

**CAPACITY DEVELOPMENT
IN THE
BRIDGING THE GAPS PROGRAMME**



Research Summary

Bridging the Gaps (BtG) is a unique global programme (2015-2020) for key populations that is focused on securing the health and human rights of lesbian, gay, bisexual and transgender people; people who use drugs; and sex workers of all genders. Funded by the Dutch Ministry of Foreign Affairs, it is implemented in fifteen countries by nine Alliance members, and supports ninety-five local, regional and global civil society organisations (CSOs) and networks

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 of 19 months between July 2018 and December 2019, BtG commissioned a study on capacity development. The goal of the study was to determine which interventions best 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.

Methodology

The study included a desk review, key informant interviews with the alliance members (N=15), a partner survey (N=49), and in-depth case studies with partners in 4 countries, using outcome harvesting¹. The selected partners were WONETHA (Uganda), GALZ (Zimbabwe), AFEW Tajikistan (Tajikistan) and Youth Vision (Nepal). A series of three outcome harvesting workshops were conducted with staff members and stakeholders in each case study. See Table 1, below.

Case study organisation	Key population	Staff workshop 1	Staff workshop 2	Staff interviews	Stakeholder interviews	Data collection sites	Validation workshop 3
WONETHA	Sex workers	22	21	13 (staff) 2 (Board)	24 3 FGDs 6 members	4	12 (staff) 14 (members) 7 (stakeholders)
GALZ	LGBT and other men who have sex with me	12	9	7	7	3	9 (staff) 6 (stakeholders)

¹ More information on this approach can be found on: <https://outcomeharvesting.net/welcome/>

AFEW-Tajikistan	People who use drugs	8	8	7	13	5	9 (staff) 6 (subgrantees) 17 (stakeholders)
Youth Vision	People who use drugs	8		20 (staff & former staff)	4 4 clients	3	9 (staff and former staff) 9 (stakeholders)

Table 1: Number of respondents per case study organisation

Main Findings

Capacity development within the Bridging the Gaps programme

A main result of the study was articulating BTG's approach to capacity development, something that had not been clearly stated before. The study found that capacity development in the Bridging the Gaps programme entails *empowering* individuals, communities, organisations, and key stakeholders or duty bearers with knowledge and skills to support the health and rights of key populations through high quality services and advocacy, and effective collaboration and partnerships. Within the programme, the alliance members provided **four capacity development strategies**, based on the specific needs and contexts of their partners:

1. Capacity development for individuals and communities;
2. Strengthening of organisations;
3. Learning to work in partnerships and coalitions; and
4. Capacity development for key decision makers or duty bearers (e.g. policy makers, law enforcement staff).

Each of these strategies complement and reinforce each other. For example, it is personal empowerment or agency that enables a member of a key population to attend a parliamentary forum and give a persuasive testimony about his/her life experience and it is the combination of a strong constituency led by an influential organisation that is able to form, manage and sustain a powerful coalition.

What were the main results of Bridging the Gaps' efforts in capacity development?

1) Capacity development for individuals in communities

Within Bridging the Gaps a variety of approaches (varying from structured trainings, to ad hoc mentoring) were used to empower individuals or groups, leading to stronger capacity and agency to initiate and sustain positive change.

All four of the case study organisations demonstrated this approach:

WONETHA helped street-based sex workers in local towns to form support groups and to provide them with health information, information on their legal and human rights, and how to better protect their safety when doing sex work.

"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....Friends wonder that I am alive." – Member of WONETHA

AFEW Tajikistan invited individuals from key population communities to join Councils to monitor the quality of services organisations provided. With training and mentoring, many of these individuals found their 'voice' and realised how important it was for communities to be involved in monitoring services and the organisations providing them.

"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... They watched, listened, wrote and sent letters [...] and suddenly saw the significance of their voice." – AFEW-Tajikistan

2) Strengthening organisations

The Bridging the Gaps offered different modalities for developing and/or strengthening organisational capacity in partners, as well as programme sub-grantees through which organisations could evolve and strengthen their legitimacy and influence.

- a. Developing a Theory of Change (ToC) was an important contribution to **strengthening programme management**, whereby partners were supported to develop their own country or population specific ToC linked to the broader Bridging the Gaps ToC prior to its implementation. This process also supported partners to consider different means of achieving their goals, and to consider new partners and allies.

"I think under Bridging the Gaps there was a component with an element of capacitating us internally as staff in terms of delivering services to key populations, the multiple ways of delivering the services. That also opened our eyes in the sense that we are also now able to do tailor-made solutions to particular different groups to address their needs. And also the issue around monitoring and evaluation. It's something that we keep cascading to others. Monitoring and evaluation was a direct investment of Bridging the Gaps."
– GALZ.

- b. Capacity development interventions extended to community organisations and stakeholders, whereby Bridging the Gaps country partners facilitated the **transfer of knowledge and skills** and **organisational system strengthening, putting their own learning into practical, transferable lessons.**

For example, AFEW Tajikistan guided five NGOs in establishing voluntary counselling and testing (VCT) sites, from staff enrolment in medical training, preparation of the site in accordance to government regulations, through to the accreditation process and management of the site. They used their own experience of having gone through this process previously and becoming the first NGO in Tajikistan to provide low threshold HIV testing for key populations.

“To be honest, we initially did not know these problems and difficulties. We learned at the meeting that the provision of VCT is a very difficult activity, but very useful for our target group. We did everything: we re-registered and collected so many documents. All this thanks to AFEW Tajikistan because they showed us what documents we needed and made it easier for us to do this step by step”. – Sub grantee of AFEW-Tajikistan

For more than a decade, GALZ has supported the creation of Affinity Groups, local networks of LGBTI in major towns and other locations across Zimbabwe. The groups have become important ways of building local solidarity and support for the LGBTI community which remains very socially excluded across the country. GALZ provides different types of skills-building opportunities and distributes sexual health commodities through them. Affinity Groups can also receive small amounts of funding for local events. Several of the groups have gained visibility and status in their local communities and are consulted on issues such as HIV programming. Some have even become their own independent local organisations.

“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

“The meaning of leadership is what I got from GALZ. It’s something that I still feel that, okay, they have made me the leader that I am today”.
– Leader of a new LGBTI organisation in Zimbabwe.

- c. Capacity development interventions allowed for cycles of **experimentation**, reflection and learning together with the partners. **Cross-learning** was actively promoted in Bridging the Gaps: between alliance members and partners individually and across the alliance and their partners in regionally convened meetings, partner exchange visits and learning academies.

“Including management team, all the staff and the Bridging the Gaps project played a great role to achieve the goal of the organisation. Mainly the organisation did all these things by the support of Bridging the Gaps project through various two-way international explorer visits to enhance capacity and knowledge of each and every staff of Youth Vision.” – Youth Vision

3) Learning to work in partnerships, networks and coalitions.

Bridging the Gaps has stimulated partners to enter into strategic alliances and to undertake collective action with like-minded organisations in order to have a bigger impact:

- a. The programme **promoted regional and global connectivity** and ensuring a seat at the table for key populations in key structures at country level, for example technical working groups or multi-sectoral entities created under the HIV response. In some instances, partners were directly supported to lead a coalition or network.
- b. Alliance members **assisted partner participation** at conferences, in delegations, and through networking events to facilitate individual capacity development trajectories. These events were also considered as opportunities for civil society input and for the profiling of partners.
- c. **Fostering the ability to balance the politics and power dynamics** in partnerships emerged as an important skill-set in fulfilling a leadership role within challenging country contexts. Some partners were more equipped for this than others. For example GALZ had, through all of their experience in working in partnerships, acquired important skills in conflict resolution and risk management, enabling them to handle conflicts of interests and competition over funding in such partnerships. Moving forward, this capacity development strategy requires more attention in order to support Bridging the Gaps partners’ effective functioning in (new) organisational configurations and performance in dynamic processes .

“I think there is strength in numbers and when we look at the sector, it doesn’t help when we are working in silos and if we are divided. So the idea is to promote inclusivity, to promote also different ideas coming into the space and how we can approach them together. We want to develop a common advocacy strategy that will apply to all organisations and that we will use as a reference in the work that we do to come up with common objectives and work towards that goal in our different organisations.” – GALZ on the establishment of the LGBTI Sector Forum, funded under the BTG programme.

4) Capacity development for duty bearers

The capacity to influence and shape the **external conditions** for promoting and protecting the health and rights of key populations is essential to achieve sustainable results. Therefore, Bridging the Gaps partners also worked with key decision makers and duty bearers to improve their knowledge, attitudes, beliefs and practices related to key

populations. The research observed two-way capacity gains: government entities gained knowledge and experience about key populations and their health and human rights challenges, whilst key population representatives acquired skills for speaking out and influencing important state representatives and institutions.

“Empowering of key populations [supported by AFEW-Tajikistan] was very important, because the government now, for sure, 100%, 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.” – UNAIDS Tajikistan

"The district hardly knew issues concerning sex workers. WONETHA and its activism were eye-openers on how to plan and prioritize HIV issues affecting sex workers..."
– A key informant at the District Health Office, working with WONETHA

What worked well

✓ Long-term relationship with partners

Bridging the Gaps support (starting from 2011 when the partnership began for all four case study organisations) allowed for long term capacity development and learning trajectories in partners. Providing a stable and reliable relationship with funding partners is an important condition for effective capacity development. In some cases, this contributed to the retention of staff members, who were able to professionally mature and develop themselves within the programme and who transferred their acquired knowledge and skills to others.

In addition, such a stable funding relationship allows an organisation to align to its mission and vision and the needs of its members, rather than continuously 'remoulding' themselves according to funding opportunities.

✓ Exchange and learning among partners and with their constituencies

Use of peer-to-peer learning and exchange mechanisms between individuals and organisations to actively support each other's learning processes, undertake joint problem solving, and mentor one another. A key event was the Learning Institute, a yearly learning event to facilitate exchange between Bridging the Gaps partners from different countries and which included site visits and the development of learning tools.²

✓ Needs-based support

Overall, the Bridging the Gaps country partners expressed satisfaction regarding the capacity development support provided. Partners also noted how they valued the quality and uniqueness of their relationship with their Bridging the Gaps alliance partner, because they supported flexible and tailor made capacity development trajectories.

Alliance members have based their capacity development support on the needs and preferences of the partners by using an organisational scan to reflect on and prioritise

² <https://hivgaps.org/evaluation/learning-tool/>

areas for capacity development in each partner. The tool was mostly applied in an informal way (during monitoring visits or calls) and to encourage a joint dialogue on partners' capacity needs.

Organisations that are more 'hungry' for capacity development, for different reasons, clearly seek out and benefit more from capacity development opportunities (as opposed to more developed organisations who may feel they have little more to learn).

✓ **Enabling conditions for effective capacity development**

The study also identified a number of enabling conditions which seem to enhance the effectiveness of capacity development strategies. Presence of certain organisational attributes, such as coherence between organisational identity and strategic purpose and an emphasis on learning, development, risk-taking and innovation were found to increase the utility and durability of capacity development interventions. For example, when an organisation's leadership models continuous learning and development, this influences the organisational culture and the degree to which capacity is absorbed and retained across individuals, teams and systems.

External factors, which are more difficult to control, include the positioning or alignment of the organisation with their constituency and duty bearers. A relationship of trust and mutual respect is key. Stable environments (which, unfortunately, very few key population organisations and networks have) allow for longer capacity development 'journeys' and more sustainability for improvements.

What can be improved

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 collaborative programmes that are similar to those of the Bridging the Gaps programme:

✓ **Develop a clear, coherent, and evidence based capacity development strategy during programme design**

Programmes similar to that of 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. In order to develop a coherent capacity development strategy within a coalition of funding partners, it is advised to jointly develop and commit to a shared vision at the beginning of a programme cycle. As part of the strategy, clarify the capacity development approaches available to partners and their expected results, so that partners are more aware of what support they could obtain from the programme and from which partner.

✓ **Strengthen the processes of identifying, addressing, and monitoring capacity development needs.**

In the Bridging the Gaps context, the structured assessment of capacity needs³ could have been applied more consistently by all partners, and on a yearly basis. In addition, the assessment should be linked to a capacity development plan and monitoring framework. The plan serves as a basis for mapping opportunities for capacity development support, some of which would come through the programme, and some might be better acquired through other funding partners or local experts.

✓ **Strengthen coordination mechanisms across programme partners to be able to offer a broader range of capacity development support to country partners.**

As each funding partner will have something specific to offer regarding capacity development, coordination mechanisms should be put in place for country partners to be able to organise 'packages' of support from different funding partners within the coalition, in line with their own needs and preferences.

✓ **Establish a community of practice for ongoing reflection and learning on capacity development across the programme partners.**

The research findings highlighted how capacity development is a continuously evolving field of knowledge and practice. To continue learning about what works best in capacity development, it is important to document and exchange practices, monitoring and evaluation findings with other organisations, researchers and experts.

It is critical to secure this legacy of empowered communities, strong organisations, effective coalitions of change agents, and responsive and accountable duty bearers, to end AIDS by 2030.

³ The capacity assessment tool that was used in the Bridging the Gaps programme can be accessed upon request.

Innovations and learning in key population programmes:

3 best practices from Bridging the Gaps

1. Key population advisory councils (AFEW-Tajikistan)

AFEW-Tajikistan pioneered the approach of key population advisory councils, a concept that was not only new to key population programmes but for any development or public health programme in Tajikistan. These councils, composed of members from different key population groups, were established with a view to monitor the services and programmes of AFEW-Tajikistan and obtain recommendations for improvements from the service users themselves. The idea transpired from multiple interactions between AFEW-Tajikistan and alliance member AFEW International, and between AFEW-Tajikistan 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.

Seeing the value of the council's role in strengthening service provision, AFEW-Tajikistan also rolled out the innovation to the NGOs which they had guided in the establishment of HIV testing sites. Furthermore, the councils started collecting complaints from their constituency groups on the services provided to them by the government as well as any reports of rights violations experienced by individuals from these groups. The strong partnership between AFEW Tajikistan and key government entities enabled the uptake and action on the reported concerns of key population members over service quality, service procedures and attitudes of service providers. Examples included the extension of operating hours within one government institution to make services more convenient and accessible to the users, and the organisation of a seminar for health personnel by one of the city AIDS centers after having received complaints about discriminatory attitudes against service users.

The current effectiveness of the councils would not have been possible without first creating a solid foundation in the form of education and development of capacity of the council's members. This included a three-day training on the role of the councils, a training on harm reduction and client management, a paralegal training and continuous mentoring and support to the councils. AFEW-Tajikistan also developed the capacity of the national network of women living with HIV (TNW+) who spearheaded the work with the councils as an independent actor in the process and AFEW's understanding of the power of the peer to peer approach. The power of this inclusive approach is resonated in the following quote from TNW+:

“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 through the NGOs, 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 send letters [..] and suddenly saw the significance of their voice.” – TNW+

2. Affinity group model (GALZ, Zimbabwe)

These self-evolving networks have become platforms for empowering LGBTI communities to be aware of their rights to demand and access services. GALZ has trained Affinity Group members on key issues relevant in a hostile legal, socio-cultural and political environment. These issues include legal and human rights literacy and safety and security. This has helped to build connected networks of individuals in communities that are aware of their rights and who are empowered to be meaningfully engaged on issues of concern to them.

3. Smart card system (Youth Vision, Nepal)

Youth Vision pioneered, with the support of alliance member Mainline, a digital tracking system to be able to record and monitor where the outreach team is meeting their clients and what services are being provided during these encounters. Until then, the organisation had little accurate data available on who was using their services and whether services were effective.

Youth Vision outreach workers were equipped with tablets that had GPS tracking and software which interfaced with the organisation’s monitoring and evolution system as well as with mobile phones. Clients seeking needle-syringe services were equipped with smart cards and QR codes as well as with the mobile numbers of the outreach workers. As outreach workers met with clients, their smart cards were scanned by the tablets to feed identification data into the organisation’s monitoring system, after which outreach workers keyed in the specific products or services provided to or to which specific services these clients were referred.

Youth Vision uses the system to adjust its outreach strategy on a monthly basis as to ensure that outreach workers are concentrating on the areas with substantial numbers of people who use drugs. As these areas change quickly due to dealing patterns and police behaviour, this information is critical for an effective outreach strategy. An unexpected spin-off of the smart card system has been that this card confirms the people who use drugs as clients and beneficiaries of a legitimate service that is run with the approval of the Ministry of Home Affairs of Nepal. Youth Vision staff believe that the use of these cards have reduced the harassment by police and brought new users to the services. One of the service users who works as representative of people who use drugs explained:

“You have to remember that these people are hiding because they feel left out of society. This card provides a sense of belonging and inclusion which all drug users want”.

Mainline assisted Youth Vision with the development of an outreach strategy, with the introduction of the new technology and provided substantial training in outreach methods. A training schedule was established to ensure that various staff had the skills

required to carry out the new tasks. In visits by Mainline to the organisation, the reports from the monitoring system and discussions with staff helped amend the ongoing capacity development provided for the outreach services and strengthen the organisation's ability to work with and draw important information from the system for programmatic improvements and advocacy.