Bridging the Gaps

Health and Rights

for Key Populations

Mid-term evaluation report

Institute of Development Studies
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Great effort has gone into producing an accurate and balanced report. We apologize for any inaccuracies, should they have occurred, and would be pleased to rectify them if needed.

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# Table of Contents

Bridging the Gaps ................................................................................................. 1  
Mid-term evaluation report .................................................................................. 1  
  Acknowledgements ............................................................................................ 2  
  Table of Contents .............................................................................................. 3  
  List of Abbreviations ......................................................................................... 5  
  I. Executive Summary ..................................................................................... 7  
  II. Introduction .................................................................................................. 12  
  III. Methods ...................................................................................................... 14  
  IV. Findings ...................................................................................................... 23  
  V. Conclusions .................................................................................................. 47  
  VI. Recommendations ...................................................................................... 51  
Annexes .............................................................................................................. 57
### List of Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFEW</td>
<td>AidsFoundation East---West</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>AP</td>
<td>Alliance Partner</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International development</td>
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<td>BtG</td>
<td>Bridging the Gaps</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<tr>
<td>CCM</td>
<td>Country Co---ordinating Mechanism (for the Global Fund)</td>
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<tr>
<td>COC</td>
<td>Federatie van Nederlandse Verenigingen tot Integratie van Homoseksualiteit COC Nederland</td>
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<td>CSO</td>
<td>Civil Society Organisations</td>
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<td>FSW</td>
<td>Female Sex Worker</td>
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<tr>
<td>GFATM</td>
<td>Global Fund to fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with HIV</td>
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<td>GNP+</td>
<td>The Global Network of People Living with HIV</td>
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<td>GP</td>
<td>Global Partner</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HR</td>
<td>Harm Reduction</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<tr>
<td>INGO</td>
<td>International Non---Government Organisation</td>
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<td>INPUD</td>
<td>International Network of People Using Drugs</td>
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<td>ITPC</td>
<td>International Treatment Preparedness Coalition</td>
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<tr>
<td>KPF</td>
<td>Key Population Fund, Dutch Ministry of Foreign Affairs</td>
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<tr>
<td>LGBT(I)</td>
<td>Lesbian, gay, bisexual, transgender, (and Intersex) people</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>Mainline</td>
<td>Mainline Gezondheids--- en Preventiewerk Druggebruikers</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MoFA</td>
<td>Ministry of Foreign Affairs</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MSM</td>
<td>Men having sex with men</td>
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<td>MSMGF</td>
<td>Global Forum on MSM &amp; HIV</td>
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<td>MTCT</td>
<td>Mother to child transmission</td>
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<td>MTE</td>
<td>Mid---Term Evaluation</td>
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<tr>
<td>NGO</td>
<td>Non---Government Organisation</td>
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<td>NSWP</td>
<td>Global Network for Sex Work Projects</td>
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<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
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<td>PEPFAR</td>
<td>The United State's President's Emergency Plan for AIDS relief</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PME</td>
<td>Participatory Monitoring and Evaluation</td>
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<td>PMTCT</td>
<td>Prevention of mother---to---child transmission</td>
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<td>PTCs</td>
<td>HIV Prevention, Treatment, Care and Support</td>
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<tr>
<td>PUD</td>
<td>People using drugs</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<tr>
<td>SW</td>
<td>Sex Worker</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>UA</td>
<td>Universal Access</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling &amp; Testing (for HIV)</td>
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<td>WHO</td>
<td>World Health Organization</td>
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I. Executive Summary

This is the mid-term evaluation of the Bridging the Gaps Programme (‘The Programme’) currently the largest program in the world on key populations. The total 4.5 year budget is 46.7 million Euro. Euro 35 million comes from the Dutch Ministry of Foreign affairs (DGIS) and 25% consists of ‘co-funding’ or ‘own contribution’.

The Program links three key populations through combining four projects into one comprehensive approach:

1. Female, male, and transgender sex work project
2. People using drugs project (with specific focus on injecting drug use)
3. Lesbian, Gay, Bi-sexual Transgender people, including men who have sex with men
4. Global advocacy in key populations

The Programme operates 16 countries worldwide across all the main key populations at risk for HIV. The programme runs from September 2011 till December 2015. It is implemented by an Alliance, currently consisting of Aids Fonds (the Lead), four Alliance Partners (AFEW, COC, Mainline, and GNP+), and four Global Partners (MSMGF, INPUD, ITPC, and NSWP). Each of these partners has its own local (national) counterparts for service delivery and local advocacy. A number of working groups and mechanisms for coordination, learning and sharing have been set up.

This participatory Mid-Term Evaluation (Dec 2013 – April 2014) was conducted to inform the Programme Team and the Board on possible improvements for the remainder of the Programme period, and beyond. A mix of participatory and results oriented methods was used. Five key questions, as outlined below, guided the evaluation.

Q I: To what extent has the Bridging the Gaps programme been effective?

The Programme is well on the way to make significant contributions to its five key objectives. Conclusion and recommendations per objective include:

Objective 1: Improve the quality of and the access to HIV prevention, treatment, care and support

Extremely relevant services are being delivered to key populations at a large number of locations in difficult settings. Exclusive attribution to the Programme funding, ---assign the credit of these services to this particular programme--- is difficult for several reasons. Many services are co-funded which means that BtG funds a small part within a broader programme. Secondly, Programme partners were partially selected based on existing experience and partnerships, which means that current results build upon earlier efforts. And thirdly, no baseline data are available. However, BtG significantly contributes to the success of the services it supports.

→ Maintain current levels of support for service delivery.
→ Develop packages of minimum services and benefits for individual support group members with a “graduation” strategy and development perspectives. Packages need to be developed by the groups. Implementing Partners and national counterparts can facilitate upon request.
Objective 2: Improve the human rights of key populations

Human rights work is being done at various levels—from local to global and from health policy development to decriminalization under the law—with varying degrees of success. A long-term view and legal expertise are needed.

- Link with other human rights organizations and experts on specific issues for collective engagement at different levels (global, regional and national). Be aware of legal requirements of evidence and risks for staff.
- At national levels continue engagement with lawyer(s), magistrates, police specialized in the relevant areas of national laws through which international human rights principles are implemented. If possible, link with groups that also engage in these areas to create broader movement/links.
- Address effectiveness of global advocacy through strategic planning and adjustment of the Logical Framework.

Objective 3: Integrate specific services for key populations within the general health system

Integration into the general health system is an ambiguous objective. Some successes are being noted by local partners. There are vast differences within the Programme about the perceived efficacy of integration into the health system. Decentralization is pertinent.

- Conduct strategic discussions to define key terms which form the framework in this objective and formulate context specific course of action.

Objective 4: Strengthen the capacity of civil society organisations that work on HIV and key populations

In terms of organizational strengthening there is huge variety in activities and quality. With a view to sustainability, more focus on learning organizations, institutional memory, continuous learning, etc, is required. The Global and Alliance Partners are appreciated for their support. Capacity building strategies need more structure and graduation strategies.

- Establish and implement common adult learning principles throughout the programme, that recognize and value learning based on experience. Experiential learning theory is one option that could be taken into consideration as a framework
- Conduct capacity and needs assessments (with budget allocation as needed) when developing partnerships.
- Broaden focus to organizational and systemic strengthening (vs. individual capacity building) and use internal lesson learned.

Objective 5: Develop and strengthen a comprehensive and concerted approach on HIV and key populations by the alliance partners

- Develop common principles, yet decentralized implementation and an operationalization of advocacy with exit and benchmarks.

With regards to accountability and the M&E Framework, the following recommendations are suggested:

- Speedily develop a plan for final evaluation (also consider for Phase II).
Q II. To what extent have its activities been relevant and politically, socially and financially sustainable?

The Programme was and still is relevant at a global level. Work with key populations tends to be underfunded and warrants special attention. Key populations have some similar interests, but they are different groups with different needs. These differences affect programming.

The funds allocated to the partners give value for money. Given the funding gaps for key populations, the political marginalization of KP and the general under---spending in health in many countries the allocation of sufficient funds by national governments to take over the programs is unrealistic. Up---scaling by large donors and some support of national governments is feasible. The global political climate on key populations is volatile, but there are many ways to engage with the law and legislators. National partners are taking leadership. Linkage with human rights organizations might be explored.

- Retain emphasis on key populations and flexible programming, review the “Dutch Approach”.
- For the next phase, revise the key objectives to align them with the work being done in a way that they build on the strengths of the programme.
- Do not increase the number of countries and partners.
- Endeavour to extend The Programme by five years building on current strengths.

Q III. What lessons can be learned about the management of the Programme?

The Lead and the Alliance Partners are appreciated as a partner especially for their flexible and reasonable way of working. The complexity and size, along with the great variety amongst the 78 partner organizations prescribe a decentralized management approach. Generally, the Aids Fonds Lead strikes the right balance between leadership, Alliance and Global Partners’ partnership and local partners’ ownership. The Programme’s structure is satisfactory, yet some challenges are noted:

- Operationalize the role of Global Partners in the Programme and build consensus, first among the Global Partners, and then with the Alliance Partners.
- Review current Programme working groups to ensure clear TORs and membership
- Develop a simplified M&E system with a few simple indicators and additional qualitative and participatory methods for the next phase
- Develop and establish sex---disaggregated data collection throughout the Programme
- Clarify representation and upward and downwards responsibility and accountability between global, national and local partners.
- Ensure that a general overview on expenditures (Overhead, Global Partners, Alliance Partners, local partners is available, when needed.
- Improve internal communication in general, including the conduct of meetings, and recognize importance of direct interpersonal human contact.

Q IV. How has the Programme contributed to intended and unintended learning and linking within key populations and across geographical areas, key populations and approaches?
Linking between global and national Programme partners is taking place yet can be strengthened. Centrally collected indicators through the logical framework do not contribute meaningfully to learning. The M&E systems of some local partners are of high quality and documented through learning exercises. Local partners are eager to learn and connect with each other, but more facilitation of structured opportunities would be welcome.

→ Facilitate more structured opportunities for linking and learning.
→ Identify and promote the establishment of learning organizations/centres of excellence and institutional memories, and document learning.

### Defining the different partners in the Programme

Many different organisations collaborate within Bridging the Gaps in different roles.

- **Alliance Partners**: Aids Fonds (the Lead agency), AFEW, COC, GNP+, Mainline. As a requirement of the Ministry applicants for grant funding that made BtG possible needed to be based in the Netherlands.

- **Global Partners**: GNP+, MSM Global Forum, NSWP, INPUD and ITPC; 5 constituency-led global networks who within the BtG Programme primarily focus on advocacy at the global level.

- **Local or national partners**: The organisations working in any of the 16 countries where the programme is active.

To avoid confusion in the future (due to the fact that GNP+ is an Alliance Partner with a global advocacy mandate and not responsible for BtG implementation at the local level), a new term was suggested by the Board during a discussion on this report:

- **Implementing Partners**: Agencies who are responsible for the implementation of the work in the Programme countries, principally through funded partnerships with national and local organizations: Aids Fonds, AFEW, COC, Mainline, MSMGF, i.e. the Implementing Partners and the Global Partners are mutually exclusive.

In all official documents and throughout the evaluation the term ‘Alliance Partner’ had been used by all involved. The evaluation team therefore recommends that the advantages and disadvantages of a new terminology be discussed with all involved before changing it. This can be part of the recommended meeting with the Global Partners to operationalize and plan the BtG advocacy strategies.

Q V. If there were Phase II of the Programme which major changes would be recommended?
There are no evident *burning* issues with the approach, the scope, structure, or implementation of the Programme. Possible changes would distract from strengthening current work. Hence, no major changes are suggested for the remaining program period.

With a view to the future, the following is recommended:

- Develop the possible Programme Proposal for Phase II in collaboration with all prospective partners.
- Explore the option to NOT conduct a Final Evaluation of Phase I:
  - Data collection and processing set in motion in the context of this evaluation (e.g. the two ‘backgrounders’) is valuable and should be built on.
  - The Mid-Term Evaluation is quite late in the Programme. A Final Evaluation would not impact on the decision on possible extension.
  - In case there is a 2-year Phase II, it would possibly be more expedient to now lay the groundwork for a high quality Final Evaluation of the ‘total programme’ (Phase I and II together) towards the end of 2017.
II. Introduction

Bridging the Gaps: the Programme

This is the mid-term evaluation of the Bridging the Gaps Programme (‘The Programme’) currently the largest program in the world on key populations. The total 4.5 year budget is 46.7 million Euro. Euro 35 million comes from the Dutch Ministry of Foreign affairs (DGIS) and 25% consists of ‘co-funding’

The program links three key populations through a comprehensive approach to:

1. Female, male, and transgender sex work project (SW)
2. People using drugs project (with specific focus on injecting drug use (PUD))
3. Lesbian, Gay, Bi-sexual Transgender people (LGBT), including men who have sex with men (MSM)
4. Global advocacy in key populations (GA)

The Programme operates 16 countries worldwide across all the main key populations at risk for HIV, The programme runs from September 2011-December 2015 (52 months). It is implemented by an Alliance, currently consisting of Aids Fonds Netherlands (the Lead), four Alliance Partners (AFEW, COC, Mainline, and GNP+), and four Global Partners (MSMGF, INPUD, ITPC, and NSWP). Each of these partners has its own local (national) counterparts for service delivery and local advocacy. The Alliance partners have set up a number of working groups and mechanisms for coordination, learning and sharing such as the M&E working group, partner forum and reference group.

The strategic framework lists the following programme objectives:

1. Improve the quality of and access to HIV prevention, treatment, care, support and other services for key populations
2. Improve the human rights of key populations
3. Integrate specific services for key populations within the general health system
4. Strengthen the capacity of civil society organisations that work on HIV and key populations
5. Develop and strengthen a comprehensive and concerted approach on HIV and key populations by the alliance partners

The Programme Board (for strategic directions) and the Management Team (for daily management, are both led by the Aids Fonds and consists of representatives from the Alliance Partners (incl. GNP+) and one of the four Global Partners (on a rotating basis). They typically meet monthly with the GPs usually represented through Skype.

At Aids Fonds the Programme employs a Programme Manager (1 FTE: 36 hrs), a Programme Assistant (1), a Communications Specialist (0.89), M&E Specialist (0.4), Programme Secretary (0.4), Financial Controller (0.2), and a Lobbyist (0.05).
Objectives of mid term evaluation

- Help project management and stakeholders identify and understand (a) successes to date and (b) problems that need to be addressed, and provide stakeholders with an external (albeit participatory), ‘objective’ view on the project status, its relevance, how effectively it is being managed and implemented, whether the project is likely to achieve its development and immediate objectives, and whether the management is effectively positioned and partnered to achieve maximum impact;
- Provide project management and stakeholders with recommendations (a) capturing additional opportunities, as well as (b) for corrective actions to resolve outstanding issues and improve project performance for the remainder of the project duration;
- Help project management and stakeholders assess the extent to which the broader policy environment remains conducive to replication of the lessons being learnt from project implementation and/or identify exit strategies; and
- Assist all partners to improve the efficiency, effectiveness, relevance and impact of the project, and ensure accountability for results to the project’s financial backers, stakeholders and beneficiaries.

Key Evaluation Questions Bridging the Gaps

While it is an ‘outside’ evaluation by a team of two consultants, a ‘hybrid’ format was decided on in the sense that a concerted effort will be made to also work in a participatory manner. In this context a workshop was conducted by the evaluators in which a selection of partners was consulted on the scope of the evaluation and resulting evaluation questions, methods, and the selection of countries for the site visits. The final evaluation questions derived were checked by the Board. The evaluation asks the following key questions:

I. To what extent has the Bridging the Gaps programme been effective?
II. To what extent have its activities been relevant and politically, socially and financially sustainable?
III. What lessons can be learned about the management of the Bridging the Gaps alliance, notably in terms of overall management structure, communication and information flows and accountability
IV. How has the program contributed to intended and unintended learning and linking within key populations and across geographical areas, key populations and approaches?
V. If there were a follow up to the programme -- which major changes would be recommended?

1 With GNP+ in the exceptional position of being an Alliance Partner while its mandate lies in global advocacy.
III. Methods

This external evaluation used a hybrid methodology combining results oriented and participatory approaches with a phased implementation of the development of the evaluation questions, data collection and analysis.

The evaluation has been conducted by a gender-balanced team of two consultants from the Institute of Developments Studies (IDS) with a mix of academic, professional and educational experience with monitoring and evaluation of multi-country programs and key populations. A summary background of the institute and the consultants is provided in Annex 4.

The evaluation has been conducted alongside the Aids Fonds with several groups of stakeholders and experts notably the for this purpose specially developed Reference Group consisting of six selected programme Partner Forum members, the M&E Working Group, and the Programme Team that are involved in the programme to allow for the Aids Fonds and its counterparts to learn from the evaluation process and be able to provide regular input. The two evaluators received assistance from staff at the Aids Fonds notably the M&E and Operational Research Officer, the Programme Manager, the Programme Assistant and Programme Secretary.

In this section we first explain these result oriented and participatory approaches and why this combined approach has been chosen for this assignment. We will then present the methods and tools used. Lastly, we will present the limitations of the data and the challenges encountered during the evaluation.

Approach

Although an evaluation can measure many things, they may not necessarily be the right ones. Stakeholders (incl. funders) all have potentially different ideas about how best to evaluate a project since each may have different definitions of ‘success’ ‘merit’ and ‘failure’. Understanding and defining what is of value to key stakeholders is therefore essential in conducting an evaluation. An evaluation of a complex multi-level programme with 78 partners in 16 countries has to acknowledge the presence of numerous perspectives.

Research on the effectiveness of both result oriented and participatory types of approaches in various health evaluations has shown that these complement each other. Results oriented approaches to M&E from OECD/DAC documents.

The European Commission (EC) has also adopted ‘results oriented monitoring (ROM)’ also for complicated multi-country evaluations. Key criteria of this so-called ‘objective’ or ‘result oriented’ approach to M&E are: relevance, effectiveness, efficiency, and sustainability, and the use of a logical framework.

Main advantages of result oriented approaches are that they are easy to understand for a general public, comply with demands for public accountability by obliging organizations to be focused on reaching their measurable results and objectives, and can be used in very different types of programmes, which can help donor coordination. Key disadvantages of ROM are that the narrow focus on measurable results and fixed objectives can hinder the recognition of significant, unexpected results, and may prevent organizations from learning and adapting to the local contexts. Learning by individuals and organizations is essential to capacity building and sustainability in general. Therefore, an evaluation should not just assess whether organizations have learned during the project, but also have a process, which allows learning during the process of evaluation, and possibly adjusting the logical framework (half-way).

Participatory monitoring and evaluation (PME) techniques, emphasize the importance of the processes of involvement of individuals and communities. Large international funding bodies such as the World Bank, the Global Fund, DFID, the EU and PEPFAR consider local support and community ownership essential to the implementation and sustainability of the development programmes they support. Because of this recognition participatory approaches have gained prominence among large public funding agencies mostly in the planning stage but increasingly also for research and for M&E. PME can increase the relevance of programmes when local stakeholders, including target communities, can contribute to setting directions for change, and decide whether a programme makes progress, delivers and is relevant. PME, when it is built in properly throughout the programme, can increase the sustainability of programmes by enhancing the capacity of stakeholders to critically reflect on their

7 EuropeAid Co-operation Office (2012) ROM Handbook Results-oriented Monitoring, European Commission, Brussels
9 World Bank lending to Community Driven Development (CDD) projects, for example, increased from $325 million in 1996 to $2 billion in 2003.
situation, take action and learn what works and why.\textsuperscript{13} Engaging with partners in a collaborative fashion may also increase the level of integrity and the acceptability of an intervention.\textsuperscript{14}

The hybrid framework for this external evaluation allows us to combine the existing log-frame evaluation approach that has included collection of baseline and needs assessments and output & outcome (objective) indicators with qualitative methods that allows the inclusion of multiple perspectives on their meaning.

Furthermore, a participatory approach allows us to explore the intended and unintended lessons that have been learned across and within populations and regions which are not documented in the framework.

The evaluation team has also paid specific attention to gender equity as a cross-cutting issue during the formulation of the scope of the evaluation and the criteria for the selection of countries and program for the field visits. Gender roles and norms are important to understand health inequities and challenge victimizing stereotypes. Women’s health seeking behaviour is one of the reasons why globally women have better access to ART in spite of their vulnerability in other spheres of life while men are more likely than women to inject drugs. During the reference group meeting we identified transgender people, female drug users and spouses of PUD and male sexworkers as groups who are often overlooked due to gender roles and norms and needed to be included in this evaluation. Some of the discussions and findings are in the ppt in Annex 8, Annex 9, and Annex 10.

\textit{Methods}

The following methods were used in the evaluation:

- Joint review of the Logical Framework and M&E system at Aids Fonds with Aids Fonds staff on
  - The collection of data and documents and their relationship with the Logical Framework to verify the planned and achieved outputs and outcomes of the program;
  - The management of M&E data in BtG;
  - The identification of information and documentation gaps in relation to the Logical Framework;
  - The availability of sources and information that measure achievements which are relevant to the outputs and outcome and the learning but are not listed.

- Participatory development of the scope of the evaluation, the evaluation questions, criteria for the selection of countries for the field visit and evaluation methods and tools with a reference group. The reference group consists of a gender balanced group of experts drawn from the programme Partner Forum members, representing different key populations, global partners and regions in BtG

\textsuperscript{13} Estrella M. , Blauert J., Campilan D, Gaventa J. Gonsalves J. Guijt I. Johnson D. Ricafort R. (2000) Learning from
• Board review of final research questions
• Desk review of internal program documents and reports compiled by Aids Fonds and internal program documents and reports compiled by Aids Fonds Alliance partners

A total of 210 respondents have been consulted through individual interviews, focus group discussions and Participatory Monitoring and Evaluation (PME) learning exercises conducted during the course of this evaluation. Details on people consulted can be found in Annex 2. Interviews conducted in or from the Netherlands with lead and global partners (i.e. MSMGF, IPTC, UNPUD, NSWP, GNP+), with alliance partners (COC, STI AIDS Netherlands, AFEW/Mainline), as well as with Aids Fonds and the donor, in person and/or by Skype. For the interviews we used the evaluation questions and a semi-structured questionnaire. Transcripts of interviews were reviewed by both evaluators.

• Collection of two case studies of 1) lessons learned on global advocacy and linking and learning, and 2) outcome 1C: number of clients reached with services that match their needs, written up by Alliance and Global partners and their counterparts and reviewed by Aids Fonds.

• Participatory development of agenda of the field visits to Pakistan, Kenya and South Africa with Alliance Partners, Global Partners, and national counterparts.

Based on a field site selection process in collaboration with the Reference Group (see Annex 3) for selection criteria and process, we conducted three country visits, each with a different focus; Pakistan (PUD), Kenya (SW) and South Africa (LGBTI), with overlap/active work or links with at least one global partner from BtG. During these visits, we visited offices, service sites, interviewed key stakeholders, interviewed staff and beneficiaries, conducted group discussions and exercises, and made live observations of the work at hand. We discussed the selection of interviewees with national counterparts using the basic same initial selection criteria as for interviews in and from the Netherlands to get perspectives from multiple levels in the different countries, including when feasible those of the Global Partners. To address some key gender issues we selected projects to include transgender people, women who use drugs or partners of PUD and male sex workers.

• Focus groups discussions during field visits, e.g. with four peer-educators on the usefulness of the project activities, and one with nine sex workers on condom use negotiation, and financial issues

• PME exercises on the knowledge and skills learned during BtG at multiple levels; including program management, service providers and end-beneficiaries. Evaluationers requested participants to list the skills and knowledge they have learned during the BtG on post-its. The evaluators facilitated a joint analysis led by a group representative in which the group members prioritized these skills. The groups then examined the indicators of this knowledge, the process during which knowledge and skills were gained as well as the sustainability and impact of their learning at individual and wider levels. At the end of each country visit we debriefed the key counterparts, summarizing the key findings in a powerpoint presentation which was then approved by all. These presentations can be found in the Annex: Annex 8, Annex 9, and Annex 10, respectively.

  o Pakistan: The evaluator conducted group interviews with staff of NC, NZT, and PLHIV, group interviews with residential clients of NZC and NZT and conducted participatory learning exercises with 12 NZC, 6 GF/NZT staff and 5 staff members of PLHIV Pakistan.

Furthermore she visited the NZC and GF Rawalpindi offices, the ARV Adherence Unit, the Rehabilitation and income generation farm, the detoxification treatment center and two outreach sites in Rawalpindi and the office of PLHIV Pakistan. Details on people consulted can be found in Annex 2.

- **Kenya:** The Evaluators interviewed relevant staff at the National Aids Control Council (NACC), the National AIDS and STI Control Programme (NASCOP), conducted participatory learning exercises and individual interviews with Management, staff, and beneficiaries at the North Start Alliance East—Africa, including at three of their Road Wellness Centres (RWCs). They further interviewed staff at key partners, including HOYMAS and KESWA to look at both male and female sex workers. Details on people consulted can be found .

- **South Africa:** The Evaluators conducted participatory learning exercises, FGDs and individual interviews with Triangle Project management, staff, and beneficiaries (at a “Save Space”), Gender Dynamix, SWEAT, UWC, and Sisonke (an ITPC partner). Gender Dynamix was the first transgender organization in Africa and is regionally active. They also participated in a community event, organized by a Triangle Project “Save Space”. Details on people consulted can be found in The live observations during these three field visits and in Amsterdam are invaluable for a holistic assessment of the work on the ground. Only by visiting the actual places where the activities take place, and the services are delivered, one can get a real feeling for the circumstances and the limitations that the beneficiaries and the field workers are facing on a day-to-day basis.

The final version of this report and its the key findings, lessons learned, and recommendations was reached through an elaborate process of multi-level consultations:

- Country level feedback and consensus building meetings. In each country we presented the methods, the key findings, lessons learned, and recommendations and invited participants to reflect and provide input to all of these for accuracy and joint learning. Details on these findings at the country level can be found in the annexes Annex 8, Annex 9, and Annex 10.
- Feedback and consensus building meetings by the reference group. We presented the methods, the key findings, lessons learned, and recommendations to verify the extent to which the actual evaluation met the expectations and plans made at the start, conduct a joint analysis of the findings and reach consensus about the main recommendations and lessons learned between the reference group and the evaluators.
- Feedback and consensus building meetings with the program team and the M&E Working Group with the reference group to conduct a joint analysis of the findings and reach consensus.
- Revision of the draft report by the consultants
- Feedback and consensus building meetings with the program team.
- Review of the draft report, consolidation of all comments made, and fact checking by the program team and the Aids Fonds
- Integration of all consolidated comments by the consultants
- Finalization of the report by consultants
- Presentation to the Board

**Ethical considerations**

The evaluation team has in-depth and hand-on expertise working with all key populations. We are aware that the lack of epidemiological data on these populations reflects the stigma and discrimination
of these groups. When LGBT, sex workers and people who use drugs are criminalized and political organization has to be done underground or via the Internet interventions and evaluations on HIV prevention can be challenging.

We have used a participatory approach and designed the agenda for the field visits in close collaboration with the program staff. We explained the purpose of the evaluation to all respondents and their right to ignore or refuse to answer our questions. The interviews were voluntary, anonymous, and confidential and the report does not mention names with quotes. National program staff worked with the evaluators on consent forms and procedures. For people from the key affected populations (beneficiaries) the decision for the provision of stipends to compensate for their time was made by local organizations in line with their practices.

**Limitations of the evaluation**

BtG is an ambitious, large, and complex program. The evaluation team has identified a number of limitations to the evaluation.

- It was not possible to establish what proportions of the total funding reach ‘the work on the ground’. Budget analysis following MoFA format was challenging because of structural constraints. In addition, cost-efficiency fell outside the mandate of the evaluation.
- Time and budget limitations. Due to time and budget constraints the evaluators were able to visit only three of the 16 programme countries. A fourth visit to Vietnam was originally planned, as one of the evaluators went there and a combined visit would be efficient. This was not feasible due to scheduling difficulties. A training was planned at the same time which the evaluator offered to attend. This was not considered by SOA/AIDS to be a training that one could easily evaluate as they considered it “more of a process”.
- The evaluation team, in consultation with the reference group, developed criteria for the selection of these countries.
- The field visits provided rich materials and new perspectives on the benefits of the project and the contexts that do not emerge from written documents or interviews. Within the time available for the evaluation we could only visit three field sites, which is limited considering the size of the alliance and scope of the work. In each country we focused on specific local counterparts rather than visiting as many local counterparts across a country as possible. This in order to gain in-depth understanding instead of a broad but more superficial view. Further, because we could not ensure that all global partners have overlap with the selected local counterparts, we made attempts to visit at least one global partner at each site, with an emphasis on local counterparts of ITPC and GNP+. This was the compromise on the criteria to maximize what we could get out of the site visits. Further, we could only look at two out of three subgroups that were identified as being particularly in need to be included from a gender perspective. Due to an attack on a female outreach worker at the time of the evaluation households of intimate female partners of drug users in Pakistan could not be visited and we did not have opportunities to look at female drug users in other contexts. A visit to the work in Mombasa with PUD, which also might have yielded insights in gender issues among this key population was not possible due to security issues. Visits were limited to day time. We could meet with transgender people in Capetown but not in KwaZulu-Natal where important work is done supported by the Programme.

Given the great differences between national socio-economic, legal and political contexts and the key populations, the results in these countries cannot be generalized but patterns can be distilled. The fact that these countries have been
chosen does not mean that the results in the other countries are less important or less impressive or not relevant.

- The most up to date results of the Logical Framework are from Jan 2013; more than a year before the data gathering period for the mid-term evaluation. A lot of progress had been made since, so these data do not reflect the situation at the time of the mid-term evaluation, and have therefore been largely ignored. The Logical Framework has a number of fundamental design flaws that hinder the assessment of the Programme’s worth or do a proper gender analysis. These are discussed in detail in this report.

- Baseline documents have been produced in many countries. These provide insights in the overall national contexts but at the central level no consolidated baseline data are available.

- Information and documentation on the program was received late. An assumption of the evaluators was that the selection and preparation of documents that would be needed to be read for the desk review, would be limited to only the pertinent, essential, documents at the different levels. The evaluators also assumed that the preparation of evidence connected to the logical framework analysis, baseline, and indicators — and where possible processing of the data— in Amsterdam and at the project sites that are to be visited, would be available well before the initial meeting with the reference group in December. However, many programme documents were not pre-existing at the level of the Aids Fonds.

Projects have detailed data at the project level but these had not been centralized at the Aids Fonds which is in line with the Alliance structure. The evaluation proved to be an opportunity for the Aids Fonds to collect information from the Alliance partners which was in line with the participatory character of this evaluation. The process of collecting key information was conducted parallel and as part of the evaluation process rather than prior to the evaluation with additional data arriving at the evaluators up until mid-March. The results of the collection of documentation of research efforts within BtG — part of the operational research efforts— also took place at the same time and came to the evaluation team on March 18.

- The evaluators have interviewed a selection of —and not all— the key stakeholders in consultation with the Programme Manager. The evaluation team as well as the Aids Fonds and the Alliance and Global Partners made an effort to speak to informants at all levels and extended the interview period to address scheduling difficulties. Due to practical circumstances, many interviews were conducted through Skype. As a result, the evaluators had relatively little face-to-face contact with the Global Partners.

- ITPC in-country partners Nai Zindagi and KESWA, were not specifically interviewed on in-country work led by ITPC and did not mention ITPC as a partner when they were asked about partnerships.

- Stakeholders have different definitions of ‘success’ and ‘failure’. Stakeholders in BtG have very different interpretations on topics such as ‘underspending’ which have been resolved by multiple consultations.

- The evaluation team has encountered a number of attribution difficulties:
  - There are multiple players at each level of the field(s) working towards similar goals. Advocacy for example is often undertaking in coalitions.
  - There are multiple funders on one project. The proportional contribution of BtG to a partner can be as small as 5% and as large as 60%.
  - BtG explicitly builds on the strenght of existing and sometimes long partnerships
  - At the partner level many projects are linked to multiple levels which is in line with the program. Who decides what level makes the change in such an interlinked design?

- The administration and organization of the extensive, diverse and often detailed documentation of the program was hindered by staff turn over. The Programme Manager left at the beginning
of the evaluation and was replaced by a new Programme Manager. The new Program Manager had to get used to BtG, do a hand over and work on this evaluation; i.e. an almost impossible task. The part-time operational research and M&E and Operational Research Officer had started 6 months before the mid-term evaluation and had many tasks to do in addition to this evaluation. Few people have an overview of the whole process since the conception of the programme, less than three years ago.

- Within the Programme data on clients is usually not sex-aggregated. Particularly in a programme if this nature, sex-aggregated data (male / female / other) is essential to inform effectiveness and strategic directions.
IV. Findings

The scope of the evaluation is to provide an in depth view of a work in progress: the general focus is on strategic choices, partnerships and learning processes. The work in progress refers to the state of implementation of the Bridging the Gaps funded programme components; including the functionality of the Bridging the Gaps alliance and its multilevel structure linking global and local levels.

Five key evaluation questions were developed in consultation with the Reference Group and the BtG Board. They form the basis for the five sections in this chapter.

1. Effectiveness

Q I. To what extent has the Bridging the Gaps programme been effective?

Success with regards to the BtG objectives

First and foremost, effectiveness of a programme is defined as “the degree to which something is successful in producing a desired result; success.” In the case of BtG the desired result is determined by the following Programme Objectives:

1. Improve the quality of and access to HIV prevention, treatment, care, support and other services for key populations
2. Improve the human rights of key populations
3. Integrate specific services for key populations within the general health system
4. Strengthen the capacity of civil society organisations that work on HIV and key populations
5. Develop and strengthen a comprehensive and concerted approach on HIV and key populations by the alliance partners

The alliance and the donor use the Logical Framework that was submitted along with the proposal to assess the degree of success. Until date, there has been one reporting time to MoFA; 1st of June 2013 for the first 16 months of the Programme. By approving the report the Programme was deemed on track. With that, officially, the Programme was also deemed effective and the evaluators found no reason to assume that the next 12 months (2013, to be reported on 1st of June 2014) will be any different: The Programme is functioning, the partners appear to be fully engaged, and work is being conducted largely as planned and the overall percentages after 28 months are likely to generally be satisfactory.

The site visits confirmed that in the three countries the planned work is being conducted, and that the quality of the work of the partners is generally high, while the budgets of these partners is relatively small compared to the total budget of the Programme, reflecting the large number of partners in the Programme. They are sometimes also small in relation to the work required and the ambitions, or in comparision to the overall budget of the partner and/or in relationship to the budgets of other (large) donors. And they work on strategic innovations.

A brief look per objective reveals the following:

1. Improve quality and access to services for KP
By far the largest budget proportion is allocated to interventions respond to real (under)funding and service gaps. Without the Programme, thousands of clients would not have (had) access to services. Improving access is achieved through a mix of methods and efforts: new services, improved access to existing services, and repackaging of services.

The quality of the services that had already been on offer have improved because of the Programme interventions. For example, the peer education for truckdrivers in Kenya improved because the partner learned new skills during the training on peer educators for sex workers. Safe spaces for LGBT were available in Capetown but a focus on black lesbians improved the ability of these spaces to accommodate and respond to diversity. Increased uptake of services is being noted and new KP (certain sub---groups) are being reached. Some alliance partners such as AFEW and Mainline and local partners such as Nai Zindagi and North Star Alliance have elaborate client management systems. This information is available at country level only, and is not aggregated into one large data management system, which is correct (efforts to produce consolidated numbers would be fraught with validity issues).

Because of such technical issues with the Logical Framework, the numbers offered in the 16---month report should be regarded as an indication only. The numbers in the next report (data until 2013, due on 1st of June 2014) have the advantage that the first report can be viewed as a (belated) baseline. GPs work on this objective through advocacy on quality and access to services for KP at global and national levels; this can be through meetings with policy makers, reports or briefs which they lead on themselves or by or with their local partners. GP like ITPC also support local partners like Sisonke in Kenya to improve their organization, as a prerequisite of taking collective action, which may or may not be on treatment access. The role of MSMGF changed in 2012 to include implementation.

HIV/AIDS is often the entry point to offer more comprehensive services: Other health issues (STIs, RH, ANC, nutrition, psycho---social support) are also being addressed, and non---health issues, such as stigma/discrimination related services (e.g. hate---crimes, violence, mob justice), livelihood, shelter, skills building are being offered at a large scale. There is a mix of PTC services; new services, improved access to existing services, adding mobile components, repackaging , as well as advocacy.16

As may appear from the above quotes, there is a large diversity in approach and practice. This diversity

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15 http://www.oxforddictionaries.com/definition/english/effectiveness
16 The quotes in blue are shown to illustrate the diversity of opinions and approaches within the Programme.
allows for a context specific response but there is also a risk of “mission--creep” — the expansion of a project or mission beyond its original objectives. Mission creep tends to happen when there is a success which makes ambitions grow to do more to the point where they cannot be realized anymore. Typically a few people are faced with an ever growing workload which they cannot hand over as there is no back-up (system) for them. This risk was recognized by partners. Staff in different positions in the programme already feel overwhelmed by the work with more services (medical or non-medical) being added to their workload. This stress is exacerbated that funding will come to an end. There is a need for clear service packages and exit benchmarks that allow staff to assess if and when they have done enough and can hand over a person or a project responsibly. BtG walks a fine line between arguing for packages that respond to the needs of key populations, which means adding to existing packages (lubricants, STI, OST) and being able to scale--up or hand over. Both scale--up and hand over requires well--defined and perhaps rather limited service packages. Rather than broadening the services with more new innovations there is a need to reflect and consolidate on existing work and for evidence--based approaches for new work.

“If we want the government to support us we have to have packages of approved services. At this point it is less relevant whose package that is, national or UN or our own than the fact that we need to have agreement with the government on the content of these packages.” (Partner, Kenya)

In many countries BtG works with self--organizations of the key populations, who provide also health services (such as psycho--social support). Within these groups, the lack of clear packages for individual members hinder an in and outflow of individuals. Some persons are trained several times on one topic, while others reportedly lack opportunities. When per diems are paid to attend trainings there is an incentive for some people to go more than is needed, rather than give opportunities to others. When no per diems are paid at all there is a risk that some people who need it and/or who could make a difference do not attend. To prevent gate--keeping and stagnancy of membership a structure is needed.

“We should not be doing the same thing for many years for the same people without having a plan on how to empower them to be on their own, stand on their own feet. It is not good for them and it is not good for us. We need a structure that allows all of us to grow.” (Partner, South Africa)

2. Improve human rights

All respondents highlight the importance of responding to violations of rights of key populations. KP are exposed to a wide range of interlinked human rights violations, which deserve structural and urgent attention. International human rights principles and laws are implemented through national legislative systems.

Therefore, in practice national partners work in different legal systems and deal with a variety of national, and sometimes municipal laws (constitutions, criminal laws and penal codes, family law, by--laws, decrees). Such laws can be contradictory at different levels, not harmonized, ambivalent and/or not enforced.
One way human rights violations are addressed is by providing education and information on human rights to stakeholders, including beneficiaries. Another is through more direct actions.

Actions of national counterparts are built on an implicit recognition of the fact that criminalization of one activity or behaviour (sex work, same sex relations, illegal drug use) does not mean people are also deprived of other areas of the law (bill of rights, constitution). Male sex workers in Kenya for example have held a demonstration approved by the police based on their constitutional rights with regards to freedom of speech, freedom of association as Kenyan citizens.

LGBT communities in South Africa also actively highlight fundamental constitutional rights when engaging with audiences in townships, using “infotainment” strategies. National counterparts focus on engaging with national laws and legislators, including parliamentarians or magistrates, rather than more remote international legal mechanisms. In Indonesia, an INPUD/Mainline in-country partner provides individual legal support after arrest, which is an example of grassroots human rights support that might be used for global advocacy.

Global partners have successfully mobilized against emerging human rights crises together with BtG Alliance and local partners. A successful mobilization may not have the desired immediate results, as is the case in the mobilization against the legislation in Uganda. However the mobilisation for collective organized action in itself is important as this can provide an opportunity to reflect and learn how to strengthen the ability to respond collectively in other contexts. Losing a battle does not mean that the war is lost. At the local level concrete engagements with the law on violations of rights of KP do take place. Examples include:

- Recognition and implementation of national laws (on right to association, freedom of speech, access highest attainable health, vote, right to a fair trial)
- Trainings and development of Information, Education and Communication materials on rights for KP and enforcement
- Local partners participate in law reform type activities such as technical working groups, task forces, National AIDS commissions, CCMs etc.

An often mentioned perceived gap is (in terms of human rights type work that is being done) is a more regional advocacy approach.

“We need to deal with Uganda as Africans as these legislations are likely to spread and affect us. Our legal systems have similar histories. We will be dealing most directly with the refugees.”

(Counterpart South Africa)

These views might reflect the structure of the BtG Programme where the local partners conduct advocacy at the local level, and the global partners conduct advocacy at the global level, yet there are no clear formal links within BtG with regional advocacy organizations. While it is clear that the GPs and their local counterparts conduct numerous advocacy activities, the Logical Framework is particularly inapt when it comes to assessing the effect of the work related to this objective. The provided case studies and the site visits provide some insight in the kind of activities, their quality and possible effect. The absence of a both a legal framework on human rights implementation and the phrasing in the Logical Framework hinder effective reporting of partners on their work. Some feel worried whether

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17 In a Strategic Discussion Meeting on 2 Feb 2014 it was rightly suggested to rephrase the objective, since human rights cannot be improved. It was also suggested to focussing on both human and health rights. We suggest more focus within the Alliance. See the recommendations chapter.
they do the right thing when they are working on national laws or with national law enforcement. In one setting we found that a partner had solid knowledge on the national legal system and the specific areas of the law that needed to be addressed. They did the work that was required but did not dare to use the budget for a lawyer specialized in that specific area of the national law. Instead with the budget they ended up hiring a human rights specialist who they felt lacked specific expertise with both the implementation of the national and municipal law and with the key population.

It is unclear how the Logical Framework can measure the existing engagement with different international and national areas of the law (such as civil, criminal, constitutional) what specific human right are being addressed (such as freedom of speech, freedom of association, universal minimum standard of health) and if and what the specific relations are between different areas of the law that affect KP and other populations. Laws on “loitering” for example are used against many poor people, not just sex workers or other KP. The evaluators found that local partners are very aware that human rights is a sensitive topic, but have low knowledge on effective practical security and safety measures such as witness protection.

The quotes below illustrate the diversity between Programme partners is in terms of their human rights engagement and approach:

“We avoid confrontations with the government on human rights. We focus on HIV. That is our mandate. HIV is an entry point to address broader issues and rights such as police harassment, access to best attainable health. This avoids discussions”

Counterpart, Pakistan

“Education on human rights is central to our work. HIV is only one part of a much broader discussion on empowerment and rights”

Counterpart South Africa

3. Integrate KP services within the general health system

Integration of services within the general health system is closely linked to discussions on sustainability. Separate HIV related services funded with ODA are financially not sustainable. They also release the urgency of the responsibility of national governments to allocate resources to health services for key populations. While integration of KP services within the general health system may be seen as a straightforward objective that responds to the need for sustainability the evaluators would like to point out that it comes with a number of complications:

- There is a tension between the immediate need to provide services to key populations when these are not available or accessible and the long-term integration of key populations’ specific services into general health service for sustainability purposes.
- Within the Programme ‘integration’ and ‘health system’ are interpreted and implemented in different ways. There are no definitions of these terms in BtG. This is not surprising given the diverse (political) views on this topic, and experts squabble about who is part of ‘the
Without a definition and clear boundaries it is not clear where and what will be integrated. In many countries the vast majority of the people, KP included, use private and/or traditional health care providers. Are private health care providers or traditional healers part of a general health system?

- Within the Programme, responses to health needs which are reported and explained as forms of integration are diverse, reflecting different national contexts, political and economic histories and health systems. Integration is interpreted in many different ways and includes:
  - Adoption of services and packages by the state with international programme funding such as GF (time-bound) or through allocation of government staff to stand alone sites (semi-permanent)
  - Training of service providers within the system & training in educational institutes.
  - Stand alone services refer and link with the general health system.
  - Improving access in the government health system through new overseeing bodies
  - The appointment of peer counselors
  - Advocacy in national and international bodies

It is not surprising that within the Programme there is also a huge variety in the way partners express their views on integration into government services or referral of clients to such services:

“Referral is an efficient way to divide up the work.”
Counterpart Kenya

“We do refer clients but we are looking at waiting times between 20-26 years in the country for sex changes. Those with money go abroad while the poor stand in line”
Counterpart South Africa

“Projects come and go but governments stay. If we close tomorrow our clients can still access the general health system”
Counterpart Kenya

“These people can barely answer the phone, and now you are expecting them to deliver specialized services...”
“How do you integrate into a failing state?”
Counterpart South Africa

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18 In a Strategic Discussion Meeting on 2 Feb 2014 it was rightly suggested to remove this objective.
4. **Strengthen capacity of CSOs**

Civil society organizations play a central role in BtG but the term has not been defined. It is thus not clear whether this term includes only formal or also informally organized groups and whether mass organizations or social enterprises are part of civil society, the market or the state. Most counterparts fall within an implicit, pragmatic and fluid definition of civil society. Within the Programme there is a large variety between ‘civil society’ counterparts and presumably their ‘stakeholders’: There are sizable, independent, well-established NGOs with senior internationally oriented staff with high levels of formal education, while others are practitioners and experience experts who have just started to organize themselves.

For an outsider key populations might look like one group but for each key population group one can list as many differences as similarities. Within CSO and between there is a fierce interaction between identity politics and office politics, which affect the collaboration between CSO. “LGBT” for example might be considered one key population but they are not one group. Transgender peoples (T) are concerned primarily with gender politics, norms and roles while Lesbians, Gay and Bisexuals are mostly dealing with issues related to sexual orientation. Therefore transgender peoples cannot be assumed to share agenda’s with LGB groups. Many transgender females pick up sex work at some point in their life and HIV prevalence amongst these groups are particularly high. Theoretically an alliance of transgender groups with sex workers groups on HIV groups is logical. In practice, however transgender groups and individuals that work on the emancipation and social acceptance of transgender peoples do not want to highlight sex work or HIV. These identity politics affect both the representation of the diverse KP groups and upward and downward accountability. Election mechanisms are not always clear at global, national and local levels. What are the membership criteria, membership administration, leadership requirements and election criteria, group rules? What are the responsibilities, rights and duties? Can special interest groups, or identity based groups and professional service providers that work with these groups be expected to work together? With such diversity expectation management and capacity building are extremely challenging. What capacities need to be strengthened based on which agenda?

Alliance partners are faced with a multitude of requests for technical assistance and (have to) make choices. The technical assistance given from the APs is highly appreciated. The Programme has strengthened project management skills, financial management skills as well as technical and soft skills such as engagement with service providers.

Capacities and needs between civil society groups vary. While there is a common eagerness and genuine interest among counterparts to learn and improve there is no explicit theory of (adult) learning within the Programme. Some organizations, however, successfully apply adult learning and organizational learning principles in practice.

Within the range of capacity building activities observed the emphasis seems to lie on training of individuals, and less on capacity building at the organizational or system levels based on organizational and system assessments.
There is little time or money for assessment of the capacity of stakeholders with whom local counterparts work or are planning to work and partner up with. These stakeholders can be government agencies or NGO or advocacy groups who have a mandate that is interesting for the local partner.

The fact that an organization has a certain mandate or mission however does not guarantee that they are also able or willing to do this work in an effective manner with a BtG partner. National partners cannot always assess other organizations.

There is divergence in practice between the AP but an explicit framework of analysis that explains why choices have been made with regards to capacity building is lacking. AP staff knows why they have chosen to train individual professionals rather than their managers, or why an organization has been chosen among several but this is not systematically documented. Yet, staff and peer educator turn---over, (lack of) professional growth opportunities and organizational level management issues are widely reported concerns among all level respondents. Learning exercises conducted in the field at all levels consistently showed that the most valued skills are acquired in practice and through reflection upon experiences.

Staff and peer educator retention is an issue. Some actions are being taken including hiring human resource experts, increasing stipends, and offering other services such as access to loans. Long---term peer educators and volunteers report to value their work and participation mostly because of personal growth and being part of something larger than one self across populations and organizations. It is not only stipends alone that are being mentioned by this group as the following quotes illustrate:

“I found serenity and peace. This is my purpose” (Pakistan peer educator)

“I can be myself. I am becoming stronger as a person through the work in the group...because we are getting stronger as individuals the team is growing and works better” (South Africa peer educator)

As may appear from the quotes below, there are different views on professionalization, payments and activism among CSO working with the same KP, in this case sex work:

“I would like my position as a peer educator to be more permanent, to be more like a real job, to stabilize my life

Peer counselor SW, Kenya

“Stipends for peer educators are risky. They can create perverse incentives and possible divisions. Also what is the sex worker going to do when the project ends? She will have to get back to sex work and that will be very hard. We need a life plan. And we need a movement of activists based on principles rather than incentives.”

Sex work activist, South Africa
5. Comprehensive and concerted approach between the Alliance Partners

In the context of this objective the Proposal mentions that “The alliance partners have a joint advocacy strategy and have developed and shared combined evidence, best practices, guidelines and methodologies on HIV and key populations”, and that “All strategic decisions on the programme are informed and guided by the Partner Forum.” (Pg. 26). Given the nature of the Programme, it was prudent to place these objectives and related activities and outputs in the Logical Framework: mutual learning, combined evidence, and a participatory approach potentially add enormous value to a programme with such broad scope. This objective is an objective at the level of the Alliance partners; and not at the level of the local partners and it is therefore not in the workplans or budgets of local partners.

In terms of related outputs, the Logical Framework suggests three sub-outcomes with related outputs. In the planning few of these outputs were due for the first reporting period (after 16 months), recognizing that it would take some time to come to a comprehensive and concerted approach. The actual outputs under this objective are scheduled for the remaining period, but ground work has begun under this period. Global Partners for example reported to be more aware of each other and of how they could work towards a more concerted approach to KP, or make their work on KP more visible.

The joint development, publication and implementation of policy and position papers, training manuals, guidelines, compilations of good practice, successes and failures is an important element of the Programme. It highlights the added value of bringing together partners from different background, and as such it contributes significantly to the worth of the Programme. As will be argued elsewhere, however, it might well be difficult or close to impossible (and probably not desirable) to produce many of the joint outputs that are mentioned under this objective.

In short, and in principle, this objective requires some consideration, both in terms of desirability and feasibility.

Programme Principles

According to the Proposal, the Programme follows the following principles:

1. We link HIV and SRHR
2. We link human rights, health, and poverty alleviation
3. We link global advocacy and civil society
4. We link 3 key populations
5. We follow the Dutch approach
6. We ensure meaningful participation of key populations

While it could easily be argued that the Programme indeed is guided by most of the above, in reporting there is little mention of explicit measures that have been taken with regards to these principles. In Kenya due to the program there are now more SRHR services, including ANC which in some Road Wellness Centres are also available for the general population. Poverty alleviation is quite mixed, taking a central role in some programmes while in others this is not developed. Staff can have good reasons to be careful as they lack for example the relevant

“I could spend my whole day going to these meetings. But not much seems ever to be decided.”

Project Partner, Kenya
expertise. Especially the link with SRHR and poverty alleviation depends on the project, country, context, etc. For example in Pakistan income generation strategies have been implemented in the PUD program, while in the LGBT the SRHR focus has been stronger. At the national level meaningful participation of the beneficiaries is not always evident, especially in the ‘higher’ echelons. Among the partner organizations there is variety about the level of involvement of KP; in some cases organizations have staff or a director who belongs to a KP, while in others this is not the case. At national government levels there has been an increased visibility of KP in some parts of the government but this may also be due to demands of other donors such as the Global Fund. There is a concern about the real meaningful involvement of KP at these national fora.

**Quality Assurance, Accountability, Calibration, and Reporting**

During the proposal development phase (including initial rejection of the proposal and subsequent amendments, there appears to have been little time for (or attention to) establishing a firm theoretical framework that could have formed the basis for a solid change model, which in turn informs on mutual learning strategies, a Quality Assurance Strategy, a Communication strategy and Plan, Operational Research, an Advocacy Agenda and Operational Plan, and Theory of Change. Some of these were developed at a later stage.

*Quality Assurance*

Quality assurance may be defined as: ‘a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.’ In other words, it is systematic, it is part of M&E and it focuses on the quality of the Programme and its activities.

As will appear later, the Logical Framework incorporates quality into the several indicators. Furthermore, the APs and the GPs play an important role in building the capacity of staff of ‘their’ project partners, and are assisting their local counterparts in becoming stronger organizations generally.

The evaluators feel, however, that the programme would benefit from a more systematic approach towards quality assurance, such as the development of service packages. The case study on indicator 1C (See Annex 7) made in the context of this evaluation shows that there is rich and varies levels of expertise within BtG on reporting and quality assurance. Within the international development and health sectors there is also a wealth of literature and expertise on quality control in general and on specific topics such as accreditation. Under the guidance of the M&E Officer, the GPs could take the lead in developing minimum standards for their services or work towards implementation of already available minimum sets of standards.

*Accountability and reporting; the Logical Framework*

Oxford dictionary defines accountability as ‘the fact or condition of being accountable’. ‘Accountable’ then is defined as ‘required or expected to justify actions or decisions’. Such justifications take place through reporting.
For the Programme, at the central level, accountability, and related reporting are largely, and definitely formally, towards the donor. This occurs through regular financial and content reporting, as agreed upon in formal arrangements. Accountability and reporting towards the public at large is organized through the activities by Communication Working Group, and accountability towards the beneficiaries is delegated to the local partners (via the APs and GPs).

The most important central accountability tool in the Programme is the elaborate Logical Framework that was developed and submitted along with the Proposal. It consists of five key objectives, each with related outcomes, outputs, indicators, and targets at the Key Population level and several for global advocacy work.

As described in the Methods Chapter, for this evaluation, it was decided to broadly analyse the whole LF and one of the sub-indicators (#1.c) in-depth. The following findings include the findings from this ‘indicator study’ (See Annex 7):

• For a programme of this character, size and complexity, it is dubious whether the Logical Framework is the most appropriate approach to organize accountability, M&E, and reporting. It aims to quantify many aspects of the work that would lend themselves better for more qualitative approaches. If these were employed, however, they would still require vast amounts of data gathering, in-depth research, and thus significant time, effort, and funds. It is unclear if the donor would have approved such reallocation of resources, and if the partners would be happier with such arrangement. While most partners doubt the usefulness of the current Logical Framework reporting, most also do not find the system too cumbersome. In fact, during the site visits, several local partners mentioned that – compared to other donors – the BtG reporting is not very demanding.

The Logical Framework is probably best viewed as a ‘work in progress’, rather than the ultimate accountability tool. Meanwhile, the donor appears to be satisfied with the usage of the Logical Framework as the main accountability tool.

• The five main objectives and their respective outcomes, activities, outputs, and indicators are generally well thought through. They can be refined, but developing one all encompassing Logical Framework with joint objectives that combine all projects was courageous and

“Our AP never checks the source documents of the numbers that we supply. While we don’t abuse that, it does call into question the validity of the numbers.”

Manager of a local project

“...the path towards gathering and checking data has been more important than the data as such.”

Indicator Study, Pg. 6

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20 http://www.oxforddictionaries.com/definition/english
21 Within the Programme this is referred to as the M&E Framework
22 The Programme M&E Officer was tasked with assisting in gathering data for this exercise. Related conclusions remain the sole responsibility of the evaluators.
ambitious. Some suggestions for improvement are provided elsewhere.

- Reporting to the donor occurs at the central level: From the Aids Fonds to the MoFA in an aggregated format. In short, the numbers on each objective from the (78) partners are added up by the their respective Alliance and Global Partners and then added up again. The resulting total is then compared to the target for that time period, which leads to a percentage. Clearly, a high percentage is positive, while a low percentage is used as an entry-point for discussion with the concerned AP(s). Given the limitations of the Logical Framework—as reported in this section—it is indeed prudent to not attach severe (monetary) consequences to a low score on indicators. Rather, such occurrence should be taken as one of many data in the total assessment of the worth of the concerned aspect of the Programme.

The targets in the Logical Framework define the benchmark for judging the activities effective: In theory: If the target is reached, the objective has been accomplished, and the related activities are deemed effective. Target setting for the kinds of indicators that are in the Logical Framework is extremely complicated, troublesome, and possibly rather arbitrary. In the ‘case study’ (indicator 3c), the target for the number of clients reached with services that match their needs was set at 403,140 (the total of 12,500 (SW), 165,640 (PUD), 225,000 (LGBT), and 0 (GPs). After 16 months 178,414 clients were reported to have been reached with such services: 44% after only 31% of the Programme duration, clearly a good result, especially taking into account start up time and the bankruptcy of two partners.

No agreed upon common definitions of key terms (‘clients’, ‘reached’, ‘services’, ‘needs’, ‘quality’ etc.) or guidelines as to ‘how to count’ were developed.

Given the complexity of the Programme, it would have been very difficult to establish common definitions and clear guidelines. However, the lack of definitions and guidelines leads to the theoretical situation that completely different contacts/events (in terms of intensity, quality, and frequency) impact in the same manner on the numbers in the Logical Framework (or the opposite). For example, reporting on a client who uses drugs and who receives daily needles and syringes, condoms, weekly counselling, and more, for one year may be counted as ‘one’. A client who has received condoms and a flyer on safer sex and a week later calls a helpline might be counted as ‘one’ as well, (or as ‘two’). In this context, the phrase “comparing apples and oranges” was uttered by several respondents. In addition, double or triple counting cannot be prevented.

While no formal quality standards (or minimum standards) on services or other activities were developed at the central level, activity 1b3 aims to ‘facilitate the definition and development of quality requirements for the services provided’. The aggregated score of 61% after 16 months of ‘project plans that include monitoring of quality indicators for the services provided’ is comfortingly high, although there might have been some issues with the target setting, since in
one key population the target for 2015 was already met and then more than doubled by the end of 2012.

At the site level, the APs use their own quality standards and work towards application, particularly during mentoring/monitoring visits. One informant mentioned being requested to underreport the numbers.

- The Logical Framework contains no Means of Verification (MoVs). While, again, developing common MoVs would be challenging, some principles of validation and verification, examples and other guidance would have been useful to assist the APs and GPs. The indicator study indeed shows a large variety in use of sources, and most probably in related validity of those sources.

- The Logical Framework contains no (common) risks or assumptions. Typically, risks and assumptions are included to point out that in case the assumptions come true (or the risks do not occur), the programme is likely to reach its objectives. Thinking through risks and assumptions is a useful exercise to identify possible flaws in the design of a programme and is clearly linked with feasibility. Joint development creates ownership and solidarity amongst the partners. Evidently, risks and assumptions had often been thought through at the local level.

- The indicators that are being used for reporting purposes (and for which targets are set) are at output and outcome level. This makes the Logical Framework particularly useful for monitoring purposes – Are the activities implemented and the outputs realized? However, no baseline – in the sense that the situation at the start of the Programme was measured – was established. While one can argue that without such baseline improvement and thus effect and impact are difficult or (in some cases) impossible to determine. Respondents who worked on an attempt to develop a baseline reported that this was a very difficult and time consuming process. The indicator study suggests that conducting such a baseline in a meaningful satisfactory way might not be feasible.

- Reportedly, partly due to the pressure to submit the final versions of the proposal in a timely manner, it was not possible to develop an even more complicated Logical Framework. Through the inclusion of objective 5 (a comprehensive and concerted approach), development and implementation of a number of definitions, guidelines and manuals is suggested, mostly scheduled for the second half of the Programme. Final outcomes in this respect will show to what extent such common outcomes are feasible.

- Data are not segregated by sex (male, female, other) and the Logical Framework is therefore gender blind.

Given the above, the evaluators consider the quantitative part of the Logical Framework in its current form inadequate to do justice to the Programme’s achievements: It does not contribute meaningfully to a valid assessment of the ‘worth’ of the Programme. The decision to request ‘narratives’ along with the Logical Framework report was useful and needed. Even still, it remains unclear to what extent the narratives capture the uniqueness and the broad variety of what is happening in the Programme. The Logical Framework remains very useful for monitoring purposes.

23 Or its Dutch equivalent: “comparing apples and pears”!
At this time, underperformance as assessed through the Logical Framework is not used to as a tool to withhold funds to the APs. Instead, low numbers are used as a starting point for discussion.

The evaluators consider this an appropriate view on the utility of the Logical Framework and suggests formalizing this arrangement in the sense that the APs be instructed to continue reporting as before with the formal understanding that the Logical Framework is only one of the many ways their work will be gauged, and that for the Final Evaluation additional tools will be available (and used).

**Communications**

Very useful additions to the M&E framework (although possibly not intended as such) were the recruitment of a Communication Officer, the related establishment of a Communication Working Group, and the resulting Communication Strategy in the end of 2012. The Strategy clearly outlines the role that central communication will play in reaching the Programme objectives. The emphasis on story telling and the fact that there is a central point for initiating and maintaining activities in this regard are well chosen.

A squabble over the publication of a story (in 2013) about a recovering PUD showed that partners can still disagree on matters at a rather fundamental level, exemplifying the need for the further development of joint core values and guiding principles.

**Operational research**

Although research had not been incorporated in the original Programme proposal as a separate activity, it can be viewed as being part of the objective 5: Develop and strengthen a comprehensive and concerted approach on HIV and key populations by the alliance partners. The development of an operational research agenda started late 2012 with a consultative partner meeting in Amsterdam where both outcome indicators and OR priorities were discussed. Five priority areas for operational research were identified through this process:

1. **Treatment Cascading**
   - What factors influence motivation people to get tested, initiate and stay on treatment (e.g. ART and OST) and assist them to achieve high adherence? To what extent can these factors be brought under programmatic control?
2. **Reaching the hard to reach**
   - What are effective strategies in reaching these populations?
3. **Impact measurement and comparative cost**
   - Effective/value for money of service delivery models.
4. **The impact of violence on safety and health**
   - Among key populations focusing on what interventions work in preventing or coping with violence.
5. **The influence of changing policies**
   - Documenting how policies can positively change the lives of key or how negative

“We have a broad mandate on empowerment of LGBT. There are certainly differences between MSM groups and LGBT groups and their relationship with HIV activism. These are issues related to self-identification, stigma and medicalization. But HIV is a major health problem that affects many members of the community. We have to deal with it. And we have to also address these broader issues of empowerment and personal freedom taking specific local contexts into account.”

Alliance Partner, Senior management
policy change impacts the lives of key populations and the relationship of these changes to programmatic interventions.

Since 2013 the M&E Working Group was put in charge of developing and implementing an operational research plan. The document “Operational Research Bridging the Gaps Programme” (dated 30th of October 2013) details history, rational, research areas, priorities, and roles and responsibilities, a.o. The following areas are mentioned:

- Inventory of ongoing operational research: At the time of this evaluation, the M&E Working Group identified 25 needs assessments and baseline studies, which are of varying quality without systematic methodology at the global level. 24 additional studies have been completed, are ongoing or planned typically by in-country partners with assistance from AP. Some of these studies are of higher quality, others are small evaluation studies or desk review’s (see Annex 11). In-depth focused country studies: By the end of February 2014, the countries for the in-depth focused country studies had been confirmed: Vietnam, Kenya, Ukraine, Kyrgyzstan, Costa Rica, plus a recently suggested global case study. No local teams have been set-up and the initial meeting had not been conducted yet. The actual research is likely to start in the second quarter of 2014.

2. Relevance and sustainability

Q II. To what extent have the activities of BtG been relevant and politically, socially and financially sustainable?

The focus on sex workers (SW), lesbian, gay, bisexual and transgender (LGBT) people and people using drugs (PUD) is highly relevant. These populations are highly diverse but epidemiological data do show that they are disproportionally affected by HIV/AIDS, and are 10-20 times more likely to be infected with HIV than the general population. Few have access to the prevention, care, treatment and support services that they need, reflecting discrimination, lack of tailor made services, structural poverty and exclusion and lack of interest by national and international funding agencies.

Many countries and territories criminalise same-sex sexual relations between consenting adults, sex work, drug use and carrying protective measures such as condoms and sterile injecting equipment. Prison inmates, another key population, receive attention in some countries as do some subgroups of women, such as intimate partners of male drug users, and young people. Provision of services, such as harm reduction in Kenya or the provision of mental health support to transgenders in South Africa are needed and strategic. Direct service provision can be justified when in-country know-how is not yet available or populations are excluded from the available services. Through the provision of services skills and knowledge are built up, which can be transferred to others in-country and/or integrated into the health system.

26 An effort had been made to collaborate with PEPFAR in this regard, and MoFA had granted permission, but this fell through.
Counterparts approach HIV/AIDS as entry point to reach these KP. AF, the APs and GPs are flexible in this regard – allowing a broad package of activities. A possible risk of this comprehensive and tailor made approach is the earlier mentioned risk of “mission creep”.

The program design is conscientious, courageous, complicated for reasons mentioned in the previous sections. One of the reported complications is the number of countries and partnerships in the program.

“I think we are probably spreading ourselves too thin. The amount of money each partner organization receives is small.” (Staff Alliance Partner)

“I think it is impossible to keep track of what’s happening in all these projects in all these countries. There is probably also quite a bit of additional organizational costs to manage all these projects in so many places.” (National stakeholder)

“I think we could think of focusing on fewer countries and choose to cover all of the key populations in that country. But who will decide what country and based on what?” (Staff Alliance Partner)

Some objectives may be ready for amendment to align the practice with the objective.

- Obj 1: The limited focus on HIV/AIDS in this objective does not match the reality/practice.
- Obj 2: Human rights implementation mechanisms unclear
- Obj 3: Integration into health system may not be useful everywhere
- Obj 5: More a principle than an objective; decentralized approach required

The program uses a ‘Dutch approach’ What the unique selling point of the Dutch approach is can be interpreted in different ways. Some understanding the Dutch Approach as something technical or legal (heroine distribution, legalizing sex work, red light district) Others see it more as a way of working in a partnership as professional colleagues rather than donors. There is some consensus that this Dutch Approach is characterised by a pragmatic style and attitude towards controversial issues and a willingness to open up dialogue about controversial issues and public secrets such as gay rights, harm reduction for drug users or recognising sex work as work that can be regulated and taxed. The approach in BtG emphasizes collaboration and partnerships. The emphasis on partnerships is not uniquely Dutch; other countries and organizations also claim to work this way. The approach is appreciated although some modesty is called for.

The Dutch (i.e. AF and the APs) are appreciated as a partner especially for their flexible and reasonable way of working, which several respondents contrasted with large donors such as PEPFAR. This flexibility increase the program’s relevance as interventions can be adjusted when this is required.

“We can learn a lot from the way they have been dealing with sex workers and people who use drugs.”

BtG local counterpart, senior management

“We do appreciate the funds, but they can’t expect us to take on their agenda in global issues.”

Global Partner, senior management
Sustainability

The relevance of BtG is not the size of the funds, but the strategic use of these funds by the partners. The budgets to the partners are small, give value for money because they are used strategically to address gaps which other donors are not (yet) funding. The possibility of other funders taking over is important given the funding gaps for KP, the political marginalization of KP and the general underspending in health in many countries. It is not likely that national governments are willing and able to take over the programs in the countries where BtG operates. Upscaling of the BtG initiatives with funding by other large donors or multilateral agencies and some support by national governments is feasible in some cases, but need time. Those who engage successfully with national governments on national policy reform generally have built these relationships prior to BtG. The success in Pakistan to mobilize around ten million dollar a year in Global Fund money with a Dutch contribution of less than 200 000 euro a year is the result of two decades of work of Nai Zindagi which included many years of support by Mainline.

The forms of national financial support vary (allocation of staff or direct funding). Sustainability is an important reason behind the focus on integration in the general health services, but several respondents highlight that in some countries the majority of people prefer private services.

AP and GP and counterparts are aware of changes in international funding and look actively for ways to continue funding, with mixed successes.

The political climate on KP (mob---justice, hate---crime, criminalization) is an issue for the sustainability of the programs, but can also be seen as increasing the relevance of these interventions. Continued collective engagement with the law and legislators at different levels is important for the political sustainability. National counterparts are taking leadership and as they know how to navigate the local contexts support to these counterparts based on the recognition of local leadership remains key. Legal expertise is important for all effective advocacy and particularly pertinent for legal actions on human rights related issues. The program has envisioned that effective global advocacy is based on the links of the global partners with the national partners and has therefor indirectly assumed that global partners can represent national levels. This works when there is consensus between the local, national and the international levels on the global advocacy agenda and the methods which is not always the case. INPUD for example does not have a working relationship with Nai Zindagi in Pakistan, only with the organization of PLHIV in Pakistan and thus cannot represent the voice of Pakistani PUD at a global level. ANPUD has a working relationship with both but is a regional network in Asia. This illustrates that views on political sustainability within organizations that work on one KP vary.

Capacity building is an important aspect of sustainability. Many high quality trainings are conducted to improve skills, knowledge and practice based on the needs of counterparts. Less attention is given to the capacities and existing competencies of ‘local’ partners many of whom are employing highly competent educated urban professionals. Capacity building efforts are also hindered by the earlier mentioned lack of theories of learning and frameworks on learning institutes. Especially at the support group level clear
packages for members with services and trainings with “graduation” strategies are lacking. In this context graduation strategies would involve creating processes and moments that promote learning and mark the advancement of members from one level to another.

This hinders the in--- and out---flow of members, does not promote organizational and systemic capacity building and results in some cases in some members accumulating these benefits including trainings.

3. Structure and management

Q III. What lessons can be learned about the management of the Bridging the Gaps alliance, notably in terms of overall management structure, communication & information, and accountability?

Program design

The design of a programme impacts on the Programme’s effectiveness. While the Programme’s comprehensiveness provides a unique opportunity for cross learning across geographical areas, key populations and approaches, it also place extra burden on its design: Choices with regards to identification of partners, target group, type of activities, geographical spread, etc. determine to a large extent whether a programme has a good chance to be successful.

The three Cs: Conscientious, Courageous, and Complicated

Bringing together this number of partners from different key populations (SW, PUD, LGBT) and entry---points (PLWHA, and treatment), from different levels (global, international, national, local), from 16 countries in three continents is extremely conscientious and courageous. The variety and sheer number of partners can be overwhelming and each partner comes with its own expectations, (political) agendas, personalities, idiosyncrasies, strengths, and weaknesses. The resulting programme structure is naturally complicated and it was to be expected that some bumps would be encountered along the way. Overall, though, the structure appears to be working quite well: The originally conceived structure is largely in tact, and few revisions or changes are deemed necessary.

Figure 1: Organizational structure of the Key Population Consortium
**Level of decentralization**

In a multi-level Programme it is important to strike the right balance between ‘control’ and ‘delegation’. In the Programme, the Lead delegates control of the national project partners squarely to the APs, both in terms of content and finances. In other words, the local partners report to the APs and GPs, they produce a consolidated report, which is submitted to the Lead. The Lead then consolidates those reports into one consolidated report that is submitted to the donor.

‘To what extent should the Lead (Aids Fonds) be more than a secretariat to the Programme?’ is a question that is still being answered. Strategic directions are currently with the Programme Board and the daily running with the Programme Management Team (in both all the partners are represented, and the Lead does not have more votes than the other APs). As such, the Programme is highly decentralized and the Alliance Partners (and the Global Partners to a somewhat smaller extent) have a significant say in the proceedings and feel a strong sense of ownership towards the Programme. In addition, the Communication and the M&E Working Groups have AP and GP representation.

Aids Fonds has hired several staff (some of whom somewhat later into the Programme) to assist in programme management, including:

- Programme Manager (FT)
- Programme Assistant (FT)
- Policy Officer Monitoring and Evaluation (PT)
- Communication Specialist (PT)
- Financial Controller (PT)

These staff members work from the Aids Fonds building and principally report to Aids Fonds only. Their tasks focus on the central level, particularly in terms of quality assurance, M&E, accountability (including ‘corporate identity’ and communication to the public at large), consolidation of reports, and reporting to the donor.

In other words, in these areas Aids Fonds has clearly, and justifiably, taken a lead role. There had, however, been doubts about the leadership that the Programme Management had been taking, in particular connected to the actual Programme Management position, which resulted in some inefficiencies and related irritation. In this respect, the recent Human Resources change has largely been greeted with optimism for the future.

The newly hired Programme Manager is urged to ‘listen and learn’, but definitely also to ‘decide and follow through’ when needed. A business-like approach towards meetings and visits with clear agendas, action points, actors, and timelines, would be appreciated by all involved.

In general, and as part of the expected outputs for objective 5, there is a need for the development of common definitions, guidelines, formats, where possible. The Lead is expected to take a strong lead in these matters, but should be noted that in many the development of joint guidelines, joined definitions, and joint manuals may not be feasible or desirable. Local circumstances vary enormously between the various projects, and these difference should be recognized.

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27 Received from the Lead in Dec 2013, reflecting the reality at the start of the Programme.
Initially, the tasks, responsibilities, roles of the Board and the Programme Team were not exactly clear amongst various partners, but, over time, matters have become clearer and, currently, there appear to be no major issues in this respect. The BtG ‘Intranet’ was put in place quite late in the programme and is not yet being used to its fullest.

The Communication and M&E Working Groups have clearly defined tasks, however, the Strategic Discussion Meeting on 2 Feb 2014 and some of the consulted partner organizations would like to see clarification on the added value of the Partner Forum) and on the ToRs of the mentioned groups.

Alliance Partners (APs), Global Partners (GPs), and local partners

Initially GNP+ and World Aids Campaign (WAC) were involved in the development of the programme, whereby WAC functioned as liaison to INPUD, MSMGF and NSWP. However, GNP+ and WAC stepped out of the alliance before the proposal was submitted. Aids Fonds then invited the other GPs and later GNP+ re---joined at the request of the Dutch MoFA. Due to the changes in this stage objectives and targets were set by the Lead and the APs, and the GPs were asked to develop their ‘sub---proposals’ within the existing framework, and in the Logical Framework in particular. Possibly as a result, the Logical Framework appears more applicable for outcomes for the APs than for the GPs.

“The issue between a GP and an AP on a ‘success---story’ exemplified how too little time and effort has gone into analysis, and how assumptions are made about ‘internal’ agreement.”

Global Partner, Senior Management

“Our relevance and validity in the Programme has been questioned repeatedly.”

Global Partner, Senior Management

There have been tensions, sometimes between the GPs, but more commonly between GPs on the one side and the APs on the other. Amongst the APs, there is some confusion or misunderstanding about what the GPs are actually doing in the Programme and what their added value is. Several GPs reported having first been asked to join the Programme, and then having their role being criticized or questioned.

GNP+ has an exceptional position within the Programme. GNP+ ---is a global partner with an alliance partner status--- and related representation in various meetings. This representation can be in person because GNP+ is physically based in the Netherlands, which is not possible for the others, and this may contribute to a sense of exclusion of the others.

In terms of content and role in the Programme GNP+ clearly is a GP, there is no real justification for its relatively large (compared to the GPs) decision---making power in the Programme. However especially
the GPs note that over the course of the Programme significant progress is being made in terms of “constant contact”, “united front”, and “speaking in one voice” between the GPs. Interpersonal contact is limited however. The GPs unanimously mention that the relationship between them has been improving over time.

An underlying source of the above tension between the AP and GP may well lie in the fact that at the Programme level no common core values have been established, and that no joint advocacy plan has been developed yet. It was also mentioned several times that meetings with ‘virtual attendance’ (through Skype) are not very effective, especially when fraught with technical difficulties, on top of the complications related to time differences. In general, there were some misgivings related to the way meetings were being conducted, including facilitation, note-taking, and follow up. Reportedly, this had been improving with the recruitment of the new Programme Manager.

In addition, a number of people commented on the ‘atmosphere’ or ‘culture’ within the BtG in a negative manner (see textbox to the right:

The bankruptcy of one Alliance Partners (Schorer) and the exit of another (HCI) was probably the first main test, and it would seem that this was dealt with successfully. By all accounts, the Programme managed to solve the financial and structural issues swiftly and amicably without great disruptions to the actual work. A resulting complication, however, was that henceforth the straightforwardness of the Programme structure suffered: MSMGF is both a GP and an implementing country partner for the LGBT project, similar to an AP, taking over the Schorer work together with COC (with clearly divided tasks). While the above is not ideal in terms of clarity and consistency, reportedly, these complications do not cause any major issues, and were quite possibly the best available solution given the circumstances.

In the context of this evaluation it was not required or possible to compare the functioning of the separate organizations in the Programme. In general, however, it was noted that particularly the Global Partners vary in size, in history, level of organization, and possibly effectiveness. During the proposal development stage, the selection of local partners was typically left to the APs and GPs, and appears to have been largely determined by practical considerations (existing partnerships, logistical factors, perceived strength of the organizations). While it is not exactly clear how the Programme countries were selected, again it would seem that practical considerations (to some extent related to the local partner selection), and requests or requirements from the donor, determined to a large extent where the Programme was slated to take place.

Phasing

“There are many backdoors (referring to informal communication and gossip)”
Management Aids Fonds

“There are many big personalities which doesn’t always help for a good atmosphere during meetings.”
Alliance Partner

28 Being based in the Netherlands, GNP+ was part of the process from the start and ‘gained’ AP status, rather than GP status.
29 The Team did not look into this matter deeply, particularly since it happened quite early on in the lifespan of the Programme and the donor has approved the manner in which the Alliance dealt with this matter.
30 The Team could not interview enough people who had been involved in those early stages of the Proposal development.
As described in the Proposal, the Programme is divided into four logical and practical phases:

1. Inception 1 Sep – 31 Dec 2011
2. Build up 1 Jan 2012 – 30 Jun 2013

Indeed, during the inception phase partnerships were formalized, staff hired, and structures introduced, and 2012 and the first half of 2013 were used to build up the Programme. Since then, collaborations and partnerships have intensified and projects, and with that the Programme, have solidified.

4. Linking and Learning

Q IV. How has the program contributed to intended and unintended learning and linking within key populations and across geographical areas, key populations and approaches?

The narratives in the LF provide relatively little information on linking and learning between and within KP and between international and national levels. There are links between GP and national levels but there are issues related to representation. There are also differences in views on technical issues and sometimes it not clear who should take the lead or who is responsible for facilitating mutual learning.

The GP have many roles (in and outside the Programme, e.g. MSMGF implements and ITPC also gives grants

Textbox 1: Linking & Learning -- examples from Africa

Training for Health Care Workers initiatives

In South Africa, a large number of organizations got together and developed and piloted an integrated training project to sensitize healthcare workers to the needs of MSM, SWs and PWUD, addressing cross cutting and KP specific issues in the context of health care provision in an integrated manner. Materials cover issues relating to HIV, TB and STIs, and are designed to be flexible, client focused and enable HCWs to employ non--judgmental language and attitudes when working with MSM, SW and PWUD. The materials (participant and facilitator’s guides) make extensive use of case studies and provide practical tips.

In Kenya, during the planning stage of a healthcare provider training effort in Mombasa, Kenya run by LVCT, MSMGF made it a requirement for LVCT to collaborate with PEMA which is an MSM---serving community based organization in Mombasa. Both in---country partners are learning from the strengths of each other and are working towards a common objective strengthening the provider training.

BtG played a significant role in bringing the people and expertise together.
Intended and unintended learning is taking place at all levels and these are collected and communicated by the lead agency (through the Communication Working Group and the M&E Working Group).

The Programme’s flexibility is mentioned as facilitating the gathering, dissemination, and implementation of lessons learned: newsletters, BtG Facebook page and regular update of BtG website with news, updates and blog stories. This is an important function with regards to accountability, also towards the general public.

There are diverse approaches and practices on capacity building in the Programme. While there are implicit theories of learning and change, they can be made more explicit.

The focus on success and “the Dutch approach” overlooks some of the challenges in the Netherlands, which may lead to missed opportunities for learning from and with the counterparts.

Alliance partners support capacity building to build sustainability of human resources, but it currently lacks a systematic approach. In and outflow in groups (particularly in support groups) appears to be unregulated and few organizations have clear graduation strategies.

As mentioned earlier, when exploring new partnerships there generally no time, money or tools available for an assessments of the organization one may wish to partner with. This may lead to unnecessary disappointments and ineffective collaboration.

Textbox 2: Linking & Learning -- an example from Uganda & Viet Nam

**Sex workers training module**

Within the sex worker project SCDI found that the module developed by War Child was exactly what the sex workers in the VNSW groups were seeking. They decided to translate the complete module into the Vietnamese language and to share it with the sex worker CBOs in Vietnam.

Textbox 3: Linking & Learning -- an example from Pakistan & Kenya

**Mutual exchange**

After Pakistani partners came to Kenya to provide technical support to local partners, Mainline organized an exchange visit of the Kenyan partners to Pakistan. It was actually in Pakistan, that the Kenyan partners realized the importance of gathering data and the MIS system to get insight in their performance and impact their services can have on HIV prevention. Nai Zindagi also learned from the Kenyan feedback, such as ideas regarding the social mobilizer (to include the broader family in taking care of PUD and spouse), the danger of spreading TB when PUD use drugs in overcrowded spaces, etc. While Nai Zindagi acts as a role model for Kenyan partners, the relationship between all the three organizations, has become more open for learning from each other.

Opportunities for personal growth and career planning strategies within organizations appear largely lacking, and are generally not picked up by the APs, with the exception of COC.
5. Major changes

Q V. If there were a follow up to the Programme—which major changes would be recommended?

There are no evident burning issues with the approach, the scope, the structure, or implementation of the Programme in this phase.

Implementation of structural changes would take time away from the things that people would like to focus on: the actual work on the ground. Instead, improvement of existing systems, including documenting successes and challenges and reflection, are seen as priorities.

For a possible next phase no major changes are suggested, although the meaning of major is subject to discussion. Funding for Key Populations is increasing, notably from USAID and the Global Fund. However there is a huge funding gap. The Dutch are able to support activities which these donors cannot do and/or may have explicit rules against. The approach of the AP and GP towards sex workers, harm reduction, and LGBT (rather than just MSM) is likely to remain relevant.

Views diverge on a more comprehensive versus a more focused approach to service access. This could lead to major changes. There is agreement that the current human rights objective needs reformulation and security and safety might be highlighted more. The meaning and efficacy of objective 3 as it is currently formulated leaves considerable room for interpretation. If it would be decided to reduce this flexibility it will be a major change. Continued emphasis on a decentralized approach is favoured.

There is agreement on the current central role of civil society organizations in the “South”. However, the leading role of “the North” is being questioned, in the sense that the old discourse is increasingly becoming outdated. Many NGOs and GOs in the “South” are fully competent to function in the global arena. At the same time, “the North” is seen to be struggling with similar issues as “the South”, including trafficking, corruption, and civil unrest. A continued focus on central Asia is important for a next phase, not just because all the key populations there face stigma and discrimination, but also in this new geopolitical context.
V. Conclusions

**Q1: To what extent has the Bridging the Gaps programme been effective?**

The Programme is well on the way to make significant contributions to its five key objectives. Within the methodological limitations of this evaluation that have been described in the methods section it is possible to conclude that by and large, the Programme is effective.

Conclusions per objective include:

**Objective 1: Improve the quality of and access to HIV prevention, treatment, care, support and other services for key populations**

Extremely relevant services are being delivered to key populations at a large number of locations in difficult settings. However, attribution to the Programme funding—as assign the credit of these services to this particular programme—is difficult nor always possible. Many services are co-funded which means that BtG funds a small part within a broader programme. Programme partners were selected based on existing experience and partnerships, which means that current results build upon earlier efforts.

**Objective 2: Improve the human rights of key populations**

*Human rights* work is being done at various levels—from local to global and from health policy development to decriminalization under the law—with varying degrees of success. A long-term view and legal expertise are needed. Global partner results were unfortunately difficult to assess. Reasons include the observation that indicators directly relating to outputs and outcomes of global partners had not been included in the log frame, and no strategic framework by global partners had been decided upon or followed-up.

**Objective 3: Integrate specific services for key populations within the general health system.**

*Integration into the general health system* is an ambiguous objective. Some successes are being noted by local partners. There are vast differences within the Programme about the perceived efficacy of integration into the health system. Decentralization is pertinent.

**Objective 4: Strengthen the capacity of civil society organisations that work on HIV and key populations**

In terms of *organizational strengthening* there is huge variety in activities and quality. With a view to sustainability, more focus on learning organizations, institutional memory, continuous learning, etc, is required. The Global and Alliance Partners are appreciated for their support. Capacity building strategies need more structure and graduation strategies.

**Objective 5: Develop and strengthen a comprehensive and concerned approach on HIV and key populations by the alliance partners**
A comprehensive and concerted approach is emerging, and intensified documentation has started in the context of this evaluation.

In terms of the output and outcome indicators in the logical framework, the Programme is likely to meet its objectives. Additional data collection by the evaluation and the Partners during this evaluation show many additional achievements and numerous opportunities for continue growing and learning.

**Q II. To what extent have its activities been relevant and politically, socially and financially sustainable?**

The Programme was and still is relevant at a global level. Work with key populations tends to be underfunded and warrants special attention. Key populations have some similar interests, but they are different groups with different needs within and between them. These affect programming and programs are relevant when they take these differences serious.

The funds allocated to the partners give value for money. Given the funding gaps for key populations, the political marginalization of KP and the general under---spending in health in many countries the allocation of sufficient funds by national governments to take over the programs is unrealistic. Up---scaling by large donors and some support of national governments is feasible. The global political climate on key populations is volatile, but there are many ways to engage with the law and legislators. National partners are taking leadership and support needs to continue to be based on an explicit recognition of that leadership.

**Q III. What lessons can be learned about the management of the Programme?**

The Lead and the Alliance Partners are appreciated as a partner especially for their flexible and reasonable way of working. The complexity and size, along with the great variety amongst the 78 partner organizations prescribe a decentralized management approach. Generally, the Lead strikes the right balance between leadership, Alliance and Global Partners’ partnership and local partners’ ownership. The Programme’s structure is satisfactory, yet some challenges are noted:

- The Global Partners’ role within Programme is aspirational and have not been operationalized. Thus, there are implementation issues. GNP+’ position as an AP with a global mandate is still a contentious issue.
- Internal communication on the M&E, Advocacy and Communication working groups’ mandate are not clear.
- The co---funding requirement appears to be working quite well in the sense that partners do look more for different funding sources. Reporting per sub---objective is cumbersome and time---consuming.
- It is difficult to establish what proportions of the total funding reach ‘the work on the ground’.
- The relationship between Finance at the Lead and the Alliances and Global Partners in general has not always been mutually supportive, but is currently viewed as improving.
- The Logical Framework is inadequate to do justice to the Programme’s achievements and does not contribute meaningfully to a valid assessment of the ‘worth’ of the Programme.
The variety of local partners is difficult to reconcile with central quality assurance and reporting. For the Global Partners objectives and indicators are particularly problematic. For the remainder of the Program, the Logical Framework is useful for monitoring purposes at output level. A central baseline has not been conducted, but it is doubtful if this would have been possible, cost-effective, or accepted.

- Meetings have not always been sufficiently productive. ‘Virtual attendance’ by Skype is not always ideal, especially when there are technical issues and time differences.

Q IV. How has the Programme contributed to intended and unintended learning and linking within key populations and across geographical areas, key populations and approaches?

Linking between global and national Programme partners is taking place yet can be strengthened. Centrally collected indicators do not contribute meaningfully to learning. The M&E systems of some local partners are of high quality and documented through learning exercises. Local partners are eager to learn and connect with each other, but more facilitation of structured opportunities would be welcome. Demand driven approach by national counterparts can be considered.

Q V. If there were Phase II of the Programme which major changes would you suggest?

There are no evident burning issues with the approach, the scope, structure, or implementation of the Programme. Possible changes would distract from strengthening current work. Hence, no major changes are suggested for the remaining Programme period. Major changes for Phase II are possible but would need to be carefully considered by all partners.
VI. Recommendations

Q I: To what extent has the Bridging the Gaps programme been effective?

Recommendations per objective include:

Objective 1: Improve the quality of and access to HIV prevention, treatment, care, support and other services for key populations

Rec 1: Maintain current levels of support for service delivery.

Rec 2: Develop packages of minimum services and benefits for individual support group members with a “graduation” strategy and development perspectives. Packages need to be developed by the groups. All partners can facilitate upon request.

Well defined in--- and out---flow (exit strategies) of membership of a certain client---groups improves efficiency through preventing that too many resources are spent on the same individuals. Without such arrangements organizations run the risk to operate in their comfort zone without re---assessing effectiveness of their interventions.

Objective 2: Improve the human rights of key populations

Rec 3: Link with other human rights organizations and experts on specific issues for collective engagement at different levels (global, regional and national). Be aware of legal requirements of evidence and risks for staff.

Examples that come to mind include Human Rights Watch, Physicians for Human Rights, and Lawyers Collective (India), Special Rapporteur on the Right to Health (UN), Center for Public Health and Human Rights (Johns Hopkins Bloomberg School of Public Health, USA)

Rec 4: At national levels continue engagement with lawyer(s), magistrates, police specialized in the relevant areas of national laws through which international human rights principles are implemented. If possible, link with groups that also engage in these areas to create broader movement/links.

Rec 5: Address effectiveness of global advocacy through strategic planning and adjustment of the Logical Framework.

Mechanism needs to be in place to facilitate this. This process could be led by a global partner that has been elected by the others or -- probably better -- by an external independent facilitator who has been mutually agreed upon. Impact can be best gauged at/towards the end of the program, but alternative benchmarks can be developed to measure intermediate results.
Objective 3: Integrate specific services for key populations within the general health system.

Rec 6: Conduct strategic discussions to define key terms in this objective and formulate course of action.

If the decision is made to formally retain this objective in the Logical Framework, a one-day workshop, possibly with the help of an external facilitator, should be sufficient to iron out definitions, related activities, actors, expected outputs, and timelines.

Objective 4: Strengthen the capacity of civil society organisations that work on HIV and key populations

Rec 7: Establish and implement common adult learning principles throughout the programme that recognize and value learning based on experience.

Experiential learning theory is one option that could be taken into consideration as a framework (see diagram on the right). Other, similar, approaches are readily available on the Internet. There are institutes and people, including the Institute of Development Studies, which have specific expertise on developing learning organizations.

Rec 8: Conduct capacity and needs assessments (with budget allocation as needed) when developing partnerships.

Project partners have few means or tools to assist them partnership building at the local level. Given the probable sensitivities surrounding finances and capacity assessments, external modalities may be preferred.

Rec 9: Broaden focus to organizational strengthening (vs. individual capacity building).

Developing learning organizations and institutional memory are hallmarks of any sustainable organization. Focus on staff retention and career planning. Ensure that there is no overdependence on the Executive Director (and often founder) of the NGO, and plan for succession. Develop learning trajectories where participants in a training course can develop the skills through TOT, hands-on coaching and mentoring to give these trainings independently. Conduct needs and capacity assessments at the individual, organizational and system levels.

Objective 5: Develop and strengthen a comprehensive and concerned approach on HIV and key populations by the alliance partners
Rec 10: Develop common principles, yet decentralized implementation and an operationalization of advocacy with exit and benchmarks.

The GPs could jointly develop and formalize underlying principles that guide their work. Possible disagreements would be noted, but do not necessarily distract from the work at hand. Then, an Advocacy Plan can be developed consisting of clear aims, actors, timelines and key messages. Where possible, synergies are used to build a joint approach. In other cases, specific partners may be ‘appointed’ for the work that needs to be done.

With regards to accountability and the M&E Framework, the following recommendations are suggested:

Rec 11: Speedily develop a plan for final evaluation (also consider for Phase II).

If a final evaluation of the current programme is called for (see Rec 27), then the preparatory work should start immediately, building on the momentum created by this evaluation (e.g. the two ‘backgrounders’).

Clearly, the M&E Working Group should take the lead in this, but the actual work should be done by all partners. The Communication Working Group also could play an important role in terms of gathering and disseminating qualitative data. Ensure that the objectives and methods of the operational research are explicitly linked to the development of the Final Evaluation Plan.

Rec 12: Use the current logical framework to monitor progress at output level.

The Logical Framework continues to be useful for monitoring purposes, and by now, the partners are used to using it. From the second reporting onwards the data gain in value because they can be compared to earlier measuring points. Meanwhile, some targets may have to be redefined and it would not be advisable to draw firm conclusions based on the incoming data.

Q II. To what extent have its activities been relevant and politically, socially and financially sustainable?

Rec 13: Retain emphasis on key populations and flexible programming, review the “Dutch Approach”.

The emphasis on the key populations is epidemiologically and politically sound. For a possible Phase II, the following is suggested:

- Continue to be flexible with regards to deviations from the original project proposals, allowing for swift responses to changing circumstances.
- Review the “Dutch Approach” in view of developments in the Netherlands, global shifts and counterparts’ competencies.

Rec 14: For the next phase, revise the key objectives to align them with the work being done in a way that they build on the strengths of the programme.

Common principles can be found at http://www.qotfc.edu.au/resource/?page=65375
A strategic workshop, possibly conducted by an external facilitator, could be conducted to build on the work that has been done during this program, to develop the next phase.

Practically speaking it might be an idea to propose to DGIS to not have a final evaluation for this phase, but instead implement the recommendations of this evaluation. The remaining months of 2014 can be used for example to develop (or formalize) packages that are implemented and monitored starting in 2015 and are tracked in the remaining extended period.

**Rec 15:** Do not increase the number of countries and partners.

The above strategic workshop may also be used to build consensus on the ‘ideal spread’ of the Programme. This would include and effort to define benchmarks that determine when a country or an NGO – and its project(s) – is eligible to take part in the Programme, and when it would be deemed ‘graduated’.

**Rec 16:** Endeavour to extend The Programme by five years building on current strengths.

For a programme of this nature to be most effective, a long---term view is required, but with clear benchmarks along the way. A period of ten years might be sufficient to make full use of the efforts that have gone into building a functioning alliance. In the course of these years the content of the work and the power relations within the network is very likely to change. Growth and change are also desirable in long---term partnerships. The global advocacy agenda requires a view beyond the suggested programme term, yet again with benchmarks and exit---points along the way to reduce the risk of “mission creep”.

**Q III. What lessons can be learned about the management of the Programme?**

**Rec 17:** Operationalize the role of Global Partners on advocacy in the Programme and build consensus within BtG on the roles, rights and expectations of the Global Partners and the Alliance Partners.

A ‘sit---down’ of the Global Partners is suggested (see Rec 3 and Rec 10), after which the Global Partners and the Alliance Partners jointly affirm that all have a valid role to play in the Programme and that mutual support will be provided when needed.

**Rec 18:** Review current Programme working groups to ensure clear TORs and membership

The current Programme Manager is reportedly already working on this. Once clear TORs are agreed working group activity and progress reports should be disseminated widely, incl. on the BtG website.

**Rec 19:** Develop a simplified M&E system with a few simple indicators and additional qualitative and participatory methods for the next phase
The development of a simplified M&E systems is closely linked to the development of packages and exit strategies for clients and institutional capacity assessments for partners. The content of the packages should be developed based on a combination of international guidelines and national legislation. Reporting can be on the package which leaves the national programmes free to develop the indicators in that package and liberates BtG from attempting to aggregate data that cannot possibly be aggregated. Exit strategies should celebrate the transformation of relations rather than the end of that relationship; building and reinforcing capacity building.

Rec 20: Develop and establish sex--disaggregated data collection throughout the Programme

The programme currently does not collect sex--disaggregated data. This hinders an analysis of gender relations and gender sensitive programming. In a programme like this it would be wise to use male/female/other as categories to accommodate transgender and intersex peoples.

Rec 21: Clarify representation and upward and downwards responsibility and accountability between global, national and local partners.

When organizations claim to represent a certain group there should be evidence that this groups has authorized the organization to represent them, how and for what period. An organization such as INPUD should only claim to represents those PUD in Pakistan who have given explicit consent. AF makes efforts to make information available about the programme to a general public, partly because it is public funding. This effort can also be asked from partners. Most partners are very familiar with the problems of self---appointed leadership and gate---keeping and eager to improve their organizations and their programs. Given the small percentage of the budget that BtG contributes to programmes demands on organizations as a whole will often be limited, but evidence on representation can be asked in a constructive fashion. Evidence can be membership, explicitly and clearly renewed on a regular basis, and evidence on elections of representatives and functions such as board members. How boards and memberships administrations can best be organized should depend on the members, and this should not be centrally decided. AP and GP can facilitate transparent and democratic partnerships through exchanges between partners, or information on the websites, operational research or trainings.

Rec 22: Ensure that a general overview on expenditures (Overhead, Global Partners, Alliance Partners, local partners is available, when needed33.

This evaluation did not look into financial management and the cost---efficiency of this programme as it was not within the mandate of the evaluation. The evaluators do not think that demands for cost---efficiency will increase efficiency of this programme; possibly the contrary because the calculations on cost efficiency tend to be extremely data intensive and thus cost expensive. It is possible that this programme is quite efficient compared to for example PEPFAR, which is currently difficult to see. It

32 In the near future the term ‘Implementing Partners’ is probably going to be used (instead of ‘Alliance Partners’ – see textbox on page 10). For recommendations 17 and 22 ‘Implementing Partners’ would probably be more appropriate.
33 Ibid.
would therefore, especially in the current political climate, be useful to have a better overview on the expenditures at different levels.

Rec 23: Improve internal communication in general, including the conduct of meetings, and recognize importance of direct interpersonal human contact.

Effective communication, consultation, participation, brainstorming and possibly joint decision-making are all conducive to a sense of ownership of any programme. For a programme such as BtG with different levels, various working groups, and a complicated structure, it is pertinent to have good systems in place for internal communication, including the right balance between well developed IT solutions (such as VoIP and ‘Intranet’—data sets) and real time, physical contact between key people in the programme.

Q IV. How has the Programme contributed to intended and unintended learning and linking within key populations and across geographical areas, key populations and approaches?

Rec 24: Facilitate more structured opportunities for linking and learning.

One way of structuring opportunities can be that each partner at the end of the year, based on their evaluation, selects an area where they would like to strengthen themselves and learn. They may have already some ideas on how and where this can best be accomplished or they may want advice from others in BtG. This can be AP or global partners but also other partners. It would be practical to have a protocol for a learning and exchange visits (these are available from organizations like PSO) and exchange visit and a budget line with a maximum (further see Rec 25).

Rec 25: Identify and promote the establishment of learning organizations/centres of excellence and institutional memories, and document learning.

Learning organizations facilitate the learning of its members and continuously transform themselves. They develop as a result of the pressures facing modern organizations and enable them to remain competitive in the current environment. A learning organization has five main features; systems thinking, personal mastery, mental models, shared vision and team learning. Once examples of ‘learning organizations’ are identified amongst APs and/or project partners, they can act as examples for other partners. Exchanges and documentation of mutual learning could facilitate the development of a Programme culture that nurtures adaptability, and effectiveness, and thus sustainability.

Q V. If there were Phase II of the Programme which major changes would you suggest?

With a view to the future, the following is recommended:

Rec 26: Develop the possible Programme Proposal for Phase II in collaboration with all prospective partners.
The Global partners were involved rather late in the development of this proposal which is one of the reasons of some of the tensions and misunderstandings. Inclusion of at least the larger ‘local partners’ in the development stage would be advisable, especially if they are slated to receive relatively large amounts of funding.

Rec 27: Explore the option to NOT conduct a Final Evaluation of Phase I:

The Mid-Term Evaluation is quite late in the Programme. A Final Evaluation would quite probably not impact on the decision regarding possible extension.

In case there is a 2-year Phase II, it would possibly be more expedient to now lay the groundwork for a high quality Final Evaluation of the ‘total programme’ (Phase I and II together), rather than to conduct a final evaluation of Phase I in 2015 and another evaluation of Phase II (or of Phase I and II together) in 2017.

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Annexes

Annex 1: Evaluation questions, interview guide semi-structured interviews ........................................... 61
Annex 2: List of persons consulted ............................................................................................................ 63
Annex 3: Report First Reference Group Meeting ..................................................................................... 67
Annex 4: Institute of Development Studies and the evaluators ................................................................. 73
Annex 5: Programme staff at Aids Fonds ................................................................................................. 75
Annex 1: Evaluation questions, interview guide semi-structured interviews

Key Evaluation Questions Bridging the Gaps

I. To what extent has the Bridging the Gaps programme been effective?
   o What are the achievements with respect to expected results and outcomes? Have the timing, size, and the design been feasible, appropriate, and reasonable? What are the quality/frequency/timeliness of reporting? Are BtG principles consistently used in all phases of the programme cycle?

II. To what extent have its activities been relevant and politically, socially and financially sustainable?
   o Do programmes address the real needs and problem of the beneficiaries, and able to adequately adjust when needs or issues change?
   o To what extent do programmes work towards integration of key populations specific services into the general health service?
   o To what extent are programmes consistent with relevant government policies and what impact does this have (or is this likely to have) on the focus and sustainability of the programme?
   o Are programmes aware of and prepared for possible anticipated changes in the political and funding environment?

III. What lessons can be learned about the management of the Bridging the Gaps alliance, notably in terms of:
   o Overall management structure
   o Communication and information flows
   o Accountability

IV. How has the program contributed to intended and unintended learning and linking within key populations and across geographical areas, key populations and approaches?
   o What have been the most useful learning activities and moments?
   o What principles and methods for learning have been used? How has this learning been reported, communicated, and implemented among all actors and levels of the programme?

V. If there were a follow up to the programme -- which major changes would you propose?
### Annex 2: List of persons consulted

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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Organization</strong></td>
</tr>
<tr>
<td>1 Solange Baptiste</td>
<td>International Treatment Preparedness Coalition, New York, USA</td>
</tr>
<tr>
<td>2 Oanh Khuat Thi Hai</td>
<td>Center for Supporting Community Development Initiatives, Hanoi, Vietnam</td>
</tr>
<tr>
<td>3 Syinat Sultanalieva (second time only)</td>
<td>Labrys, Bishkek, Kyrgyzstan</td>
</tr>
<tr>
<td>4 Dawie Nel</td>
<td>Out, South Africa, Hatfield, Pretoria</td>
</tr>
<tr>
<td>5 Dilshod Pulotov (first time only)</td>
<td>AIDS Foundation East—West, Dushanbe, Tadjikistan</td>
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<tr>
<td>6 Taib Abdulrahman</td>
<td>ICAC---BL Reachout Centre Trust, Mombasa, Kenya</td>
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<tr>
<th>Interviews</th>
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<td><strong>Name</strong></td>
<td><strong>Organization</strong></td>
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<tr>
<td>1 Christian Gladel</td>
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<td>2 Martine van der Meulen</td>
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<td>3 Sanne Karrenbeld</td>
<td>AidsFonds</td>
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<td>4 Martine de Schutter</td>
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<td>5 Ton Coenen</td>
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<td>6 Adolfo Lopez</td>
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<td>7 Danny de Vries</td>
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<td>9 Marcel de Kort</td>
<td>MoFA – NL</td>
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<td>10 Jeroen van der Meer</td>
<td>Consultant AF</td>
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<td>11 Anke van Dam</td>
<td>AFEW</td>
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<tr>
<td>12 Janine Wildschut</td>
<td>AFEW/Mainline</td>
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<td>13</td>
<td>Hugo van Aalderen</td>
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<td>Bram Langen</td>
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<td>Koen van Dijk</td>
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<td>18</td>
<td>Adam Gardner</td>
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<td>21</td>
<td>Solange L. Baptiste</td>
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<td>22</td>
<td>Mohan Sundararaj</td>
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<td>23</td>
<td>Noah Metheny</td>
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<td>24</td>
<td>Ruth Morgan Thomas</td>
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<td>Mark Vermeulen</td>
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| projects

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<tr>
<th>FIELD VISITS</th>
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<tr>
<td>N = 7</td>
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<td>APLHIV---Pakistan National Coordinator</td>
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<td>Global Fund Manager GF Rnd 9</td>
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* All remain anonymous at the request of Nai Zindagi

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<tbody>
<tr>
<td>Dr. Githuka George</td>
<td>NASCOP Key Populations Programme Manager</td>
</tr>
<tr>
<td>Nancy Mwongeli</td>
<td>Intern KP Programme</td>
</tr>
<tr>
<td>Dr. Sobbie Mulindi</td>
<td>NACC National Coordinator</td>
</tr>
<tr>
<td>Aggrey Aluso</td>
<td>Technical Officer, Policy and Advocacy</td>
</tr>
<tr>
<td>Eva Mwai</td>
<td>Regional Director NSA East---Africa</td>
</tr>
<tr>
<td>Eston Njagi</td>
<td>Programme Coordinator East---Africa</td>
</tr>
<tr>
<td>Ngunga Nguta</td>
<td>Project Coordinator BtG</td>
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<tr>
<td>Sylus Malcolm</td>
<td>NSA – East Africa Finance Officer</td>
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<tr>
<td>Sindy Thafeni</td>
<td>Manager of Community Empowerment and Engagement</td>
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<tr>
<td>Sharon Ludwig</td>
<td>Health and Support Service Manager</td>
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<tr>
<td>Ingrid Lynch</td>
<td>Triangle Project Manager Research Advocacy and Policy Programme</td>
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<tr>
<td>Leslie Liddle</td>
<td>Executive Director</td>
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<tr>
<td>Heather Adonis</td>
<td>Health Support Service</td>
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<tr>
<td>Mabuti Mkangeli</td>
<td>Community Empowerment and Engagement Field Worker</td>
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<tr>
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<tr>
<td>S’bu Kheswa</td>
<td>Advocacy Coordinator</td>
</tr>
<tr>
<td>Whitney Boosyn</td>
<td>Outreach Coordinator</td>
</tr>
<tr>
<td>Hegin Kim</td>
<td>Fundraiser</td>
</tr>
<tr>
<td>Louw Erasmus</td>
<td>HRD Consultant</td>
</tr>
<tr>
<td>Lies Theran</td>
<td>Director</td>
</tr>
<tr>
<td>Busisiwe Deyi</td>
<td>Regional Coordinator</td>
</tr>
<tr>
<td>Clinton Matthyse</td>
<td>UWC Project officer gender equity unit</td>
</tr>
<tr>
<td>Sally Jean Shackleton</td>
<td>SWEAT Director</td>
</tr>
<tr>
<td>Ed Ngoksin</td>
<td>APN+ Key Populations Manager</td>
</tr>
<tr>
<td>Dawie Nel</td>
<td>OUT Director</td>
</tr>
<tr>
<td>Valda Lucas</td>
<td>Sisonke (ITPC) Programme Consultant</td>
</tr>
<tr>
<td>Pamela Chakuvinga</td>
<td>Deputy Assistant Coordinator</td>
</tr>
<tr>
<td>Tot</td>
<td>25</td>
</tr>
</tbody>
</table>

**OVERVIEW**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Central level staff</td>
<td>25 Interviews</td>
</tr>
<tr>
<td>Site level staff</td>
<td>64 Interviews, Group learning exercises, and FGDs</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>121 Persons consulted (Excl the Reference Group)</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>210</strong> Persons consulted (Excl the Reference Group)</td>
</tr>
</tbody>
</table>
Annex 3: Report First Reference Group Meeting

Mid-term Evaluation, 16 – 17 Dec 2013

Location: SPACES -- Herengracht 124---128, 1015 BT Amsterdam, Meeting room 5

Facilitators:
Pauline Oosterhoff, consultant Institute of Development Studies, University of Sussex, U.K.
Gerard de Kort, consultant Institute of Development Studies, University of Sussex, U.K.
Danny de Vries, M&E and Operational Research Bridging the Gaps

Participants:

**Solange Baptiste**  
Director of Global Programs, International Treatment Preparedness Coalition, New York, USA. Email: SBaptiste@itpglobal.com

**Oanh Khuat Thi Hai**  
Founder and Executive Director, Center for Supporting Community Development Initiatives, Hanoi, Vietnam. Email: oanhkth@gmail.com or oanhhuat@scoli.org.vn

**Syinat Sultanalieva** (off-site)  
Board member of Labrys, LGBT organization in Kyrgyzstan, and former executive director. Bishkek, Kyrgyzstan. Email: sultanalievas@gmail.com. Skype name: scyrlin

**Dawie Nel**  
Director, Out South Africa, Hatfield, Pretoria. Email: neld@out.org.za

**Dilshod Pulotov**  
Projects Manager AIDS Foundation East---West, Dushanbe, Tajikistan.  
Email: dilshod_pulatov@afew.tj

**Taib Abdulrahman**  
Executive Director, ICAC---BL Reachout Centre Trust, Mombasa, Kenya.  
Email: reachout977@yahoo.co.uk

BACKGROUND

Early December a team of two consultants was hired to conduct the mid-term evaluation of the Bridging the Gap (BtG) Programme. While it is an ‘outside’ evaluation, a ‘hybrid’ format was decided on in the sense that a concerted effort will be made to also work in a participatory manner. In this context a workshop was conducted by the evaluators in which a selection of partners was consulted on the scope of the evaluation and resulting evaluation questions, methods, and the selection of countries for the site visits.

I. SCOPE AND FOCUS OF THE EVALUATION

The subject of the evaluation the (BtG) Programme, rather than its separate projects. During the site visits, emphasis should be on the Programme’s added value, rather than on the project’s activities as such. Including or excluding co---funding?

- Use of percentages or proportions of BTG funding too arbitrary
- Data on co---funding global level not available
- At program level data not (dis)aggregated
• Data are available at country level and at project level

Conclusion: During the site visits, the evaluation should look at the projects as a whole and deal with the BtG—funding v.s. Co—funding on a case by case basis.

The group developed five key areas to be addressed:

1. Effectiveness  
2. Relevance  
3. Management, including accountability  
4. Learning en linking  
5. Sustainability

Areas of enquiry/focus of the evaluation

1. Effectiveness
   We have used the definition from the EU ROM guide. The contribution made by the project’s results (as in “outcomes”) to the achievement of the project purpose”. How well is the project achieving its planned results? Although there are limitations to the data that are available a midterm evaluation should present progress and results.

   Achievements
      o Achievements with respect to expected results
      o Was there enough time to achieve the planned results (feasible/reasonable)?
      o How were the targets set?

   Reporting
      o Have the achieved results been reported?
      o Quality/frequency/timeliness/linkage local global level of reporting?

   We will do a case study of one indicator (1.c.) from the LFA, analyzing in detail:
      1. How it was arrived at
      2. Verify sources
      3. Use of results
      4. Why, how pick
      5. Internal logic
      6. Disaggregated by funder
      7. Able to see new and old clients?

   Program design
      o Does a LFA exist? If yes quality
      o Includes M&E?
      o Do the risks and assumptions still hold?
      o Advocacy

2. Relevance
Relevance describes how well a project addresses a real problem of the beneficiaries and how well it matches the development policies strategic objectives.

- Are projects on the ground working in a way that is consistent with BtG principles and values?
- Are the project purpose and overall objectives consistent with, and supportive of progressive, inclusive Government policies?
- Does the project still respond to the needs of the target groups? Is the target group well defined and does the project purpose respond to their needs? Do the target groups’ subjective needs match the needs as perceived by the project management?

3. **Management:**

- **Structure**
  - Is the existing structure the correct structure
  - Composition of partnerships
  - Relations
  - Roles, rights and responsibilities of partners with BtG
    - For example global partnerships
  - Links between global partners and alliance
  - Country level links between global partners and country level partners and the alliance partners and country level partners
  - Added value
  - Composition of global partnership

- **Communication**
  - Scope and type of information flow
  - Frequency of flow
  - Evidence based use of information
  - Publicity and publication

- **Accountability**
  - Line management of info for AF to be accountable to MOFA
  - What are the accountability mechanisms within the program structure of BtG e.g. between PB, PT, and country level partners
  - From global to national
  - Between key populations
  - Across countries

4. **Learning and linking**

- Linking and learning between countries, within countries, within target groups
- Dissemination throughout the country
- Use and application of learning
- Is there a learning cycle?
- Learning principles? (adult education principles)
- Learning architecture: Systematic, multi---level, organizational or individual level learning
- Intended and unintended learning throughout the program
- Application of what is learned

5. **Sustainability**

**Sustainability:** The likelihood of a continuation in the stream of benefits produced by the project after the period of external support has ended. (Time---frame?)
Levels of sustainability

Programmatic sustainability
  o Human resources: financial skills, M&E skills etc.
  o Institutional capacity and learning, personal mentoring

Financial sustainability
  o Levels of funding
  o International
  o Government uptake/private sector uptake
  o NGO social enterprise uptake
  o Allocation of funds by government
  o Level of integration
  o Will it continue after the Dutch money discontinues (taken over by the government or others).
    Will the mandate continue?

Social sustainability
  1. Is the issue owned by civil society; is the issue alive?
     a. Were the people doing the work anyway (before there was money for it)
     b. Norms, attitudes,
     c. Community mobilization?
     d. Voice of key populations

Political sustainability
  1. Policy, legal change
  2. Discrepancy between laws and local practice

II. METHODS
- Document review
- Interviews
  o Key staff (director, program managers and field staff)
  o Key international stakeholders such as UN (with sufficient experience)
  o Key populations
  o Service providers
- Observations
  o Context
  o Activities in the field
  o Daily work at office
- Document and material review (informing staff in advance)
  o For example training materials
  o Client registers
  o Intake forms

III. SELECTION CRITERIA FOR THE FIELD SITES
  1. Key population coverage
  2. Geographical coverage
  3. Diversity of programs
i) Learning site  
ii) Political diversity (criminalizing vs legalizing)  
iii) Less well documented/vs well known  
4. Overlap/presence with global partnerships

**Exclusion criteria**

1. Ends prematurely (Brazil)  
2. Not willing/available to meet evaluators at times scheduled  
3. Safety and security concerns: evaluators needs to be able to visit project sites

Logistical and financial considerations should not determine the choice of site, unless it is completely unfeasible. The evaluation team should get the days needed to get the site.

<table>
<thead>
<tr>
<th>PUD</th>
<th>SW</th>
<th>LGTB</th>
<th>GP in all 3 countries?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pakistan: Mainline/INPUD</strong></td>
<td><strong>human rights (islamabad)</strong></td>
<td><strong>Naizindagi (Rawalpindi)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Kenya</strong></td>
<td><strong>NSA:</strong></td>
<td><strong>Kimirina Quito</strong></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Nairobi and 2 or 3 sites along highway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Vietnam</strong></td>
<td><strong>Costa Rica CIPAC-COC GF</strong></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>SCDI</td>
<td><strong>AHMNP/CIPA Panama</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanoi/HCMC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taijikistan (Dushanbe)</strong></td>
<td><strong>South Africa</strong></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>10+ partners in Dushanbe incl. global ITCP, SPIN Plus, City HC, City AIDS center</td>
<td><strong>COC/Out LGTB wellbeing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender DynamiX/Triangle Project in Capetown</td>
<td></td>
</tr>
</tbody>
</table>

**Special needs/invisible group that we should include in the evaluation**

- Transgender  
- Female IDU  
- MSW

Available dates: 28---31 January, 10---14th February, 3---7 March (joint visit)

IV. **FINANCIAL ARCHITECTURE**

- Financial architecture is to be discussed as background  
- Perhaps more comparative research is needed

V. **ACTION PLAN FOR USE of/FOLLOW UP OF EVALUATION FINDINGS**

AF should facilitate and the development of an action plan to PT

- Reference group advices that after 3 months there is follow up and response to the findings of the evaluation
Annex 4: Institute of Development Studies and the evaluators

This evaluation was conducted by the Evaluation Team, consisting of two consultants from the Institute of Development Studies, Brighton, England, UK.

The Institute of Development Studies (IDS) and the evaluators

The Institute of Development Studies (IDS) has a global reputation for its work on International Development. It was ranked as the top UK University affiliated think tank and third in the world by the 2012 Global Go to Think Tanks report conducted by the University of Philadelphia – highlighting its role as one of the world leading policy engaged academic institutions. IDS has extensive experience in conducting and publishing on methods and approaches to multi-country evaluations and learning for social change.

The Participation Power and Social Change team has a long history of developing participatory methodologies starting with the pioneering work of Robert Chambers who is still a core member of the team. It has a similarly long trajectory of work on large multi-country programmes including the ‘pathways to women’s empowerment’ and a global program on Sexuality, Poverty and Law which – amongst others – strengthens the legal protection of LGBT. PPSC supports the Participation Resource Centre and has become a global hub for participatory development work.

IDS provides institutional backing and quality assurance to the Evaluation Team, including professional financial and administrative staff and research colleagues with a broad range of expertise in participatory approaches, health and development issues, and evaluations.

Working in a team to evaluate a complex programme like this reduces the risk of bias and thus enhances quality. IDS thus suggested a gender-balanced team consisting of two international public health experts that complement each other well in terms of knowledge, skills, and areas of experience. They have known each other for many years and work well together:

Pauline Oosterhoff has over 20 years of international experience in public health programme management, research and training. She is a dynamic, creative professional with a PhD in medical anthropology and Master degrees in political science and public health. Her thematic specialties are in HIV and AIDS and sexual and reproductive rights, with strong additional expertise in gender, harm reduction and human rights. She has managed several global and multi-country evaluation, research, and training programmes on key populations, GIPA networks sexuality, poverty and development and disability research. Methodologically she is an expert in mixed methods, combining participatory methodologies with results oriented measurement and in developing M&E systems for research and evidence based planning. She knows many of the countries of this TOR well and speaks 6 languages. Ms. Oosterhoff is a visiting fellow at IDS conducting research focused on LGBT and sex workers.

Gerard de Kort has more than 15 years of research, assessment, and evaluation experience in HIV/AIDS and harm reduction related issues in Asia. He holds a Master degree in Youth---Sociology and a second Master degree in Assessment and Evaluation. He has managed multi-country research projects, and assessments in drug use and HIV & AIDS, and related services. His focus is on qualitative methods, and combining research and capacity building. He is becoming increasingly involved in organizational strengthening and strategic planning. He has lived in Asia for 27 years, yet has recently made the Netherlands his base.
### Annex 5: Programme staff at Aids Fonds

<table>
<thead>
<tr>
<th>Position</th>
<th>FTE</th>
<th>Name</th>
<th>Starting Date of position</th>
<th>Starting Date of current person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Manager</td>
<td>1 (36 hours)</td>
<td>Martine de Schutter</td>
<td>01-09-2011 (interim) 01-12-2011 (staff position)</td>
<td>01-01-2014</td>
</tr>
<tr>
<td>Programme Assistant</td>
<td>1 (36 hours)</td>
<td>Marijntje Lazet</td>
<td>14-10-2011 (interim) 01-01-2012 (staff position)</td>
<td>01-01-2012</td>
</tr>
<tr>
<td>Communication Specialist</td>
<td>0,9 (32 hours)</td>
<td>Martine vd Meulen</td>
<td>01-05-2012</td>
<td>01-05-2012</td>
</tr>
<tr>
<td>Financial Controller</td>
<td>0,2 (8 hours)</td>
<td>Sanne Karrenbeld</td>
<td>01-09-2011</td>
<td>01-07-2013</td>
</tr>
<tr>
<td>M&amp;E/OR Policy Officer</td>
<td>0,4 (16 hours)</td>
<td>Danny de Vries</td>
<td>01-07-2013</td>
<td>01-07-2013</td>
</tr>
<tr>
<td>Lobbyist</td>
<td>0,05 (2 hours)</td>
<td>Pim de Kuijer</td>
<td>01-09-2011</td>
<td>01-05-2013</td>
</tr>
<tr>
<td>Programme Secretary</td>
<td>0,4 (16 hours)</td>
<td>Rajae el Baghdadi</td>
<td>01-10-2012</td>
<td>01-02-2013 (temp) 01-05-2013 (staff)</td>
</tr>
</tbody>
</table>