CAPACITY DEVELOPMENT IN THE BRIDGING THE GAPS PROGRAMME

RESEARCH REPORT

EXAMINING THE PROCESSES AND OUTCOMES OF CAPACITY DEVELOPMENT IN A GLOBAL HEALTH AND HUMAN RIGHTS PROGRAMME
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Authorship

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It should be noted that the content and/or any opinions expressed in this report are those of the authors and not necessarily of HEARD, the University of KwaZulu-Natal or the Aidsfonds.

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HEARD at the University of KwaZulu-Natal is a leading applied research centre with a global reputation for its research, education programmes, strategic support, partnerships and networks, devoted to addressing the broad health challenges of Africa.
## Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>CAS</td>
<td>Complex Adaptive Systems</td>
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<td>CCM</td>
<td>Country Coordination Mechanism</td>
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<td>CD</td>
<td>Capacity Development</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>GALZ</td>
<td>Gays and Lesbians Zimbabwe</td>
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<tr>
<td>GF</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GNP+</td>
<td>Global Network of People Living with HIV</td>
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<td>HEARD</td>
<td>Health Economics and HIV and AIDS Research Division</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>INPUD</td>
<td>International Network of People Who Use Drugs</td>
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<td>ITPC</td>
<td>International Treatment Preparedness Coalition</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MIA</td>
<td>Ministry of Internal Affairs</td>
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<td>MOHA</td>
<td>Ministry of Home Affairs</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOHP</td>
<td>Ministry of Health and Population</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NSWP</td>
<td>Global Network of Sex Work Projects</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<tr>
<td>PAR</td>
<td>Participatory Action Research</td>
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<tr>
<td>PITCH</td>
<td>Partnership to Inspire, Transform and Connect the HIV Response</td>
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<tr>
<td>PWUD</td>
<td>People who use drugs</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<tr>
<td>UKZN</td>
<td>University of KwaZulu-Natal</td>
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<tr>
<td>USS</td>
<td>United States Dollar</td>
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<td>WONETHA</td>
<td>Women’s Organisational Network for Human Rights Advocacy</td>
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Executive Summary

Bridging the Gaps is a global programme for key populations that is focused on securing the health and human rights of key populations, particularly lesbian, gay, bisexual and transgender people, people who use drugs, sex workers of all genders, and people living with HIV. As civil society is at the heart of securing the health and rights of key populations, civil society strengthening is a cornerstone of the programme. For this reason, over the period 2018-2019, the Alliance members, led by Aidsfonds, commissioned a study on capacity development which sought to identify those interventions which effectively equip civil society organisations and networks led by or working with key population groups to secure their health and rights, and to advocate for social change in complex legal and socio-cultural environments.

The study used a mixed methods approach involving desk review, key informant interviews, a member survey, case studies, and workshops. For the case study component, the researchers used the participatory approach of outcome harvesting to identify effective capacity development modalities across the Bridging the Gaps programme and to link these to programmatic results or outcomes. Data analysis drew on standard quantitative and qualitative techniques, including thematic analysis using coding, descriptive statistics and triangulation. The main findings are summarised below.
Capacity development in the Bridging the Gaps programme entails empowering individuals, communities, organisations, and key stakeholders or duty bearers to bring about change.

Concepts of capacity and capacity development within the Bridging the Gaps programme

- Capacity development in the Bridging the Gaps programme entails empowering individuals, communities, organisations, and key stakeholders or duty bearers to bring about change.
- There are four linked capacity development interventions or modalities: capacity development for individuals and communities; strengthening organisations; learning to work in partnerships and coalitions; and capacity development for duty bearers.
- The four complement and reinforce each other according to needs and contexts.

Capacity development for individuals in communities

- Capacity development interventions that empower individuals to build communities, networks, and social movements are among the cornerstones of the Bridging the Gaps programme.
- The purpose of these interventions is to foster or facilitate a multi-dimensional social process that helps people gain control over their individual lives and their living environments.
- The range of community empowerment interventions undertaken within the Bridging the Gaps programme consistently involved supporting individuals or groups to ‘step out of the shadows’ in their personal and social spheres and to use their acquired capacities or powers to alter their own life circumstances, including gaining control of their health and the factors that influence it.
- These different efforts to empower individuals or groups led to stronger capacity and agency to initiate and sustain positive change for themselves in their own circumstances as well as collectively, as groups of sex workers, LGBT individuals, people who use drugs, or people living with HIV.
- Although the success of empowerment interventions is difficult to predict and challenging to quantify, there is nevertheless a continuing, critical importance to this work within the larger collective effort of securing the health and rights of key populations.

Strengthening organisations

- The research found that for partners of the Bridging the Gaps programme, capacity development occurred through cycles of experimentation, reflection and learning, as organisations evolved and strengthened their legitimacy and influence.
- Through the outcome harvesting and other data sources, the research identified different modalities for developing and/or strengthening organisational capacity within the Bridging the Gaps programme. These included Alliance-initiated capacity development interventions, and partner-initiated capacity development interventions (both internally and externally).
- The promotion of the use of a theory of change (ToC) was an important contribution to strengthening programme management, particularly at the point where partners were supported to develop their own country or population-specific ToC linked to the broader Bridging the Gaps ToC.
The stability and reliability of Bridging the Gaps support (starting from 2011 when the partnership began for all four case study organisations) allowed for longer trajectories of capacity development and learning and, importantly, for the retention of staff members who could professionally mature and develop themselves within the programme.

Capacity development interventions were also cascaded down to the level of programme sub-grantees and stakeholders. This included work to nurture new entities and, through a very hands-on approach, to facilitate practical transfer of knowledge and skills.

There were some instances where gains made in organisational capacity through Bridging the Gaps support were subsequently compromised or even lost. This included the loss of both technical and institutional knowledge within the organisations as, once capacitated, staff members secured other employment opportunities. It also included situations when funding ended and projects had to shut down.

**Learning to work in partnerships, networks and coalitions**

- The change agenda of the Bridging the Gaps programme requires partners to enter into strategic alliances and to undertake collective action with like-minded organisations.
- Capacity development interventions by the Alliance members have to the largest extent consisted of promoting partners’ connectivity at national, regional and global levels. Opportunities have been created for partners to participate and interact with other organisations during conferences, in delegations and through networking events.
- A number of the harvested outcomes speak to the capacity of Bridging the Gaps partners to interact with allies and stakeholders with a strong sense of legitimacy and to use this strength to forge important strategic alliances.
- There is pressure on partners to perform in dynamic processes, taking place in coordination mechanisms and sectoral fora, and in which demands for different types of capabilities arise, such as conflict resolution and risk management. These emergent needs for specific skills may not have been fully addressed by the capacity development support offered through the Bridging the Gaps programme.

**Capacity development for duty bearers**

- Influencing the socio-cultural environment or changing what key population constituencies experience as problematic behaviour of different classes of ‘duty bearers’ are cross-cutting strategic purposes for the Bridging the Gaps programme and the partners that it supports.
- The capacity or power to influence and shape the external conditions for promoting and protecting the health and rights of key populations is essential to acquire, to nurture and to sustain. It requires that changes or capacity gains also occur among important stakeholders or duty bearers, whether individuals or institutions, whose knowledge, attitudes, beliefs or practices, improve or adjust as a result of the influence exerted on them by key-population-led networks.
- There are two-way capacity gains in these instances: government entities gain knowledge and experience about key populations and their health and human rights challenges; meanwhile, key population representatives acquire skills for speaking out and influencing important state representatives and institutions.

**Additional observations**

- Overall, the Bridging the Gaps country partners gained from the capacity development support provided by the Bridging the Gaps programme.
- Partners especially valued the quality and uniqueness of their relationship with their Bridging the
Gaps Alliance members, particularly the extent to which this supported more fluid and responsive capacity development journeys.

• However, the high degree of user satisfaction and user-derived value from Bridging the Gaps capacity development support may not be sufficient on its own. The programme could still have benefited from a more fully articulated approach to capacity development.

• The study findings suggest what this approach could involve: embedding capacity development more clearly in the programme’s ToC; promoting or fostering enabling conditions for sustaining the gains of capacity development over the programme cycle; and, basing the capacity development component of the programme on an initial set of evidence-based ‘good practices’.

• The findings also point to what the ‘enabling’ conditions could involve, in terms of organisational attributes (a culture of continuous learning, for example) as well as external environmental conditions (conditions which enable stability and longevity for example).

• There are rarely perfect conditions in all settings for effective capacity development, particularly across a global programme such as Bridging the Gaps, which operates in complex and diverse contexts. However, to the extent that capacity development support can take account of and integrate these variables - -by working to foster enabling conditions and to change or mitigate against disabling factors - the findings of the research suggest that this support will enhance the achievement of programme results.

Good practices

The study findings, across all of the different components, suggest that there are certain ‘good practices’ for capacity development that could guide future efforts for the Bridging the Gaps Alliance members or a similar group of partners working to advance the health and rights of key populations:

• Use of an interactive approach to capacity assessment leading to user-defined and ‘owned’ priorities for capacity development support;
• A co-learning, risk-sharing approach to capacity development, innovation and change;
• Use of peer-to-peer learning and exchange mechanisms; and,
• Capacity development based on mastery, which involves perfecting or ‘mastering’ a programme development or innovation before sharing it with others.

Recommendations

The findings of the research suggest the following recommendations for strengthening the design, implementation, results and impacts of capacity development for organisations working to advance the health and rights of key populations in configurations that are similar to those of the Bridging the Gaps programme:

• Develop a clear and detailed strategy on capacity development at the start of the programme design process. The results of this study point to four types of capacity, and linked capacity development approaches, which drive the larger ToC for the Bridging the Gaps programme as well as the more specific change imperatives of the country partners in their individual operating contexts. This could be used as an example for others in terms of clarifying at the start the embedded role of capacity development in generating sustainable, longer term programmatic results.
- As part of the strategy, clarify the capacity development modalities available to partners and their expected results. The Bridging the Gaps Alliance members provided a range of capacity development support to country partners, using different but equally important modalities and tools. In future, such an ‘offering’ could be described in an accessible format so that programme partners are more aware of what they could obtain from the programme and from which partner.

- Strengthen coordination mechanisms across programme partners to be able to offer a broader range of capacity development support to country partners. As noted above, each Alliance partner had something of value to offer the programme; therefore, mechanisms could have been put in place to enable country partners to organise ‘packages’ of support aligned to what they foresaw as their needs in relation to what the different Alliance partners could offer.

- Embed capacity development within programme design and implementation. Programmes similar to Bridging the Gaps should more systematically integrate capacity development interventions and expected results within programme designs and partner support agreements. Integrated monitoring frameworks should measure achieved capacity gains at the same time as programmatic outputs and outcomes.

- Strengthen the interactive processes of identifying and addressing user-defined capacity development needs and goals through more consistent and systematic application and follow-up. In the Bridging the Gaps context, the O-Scan process could have been applied more consistently and linked to the development of a prioritised, results-oriented capacity development plan (including a monitoring framework). The plan could also have served as the basis for mapping opportunities for capacity development support, some of which would come through a Bridging the Gaps-type alliance, and some of which would be available elsewhere (through other funding partners, for example, or through leveraging commitments from other partners using a similar Bridging the Gaps-type investment as the starting point).

- Jointly develop and commit to a shared vision at the beginning of a programme cycle of what the expected result of capacity development will be and how these gains will be sustained. While there was a constant consideration across the Bridging the Gaps Alliance members regarding the sustainability of the country partners once Bridging the Gaps support concluded, including with regard to capacity development gains, it was not consistently expressed or embedded within a joint commitment at the start of a programme cycle. In future, in similar endeavours to strengthen the health and rights of key populations, this shared vision should be embedded in the programme cycle from the start.

- Establish a community of practice or similar mechanism for ongoing reflection and learning on capacity development across the programme partners. The research findings have highlighted how capacity development is a continuously evolving field of knowledge and practice. The experience of the Bridging the Gaps programme has shown that mechanisms for continuous reflection, learning and documentation of good practices are an essential component of a sustained and results-driven commitment to capacity development.

In conclusion, the study provided important insights into how Bridging the Gaps Alliance members nurture and sustain powerful and resilient change-oriented organisations and networks, and how these entities in turn continue to develop the capacities of others. As all of the study participants have at one point stated, what the Bridging the Gaps programme has achieved is unique and essential for the global constituency of key populations. It is critical, then, as the Bridging the Gaps programme enters its final year, to act to secure this legacy of empowered communities, strong organisations, effective coalitions of change agents, and responsive and accountable duty bearers, all collaborating to end AIDS by 2030.
EVERYONE IS WELCOME
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“Bridging the Gaps is a programme that works towards a world where there is no hostility against homosexuality, where a person who uses drugs can access clean needles without risking arrest, and where a sex worker does not need to fear any violence from clients or the police.”
1. Introduction

1.1. Background

Launched in 2011, and funded by the Government of the Netherlands, Bridging the Gaps is a global programme for key populations. It is focused on securing the sexual and reproductive health and human rights (SRHR) of lesbian, gay, bisexual and transgender (LGBT) people, including men who have sex with men (MSM); people who use drugs (PWUD); sex workers of all genders; and people living with HIV (PLHIV). Now in its second phase (2016-2020), the programme is implemented in 15 countries by nine Alliance members, and supports 95 local, regional and global civil society organisations (CSOs) and networks. The programme recognises that key populations are disproportionately affected by HIV and other sexual health challenges, as compared to other populations, and that, globally, there are only

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1. The partners are: Aidsfonds; AFEW International; COC Netherlands (COC); MPact Global Action for Gay Men’s Health and Rights (MPact); Global Network of People Living with HIV (GNP+); the Global Network of Sex Work Projects (NSWP); International Network of People Who Use Drugs (INPUD); International Treatment Preparedness Coalition (ITPC); and Mainline. More details about the programme are available at: https://hivgaps.org
a handful of programmes focusing on resolving these inequities. It aims to contribute to ending the AIDS epidemic among key populations by 2030 through the achievement of three long-term results (Figure 1): a strengthened civil society that holds governments to account; increased fulfilment of human rights of key populations; and, improved SRHR, including fewer HIV transmissions (Aidsfonds, 2015).

Figure 1: Bridging the Gaps Programme Long-term Results

As civil society is at the heart of improving the health and rights of key populations, civil society strengthening is a cornerstone of the programme. This commitment is expressed as:

We will strengthen civil society organisations’ ability to sustainably:

1. Facilitate community development;
2. Advocate for continuously strengthening services and upholding human rights;
3. Deliver inclusive rights-based and gender-sensitive services;
4. Foster global and in-country processes and partnerships that reinforce results.

Given the critical nature of this work, it has become important for the Alliance members to learn about and document the most effective approaches to capacity development that fulfil this commitment and that contribute to reaching the three long-term results in the many different settings where the Bridging the Gaps programme operates. To address this need, starting in 2017, the Health Economics and HIV and AIDS Research Division (HEARD), based at the University of KwaZulu-Natal (UKZN) in Durban, South Africa, partnered with Aidsfonds to conduct operational research on the processes and outcomes of capacity development within the Bridging the Gaps programme.

HEARD further engaged APMG Health, a Washington-DC-based global health consultancy, to support the research effort to ensure its global reach.

The research project, which took place from 2018-2019, addressed the following overall question:

What capacity development interventions effectively equip civil society organizations and networks led by or working with key population groups to secure their health and rights, and to advocate for social change in complex legal and socio-cultural environments?

The study consisted of the following research activities (Figure 2):
This comprehensive report synthesises findings across all components. It describes the specific concepts of capacity and capacity development that emerged from the wide-ranging experiences and understandings of the many stakeholders involved in the Bridging the Gaps programme. Within the Bridging the Gaps programme context, the function and significance of capacity and capacity development expanded beyond organisational needs to encompass individuals, communities, partnerships, and duty-bearers. The report provides an analysis of the numerous interventions and approaches the programme employs to empower individuals and communities; to create strong organisations with legitimacy and influence; to foster partnerships and alliances for change; and to develop the capacity of ‘duty bearers’ in order to positively influence programme environments for securing the health and rights of key populations. It identifies good practice approaches which emerged from the study findings. Finally, it concludes with recommendations for strengthening the commitment and effectiveness of the Bridging the Gaps programme and its Alliance members to capacity development in current or future periods.

1.2. Study aims and objectives

The aim of the study was to identify capacity development interventions which effectively equip CSOs and networks, led by or working with key population groups, to demand quality services; to influence the creation of a social, legal and policy environment which respects, realises and protects the rights of key populations; and to hold governments to account as the principal duty bearers for the fulfilment of the human rights of all individuals, in all of their diversity, under their jurisdictions.

More precisely, the study objectives were:

a) To identify the current state-of-the-art capacity development interventions for CSOs and networks in general, and those working with or led by key populations in particular, from the scientific and ‘grey’ literatures;

b) To identify the nature and type(s) of capacity development interventions provided to CSOs and networks supported by the Bridging the Gaps programme;

c) To investigate the extent to which these capacity development interventions strengthened the capacity of CSOs and networks to achieve the programme’s results;

d) To understand the contribution of capacity development interventions to these results in different socio-cultural and political contexts;

e) To compare the current state-of-the-art capacity development interventions from the literature with the capacity development interventions in the Bridging the Gaps programme in order to highlight synergies;

f) To identify areas for improvement for the role of the Bridging the Gaps programme in capacity development of CSOs and networks led by or working with key population communities.
“The study design was guided by complex-adaptive systems thinking and incorporated methods that allowed for an endogenous approach to studying capacity development processes and outcomes.”
2. Methodology

The study adopted a mix-methods design using a variety of data collection methods. These included literature review, self-administered survey, key informant interview, focus group discussion, participatory development of case studies using outcome harvesting, and validation workshops. These approaches are summarised below along with some of the conceptual and practical limitations the research team encountered.

2.1. Key concepts

In order to articulate pertinent concepts of ‘capacity’ and ‘capacity development’ for designing and grounding the study, the research team undertook a comprehensive literature review. This included reviewing different sources of information regarding the Bridging the Gaps programme in order to more closely grasp its specific characteristics and operational contexts, with particular attention to the pro-
programme’s Theory of Change (ToC). This preliminary analysis led the team to centre its conceptual understandings of ‘capacity’ and ‘capacity development’ within an international development cooperation frame since the programme largely, but not exclusively, works with countries and country partners in development settings. The programme also works within a context of individuals and groups collaborating for social change and social justice. The collaboration is occurring in a situation of complex, shifting, and often unpredictable dynamics or ‘eco-systems’ that shape what constitutes capacity and what acquiring, fostering, sustaining or losing it entails.

In the international development literature, the theoretical and practical approaches to capacity development have been continually evolving with no strong consensus on a single definition or approach (Backer, 2000; OECD, 2006; UNDP, 2009). As a starting point for this study, the research team chose to adopt the terminology of the Organisation for Economic Cooperation and Development (OECD) which has been frequently used for similar research in similar contexts. The OECD defines capacity as, “the ability of people, organisations and societies as a whole to manage their affairs successfully” (OECD, 2006). It subsequently defines capacity development as “the process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time”.

Capacity is used in these descriptions in its holistic sense as an aggregate of a number of sub-components that some scholars define as “an emergent combination” or “a complex interplay of attitudes, assets, resources, strategies and skills, both tangible and intangible” with “technical, organisational and social aspects” (Baser & Morgan, 2008). The phrases ‘emergent combination’ and ‘complex interplay’ are important in this description, suggesting that what makes up capacity will very much depend on the situation or contexts where one is attempting to locate it, either from a research or practice standpoint. Following from this, and given the breadth of organisations, operating contexts, strategic orientations, and represented communities that comprise the Bridging the Gaps programme, the researchers adopted a similarly ‘emergent’ stance.

In the context of the programme, the team further viewed capacity development as a process whereby the Alliance members primarily promote, foster or secure existing capacities (as opposed to ‘building’ capacity where none existed previously) in their regional and country-level partner organisations. Capacity development interventions can be characterised as learning processes which are aimed at strengthening or improving the way partners think and act. However, the ways in which such learning unfolds are likely to be complex, non-linear processes (Lavergne, 2006). For this reason, studying capacity and capacity development may require a complex adaptive systems approach (Philip et al, 1988; Holland, 1993) which takes into account that acquiring, improving or sustaining capacity is subject to constant influence by multiple elements, some of which are not easy to anticipate or manage (Baser & Morgan, 2008). Organisations are considered ‘open systems’ which constantly interact with elements in their context.

These elements have particular relevance for examining capacity and capacity development in the context of the Bridging the Gaps programme which, as outlined in the ToC, has a strong connection to the socio-political environments surrounding the country and regional partners it supports and which collectively commits these partners to participate in and to drive complex processes of social change. Accordingly, given such a fluid variety of contexts for change, types of change agents, and specific change imperatives, any analysis must take an “endogenous approach to capacity development”, or seek to understand “the process of change from the perspective of those undergoing the change” as externally derived concepts or frameworks will not suffice for all settings (Baser & Morgan, 2008). A flexible or adaptive approach is needed as any study or analysis proceeds. A similar adaptive or embedded research method is also required that can view and interpret capacity development and change processes ‘from the perspective of those undergoing the change’. It was from this conceptual approach, then, that this research began.
2.2 Data collection and analysis

The data collection methods used in the study included literature review, self-administered survey, key informant interview, focus group discussion, participatory development of four case studies using outcome harvesting, and results-sharing and validation workshops. A detailed explanation of the study methodology is provided in Annex 4. Approval to conduct the study was granted by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal in South Africa. The research team consisted of three lead researchers from HEARD and APMG Health. For the case studies, this team was expanded to include local researchers and staff members from the Bridging the Gaps country partners selected for this component. The lead researchers provided research training and mentoring to these local counterparts throughout the case studies, using a research manual that was specifically developed for this purpose.

Given the different types and quantity of data collected during the study, the research team adopted an iterative approach to data analysis and interpretation. This included thematic analysis of documents, interview notes and transcripts, workshop reports, and outcome statements. For the case studies, the research team developed a coding structure, derived from the key concepts and research questions, for the analysis of the interview transcripts. The coding structure was also used as an interpretive guide for the analysis of other documents and data sources collected as part of the outcome harvesting process. The structure helped to ensure the consistency of the analytic focus between local and lead researchers within and across the case studies.

To link the results of these different analytic approaches, the research team used triangulation. Analytic rigour was achieved through continual iteration of the process in order to identify the most salient and comprehensive meanings arising from the data. This was done by the lead researchers, individually and jointly, via Skype meetings and during face-to-face working sessions. Finally, member-checking (or the re-engagement of the research participants at different stages of the analysis process) was also used to assure the quality and usefulness of the findings.

2.3 Validation of interim research findings and reports

Different moments were built into the research process for the verification, discussion and validation of the study findings. This included a meeting with all the Alliance members in Amsterdam in May 2019, during which the preliminary findings of the research as well as selected initial recommendations were presented and discussed. The research process for the case studies included one internal restitution meeting with the organisation, and one validation meeting to present the case study findings and discuss best practices and recommendations with the organisation and its key external stakeholders. Prior to validation, the four case study reports were reviewed by each of the case study organisations as well as by external reviewers who were selected by the organisations and the research teams. Aidsfonds established a Reference Group composed of different Alliance members to oversee the study. The HEARD team had several virtual and one face-to-face meeting with this group to discuss the different stages of the research process, including reviewing and providing comments on the case study and research reports.

2.4 Limitations

In undertaking the research, the team encountered challenges. The decision to combine the survey on capacity development with the mid-term evaluation survey for the Bridging the Gaps programme meant
that HEARD had to adjust its original plan of doing a focussed survey and to incorporate its questions into the latter survey, which had different objectives. This affected the quality and completeness of responses, whereby some partners did not respond to the questions on capacity development while others did, but provided very little detail. Nevertheless, sufficient information was provided by enough respondents to contribute to the research findings.

The research plan included a component of local research capacity development on qualitative methods for the case study participants. HEARD invited these organisations to gain further benefits from the study by seconding focal points to the research teams to participate in the case study process. While all four organisations initially seconded staff to support the research, competing priorities and challenges of organisational stability and capacity influenced their level of engagement. This sometimes limited the ability of the HEARD team to transfer research skills to the extent that was originally intended.

In participatory organisational research, including outcome harvesting, a bias can emerge such that participants are not always ready to critically reflect on negative aspects of capacity or performance. This occurred at points during the research, particularly in group settings where colleagues and superiors as well as individuals external to the organisation (lead researchers, for example) were present. As a result, the case studies may not be fully reflective of capacity and capacity development gaps or challenges. The researchers partially adjusted for this through interviews with external stakeholders and by examining other sources of information such as Bridging the Gaps project reports, including O-Scan assessments, where some capacity-related challenges were described.

A final limitation in the data collection process pertained to the availability of written material, in particular activity reports, project reports and other types of documents from the case study organisations. This sometimes limited the comprehensiveness of secondary data sources that could be applied in the verification of the outcome statements, and to the analysis of capacity development support and overall results. This gap was mostly addressed through supplementary interviews or group discussions to obtain additional information.

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2. The Mid-Term Evaluation Report, containing a description of the survey methodology, is available at:
3. Findings

The research findings are presented below. They encompass all components but with more attention to the case studies which, from the “harvested outcomes”\(^3\), provided examples of how capacity development support contributed to achieving important programmatic results for Bridging the Gaps across the different country contexts. The section begins with some cross-cutting findings on the nature of capacity and capacity development that are specific to the Bridging the Gaps programme. These emerged from the ‘endogenous’ approach to capturing the meaning and significance of capacity and capacity development from the perspective of the individuals or groups themselves.

3.1. Four types of capacity and capacity development

The findings show that the capacity the partners seek to acquire, nurture, and sustain is interrelated with how they evolve and maintain their identity and legitimacy as organisations; what they seek to change for their members or constituencies; and how they strive to take up, maintain or shift positions in their complex operating environments.

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3. We refer to these harvested outcomes in the report. A full list of outcomes can be found in Annex 6.
As the ToC for the Bridging the Gaps programme makes clear, the legal, socio-cultural and institutional environment that surrounds key population organisations is characterised by the dynamic - and often unpredictable - interplay of powerful interests that limit or deny the health and rights of key population groups. The Bridging the Gaps programme, then, through its intervention strategies, works to empower individuals, communities, organisations and key stakeholders or duty bearers (individuals, institutions, systems) to bring about a more favourable balance of these interests (Aidsfonds, 2015). This relies on a set of core capacities operating at the community, organisational, network, and state or duty-bearer levels. Capacity development interventions are linked to these capacities (Figure 3).

Key findings:

- Capacity development in the Bridging the Gaps programme entails empowering individuals, communities, organisations, and key stakeholders or duty bearers to bring about change.
- There are four linked capacity development interventions or modalities: capacity development for individuals and communities; strengthening organisations; learning to work in partnerships and coalitions; capacity development for duty bearers.
- The four complement and reinforce each other according to needs and contexts.

To achieve its longer-term results (1-3), and vision (4), the Bridging the Gaps programme aims towards an outcome of structural change. The terms ‘demanding’, ‘strengthening’, ‘increasing’, ‘improving’, ‘holding to account’ appear throughout the ToC (Aidsfonds, 2015). ‘Capacity’ in this context means that Bridging the Gaps partners have sufficient power and agency to live out and sustain their identity and influence as change agents. They aim to use their power and agency to shift a set of structural relations that are inequitable or harmful for the key populations in communities that have created these organisations and given them their purpose and legitimacy. The core components of this capacity include (A) empowered individuals and communities (the source of legitimacy); (B) legitimate and influential organisations functioning as change agents; (C) partnerships, networks or coalitions of organisations or change agents; and (D) responsive and accountable (‘changed’) duty bearers (as individuals, institutions or systems) that promote and protect the health and rights of key populations. Capacity development becomes the actions or processes of acquiring, maintaining, increasing, having control over and “unleashing” these components of capacity, or forms of power.\(^4\)

\(^4\) For the participatory component of the study, the research team simplified these concepts and relationships through posing the question: how do Bridging the Gaps country partners acquire the fuel they need (capacity development) to have sufficient power and agency (having and “unleashing” capacity) to bring about the change (improved health and rights) they seek for their members or constituencies?
For each component of capacity, there is a corresponding type of capacity development intervention. These include:

a) **Capacity development for individuals and communities** – The community development component of the Bridging the Gaps ToC aims at empowering individuals within their personal and social spheres to articulate and claim their identities and to form and sustain social movement structures in their communities.

b) **Strengthening organisations** – As a way to instrumentalise and direct the political power of social movements, empowered key population communities have formed organisations (or allies have formed organisations on their behalf). Governments or other types of ‘duty bearers’ that affect the health and rights of key population groups operate through systems, processes or institutional mechanisms that are most effectively accessed by organisations. It follows, then, that key population communities need strong organisations to act on their behalf (be legitimate, accountable and influential) within the institutional and structural relationships that they are seeking to change and transform.

c) **Learning to work in partnerships and coalitions** – The change imperatives included in the Bridging the Gaps ToC are broad and multi-dimensional. They encompass not just institutional shifts in laws or policies, for example, but also shifts in socio-cultural attitudes, beliefs or practices. There is no singular change imperative but a constellation of challenges that need to be resolved. Organisations as change agents need to combine forces to push against powerful forces in the form of governments or other social institutions that are indifferent or resistant to such shifts.

d) **Capacity development for duty bearers** – An important component of the Bridging the Gaps’s ToC involves strengthening the capacity of duty bearers to be more responsive to and accountable for the health and rights of key population groups. Equipping country partners to be effective in this work, either as individuals, organisations or through working in partnerships and coalitions, is another domain of capacity development.

The four types of capacity development are not sequential, hierarchical or always cumulative. Instead, in the Bridging the Gaps context, they tend to work in emergent combinations that complement and reinforce each other according to needs and contexts. It is personal empowerment and agency, for example, that enables a sex worker or PWUD or MSM to sit in a parliamentary forum and give persuasive testimony about their life experience. It is a combination of a strong political constituency led by an influential organisation that is able to form, manage and sustain a powerful coalition. Finally, a social movement leader, who began her journey as a socially isolated, street-based sex worker, can also be at the helm of a powerful national network that engages with senior institutional leadership to demand or compel law or policy change.

The next sections explore these relationships in greater depth through the case study results as well as through the range of other data sources included within the scope of the research (document reviews, survey data, key informant interviews, group discussions). Each section addresses four main questions:

- What is the nature (conceptually and practically) of the capacity?
- How do Bridging the Gaps partners work together to acquire, grow and sustain the capacity (what works and how)?
- How is the capacity deployed and what changes arise from it (why is the capacity important and what does it achieve)?
- How is the capacity sometimes compromised, constrained or lost?
3.2. Capacity development for individuals in communities
Key findings:

- Capacity development interventions that empower individuals to build communities, networks, and social movements are among the cornerstones of the Bridging the Gaps programme.
- The purpose of these interventions is to foster or facilitate a multi-dimensional social process that helps people gain control over their individual lives and their living environments.
- The range of community empowerment interventions undertaken within the Bridging the Gaps programme consistently involved supporting individuals or groups to ‘step out of the shadows’ in their personal and social spheres and to use their acquired capacities or powers to alter their own life circumstances, including gaining control of their health and the factors that influence it.
- These different efforts to empower individuals or groups led to stronger capacity and agency to initiate and sustain positive change for themselves in their own circumstances as well as collectively, as groups of sex workers, LGBT individuals, people who use drugs, or PLHIV.
- Although the success of empowerment interventions is difficult to predict and challenging to quantify, there is nevertheless a continuing, critical importance to this work within the larger collective effort of securing the health and rights of key populations.

Empowering individuals to build communities, networks, and social movements is one of the building blocks of the Bridging the Gaps programme and a core reason for the existence of many of its partners. It is regarded as both a programmatic and a capacity development intervention. The purpose of empowerment interventions is to foster or facilitate a multi-dimensional social process that helps people gain control over their individual lives and their living environments (Page & Czuba, 1999). Empowerment is a “structural intervention which seeks to address and alter social, political and material conditions” (Kerrigan et al, 2013) that create health and social inequities for individuals in communities.

The range of community empowerment interventions undertaken within the Bridging the Gaps programme consistently involves supporting individuals or groups to ‘step out of the shadows’ in their personal and social spheres and to use their acquired capacities or powers to alter their own life circumstances, including gaining control of their health and the factors that influence it. Within the programme, there is a large range of modalities used to foster personal and collective empowerment. These include activities that reach out to socially isolated and highly vulnerable individuals through outreach workers or volunteers; that encourage the formation of support groups or social networks in local communities; or that are made up of more elaborate mechanisms with broader scope, such as national or international meetings or conferences that bring constituencies together in larger numbers. Examples from the research show how this capacity can be acquired, nurtured, and sustained across a number of different country contexts. They also show some of the persistent and ongoing limitations of these efforts and the need for them to evolve.

One of the ‘harvested outcomes’ from the case study organisation Women’s Organisational Network for Human Rights Advocacy in Uganda (WONETHA) described how the organisation has trained and deployed cadres of outreach workers to link isolated, street-based, female sex workers to peer groups and health services, including HIV testing and anti-retroviral treatment, provided through alliances with partners in the different districts where the organisation is present. Trainings, HIV technical guides, outreach
manuals, and other inputs from Bridging the Gaps partners, such as Aidsfonds, ITPC, and NSWP, have enabled WONETHA to undertake this work. Prior to these interventions, stigma and rejection from local health care providers and other HIV programmes weighed heavily on the self-esteem and health seeking behaviour of these women. Linking individuals to peers and fostering local support networks changed individual life-courses in significant ways as the following example describes:

"After my entry into WONETHA, I was counselled and I was able to begin living positively. In 2015, I made up my mind to stop taking drugs and alcohol. I am completely off drugs. I only take some little liquor just to pass time. Friends wonder that I am alive. My colleagues and members of the community where we stayed would provoke me about my HIV status and sex work. But because of the exposure I was receiving from WONETHA, I ignored them. Right now, even when you talk, I will not mind about anything. A training I received [from WONETHA] helped me a lot to disclose my sex work business to my family. I was also humbled by the openness of the leaders in WONETHA who motivated me to open up about my HIV status and also gave me a lot of courage to take ARVs and live positively. The treatment I have received has brought my life back."

WONETHA peer educator

WONETHA also offers members training opportunities on topics such as community advocacy and monitoring, and on networking and coalition building, using Bridging the Gaps funds and the tools of Aidsfonds, NSWP and ITPC, for example. Other interventions in communities aim to empower sex workers to speak up and to constructively engage with important stakeholders such as local governance bodies, police, religious leaders and health care workers (also Bridging the Gaps-funded). A component of these training interventions addresses improving social engagement, including with different types of authorities such as police, politicians and other local leaders or influencers. The training also addresses such fundamentals as appearance and decorum in ‘official’ settings.

Many of these women also have children, meaning that improved health literacy and health seeking behaviour - and the greater amount of control it offers over their life circumstances - has extended benefits. Across the different stakeholders that interact with WONETHA, including those involved in provision of HIV and other sexual and reproductive health services, there is broad acknowledgement of the value of this work in reaching highly marginalised and vulnerable women and to develop their individual and collective capacity for health improvement.

There are other examples. Case study organisation Gays and Lesbians Zimbabwe (GALZ) identified its Affinity Group programme as a significant outcome of its work to develop the capacity of individuals in communities. The programme encourages socially isolated or hidden LGBT individuals to form local social networks, either through face-to-face encounters in ‘safe spaces’ or via social media platforms such as WhatsApp or Facebook. These groups then have opportunities for training on topics such as safety and security, human rights literacy, or sexual health literacy (using locally adapted MPact materials, for example). The results of these trainings, which are the only source of information for many in a society that forcibly excludes and denies their existence, are that individuals are more prepared to manage the risks.

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they face in their social environment (lowering the risk of verbal and physical abuse through discretion in public spaces), can understand and advocate for their rights to be free from police harassment or abuse, and can better understand and address their sexual health needs (use of condoms and lubricants, or STI prevention, for example).

As these local networks develop they can also access mentoring and support from regional coordinators or outreach workers, through which some of these networks become active and visible change agents in their local communities with different degrees of independence or self-sufficiency. This work has more recently been validated by a number of stakeholders and partners in the national HIV response, where new investments were made available for a significant expansion of sexual health programming for LGBT populations. In addition to providing evidence of the size and geographic reach of the LGBT constituency in Zimbabwe (something that different authorities, including some branches of government, continue to discount), in some locations, the Affinity Groups have evolved to the extent that they have been able to establish drop-in centres; to be present in local fora for coordinating HIV and other health programming; and have been able to engage local authorities on issues of human rights and protection from violence.

Case study organisation AFEW Tajikistan (TJ) identified as an outcome the formation of Key Population Advisory Councils. Among other functions, the Councils conduct organisational reviews, a modality that engages individuals from key population communities in active roles of monitoring, oversight and accountability of programmes and services designed or operated for their benefit, as this individual described:

“They [key populations] considered themselves to be clients and persons who could only get some services but did not have the right to vote, or plan or evaluate...This is the uniqueness of creating the councils...which are not funded in any way. The model that we set out and implemented has worked, although at the beginning it was very difficult since the council members were constantly changing. But those who remained on board saw that their voice was heard and some steps were decided on. They watched, listened, wrote and sent letters [...] and suddenly saw the significance of their voice.”

AFEW-TJ, key informant Tajikistan Network of Positive Women

Many of the individuals who become involved in the Councils undergo some personal transformation through the skills and experiences they acquire, ranging from additional technical knowledge about the nature of organisations and service provision, to more personal achievements such as improved skills and confidence for social interaction. They grow into their roles as representatives of communities of fully-valued individuals with entitlements to accountable and responsive programmes. There is a sense of these individuals moving from the margins to more central positions with an increased sense of authority and influence over what surrounds them. For the wider group of stakeholders, these Councils ensure accountability and alignment of programmes with community needs.

Case study organisation Youth Vision identified as an outcome the formation of Local User Group Committees of opioid substitution therapy (OST) clients, and the creation of open and responsive mechanisms for client feedback, using technical and operational resources from Mainline. In their reflection, they iden-

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6 Actions taken included a change in the way parents of HIV+ children received government benefits, moving from a cash-based system to a bank transfer in Kulob (to prevent exposure of their children’s status at the public cashier points), and a government-AIDS centre-initiated training for medical staff following complaints by one council on their judgemental attitudes and stigmatisation towards patients on treatment.
tified that these efforts have improved individual perceptions of the social worth for PWUDs, and have created mechanisms for mutual solidarity between service providers and clients. One OST client explained this in these terms:

“Due to the friendly environment here, we are comfortable to get services. Besides that, Youth Vision programmes in these days are also focusing on counselling in the meetings of users, which I like most. This approach, a user-friendly approach, has helped me and I hope this also helps others for their good health, for balance in family relations, and for time management for other jobs.”

Youth Vision, client

As the harvested outcomes illustrate, these different efforts to empower individuals or groups lead to stronger capacity and agency to initiate and sustain positive change for themselves in their own circumstances as well as collectively, as groups of sex workers, LGBT individuals or people who use drugs. In many settings, the work that Bridging the Gaps-funded country partners do in this regard constitutes the only opportunities such individuals or groups have to ‘step out of their shadows’ in an otherwise hostile, highly marginalising and socially excluding socio-economic and cultural environment. These opportunities also provide pathways out of more personal forms of marginalisation, such as self-imposed social isolation, internalised attitudes of low self-worth, or self-stigma.

As important as some of these outcomes were, however, there are challenges to continually nurture and sustain empowered individuals and local communities. These can be challenges of limited scale, lack of adaptation or evolution of empowerment modalities, and unclear motivations on the part of individuals or groups that participate in such interventions. In examining the Affinity Group programme as a ‘harvested outcome’, for example, it emerged that there was an inconsistent level of success. In smaller communities in Zimbabwe, for example, becoming visible or known in any way as a sexual minority incurs significant risks to social reputations and livelihoods, as well as to physical or emotional safety. Individuals prefer to remain hidden and find their social networking opportunities elsewhere away from their communities. Moreover, some individuals have expectations of empowerment interventions that they are unable to fulfil (assistance finding employment or for micro-finance to start income-generating ventures, for example). They may subsequently become disenchanted and participation dwindles. Some interventions are linked specifically to HIV programming and do not address other needs, such as for social interaction on its own without any pedagogical motive. Finally, key population individuals in communities do not always have natural affinities, making network-building or fostering social cohesion difficult in some settings. Although the success of empowerment interventions is difficult to predict and challenging to quantify, there is nevertheless a continuing, critical importance to this work within the larger collective effort of securing the health and rights of key populations.
3.3. Strengthening organisations
Key findings:

- The research found that for partners of the BtG programme, capacity development occurred through cycles of experimentation, reflection and learning, as organisations evolved and strengthened their legitimacy and influence.

- Through the outcome harvesting and other data sources, the research identified different modalities for developing and/or strengthening organisational capacity within the Bridging the Gaps programme. These included Alliance-initiated capacity development interventions, and partner-initiated capacity development interventions (both internally and externally).

- The promotion of the use of a theory of change (ToC) was an important contribution to strengthening programme management, particularly at the point where partners were supported to develop their own country or population specific ToC linked to the broader Bridging the Gaps ToC.

- The stability and reliability of Bridging the Gaps support (starting from 2011 when the partnership began for all four case study organisations) allowed for longer trajectories of capacity development and learning, and, importantly, for the retention of staff members who could professionally mature and develop themselves within the programme.

- Capacity development interventions were also cascaded down to the level of programme sub-grantees and stakeholders. This included work to nurture new entities and, through a very hands-on approach, to facilitate practical transfer of knowledge and skills.

Organisations are composed of individuals that contribute in a myriad of ways to the development and sustainability of organisational capacity. However, their collective contributions are not sufficient for organisations to endure and perform over time. There needs to be a support structure that helps position and manage an organisation within a particular context, and that secures their developmental value to the outside world (Baser & Morgan, 2008). In order to be able to function as change agents, as is envisioned in the Bridging the Gaps programme, organisations require such support structures which are (ideally) comprised of coherent organisational policies, procedures and routines as well as committed individuals with relevant knowledge and skills. The development of such capacity may be aided by ‘outsiders’, such as through technical consultants or training events, but is essentially an endogenous process that can be difficult to trace from an analytical perspective. Through cycles of experimentation, reflections and learning, capacity is acquired, nurtured and sustained as organisations evolve and strengthen their legitimacy and influence.

Through the outcome harvesting and other data sources, the research identified different modalities for developing and/or strengthening organisational capacity within the Bridging the Gaps programme. These included Alliance-initiated capacity development interventions, partner-initiated capacity development interventions (both internally and externally) as well as other sources of capacity support. The Alliance-initiated capacity development interventions were to a large extent informed by the results of the O-scan, a capacity needs assessment tool adapted specifically for the Bridging the Gaps programme. The intended purpose of this tool was for each Alliance member to assess, together with their country/regional partners, their existing capacity on areas deemed important for the execution of the programme; to discuss emerging capacity needs; and to jointly articulate a capacity development plan. During this current Bridging the Gaps phase, these needs centred on the strengthening of internal fund-raising capacity for CoC, GNP+, MPact and selected Mainline partners (including Youth Vision), and for the meaningful involvement of beneficiaries in AFEW International partners.
Only a few Alliance members (INPUD, ITPC) described a need for interventions that supported the establishment of organisational systems and procedures. The research found that, whilst the majority of Alliance members used the scan annually for joint reflection, it did not necessarily lead to plans but to less formal or flexible agreements on what capacity development support was needed and how it could be provided. Proper articulation by the partner on what support they required appeared an important factor in these interactions. The Bridging the Gaps programme document describes a demand-driven approach (Aidsfonds, 2015), which was confirmed by both NSWP and Aidsfonds who indicated that if a country/regional partner did not include a capacity development priority in its work plan, they would not always intervene by recommending further capacity support in circumstances where they may have seen a need.

The research identified interventions which targeted technical knowledge and skills development in individual staff members as well as interventions targeting organisational systems and procedures. There was an observed emphasis in the responses received from country partners on the interventions they had received that strengthened the technical skills of their staff, including programme and support staff. Capacity development interventions were offered through online and offline training courses, on-site mentoring, exchange visits and provision of guidelines, and tools and training manuals around specific topics. One participant describes the importance of this support.

“I think they [Bridging the Gaps] have played a huge role, particularly supporting staff of our organisation in the capacity building-initiatives that they have [...] MPact and COC would actually do the training and you would see that the staff were really benefiting from those initiatives because then they would come back and apply the techniques on the issues that they would have learned in their programming. And, in a way, it has influenced how or changed the way we are working internally because of that internally aided capacity.”

GALZ, staff member

This individual went on to describe how for himself, and his staff team, there were improvements in the technical quality of their work (better programmes, for example) as well as in organisational systems and procedures, particularly for work-planning, results monitoring, and supportive supervision. Capacity development support for improved systems and procedures was generally provided during monitoring visits and through online communication (e-mail exchanges) with partners. It included interactions and advice on issues of governance, systems for monitoring and evaluation (M&E) and financial management, resource mobilisation, human resource management and the use of research to generate an evidence-base for programming and advocacy. In some cases, it included assistance for the development of a strategic plan or the organisation’s registration as a legal entity.

For WONETHA, current staff in key positions, such as the Executive Director or the Advocacy Officer, have had the opportunity to attend the Sex Workers Academy for Africa (SWAA) to strengthen their own skills and strategies for effective advocacy but also to learn from more experienced peers working in similar settings on the African continent.

There were some examples of a combined approach where interventions to strengthen staffs’ technical knowledge and skills were linked with systems strengthening and other improvements needed for the application of these newly acquired capabilities. For example, Mainline provided extensive technical skill support to staff in the harm reduction programme of Youth Vision in Nepal, which included the adoption of smart cards and a new M&E system to allow for tracking the results of this programme. This innovation improved the quality and responsiveness of PWUD service delivery, through being able to track util-
In addition to longer-term funding, another aspect was the quality of the relationships between the Alliance members and the country partners which, the research found, had been characterised by learning and (mostly informal) reflection, including the flexibility to jointly take risks with new directions, to learn from setbacks, and to try anew with different approaches.

isation and retention for each individual. The data generated from the system also contributed to quality improvements in the organisational approach to service delivery as well as generated the evidence for informing on-going advocacy and national policy development for harm reduction.

The use of a theory of change has also been an important contribution to programme management, particularly at the point where partners were supported to develop their own country or population specific ToC linked to the broader Bridging the Gaps ToC. Both GALZ and AFEW-TJ indicated that it had encouraged their programme teams to develop clearer pathways between strategies, activities and (measurable) outcomes. This finding was further supported by the results of the partner survey, whereby the researchers learned that respondents identified it as an important learning experience at the start of the programme which actively drew on the knowledge and experience of other Bridging the Gaps partners brought together for this exercise.

The stability and reliability of Bridging the Gaps support (starting from 2011 when the partnership began for all four case study organisations) allowed for longer trajectories of capacity development and learning, and, importantly, for the retention of staff members who could professionally mature and develop themselves within the programme. In addition to longer-term funding, another aspect was the quality of the relationships between the Alliance members and the country partners which, the research found, had been characterised by learning and (mostly informal) reflection, including the flexibility to jointly take risks with new directions, to learn from setbacks, and to try anew with different approaches (to engage in continual cycles of experimentation, reflection and learning, as noted above).

For example, AFEW-TJ pioneered key population advisory councils, a concept that was not only new to key population programmes but for any development or public health programme in the country. The idea transpired from multiple interactions between AFEW-TJ and AFEW International staff, and between AFEW-TJ and the UNAIDS country office, on how the organisation could meaningfully involve members from the community in the implementation of the Bridging the Gaps programme in Tajikistan. The value of providing an environment for learning and reflection within the Bridging the Gaps programme cannot easily be quantified. Yet, it appears to have been one of the more cherished aspects of the overall capacity development support the programme has provided to partners, particularly by those partners that, more than others, routinely seized these opportunities to experiment and to renew or evolve their programmes and approaches.

Bridging the Gaps partners tended to have other sources of technical or operational support outside of the programme, which could include capacity development interventions. While not a focus of this study, through the outcome harvesting process other significant sources of capacity development support were identified that, in addition to Bridging the Gaps interventions, helped to strengthen organisational legitimacy and influence. An example worth noting was WONETHA's Functional Adult Literacy (FAL) programme, supported by Mama Cash and the American Jewish World Service, which a number of staff had participated in and which enabled them to progressively advance through the organisation from positions as
Where possible, partner organisations also freed up or sought out resources to finance capacity development for staff (e.g. for enrolment in training courses or for completion of advanced diplomas or degrees). The case studies illustrated the differences that exist between staff capacities in organisations and the level of investment that is required to obtain or nurture the necessary in-house knowledge and skills in support of the programme. While social actor organisations such as AFEW-TJ advertise and attract staff members on the basis of their expertise, social movements largely depend on internal development processes to bring staff members to the required level of capacity. The research noted the presence of organised pathways for community members to acquire entry level knowledge and skills and to further develop themselves as they become formally attached to the organisation.

Other approaches, as applied by the case study organisations, included the use of a team approach with a view to bring coherence and quality to the work as well as to enable an endogenous process of nurturing in-house capacity, as this individual describes:

"The most easy part is the organisational environment, with very easy access to the management team. We can talk and discuss with our management team at any time. There is nothing like boundaries between the management team and the other staff in dealing with any kind of problem and obstacle. I feel like, here, we are all on an equal level."

Youth Vision, staff member

A majority of staff members in the other case study organisations echoed similar stories of capacity development and individual growth. The executive director of WONETHA was once a participant of the FAL programme, for example, and, through continuous mentoring and encouragement to pursue additional educational qualifications, gained the technical competency and professional experience to prepare her for her current role. At GALZ, senior-level managers work to create an environment where staff are encouraged to pursue advanced educational opportunities to enhance their own and the organisation’s technical competencies.

Capacity development interventions also cascaded down to the level of programme sub grantees and stakeholders, utilising the Bridging the Gaps funding. The approaches of AFEW-TJ and GALZ to capacity development illustrated a very hands-on, practical transfer of knowledge and skills. Support was provided for the development of operational structures (GALZ) and for refinement of organisational procedures (AFEW-TJ), in combination with technical skills training and skills application on-site in which the partners shared their own successes and challenges in mastering a certain expertise. Both organisations felt a deeper responsibility towards capacity development. The following quote illustrates the position of GALZ:

"You will find that there are a number of emerging LGBTI organisations and, clearly, sometimes issues around capacity do crop up. And I think as GALZ we have moral responsibility to be able to support emerging organisations. Being there, for us, being around for longer, I think that gives us the obligation to be able to support emerging organisations so that they can be stronger in the work that they do and be able to also to articulate the common agenda issues that we can develop together."

GALZ, staff member
A number of the outcomes from the case studies also spoke to how the capacity development support provided by the Alliance members has been used by partners to become stronger civic organisations and to further build their organisational reputations. For example, the strengthening of Youth Vision’s M&E and financial systems allowed the organisation to speak with more authority on drug user issues, based on accurate and comprehensive data. Indeed, such enhanced organisational credibility emerged as an important enabler in partnership building and for influencing the policy environment to bring about positive change. AFEW-TJ’s success to register as the first NGO providing VCT in Tajikistan, for instance, had important implications for the broader State-level discussion on social contracting for the expansion of public services as this participant explained:

“Now there is discussion [in the country] on social contracting, based on this successful experience and so on. They [the government] are thinking: okay, the NGOs can support us, in this and this, and because we have a lack of staff and knowledge here in this sector, the NGOs could be [used] for outsourcing. The policy experts have already drafted the social contracting concept and it is under Ministerial review. However, it must finally pass through Parliament and that will be a difficult process to succeed in.”

AFEW-TJ, key informant UNAIDS country office

The research also identified some instances where gains made in organisational capacity through Bridging the Gaps support were subsequently compromised or even lost. This included the loss of both technical and institutional knowledge within the organisations as, once capacitated, staff members secured other employment opportunities. For example, WONETHA described how there are times when it recruits, trains and mentors members as peer educators who, subsequently, move to become peer educators for other organisations with higher remuneration. And while there was an understanding of why an individual would look for different opportunities, including for better remuneration, there was nevertheless a frustration that the investment in capacity development had been lost for the organisation itself and that resources were not always available to conduct additional trainings for replacements, for instance.

In two of the four case studies, Bridging the Gaps funding had come to an end which was affecting the continuation of the interventions established as part of the programme and, in the case of Youth Vision, led to retrenchments among programme staff. This loss of capacity was noted by other stakeholders in Nepal.

“I am personally sad about the situation Youth Vision is currently passing through. This kind of funding gap could result in loss of capacity, and loss of enthusiasm and momentum for the organisation.”

Youth Vision, key informant Ministry of Home Affairs

Financial instability and the fragility of their ‘license’ to operate were raised by partners participating both in the survey and in the case studies as substantive capacity threats. For example, GALZ has been attacked by police and won a legal battle against the government’s effort to declare it illegal over the period that Bridging the Gaps has supported the organisation. And while it continues to survive and strengthen its resilience, such threats continue so long as the operating environment in Zimbabwe remains unstable and unpredictable - something that GALZ, and the Bridging the Gaps programme, may have little ability to influence. In Nepal, gains made in terms of a supportive environment for harm reduction are beginning to be eroded by changes in the political and policy context, nationally and re-
regionally, that are challenging for Youth Vision to influence and may mean, in a worst case scenario, that all of the investment in harm reduction programming and technical expertise is no longer useable should these approaches no longer be favoured or allowed.

The presence of financial pressures on the organisations, as observed in all four case studies, revealed some potentially critical capacity gaps in their systems. While these were recognised by the partners, there was some uncertainty as to how to manage them. These pressures led to some organisations making commitments to undertake new programmes which could potentially overstretch their current capacities or experience, including being much more complex than any other programme they had implemented previously. The pressures also resulted in an ambition to venture into new programmatic areas for which organisations were not necessarily equipped, such as AFEW-TJ’s ambition, as the case study was concluding, to move into the field of climate change since its Bridging the Gaps support was no longer continuing.

With regard to new funding arrangements, in 2017, WONETHA entered into an agreement with Baylor Uganda to expand its community mobilisation programming to the Rwenzori region in order to complement Baylor’s efforts to increase access to HIV and other SRH services for sex workers through health systems interventions. While this arrangement enabled WONETHA to move forward on its strategic ambition to expand its programming country-wide, some of its external partners expressed concerns about the new arrangements.

“Expansion by WONETHA is okay, but extremely risky without managing internal capacity. And looking at the way WONETHA is currently relating to Baylor, WONETHA appears to be working for Baylor not with Baylor.”

WONETHA, key informant Technical Assistance Partner

This example helps to illustrate how important capacity needs can arise that, if not anticipated and addressed, could put partners at risk. It refers to the negotiating power of organisations as they enter new (funding) agreements and the capacity to anticipate and manage organisational risks that may arise from this. It refers to the ability of an organisation to realise and maintain a certain level of coherence, amid multiple push and pull factors in local and global contexts.

Bridging the Gaps Alliance members have provided advice and support on some of these challenges through their mentoring relationships with partners and, in the case of Youth Vision, during the period of transition away from Bridging the Gaps support. However, given how Youth Vision’s situation has evolved, the potential capacity needs and gaps to successfully negotiate these important stages in organisational growth may not have been sufficiently identified or addressed from all sides. Additionally, beyond the specific examples of WONETHA or Youth Vision, there was a recognition by some Alliance members during interviews that their support for exit strategy development and implementation post-Bridging the Gaps support needed significant improvement in order to mitigate or avoid the risk of erosion or loss of programmatic or capacity gains.

7 Baylor College of Medicine Children’s Foundation-Uganda is a national and international not-for-profit collaborative child health and development organisation providing family-centred paediatric HIV/AIDS prevention, care and treatment service, health professional training, and clinical research in Uganda.
3.4. Learning to work in partnerships, networks and coalitions
Key findings:

- The change agenda of the Bridging the Gaps programme requires partners to enter into strategic alliances and to undertake collective action with like-minded organisations.

- Capacity development interventions by the Alliance members have to the largest extent consisted of promoting partners’ connectivity at national, regional and global levels. Opportunities have been created for partners to participate and interact with other organisations during conferences, in delegations and through networking events.

- A number of the harvested outcomes speak to the capacity of Bridging the Gaps partners to interact with allies and stakeholders with a strong sense of legitimacy and to use this strength to forge important strategic alliances.

- There is pressure on partners to perform in dynamic processes, taking place in coordination mechanisms and sectoral fora, and in which demands for different types of capabilities arise, such as conflict resolution and risk management. These emergent needs for specific skills may not have been fully addressed by the capacity development support offered through the Bridging the Gaps programme.

The change agenda of the Bridging the Gaps programme requires partners to enter into strategic alliances and to undertake collective action with like-minded organisations. It also requires organisations to initiate and sustain functional relationships with partners that do not share similar - or sometimes have opposite - goals or stances, such as government, but that are nevertheless necessary for achieving change. Depending on the level of partnership formalisation, there is a need for understanding the legal and social aspects (e.g. trust, shared norms) in forming collaborative structures, and to develop communicative skills as well as capacities to deal with the tensions that may inevitably arise in such arrangements. (Bantham et al, 2003). It is believed that capacity emerges from multiple interactions with other actors in the system (Brinkerhoff & Morgan, 2010); hence there is need for repeated exposure within distinct contexts. Thus, opportunities such as the participation in government committees and technical working groups and, for more advanced partners, a leadership role in coalitions, need to be created and encouraged to enable partners to gain and learn through these experiences.

Capacity development interventions by the Alliance members have to the largest extent consisted of promoting partners’ connectivity at national, regional and global levels. Opportunities have been created for partners to participate and interact with other organisations during conferences, in delegations and through networking events. AFEW International and GNP+ link Bridging the Gaps partners to established networks, such as the regional AFEW network and the Young Positive (Y+) Network, which also serve the purpose of learning platforms. It was less clear from the Alliance interviews and survey data to what extent partners were actively encouraged and provided with guidance to help strengthen their own networking and collaborative capacities. From the case studies, there were examples of Bridging the Gaps-funded national networks which had been established and were led by partners, such as in Tajikistan and Zimbabwe. In the Youth Vision case study, it was observed that very limited attention had been given to the collaborative capacity of the partner and opportunities had been missed in making strategic connections between its programme and the initiatives of other partners on harm reduction and HIV prevention in Nepal.
A number of harvested outcomes from WONETHA, GALZ and AFEW-TJ speak to the capacity of these partners to interact with allies and stakeholders with a strong sense of legitimacy and to use this strength to forge important strategic alliances. Across all three organisations, there was clear recognition of the need to embed the organisations into local structures in order for them to be able to effect change. All had seats on government committees and in technical working groups, for example. The nature of their work organically defines the different spaces that organisations may wish to occupy and these are, in the case of the Bridging the Gaps partners, rather extensive; ranging from health governance structures, multi-sectoral entities created under the HIV response, civil society and development actor networks, to mechanisms created for the purpose of oversight and channelling of international funding to their countries, such as the Country Coordinating Mechanisms under the Global Fund. The capacity to participate in these structures and apply agency within them has not always been a focus for the capacity development interventions offered by Alliance members, apart from the recurrent training on networking and coalition building for the members of WONETHA, which is funded through Bridging the Gaps\(^8\), or the intensive support provided to GALZ (and other Bridging the Gaps partners) for participation in the highly politicised processes of developing the Zimbabwe funding request for the 2017-2019 Global Fund funding cycle. The ability to balance the politics and power dynamics in partnerships and to foresee possible challenges, as much as it is contextual, emerged as an important skill-set in fulfilling the leadership role of these country partners.

There is pressure on partners to perform within dynamic processes in which demands for different types of capabilities arise, such as conflict resolution and risk management. To illustrate, GALZ’s lead role in the LGBTI sector forum has raised for it the need to navigate dynamics of competition between members for funding opportunities for example, and conflicts of interest. As this is a new venture for all concerned, and members such as GALZ and the Sexual Rights Centre are larger and more experienced than others, it has been an important process of learning and reflection, helped in part by the ongoing guidance of COC which provides operational support to convene the forum. While GALZ sees some of these dynamics as risks, it nevertheless expressed confidence that, through sustaining its commitment to the process, it would learn through experience how best to manage or mitigate them.

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\(^8\) The content of the training WONETHA offers includes improving the understanding of sex workers around the meaning of coalitions, alliances, networks and partnerships, and of the need for networking and to map out stakeholders and partners.
3.5. Capacity development for duty bearers
Influencing the socio-cultural environment or changing what key population constituencies view or experience as problematic behaviour of different classes of ‘duty bearers’ are cross-cutting strategic purposes for the Bridging the Gaps programme and the partners that it supports. As already noted, these efforts mainly aim at shifting structural relationships and affecting power imbalances in social and institutional relations that constrain the realisation of the health and rights of vulnerable or marginalised populations. The objectives of these influencing activities are many and range from working to change discriminatory or stigmatising social norms, including within the different individuals or institutions that shape or influence social values, beliefs and actions (religious or cultural institutions, or the media, for example); to altering the attitudes, practices or beliefs of important state institutions, such as law enforcement, justice, or health. They also include changing the perceptions or practices of other civil society entities such as human rights organisations that are reluctant to take up or support key populations’ concerns. These interventions take place at different levels of scale and scope, from small encounters with individuals in communities (addressing the problematic attitudes and behaviours of a health care provider at a local health centre, for example) to engagement with national institutions (working to influence a parliamentary vote on a piece of legislation to decriminalise sodomy, for example).

Delineating conceptual boundaries of what this capacity entails, and how it is acquired, nurtured and shared, is complex. It is a layered or cumulative capacity, an emergent combination that is often dependent on having acquired or mastered others such as empowered individuals or communities, organisational legitimacy, and persuasive leadership ability within partnerships or coalitions. The following example succinctly illustrates the cumulative nature of the capacity to have influence:

“Our government trusts this organisation...”

**AFEW-TJ, key informant Republican AIDS centre**

In Tajikistan, earning ‘trust’ particularly with government in an environment of heavy regulation and control of the health sector, is a significant achievement and, in this context, the result of continuous, constructive
This suggests that there is no single pathway, for example, to arrive at a position of ‘trust’ but rather that it is an accumulation of a number of different capacities, such as technical expertise, ability to develop and test innovative approaches, and effective relationship-building with government, that emerge and cohere over a sustained period of time.

engagement as well as being in possession of an organisational reputation for expertise and achieving results (having legitimacy). This trust earned the approval to offer VCT outside of the government-controlled public health sector, something that had not been permitted previously. This suggests that there is no single pathway, for example, to arrive at a position of ‘trust’ but rather that it is an accumulation of a number of different capacities, such as technical expertise, ability to develop and test innovative approaches, and effective relationship-building with government, that emerge and cohere over a sustained period of time.

On the one hand, such capacity can be acquired and strengthened through specific trainings on the basics of advocacy and public engagement, for example. Staff and members in organisations such as GALZ or WONETHA have participated in these opportunities and have also developed their own programmes, using Bridging the Gaps tools, for their members in communities. There are more open-ended or fluid mechanisms- such as the Learning Institutes or Autumn Schools -- that allow for experience-sharing, debate and discussion among peers on experiences with advocacy and other influencing strategies, such as strategic litigation or through media. For the study respondents, there was no particular best practice. GALZ, for example, used such opportunities to explore how to shift the strategic direction of the organisation to become more focussed on advocacy or influencing activities; and to adopt different, less resource intensive modalities for securing access to services for its members, one of which involved letting other newer entities take over some of this work.

These are examples of how the layering of empowerment-oriented interventions that improve personal confidence, voice and visibility with specific technical training on advocacy creates political power, individually and collectively, and builds the confidence of members to use this power to bring about improvements. The different interventions WONETHA or GALZ implement at community levels to empower and enable individuals to be active and influential in local processes, such as HIV and AIDS coordination mechanisms, are examples of how the cumulative effects of this layering come about. This is succinctly put by this respondent:

“...The district hardly knew issues concerning sex workers. WONETHA and its activism were eye-openers on how to plan and prioritise HIV issues affecting sex workers....”

WONETHA, key informant District Health Office

This ‘activism’ was comprised of local, district level interventions on the part of WONETHA members. Sex workers’ involvement in various fora has enhanced recognition among stakeholders of sex workers as a population whose needs should be addressed. WONETHA’s sharing of its practical experience through these structures has been significant in re-directing stakeholder efforts, particularly government, towards what works best for sex workers.
In Zimbabwe, GALZ has entered a period of more intensive involvement in activities aimed toward influencing the institutional attitudes, behaviours and technical competencies of public health service providers towards LGBT people and other key populations. The organisation is also taking prominent roles in the development of more inclusive HIV and SRH policies, and is attempting to build more constructive relationships with political parties and political representatives who themselves are becoming, if only incrementally, more interested and accepting of the issues and challenges faced by GALZ members and other LGBT people in communities. While Bridging the Gaps-supported interventions have contributed to this emerging positional strength in Zimbabwe, GALZ’s resilience and consistent efforts over a much longer trajectory have made an equal if not more substantive contribution. This respondent, an external stakeholder, aptly describes how GALZ’s persistent presence, even during periods of intense, state-led efforts to suppress it or to close the organisation, has been broadly influential in creating ‘political and civic’ spaces for others and for increasing awareness and support for the LGBT community more generally:

“GALZ has been operating in the sector for a long time and they have made strides in creating space and initiating dialogue in political and civic spaces as well as in government. They have largely represented the MSM community with regards to accessing HIV and STI related services, as well as for protective barriers, which has created room for other LBTIQ persons to access those services as well. GALZ has contributed greatly to the strides that have been made in raising awareness and sensitising relevant stakeholders on LBTIQ identities and experiences in particular with regards to access to services and policy change.”

GALZ, key informant National AIDS Council

What this capacity entails and how GALZ acquires and sustains it appears to arise from longevity, persistence and resilience, much of this taking place over the period of Bridging the Gaps support from 2011 onwards. It appears as a web of technical and operational competencies; the ability to form and work in partnerships and coalitions; the ability to form and maintain relationships with institutional stakeholders such as government; and, a capacity for individual and organisational leadership, this last component linking to how GALZ is led and represented by openly-disclosed members of the LGBT community despite the substantive personal risks to them in an at times hostile and highly volatile environment. Similarly, for AFEW-TJ, long-standing, nurtured relationships with key figures in important institutions bring opportunities for substantive influence on law and policy as well as on institutional beliefs and practices, primarily for PWUD but, by extension, for other key population groups as well. This includes its work to create the legal and policy-related ‘space’ for itself and other NGOs to provide client-focused VCT services, as discussed previously, in order to address the challenge of at-risk individuals being reluctant to use government-run facilities and thus not being linked to health services for HIV treatment or addictions management, including OST. The effort to succeed was substantial and drew on both existing relationships with relevant authorities, the organisation’s reputation for legitimacy and technical expertise, as well as the internal ability to take strategic risks and venture into ‘new territory.’ As one government respondent stated in relation to the VCT services:

“AFEW Tajikistan took the flag in its hands and did everything.”

AFEW-TJ, key informant Ministry of Health
This has led to closer collaboration between state and non-state institutions, firmly positioning the NGO sector in the continuum of HIV care for PWUD and other key populations, and improving referral mechanisms. This success, according to a number of stakeholders, largely depended on AFEW-TJ’s good organisational reputation, meticulous preparations and longstanding partnership with the State. A similar success of gaining substantive influence through careful and sustained government relations efforts involved working with the Ministry of the Interior to gain a commitment by the police to change attitudes and practices regarding discrimination and acts of violence against PWUD. The inside perspective of AFEW’s director, who has been in law enforcement for most of his career, has been critical for navigating this terrain and for forging working partnerships.

This capacity or power to influence and shape the external conditions for promoting and protecting the health and rights of key populations is essential to acquire, to nurture and to sustain. This requires that changes or capacity gains also occur among important stakeholders or duty bearers, whether individuals or institutions, whose knowledge, attitudes, beliefs or practices, improve or adjust as a result of the influence exerted on them by key-population-led networks. There are fewer examples from the research of how those who were influenced acquired and absorbed new capacities, as well as let go of or purposefully removed previous, problematic attitudes or practices. A component of WONETHA’s work to influence the environment was to address harmful and discriminatory messaging about sex workers, for example. The achievement was described by one of the organisation’s peer educators in this way:

“Police used to invite the media whenever they would do sex workers’ raids. This has stopped ever since they were sensitised.”

WONETHA, peer educator

Another respondent held a similar view:

“I think media attitudes and perceptions have changed. Some of the mainstream media houses are now reporting on the human rights violations that sex workers experience, particularly those perpetrated by police.”

WONETHA, key informant Human Rights Awareness and Promotion Forum

Attitudes and behaviours of the media towards sex work and sex workers have shifted for WONETHA, according to these examples. WONETHA’s approach has been to draw on the empowered capacity of members and staff to participate in training and sensitisation interventions (which are supported by Bridging the Gaps). In these settings, these women share their personal stories as sex workers and the negative impacts on them and their families of public exposure as well as from the perpetuation of discriminatory and harmful media stereotypes.

For AFEW-TJ, the work to involve key populations in meaningful and visible roles has resulted in Republican (government-operated) AIDS Centres taking action with staff who express judgemental attitudes in their provision of services. Key institutional stakeholders in the national HIV response have also changed attitudes and practices towards key populations:
“Empowering of key populations was very important, because the government now, for sure, 100%, they are inviting the KPs to discussions on planning, and for some strategic activities. This never happened 10 years ago, maybe five years ago, but now it is more and more common.”

AFEW-TJ, key informant UNAIDS country office

There are two-way capacity gains in these instances: government entities gain knowledge and experience about key populations and their health and human rights challenges; key population representatives acquire skills for speaking out and influencing important state representatives and institutions.

A number of contextual variables affected how the capacity to influence can be acquired or deployed. There are significant challenges and risks for public or political engagement for GALZ and WONETHA, for example, which are not as present in other countries or contexts. It was noted in the GALZ case study, and also for WONETHA, that their influencing strategies depend too much on when opportunities created by others arise and not by way of their own forward-looking strategic engagement to create opportunities. The following example from GALZ illustrates this. After trying for many years and failing to engage the ruling political party, ZANU-PF, on its encouragement of homophobia across the country, the situation unexpectedly changed:

“...What was surprising was [that] we got an audience from ZANU-PF and we were actually shocked....We expected no response from ZANU-PF but they were the first to respond and they asked for a meeting with us. And I think we didn’t know what to do or how to react to that. And also coupled with that was the fear that was in us to say- - ‘Do we meet with ZANU-PF? Do we even go into the space? Do we even drink the water?--and all of that and so... But again, I think we then just decided to meet with ZANU-PF.”

GALZ, staff member

The opportunity occurred during the run-up to the national elections in July 2018 and represented a significant turn from historical patterns during pre-election periods which were characterised by strong homophobic rhetoric and subsequent verbal and physical violence and abuse against LGBT individuals in communities. It was not anticipated and yet critical to take up. While the social and political context for LGBT visibility has shifted in a positive direction recently, there is still a great deal of volatility that can easily result in waves of verbal or physical violence or abuse. How much GALZ should assert itself and deploy more of its capacity for political influence at the present time requires critical judgement or a level of achieved internal capacity that is a product of many different elements of experience and numerous ‘trial and error’ cycles, many of which have occurred over the period of Bridging the Gaps technical and operational support for the organisation.

The situation of Youth Vision offers another example of how shifts in the organisation’s environment affected its capacity to influence. Currently, in Nepal, the context surrounding the provision of harm reduction services has become volatile and threatens to erode a number of its influential gains with the

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9 The Zimbabwe African National Union-Patriotic Front (ZANU-PF) has been the ruling political party in Zimbabwe since independence in 1984. Up until 2018, it was led by former President Robert Mugabe. The party’s Constitution contains a strategic objective regarding opposing ‘the spread of homosexuality’ in Zimbabwe which until the recent leadership change has been the basis for ongoing campaigns of verbal and sometimes physical violence against the LGBT community, particularly during election periods, and often led by the former President himself.
Ministry of Home Affairs (MOHA) and other important stakeholders. Comprehensive evidence (generated through the new M&E system), along with the engagement of PWID in different input and feedback mechanisms regarding service design and service quality, positioned Youth Vision for greater trust and influence in political spaces, such as its involvement in drug law reform. However, despite sustained engagement on these issues, including a large number of documents produced, and numerous meetings held by Youth Vision with MOHA and other stakeholders, the environment for harm reduction in Nepal is worsening. Needle and syringe provision have always been difficult to expand in Nepal but there had been strong support for this and for OST from MOHA and the Ministry of Health and Population until recently. Changes to the upper levels of MOHA mean that even this support is now wavering and there are questions being asked about why any harm reduction programs should continue. These developments are occurring against the backdrop of major shifts in drug policy in the region, with Indonesia and Bangladesh stating they will follow the lead of the Philippines in declaring “war” on people who use drugs, leading to fears of extra-judicial killings and forced incarceration amongst other potential abuses. Youth Vision and its allies are working not only to maintain OST services, but to ensure that drug rehabilitation and treatment services – on which the organisation was built – remain evidence-based and non-coercive.

The contributions of capacity development from the Bridging the Gaps programme have been wide-ranging and important. Each area of capacity that these contributions support plays an important role in what the partners seek to achieve, both with their Bridging the Gaps support and, more comprehensively, as legitimate and influential organisations with important, strategic purposes and change objectives. The next section provides some additional reflections on these experiences in relation to the main research question (see section 1.1, above) guiding the study.
“The capacity to ‘read’ and act on opportunities to bringing about change is developed through extensive practice and deep knowledge of the terrain by civil society organisations.”
4. Discussion

The research findings have provided a more detailed insight into the nature of capacity and capacity development among the specific group of civil society organisations that participate in the Bridging the Gaps programme and that seek to bring about social and structural change. In situating ‘capacity’ within the social change agenda of these organisations, we found there was need for a more nuanced definition that would encompass the relationship between the organisations and the ‘environment’ in which they function.

The study findings helped to identify four, interconnected types of capacity necessary for implementing the Bridging the Gaps programme and for achieving its long-term results. Through the component of the case studies and the outcome harvesting process, the findings also traced how the process unfolds between capacity development interventions and these strengthened capacities for greater effectiveness to achieve change.
Key findings:

- Overall, the Bridging the Gaps country partners gained from the capacity development support provided by the programme.
- Partners especially valued the quality and uniqueness of their relationship with their Bridging the Gaps Alliance members, particularly the extent to which this supported more fluid and responsive capacity development journeys.
- However, the high degree of user satisfaction and user-derived value from Bridging the Gaps capacity development support may not be sufficient on its own. The programme could still have benefited from a more fully articulated approach to capacity development, including a strategy linking capacity development to the achievement of programme results.
- The study findings suggest what this approach could involve: embedding capacity development more clearly in the programme’s ToC; promoting or fostering enabling conditions for sustaining the gains of capacity development over the programme cycle; and, basing the capacity development component of the programme on an initial set of evidence-based ‘good practices’.
- The findings also point to what the ‘enabling’ conditions could involve, in terms of organisational attributes (a culture of continuous learning, for example) as well as external environmental conditions (conditions which enable stability and longevity for example).
- There are rarely perfect conditions in all settings for effective capacity development, particularly across a global programme such as Bridging the Gaps, which operates in complex and diverse contexts. However, to the extent that capacity development support can take account of and integrate these variables -- by working to foster enabling conditions and to change or mitigate against disabling factors -- the findings of the research suggest that this support will enhance the achievement of programme results.

The findings show that, overall, the Bridging the Gaps country partners gained from the capacity development support provided by the Bridging the Gaps programme but in ways that were not easily traceable or generalisable. The broad range of organisational types, stages of development, focus populations and country contexts works against clear, cross-cutting findings of what works and why in all contexts. Moreover, the learning and adaption processes that lead to capacity gains can be indirect or implicit as a number of the harvested outcomes from the case studies illustrated. It was not always possible to identify specific links between Bridging the Gaps supported capacity development interventions and acquired capacities and organisational results, but there was a strong sense within the partner organisations of an important, tangible (to them) contribution by the programme. Many of the partners who participated in the survey also concurred with this view. By examining the experiences and outcomes of capacity development from the perspective of the partners, the importance attached to Bridging the Gaps support was clear, even when this support was just one of a number of interventions including those supported by other capacity development partners. The outcome harvesting process gave a deeper insight into how capacity development trajectories have unfolded in the distinctly different organisational and country contexts in which the Bridging the Gaps programme operates. It proved challenging, however, to delve into possible negative or unintended outcomes together with the case study organisations. This limited the study in answering how effective capacity strengthening was achieved in this particular programme.
Partners valued the quality and uniqueness of their relationship with their Bridging the Gaps Alliance members, particularly the extent to which this supported more fluid and responsive capacity development trajectories. They also saw this as a critical contribution to the programmatic results they achieved and the changes they brought about for the communities and beneficiaries that give their organisations their purpose and legitimacy. Named ‘friendship work’ in the literature, this bond is essential to effective capacity development in a north-south programme setting (Kaplan, 2000; Girgis, 2007). It forms the basis of the ability of a capacity development provider to create an atmosphere of trust, to listen and arrive at a shared commitment to the capacity development trajectory.

There was an alignment between the emerging global good practice on capacity development interventions and important features of the Bridging the Gaps capacity development support. For example, the findings illuminated the use of key principles of learning including reflective learning, peer-to-peer learning, and training coupled with on-the-job mentoring as well as the application of a capacity assessment tool. Further support from the literature on how individual learning expands to organisational systems is helpful in understanding which capacity development interventions are considered more effective. Modalities promoting the practical application of new knowledge, skills and attitudes, preferably on the job (Jennings & Warnier, 2015), can develop the individual’s expertise while at the same time strengthening existing organisational procedures and routines (Vallejo & Wehn, 2016). The study found that the majority of capacity development interventions described in the literature and offered to civil society organisations contained such an element. In the Bridging the Gaps programme, this approach to capacity development was evident. Another state-of-the-art practice that emerged from the literature was the application of a capacity needs assessment whose outcomes are used to inform the development of a capacity development plan for organisations (Hartwig et al, 2008; Pathfinder, 2015; Petruney et al, 2014; Rosensweig & Schalk, 2012). This plan is subsequently used as a monitoring tool to measure capacity progress against the set objectives of the plan. While not always applied to its full potential, the intent behind the development and use of the O-scan tool was aligned to this approach.

There was an observed gap in the literature on interventions that support civil society organisations to develop and sustain relationships, in the form of strategic partnerships, coalitions, and alliances, and to bring about change through these structures in shifting political contexts. Additional searches were necessary to complement the review on these specific capacity requirements that emerged from the field research. It was found that interventions were, understandably, less concrete following the high degree of uncertainty on contextual variables and on pathways that may be leading the organisation towards the intended change. Therefore, the strengthening of power and agency within organisations to mobilise sufficient political commitment to advance their constituencies’ interests does not necessarily lend itself to ‘replicable practices’. What could be understood from the literature is that the capacity to ‘read’ and subsequently act on specific situations is developed through extensive practice and a deep knowledge of the terrain by civil society organisations (e.g. who holds the power, what is the nature of this power and how are the institutions that hold power interrelated). The uncertainty or suddenness with which opportunities and threats for bringing about change arise requires a certain amount of flexibility within the development trajectory (Armstrong & Bernstein, 2008; Kaplan, 2000), which the Bridging the Gaps programme allowed for.

The lack of a fully articulated approach to capacity development, including a strategy linking capacity development to the achievement of programme results, limited the assessment of the effectiveness of capacity development support for the Bridging the Gaps programme. As the findings of the desk review and the interviews with Alliance members illustrated, what capacity development support entailed was not clearly articulated as a programme-wide concept that was consistently expressed, applied and understood by all. As a result, it was challenging
to assess sufficiency or effectiveness when it was not clear what the programme set out to achieve in terms of capacity development and the degree to which this expectation was met or not met and why. Additionally, it was equally challenging to determine whether the different capacity development contributions by the Alliance partners, which varied in terms of the objectives of capacity development support, modalities and expected outcome, achieved sufficient collective progress towards the programme’s ToC results. Many individual accounts of these efforts were positive; however, the Bridging the Gaps capacity development commitment aimed for more than this, in terms of achieving important gains for the health and rights of key populations, and of leaving a programmatic legacy of powerful and resilient key population-led organisations and movements. In this respect, then, the findings suggest that a fully articulated and consistent approach to capacity development may have enhanced the value of this work and, consequently, have contributed to potentially greater achievement of programme results and more sustainability of capacity development gains.

From the study findings, three components of an improved conceptual and practical approach to capacity development emerge. These are i) ensuring that capacity development is embedded within a programmatic ToC and that the ToC narrative is clear about the commitment to capacity development and its role in accelerating the achievement of results for the programme’s beneficiaries; ii) the identification of enabling conditions for more durable gains for capacity development; and iii) a preliminary set of ‘good practices’ on which to base a renewed practical approach to capacity development. An example was already given in Figure 3 of how different types of capacities and capacity development can be embedded within a broader programmatic ToC. ‘Good practices’ are described in the next section. What is explained below are what the findings suggest as enabling conditions or key variables that appear to influence what capacity development could achieve and how these gains could be sustained, based on the experience of the Bridging the Gaps programme.

The findings point to certain core variables or enabling conditions that fall into two categories as suggested by the study’s initial conceptual frame: there are core variables or internal influences. There are also external variables or influences. With regard to internal variables, the findings suggest that there are certain organisational attributes (Table 1) that, when present, can function as enablers to increase the utility and durability of capacity development interventions and, by analogy, erode or prevent such gains when they are absent.

As an example of how these internal variables influence capacity development needs and outcomes, as was noted previously, the way organisations conceive of their identities determines what mix of capacity they need to acquire, nurture and sustain and which capacity development modalities could support this mix. For key population-led organisations, such as GALZ or WONETHA, having leaders and staff who are constituency members themselves is an important feature of their identity and strategic coherence. As a result, flexible, internal staff capacity development pathways with a strong component of mentoring and of continuous learning, are necessary to develop sufficient organisational capacity. This approach is needed as being from the constituency can be prioritised over having an optimal technical competency at the point that an individual is engaged by an organisation. With regard to the overall set of interval variables, to the extent that these enablers were present, country partners appeared to derive value from capacity development interventions, including those supported through the Bridging the Gaps programme. To the extent that these were not present, or that there was a negative turn, such as a ‘silo’ approach or a loss of funding, this value was observed to diminish, sometimes to the extent of being lost entirely. For Youth Vision, for example, challenges to prepare for financial sustainability once the Bridging the Gaps support ended led to a significant loss of capacity in harm reduction programming, even though the organisation itself still continued. Harm reduction programming was, to some degree, confined to the Bridging the Gaps support (a ‘silo’ approach) and not necessarily integrated as a core programme of the organisation; this left it highly vulnerable to loss when one source of support was phased out and no new sources were identified in time.
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<tr>
<td>Coherence between organisational ‘identity’ and strategic purpose</td>
<td>Organisations that understand and stay aligned to their identities (as social movement organisations such as key-population-led networks), and consistently align their strategic purpose to this identity (individual and community empowerment, movement building) are clearer (internally and to external partners) about what capacity or capabilities are important to them and where they have capacity deficits or needs</td>
<td>Organisations entering periods of uncertainty or taking significant strategic risks may find they have acquired or nurtured irrelevant capacity and are uncertain what new or additional competencies will be needed</td>
</tr>
<tr>
<td>Degree of emphasis placed on learning, development, risk-taking and innovation (role modelling and organisational culture)</td>
<td>The extent to which the organisation’s leadership models continuous learning and development influences the organisational culture and the degree to which capacity is absorbed and retained across individuals, teams and systems</td>
<td>There is a lack of systematic evaluation or reflection whereby programmes or activities are repeated from year to year. Or, there is a belief that sufficient expertise exists and nothing additional is required</td>
</tr>
<tr>
<td>Place in the organisational lifecycle</td>
<td>Younger, emergent organisations are more ‘hungry’ for capacity development but may have less ability to retain capacity until they have attained more stability and strategic clarity</td>
<td>Older, more established organisations have more sophisticated needs but may also become stagnant or uncertain about what their evolving capacity needs may be (‘we know everything there is to know...’)</td>
</tr>
<tr>
<td>Emphasis on institutional/ organisational gains and resilience</td>
<td>There is a comprehensive approach connecting individual technical knowledge and skills development with the strengthening of systems, facilitating the absorption and institutionalisation of new</td>
<td>There is a ‘silo’ approach focussing on one individual or programme. Where programme funding is lost and/or individuals leave, capacity is also lost capacity (in order to secure their durability)</td>
</tr>
<tr>
<td>Financial/operational stability and/or predictability</td>
<td>Longer term funding commitments or funding strategies that provide stability and predictability create more ‘ideal’ conditions for capacity to develop and to endure. This allows for ‘emergent combinations’ to arise, for risk-taking, innovation and renewal</td>
<td>Funding uncertainty and operational instability can limit or erode capacity gains through turnover, loss of information, equipment, and the constant shifting of core competencies to match funding opportunities</td>
</tr>
</tbody>
</table>
With regard to external variables, the research found evidence of their determining influence on the extent to which acquired capacity can be applied and sustained (Table 2).

**Table 2: External variables**

<table>
<thead>
<tr>
<th>External variables or influences</th>
<th>Enabler</th>
<th>Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of legitimacy or acceptance of organisation/constituency in country context</td>
<td>Organisations with identities and strategic priorities that have a degree of legitimacy or social acceptance can have more opportunities to attract/retain required capacities</td>
<td>Organisations can have difficulty attracting/retaining required capacities given the socio-environmental stigma and hostility towards individuals identified with their constituency</td>
</tr>
<tr>
<td>Positioning or alignment in relation to constituency</td>
<td>Organisations that have achieved/maintained legitimacy and trust with their constituencies have more opportunities to cascade capacity and to develop individuals, communities or movements for change</td>
<td>Organisations without opportunities for engagement risk a misalignment with their ‘beneficiaries’, limiting organisational legitimacy and influence</td>
</tr>
<tr>
<td>Positioning or alignment with key stakeholders or ‘duty bearers’</td>
<td>Having relationships of ‘trust’ or mutual respect/authority creates greater opportunities for influencing changes</td>
<td>Antagonistic relationships or exclusion limits or blocks the capacity to influence change</td>
</tr>
<tr>
<td>Stability or predictability of the operating environment</td>
<td>Stable environments allow for longer capacity development trajectories and an enhanced durability of gains</td>
<td>Unpredictable operating environments limit capacity gains and may cause capacity losses</td>
</tr>
<tr>
<td>Quality and reliability of relationships with funding partners</td>
<td>Longer-term relationships of trust and flexibility, shared-learning and risk-taking allow for capacity to develop and evolve. They also allow for capacity losses to be recovered</td>
<td>Short-term, project driven relationships, and continual pressure to acquire new projects, limits capacity gains and can result in significant capacity losses. This in turn can affect strategic coherence as an organisation follows funding opportunities that may not be aligned to its mission and values or the core needs of its constituency</td>
</tr>
</tbody>
</table>
These external variables, while important in terms of effects on the results of capacity development trajectories, are also factors that are more complex for Bridging the Gaps Alliance partners and the country partners to influence. Working for GALZ or WONETHA in a context where sexual minorities or sex work are highly stigmatised, for example, may mean that competent individuals with important capacities may not choose to attach themselves to such organisations for fear of being stigmatised themselves. A volatile operating context, such as that which has surrounded GALZ (previously) or Youth Vision (currently) means that longer-term trajectories for capacity development and sustaining capacity gains may be difficult to achieve.

There are rarely perfect conditions in all settings for effective capacity development, particularly across a global programme such as Bridging the Gaps, which operates in complex and diverse contexts and yet still attempts, as an important strategic priority, to strengthen its country partners and to leave as its legacy durable results that will remain beyond the lifespan of the programme itself. However, to the extent that capacity development support can take account of and integrate these variables -- by working to foster enabling conditions and to change or mitigate against disabling factors -- the findings of the research suggest that this support will enhance the achievement of programme results. This will also create better conditions for durability and continued strengthening and growth beyond the Bridging the Gaps programme life cycle, such as the one that will soon be completed.
“Capacity development based on mastery involves perfecting a programme area or innovation and creating the opportunity of sharing this capacity with others.”
5. Good Practices

The study findings, across all of the different components, suggest that there are certain ‘good practices’ for capacity development that could guide future efforts for the Bridging the Gaps Alliance members or a similar group of partners working to advance the health and rights of key populations. These are mainly cross-cutting practices that could be applied to all types of capacity and capacity development.
Description

Capacity development is most effective when it builds on what exists and when it is owned and led by those seeking to improve their capacity. Use of a collaborative approach to capacity development promotes flexibility to address changing needs as well as strengthening ownership for results by the organisations whose capacity is being enhanced. An interactive capacity assessment tool or guide informs a dialogue about capacity strengths and gaps and goes further to identify what needs to be addressed and how. There is a strong focus on endogenous approaches, rather than external technical interventions, unless this is the most effective modality for addressing a particularly capacity gap. The dialogue concludes with an agreement on shared accountabilities for improving specific capacities over a defined period, and in relation to a particular project or programme objective.

Main steps

- Identify core areas of capacity for assessment that are relevant to the organisation and its strategic purpose.
- Devise an interactive tool to guide the capacity assessment dialogue.
- Ensure that the tool is holistic, addressing all areas and aspects of capacity.
- Engage in a collaborative process of assessment and reflection (sometimes through each partner undertaking their own assessment first).
- Reflect on and prioritise areas for development.
- Consider the full range of capacity development resources available to the organisation (not just those of the funding partner).
- Develop a capacity development plan specifying roles and responsibilities between the partners.
- Incorporate organisational commitments or processes for sustainability of capacity gains in the plan (particularly once the CD support is no longer available).
- Include results or milestones in the plan and progress assessment modalities and timelines.
- Build the plan into agreements for programme support (make capacity development integral to programme implementation, not a separate process).
- Undertake routine reflection against the results or milestones and adjust the plan as necessary.

Key success factors

- There is an organisation-wide commitment to capacity development and to sustaining capacity development gains independent of funder or technical partner support.
- Capacity development support is integral to programmatic implementation (there are opportunities to utilise the newly acquired capacity).
- The funder or technical partner has sufficient financial or technical capacity to respond to the user-identified needs (or can leverage its own partnerships where it has gaps).

Current Bridging the Gaps approach

There are elements of this approach among the Bridging the Gaps Alliance members. The O-Scan process was designed not as a formal measurement of achieved capacity and capacity gaps, but as a tool for joint dialogue and reflection. This was an appropriate and logical choice given the range of organisations, populations and country contexts the Bridging the Gaps programme includes. The study found, however, that the process was not consistently applied, nor could all identified capacity development priorities necessarily be addressed across the Bridging the Gaps Alliance members. In addition, no specific milestones or accountabilities were consistently identified against which to measure and interpret progress during subsequent O-Scan processes. While the O-Scan tool and the flexible, interactive approach that it entails reflect a good practice, its inconsistent application eroded its value. This could be addressed, however, through strengthening the routine use of the O-Scan tool as the basis for regular dialogue about capacity development between the Bridging the Gaps Alliance and its country partners. More emphasis could be placed on joint planning and monitoring of how capacity development priorities that emerge from the dialogue are addressed and sustained.
2. A co-learning, risk-sharing approach to capacity development, innovation and change.

**Description**

Organisational development trajectories that cover the full range of organisational needs and extend over a longer period of time, with allowance for emergent needs, achieve greater gains in capacity development. Identified by some as the ‘friendship’ approach to development and development assistance, it has obvious merits. As this research has described, much of what is meaningful and sustained in terms of capacity development is endogenous, or internal to organisations, more than the result of external interventions, such as technical trainings. Organisational stability and longevity create enabling conditions for capacity development and improved performance. This provides the context in which to embed the process of interactive capacity assessment and the shared plan that results. So too do relationships between organisations and their technical partners and funders that are built on mutual support, risk-sharing and co-learning. One of the more important components of this relationship is having in place opportunities and an enabling environment within which to jointly try new approaches or new activities in a mutually supportive context where risks are shared.

An organisation can be uncertain about whether or not a new activity or approach will be effective in a context where, should it not be effective, it would not necessarily be penalised by, for example, having to refund resources or having contributions reduced in subsequent funding periods.

**Main steps**

- Embed the values of solidarity and equity within policies, guidelines and agreements between funders/technical partners and organisations.
- Establish and document a shared vision or theory of change within project or programmatic agreements, and include opportunities for review and adjustment in acknowledgement of changing and uncertain programme environments.
- Build in a shared commitment to capacity development, co-learning, and for sustaining capacity gains once the partnership ends (discuss the exit strategy at the start of the project or relationship).
- Make capacity development integral to programme implementation by linking it to improved programmatic or organisational outcomes and impacts.
- Devise and apply an integrated measurement and accountability framework, linking developments in sustained capacity to programmatic achievements.
- Create open and flexible mechanisms for ongoing dialogue and review over the lifespan of the funding agreement or partnership.
- In addition, however, establish some clear mechanisms for risk identification and mitigation. New approaches should take ‘calculated risks’ where possible.

**Key success factors**

- There is alignment between partners in terms of programmatic vision and theories of change.
- The funder/technical partner has the financial and technical capacity to establish and maintain multi-year relationships.
- There is solidarity and shared accountability for results.
- The end of the relationship is acknowledged and planned for at the start.
Current Bridging the Gaps approach

Over its two phases, the Bridging the Gaps programme has included a number of these good practice components. Among the case study organisations, for example, participants spoke about the quality and the durability of the Bridging the Gaps partnership that had allowed them to learn and develop far beyond the specific capacity development events or interventions that had occurred. Equally important, through the aspect of organisational stability achieved by way of reliable funding over a five-year period, among other factors, organisations were able to retain staff, for example, or to accumulate and maintain expertise, in ways that would not be achievable in situations where uncertainty regarding funding or relationships perpetuates instability and constant change. Such longer-term relationships are rare in development work, and with the key populations and civil society sectors in particular. There were some important gaps, however, particularly regarding the integration of capacity development commitments and accountabilities with programmatic results, and with regard to specifying at the beginning of the partnership how both capacity-related and programmatic gains would be sustained once the Bridging the Gaps support came to a close. These are points of learning for the Bridging the Gaps Alliance members in future periods.

3. Use of peer-to-peer learning and exchange mechanisms

**Description**

This is a widely used approach whereby individuals and organisations are encouraged to actively support each other’s learning processes, undertake joint problem solving, and mentor one another, all within a context of explicitly or implicitly understood shared experience and identity. Individuals and organisations establish horizontal relationships based on equity, trust and mutual benefit. This approach is often called the south-south method of co-operative learning and capacity development. Where relationships evolve and become permanent over longer periods, the effectiveness of this approach is enhanced.

**Main steps**

- Establish clear learning objectives related to priority needs across contexts (common gaps or challenges, for example, or other shared priorities for capacity development).
- Create a structured framework for peer-to-peer engagement (beyond a single event and incorporating different modalities and opportunities for exchange over time).
- Develop and apply selection criteria to ensure ‘matches’ between peers.
- Ensure that peers are endorsed by their organisations and that there is an organisational commitment to the peer learning process (including a commitment to support cascading or proliferation of learning across the organisation).
- Create a learning and engagement plan and ensure commitment amongst peers (1-year process, for example).
- Ensure there are multiple modalities for continuous engagement (in person meeting, distance communication, shared tasks, etc.).
- Facilitate routine opportunities for ‘taking stock’ and reflection on learning process and achievements.
- Facilitate routine opportunities for feedback with organisations from where peers originate.
- Develop and apply measurement frameworks to track learning and growth as well as the wider adoption of new capacities within organisations.
- Ensure ongoing ‘expert’ facilitation and support to maintain commitment and momentum for the completion of the learning plan.

**Key success factors**

- Learning objectives are identified and defined by peers (individuals or organisations) themselves.
- Organisations are able to create enabling environments for peers to feedback and apply improved knowledge and capacities.
- There is sufficient commitment by peers and organisations for the duration of the learning and engagement plan.
## 4. Capacity development based on mastery

### Description

In this approach, an organisation develops an advanced skill or expertise in one or more programme areas and then creates opportunities for the capacity to be shared among partners or network members, for example. The distinctive feature of this approach is that it is meant to shorten the learning curve and enable smoother adoption of a particular approach since the organisation achieving mastery -- through its piloting or ‘trial and error’ experiences -- has been able to identify optimal methods or approaches for implementing an innovative programme. These methods and approaches are then shared with other organisations or peers.

### Main steps

- An organisation defines or conceptualises a potential innovation.
- A piloting plan is developed and implemented.
- During the pilot there is flexibility for ‘trial and error’ in order to determine optimal effectiveness of the innovation and the most efficient implementation arrangements.
- The pilot is evaluated and experiences documented.
- An implementation guide is developed and shared.
- The organisation provide ongoing mentoring and support to its partners to implement the innovation.
- Feedback loops and other mechanisms for reflection and shared learning are established to continually evolve and improve implementation.

### Key success factors

- There is an enabling organisational environment for innovation and risk management.
- Sufficient operational and technical resources are available to design, pilot and roll out innovative approaches.
- New approaches are considered relevant to partners who will be expected to adopt them.
- There is additional support for the ‘mastery’ organisation to mentor and support partners as the innovation is cascaded.

### Current Bridging the Gaps approach

Capacity development based on ‘mastery’ was used by AFEW TJ for expanding the delivering VCT in non-governmental settings. It was also used by GALZ in its mentoring of emerging organisations in different aspects of management and leadership. Capacity development based on mastery is also a feature of the Learning Institutes and Autumn schools where organisations are invited to share their expertise in advocacy, for example, or harm reduction among peers from other countries and regions.
“It is critical to secure the programme’s legacy of empowered communities, strong organisations, effective coalitions of change agents, and responsive and accountable duty bearers.”
6. Recommendations

The findings of the research suggest the following recommendations for strengthening the design, implementation, results and impacts of capacity development for organisations working to advance the health and rights for key populations in configurations that are similar to those of the Bridging the Gaps programme:

a) **Develop a clear and detailed strategy on capacity development at the start of the programme design process.** The results of this study point to four types of capacity, and linked capacity development approaches, which drive the larger ToC for the Bridging the Gaps programme as well as the more specific change imperatives of the country partners in their individual operating contexts. This could be used as an example for others in terms of clarifying at the start the embedded role of capacity development in generating sustainable, longer term programmatic results.

b) **As part of the strategy, clarify the capacity development modalities available to partners and their expected results.** The Bridging the Gaps Alliance members provided a range of capacity development support to country partners, using different but equally important modalities and tools. In future, such an ‘offering’ could be described in an accessible format so that programme partners are more aware of what they could obtain from the programme and from which partner.

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10 As an example, see: PACT’s Approach to Capacity Development. Available at: https://www.pactworld.org/sites/default/files/WhitePaper%20on%20Capacity%20Development_Pact.pdf
c) **Strengthen coordination mechanisms across programme partners to be able to offer a broader range of capacity development support to country partners.** As noted above, each Alliance partner had something of value to offer the programme; therefore, mechanisms could have been put in place for country partners to be able to organise ‘packages’ of support aligned to what they foresaw as their needs in relation to what the different Alliance partners could offer.

d) **Embed capacity development within programme design and implementation.** Programmes should more systematically integrate capacity development interventions and expected results within programme designs and partner support agreements. Integrated monitoring frameworks should measure achieved capacity gains at the same time as programmatic outputs and outcomes.

e) **Strengthen the interactive processes of identifying and addressing user-defined capacity development needs and goals through more consistent and systematic application and follow-up.** In the Bridging the Gaps context, the O-Scan process could have been applied more consistently and linked to the development of a prioritised, results-oriented capacity development plan (including a monitoring framework). The plan could also have served as the basis for mapping opportunities for capacity development support, some of which would come through a Bridging the Gaps-type Alliance, and some of which would be available elsewhere (through other funding partners, for example, or through leveraging commitments from other partners using a similar Bridging the Gaps-type investment as the starting point).

f) **Jointly develop and commit to a shared vision at the beginning of a programme cycle of what the expected result of capacity development will be and how these gains will be sustained.** While there was a constant consideration across the Bridging the Gaps Alliance members regarding the sustainability of the country partners once Bridging the Gaps support concluded, including with regard to capacity development gains, it was not consistently expressed or embedded within a joint commitment at the start of a programme cycle. In future, in similar endeavours to strengthen the health and rights of key populations, this shared vision should be embedded in the programme cycle from the start.

g) **Establish a community of practice or similar mechanism for ongoing reflection and learning on capacity development across programme partners.** The research findings have highlighted how capacity development is a continuously evolving field of knowledge and practice. The experience of the Bridging the Gaps programme has shown that mechanisms for continuous reflection, learning and documentation of good practices are an essential component of a sustained and results-driven commitment to capacity development.
7. Concluding remarks

The study has offered a comprehensive analysis of capacity and capacity development in the context of a unique global programme that is supporting a broad diversity of populations, organisations, and programmatic interventions. The collective purpose of these efforts is achieving social change, in the form securing the health and rights of key populations within complex, often difficult, country contexts, as well as regionally and globally. As the study has described, capacity and capacity development in the Bridging the Gaps programme entails acquiring, nurturing and sustaining different forms of power and agency in individuals, organisations and across partnerships and systems. All of these processes involve elements of learning, adaptation, and spontaneous creation or discovery.

The research identified a range of approaches to capacity development, from those that were internal, indirect or organic to those that were formal, structured processes with defined outputs or outcomes. Overall, the findings show that while there are many positive aspects to the long-standing and committed relationships the Bridging the Gaps Alliance members maintain with country partners for the purposes of nurturing and sustaining powerful and resilient change-oriented entities, the programme’s approach to capacity and capacity development could have been improved through greater coherence.
The findings and recommendations suggest how this could be achieved. Among other gains, this would reduce current risks for reduced effectiveness, missed opportunities and, in some instances, significant capacity losses.

In 2020, this phase of the Bridging the Gaps programme will come to a close with, at the time this study was completed, uncertain prospects for continuation. What this means is that, for the remaining programme period, there is an opportunity - and perhaps, a necessity - to work to strengthen the component of capacity development. These efforts are important in order to secure, to the greatest extent possible, a durable legacy of improved capacity for partners in the form of power and agency to achieve social and structural change aligned to the Bridging the Gaps programme results, but also to the collective vision of the individuals and communities whose lives the programme aims to transform. As all of the study participants have at one point stated, what the Bridging the Gaps programme has achieved is unique and essential for the global constituency of key populations. It is critical, then, to act now to secure this legacy of empowered communities, strong organisations, effective coalitions of change agents, and responsive and accountable duty bearers, all collaborating to end AIDS by 2030.


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47. NSWP. Reviewing Sex Worker led organisation’s use of international guidelines. Edinburgh, Scotland: Global Network of Sex Work Projects; 2017.


Annexes

Annex 1: List of documents and sources

Alliance members

**Aidsfonds**
1. Training needs assessment
2. Trainings manual Peer-Based Outreach
3. Trainings manual Counselling
4. Trainings manual Finance
5. Trainings manual Leadership
6. Trainings manual Material Development
7. Trainings manual Training of Trainers Health, Rights and Safety
8. Trainings manual Training of Trainers Sensitisation of Service Providers

**AFEW**
1. Training evaluation
2. Autumn school PowerPoint presentation
3. Autumn school communications plan
4. Agenda regional meeting September 2016
5. Report regional meeting September 2016
6. Autumn school program November 2017

**CoC Netherlands**
1. 45x Lessons learned documents
2. Workshop report on sensitisation training amongst health care workers, Tanzania 2016
3. East Africa regional meeting report, November 2017

**GNP+**
1. Key population engagement tool
2. Facilitator’s manual Positive Health and Dignity for positive mothers and their babies
3. Human rights count: personal testimonies of rights violations experienced by PWUD in Nepal
4. Human rights count: personal testimonies of rights violations experienced by sex workers in Kenya

**INPUD**
1. Annual plan 2015
2. Strategic plan 2017-2020
3. IDUIT tool
4. IDUIT brief
5. The Global Fund transition. The smart sex worker’s and drug user’s guide

**ITPC**
1. Act Toolkit 2.0. Advocacy for community treatment
2. Differentiated service delivery activist toolkit
3. PrEP activist toolkit
4. Routine viral load activist toolkit
Mainline
1. Capacity building framework
2. ORW training needs assessment
3. M&E framework
4. Trainers manual Female Drug users: a Kenyan context
5. Outreach strategy basics PowerPoint presentation
6. Mainline Theory of Change pathway
7. Example of a partner workplan
8. Introducing and developing harm reduction strategies in South Africa
9. Training report on opiate substitution treatment in South Africa

MPact
1. Implementing comprehensive HIV and STI programmes with men who have sex with men: MSMIT tool
2. Global action with local impact. Why advocacy matters; advocacy achievements of Bridging the Gaps global partners 2011-2014

NSWP
1. NSWP strategic plan 2016-2020
2. The Smart Sex workers’ Guide to Global Fund
3. Case study. Enhancing community capacity to engage with GF processes
4. Case study. Sex worker Academy
5. Case study. Measuring the impacts of the sex workers implementation tool (SWIT tool)
6. Case study. Reviewing sex workers led organisation’s use of international guidelines
7. Case study. Global Fund workshop

Bridging the Gaps programme
1. Bridging the Gaps programme document Phase 2, November 2015
2. Brochure Bridging the Gaps Learning Institute 2017

HEARD

**Youth Vision**
3. Youth Vision Final 2017 Narrative report Youth Vision
4. Youth Vision ToC Nepal Report
5. Youth Vision Organisational Capacity Scan 2016
6. Youth Vision Organisational Capacity Scan 2018
7. Youth Vision Capacity Development Inventory
8. Youth Vision Organisation Profile 2016
9. Mainline Capacity Building Record 2016-18
10. Mainline Needs Identification Nepal
11. Mainline Capacity Building Framework reports 2016 and 2017
12. Mainline Capacity Assessment Tool
13. Mainline ORW Training Needs Assessment
14. APMG Nepal KP Packages Assessment Report 2018

**WONETHA**
1. AJWS (2017). WONETHA-AJWS project budget
2. Global Network of Sex worker Projects, Sex Worker Academy Africa – Case study
12. WONETHA. (2017). Organizational capacity scan for the Bridging the Gaps Programme
16. WONETHA. (2017, July). Summary report for sharing meeting April 2018
17. WONETHA. (2018). Organizational capacity scan for the Bridging the Gaps Programme
19. WONETHA. (2018). Revised WONETHA HRAPF Bridging the Gaps budget 2018
20. WONETHA. (2018). Revised WONETHA HRAPF Bridging the Gaps workplan 2018
22. WONETHA. (2018, April). Summary report for sharing meeting April 2018
23. WONETHA. (2018, May). Minutes of the Board meeting
24. WONETHA. (2019). Revised WONETHA HRAPF Bridging the Gaps workplan 2018

GALZ
1. Advocacy Plan 2017
2. Affinity Group Scorecard
3. Bridging the Gaps II Partner Budget, October 2016 - 31 December 2016
4. Bridging the Gaps II Partner Budget, 1 January 2017 - 31 December 2017
5. Bridging the Gaps II Partner Budget, 1 January 2018 - 31 December 2018
6. GALZ Capacity Development Action Plan
7. GALZ Capacity Development Budget 2016
8. GALZ Bridging the Gaps 2017 Statement of Work
11. LGBTI Sector Forum minutes
12. Political party’s correspondence
13. Organisation Scan Bridging the Gaps Programme
14. Terms of Reference for LGBTIQ+ Sector forum

AFEW-Tajikistan
1. Strategic Plan of the Republican Public Organisation of AFEW Tajikistan 2017-2019
2. Theory of Change Tajikistan PUD
4. PPT Presentation by Takhmina Khaidarova, TNW +, “Models of community involvement in the project - Councils of representatives of key populations - goal, achievements, difficulties and solutions”
5. Minutes No. 1 of the meeting of the Council of Key Populations, 2018- Branch Organization of AFEW Tajikistan, Bokhtar, Khatlon Province
6. Minutes No. 1 of the meeting of the Council of Key Populations, 2018, - NGO Vita, Dushanbe
7. List of members of councils of representatives of key populations, Dushanbe, Khojent, Kulyab, Bokhtar, May, 2018
8. List of members of councils of representatives of key populations, Dushanbe, Khojent, Kulyab, Bokhtar, November, 2018
9. Agreement on cooperation between the Ministry of Internal Affairs of the Republic of Tajikistan and AFEW Tajikistan on public health issues; year 2013
10. Order of the Ministry of Internal Affairs of the Republic of Tajikistan No. 760, dated November 23, 2018, approving the “Guidelines for Ministry of Internal Affairs (MIA) staff on HIV prevention and working with key population groups”
11. Guidelines for MIA staff on HIV prevention and work with key populations
12. Cooperation agreement on the implementation of preventive programs for the protection of public health in Khatlon region of the Republic of Tajikistan.
13. MOHSSP Order No. 832 of September 30, 2015 on the authorization of the establishment of VCT centers on the basis of NGO.
14. Urban Sanitary - Epidemiological Station (SES) Act, 2015, Kurgan-Tube (the current Bokhtar), Khatlon Region
15. Act of Regional SES, 2015 Khatlon Region
16. Conclusion of the Republican SES on VCT centers, Dushanbe
17. Letters of requests from AFEW Tajikistan to the State Department on Control of Public Health and Social protection, 2016, Khatlon Region
18. Order of the State Department on Control of Public Health and Social protection, 2016, Khatlon Region.
19. Letter with Conclusion of the State Department on Control of Public Health and Social protection, 2016, Khatlon Region
20. The contract for the provision of services for the disposal of medical waste and supplies, 2015, Branch Organization of AFEW Tajikistan, Bokhtar, Khatlon Province
21. Letter with Conclusion of the State Fire Service, 2016, Kurgan-Tyube (now Bokhtar), Khatlon Region
22. Letter from the AFEW Tajikistan Regional Office to Khatlon Regional AIDS Center, April 2015, Kurgan-Tyube (now Bokhtar), Khatlon Region
23. Letter of support from the Khatlon Regional AIDS Center, February 2016
24. Letter from AFEW Tajikistan to partners in the country with information about MOHSSP Order No. 832 of September 30, 2015 on authorization of the establishment of VCT centers on the basis of public organizations
25. Letter from AFEW Tajikistan to the Republican AIDS Center, 2015 on the issue of VCT on the basis of public organizations
26. Copies of advertisements in the media at the established VCT centers and invitations for free voluntary testing and counselling for HIV
27. Letter of support from UNAIDS on the establishment of VCT on the basis of NGO, 2015
28. Letters from the Republican AIDS Center to AFEW Tajikistan on joint monitoring visits, August and December 2018
29. Report from the Republican AIDS Center on the joint monitoring visit conducted, 2018
30. Report from NGO SVON PLUS on the joint monitoring visit conducted, 2018
31. Report from NGO VITA on the joint monitoring visit conducted, 2018
32. Report from the NGO Amalie Nek on the joint monitoring visit conducted, 2018
33. Report from AFEW Tajikistan on the joint monitoring visit conducted, 2018
34. Report on the results of a study assessing the level of labour migration among people who use drugs in the pilot regions of Kyrgyzstan and Tajikistan, 2017
35. Website consultation www.afew.tj - now www.aff.tj
36. Magdalena Dabkowska and Janine Wildschut (2018). We fight, we hide or we unite: coping strategies amongst resilient harm reduction organisations and community networks in the context of shrinking space for civil society in Eastern Europe and Central Asia
Annex 2: Technical annex of study methodology

This annex details the design of the study and the sequence that was followed. It explains the ethic approval process and the data collection approaches used as well as presents the research team members.

Study design

The study used a mix of quantitative and qualitative research methods, including a participatory action research approach to develop case studies on capacity development within selected partners of the Bridging the Gaps programme. The research consisted of the following stages and corresponding activities:

First stage: literature review, semi-structured interviews and survey

The research commenced with a comprehensive literature review of both the scientific and grey literatures aimed at capturing the current, state-of-the-art science and practice of civil society capacity development. The review also included an analysis of documentation on the theories, approaches and current interventions for capacity development used by each of the nine Bridging the Gaps Alliance members. The desk review was complemented by semi-structured interviews with each Alliance partner on their approach to capacity development and an electronic survey among regional and country-level partner organisations participating in the Bridging the Gaps programme. The aim of the interviews and the survey was to clarify the nature and type of capacity development interventions within the Bridging the Gaps programme.

Second stage: participatory research and case study development

The results of the literature review, survey and interviews informed the selection of four case studies for an in-depth reflective enquiry. The case study approach was chosen as it is one of the preferred methods for studying dynamic and complex phenomena within a real-life context and in greater detail, using as many sources and perspectives as possible (Yin, 2014). The approach has also been frequently used in other studies on capacity development (Engel et al, 2007; Baser & Morgan, 2008; Huyse et al, 2012). In each case study, HEARD researchers put in place the mechanisms that would allow for a research process that would firmly integrate the perspectives of those undergoing the capacity development. It involved participatory action research (PAR) and a component of local capacity development for the case study organisations in undertaking qualitative research. Research teams were trained and guided by a Research Guide that was developed by HEARD for the purpose of this research. This guide contained detailed information on the different steps in the research process and the techniques used.

To gather and analyse data from the cases studies, the research made use of the outcome harvesting technique. It is an approach that begins with a significant result or outcome and then works retrospectively to collect (or harvest) the evidence of what was said to have been achieved. It supports organisations to identify, understand and learn from changes or outcomes they have brought about to policies, practices and relationships amongst themselves, and in relation to the people, organisations or systems they are seeking to influence. HEARD agreed with Aidsfonds to use this particular technique for its potential to capture the endogenous processes of capacity development in each of the selected case study organisations as well as for its suitability for complex programming contexts in which the relations between cause and effect are not easily understood. The harvesting process was guided by
the long terms of the Bridging the Gaps programme described in Section 1.1. This meant that the outcomes prioritised for inclusion in the study were those that aligned to the Bridging the Gaps ToC and were either wholly or in-part supported by, or significantly influenced by, the Bridging the Gaps project in the case study organisations.

Harvesting was undertaken as a participatory process with staff members of the case study organisations, after which different sources of additional evidence (correspondence, programme reports, tools or guidelines, media stories, for example) were consulted to deepen the collective understanding of how the outcomes came about. Teams worked backwards to determine what contributed to bringing about the change and in which ways capacity development interventions had played a role. This process involved document reviews, interviews, and group discussions. Outcomes were harvested and described using four core questions:

a) What happened when and where?
b) Why is it important? Was it a step forward or a step back?
c) What was the role of the case study organisation? Who else was involved?
d) What capacity development activities contributed to the outcome?

Detailed outcome statements or descriptions were prepared and shared with the staff members and external stakeholders for further input and verification. There were several iterations of the outcome statements before they were presented in a final validation workshop. After the workshop, the teams developed case study reports which were reviewed by the organisation, and by external stakeholders that were nominated by the organisation.

**Third stage: analysis and consensus building**

The project’s lead researcher presented the preliminary research findings at the annual Alliance partner meeting and engaged in a discussion with them on how the findings could strengthen the capacity development component of the Bridging the Gaps programme. Prior to the meeting, participants received a preliminary findings report with recommendations. Case study reports and the overall research reports were shared and reviewed by the reference group and selected programme staff linked to the case study organisations. Their inputs were used to finalise the reports and inform further discussions among Alliance members.

**Ethics**

Approval to conduct the study was granted by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal. In-country permissions were granted by the Boards of each of the case study organisations and by the Biomedical ethics committee of the Academy of Medical Sciences at the Ministry of Health and Social Protection in Dushanbe, Tajikistan. For Uganda, Zimbabwe and Nepal, the HEARD research team was advised that the type of operational research being conducted was not usually subject to local institutional ethics review and, therefore, a decision was made to proceed the case study without an application. An additional consideration in Zimbabwe and Uganda was that previous experiences from both WONETHA and GALZ in receiving ethics clearances in a country context of criminalisation and other forms of stigma and discrimination had been rather problematic, following perceptions amongst members of local ethics review boards that research with sex workers or sexual minorities had no scientific merit.
All respondents were provided with information on the research prior to their engagement in the study and gave their verbal or written consent for an interview. The electronic survey was disseminated and returned to INTRAC-HEARD and did not pass through the Aidsfonds in order to prevent socially desirable answers, to the extent possible.

Data collection approaches
This section describes in further detail the data collection approaches used in the research.

Desk review
A first search for scientific and grey literature on civil society capacity development in the fields of health and human rights was conducted by a Master student of the VU University Amsterdam as part of an Aidsfonds internship. Four major databases (IBBS, POPLINE, Pubmed and Web of Science) as well as a manual search produced a total of 15 articles for review. A subsequent search for scientific and grey literature on capacity development in civil society organisations working with key populations, as defined in the Bridging the Gaps programme, was conducted by HEARD. Three databases were searched (Pubmed, Google Scholar, Google) producing eight relevant publications, of which three were largely theoretical. A manual search for online publications on capacity development within organisations working with key populations (non-Alliance members such as HIVOS, FHI360, EHRN, International HIV/AIDS Alliance, AMFar and the Robert Carr Civil Society Networks Fund) produced another 14 publications. The search also included sources relevant to capacity development, from the Bridging the Gaps programme. This added another 94 documents to the review, ranging from assessment tools and training manuals to case studies and lessons learned from the Alliance members with developing partner capacity.

Interviews with the Bridging the Gaps Alliance members
The project lead researcher from HEARD assisted in the development of the interview guide and joined the Master student in six of a total of ten key informant interviews. Informants (n=12) were all either a programme director, manager or officer, with the exception of one respondent from Mainline who was a M&E specialist. In the case of Aidsfonds, two separate interviews were held with policy officers from the sex worker team, bringing the total to ten interviews across nine Alliance members. In the case of CoC, three staff members participated in the interview. Interviews were conducted in Dutch or English, depending on the preference of the respondent. All interviews were recorded and transcribed by the student who shared the transcripts with HEARD.

The findings from the literature review and key informant interviews have been integrated into this report. Further detailed information can be found in the report that HEARD produced in June 2018.

Electronic survey
A survey was developed and administered electronically to the regional and country partners of the Alliance. The research coincided with the mid-term review of the Bridging the Gaps programme and a decision was made to integrate the questions on capacity development into a larger survey on the programme. INTRAC, a consultancy agency based in the United Kingdom, was responsible for distrib-

Further information on the search strategy and literature findings can be found in the internship report of Ms. Hannah van Vlierden which was separately published in March 2018.
uting the survey and generating the responses. INTRAC also took charge of the translation of the survey responses from Russian to English. The section on capacity development consisted of two closed and four open questions. The purpose of the survey was to gain an overview of capacity development across the Bridging the Gaps programme, including which types of capacity-building interventions were offered to which grantees, in which regions and by which Bridging the Gaps partners. The self-administered survey also sought to gain insight from the grantees on their experiences, particularly which activities or approaches were more helpful than others, and which could be considered best practices. Of the 61 responses shared by INTRAC with the research team, 49 included information on capacity development interventions.12

**Case studies**

The research team developed the following criteria to select the case study organisations:

- Encompasses all of the three continents in which the Bridging the Gaps programme operates;
- Encompasses all of the three key population groups upon which the Bridging the Gaps programme focuses;
- Strives for maximum variation in the degrees of legal and social environments for key population groups (harsh and punitive versus accepting and tolerant);
- Strives for variation among the selected organisations in terms of maturity and scope of work (new, emerging, established organisations; membership-based network, or oriented towards service delivery);
- Strives for variation in the capacity development approaches and strategies used;
- The results from the survey were used to further refine the case study selection on the basis of two additional criteria:
  - Composed of organisations/networks that demonstrate evidence of capacity development; and,
  - Composed of organisations/networks that demonstrate programme achievements across the main Bridging the Gaps result areas.

Using these criteria, the research team short-listed eight partners for potential inclusion.13 An additional consideration in compiling the short-list was to not duplicate the proposed case study countries or partners that had been selected for the mid-term review (Kenya and Vietnam, for example). After an extensive deliberation with Aidsfonds, and additional interviews with each partner on the short-list, an agreement was reached to select WONETHA (Uganda), GALZ (Zimbabwe), AFEW-TJ (Tajikistan) and PKNI (Indonesia).

However, concerns mounted regarding the selection of PKNI in Indonesia as this partner was undergoing a difficult period of organisational change. As a result, the research team re-opened the discussion with the Bridging the Gaps Alliance members on an alternate selection. Aside from PKNI, no other organisation in the eight short-listed groups had Mainline or INPUD as their programme partner. The research team therefore proposed Youth Vision (Nepal) and TANPUD (Tanzania) as alternatives. As there were already two cases from the Africa region, an agreement was reached to proceed with Youth Vision, even though its relationship with Mainline would be coming to an end in December 2018. See **Table 1** for the final case selection.

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12 The full survey results are included in Annex 5. Selected reference is made to these results as part of the main findings discussion.
13 The eight short-listed organisations were: African Sex Workers’ Alliance (ASWA) (Africa regional), Tais Plus (Kyrgyzstan), Lighthouse Social Enterprise (Vietnam), Gays and Lesbians Zimbabwe (GALZ) (Zimbabwe), Kharkiv City Charitable Foundation Blago (Ukraine), AFEW--Tajikistan (Tajikistan), PKNI (Indonesia), Women’s Organisational Network for Human Rights Advocacy (WONETHA) (Uganda).
In each of the case study organisations, three workshops were held and interviews conducted with staff members and project stakeholders. The selection of sites, staff- and stakeholder respondents was informed by the outcomes, as identified in the first staff workshop. The number of respondents per case study is presented in Table 2.

The local researchers travelled to different data collection sites to conduct the interviews, and reviewed relevant documents to augment the interview data. Interviews were conducted in the local language and recorded with the permission of the respondent. Regular Skype calls took place between the HEARD researchers and the local researchers to discuss progress, preliminary findings and in preparation for the in-country workshops.
Research teams
The research team consisted of three lead researchers from HEARD and APMG Health:

- Mrs. Carolien Aantjes, PhD (project leader) (HEARD)
- Mr. Russell Armstrong (HEARD)
- Mr. Dave Burrows (APMG Health)

For the case studies, the research team was expanded to include local researchers drawn from the case study organisations and HEARD/APMG networks. Research teams in each country were composed of a local researcher, one or more staff members (focal points) from the case study organisation and a HEARD lead researcher (see Table 3).

Table 3: Case study research team composition.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Country</th>
<th>Research team</th>
<th>Team position</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>WONETHA</td>
<td>Uganda</td>
<td>Rosemary Kabugo</td>
<td>Local researcher</td>
<td>Independent researcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Naomi Mujuni</td>
<td>Focal point</td>
<td>Professional trainer working with WONETHA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flavia Kyomukama, Diana Natukunda</td>
<td>Supporting role</td>
<td>Programmes Manager Executive Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Russell Armstrong</td>
<td>HEARD lead</td>
<td>Programmes Manager Executive Director</td>
</tr>
<tr>
<td>GALZ</td>
<td>Zimbabwe</td>
<td>Dr. Nelson Muparamoto</td>
<td>Local researcher</td>
<td>Professor at the University of Zimbabwe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sylvester Myamutendedza</td>
<td>Focal point</td>
<td>Services and Policy Advocacy Officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Russell Armstrong</td>
<td>HEARD lead</td>
<td>Senior research officer HEARD</td>
</tr>
<tr>
<td>AFEW-Tajikistan</td>
<td>Tajikistan</td>
<td>Dr. Nigora Abidjanova</td>
<td>Local researcher</td>
<td>Research consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zarina Davlyatova</td>
<td>Focal point</td>
<td>Programme Specialist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dilshod Pulatov Saodat Oripova</td>
<td>Supporting role</td>
<td>Bridging the Gaps programme manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Carolien Aantjes</td>
<td>HEARD lead</td>
<td>Research fellow HEARD</td>
</tr>
<tr>
<td>Youth Vision</td>
<td>Nepal</td>
<td>Maheshwar Ghimire</td>
<td>Local researcher</td>
<td>Independent researcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rajendra Thapa</td>
<td>Focal point</td>
<td>Program Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dave Burrows</td>
<td>HEARD lead</td>
<td>APMG Health and consultant to HEARD</td>
</tr>
</tbody>
</table>
Tasks and responsibilities in the team were as follows: the local researcher and focal point were responsible for undertaking the data collection; preparing and facilitating the three workshops, including logistics, agendas, materials and reporting, supporting the local adaptation of data collection tools; preparing transcripts and overseeing the translation of transcripts by a local translator; preparing outcome statements and case study reports in collaboration with the HEARD lead researcher. The local researcher was also responsible for training, mentoring and supporting the organisational focal point throughout the research process. The role of the HEARD lead researcher was to provide leadership and project management support for the overall research process in each of the countries, as well as to facilitate skills transfer and to mentor the local teams for the duration of the study. HEARD lead researchers co-facilitated the workshops, participated in interviews where possible, and led the overall analysis and write-up of the case study data. They also conducted the interviews with the responsible programme managers of the Alliance members that were linked to the case study organisations.
Annex 3: Results from the survey of Bridging the Gaps country partners

As part of the first stage of the study, the research team contributed the following questions on capacity development experiences to the Mid-Term Review Survey conducted by INTRAC.

- Did you receive any capacity development support within the Bridging the Gaps programme during 2016-2018?
- From which organisation did you receive capacity development support (e.g. capacity development for fundraising; grant making; advocacy skills training; technical skills training; monitoring and evaluation; ongoing coaching, mentoring)? (Please select all that apply)
- Please describe the various types of capacity development support you have received.
- From the interventions you have listed, in your view, which type of support was/were most effective and why?
- Which one/ones were least effective and why?
- Is there one that you would consider a ‘best practice’? Please briefly explain your choice

The questions aimed to gain an overview of capacity development across the Bridging the Gaps programme, including which types of capacity-building interventions were offered to which grantees, in which regions and by which Bridging the Gaps partners. The questions also sought to gain insight from the grantees on their experiences, particularly which activities or approaches were more helpful than others, and which could be considered best practices.

Of the 61 responses shared by INTRAC with the research team, 49 included information on capacity development interventions. The distribution of these respondents by focus population and region is shown in Figure 1.

**Figure 1: Distribution of survey respondents**

<table>
<thead>
<tr>
<th>Region</th>
<th>LGBT</th>
<th>PWUD</th>
<th>SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>8</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Central Europe</td>
<td>3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>East Africa</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

LGBT=lesbian, gay, bisexual, transgender; PWUD=people who use drugs; SW=Sex workers (all genders); TG=transgender. Asia region includes Cambodia, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Vietnam.
The respondents were fairly evenly distributed across the three priority populations for the Bridging the Gaps programmes as well as across the four main regions where the programme operates. **Figure 2** shows how the capacity development interventions of the Bridging the Gaps partners were distributed across the four regions according to what the survey respondents indicated they had received.

According to the data, COC was the most active across all four regions as well as the capacity development provider the most frequently mentioned by the survey respondents.

**Figure 3**, right, shows the types of capacity development support that were mentioned by the respondents.

Research and planning includes training and support for using the Theory of Change, strategic and operational planning, resource mobilisation, and planning and skills development for research.
The total number of interventions are more than the number of survey respondents as some grantees received more than one type of support (32% had participated in two or more activities). Grantees working with LGBT and PWUD received the most support according to the data. For LGBT grantees, the focus was mainly on advocacy and support for research, and for strategic or operational planning; for PWUD, the support mainly focussed on improving service delivery, such as technical training on harm reduction. For grantees working with sex workers, advocacy and organisational development were the main areas of support.\(^{14}\)

A number of survey respondents provided additional written comments on their experiences with capacity development. The comments were generally positive and covered a full range of capacity development interventions and experiences. Some examples included the following:

“The one-on-one support seems to leave a longer mark on the individual capacity [and] hence [the] organisational capacity.”

“Due to the Bridging the Gaps capacity building we have been able to be meaningfully engaged [...] in advocacy platforms by partners and like-minded organisations. This has helped [us] to execute [our] mandate as an advocacy network....”

“Mentorship [was the most important] because it was all round, starting from community level to service delivery to programming...Once we engage the community and constantly work together then the whole project becomes very easy to handle.”

“[The] involvement of some Ministry officials in our Bridging the Gaps training made it very clear that we can, and that made them involve us, and it made them know that we are able to do much more than what they think about.”

“With [the Bridging the Gaps] training we were able to advocate for more health services...and from this [the government] knew we have enough information and [that] we do understand better [the]matters concerning us.”

“The MSMIT tool has helped the organisation and other partners to understand needs of MSM and better practices of service delivery.”

“[Through] the appreciative inquiry training, we learned to use the positive power to struggle on LGBT rights.”

“The best practice is still...the Learning Institute programme. It is an intensive learning programme with high interactions that help us to reflect [on] our jobs, document lessons learnt, and network effectively with other activists. I also learned a lot from the activists for the rights of sex workers, or people using drugs. That was fantastic!”

Very few respondents offered negative comments. One did note that some trainings had been repeated and were losing their effectiveness as many individuals in the organisation had already attended. Another wrote that the challenge occurred after the training when he was confronted with the fact that the organisation did not have sufficient resources to apply the newly acquired skills and knowledge. Finally, there was no clear trend in the data regarding best-practices.

\(^{14}\) It was not possible to further disaggregate the data to link grantees, interventions and Bridging the Gaps partners.
Annex 4: Results of outcome harvesting from case studies

This annex contains a listing of the outcomes that were harvested during this research. The separate case study reports, also produced as part of the research, elaborate these outcomes in much more detail.

Empowering individuals and communities to form strong social movements and create organisations

**Outcome WONETHA:** From the sex workers’ stigma index survey results and other sources of evidence, there has been an improvement in the health status of HIV positive sex workers.

**Outcome WONETHA:** WONETHA has empowered members and staff through its Functional Adult Literacy programme and through giving opportunities for member and staff development.

**Outcome GALZ:** As of 2018, GALZ was supporting 22 LGBTI Affinity Groups in every region of the country and empowering their members to understand and advocate for their health and rights in communities. At least three groups have developed to become local organisations.

**Outcome Youth Vision:** By 2017, Youth Vision was providing a user-friendly, effective and comprehensive harm reduction service to people who inject drugs in Kathmandu, Bhaktipur and Lalitpur districts of Kathmandu, Nepal. Until 2017, various agencies had provided some elements of harm reduction activities to PWID in Kathmandu but only in that year was a comprehensive set of quality services made available.

**Outcome Youth Vision:** From 2016 to 2018, Youth Vision progressively improved its outreach work among PWID in Kathmandu, Bhaktipur and Lalitpur districts of Kathmandu. From the Mainline assessments in 2016, it was evident that there was little accurate data available on who was using Youth Vision’s services and whether services were effective, and the monitoring of both outreach teams and clients was inadequate.

**Outcome AFEW-TJ:** Advisory Councils composed of members of different key population groups oversee AFEW-TJ and subgrantee programs and services for KP, collect complaints of KPs, report on violations of rights and provide recommendations for improvement and resolution.

Being a legitimate and influential organisation that functions as a change agent

**Outcome WONETHA:** WONETHA’s internal staff capacity development programme has strengthened the skills and abilities of its staff and peer educators to deliver on the organisation’s mandate.

**Outcome WONETHA:** In 2017, WONETHA adopted a new strategic plan for the 2017-2021 period that contained new directions in terms of more support for advocacy and for a geographic expansion of programmes.

**Outcome WONETHA:** WONETHA conducted the first focused study on HIV stigma amongst sex workers.
**Outcome WONETHA**: WONETHA convened the first National Conference on Sex Work in 2017.

**Outcome GALZ**: Starting in 2017, GALZ made a strategic shift to prioritise advocacy and to gradually reconfigure how it supports access to services for LGBTI, partly by letting other LGBTI partners and allies gradually take up this role. This shift was described in its 2017-2021 strategic plan.

**Outcome GALZ**: In 2017, GALZ signed its ever first Global Fund funding contract to develop three Drop in Centres for community mobilisation and empowerment, access to health services and psychosocial support.

**Outcome Youth Vision**: Internal systems at YV have improved greatly from 2016 to 2018. While many systems have been strengthened, interviewees particularly pointed to changes in the financial and monitoring and evaluation systems.

**Outcome AFEW-TJ**: AFEW-TJ was the first non-governmental organisation in the country that was granted government permission to open a VCT centre and serve, particularly, the key population groups who were reluctant to test at State-led AIDS centres. Based on its own experience, AFEW trained other national NGOs who also successfully registered as service providers, herewith increasing the coverage of HIV testing and counselling services among hard-to-reach populations, such as PWUD, in Tajikistan.

### Forming partnerships, networks and coalitions that demand and drive change

**Outcome WONETHA**: WONETHA joined with strategic partners to create a set of nationally available HIV and SRH materials for sex workers.

**Outcome WONETHA**: Starting 2017, WONETHA in partnership with REPSSI implements an innovative programme for sex workers with children.

**Outcome WONETHA**: In 2017, with the support of Centres for Disease Control and Prevention, WONETHA formed a partnership with Baylor Uganda to deliver a joint programme in the Rwenzori region.

**Outcome GALZ**: In 2017, GALZ convened the first meeting of the LGBTI Sector Forum, a national coordinating mechanism for LGBTI organisations.

**Outcome AFEW-TJ**: AFEW-TJ took the lead to initiate the establishment of a Provincial-level coordination mechanism, uniting State organisations, civil society and community level organisations in the provision of comprehensive services for KPs in Khatlon region.

### Changing duty-bearers to respect, protect and fulfil health and rights of key populations

**Outcome WONETHA**: WONETHA now participates on important government committees and multi-sectoral processes from district to national levels.

**Outcome GALZ**: In 2017, the National HIV and AIDS Strategic Plan III 2015-2018 was revised and extended to address gaps and priorities for programming for MSM and transgender populations.
Outcome GALZ: In June 2018, GALZ met with the leadership of the ZANU PF to discuss the situation of LGBTI in Zimbabwe. The meeting ended with ZANU PF officials committing to look into the issues of hate speech and other violations pre-, during and post-elections.

Outcome AFEW-TJ: AFEW-TJ worked together with the Ministry of Internal Affairs in the compilation of instructions for law enforcement personnel in dealing with KPs, including people who use drugs.

Outcome AFEW-TJ: AFEW-TJ launched the practice of joint monitoring visits to assess service delivery by teams composed of key population members and public health experts.