP.

Solution envisaged by the players/stakeholders: Organisation of listening sessions and testimonials from beneficiaries who have tested this method.

5. PROSPECTS AND IMPROVEMENTS

- What adjustments are needed to optimise our operations?
- What benefits have been identified for capitalisation?
- What needs have been identified for the capitalisation process/production of the capitalisation deliverables planned as part of the project?

My proposals for action in relation to capitalisation:

Example:

- *Organise a feedback workshop with the capitalisation key contacts.*
- *Develop a toolkit to raise awareness of PrEP.*
- *Organise a focus group to explore a particular aspect in greater depth.*

INSTRUCTIONS FOR USE

Frequency: complete monthly after each key activity or significant event.

Precision: be concise and concrete, avoid overly long descriptions.

Sharing: this logbook will be used to produce capitalisation deliverables.

ADDITIONAL INFORMATION:

What is a good practice in capitalisation?

A good practice is an experience, process or approach that has demonstrated its effectiveness in a given context and can be reproduced or adapted in other contexts.

A good practice is not just a practice that is good, but a practice that has been proven to produce good results and is therefore recommended as a model. It's a successful experience that has been tested and validated in the broadest sense of the term, and repeated; as such, it deserves to be shared so that as many people as possible can make it their own.

Thanks to this process (of documenting good practice), the various project practices can change and improve, and can subsequently be adopted by others.

By capitalising on and documenting good practice, an association can respond more quickly and effectively to the different types of crises and changes that may arise. This work applies to all project activities, as well as to project management.



A good practice meets the following criteria (these are the main criteria, as there are several of them; it is not compulsory for a practice to meet all the criteria, but should meet at least 3 criteria).

- **Effectiveness:** the identified practice successfully achieves the desired results.
- **Reproducibility:** the identified practice can be implemented in other environments with minor adaptation.
- **Innovation:** the identified practice provides a new approach or improves an existing practice.
- **Impact:** the identified practice has a measurable positive effect on beneficiaries and stakeholders.

How do you identify good practice?

1. Observation and information gathering

- **In the field:** What actions have a significant impact on beneficiaries?
- **In the various exchanges:** Listen to feedback from the project teams (and partners if possible) on what is working well.
- **Through your participation in meetings:** Identify actions that meet or exceed objectives.

2. Analysis of results and impacts

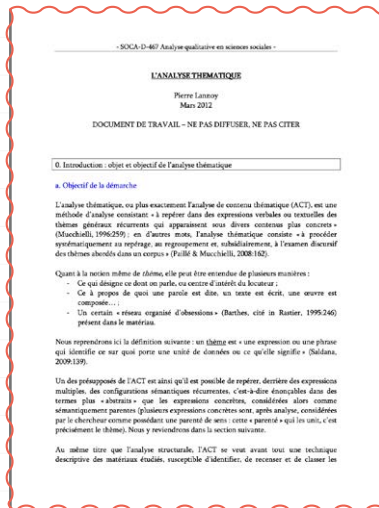
- What changes have been observed as a result of this good practice?
- What problems has it solved?
- Can it be applied elsewhere with minor adjustments?

3. Validation by stakeholders

- Check whether the practice is considered effective and useful by stakeholders.
- Use testimonials and data to confirm its relevance.



2. RESSOURCES - COLLECTE ET ANALYSE DES DONNÉES EN CAPITALISATION D'EXPÉRIENCE



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Réaliser une étude qualitative en santé : Guide
méthodologique



Lannoy, P. (2012). L'analyse thématique en sciences
sociales.

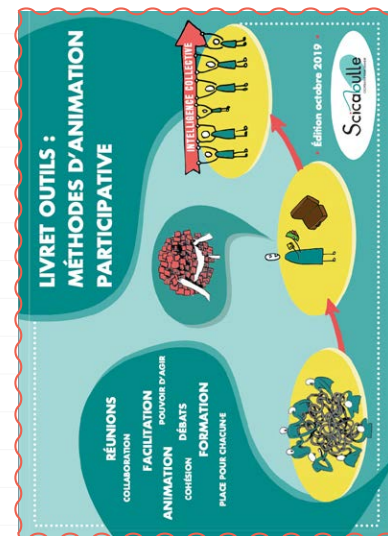
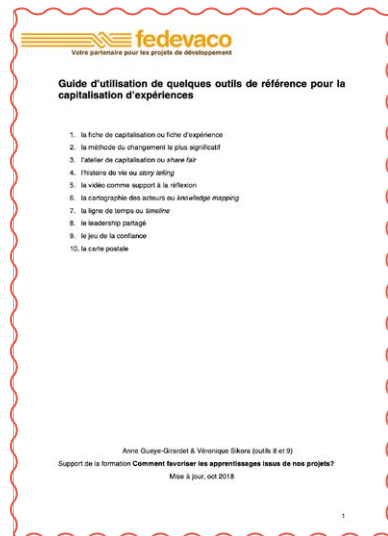
Document de travail.



SFSP – CAPS. Guide d'entretien dans le cadre de
la capitalisation des expériences en promotion
de la santé. Capitalisation Santé. [https://www.
capitalisationsante.fr/mon-compte/outil-et-do-
cument/](https://www.capitalisationsante.fr/mon-compte/outil-et-document/)



3. RESSOURCES UTILES POUR L'ANIMATION DES ATELIERS DE CAPITALISATION



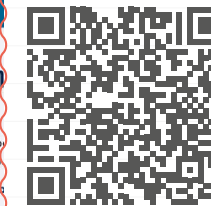
1. Guide to using a number of reference tools for capitalising on experience - in French (source - FEDEVACO): :

https://www.fedevaco.ch/fileadmin/user_upload/Fedevaco/Partage_de_savoirs/Outils_capEx/10-outils-reference-capitalisation2018.pdf

3. Académie de Bordeaux: PARTICIPATIVE FACILITATION METHODS:

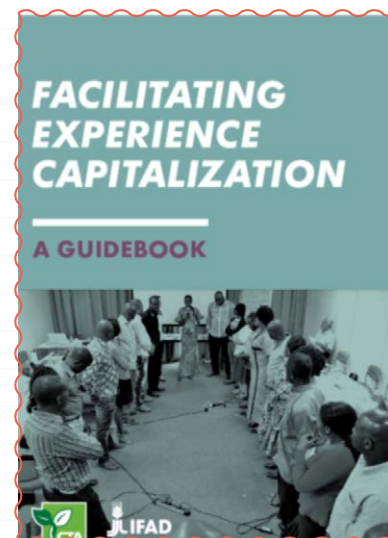
https://ent2d.ac-bordeaux.fr/disciplines/sbssa/wp-content/uploads/sites/38/2024/10/boite_a_bulles_-_animation_participative_insa_2019.pdf

4. RESSOURCES UTILES - RÉDACTION D'UNE FICHE DE CAPITALISATION



1. Les guides et outils de la capitalisation (source - Le portail CAPS des savoirs expérientiels): <https://www.capitalisationsante.fr/mon-compte/outil-et-document/>

3. Rédaction d'une fiche de capitalisation: https://reseau-pratiques.org/sites/default/files/id_dev_local_2014_8-faire_une_fiche_de_capitalisation.pdf



2. Fédération Vaudoise Coopération - ENJEUX DE LA PARTICIPATION ICI ET LÀ-BAS SYNTHÈSE DES ACTIONS ET DES PRATIQUES:

https://www.fedevaco.ch/fileadmin/user_upload/Fedevaco/Partage_de_savoirs/Participatif/Fiches_participatif/Dossier_participatif_01.pdf

4. Eggens, Laura; Chavez-Tafur, Jorge. 2019. Facilitating experience capitalization: A guidebook. Wageningen: CTA. Link:

<https://www.knowledgehub.ccardesa.org/facilitating-experience-capitalization-guidebook>



2. Modèles de fiches de capitalisation (source - Le portail CAPS des savoirs expérientiels): <https://www.capitalisationsante.fr/capitalisations/>

4. Fert. (2010). Fiche pratique pour réaliser une success story

5. Projet LINKAGES & PNUD. (2019). Exemple d'histoire de réussite - Recherche pour l'action : Comprendre les expériences de violence basée sur le genre et la réponse pour améliorer les programmes de lutte contre le VIH

6. Exemple de fiche de capitalisation réalisée dans le cadre du projet « Accès à des services de santé sexuelle de qualité pour les populations clés (Accès Santé 2) » de Coalition PLUS - Iova, C., Kabanga, J. d'A., Nzeyimana, A., Vozian, V., Leclercq, V. & Sikitu, I.-Z., 2024. Fiche de capitalisation « Guide unique, harmonisé des interventions communautaires VIH au Burundi - Une avancée importante vers la valorisation et la reconnaissance officielle de la contribution des agents de santé communautaires à la riposte au VIH/sida ».

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