

The PEPFAR Local Capacity Initiative Strengthens Organizational Capacity 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.¹ 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.

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

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



Key Findings

Inclusive mission and vision statements correspond to increased inclusion of KPs in CSO work.

LCI improved CSO capacity through training and improved their ability to raise funds through grants.

CSO workers reported greater efficacy as advocates, through improved ability to facilitate the community scorecard process and lead a dialogue with public officials.

After partnering with LCI, CSO workers reported increased capacity to effect policy change, improve HIV care, and decrease stigma and discrimination.

Uganda (referred to hereafter as LCI) between 2017 and 2018.

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

² Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2019). The PEPFAR Local Capacity Initiative Interventions in Uganda. Retrieved from <https://www.measureevaluation.org/resources/publications/fs-19-362>

³ A Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2019). The PEPFAR Local Capacity Initiative Supports the Community Scorecard to Improve HIV Services for Key Populations in Uganda. Retrieved from <https://www.measureevaluation.org/resources/publications/fs-19-413>

⁴ Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2019). The PEPFAR Local Capacity Initiative Methods in Uganda. Retrieved from <https://www.measureevaluation.org/resources/publications/fs-19-411>

to support KPs in coalition building,⁵ and methods used to measure change in organizational capacity.⁶

We used surveys with CSO staff (n=132) and organizational assessments with participating CSOs (n=15) to measure changes in the capacity of CSOs involved in LCI. The organizational assessments measured changes at the structural and functional levels, and the individual surveys measured capacity in terms of program performance. The brief entitled [The PEPFAR Local Capacity Initiative Supports the Community Scorecard to Improve HIV Services for Key Populations in Uganda](#) describes additional evidence of increased organizational capacity. This brief presents lessons learned about the most effective ways to build capacity to inform policy advocacy interventions for HIV.

Measuring Organizational Capacity: Organizational Assessments Demonstrated Increased Capacity for CSOs in LCI

We conducted organizational assessments with 15 CSOs in 2017 and 2018. Between those two assessments, the number of CSOs that included sex workers and homosexuals in their mission or vision statements doubled—from 33 percent to 67 percent, for sex workers, and from 20 percent to 47 percent, for homosexuals (Table 1). More CSOs included people living with HIV (PLHIV) and people who inject drugs in 2018 than in 2017, as well.

Table 1. Groups mentioned in CSO mission and vision statements

	Which of the following groups, if any, is mentioned in the organization's mission or vision?			
	2017		2018	
Sex workers	5	33%	10	67%
Homosexuals	3	20%	7	47%
Transgender people	5	33%	6	40%
PLHIV	2	13%	7	47%
People who inject drugs	0	0	3	20%
Other groups at high risk for HIV	5	33%	9	60%

⁵ Andrinopoulos, K., Namisango, E., Taylor, T., Glover, A., & Freyder, M. (2019). The PEPFAR Local Capacity Initiative Supports a Coalition of Civil Society Organizations Serving Key Populations in Uganda. Retrieved from <https://www.measureevaluation.org/resources/publications/fs-19-412>

⁶ Freyder, M., Namisango, E., Taylor, T., Glover, A., & Andrinopoulos, K. (2020). The PEPFAR Local Capacity Initiative Measures of Organizational Capacity in Uganda. Retrieved from <https://www.measureevaluation.org/resources/publications/fs-20-430/>

This explicit inclusion of most-at-risk groups in CSO mission and vision statements corresponded with increased inclusion of these groups in CSO work (Table 2).

Table 2. Beneficiaries of CSO work

Since becoming an LCI partner, has the percentage of beneficiaries in most-at-risk groups increased, decreased, or stayed about the same?				
	2017		2018	
Increased	14	93%	14	93%
Stayed about the same	1	7%	0	0
Decreased	0	0	1	7%

Participation in LCI also corresponded with increases in CSO organizational planning, and more CSOs reported having strategic and advocacy plans in 2018 than in 2017. However, the number of CSOs reporting that they had a staffing plan dropped by one from 2017 to 2018 (Table 3).

Table 3. Organizational planning among LCI CSOs

Does this organization have any of the following plans?				
	2017		2018	
Strategic plan	13	87%	14	93%
Advocacy plan	11	73%	14	93%
Staffing plan	14	93%	13	87%

Civil society organizations also reported that their total grant funding increased during their work with LCI (Table 4). As LCI partners, CSO workers received training in fundraising and financial management. By improving these skills, LCI helped CSOs expand their resource base and sustainability.

Table 4. Grant funding for LCI partners

Not including money provided by LCI, since this organization became an LCI partner, has the total amount of grant funding it receives increased, decreased, or stayed about the same?				
	2017		2018	
Increased	11	73%	12	80%
Decreased	0	0	1	7%
Stayed about the same	4	27%	2	13%

Measuring Program Performance: Participating in LCI Improved CSO Capacity to Effect Change in the Community

As described in the brief entitled [The PEPFAR Local Capacity Initiative Interventions in Uganda](#), CSO workers participated in training and mentorship aimed at organizational development. To measure the effects of these trainings and mentorship opportunities, the evaluation team conducted surveys in 2017 and 2018 to measure CSO staff task self-efficacy and their own perceptions of the impact of their work. Task self-efficacy measures people's perceptions of their abilities to conduct process-oriented activities, such as leading a CSC process. In addition to task self-efficacy, the evaluation team measured CSOs' own perceived impact, which provides a composite analysis of CSO learning and buy-in and the application and self-assessment of capacity to effect change. The main results from these surveys are highlighted below.

Task Self-Efficacy

High task self-efficacy is indicated by respondents reporting that specific tasks are very easy or easy; low task self-efficacy is indicated by respondents reporting that tasks are difficult, very difficult, or unfamiliar (Table 4). Although self-efficacy improved across most tasks measured by this survey in 2017 and 2018, the greatest increases were reported for leading a CSC process and leading a dialogue with a public official. In 2017, 49 percent of CSO workers surveyed reported that leading a CSC process would be easy or very easy; this increased to 74 percent in 2018. Likewise, more CSO workers (75%) reported in 2018 that it would be easy or very easy to lead a dialogue with public officials than in 2017 (65%). Other tasks had smaller increases in self-efficacy (write a shadow budget, speak on radio or TV about policy, or participate in government decision making), and one task (conducting a policy review) was not significantly different from 2017 to 2018.

Table 5. CSO worker task self-efficacy

	2017		2018	
	N=133	Percentage	N=132	Percentage
How easy or difficult would it be for you to lead a Community Score Card process?				
Very easy / Easy	65	49	98	74
Difficult / Very difficult / Unfamiliar	68	51	34	26
How easy or difficult would it be for you to lead a dialogue with public officials?				
Very easy / Easy	87	65	99	75
Difficult / Very difficult / Unfamiliar	46	35	33	25
How easy or difficult would it be for you to write a shadow budget?				
Very easy / Easy	66	50	71	54
Difficult / Very difficult / Unfamiliar	67	50	61	46
How easy or difficult would it be for you to conduct a review of existing policies on a particular issue in order to draft related recommendations?				
Very easy / Easy	77	58	75	57
Difficult / Very difficult / Unfamiliar	56	42	57	43
How easy or difficult would it be for you to speak on the radio or television about a policy issue?				
Very easy / Easy	87	65	89	67
Difficult / Very difficult / Unfamiliar	46	35	43	33
How easy or difficult would it be for you to participate actively in a decision-making forum such as a government advisory group?				
Very easy / Easy	82	62%	89	67%
Difficult / Very difficult / Unfamiliar	51	38%	43	33%

Perceived Results of Work in Policy and Quality of Life

In addition to reporting increased self-efficacy to accomplish specific tasks, CSO workers reported increased ability to accomplish a broader mission. Table 6 illustrates the evolving ways that CSOs perceived their own impact in their local communities. For example, in 2017, 62 percent of CSO workers reported that their advocacy efforts had improved policies in their local communities. In 2018, the proportion of CSO workers who reported that they had affected the policy sphere increased to 80 percent.

Table 6. CSO perceived results of work in policy and quality of life for key populations

	2017		2018	
	N=133	Percentage	N=132	Percentage
As a result of our efforts, resources in the community have been allocated in new and better ways.				
Completely true / Somewhat true	80	60	116	88
Not at all true / Don't know	53	40	16	12
As a result of our efforts, policies that affect our community have improved.				
Completely true / Somewhat true	83	62	106	80
Not at all true / Don't know	50	38	26	20
As a result of our efforts, life conditions for members of our community have improved.				
Completely true / Somewhat true	97	73	117	89
Not at all true / Don't know	36	27	15	11
As a result of our efforts, we obtained something that we should have had all along.				
Completely true / Somewhat true	100	75	115	87
Not at all true / Don't know	33	25	17	13
As a result of our efforts, we have helped bring about administrative reform in a government agency.				
Completely true / Somewhat true	61	46	95	72
Not at all true / Don't know	72	54	37	28
As a result of our efforts, we have helped place someone from a marginalized group in a position of government leadership power.				
Completely true / Somewhat true	34	26	46	35
Not at all true / Don't know	99	74	86	65

Perceived Results of Work in HIV Care

In addition to reporting that they had a positive effect on the public sphere, CSO workers also perceived that their work resulted in tangible improvements in access to and quality of HIV care both for sex workers and MSM (Table 7). After one year, nearly all CSOs reported that their efforts had improved sex worker access to HIV services (97%) and the quality of these services (95%). These organizations reported a relatively low initial level of confidence in their perceived impact on HIV services for MSM and higher perceived impact on these services in 2018.

Table 7. CSO perceived results of work in HIV care

As a result of our efforts, sex workers have easier access to HIV services.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	108	81	128	97
Not at all true / Don't know	25	19	4	3
As a result of our efforts, HIV services provided to sex workers are of a higher quality than before.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	101	76	125	95
Not at all true / Don't know	32	24	7	5
As a result of our efforts, men who have sex with men have easier access to HIV services.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	92	69	119	90
Not at all true / Don't know	41	31	13	10
As a result of our efforts, HIV services provided to men who have sex with men are of a higher quality than before.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	91	68	120	91
Not at all true / Don't know	42	32	12	9

Perceived Results of Work in Stigma and Discrimination

Finally, after working with LCI, CSO workers perceived an increase in their capacity to fight stigma and discrimination against KPs: specifically, sex workers, MSM, and PLHIV. Civil society organization staff members reported that their efficacy in this domain increased the most in behalf of sex

workers. In 2017, just 34 percent of CSO workers reported that they thought their work had decreased stigma for sex workers. In 2018, this proportion had increased to 86 percent. After their LCI partnership, 89 percent of CSO workers reported that they were able to fight stigma and discrimination, and 72 percent reported the same for MSM.

Table 8. CSO perceived results of work in stigma and discrimination

As a result of our efforts, sex workers face less stigma and discrimination.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	45	34	114	86
Not at all true / Don't know	88	66	18	14
As a result of our efforts, PLHIV face less stigma and discrimination.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	95	71	117	89
Not at all true / Don't know	38	29	15	11
As a result of our efforts, men who have sex with men face less stigma and discrimination.	N=133	Percentage	N=132	Percentage
Completely true / Somewhat true	71	53	95	72
Not at all true / Don't know	62	47	37	28

