

# The PEPFAR Local Capacity Initiative Supports a Coalition of Civil Society Organizations Serving Key Populations in Uganda

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The Local Capacity Initiative (LCI) strengthened the capacity of civil society organizations (CSOs) to support policy advocacy, with the ultimate goal of improving health services for key populations (KPs) affected by the HIV epidemic.<sup>1</sup> The United States President's Emergency Plan for

AIDS Relief (PEPFAR) funded the initiative from 2013–2018 to help local CSOs create an enabling environment for PEPFAR's objectives.

Under the LCI, the United States Centers for Disease Control and Prevention (CDC) worked in Uganda between 2015 and 2018 to strengthen the policy advocacy capacity of CSOs that worked with men who have sex with

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<sup>1</sup> Key populations include men who have sex with men, sex workers, people who use injectable drugs, and transgender people.



men (MSM), transgender women, and sex workers and develop the capacity of public health officials (PHOs) to consider gender and sexual diversity issues. MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID) and PEPFAR, conducted an evaluation of LCI Uganda (referred to hereafter as LCI) between 2017 and 2018.

### Key findings:

- Investments in capacity building for CSOs in Uganda strengthened coalitions, positioning their members to advocate high-quality HIV services for KPs and achieve PEPFAR goals.
- Including a mix of CSOs with diverse characteristics in group-level capacity building activities created connections that enabled the transfer of skills and increased access to political actors across a wider range of CSOs.
- Quantitative network data can increase the effectiveness of policy advocacy interventions by providing data to inform program implementation, including measures of change in coalition structure over time.

This brief summarizes LCI's efforts to develop organizational capacity through coalition building. Additional briefs summarize the main interventions that LCI employed to create an enabling environment for HIV policy advocacy,<sup>2</sup> implement the community scorecard (CSC) strategy to improve HIV clinical services,<sup>3</sup> and the methods that the evaluation team used to study the efficacy of LCI's work and measure change resulting from it.<sup>4</sup>

Surveys with CSO staff (n=132), organizational assessments with participating CSOs (n=15), and in-depth interviews (n=60) measured changes in the coalition of CSOs involved in LCI. This brief summarizes lessons learned about how to build coalitions and measure change in coalition structure to inform policy advocacy interventions for HIV.

<sup>2</sup> Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2020). The PEPFAR Local Capacity Initiative Interventions in Uganda. <https://www.measureevaluation.org/resources/publications/fs-19-362>

<sup>3</sup> Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2020). The PEPFAR Local Capacity Initiative Supports the Community Score Card to Improve HIV Services for Key Populations in Uganda. <https://www.measureevaluation.org/resources/publications/fs-19-413>

<sup>4</sup> Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2020). The PEPFAR Local Capacity Initiative Evaluation Methods in Uganda. <https://www.measureevaluation.org/resources/publications/fs-19-411>

A coalition is a group of people and organizations working together to effect change related to a shared problem. Effective coalitions have changed the course of the global HIV epidemic by increasing access to HIV treatment and investments in HIV programs for high-risk and socially marginalized KPs. Together, coalitions can achieve policy change beyond the capacity of any one organization and are therefore critical to reaching the PEPFAR 95-95-95 targets (that by 2030, 95% of all people living with HIV will know their HIV status, 95% of all people with diagnosed HIV will receive sustained antiretroviral therapy, and 95% of all people receiving that therapy will have viral suppression).

### Working in a Context of Stigma for KPs and HIV

CSOs participating in the LCI intervention in Uganda worked in a context of high stigma toward KPs, which made the ability to rely on a coalition of partners especially important. In 2017 and 2018, 47 percent of the partner organizations surveyed reported that people who work or volunteer for their organization had been interrogated, detained, or arrested recently because of their work. CSOs are required to register with the Ugandan government; some are discreet about their focus on KPs and HIV to avoid harassment and increase their chances of successful registration. Thirteen of the 15 participating organizations had applied for registration. Between one-quarter and one-half of these organizations reported that an official had suggested that the organization's registration might be revoked because of the nature of their work (25% in 2017 and 40% in 2018). CSOs managed to continue their policy advocacy and KP-focused work by modifying activities in response to pressure from officials (53% in 2017 and 47% in 2018) and limiting communication—both internal (33% in 2017 and 40% in 2018) and external (47% in 2017 and 53% in 2018)—to avoid or respond to pressure from officials.

Despite this high-stigma context, there was an increased emphasis on KPs and HIV-related topics in CSOs' mission and vision statements during the period of the LCI intervention. The percentage of organizations that included sex workers in their mission or vision statement increased from 33 percent to 67 percent, and the inclusion of gay men rose from 20 percent to 47 percent between 2017 and 2018. Similarly, the percentage of organizations with mission or vision statements that referenced HIV or AIDS directly increased from 33 percent to 73 percent; references to human rights increased from 67 percent to 87 percent. Evidence of increased organizational capacity was also

prevalent, with an increase from 87 percent to 93 percent in CSOs reporting that they had strategic plans, and from 73 percent to 93 percent reporting that they had advocacy plans.

### LCI Training and Mentorship that Supported Coalition Strengthening

LCI had multiple touchpoints with organizations through trainings, mentorship, and dialogue meetings that together shaped relationships between CSO members and fostered a strong network. Each of these touchpoints provided an opportunity for CSOs to build partnerships that strengthened the overall coalition. For example, group-level workshops were facilitated on resource mobilization, financial management, policy and legal analysis, proposal writing, strategic planning, medical campaigns, organizational systems development, and fundraising. Three lead organizations provided bilateral mentorship, both general and on specific topics such as financial system management. CSO members also participated in district-level coalition building meetings and coordination, learning, and sharing meetings organized by LCI leads.<sup>5</sup>

Apart from direct skills transfer to individual CSOs, an additional benefit was the building of a coalition to support longer-term policy advocacy and drive changes that required the combined strength of multiple organizations. Another brief—[The PEPFAR Local Capacity Initiative Interventions in Uganda](#)—details additional information on the trainings provided to CSOs and PHOs.

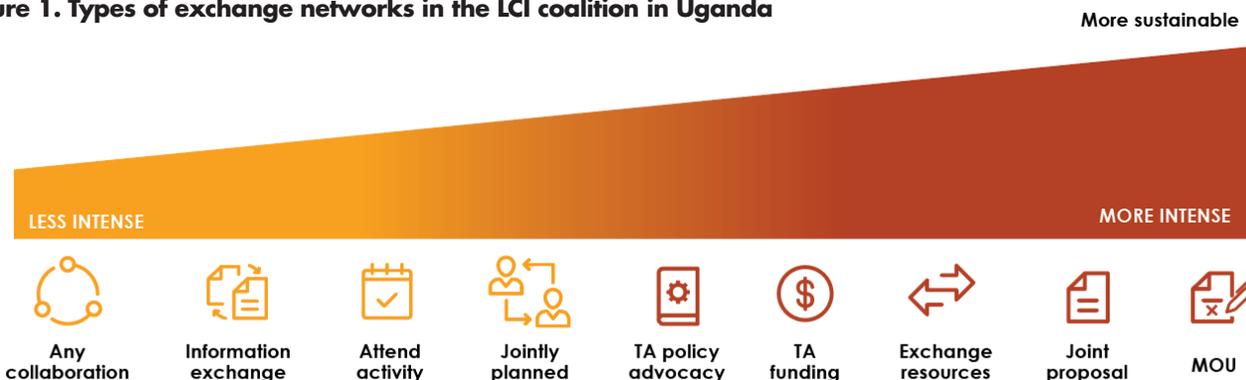
<sup>5</sup> See The PEPFAR Local Capacity Initiative Interventions in Uganda for details on Uganda’s LCI interventions. <https://www.measureevaluation.org/resources/publications/fs-19-362/>

### Types of Exchange Networks Important for Policy Advocacy

The proliferation of forms of exchange among members of a coalition has the potential to help achieve policy advocacy goals. The types of exchange depend on the goals of the coalition, the strengths and weaknesses of each organization, and what members hope to attain through their relationships with one another. Within the LCI intervention, simply taking part in the trainings and meetings preestablished by LCI lead organizations led to some exchange. However, participating CSOs also initiated forms of exchange beyond those coordinated directly by the intervention. Examples of these higher-intensity, deliberate exchanges include writing a proposal together and developing a formal memorandum of understanding (MOU).

One useful way of conceptualizing the different types of exchange that can strengthen a coalition is through a series of steps (Figure 1). At the lowest step is any type of exchange or basic form of interaction such as information exchange. In the middle range are structured activities to transfer capacity building skills: for example, getting or receiving technical assistance on policy advocacy or on managing diversified funding. At the top level of exchange are activities that require more input from each CSO, which occur outside of predetermined LCI interventions and represent sustainable ways in which organizations may remain connected past the life of the policy advocacy intervention. As noted previously, this may include writing a proposal jointly or establishing a formal relationship through an MOU or other written documentation.

Figure 1. Types of exchange networks in the LCI coalition in Uganda



TA: technical assistance

Measuring changes in exchange among coalition members is one way to capture the strengthening of coalition relationships. To do this, we asked CSOs a series of structured survey questions about ways the organizations interacted with each of the other LCI organizations, for each type of exchange in Figure 2.<sup>6</sup>

Each form of interaction was analyzed as a type of exchange network. Respondents were asked how often their organization had practiced the type of exchange (e.g., attended a joint activity) with each CSO in the coalition. We then examined quantitative properties of exchange networks, including network density and the location of organizations within each network, comparing 2017 and 2018 values. This analysis excluded the three LCI lead organizations to better understand emerging relationships between the other participating CSOs.

**Changes at the Network Level**

Network density is the proportion of connections reported in a network out of all the possible connections that could occur. The 16 organizations included in the LCI network analysis had 256 possible connections for each type of exchange network (16x16). Figure 2 presents the network density for each type of exchange network in 2017 and 2018, ordered by increasing intensity. As would be expected,

the level of connectedness decreases from left to right as the intensity of the form of collaboration increases. For each type of exchange network, the density markedly increased between 2017 and 2018, demonstrating that LCI organizations were working together more by the end of the intervention. The largest increases in network density were observed for joint planning of an activity or event (43% increase from 2017 to 2018), exchange of information (38% increase from 2017 to 2018), and attending the same activity or event (36% increase from 2017 to 2018).

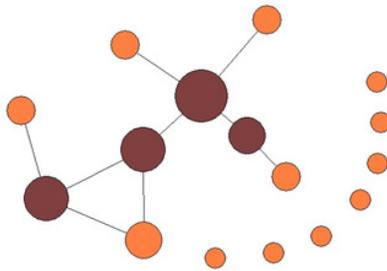
In addition, the locations of organizations within the conceptual network were assessed to see which member organizations were connected to the most others and which organizations were active in linking other organizations to one another. As an example, Figures 3 and 4 compare an exchange network based on joint preparation of a funding proposal in the past six months. In 2017, few organizations were collaborating on proposals, and the network density was only 8 percent. By 2018, almost all organizations had worked with at least one other LCI partner on a funding proposal, resulting in an increase in network density to 29 percent. The most connected and central organizations also changed between 2017 and 2018, as depicted by the larger size of each square and the pink color. A larger node denotes an organization with more connections. The pink color represents organizations with higher “betweenness” scores, meaning an organization is more likely to lie on the path connecting other organizations in the network. During the years of the LCI intervention, exchange outside of the predetermined LCI meetings and activities increased for all organizations, indicating the potential for longer-term collaboration beyond the intervention period.

<sup>6</sup> The network analysis is limited to the 16 organizations named in both 2017 and 2018 and excludes the three lead LCI organizations so that changes in the absence of directed efforts of the leads could be captured. Ties are assumed to be symmetrical—meaning that if one organization named a connection with another, we counted that as a true even if we weren’t able to interview the other organization in that survey round.

**Figure 2. Network density, by type of exchange in 2017 and 2018 among LCI coalition members in Uganda (n=16)**



**Figure 3. Connections among LCI organizations in Uganda having jointly written a funding proposal in the past six months, 2017**

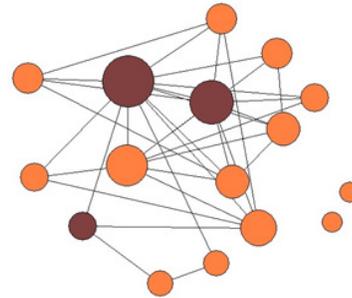


In addition to the quantitative network measures, we asked respondents to report their perceptions of the quality of coalition leadership and coalition members' ability to achieve more as a group than individually. We also asked about the sense of unity and cohesion among coalition members. These measures used multi-item, quantitative scales with 4-point Likert response options (strongly agree–strongly disagree). Perceptions of the coalition were universally high with little room for improvement, and therefore, no or minimal change was observed between 2017 and 2018. For example, 100 percent of respondents in both survey rounds reported it was somewhat or completely true that coalition members had strengthened one another's advocacy efforts, enriched one another's skills and abilities, made the coalition's financial resources go further, and created significantly more change than each organization could achieve individually. In the absence of the network analysis, these survey measures would fail to capture important ways in which the coalition changed during the intervention. As a monitoring tool and indicator of change, the network analysis was more informative than observing univariate changes in CSOs' perceptions of the coalition.

### Strength in Coalition Diversity

Three organizations led the LCI coalition, each with unique strengths: one was a large, well-established institution in the health sector, with high-level connections to public officials; one had strong skills in policy advocacy; and one had a long history serving KPs, a strong reputation, and many connections in KP communities. Together, these three larger and older organizations strategically selected a mix of CSOs. This mix included CSOs that would benefit from training and mentorship in organizational development and policy advocacy, but they also possessed unique strengths based on location, connection with the KP community,

**Figure 4. Connections among LCI organizations in Uganda having jointly written a funding proposal in the past six months, 2018**



or unique technical expertise (e.g., media development and computing technology). The LCI lead organizations sought diverse coalition members to help achieve policy advocacy goals. During in-depth interviews, CSOs noted two main ways in which the mix of organizations helped achieve policy advocacy for KPs. First, stronger, more well-established organizations gained a better understanding of KPs, the challenges they face, and how to advocate for these populations. One worker from a smaller, KP-focused CSO made the following statement:

*I would say that currently we have . . . more mainstream organizations that are coming up to work with us like \_\_\_\_\_. I think five years ago \_\_\_\_\_ didn't know about the LGBTI populations.*  
—CSO worker interviewed in 2017

The second and main way diversity was an asset was because it increased access to district- and national-level public officials. Using the connections and political and cultural capital of a few well-established organizations, smaller, newer, KP-focused CSOs were able to meet with policymakers and advocate for the health needs of KPs. One CSO worker summarized this benefit as follows:

*The most significant change has been the enabling environment, which has been brought about by the much training we have had. We have been able to have interfaces with the various actors, and we have been introduced to various government officials—something that has given us an advantage in building our relationship with them. I think in the past year, the one thing that has been most significant for me is the health advocacy among key populations community right from the community to the national level.*  
—CSO worker interviewed in 2017

