

# BRIDGING THE GAPS

Health and rights for key populations

## EFFECTIVE COLLABORATION IN PARTNERSHIPS FOR HEALTH AND HUMAN RIGHTS

Lessons from the  
Bridging the Gaps  
programme

RESEARCH REPORT

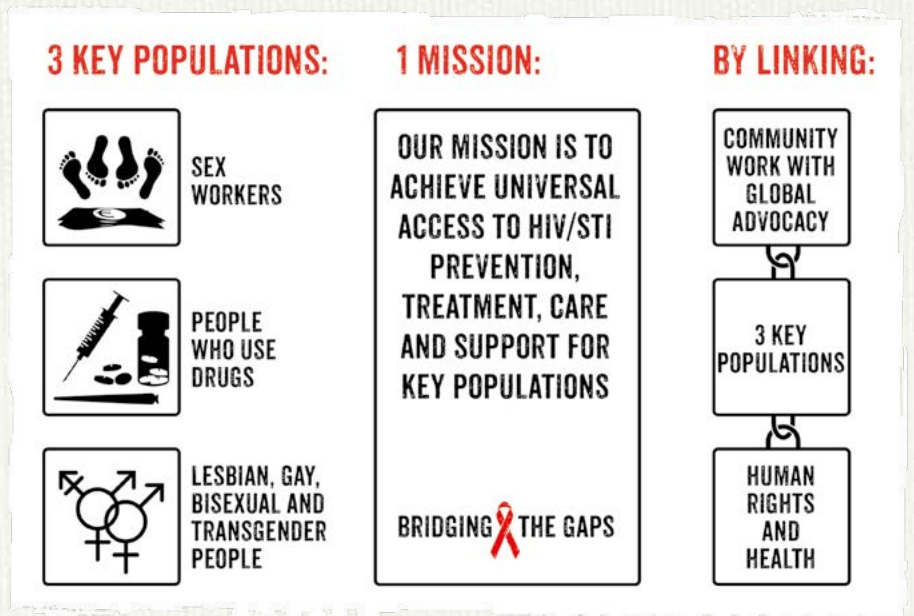


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The Bridging the Gaps programme addresses the human rights violations and challenges faced by sex workers, people who use drugs, and lesbian, gay, bisexual, and transgender (LGBT) people, in accessing HIV and other essential health services. The Bridging the Gaps programme works with more than 90 local partner organisations which collaborate with four Dutch non-governmental organisations: Aids Fonds, AIDS Foundation East-West (AFEW), COC Netherlands, and Mainline, and with five global networks: the Global Network of People Living with HIV (GNP+), the International Network of People who Use Drugs (INPUD), the International Treatment Preparedness Coalition (ITPC), the Global Forum of MSM and HIV (MSMGF), and the Global Network of Sex Work Projects (NSWP).



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# ABBREVIATIONS AND ACRONYMS

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>BtG</b>	Bridging the Gaps
<b>CSO</b>	Civil Society organisation
<b>HIV</b>	Human immunodeficiency virus
<b>LGBT</b>	Lesbian, gay, bisexual and transgender people
<b>NGO</b>	Non-governmental organisation
<b>PT</b>	Programme Team
<b>PWUD</b>	People who use drugs
<b>SRHR</b>	Sexual and reproductive health rights
<b>SW</b>	Sex worker

# EXECUTIVE SUMMARY

## Background

The Bridging the Gaps programme addresses the human rights violations and challenges faced by sex workers, people who use drugs, and lesbian, gay, bisexual, and transgender (LGBT) people, in accessing HIV and other essential health services. In the past four and a half years of the Bridging the Gaps programme, around 100 partners collaborated through the alliance across 22 countries, including 36 organisations representing LGBT people, 44 representing PWUD, 25 representing sex workers, and eight partners whose main focus is on people living with HIV, including the lead agency. Within this set-up, partners were required to collaboratively work towards the programme goals. But while collaboration can be very productive, it is also challenging. How do you collaborate effectively with such a complex alliance structure? What is the added benefit of working together? And what effect does an alliance that uniquely combines representatives of different key populations—sex workers, drug users and LGBT—have on the success of the collaboration?

## Methods

This report presents on operational research funded by Share-Net International that details lessons learnt on collaboration in Bridging the Gaps. The research was conducted by the Centre for Social Science & Global Health at the University of Amsterdam, in collaboration with the Bridging the Gaps lead team at the Aids Fonds, Amsterdam. A mixed method approach for collecting data was used. It consisted of ethnographic observation, focus groups and interviews, plus a social network analysis.

## Results

The social network analysis shows that the Bridging the Gaps alliance network is incredibly complex. Three factors are the most important unifiers and dividers of the network: language, key population served, and public health or human rights perspective. Since the start of the programme, collaboration has increased overall, in terms of increased contact, sharing and co-creation. It was found that the most important factors that contribute to sharing and co-creation are not hindering the other partner's goals and working through differences. It was also found that cross collaboration occurred between partners serving different key populations under difficult human rights contexts, and that cross collaboration facilitated higher capacity and greater contributions to the development of an integrated approach. Local partners who collaborated more with global partners reported higher increases in capacity and greater contributions to human rights programme goals. Qualitative findings emphasised that in programme discourse partner identities were dominantly oriented towards two explicit expressions of difference: the key population served

and the type of organisation (global-alliance-local). Data however showed other expressions of difference that are implicit: leadership (provider led vs key population led), the service provided (prevention/treatment vs legislative/legal), perceived role (implementation vs activism), origin of the approach (public sector vs civil society), and the nature of advocacy (health rights vs social justice).

## Conclusions

Bridging the Gaps is a complex alliance that fosters collaboration, yet also limits itself to discourses of difference that depend on a few explicit dimensions. The study shows that argue that advances can be made in collaborative capacity by learning how to “agree to disagree” while seeking commonalities elsewhere. This is best done by seeing partner identities as positional, or depending on the “hat” they are wearing, rather than essential, and by turning conversations about differences into ‘common ground’ using similarities.

# 1. INTRODUCTION

## 1.1. THE PURPOSE OF THIS STUDY

The Bridging the Gaps programme addresses the human rights violations and challenges faced by sex workers, people who use drugs, and lesbian, gay, bisexual, and transgender (LGBT) people, in accessing HIV and other essential health services. The Bridging the Gaps programme works with around 100 local partner organisations which collaborate with four Dutch non-governmental organisations: Aids Fonds, AIDS Foundation East-West (AFEW), Federation of Dutch Associations for the Integration of Homosexuality (COC), and Mainline, and with five global networks: the Global Network of People Living with HIV (GNP+), the International Network of People who Use Drugs (INPWUD), the International Treatment Preparedness Coalition (ITPC), the Global Forum of MSM and HIV (MSMGF), and the Global Network of Sex Work Projects (NSWP).

In the past four and a half years of the Bridging the Gaps programme, around 100 partners collaborated through the alliance, including 36 organisations representing LGBT people, 44 representing PWUD, 25 representing sex workers, and eight partners whose main focus is on people living with HIV, including the lead agency. In total, the programme worked across 22 different countries.. Within this set-up, partners were required to collaboratively work towards the programme goals. But while collaboration can be very productive, it is also challenging. How do you collaborate effectively with such a complex alliance structure? What is the added benefit of working together? And what effect does an alliance that uniquely combines representatives of different key populations—sex workers, drug users and LGBT people—have on the success of the collaboration?

Because key populations share social-cultural and structural factors that challenge reproductive health and rights (e.g. stigma), there is an assumed benefit of collaborative, ‘crossover’ programmes. An important defining character of the Bridging the Gaps alliance is that the partners represent populations who are generally marginalised—even criminalised—within legal and public systems. Working together in the face of such adversity is a key element in attaining programmatic goals. In the Bridging the Gaps mid-term programme evaluation (2014), Oosterhoff & De Kort noted that Bridging the Gaps *“brought a unique group of organisations and people together at every conceivable level”*.

Despite the existence of a large amount of literature on collaboration, there is almost none that details processes of collaboration among partners that work

with populations in the context of SRHR and HIV prevention/treatment. If key population programmes are discussed, the findings are typically provided for a single key population alone, or for several from their own respective silo’s, ignoring the potential benefits of collaboration. The Bridging the Gaps programme had not systematically monitored or measured collaboration, nor was there any documentation on what works and why within the Bridging the Gaps framework, so a separate operational study was designed to fill this gap.

The study details lessons learnt about how collaborative capacity developed throughout the programme. Data was gathered as part of an operational research project coordinated by the Centre for Social Science and Global Health at the University of Amsterdam, together with the Bridging the Gaps lead team at the Aids Fonds in Amsterdam. A small grant from Share-Net International, a knowledge platform on Sexual and Reproductive Health and Rights (SRHR), was used to fund the study, that focused on lessons learnt from programmatic collaboration both between key populations and between different types of partners.

This document will be useful for anyone working with or as part of complex programmatic alliances in global health, particularly for those who deal with alliances that break through common programmatic silos, such as different key populations working together under one umbrella.

## 1.2. COLLABORATIVE CAPACITY

Collaboration is a process in which (semi-)autonomous actors interact through formal and informal negotiation, jointly creating rules and structures governing their relationships and ways to act or decide on the issues that brought them together; it is a process involving shared norms and mutually beneficial interactions (Thomson, Perry & Miller, 2009).

A key term that has been used in this context is ‘collaborative capacity’, or the “conditions needed to promote effective collaboration” (Kendall, 2012 p2). Kendall et al. argue that collaborative capacity is associated with the long term problem-solving processes of coalitions, and that it is an important component of collective action (i.e. the desired outcome of coalitions). They note that capacity is built through partnering which, in turn, strengthens partnerships and builds capacity. In the literature, a number of factors are noted that facilitate collaborative capacity.



At a personal level, Bantham (2003) et al. mention **mindset** as an awareness of dialectical relational tensions that are inherent in relationships, complemented by willingness to address these opposing forces. Key issues within this view relate to the degree of consciousness and the willingness of partners to actively manage the oppositions over time. They argue that mindset is complemented by communicative **skill sets** focused on interpersonal relationships, such as non-defensive listening, active listening, self-disclosure, or the sharing of needs, feelings, and specific requests. Bantham and colleagues argue that mindset and skill set enablers facilitate interdependent problem solving, or mutual understanding; a transference from individual to joint motivation, coordination of activities, and joint outcome dependence.

Another element of collaboration concerns levels of **formalisation** and **centralisation** (Gulzar & Henry, 2005). Normally, collaboration begins with informal dialogue, visiting each other, and over a period of time structures become formalised, committing partners to common targets. Gulzar and Henry find that more effective inter-organisational collaboration is more formalised, as formalisation appears to bring a measure of reassurance, and in so doing, contributes to productivity and overall performance. Further, they find that most staff believe that highly centralised authority is unsuitable for providing acceptable, innovative, and timely community-based services.

Hardy (2003) points at three types of structures that may form coalitions. First, a **transaction**, where the collaboration does not involve a new coalition but, instead, resources are pooled or transferred among partners. In the case of **partnership**, the collaboration is characterised by a new coalition of partners working together to carry out particular activities. Finally, in the case of **representation**, the collaboration involves a new coalition in which the collaborating organisations represent each other's interests to outside parties.

Hardy also points out three levels at which collaboration may involve exchange and learning from each other. This can be seen in terms of **knowledge sharing and transfer**, when collaboration helps organisations to better utilise strategic alliances as vehicles for learning new technologies and skills from their alliance partners. In this case, learning in collaboration is about learning from a partner and the collaboration has served its purpose once the necessary organisational knowledge has been successfully transferred. But while collaboration can facilitate the transfer of existing knowledge from one organisation to another, it can also **create new knowledge** that neither of the collaborators previously possessed. Hardy refers to this as knowledge creation, which presumes that knowledge is the property of communities of practice or networks of collaborating organisations, rather than as a resource that can be generated and possessed by individuals.

Finally, social network analysts have focused much on leadership figures and **'boundary spanners'** (Gulzar and Henry, 2005). Boundary spanning refers to

purposeful communication between a partner and the external environment to solve conflicts, convey values, obtain information, and solve problems. In the case of coalition, boundary spanners are those partners who connect clusters within networks that otherwise may not have had contact.

Thomson et al. (2007) provide a theoretical basis for several factors which influence successful collaboration.

- **Governance:** Participants seeking to collaborate must understand how to jointly make decisions about rules that will govern their behaviour and relationships. Collaboration involves creating structures that allow participants to make choices about how to solve the collective action problems they face by developing sets of working rules about who is eligible to make decisions.
- **Administration:** Collaborations are not self-administering enterprises. Organisations collaborate because they intend to achieve particular purposes. To achieve the purpose that brought organisations to the table in the first place, some kind of administrative structure must exist that moves from governance to action.
- **Organisational autonomy:** A defining dimension of collaboration that captures both the potential dynamism and frustration implicit in collaborative endeavours is the reality that partners share a dual identity: they maintain their own distinct identities and organisational authority separate from a collaborative identity. This reality creates an intrinsic tension between organisational self-interest—achieving individual organisational missions and maintaining an identity distinct from the collaborative—and a collective interest—achieving collaboration goals and maintaining accountability to collaborative partners and their stakeholders.
- **Mutuality:** Mutuality has its roots in interdependence. Organisations that collaborate must experience mutually beneficial interdependencies based either on differing interests (what Powell [1990] calls complementarities) or on shared interests—usually based on homogeneity or an appreciation and passion for an issue that goes beyond an individual organisation's mission (such as the moral imperative of environmental degradation or a humanitarian crisis).
- **Norms:** Reciprocity and trust are closely related conceptually. In collaboration, participating organisations generally exhibit an 'I-will-if-you-will' mentality based on perceived degrees of the reciprocal obligations each will have towards the others. Partners may be willing to bear disproportional costs at first because they expect their partners will equalise the distribution of costs and benefits over time out of a sense of duty.

Altogether, this review leads to a theoretical model for collaborative capacity, shown in figure 1. Based on this, lessons learnt from the Bridging the Gaps collaboration are explored.

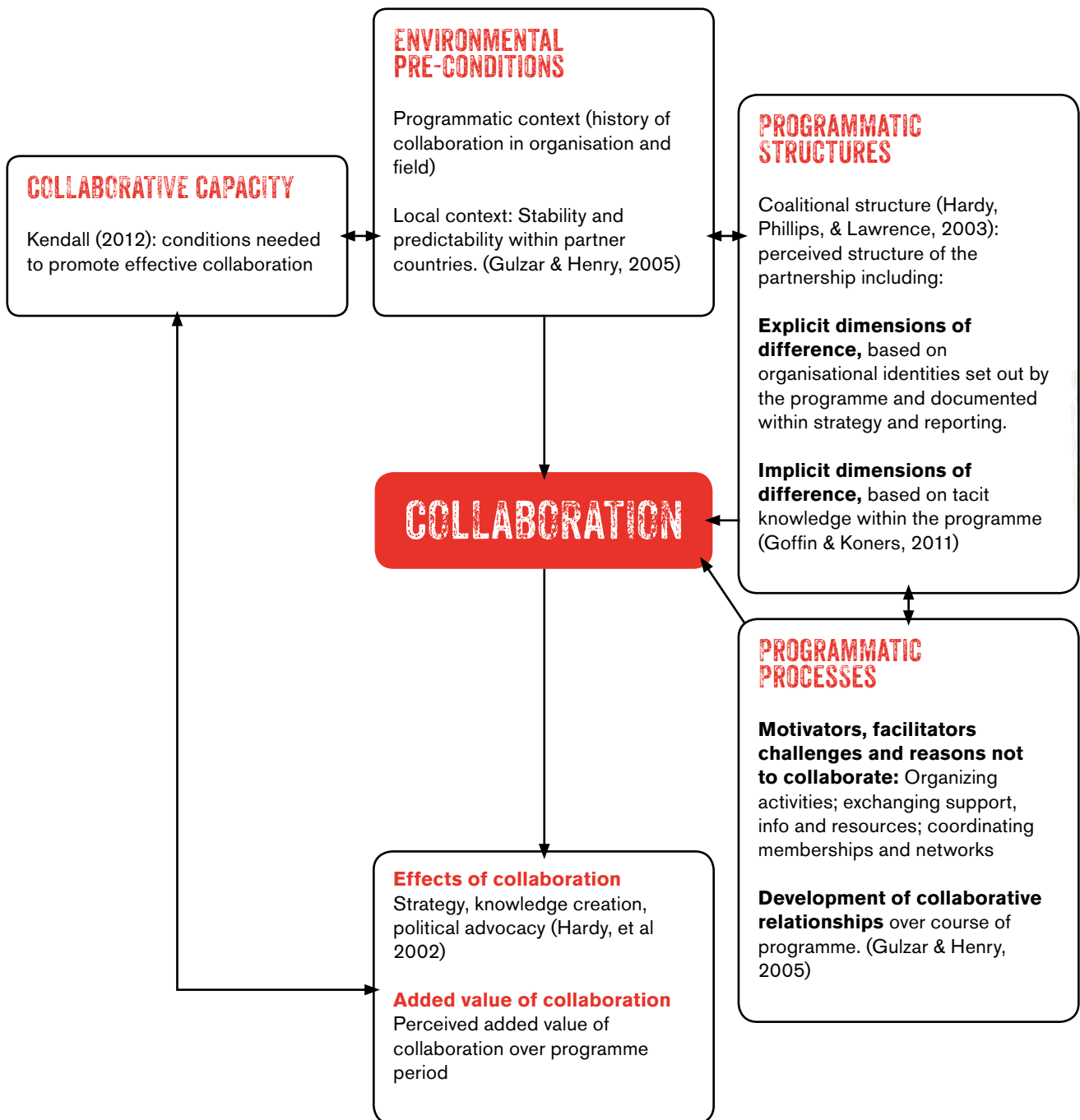


Figure 1: Conceptual model on collaborative capacity used for the study

# 2. METHODS

A mixed method approach was used for collecting data. This consisted of ethnographic observation, focus groups and interviews, plus a social network analysis. The study was designed and developed after several meetings with the Bridging the Gaps lead team at the Aids Fonds. As described above, a literature study led to the conceptual model that guided the development of a qualitative and a quantitative instrument. Both instruments were pre-tested. To test the qualitative instrument, the research team conducted interviews with key stakeholders in Amsterdam, and held a quantitative survey during a meeting with representatives from country partners in March 2015. Part of the development of the instruments was an internal ethics review, held with support from the University of Amsterdam Institute for Social Science Research.

## 2.1. QUALITATIVE METHODS

Qualitative methods included a multi-sited ethnography in Amsterdam, Kyrgyzstan and Kenya, as well as international events, namely a Bridging the Gaps partner forum and one research workshop held between March and July 2015. Data collection methods included:

- A total of 45 qualitative interviews with stakeholders at all levels of the programme, from local staff to the Ministry of Foreign Affairs, including 14 with local partner organisations in Kyrgyzstan and seven in Kenya.
- Two focus group discussions, each consisting of five forum participants and two facilitators. Both discussions lasted approximately one hour.
- Ongoing observation at the Bridging the Gaps lead agency and during Programme Team (PT) activities. The study programme manager was present at the lead agency one day per week, made observations of team meetings and PT meetings, participated in day-to-day work at the Aids Fonds, and was participant-as-observer at forum and operational research workshops. Ethnographic field notes were kept throughout and analysed.

All interviews and focus groups lasted approximately one hour, were semi-structured, and included a qualitative mapping exercise, in which respondents drew their perception of the Bridging the Gaps programme on paper. Ten in-country interviews were conducted with a translator. In total, 35 interviews were held in English, 10 with the assistance of a Russian translator, and recorded and transcribed by research assistants. Written consent for this was obtained from all respondents prior to the interview or focus group discussion. The research team used qualitative data analysis software (NVivo) to take an inductive approach to the written transcripts for thematic analysis.

## 2.2. QUANTITATIVE METHODS

Quantitative data was obtained through a survey sent to 92 partners of the Bridging the Gaps programme. The survey was conducted online, after it had been introduced to the local partner organisations with letters in Russian, English or Spanish from the Bridging the Gaps programme manager, with support from alliance partners where necessary. In total, 115 individuals from 62 partners (67% of partners) responded. The survey included a social network analysis, asking all the participants with which Bridging the Gaps partners they collaborate now, and with whom they already collaborated before Bridging the Gaps. Additionally, the participants were asked to rate varying issues, including contextual issues and perceived goal achievement.

Collaboration was measured by in-degree, i.e. the amount of ties an organisation receives. This is a more reliable measure than assessing collaboration with out-degree, as organisations might overestimate their relationships. At the same time, measuring collaboration only as reciprocal ties might be too rigid a measure, as not all collaboration ties might be known by the individual in the respective organisation.

Cross key population collaboration (ratio of cross key population collaborations to all collaborations) was computed by dividing the incoming ties an organisation receives that originate from organisations serving other key populations by all received collaborations. This measure only included the organisations serving LGBT people, PWUD or sex workers. Organisations that serve HIV/AIDS or multiple key populations were excluded.

Cross organisational type collaboration (ratio of local-global collaborations to all collaborations) was computed by dividing the incoming ties a local organisation receives that originate from global partners by all received collaborations. This measure only included local organisations.

Dimensions of collaboration were measured following Thomson, Perry and Miller (2009), who recognise five dimensions of collaboration, namely governance, administration, autonomy, mutuality and trust. These dimensions cover the ability to create structures of collaboration (1), administrate these structures (2), not let the communal interests hurt the individual ones (3), meet in the middle (4) and trust the partner to keep their promises (5). This is measured by five questions that capture these dimensions. Thomson, Perry and Miller give multiple questions per dimension, but to not lengthen the survey one question per dimension was selected. Questions were





chosen according to their statistical fit and theoretical fit for the context of cross-collaborating NGOs. These questions were asked in reference to every collaboration relationship an organisation reported to have, on a 5-item scale ranging from strongly agree to strongly disagree. The eventual scores used in the analysis were computed by taking the average of all the scores a partner received. This score therefore represents the way other organisations see that particular partner's ability to collaborate.

Environmental factors were a combined measure of seven questions regarding the environment's stability and predictability, as well as the general attitude of both the environment and the organisation. Questions were in the form of statements, which the partners were asked to rate from strongly agree to strongly disagree. The questions were chosen for the combined measure of their statistical reliability. The statements were:

- The political environment in which my organisation works is generally stable and predictable.
- I generally feel safe conducting my work.
- The values and beliefs expressed through the Bridging the Gaps partnership are very similar to the values and beliefs of our own organisation.

- To my knowledge, all organisations that worked in the Bridging the Gaps partnership had similar ideas about the objectives and goals of Bridging the Gaps.
- The public opinion of my work and of the key populations my organisation works with is generally positive and stable.
- My organisation generally has reliable funding.
- The problems faced by the key populations we work with are generally predictable.

The answers were used to calculate the relationship between these issues and collaboration, using SPSS, UCINET and R.



















Informed consent was part of the survey and interview instruments. All data was kept confidential. The survey data replaced the identity of respondents with anonymous identifiers. Only the data analysis team had access to the identity of the partners, and this was not otherwise shared with any of the study participants or reviewers. An ethics review procedure was followed and approved by the Amsterdam Institute for Social Science Research (AISSR) review board at the University of Amsterdam.



# 3. RESULTS

## 3.1. DETAILING THE BRIDGING THE GAPS SOCIAL NETWORK

Using social network data, the image below represents the network at the end of Bridging the Gaps 1 (BtG1). Each symbol represents one partner organisation and is geographically positioned, except that the place in that continent does not correspond to their real location. The symbol colour represents the key population served by that organisation. The symbol's shape corresponds to the organisation's public health approach.

	HUMAN RIGHTS	MEDICAL	MIXED
 LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE			
 PEOPLE WHO USE DRUGS			
 SEX WORKERS			
OVERARCHING			
ORGANIZATIONS SERVING MULTIPLE KP			

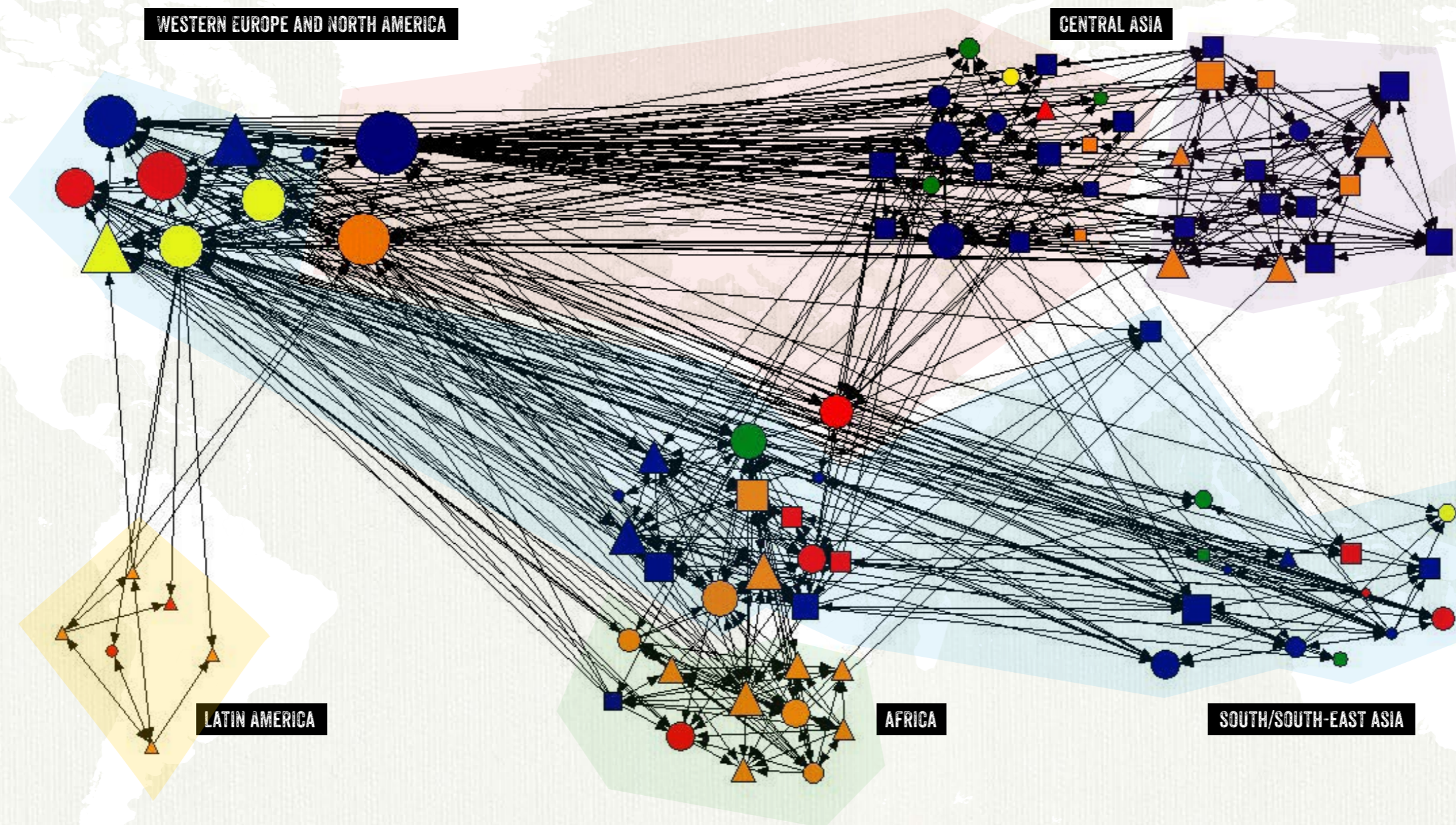


Figure 2. Social network of the Bridging the Gaps partnership



What we see is a complex alliance. To organise this complexity, the research team took a look at two measures of 'centrality', namely the number of ties and brokerage that are represented in the image.

**Number of ties:** The image shows some of the different roles that partners play in the Bridging the Gaps network. A symbol's size represents the number of collaboration ties a partner received. Larger symbols represent partners which are more often claimed to be a collaborating partner by other partners. Following the programme's design, alliance and global partners occupy a central role in the network, as they have the most direct connections with other organisations.

**Brokerage:** There are other ways to be central in a network. Your network is not only formed by your direct connections but also by the connections of your direct connections. Partners that are connected to two organisations who are not connected can introduce them to each other and therefore further connect the network. It is the alliance and global partners who mostly fulfil this role in the Bridging the Gaps network, but they are not the only ones. A good example is the **SW** partner right in the middle of the diagram. Based in Africa and belonging to the **red** cluster, it has many connections to both clusters in Central Asia (**red** and **purple**) and can therefore bridge or 'broker' different groups more effectively than some other organisations.

Besides measuring centrality, the analytical software also determined different clusters of partners within the network. These are represented by coloured boxes and circles. The clusters are the 'cliques' of the partnership and show how the network is divided. It is clear that clusters are not strictly organised within a continent, but stretch across. Three factors appeared to have in part organised the Bridging the Gaps network into clusters:

**Language:** The **yellow** cluster envelops the whole of Spanish speaking Latin America. The **purple** and **red** clusters mostly envelop Russian dominated Central Asia. These clusters are complemented by the **green** and **blue** clusters which seem to organise for other reasons, possibly English working language dominance or ability. Qualitative data supports the interpretation that language is a key factor in how partners have clustered: in Kyrgyzstan, for example, language barriers were by far the most important factor explaining the lack of collaboration with global networks.

**Key population served:** The **green** cluster mainly consists of **LGBT** partners, while the **red** cluster is dominated by **PWUD** partners. Yet the **purple** cluster contains an equal number of **LGBT** and **PWUD** organisations. Apparently, they are grouped together for different reasons.

**Public health or human rights perspectives:** The **purple** cluster is seemingly formed by a common medical perspective, explaining why the different key population organisations have an easier time joining forces. The other Central Asian cluster (**red**) contains far more human rights perspective partners, raising the possibility that the difference in perspective is what causes the divide of Central Asia.

The above are general findings and often speculations about reality. Most of the other clusters are only partly explained by our observations, with the **blue** cluster especially difficult to capture in a category. From this study it is not possible to know all the individual reasons to collaborate or not. Causes can vary from the many contextual issues that could not be controlled, such as cultural differences, to the fact that certain individuals from NGOs simply do not get along. However this picture emphasises the incredible complexity of the environment in which Bridging the Gaps operates.

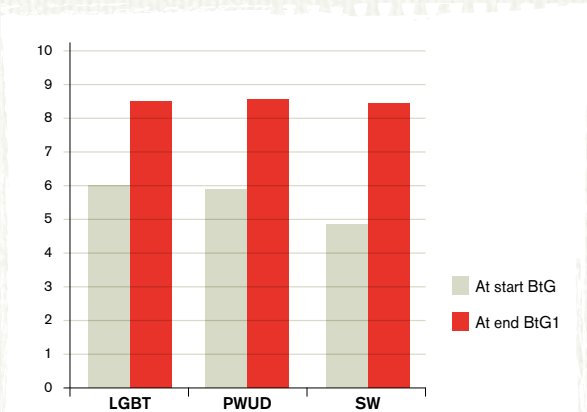
### 3.2. THE ADDED VALUE OF COLLABORATION

#### General changes in collaboration

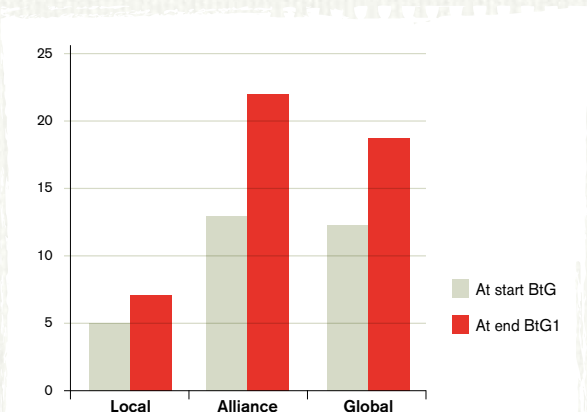
The study team measured collaboration on three levels. At the most basic level, collaboration involved **contact with a partner organisation**, such as face to face, over the phone, or via an email. At the second level, we measured collaboration not as mere contact, but as **sharing knowledge**, through, for example, giving advice, training, tools, or participating in meetings or platforms for knowledge exchange. Finally, at the 'highest' level, we measured collaboration as **creating something together**, for example a written strategy, research or guideline, or jointly implemented event or policy.

Combining all these levels, we see that since the Bridging the Gaps programme started, collaboration between partners has increased (statistically significant, not by chance). On average, each partner had 8,6 collaborations. This was a substantial increase from 5,9 ties at start of the program. These increases occurred among (Figure 3) and across all types of partners (Figure 4). While we only examined a few external influences (as controls), it is likely that the alliance structure was what had encouraged the development of collaborative ties.





**Figure 3. Average number of ties per key population**



**Figure 4. Average number of ties per organisation type**

Organising this data by level of collaboration, we saw that all types of organisations increased at all levels of collaboration, with the one exception of information sharing, which was reported to have stayed the same among global partners.

To understand why changes in level of collaboration may have occurred statistically, the five dimensions of collaboration were used. (Thomson, Perry & Miller 2009) described previously. What we saw was that, within Bridging the Gaps, the most important facilitators for increased levels of collaboration were: the extent to which collaborating partners were not seen as a hindrance a partner's own goals, and the ability to work through differences. In the survey, collaborations reported to involve sharing of information were motivated by relationships based on good coordination and

communication. Collaborations that were reported to generate new ideas, however, also reported to have learnt to work through differences.

### Perceived benefits of collaboration

A review of the levels to which collaboration influenced the attainment of the overall programme goals (box 1), shows that all Bridging the Gaps goals correlated positively with collaboration, meaning that partners who, in the survey, received more claims of collaboration by others, reported better programme outcomes.

#### BOX 1: ATTAINMENT OF BRIDGING THE GAPS PROGRAMME GOALS

1. Contributed to improved quality of and increased access to HIV prevention, treatment, care, support and other services for key population(s)?
2. Contributed to protecting the human rights of key population(s)?
3. Contributed to a better integration of specific services for key populations in the general health system?
4. Increased its capacity to work on HIV and key populations?
5. Contributed to developing and strengthening an approach on HIV/AIDS and key populations together with other organisations?

During the interviews, several respondents noted that increased collaboration is necessary and valuable for the future of the programme, and that not enough collaboration took place over the course of BtG1. Nevertheless, respondents noted that collaborative work had already been productive in many ways., This included **pragmatic improvements** in the efficiency and scope of services, such as the development of referral systems between partners representing different key populations at local level, in some cases also improving their visibility. Another example was the joint sensitisation of state services, which in turn greatly increased the scope of awareness raising. But collaboration also forged **symbolic changes** in the network, such as a sense of togetherness, increased trust, and decreased stigma between organisations and groups.

These developments have contributed to Bridging the Gaps staff at all levels of the collaboration referring to the joint work of partner organisations as a **“movement”**, both as a function of Bridging the Gaps and as part of wider global activism.

“ It’s a reflection of a wider HIV movement. It’s reflecting in a sense the dynamics that are much larger than Bridging the Gaps, which has taken them and put them within one structure. ”

– a global network activist

Respondents noted, however, that this movement was not a grassroots one, as it was initially forged by the partnership requirement of the funder, the Dutch Ministry of Foreign Affairs.

“ It forced us to work together. And of course that force came out of an idea that key populations are in the same position, they are vulnerable to HIV and other diseases and they should work together. ”

Although partners had differing ideas about exactly what the roots of this movement were, it does tell us that Bridging the Gaps has developed a sense of a collective project which includes all key populations. This notion of a key population movement is evidence of the core added value of multi-level, cross key population collaboration.

### Collaboration between partners representing different key populations

One characteristic of the Bridging the Gaps alliance was the way in which organisations who typically function in programmatic silos, such as the different key populations, started to work together. On average the ratio with which partners dominantly representing certain key populations started creating ties with partners representing other key populations increased slightly (from 0.36 to 0.41). Looking at this interaction in figure 5, we see that increases varied, and were particularly the case for partners representing drug users, but a decrease for LGBT organizations.

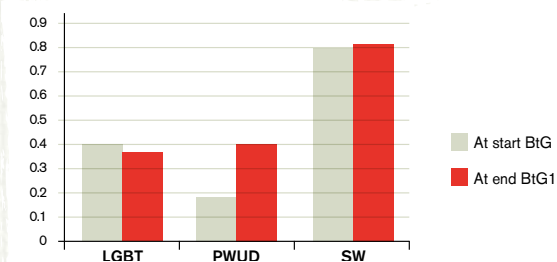


Figure 5. Average ratio of cross key population collaborations per population

When linked to outcomes, the data shows that organisations who had started to collaborate across key populations were the ones who reported fewer gains on the Bridging the Gaps human rights goal. Based on programme experience, this is best explained as resulting from specific key population partners who are faced with particularly difficult human rights situations being more motivated to reach out to partners representing other key populations for solidarity and strength.

### CASE STUDY: INFRINGEMENTS OF HUMAN RIGHTS MOTIVATE KEY POPULATIONS TO COLLABORATE ON ANTI-DISCRIMINATION IN KYRGYZSTAN

In Kyrgyzstan, there have been several structural challenges to the human rights of key populations over the course of the first phase of Bridging the Gaps, due to a rapidly changing and unstable political environment, among other contextual factors. Examples include:

1. Anti-LGBT legislation
2. A ban on ‘foreign agent’ organisations (providing care and services to key populations)
3. Laws infringing the human rights of sex workers

As well as being severe obstacles to the work of key population organisations, they have been key drivers for them to reach out to each other and engage in joint action:

“ Now we have found some joint interests and joint problems. Right now we are working on the anti-discrimination law, without indicating whether this is an MSM, a sex worker, or LGBT group... there should be one movement to stop discrimination. ”

– a local partner, Kyrgyzstan

Organisations representing key populations in the same country are naturally more inclined to collaborate, as they face similar environments and contexts, and often share a culture and language. An important issue of crossover collaboration is therefore the existence of organisations for each of the populations. Although they all might be represented in one way or another in a particular country, these organisations are not necessarily part of Bridging the Gaps. Representing the three key populations in



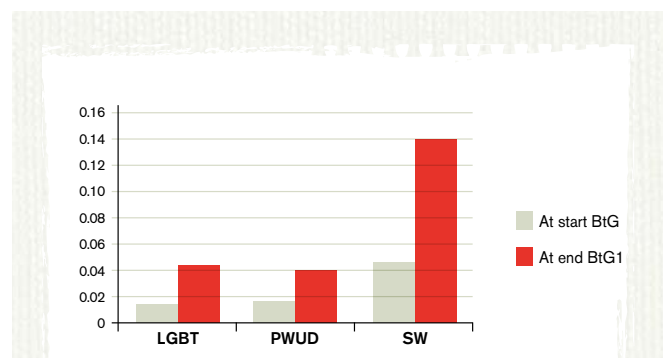
a single country with a single partnership could hold some benefits. We therefore looked at the added value of Bridging the Gaps representation for all three key populations in a country. Using the survey data, we found that partners in those countries report higher increases in capacity and more contributions to an integrated approach to HIV/AIDS in key populations (Bridging the Gaps goal 4 and 5). So representation of all three key populations in a country by Bridging the Gaps can definitely have benefits.

The Kyrgyz case study tells us how having partners focusing on all three key populations in one country can contribute to the capacity of NGOs. Our qualitative data generally shows that collaboration between all three populations can provide political solidarity and resilience when laws or social discrimination threaten the human rights of one or more of them. It also provides more opportunities for holistic, joined-up care for community members who ‘cross over’ key populations (i.e. in need of referral between services tailored to different populations).

**Collaboration between local (in-country) partners and global networks**

Another key point of the Bridging the Gaps partnership is cross collaboration between local and global partners. Although there were only a few global partners and many more local partners, there are now more collaborations

between them, as the proportion of local-global connections increased for all key populations overall (from 0.02 to 0.06). Figure 6 illustrates the changes per key population, and shows the particular increase for sex worker partners (note: an explanation may be the low number of sex worker organisations in Bridging the Gaps). Global-local collaborations have added value, as we see that local programme partners who collaborated more with global networks reported a higher contribution to human rights as well as a higher increase in capacity building. This may suggest that these partners develop skills to contribute to human rights objectives through this connection.



**Figure 6. Average ratio of local-global collaboration per key population**



Collaboration between global networks and other organisational types (Dutch alliance and local partners) is further perceived to have added value for the financial and structural security of the programme and of the organisations involved. Overall, collaboration on a global scale is a key demand from the donors of the programme and is an expectation within the HIV/AIDS prevention sector. Our qualitative data also shows that collaboration increases a partner's profile, opportunities for funding and access to powerful decision-makers: all of which are essential strengths for grassroots and professional organisations alike.

### Obstacles and drawbacks to collaboration

Having described the achievements of the Bridging the Gaps programme so far, it cannot be ignored that all this did not happen without struggles. In fact, there are a number of major obstacles and drawbacks which partners experienced throughout the first phase. These included mutual stigma, the perception of a "forced marriage", the silos of identity politics, limited learning opportunities and competition for resources.

**Mutual stigma:** While being stigmatised is part of being a key affected population that is more likely to be living with HIV, each key population partner also experienced stigmatisation as a result of representing separate marginalised groups. Discrimination and stigmatisation therefore also occurred between these groups, and was mentioned as one major obstacle to collaboration. This mutual stigma was most prominent in contexts where key populations were most isolated, at risk of criminalisation, and a partner's activities took place mainly at a community or client level. Mutual stigma was felt particularly strongly between PWUD and LGBT partners, due to a history of deep-rooted stigma.

“ We have some common points to share, but to work with three groups in only one space - men who have sex with men don't want to hang around with drug users. And a drug user - they will not mess around with gays. And that's why it's better to work separately. ”

– a PWUD community-based NGO, Kyrgyzstan

**Perception of a forced marriage:** The majority of collaborations in Bridging the Gaps originated in the proposal for funding, followed by the strategic planning and contractual agreements that kicked off the

programme. Many have described this initial structuring of the network as a "forced marriage" between partners, indicating a top-down strategy, which (at least at first) was uncomfortable for people 'on the ground'.

**Identity politics creating silos:** The discomfort noted above may stem from the fact that many of the partner organisations were set up against a backdrop of identity politics. Identity politics are political causes that focus on the interests and perspectives of the social group with which people identify (e.g. key population community). In the programme's mid-term evaluation, Oosterhof and De Kort (2014 p29) noted that "a fierce interaction between identity politics and office politics" was said to "affect the collaboration between civil society organisations." The evaluators wondered:

“ ...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? ”

Many key populations had historically mobilised and de-stigmatised their communities by reclaiming their identities as social groups, to strengthen advocacy and a sense of community within these populations. During this process, however, the tension could be seen between advantages and disadvantages of partners explicitly identifying themselves with certain 'identities', such as sex workers, LGBT communities, or people who use drugs, at the exclusion of others.

“ I think the reason why people did not have the idea of working together was a lack of understanding of each other. Because I looked myself like a sex worker, and this is a problem I'm facing with my sisters. I did not look at that [MSM] brother who was behind them, because that brother did not matter at that time. It mattered to me and my fellow women. ”

– a focus group participant, Kenya

This dynamic can also be seen in the social network representation, where a cluster of LGBT partners in Africa appeared to have collaborated more with each other than with the rest. The divisions that identity politics can create 'silos. The widespread critique of key populations operating in silos was institutionalised to some degree by the 'pillared' structure of Bridging the Gaps (in three separate key population projects) developed in the initial programme proposal. During interviews, about half of the stakeholders participating in the programme team brought up this specific point on the potential silos created by the Bridging the Gaps structure. Some local partners also commented that this funding structure limits cross key population collaboration, where only one project is funded in their context.

**Limited learning opportunities:** The process of getting to know the goals, values and approaches of other partners has been slow and was not facilitated early on in the programme. This may have been because the scale and time commitment required for this learning process was initially underestimated.

**Competition and resources:** All Bridging the Gaps partners work under conditions of (varying degrees of) financial scarcity and uncertainty, which contributes to a culture of competition and protectionism among NGOs. Building alliances with former competitors requires a huge amount of trust building and investment in redefining organisational dynamics.

### 3.3. COLLABORATING ACROSS MULTIPLE DIFFERENCES

#### Recognising explicit and implicit expressions of difference

Considering the obstacles and potential drawbacks to collaboration described above, how might a complex network like Bridging the Gaps work most effectively as an alliance? To answer that question, it is important to identify how differences are expressed in the network. Within the Bridging the Gaps structure, there were two expressions of difference that were explicitly acknowledged in the programme when it was initially set up. The first was the **key population served** by the NGO or CSO: the distinction between sex worker, PWUD and LGBT partner organisations. The second was the **organisational type** of the NGO or CSO: whether they were global networks, Dutch alliance partners, or local partners.

Through participation and observation of the alliances at various levels, the network in reality was more complex than these explicitly stated differences, relying on more 'implicit expressions of difference' based on the tacit understanding of Bridging the Gaps staff. Explicit knowledge is that which is recorded, written down and agreed upon by key stakeholders. Tacit knowledge is implicit understandings, or "know-how" carried by the individuals that make up an organisation or programme. Tacit knowledge often has not (yet) been written down or expressed explicitly in the formal documentation of a programme (Von Krogh, Ichijo, & Nonaka, 2000). The table below compares recognisable explicit and implicit expressions of difference:

Explicit expressions of difference	Implicit expressions of difference
Based on explicit, documented knowledge	Based on tacit knowledge
Shapes the structure of Bridging the Gaps	Shapes the profile of individual organisations
Categories, sometimes referred to as 'silos'	Not agreed-upon 'categories'
Found in formal documents and solidified in language used in formal meetings, external representations, or surveys conducted	Found between the lines, observable during informal meetings, captured by ethnographic techniques

## Overcoming explicit differences - facilitators and challenges

After identifying expressions of difference using participant-observation techniques, we identified how these differences influenced the collaborative processes in Bridging the

Gaps. Tables 1 and 2 summarise the key processes across different key population partners and between different types of organisations (the explicit expressions of difference): motivators, reasons not to collaborate, facilitators, and challenges to joint work.

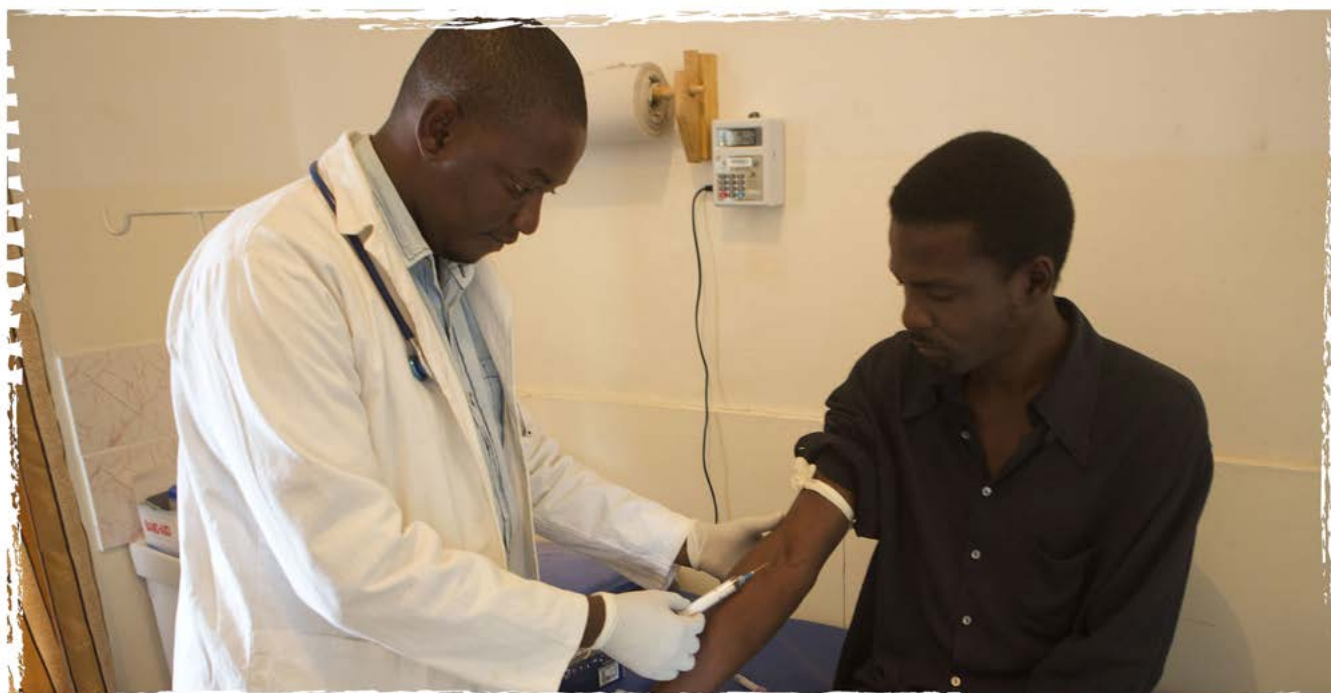
**Table 1. Collaboration between globals and other types of organisations in Bridging the Gaps: summary of qualitative findings**

	Motivators / reasons to collaborate	Reasons not to collaborate	Facilitators	Challenges
<b>Global - Local</b>	<ul style="list-style-type: none"> <li>▪ Globals offer peer-to-peer capacity building to grassroots projects</li> <li>▪ Financial support (global to local)</li> <li>▪ Having representation at global level raises profile of local partners</li> <li>▪ Local partners provide globals with a wide range of local knowledge from key population communities</li> <li>▪ Building up local partners increases the reach of global networks' advocacy and approaches</li> </ul>	<ul style="list-style-type: none"> <li>▪ If an organisation is not key population led (i.e. they are service providers) the global partners will not include them in the global network</li> <li>▪ Perception (from local partners) that local issues have little relevance on a global stage: some would prefer regional networks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bridging the Gaps and other international events facilitating face-to-face meetings</li> <li>▪ Locals' motivation to become involved in global arena</li> <li>▪ Locals speaking English or proper use of translators to assist in global events</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of face-to-face communication (due to geographical distance)</li> <li>▪ Lack of local partners' capacity to become involved in global networks</li> <li>▪ Language barriers between global-local staff (e.g. in Central Asia)</li> <li>▪ Perception at local level that global connections are not as important as local ones</li> <li>▪ Debate whether key population led or non key population led NGOs may (legitimately) advocate or represent key populations at local level</li> </ul>
<b>Global - Dutch alliance</b>	<ul style="list-style-type: none"> <li>▪ Dutch and globals can coordinate network-building across shared local partners</li> <li>▪ Donor relationship between Aids Fonds and globals: Aids Fonds provides funding which enables global projects</li> <li>▪ Ultimately, Bridging the Gaps funding relies on Dutch partners contracting and coordinating with global networks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Differently perceived priorities of global and Dutch partners (based on the generalisation that globals are key population led and Dutch alliance partners service provider led)</li> <li>▪ Dutch and global partners will not externally represent/ be represented by the other group</li> </ul>	<ul style="list-style-type: none"> <li>▪ A history of working together (i.e. longer than BtG1)</li> <li>▪ Finding broader, overarching goals</li> <li>▪ Recognising strength in diversity (of strategies)</li> <li>▪ Opportunities to work face-to-face at global or alliance levels</li> <li>▪ Learning to 'agree to disagree'</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of face-to-face communication (due to geographical distance and logistics)</li> <li>▪ Global-Dutch alliance depends on personal motivation: it is not embedded in structure</li> <li>▪ Lack of trust</li> <li>▪ Lack of clarity of roles and responsibilities (e.g. alliance doing advocacy?)</li> <li>▪ Frustration among global (and some Dutch alliance) partners at the continued questioning of the role or (added) value of the globals</li> </ul>



**Table 2. Cross key population collaboration for different types of organisations (local, global): summary of qualitative findings**

	<b>Motivators / reasons to collaborate across key populations</b>	<b>Reasons not to collaborate across key populations</b>	<b>Facilitators</b>	<b>Challenges</b>
<b>Local</b>	<ul style="list-style-type: none"> <li>▪ Common ground (human rights and/or medical issues)</li> <li>▪ Intersectionality between and within key population communities</li> <li>▪ The need to stand in political solidarity in hostile contexts</li> <li>▪ Sharing contacts and broadening network</li> <li>▪ Referral systems and integrated services</li> <li>▪ Resource/funding acquisition</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fear of association with other key populations at organisational level</li> <li>▪ Stigma at the client level</li> <li>▪ Focusing on key population's unique needs</li> <li>▪ Identity politics and protectionism of own key population group</li> <li>▪ No funding/mandate from Bridging the Gaps to work with more than one key population in some regions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bridging the Gaps run meetings/ platforms with more than one key population</li> <li>▪ Opportunities for joint representation at high level platforms (mainly among key population led organisations)</li> <li>▪ Increasing openness and visibility of key population organisations</li> <li>▪ Mutual understanding/ empathy</li> <li>▪ Sensitisation (reduction of negative stereotypes)</li> <li>▪ Difference in identity, so clearly defined roles and minimised competition between partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of awareness of other key population organisations</li> <li>▪ Lack of time or capacity to work formally with other key population organisations</li> <li>▪ Particularly difficult relationships between LGBT and PWUD communities including stigma and negative stereotypes</li> <li>▪ Immediate organisational challenges taking priority over collaboration</li> </ul>
<b>Alliance</b>	<ul style="list-style-type: none"> <li>▪ Joint proposal writing and funding acquisition</li> <li>▪ Raising profile of smaller organisations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identity politics and protectionism of own key population group</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bridging the Gaps integrative structures (e.g. programme team)</li> <li>▪ Difference in key population identity and therefore clearly defined roles</li> <li>▪ Shared working culture</li> <li>▪ Shared history of working together in the sector</li> <li>▪ Working in the same region as other key population organisations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Competition/tensions about the distribution of resources</li> <li>▪ Staff feeling they are working in 'silos'</li> <li>▪ Lack of organisational trust between people (particularly at beginning of programme)</li> </ul>
<b>Global</b>	<ul style="list-style-type: none"> <li>▪ Common ground (human rights/ medical issue)</li> <li>▪ Intersectionality in key population community</li> <li>▪ Resource/funding acquisition</li> <li>▪ Skills exchange for collaborative guideline writing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identity politics and protectionism of own key population group</li> <li>▪ When opportunities for cross key population representation is seen as tokenism or restrictive</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bridging the Gaps and other collaborative platforms (e.g. free space process)</li> <li>▪ Shared history of working together in the sector</li> <li>▪ Difference in identity and therefore clearly defined roles</li> <li>▪ ITPC and GNP+ in bringing together all key populations</li> <li>▪ Working in the same region as other key population organisations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff feeling they are working in 'silos'</li> <li>▪ Lack of time or capacity to work informally with other key population organisations</li> <li>▪ Sense of own community being unfairly left out</li> <li>▪ Different levels of capacity (e.g. academic)</li> </ul>



The tables on the previous page provide an overview of collaborative processes. The box below shows two of the most important findings: the key motivators for collaboration across key populations. This has been highlighted in more detail because they are issues that cut across different groups and provide a strong case for cross key population collaboration, defined by the partners themselves.

### IN DETAIL: KEY MOTIVATORS FOR CROSS KEY POPULATION COLLABORATION

Common ground among key populations as a motivator for collaboration:

“ We will disagree if it's a principle thing but we have another thing where we stand together and we fight for global policy together. Because the similarity of stigma, of discrimination, of marginalisation of our communities is common. ”

– a global partner

There is a range of issues that are equally relevant for all three key populations across all levels of the programme. These include: common and defining experiences of the wider key population community, such as social/political position (as quoted above), the medical issue of bearing the highest burden of HIV/AIDS, and organisational experiences of key population NGOs and CSOs playing a vital-

although historically marginalised—role in the global HIV/AIDS sector. All these commonalities, when recognised as such, promote joint understanding between key population organisations and strengthen their voices in advocacy efforts.

**Intersectionality** as a motivator for collaboration:

“ The link between drug users and sex workers is more easy on the ground, because a lot of drug users engage in sex work and a lot of sex workers use drugs for different reasons. So that link is quite natural. ”

– an alliance partner

Intersectionality highlights the ways key population identities interact with each other, sometimes creating very specific or new issues for those who identify (or could be identified as) belonging to two or more key populations. Often this interaction creates interdependent systems of discrimination and disadvantage for groups such as key population communities. This intersectionality within key population communities motivates organisations to work on several intersecting key population identities at a time. The commitment to supporting and advocating for all members of a key population community makes it essential for organisations to recognise intersecting issues, in order not to isolate or 'leave behind' those connected to other key populations.

The way in which the differences identified in the tables hindered collaboration may best be illustrated using a case study of a persistent challenge that different types of organisations faced in the Bridging the Gaps programme team (PT) responsible for coordination.

### **CASE STUDY: A PERSISTENT CHALLENGE BETWEEN TYPES OF ORGANISATIONS IN THE PROGRAMME TEAM**

During the first phase of the Bridging the Gaps programme, frustration developed at the continued questioning of the (added) value of the global networks. As an issue that has been raised among the PT, and is already being addressed in strategy plans for BtG2, there is a sense that this is 'well-trodden ground' for the network. This "persistent, repetitive questioning" (global partner) of the global networks' role in particular, was exacerbated by a lack of motivation to learn about the priorities and perceived responsibilities held at other levels:

“ If you really look into it, is there really un-clarity? If you really go through the documents - what is there, the plans - it would be quite clear what they're doing. ”

– the lead agency

Despite a painful awareness of this issue from all sides, members of the PT have been disappointed at the progress in overcoming it.

In the mid-term evaluation, Oosterhoff and De Kort (2014) noted that linkages between global programmes and national levels included struggles concerning issues of representation, differences in views on technical issues, and authorities, rights and responsibilities. One lesson learnt by all partners was that some of these continual misunderstandings about the roles and responsibilities of global and Dutch alliance partners stemmed partly from the fact that there were insufficient opportunities to establish these issues clearly from the start of the programme, as global partners were not involved in the programme until after the initial proposal had been developed. As result, an increasing awareness of the importance of finding common ground to motivate collaboration developed. Still, the "persistent, repetitive questioning" expressed in the case study makes us ask: Why this block? Is there a more productive way to think about it? The sections below aim to highlight some potential strategies.

### **3.4. INFLUENCE OF 'IMPLICIT EXPRESSIONS OF DIFFERENCE' ON COLLABORATION: A CONCEPTUAL MODEL**

#### **Positionality and the many "hats" this brings**

While explicit difference may be remedied by focusing on common goals, the social network analysis image shows that, in their collaborative effort, partners did not just cluster on these two expressions of difference. Instead, other expressions that have remained implicit, or tacit knowledge. For example, key population identity politics did not divide partners in the purple cluster in Central Asia. Instead, this cluster of partners appears to have worked together more as they were 'service providers', separated from a group of partners seen as more heterogeneous.

Over the course of the first phase of the Bridging the Gaps programme, partners became aware of the complexity of these expressions of difference: an organisation cannot just be described in terms of key population served and whether they are global, Dutch or local. They also have a certain membership, portfolio of work, role within the programme, etc. (see table on implicit and explicit expressions of difference). These other factors are not fixed, or mutually exclusive (i.e. they may overlap), and the way an organisation describes itself may differ according to the context and audience it is relating to. This flexible organisational identity can be referred to as its 'positionality'. Positionality assumes that the identity of an organization is defined by their location within a shifting network of relationships (i.e. the BtG network). This concept can be seen in practice in the way that many programme staff talked about multiple identities as the different "hats" they can wear (see box below).



## WHAT DOES 'POSITIONALITY' MEAN IN PRACTICE? DESCRIBING ORGANISATIONAL IDENTITIES AS "WEARING DIFFERENT HATS".

“ Sometimes partners at all levels within Bridging the Gaps have struggled to understand the multiple “hats” that [we] wear. So that’s been a challenge. ”

The structures that make up Bridging the Gaps consist of different organisational identities such as “the globals”, or “LGBT organisations”. However, organisations almost always belong to more than one identity, e.g. being a global and LGBT and a key population led organisation. Moreover, these identities are shaped by different approaches and strategies to public health work (e.g. a partner who takes a human rights approach, instead of a more medical approach).

When an individual describes their organisation's linkages and collaborations, they often talk of wearing “different hats” in order to show themselves in different lights in different situations or contexts. This is a reminder that members of the Bridging the Gaps alliance see themselves in more diverse and flexible ways than the explicit Bridging the Gaps structures might suggest.

## Recognising partner profiles to understand positionality

The metaphor of “wearing different hats” illustrates just how easily partners can frame themselves in different ways, just by foregrounding one aspect of their profile. Our observations showed us that NGO staff capitalise on this ability to change position all the time, in order to attune to their audience, to emphasise different strengths, to operate in certain cultural contexts, and so on:

“ I discuss that with my partners quite a lot and it’s usually not in an official meeting, more you know like when we sit outside and have a break... And what I discuss with the team a lot is that you have two “hats” on: you’re a donor, and you know you have to be firm in certain issues you have to deal with. And on the other hand, you’re a partner and you want them to trust you as well to share the difficulties that people have. ”

– an alliance partner

This understanding about positionality within Bridging the Gaps was incorporated into a conceptual model representing the view from “within” (emic). At the core of this model, shown in figure 7, is the partner profile, which incorporates the explicit expressions of difference—the different key populations served and the type of organisation, in blue—at the bottom, and the more implicit expressions above them. What we see in the model is expressions of difference that range from leadership, service provided to perceived roles. On top we see the implicit expressions of difference that relate to the **public health approach** of a partner. The medical and human rights perspectives in this part of the model are not mutually exclusive; many partners ultimately position themselves with both perspectives. Together, these positions create a unique profile that differs for each partner and characterises their identity in a shifting rather than static way, depending on the context and questions asked. The model as a whole indicates that overarching **medical** and **human rights** perspectives filter down into many expressions of difference, all of which overlap and work together in order to capture the complexity and holistic nature of the Bridging the Gaps programme. This distinction is seen in the literature in many forms as well, e.g. as high road and low road HIV programming (Vanwesenbeeck, 2011).



## PUBLIC HEALTH APPROACH

Perspective



Origin

Public Sector      Civil Society

Nature Of Advocacy

Health Rights      Social Justice

## PARTNER PROFILE

Leadership



Provider-led



Key Population led

Service Provided



Prevention / Treatment



Legislative / Legal

Perceived Role



Implementation



Activism

Population Served



People Who Use Drugs (PWUD)



Lesbian / Gay / Bisexual / Trans (LGBT)



Sex Workers (SW)

Organisation Types



Local



Dutch Alliance



Global

**Figure 7. The Bridging the Gaps conceptual model illustrating changing positionalities within the key population alliance. The model sets out the many identities that partners can position themselves with, in different situations and in relation to other partners. Note that none of these building blocks are mutually exclusive.**

Below are examples of the ways in which these implicit expressions of difference can influence collaboration.

### Perceived role: implementation/activism

Whether a partner was perceived to take an activist or implementer role appeared to be a key factor in trust between collaborating partners. For example, activists were often seen to be more radical in their views and approaches to problems, eliciting some anxiety or fear, particularly among local or Dutch alliance service providers:

“ It seems me that these groups... they have started working more radically and now they promote some radical advocacy and this you know creates more tension. ”

– a local service provider, Kyrgyzstan

Conversely, activist partners displayed mistrust towards implementing organisations, given their role as professionals who were seen to take a more top-down approach:

“ Four years ago, anything that was not [key population] related was not to be trusted, even if you were a healthcare worker advocating for [key population] rights ”

– an alliance partner

The perceived role of the organisation (implicit expression of difference) was sometimes attributed to the type of organisation (explicit expression of difference), because global partners identify as activist networks, and the Dutch alliance partners tend to take an implementation role, providing expertise and services to the local level. This attribution led to miscommunication as a result of misinterpretation of the ideological basis on which the differences were discussed. There were, however, exceptions, such as Dutch partners taking a much more bottom-up, activist approach than this would suggest. In fact, perceived role is more of a sliding scale that differs within and between types of organisations. When issues of trust came up, however, it was more likely to be about role concerns, than about fixed organisational types.

### Service provided: prevention and treatment/ legislative and legal

The main services provided by an organisation say something about their priorities and goals, which hold a different weight for both organisations, and the wider structures they operate in (i.e. the programme and the HIV/AIDS sector). This can have a **positive** effect on collaboration, providing opportunities for organisations with different skill sets to work together with minimised competition. However, it can also **negatively impact** collaboration, as some goals are perceived to have higher status than others in certain contexts, namely, the biomedical model having dominance over other approaches in the HIV/AIDS prevention sector. This has elicited tensions and power imbalances between different service providers within the same key population project:

“ We felt we had a different position and the feeling we had to prove ourselves to the other partners. We were also in HIV prevention but from a human rights perspective. So we really had the feeling in the prep phase, that everyone thought ‘do they really fit here? What’s their experience? ”

– service provider

Where an organisation positions itself in the alliance structure also reflects wider power struggles and politics, which may work against them regardless of the quality or value of their work in the programme. Miscommunication may result from what is framed as an issue of competition within key population groups (explicit expression of difference), when it is also about what services are prioritised in which context (implicit expression of difference).

### Leadership: provider led/key population led

Whether an organisation is service provider led was perceived to be one of the most significant expressions of difference, with serious implications for perceptions of the roles and responsibilities of different partners. More specifically, it raised the question: who may take the responsibility of representing key population communities? This **positively** influenced cross key population collaboration at the global level, given that these organisations are key population led and are all activist networks, and therefore very willing to align with one another and even represent one another on certain issues that require solidarity among key population groups.



A way in which this played out **negatively**, however, was in the debate within the programme team about who may legitimately advocate for key populations:

“ They are not community-based organisations, they’re service providers. Advocacy’s not what they do... They have no legitimacy to be representing this community. ”

– a key population led organisation

This had been framed as a debate between alliance partners and global partners, while the sensitivity came from their leadership rather than which type of organisation they are.

Once again, this tells us that implicit expressions of difference can say more about the issues and tensions between organisations than explicit ones. The debate may well be more productive if it addressed leadership issues first and foremost, rather than reinforcing tensions between the global and Dutch alliance partners.

### The significance of positionality in the public health approach

Public health in Bridging the Gaps is understood very holistically, capturing both **health** and **rights**. For this reason, the positionality of a partner also depends on how they approach public health and HIV/AIDS prevention: whether they take a medical or human rights perspective, whether their origins (funding, expertise, etc.) lie in the public sector or civil society, and whether the nature of their advocacy is concerned primarily with health rights or social justice. Often, it is useful for partners to mobilise around one perspective, depending on the issue at hand, the context, and/or other partners they are in collaboration with. This positioning of key population partner(s) towards a public health approach interacts with what kind of partner profiles tend to be involved with such a collaboration ‘lower down’ the model, e.g. those positioned towards the medical perspective are more likely to attract and mobilise alongside partners focusing on the ‘prevention and treatment’ profile. It also interacts with collaborating partners’ perspectives about motivators for collaborating and the intended outcomes of that collaboration: i.e. whether a medical model or a framework of human rights best captures the reasons why they have reached out to other key population partners in their context. The comparative case study below illustrates this interaction between public health perspective and motivators for collaboration.

**Table 3. Summary of Kenya and Kyrgyzstan case studies**

Country	Context and key actors for key population organisations	Public health perspective for key population organisations	Main motivators for cross key population collaboration
Kenya	<ul style="list-style-type: none"> <li>▪ Progressive <b>ministry of health</b> welcomes key population involvement</li> <li>▪ Unstable/harsh judicial system</li> </ul>	<b>Medical perspective</b>	<ul style="list-style-type: none"> <li>▪ <b>Service providers</b> interested in how needs of key populations overlap to create <b>integrated services or referral systems</b></li> <li>▪ Framing key populations as ‘medically vulnerable’ groups is seen to be more politically and culturally sensitive</li> </ul>
Kyrgyzstan	<ul style="list-style-type: none"> <li>▪ Weak state health system</li> <li>▪ <b>Strong civil society and NGO</b> sector</li> <li>▪ Activists under threat of being targeted as ‘foreign agents’</li> </ul>	<b>Human rights perspective</b>	<ul style="list-style-type: none"> <li>▪ The need for all key populations to stand in <b>political solidarity</b> in the face of similar discrimination (anti-gay propaganda, criminalisation of sex workers, etc.)</li> <li>▪ The need for mutual support <b>among activist organisations</b> with major funding cuts</li> </ul>



**CASE STUDY: DIFFERENCES IN PUBLIC HEALTH PERSPECTIVE AND DIFFERENT MOTIVATORS FOR CROSS KEY POPULATION COLLABORATION**

Observations of collaboration across all three key populations in Kyrgyzstan and in Kenya demonstrates how different perspectives relate to different motivators for cross key population collaboration, shown in table 3. In Kyrgyzstan, the dominant perspective was human rights, whereas in Kenya the dominant perspective was medical; in both contexts this was reflected in the main motivators for cross key population collaboration.

The medical/human rights expression of difference has an effect on many of the other different (implicit or explicit) positions a partner organisation might take. This can cause disagreements or power struggles between different organisations about the core purpose of joint mobilisation across different key population organisations. However, as the case study above illustrates, the motivators for cross key population collaboration in Bridging the Gaps depend not on a fixed ideology, but more on the context, key actors and immediate priorities for local organisations. Moreover, when the medical and human rights perspectives are considered to be two positions within one final goal of

'Health and Rights for Key Populations', this difference becomes a vital component of the joint strategy of Bridging the Gaps.

**Using the Bridging the Gaps conceptual model for effective collaboration**

Putting all the elements together, the conceptual model developed here allows us to understand collaboration as a dynamic process in which differences are identified and agreed upon. This model helps to clarify from which position a partner may be speaking on certain issues, in order to not only avoid miscommunication, but also to move beyond simple dichotomies and recognise the importance of developing truly creative collaborations, or the highest form of collaboration identified in the literature.

To illustrate the usefulness of this model, we return to the case study on page 20 '*A persistent challenge between types of organisations in the programme team*'. Using the model to overcome the challenge, the following steps facilitate effective collaboration:

**First, recognise the explicit expressions of difference**, which are inherent in this issue. That is, the value of "the globals" being questioned by "the Dutch". These types of organisations, like isolated key population identities, can also become 'silos' in the programme.

**Second, try to understand positionality (implicit expressions of difference).** Remember that partners may position themselves along a range of different profiles, and that they are not 'just' a global or a Dutch alliance partner. Think about where you are positioning yourself in relation to others, and why. Questioning the role of a partner may well come from competition on a certain issue.

**Third, consider the context and issue at hand.** Some aspects of a partner profile are more important than others in the context of different issues. E.g. leadership (key population led or service provider led) is particularly significant when dealing with the issue of who should/may legitimately advocate for key population communities, but might not be so important in others, such as approaching a public sector organisation for support. Decide when it is important to have distinct roles and when it is not.

**Fourth, look at the overarching public health approach to find common ground or identify implicit differences.** When a division between partners becomes 'tribal', it is likely that there is an overemphasis on one expression of difference. Look at whether partners take a human rights or medical approach, to identify where priorities overlap, or clash. This will open up space for a productive discussion about why partners are being more, or less, valued than others.

**Fifth, we communicate the above clearly.** Making the implicit differences explicit is vital. It is the way to break down existing silos and collaborate more dynamically and effectively.



# 4. CONCLUSIONS AND RECOMMENDATIONS

The Bridging the Gaps alliance network is incredibly complex and shaped by multiple factors, including language, key population served and public health or human rights perspective. These three factors are the most important unifiers and dividers of the Bridging the Gaps network. The alliance and the global partners are very central in the network, 'brokering' many of the partners as well. Local partners occasionally have a brokering function too, by connecting different groups. Collaboration has increased since the beginning of the programme over all levels (contact, sharing, co-creation). The most important factors that contribute to higher levels of collaboration are not hindering the other partner's goals and working through differences.

Cross collaboration between partners serving different key populations is more likely to occur when the organisations concerned have more difficulties contributing to human rights due to their environment. Partners in countries where Bridging the Gaps represents all key populations report higher increases in capacity and greater contributions to the development of an HIV approach with other organisations. Local partners who collaborate more with global partners report higher increases in capacity and greater contributions to human rights.

In order to develop collaborative capacity, partners may need to learn to recognise when identity politics is a factor, and to understand how this may affect the attainment of common goals. But Instead of seeing identity politics as an unbridgeable difference, collaborative capacity can be fostered by realising that these identities are positional, rather than essential. With this, it is meant that identities do not describe partners in absolute terms – they are only relative to a certain issue or position. This study has uncovered a number of explicit and implicit expressions of difference through which a partner can (re)position itself and find commonalities.

Recognition and acknowledgement of the legitimacy of the shifting roles of other partners, depending on the "hat" they wear and the context or situation in which partnerships practise, is key to building collaborative capacity in this network. Partners may need to respectfully "agree to disagree" on certain differences, yet continue to make efforts to seek common ground by exploring how their profiles may connect elsewhere. The uncovered implicit dimensions of collaboration may help to re-shift conversations away from rigid positions and help to recognise that possibility of a strategic shifting of "hats".

Learning how to turn conversations about difference into 'common ground' is a skill. Developing this type of skill takes time, but can be facilitated at the beginning of

complex partnerships through a willingness to explore "hats", roles, positions and common goals. It can also be facilitated by ethnographic research that might help to uncover the implicit expressions of difference that organise clusters, roles and identities in the network. This strategy overall will lead to a capacity to recognise how different approaches are all valid ways to achieve overarching goals.

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