

Alliance

Expanding community action on HIV/AIDS

NGO/CBO strategies for scaling up

Report on the third year of the
Community Lessons, Global Learning
collaboration between the International HIV/AIDS Alliance
and Positive Action (GlaxoSmithKline)



Preface

SHARING LESSONS ON SCALING UP COMMUNITY ACTION ON HIV/AIDS

NDOLA, ZAMBIA 16/18 AUGUST 2000

Participants in Zambia taking part in an ice-breaker activity at the start of the "Community Lessons, Global Learning" Workshop

This report shares the highlights and lessons learned from the third year of "Community Lessons, Global Learning", a collaboration between the International HIV/AIDS Alliance and Positive Action, GlaxoSmithKline.

The Alliance is an international NGO which was established in 1993 to support community action on HIV and AIDS in developing countries. Since then, the Alliance has supported over 1,150 NGOs/CBOs in 40 countries in Africa, Asia, Central Europe and Latin America to implement over 1,500 prevention, care or impact-mitigation projects. Positive Action is GlaxoSmithKline's long-term international programme of HIV education, care and community support.

"Community Lessons, Global Learning" catalyses increased reflection and action among community groups on key themes and priorities. More specifically, it aims:

- To help community groups to improve the quality of their HIV/AIDS work, by learning from the successes and failures of other organisations working in a similar context, both within their own country and in other continents.
- To improve the quality of support to community groups by regional and international policy-makers and donors, by communicating community level experiences and needs.

The first year of "Community Lessons, Global Learning", focused on moving beyond awareness raising in HIV prevention. The second year's theme was community care and support. This report synthesises experiences from the final year, focusing on how NGOs/CBOs can scale-up the impact of their work.

The project involved over 200 people from 12 countries in workshops in Ecuador, India, Morocco and Zambia. These enabled NGOs/CBOs and people living with HIV/AIDS (PLHA) to exchange their practical successes and lessons learned about the subject. To increase opportunities for learning, they also included participants from other national organisations and technical exchanges with groups from other countries.

This report is based on the documentation of the national workshops, but also draws upon other materials. These include a background paper developed by the Alliance and Horizons (a USAID-supported global operations research programme) which analyses the challenges of scaling-up HIV/AIDS prevention and care and support programmes. This paper and a set of commissioned case studies contributed to an international seminar held in Windsor, UK, in September 2000. Along with key points from the seminar, they are included in a new publication entitled, 'A question of scale: the challenge of expanding the impact of NGO programmes on HIV/AIDS in developing countries.'

While acknowledging the vital role of national and international initiatives, this report focuses on scale-up at a community level. It aims to identify practical lessons learned and to make concrete recommendations for donors, governments, NGO support programmes and NGOs planning to scale-up.

Front cover: Top row (L-R) Villagers in Burkina Faso watch a role play about orphans and vulnerable children performed by Kumale de Komtoega Association; Peer educators in the Philippines make kites to fly their hopes and dreams for the future; Association Marocaine de lutte contre le sida in Essaouira (Morocco) leading a discussion group on sexual health with street children. Bottom row (L-R) A Home Care Team visit in Phnom Penh, Cambodia; Young people practising condom use in Battambang Province, Cambodia; Clinica Nar raising awareness of sexual health and HIV/AIDS among local women in Canar, Ecuador.

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Abbreviations

CBO	community based organisation
NGO	non-governmental organisation
PLHA	people living with HIV/AIDS
STI	sexually transmitted infection

Executive Summary

HIV/AIDS remains one of the most significant development challenges today, and clearly there is still a great deal to learn about how to slow the spread of HIV and deal with the consequences of AIDS. Fortunately, the experience of responding to the pandemic over the past twenty years has shown that there are many approaches that either work or probably work. The challenge now is to move from successful small scale projects that reach relatively few individuals to effective strategies that really make an impact on the pandemic. How can individual NGOs/CBOs scale-up their own contribution to effective responses?

For NGOs/CBOs working on HIV at a community level, scaling-up effective action on AIDS involves five key considerations:

- ✓ **Focus** - ensuring that their programmes work most closely with individuals and groups that have the most significant effect on epidemic dynamics.
- ✓ **Coverage** - ensuring that as many key people and groups as possible are reached.
- ✓ **Quality** - ensuring that programmes and interventions are appropriate to the local context and target group and are of a consistently high standard.
- ✓ **Sustainability** - ensuring that the organisation, its programme and its effects last over time.
- ✓ **Impact** - ensuring that adequate attention is paid to each of the issues of focus, coverage, quality and sustainability, so maximising the potential impact.

As any NGO/CBO sets out to scale-up its work, it may pay more attention to any one of the first four elements noted above. This is entirely appropriate, as different scale-up strategies are appropriate for different NGOs/CBOs in different circumstances. Nevertheless, it is crucial that any scale-up strategy pays particular attention to how the above factors interact and complement each other, ultimately contributing to increased impact.

Based upon its practical experiences, the Alliance has already learned much about supporting NGOs/CBOs to scale-up at a community level. Drawing on different approaches to scale-up that have been used in different circumstances, it is possible to provide a menu of options from which each NGO/CBO can select a strategy package to suit its own specific vision, capacity and resources.

In addition, the Alliance has learned a considerable amount about the process of scaling-up for NGOs/CBOs. It is clear that scale-up ideally proceeds in a planned and strategic manner, based on rigorous programme evaluation, epidemiological analysis and participatory assessment with affected communities. However, in practice, scale-up rarely proceeds in such ideal circumstances and NGOs/CBOs must manage predictable tensions in the scale-up process: between “top down” and “bottom up” approaches, reaching more people and maintaining quality, and being accountable to the community and reporting to donors.

While flexibility and creativity are undoubtedly important, there do appear to be certain key prerequisites for effective scale-up. For example, there are minimum organisational requirements that must be in place prior to effective scale-up, such as solid administrative systems and confident and capable leadership. The scale-up process should be both community-led and evidence-based and should complement, rather than exclude, support to marginalised groups. Also, sustaining scale-up

Executive Summary

requires attention not only to programmes and organisations, but also to the quality and impact of the work at individual, community and societal levels.

However, despite these lessons and the increasing number of groups scaling-up their HIV/AIDS efforts, many significant questions still require more attention:

- Which strategies best suit which types of NGOs/CBOs and communities, and which are most cost and time effective?
- Which strategies most effectively balance all of focus, coverage, quality, sustainability and impact, rather than heavily focusing on just coverage?
- What short and long-term compromises - in areas such as accountability to communities and quality of work - are acceptable for the sake of scale-up?
- Is it realistic to talk of sustaining scale-up efforts locally, or is external funding always necessary?

Even with these areas of doubt, the Alliance proposes a series of concrete recommendations:

For NGOs/CBOs, perhaps the most important recommendation is that while every group working on AIDS should be striving to make their work more effective and more efficient, not all groups should necessarily be trying to scale-up. For those NGOs/CBOs that do pursue scale-up, evaluation, assessment and planning should ideally take place beforehand. At the very least, time and money should be allocated for reflection and planning as part of the scale-up process.

For governments and policy-makers, the Alliance's key recommendation is to recognise that most NGOs/CBOs legitimately have a different viewpoint and scope of action than those working at a national and international level. Governments increasingly and importantly focus on reducing overall HIV incidence and providing universal coverage of care and support. While the NGO/CBO sector is a vital partner in achieving these national and international goals, individual NGOs/CBOs can and should pursue their own targets with their own strategies. For example, any given NGO home-care programme is likely to be too expensive to scale-up to reach the four million people living with HIV in India. However, scaling-up the NGO programme can make a crucial contribution to reaching thousands rather than hundreds of people, to training clinicians and social workers who may go on to support other efforts, or to developing good practice guidelines.

Finally, for donors and NGO support providers, the Alliance recommends paying particular attention to jointly defining scale-up at the start of relationships with NGOs/CBOs, developing explicit strategies and criteria to select groups which will receive additional funding to support scale-up and specifying realistic objectives and timescales.

Introduction to scaling-up

"HIV is about people. We are demanded to walk an extra mile every day... and we are having to walk many extra miles."

George Fernandes, Sahara Center for Residential Care and Rehabilitation, India.

As HIV/AIDS nears its third decade, the pandemic is spreading inexorably. According to UNAIDS, over 36 million people, 95% in developing countries, are already living with the virus and 16,000 new infections occur every day.

HIV/AIDS brings with it immense personal, social and developmental challenges against which individuals, organisations and sectors throughout the world have battled to respond. But not enough has been done. Many millions of people still lack the information and skills to protect themselves and millions more, who are already infected or affected, lack adequate care and support.

Therefore, scaling-up - or "going to scale" or "widening impact" - is critical for all involved, from those carrying out grass-roots projects to those developing international policies. It matters not just because more people need services, but also because many of the changes that are vital to support effective action on HIV/AIDS - for example addressing gender roles and levels of stigma - must happen at a *large, collective scale*.

Participants at the workshop in India discussed the meaning of scale-up [see box] and the Alliance, in partnership with Horizons, is publishing a report 'A question of scale: the challenge of expanding the impact of NGO programmes on HIV/AIDS in developing countries' in which the definitions of scale-up are explored further.

Definitions of scale-up, India

During the "Community Lessons, Global Learning" workshop in India, participants worked in small groups to define scale-up in words and pictures. Examples of the results include:

"Scaling-up is the process of reaching out to a wider community through effectively adapting existing programmes or organisations to meet changing needs."

"We scale-up in order to improve the quality of life of the target population, through improving existing facilities and quality of services, capacity building, sharing experiences and lessons learned, and through effective networking."



One group drew scale-up as a tree that is planted, nurtured and, with the course of time, stands strong on its own.

Introduction to scaling-up

Although the exact definition of scale-up is debated, the need for NGOs/CBOs to pay more attention to scaling-up is clear and largely beyond question. Therefore, this report focuses on five inter-linked questions which answered together guide an NGO/CBO in scaling-up its work:

- How can we reach the key individuals and populations that most affect the dynamics of the epidemic in our community or country? In other words, have we thought through the **focus** of our programmes?
- How can we ensure that our HIV/AIDS programmes reach the largest number of key people possible with the resources that we have? In other words, are our programmes as efficient as possible in terms of **coverage**?
- How can we ensure that our HIV/AIDS programmes provide services that are appropriate for the populations that we work with and of a high standard? In other words, how can we ensure that our work is of sufficient **quality**?
- How can we ensure that the quality and impact of our HIV/AIDS programmes, as well as our organisations, last? In other words, how can we ensure that our efforts are as **sustainable** as possible?
- How can we ensure that our programmes really make a difference, in terms of HIV/AIDS prevention or care, among community members? In other words, how can we make sure that we are having a **real impact**?

In addition, it is also vital to consider the question:

- How do **focus, coverage, quality, sustainability and impact** inter-relate? Indeed, while each of these five elements is important in its own right, its relationship to the others is crucial. For example, to have a significant impact on HIV/AIDS, programmes must focus on key individuals or groups that most affect epidemic dynamics, be of a high quality, achieve significant coverage and be sustainable. Only as whole do these elements add up to not just scale-up, but effective scale-up.

Defining key elements of scale-up, India

During the "Community Lessons, Global Learning" workshop in India, participants worked in small groups to define what three of the key elements of scale-up mean in practice:

Coverage

- ✓ Reaching a higher percentage of the population.
- ✓ Reaching new target populations.
- ✓ Reaching new geographical areas.
- ✓ Increasing the range of services provided.
- ✓ Reaching different sectors (such as the government, health workers and the military).

Impact

- ✓ Impact = coverage + quality.
- ✓ Improving the quality of life for PLHA.
- ✓ Increasing health-seeking behaviours, such as the use of STI services.
- ✓ Reducing stigma and increasing community acceptance of PLHA.
- ✓ Increasing access to condoms.
- ✓ Increasing demand for services.
- ✓ Reducing new HIV infections.
- ✓ Involving other sectors.

Sustainability

- ✓ Increasing community participation.
- ✓ Maintaining a demand for services.
- ✓ Ensuring the NGO's/CBO's financial and organisational sustainability.
- ✓ Increasing capacity building and training, in particular among other NGOs/CBOs and communities.
- ✓ Maintaining the impact of interventions.

Introduction to scaling-up

NGOs/CBOs have an important role to play in scaling-up, particularly in countries where governments have limited resources or commitment. They have the advantage of existing relationships with communities, combined with creative approaches. This gives them great potential not only to carry out scale-up work, but also to catalyse action among others by sharing examples of proven strategies and frameworks.

In practice however, many NGOs/CBOs have struggled to move beyond projects that are of high quality, cost and maintenance, but serve specific, small-scale populations. As the 'UNAIDS Report on the global HIV/AIDS epidemic, June 2000' concluded:

"Action remains sporadic and patchy rather than comprehensive. 'Boutique' projects may provide services for one or two communities, while large areas of the countryside have nothing. Many programmes have yet to become comprehensive in either geographical coverage or content."

In one way, the rationale for NGOs/CBOs to scale-up is simple - to reach more people and to both prolong and improve the quality of more lives. However, as a strategic response to growing epidemics, scale-up is not just about increasing numbers at a local level. It is also about the need to address the broader social issues that affect HIV/AIDS and the response at a national level. These include cultural norms, administrative systems and the policy environment.

Similarities and differences of scale-up at community and national levels

NGOs working at community and national levels share many similar motivations for scaling-up their action on HIV/AIDS. These include the fundamental desire to increase the coverage and impact of their work.

However, the focus and methods of such organisations are significantly different. For national NGOs, "going to scale" usually means achieving a critical mass of coverage of key populations at a national level. This involves assessing the macro gaps in the country's response and deciding which they can fill. Meanwhile, the aspirations of community-level NGOs/CBOs focus on coverage at a local level. This is because their work is effective precisely because they operate on a small scale, working closely and intensively with people in a specific context and often modest geographic area. In practice, this may involve developing scale-up strategies that emphasise appropriate focus more than increasing coverage, while also developing the effectiveness and efficiency of their programmes.

Introduction to scaling-up

While the majority of concrete examples of scale-up come from mainstream health and development, a growing body of work is emerging from the field of HIV/AIDS. However, it remains largely undocumented. As a result, we face a situation whereby, as the Alliance/Horizons publication outlines:

“While tentative consensus is emerging over the importance of scaling-up, there is much less shared understanding of the contexts most conducive to scaling-up, the type of organisations or programmes appropriate to expand, the internal implications of scaling-up, how to define objectives, measure the impact of scaling-up and how these processes depend on and interact with the political and social environment.”

By sharing and analysing real life examples of scale-up among local NGOs/CBOs, the “Community Lessons, Global Learning” project aimed to contribute to this global debate, and help the Alliance and its partners focus more on moving beyond small-scale projects.

Specific challenges of scaling-up HIV/AIDS work

Scaling-up any area of development work involves challenges. However, some are either unique, or particularly pertinent, to HIV/AIDS. These include how to:

- ✓ Ensure broad-based action about a sensitive issue linked to stigma and denial.
- ✓ Achieve large-scale results for something requiring individual-level change.
- ✓ Extend models designed for specific, marginalised communities to broader populations.
- ✓ Cope positively with people involved in scale-up being directly affected by HIV/AIDS.
- ✓ Monitor scaled-up impact that involves complex, personal issues such as behaviour change.
- ✓ Sustain scaled-up action on epidemics, organisations and impacts that are subject to change.

Strategies for scaling-up NGO/CBO work

Based upon the practical experiences of NGOs/CBOs, particularly those participating in “Community Lessons, Global Learning” workshops, the Alliance has identified a number of strategies to scale-up community action on HIV/AIDS. This chapter outlines some of those strategies, providing a brief introduction to each and one or more examples of how it has been put into practice. The final section is an analysis of some of the advantages, disadvantages and points to consider for each strategy.

In many cases NGOs/CBOs have expanded the reach of their work, without necessarily having a specific aim to scale-up. For example, training volunteers and peer educators to educate others is an effective programme model which many NGOs/CBOs have adopted, and which also has the effect of increasing coverage. There are also examples of NGOs/CBOs that have deliberately adopted strategies with the explicit purpose of increasing the scale of their work. Such strategies include for example, adapting models, catalysing and supporting other organisations to carry out similar work, and decentralising services.

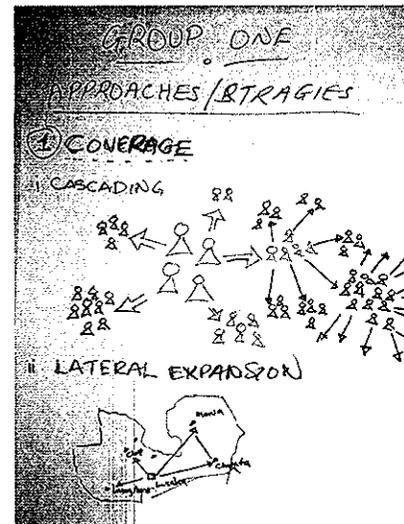
This chapter analyses different scale-up strategies identified by Alliance partners and others, to create a menu of different approaches. NGOs/CBOs can scale-up programmes by selecting appropriate strategies from this menu and developing tailor-made packages which suit their specific needs and circumstances.

2.1. Expanding organisational size and/or scope

One of the most straightforward strategies for scale-up is for organisations to mushroom or expand laterally, increasing the amount and/or diversity of their work. In practice, this might involve NGOs/CBOs opening branches in more geographical areas, targeting different populations or providing different services. The process might take place as anything from “uncontrolled explosion” (with the work expanding spontaneously and rapidly) to “staged expansion” (with each step being carefully planned and implemented slowly).

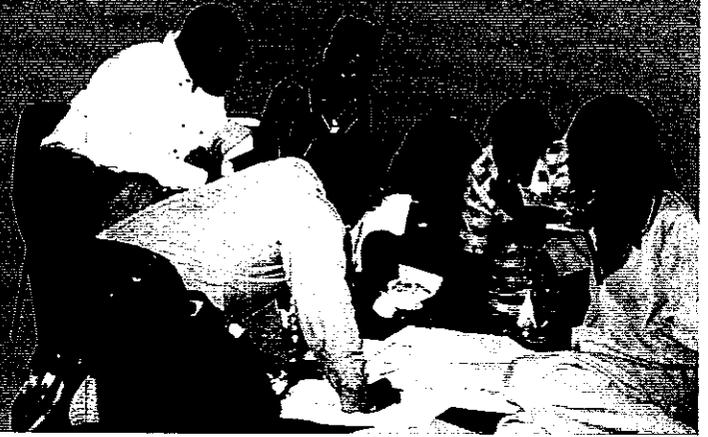
An example of increasing organisational size was provided by Asociación de Salud Integral at the Alliance/Horizons international seminar. They scaled-up their work in Guatemala City to respond to the escalating number of new infections, and needs of PLHA. They focused on counselling and treatment within their hospital clinic, as no other NGOs or government groups were providing these services. Initially, they expected to see an average 15% annual increase in the number of patients. In practice, this was the case for the first two years, but in 2000 there was an increase of over 100%, due to both the growing epidemic and greater awareness of their services.

Two further examples of this strategy were shared at the “Community Lessons, Global Learning” workshop in India. Expanding work to include new target populations was highlighted by the Sahara Center for Residential Care and Rehabilitation from New Delhi. Focusing initially on injecting drug users (IDUs), they went on to support IDUs living with HIV/AIDS, and then all local PLHA. Increasing organisational diversity was highlighted by Children of HIV Positive Individuals Living in Dignity (Project CHILD) from Mumbai. They began by providing home visits and psychosocial support to PLHA, and moved on to develop educational programmes with the children of affected families, and then advocacy work with care homes and adoption agencies.



A flipchart showing drawings of scale-up strategies by participants at the “Community Lessons, Global Learning” workshop in Zambia.

Small group discussion at the "Community Lessons, Global Learning" workshop in Zambia on the advantages and disadvantages of different scale-up strategies.



2.2. Using cascade and multiplication models

Cascade and multiplication models involve providing intensive training to relatively small groups of individuals so that they in turn can go on to train or educate larger numbers of people. These approaches can ensure that HIV prevention messages and provision of care and support reach a larger number of people than would otherwise be possible with existing resources. To do so, NGOs/CBOs usually involve volunteers as trainers, peer educators or community outreach workers.

Working with volunteers is one of the most pragmatic strategies for scaling-up local action on HIV/AIDS, particularly in resource poor settings. Volunteers come from all sections of the community and can be involved in a variety of activities, from awareness raising to working with orphans. In this way, NGOs/CBOs can considerably increase the scale of their work and can reach many more people with services that are low cost and locally owned. However, they can also face some challenges, such as the need to support a large number of people, inconsistency in the quality of work, and the rapid turnover of volunteers. On the other hand, the advantage of a high volunteer turnover is that more and more people are trained in HIV/AIDS.

There are three main cascade and multiplication approaches, which enable NGOs/CBOs to expand their work and reach many more people with services that are highly appropriate. Training of trainers involves supporting and training individuals in aspects of HIV/AIDS work, such as increasing knowledge or encouraging behaviour change, so that these individuals can go on to train others. Peer education is a specific approach, whereby educators share something in common with their target audience (for example, age, sex, sexuality or occupation) increasing the appropriateness of their messages. Finally, community outreach, although less documented, is a common approach used by many NGOs/CBOs to increase the coverage and scope of their work.

An example of the versatility of peer education is provided by Programme de Développement de l'Enfant et de la Famille Ker Xalèyi (PDEF) in Senegal. This Dakar-based NGO began by supporting local mothers to act as peer educators to mobilise and educate other women about nutrition and hygiene. They then adapted this idea to their HIV prevention work supported by Alliance Nationale Contre le SIDA (ANCS), an Alliance linking organisation. This involved providing young people with intensive training (in areas such as communication skills) and moral support, so that they could provide other young people with information and informal advice about issues such as sexual health, STIs and HIV/AIDS.

Initiative Privée et Communautaire contre le sida au Burkina Faso (IPC), the Alliance linking organisation in Burkina Faso, introduced a type of community outreach work, called "Campagnes de proximité pour le changement de comportements". These behaviour change outreach campaigns allow the community groups supported by IPC to increase the impact of their existing participatory prevention work and reach more people with effective HIV prevention messages. This approach involves mobilising people who have already participated in a series of intensive discussion groups on HIV prevention to become outreach workers and facilitate discussions on HIV/AIDS in their local communities (for example in the market place or at weddings or funerals).

Strategies for scaling-up NGO/CBO work

2.3. Adapting concepts and models

The diffusion of models is a scale-up strategy that involves NGOs/CBOs identifying effective programme approaches that have the potential to be adapted or replicated by themselves or others. Although this process has enormous potential for scale-up, it also presents challenges. As the Alliance/Horizons publication points out:

“There is increasing frustration...with the failure of many small-scale research, pilot or demonstration projects to get ‘out of the hothouse’ to have a larger influence on policies and programmes.”

Often, individual NGOs/CBOs develop innovative models and document and share their approaches, results and lessons learned extensively. As such, the original models are scaled-up - often dramatically - as other NGOs/CBOs learn about these approaches and adapt or replicate them in their own communities.

One such example was shared by Family Health Trust (FHT) at the “Community Lessons, Global Learning” workshop in Zambia. This focused on Anti-AIDS Clubs which bring together young people aged 10-25 for participatory activities and discussions relating to HIV/AIDS. FHT documented the key elements of their approach, such as the subjects to cover in the Clubs and facilitation methods to use. Although FHT did plan some of their scale-up in a strategic way by training volunteers to lead Clubs throughout the country, the impact was much greater than was anticipated. As a result of other NGOs/CBOs also adopting this approach, there are now 2,561 registered Anti-AIDS Clubs.

In other cases, NGOs/CBOs consciously set out to scale-up, by adapting their original model for other organisations to adopt. An example of this is provided by YR Gaitonde Centre for AIDS Research and Education (YRG Care) in India [see box].

Scale-up through adapting models Example: YRG Care, India

Starting in 1993, YRG Care, based in Chennai, developed a client-centred, continuum-of-care model for PLHA. It has core elements covering not only programmatic issues (such as voluntary counselling and testing and home-based care), but also ethical and human ones. For example, as Dr Suniti Solomon says:

“When I say quality, I mean that there should be a smile on the patient’s face. That is what is important.”

As their reputation grew, YRG Care’s workload increased, forcing them to think strategically about how to scale-up. In response, they collaborated with the Alliance to use their existing model to expand responses in under-served geographic areas, improve the quality of services, and involve a wider range of organisations. In practice, this involved building the capacity of four partner NGOs in Southern India. This includes encouraging them to see and learn from the YRG Care model in action, and providing them with intensive technical support to plan and implement a programme adapted to their own specific needs and resources.

Having started as a single bed in a mission hospital, YRG Care is now reaching an estimated 7,674 people per year through its own care and support work and 12,173 more through its partners. Furthermore, their model is receiving increasing attention - both in other parts of India and internationally - as the potential basis for further scale-up initiatives.

Strategies for scaling-up NGO/CBO work

2.4. Building partnerships

Strategic partnerships enable NGOs/CBOs to achieve what they cannot achieve on their own, and are an invaluable strategy for scale-up. Partnership means more than casual networking, and involves building a practical relationship with other stakeholders. These stakeholders can vary from individuals (such as a mayor), to organisations (such as another NGO), or a sector (such as the religious community). Partnerships have agreed aims and objectives, focusing on mutual benefits such as technical resources or access to hard to reach communities. They can considerably contribute to scale-up, particularly by pooling expertise and resources.

For example in the Philippines, ComDev, a partner of the Philippines HIV/AIDS NGO Support Program (PHANSuP), an Alliance linking organisation, has collaborated with the local education department in General Santos City. This partnership focuses on integrating their HIV/AIDS prevention strategies and materials into the school curriculum. It is based upon training sessions and lesson plans developed by ComDev with the teachers and school guidance counsellors, and has enabled them to increase their programme of guidance counsellors, peer counsellors and peer educators to 25 local schools. Although the NGO has continued to provide technical input, much of the support and resources now come from the local government, the city schools division and the local Rotary Club. Today the programme reaches some 58,000-65,000 secondary school students.

Views on building partnerships

"No one can ever work on HIV/AIDS alone; we have to work with other organisations. As NGOs, we cannot work in isolation...we have to work with the community and we have to work with the Government."

Dr Suniti Solomon, YRG Care, India

"It would be more useful for an NGO to network with other NGOs, rather than trying to respond to all aspects of the HIV situation alone. If an NGO works with other NGOs, or through a network of NGOs...there is a greater chance that not only will the scaled-up interventions achieve more coverage, greater impact and higher quality, but also that these interventions will be more sustainable."

Extract from report of "Community Lessons, Global Learning" workshop, India

Strategies for scaling-up NGO/CBO work

2.5. Integrating HIV/AIDS into development work

Integrating HIV/AIDS into other development initiatives is one of the most logical scale-up strategies for NGOs/CBOs. It presents great potential for sustainable work by building on existing relationships of trust with communities. But it also involves risks, not least that agendas might clash and that one subject might dilute the other.

Many examples of integration are presented by the NGOs/CBOs supported by Alliance linking organisations. In Morocco, PASA/SIDA has encouraged integration into projects as varied as micro credit and environment. For example, L'Association des Jeunes Promoteurs et Entrepreneurs d'El Kalaa d'Esraghna (L'AJPEK) includes participatory HIV/AIDS prevention strategies in its literacy work. Young people already active in HIV prevention are trained to deliver sessions to adults involved in AJPEK's literacy programme, allowing prevention messages to reach 600 additional community members, over half of whom are poor women. As M Saoud Mohamed concludes:

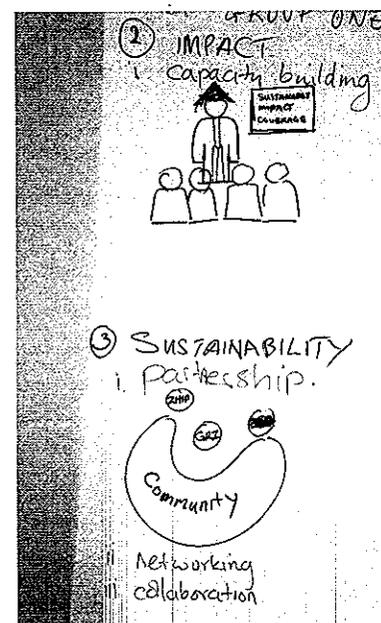
"The approach has not only allowed AJPEK to reach a greater number of people... the quality of the prevention work has improved due to the relationship of trust that already existed between the trainers and the NGO, and also between the target population and the trainers."

2.6. Catalysing and supporting others

Catalysing others and providing technical support lies at the heart of the work of the Alliance and its partners. It involves mobilising other groups to start or expand their work on HIV/AIDS and providing them with the necessary support to do so effectively. This process might for example involve awareness raising work combined with an offer of resources including, but not limited to, funding. It also includes the provision of technical support, which might cover any issues related to HIV/AIDS work, varying from STI treatment to external relations.

At the "Community Lessons, Global Learning" workshop in Zambia the Matabeleland AIDS Council presented a community-level example of this strategy [see box over]. In addition, "Community Lessons, Global Learning" workshops also highlighted a number of national examples. The HIV/AIDS STD Alliance of Bangladesh (HASAB) has mobilised over 50 local NGOs/CBOs to respond to HIV/AIDS since 1995, offering a comprehensive package of technical, organisational and financial support. In practice, this has involved a long-term partnership with the groups, including providing high quality training in programmatic areas (such as gender and sexuality) and organisational development (such as financial management), delivered through workshops and one-to-one visits.

HASAB is just one example of the linking organisations that embody the Alliance's mission to mobilise and support community action on HIV/AIDS in developing countries. As of December 2000, the Alliance has used this strategy to work with over 1,150 local groups, increasing the number of NGOs/CBOs working on HIV/AIDS by as much as 300% in some countries.



A flipchart showing drawings of scale-up strategies by participants at the "Community Lessons, Global Learning" workshop in Zambia.

Strategies for scaling-up NGO/CBO work

Scale-up through catalysing and supporting others Example: Matabeleland AIDS Council (MAC), Zimbabwe

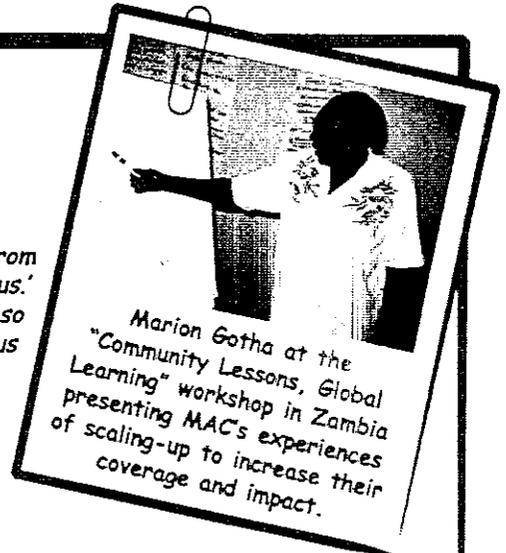
As Marion Gotha recalls, MAC's scale-up work was accidental:

"We really didn't want to expand and yet we had this huge catchment area - from Bulawayo to Victoria Falls - to cover. People started coming to us and saying 'help us.' They wanted to do some HIV/AIDS work, but they didn't know where to start, so they came to us for help. I can think of about 10 organisations that came to us in this way."

MAC saw that by providing technical support to these groups, they could expand both their coverage and impact. As a result, they began to support nascent organisations by helping them to develop mission statements, process legal work and set up systems. In particular, they acted as a financial match-maker, writing letters of support to vouch for the organisations to donors who were reluctant to support newly established groups.

Some of the challenges that MAC encountered included uncertainty about the quality of the CBOs' programmes and, as the work was not planned, some staff felt used and drained. In terms of lessons, they found that not all CBOs appreciated the amount of time and effort involved for the support organisation, but that it is still easier to work with existing groups than to start from scratch. As Marion Gotha concludes:

"We came to realise that expansion for us didn't mean being in all areas of our catchment area. It meant having partners."



Marion Gotha at the "Community Lessons, Global Learning" workshop in Zambia presenting MAC's experiences of scaling-up to increase their coverage and impact.

Strategies for scaling-up NGO/CBO work

2.7. Decentralising services

Decentralising services is one of the more complex, but also more effective, strategies for NGO/CBO scale-up. It involves the transfer of decision making and programme co-ordination from a central location to a more local level. It can take place at different levels, for example from central to provincial offices, or from an NGO to the community.

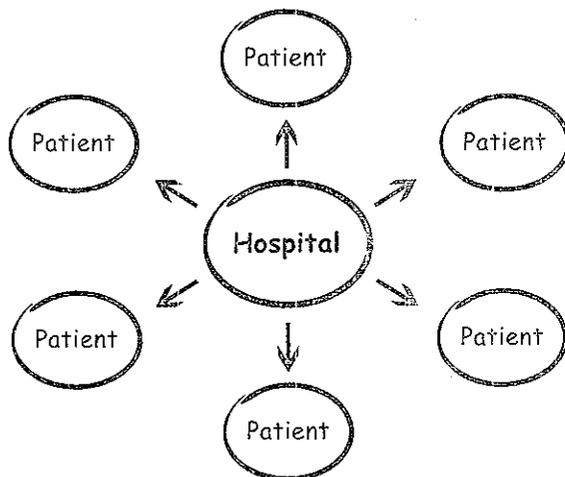
Many of the experiences of decentralisation shared during "Community Lessons, Global Learning" referred to the national level. These included the Zambia Integrated Health Programme, which has strengthened local Neighbourhood Health Committees in 12 districts of the country. However, other NGOs, such as Chikankata Mission Hospital in Zambia [see box], shared their experience of decentralisation at a community level.

Scale-up through decentralising services Example: Chikankata Health Services, Zambia

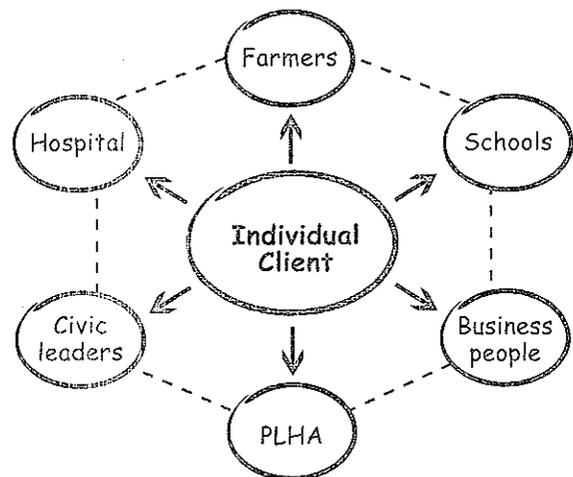
The HIV/AIDS Home-Based Care programme at Chikankata was set up in 1986 to meet the needs of clients and health care providers. It was based upon a model that placed their hospital at the centre of all services, reaching out to every patient.

As the epidemic and the number of patients increased, Chikankata found that support from both extended families and donors was decreasing. As a result, they saw the need to restructure their programme, not only to increase its scale, but also to ensure its sustainability. The revised model decentralised the NGO, placing the client at the centre of the model, with links to a variety of local sources of support, of which the hospital is just one.

Before scaling-up:



After scaling-up:



Chikankata learned that externally led interventions can not only limit scale, but also undermine communities making them passive recipients rather than active participants. They also learned that by decentralising their role they can use their resources more strategically.

Strategies for scaling-up NGO/CBO work

2.8. Influencing policy

Influencing policy - or “advocacy” work - involves shaping public debates by convincing people to pay attention to an issue, adopt a position and take action. Although NGOs/CBOs can be nervous about advocacy, it can be impressively successful for scale-up by converting community-based needs (such as non-stigmatisation of PLHA) into national action (such as anti-discrimination legislation). As discussed, these types of large-scale measures are crucial for the social and legal action needed for effective, far-reaching responses to HIV/AIDS. As Clement Mufuzi of the Network of Zambian People Living with HIV/AIDS says:

“Advocacy is about making small noises that can lead to big changes.”

As an example, at the Alliance/Horizons international seminar, the Kenya AIDS NGO Consortium shared how it had significantly contributed to the development of the 1997 Sessional Paper No. 4 ‘AIDS in Kenya’, as well as supporting capacity building initiatives with Members of Parliament. Meanwhile, at the “Community Lessons, Global Learning” workshop in India, Humsafar, based in Mumbai, presented their advocacy work on the rights of men who have sex with men. This involved campaigning to overturn Section 377 legislation referring to “unnatural sexual acts” that are punishable by up to ten years’ imprisonment. While not specifically referring to homosexuality or homosexual acts, this piece of legislation is used by the police to harass the gay community. In this way, Humsafar have helped to pave the way for increased work with men who have sex with men in India by creating a more supportive environment throughout the country.

Strategies for scaling-up NGO/CBO work

Summary of key advantages, disadvantages and issues to consider about strategies for scale-up

Expanding organisational size and/or scope

- ✓ Enables an NGO/CBO simply to *do more* rather than dramatically change direction to scale-up.
- ✓ Builds upon an NGO's/CBO's existing strengths and systems.
- ✓ Increases the presence and reputation of the NGO/CBO.

Cascade and multiplication models

- ✓ Can be a low-cost, effective way of expanding programmes.
- ✓ Encourages local ownership.
- ✓ Enables more people to be trained in issues around HIV.
- ✓ Ensures that messages are appropriate to local context.

Adapting concepts and models

- ✓ Ensures the scale-up of good practice approaches that have been tried, tested and proven to be successful.
- ✓ Appeals to donors, as it provides them with an idea of what scale-up results to expect.
- ✓ Provides a short cut to scale-up work by using existing frameworks, methods and tools.

Building partnerships

- ✓ Enables NGOs/CBOs to achieve a level of scale-up that they could not achieve on their own.
- ✓ Encourages complementarity of groups scaling-up in the same area.
- ✓ Increases the profile of the NGO/CBO.
- ✓ Provides access to different populations, ideas and resources for scale-up.

Advantages

Disadvantages

- ✗ Can lead NGOs/CBOs simply to get bigger rather than strategise about the most effective way to scale-up.
- ✗ Requires considerable scaling-up of systems and staff, as well as programmes.
- ✗ Risks an NGO/CBO entering programmatic areas of which it has little experience.

- ✗ Can involve maintaining support to a large number of people.
- ✗ May be difficult to maintain the quality of programmes.
- ✗ Tends to rely on volunteers, and there may be a high turnover of people involved.

- ✗ Risks inappropriate scale-up with general communities by using models developed for specific, marginalised populations.
- ✗ Can lead to the replication of approaches, rather than sensitive adaptation to specific groups.
- ✗ Risks scale-up work being rejected as the models used are alien and not locally owned.
- ✗ Can require intensive mentoring by those who originally developed the models.

- ✗ Can require intensive effort, for example in relationship-building.
- ✗ Can be difficult to monitor and evaluate in terms of who has achieved what.
- ✗ Challenges the independence of individual NGOs/CBOs.
- ✗ May tempt NGOs/CBOs into scale-up work that does not suit their strengths.

Issues to consider

- How can an NGO/CBO:
- ? Decide whether expanding its size and/or its diversity would be best for scale-up?
 - ? Decide what size is appropriate and realistic to scale-up to?
 - ? Identify what types of programmes would be most appropriate to diversify into?

- How can an NGO/CBO:
- ? Balance the potential increased coverage with the need to provide and maintain support for larger numbers of trainers or volunteers.
 - ? Identify the most suitable approach to achieve their aims and to take into account their particular circumstances.
 - ? Ensure that the quality of their work is maintained and that the right messages continue to be used.

- How can an NGO/CBO:
- ? Identify what models would be most useful for scaling-up with the communities it works with?
 - ? Decide which aspects of models to replicate, and which ones to adapt to achieve successful scale-up?
 - ? Use external models for scale-up, but also ensure community ownership?

- How can an NGO/CBO:
- ? Decide what to scale-up on their own and what to do in partnership?
 - ? Identify the right type of partner with whom to scale-up?
 - ? Ensure that their partnership will achieve exactly the type of scale-up that they want?



Participants at the "Community Lessons, Global Learning" workshop in India discussing the different strategies for scale-up.

Integrating into development work

- ✓ Is one of the easier strategies for scale-up by "piggy-backing" on existing efforts.
- ✓ Suits scale-up in resource-poor settings with expanding epidemics as it saves developing new programmes.
- ✓ Facilitates scale-up by building on existing relationships of trust with communities.
- ✓ Promotes HIV/AIDS as a non-controversial development issue, rather than one associated with stigma.

- ✗ Can cause tension between scaling-up HIV/AIDS work and continuing to address other development issues.
- ✗ Risks both subjects being diluted and being poorly focused on key populations.
- ✗ Requires people who are skilled in one area to become skilled in another.
- ✗ Tends to suit scaling-up less in-depth HIV/AIDS work (such as community mobilisation) rather than areas such as behaviour change or care and support.

- How can an NGO/CBO:
- ? Decide what type of development projects best facilitate the scale-up of HIV/AIDS work?
 - ? Maintain, in practice, a balance between a development project and HIV/AIDS work?
 - ? Decide whether to scale-up through their own development projects or those of others?

Catalysing and supporting others

- ✓ Has a considerable "multiplier" effect with groups mobilising others rather than implementing everything themselves.
- ✓ Enables an NGO/CBO to scale-up without having to do the groundwork (such as mobilising communities) itself.
- ✓ May appeal to donors as they can support many groups by working with just one.
- ✓ Maximises existing skills in the support organisation and in its partners.

- ✗ Requires intensive organisational and emotional inputs by the support organisation.
- ✗ Demands diverse technical support from the support organisation, which it may not have the time or skills to provide, and which donors may be reluctant to fund.
- ✗ Can compete with the support organisation's ongoing work to implement programmes.
- ✗ Raises challenges about how to ensure the quality of scale-up work, while avoiding a heavy-handed supervisory relationship.

- How can an NGO/CBO:
- ? Decide if it will make a good support organisation as well as a good implementing organisation?
 - ? Identify suitable organisations to catalyse and support to scale-up?
 - ? Decide what proportion of their work should be support and what should be implementation, and keep a balance between them in practice?

Decentralising services

- ✓ Enables NGOs/CBOs to increase the scale of their work while decreasing their direct involvement.
- ✓ Enhances the quality of an NGO/CBO's scaled-up work by ensuring that it is run locally rather than from a distance.
- ✓ Increases the profile and reputation of the NGO/CBO scaling-up.

- ✗ Can still involve the NGO/CBO in a lot of work, in terms of supporting the scaled-up services.
- ✗ Can reduce the quality of work due to the NGO/CBO being less "hands on".
- ✗ Risks an initiative being "planted" on a community rather than developed locally.
- ✗ Can weaken the unified image of the NGO/CBO.

- How can an NGO/CBO:
- ? Decide what type of relationship it needs to develop with its decentralised, scaled-up services?
 - ? Set up systems to ensure quality control of its decentralised, scaled-up services?
 - ? Monitor and own the results of its decentralised and scaled-up services?

Influencing policy

- ✓ Enables NGOs/CBOs' scale-up efforts to have a large scale, even country-wide, impact.
- ✓ Requires few financial resources.
- ✓ Increases the profile and reputation of the NGO/CBO scaling-up.
- ✓ Can bring indirect benefits to scale-up such as easier access to resources.

- ✗ Can be a long-term scale-up process with results that are difficult to quantify.
- ✗ Can require specific skills, for example in lobbying and writing policy briefings.
- ✗ May involve intensive effort, for example in making contacts and building relationships.
- ✗ Can take key staff away from implementing community projects.

- How can an NGO/CBO:
- ? Identify which policy issues it can realistically influence?
 - ? Decide what policy work would bring the greatest benefits to its HIV/AIDS effort?
 - ? Assess whether scaling-up through policy work will be worth the time and energy in terms of concrete results?

The process of scaling-up NGO/CBO work

The Alliance's experiences to date, including those shared during "Community Lessons, Global Learning", have provided valuable insights into the process of scale-up. These have varied from issues around decision making - such as when NGOs/CBOs should scale-up - to issues around organisational practicalities, such as how to monitor scale-up. This chapter highlights these issues by grouping them under key strategic questions:

3.1. Why should NGOs/CBOs scale-up action on HIV/AIDS?

Participants at "Community Lessons, Global Learning" workshops identified a number of reasons why NGOs/CBOs might scale-up their work on HIV/AIDS [see box]. These included the need to cope with the urgency of the evolving epidemic and to respond to donor pressure.

Reasons for scale-up, India

At the "Community Lessons, Global Learning" workshop in India, participants brainstormed the reasons why NGOs/CBOs might scale-up their work on HIV/AIDS:

- ✓ To cope with the evolution of the epidemic.
- ✓ To meet evolving community needs.
- ✓ To reach more of the target population.
- ✓ To create equity of services.
- ✓ To improve service delivery.
- ✓ To respond to donor pressure.
- ✓ To increase organisational recognition.
- ✓ To keep up with other organisations.

Participants in Morocco also discussed the key opportunities and threats presented by scale-up [see box]. While the opportunities included increasing behaviour change and enhancing the credibility of the organisation, the risks included difficulties in project management and reducing the quality of messages.

Opportunities and threats of scale-up, Morocco

At the "Community Lessons, Global Learning" workshop in Morocco, participants brainstormed the opportunities and threats that scale-up presents for NGOs/CBOs and their HIV/AIDS work:

Opportunities ☺

- ☺ Achieving more behaviour change.
- ☺ Achieving a multiplier effect.
- ☺ Increasing the population's involvement.
- ☺ Mobilising communities by using a participatory approach.
- ☺ Meeting organisational objectives.
- ☺ Increasing the organisation's credibility.
- ☺ Increasing the learning of the organisation.

Threats ☹

- ☹ Experiencing difficulties in monitoring.
- ☹ Reducing the quality of messages.
- ☹ Increasing the constraints and unforeseen circumstances that affect the work.
- ☹ Experiencing difficulties in management.
- ☹ Increasing the cost of the project.

The process of scaling-up NGO/CBO work

Some of the key issues identified by NGOs/CBOs are :

- Each NGO/CBO should make its own decision about whether and when to scale-up, based on its individual motivations and circumstances. This should be based upon the rational assessment of needs and opportunities, rather than the desire to empire build or the belief that NGOs/CBOs must "expand or fail".
- NGOs/CBOs should not pursue scale-up if the threats clearly outweigh the opportunities.

3.2. What, with whom and how much should NGOs/CBOs scale-up?

NGOs/CBOs have already learned a great deal about what can be successfully scaled-up. For example, they should scale-up things that they do well (meaning approaches that have been tried and tested), are generic enough to be applied to other communities, and are known to make a difference. NGOs/CBOs have also learned about how much to scale-up (namely as much as is feasible, but also realistic, for their organisation) and with whom (namely populations that are relevant and significant in terms of growing HIV/AIDS epidemics).

Some of the key issues identified by NGOs/CBOs are:

- Scale-up needs to balance "targeted" and "general population" approaches to HIV/AIDS, or "intensive and expensive" and "broad and cheap" [see box].
- Scale-up needs to be based on strong programmes that have been successfully monitored and evaluated and are known to have a significant impact on HIV/AIDS (in terms of who they target and how they target them). This helps to ensure that NGOs/CBOs expand strategically and effectively by focusing on their strengths and addressing or avoiding their weaknesses. Even if NGOs/CBOs have not carried out formal evaluations, they need to review their work to date informally and in collaboration with other stakeholders, rather than rushing ahead without reflection.

Balancing "targeted" and "general" responses

"A key lesson from the Alliance's programming experience has been the importance of paying attention to key populations that affect epidemic dynamics, especially in low prevalence countries with concentrated epidemics. However, this does not mean ignoring other populations, since one community affects another's choices and options. Scaling-up involves providing both intensive services and programmes for key populations, while working more cheaply with broader communities to raise awareness, challenge stigma and to ensure referrals when appropriate to more intensive efforts."
Jeff O'Malley, International HIV/AIDS Alliance, at the Alliance/Horizons international seminar on scale-up

The process of scaling-up NGO/CBO work

Views on what to scale-up

"One of the flaws of HIV/AIDS work in Ecuador is weak evaluation of the interventions. So, until that is strengthened, it will be a bit of trial and error in terms of knowing what to scale-up."

Margarita Quevedo, Corporación Kimirina, Ecuador

"My understanding of scaling-up is to expand the reach of programmes that have been successful. And, before you do this, you have to monitor your activities to know that they have indeed been successful."

Participant at "Community Lessons, Global Learning" workshop, Zambia

- **Scale-up needs to balance community led and evidence based programming.** NGOs/CBOs are used to working "bottom up" and empowering communities to identify their own priorities. However, for scale-up, local people might not know the full extent of their future needs or the range of available strategies. For example, while an NGO/CBO might know that expanding STI treatment is vital for HIV prevention, this need might not be recognised by the community itself. Although NGOs/CBOs may be uncomfortable with this "top down" approach, it is often a practical necessity for effective scale-up. As Dr Davidson Solomon of Shadows-Solomon Hospital Complex in India, says:

"This is an epidemic. We cannot wait for the community to learn. So we have to scale-up even when there is not a perceived need."

- **Decisions about scale-up need to consider the specific local context of the NGO/CBO and its community.** This includes addressing issues such as the:
 - ✓ **Stage of epidemic** - including who it is most important to work with and what it is most important to do (such as prevention, care and support, or impact mitigation). For example, as HIV prevalence levels surpass 1% of women attending antenatal clinics, an NGO that had been focusing on sex workers and their clients might want to expand their focus to reach mobile men and their partners as well.
 - ✓ **Cost** - including what is or is not affordable on a large scale. For example, in a context where volunteering is not common, an NGO/CBO may not be able to afford to scale-up care and support work.
 - ✓ **Culture** - including what type of work will or will not be accepted. For example, where levels of stigma against HIV/AIDS are high, an NGO/CBO might decide to increase services for people who are chronically ill rather than specifically PLHA.

The process of scaling-up NGO/CBO work

3.3. When should or should not NGOs/CBOs scale-up?

In terms of timing, the shared experiences showed that scale-up should occur when there is an evolving need, resources are available, and the organisation wants to make its services more equitable [see box]. Conversely, it should not take place if an NGO/CBO is experiencing internal or external instability, if there is inadequate organisational capacity, or if there are other organisations that could do the same work better.

Timing of scale-up, India

During the “Community Lessons, Global Learning” workshop in India, participants brainstormed about when NGOs/CBOs should or should not scale-up their HIV/AIDS work:

When to scale-up

- ✓ If there are growing needs related to the community and the epidemic.
- ✓ If there are growing demands among donors, government and other groups.
- ✓ If it becomes necessary to achieve higher coverage.
- ✓ If you want to ensure a more equitable distribution of services.
- ✓ If you want to respond to the changing needs of vulnerable groups.
- ✓ If your NGO/CBO has the confidence and capacity to do it.
- ✓ If you have the funding.
- ✓ If your NGO/CBO has a credible reputation.
- ✓ If there is a clear vision about scale-up.
- ✓ If internal systems are in place to cope with the scale-up process.

When not to scale-up

- ✗ If a review or evaluation shows that your past programme was not effective.
- ✗ If you lack the necessary organisational capacity for the process.
- ✗ If you are unable to mobilise resources or there are funding constraints.
- ✗ If there is limited interest, either in the community or the organisation.
- ✗ If the quality of your services might be unduly affected.
- ✗ If the scaled-up programmes cannot be sustained.
- ✗ If there is internal or external instability.
- ✗ If other organisations are working in the same field and the work could be distributed through networking.

The process of scaling-up NGO/CBO work

Views on timing of scale-up

When not to scale-up

"We believe that our 'scaling-down' to provide a regional rather than national network, is the result of a critical organisational assessment and is a necessary step at this time... If you spread your butter too thin, you won't have any impact."

Clement Mufuzi, Network of Zambian People Living with HIV/AIDS, Zambia

(Discussing reducing activities due to limited resources and over-dependence on a few active members.)

When to start scale-up

"I'm from a home-based care programme and now there are increasing numbers of children being orphaned as a result of AIDS. We need to expand our activities to be able to look after these orphans and to increase our impact."

Rose Zulu, Family Health Trust, Zambia

When to stop scale-up

"We have come to realise that an important aspect of scaling-up is knowing when to stop. One of the most important things for YRG Care is the quality of the services we provide. As a result, we chose to stop expanding our in-patient care when we reached 24 beds so that the quality of services we provide remained at a high level."

Dr Suniti Solomon, YRG Care, India

Some of the key issues identified by NGOs/CBOs are:

- **NGOs/CBOs may want to develop a list of minimum requirements to have in place before scaling-up [see box].** These include internal factors (such as adequate organisational infrastructure) and external factors (such as political support). Although not every requirement will necessarily be met by every group, they can at least serve as a useful checklist to aim for.
- **Organisational commitment and capacity is particularly crucial before scale-up starts.** For example, it is essential for NGOs/CBOs to have both consensus about the way forward and the appropriate people, skills and resources to achieve their aims. As Michael Matsiko from The AIDS Support Organisation (TASO), Uganda, suggests:

"A proper assessment should be made to see if you can cope with scaling-up, before you try to do so. We tend to think about doing more, without thinking about how effective we're going to be."

Or, as Marion Gotha, from Mataberland AIDS Council, Zimbabwe, sums up:

"If you already have a full plate, you can't just jump."

The process of scaling-up NGO/CBO work

- **Donor funding should be seen as an opportunity for scale-up rather than a threat.** Many NGOs/CBOs have been grateful for the push that available funds gave them. But donor pressure can also undermine systematic planning for scale-up, forcing groups to expand before they are fully ready. In practice, donor support should be broadly welcomed, but each NGO/CBO needs to weigh up pros and cons of individual funding offers before deciding whether to accept increased support.
- **It is both acceptable and wise for some NGOs/CBOs to decide not to scale-up or to even decide to scale-down.** This might be a permanent or a temporary measure. For example, some groups may decide that a period of scaling-down is necessary to consolidate their efforts before subsequently scaling-up.

Minimum requirements for scale-up, India

During the "Community Lessons, Global Learning" workshop in India, participants brainstormed the minimum requirements for NGOs/CBOs to have in place before scaling-up HIV/AIDS work:

- ✓ Adequate organisational infrastructure.
- ✓ Adequate staff capacity and technical knowledge.
- ✓ Existing financial resources or the capacity to mobilise them.
- ✓ A clear vision - shared among all staff - about the goal and process of scale-up.
- ✓ Existing demands or needs (whether expressed or not) in the community.
- ✓ Credibility as an organisation.
- ✓ Experience in the area to be scaled-up.
- ✓ Political support.



Participants from Bangladesh and local NGOs/CBOs brainstorming the minimum requirements for scale-up at the "Community Lessons, Global Learning" workshop in India.

The process of scaling-up NGO/CBO work

3.4. What helps or hinders NGOs/CBOs to scale-up?

It is important to consider what factors aid or obstruct the process of scale-up [see box]. NGOs/CBOs have found that those that help include internal issues (such as team work and the ability to say “no”) and external issues (such as available funding and a supportive environment). Hindrances include internal issues (such weak leadership and lack of planning) and external issues (such as non co-operation by the government and resistance from the community).

Factors that help or hinder scale-up, India and Zambia

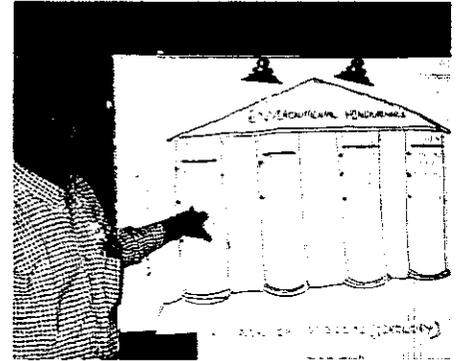
At the “Community Lessons, Global Learning” workshops in India and Zambia, participants brainstormed the factors that help or hinder the scale-up of HIV/AIDS initiatives. The following provides a summary of the two sets of conclusions:

	When to scale-up ☺	When not to scale-up ☹
External factors	<ul style="list-style-type: none"> ☺ Supportive political environment. ☺ Provision of funds and donations. ☺ Provision of materials and services. ☺ Adequate networking and reciprocal support. ☺ Community support for the programme. ☺ Enough volunteers. ☺ Adequate health services. 	<ul style="list-style-type: none"> ☹ Lack of funding, plus inflexibility and changing priorities of donors. ☹ Political interference and corruption. ☹ Community resistance. ☹ Poor dissemination of information about government policies/funding. ☹ Rivalry among NGOs. ☹ Conflicting priorities. ☹ Confusion around project ownership.
Internal factors	<ul style="list-style-type: none"> ☺ Previous experience in programmes. ☺ A clear, shared vision. ☺ Clear guidelines and good planning. ☺ Skilled and diverse staff that are committed and work as a team. ☺ Involvement of influential people. ☺ Strong leadership. ☺ The ability to say “no.” ☺ Good relations with donors, and a regular flow of funds. ☺ Accountability and transparency of the organisation and programmes. 	<ul style="list-style-type: none"> ☹ Donor dependence and limited resources. ☹ Lack of planning and co-ordination. ☹ Lack of clear goals and vision. ☹ Staff burn-out. ☹ Poor monitoring of the programme. ☹ Conflicting messages and information. ☹ Changing organisational priorities. ☹ Re-structuring and changes in leadership. ☹ Lack of dedicated and skilled staff, including those with technical expertise.

The process of scaling-up NGO/CBO work

Some of the key issues identified by NGOs/CBOs are:

- **One of the most common hindrances to scale-up is weak leadership and management systems.** If strong, these can make scale-up exciting and achievable. If weak, they can make it stressful and very difficult. The capacity of an NGO's/CBO's leaders - meaning not just the director, but the governing body and senior/middle management - should be prioritised within an organisational assessment prior to scale-up. Any significant gaps or weaknesses should be addressed before the process begins.
- **Staff burn-out is a major threat to successful scale-up and should be addressed from the start.** The scale-up process can, particularly in the initial stages, mean considerable change and additional responsibilities for already hard-pressed staff. NGOs/CBOs should take this issue seriously and plan ahead by developing realistic workplans and scheduling staff retreats.
- **Even well planned scale-up can be hindered - and may fail - without a supportive external environment.** If different groups and sectors collaborate together - including sharing resources and lessons - scale-up can become a reality. But, if the environment is one of competition and non co-operation, it will be challenging from the start and may ultimately fail.



A participant at the "Community Lessons, Global Learning" workshop in India presenting ideas about external factors that hinder scale-up by CBOs/NGOs.

3.5. How can NGOs/CBOs plan their scale-up?

"Community Lessons, Global Learning" and the Alliance/Horizons international seminar brought together groups with experience of both planned and unplanned scale-up. Although some recognised that their expansion had been through "uncontrolled explosion", all acknowledged that, ideally, it should be thoroughly planned. As Patrick Muchinda from HELP Food Aid for Zambia said:

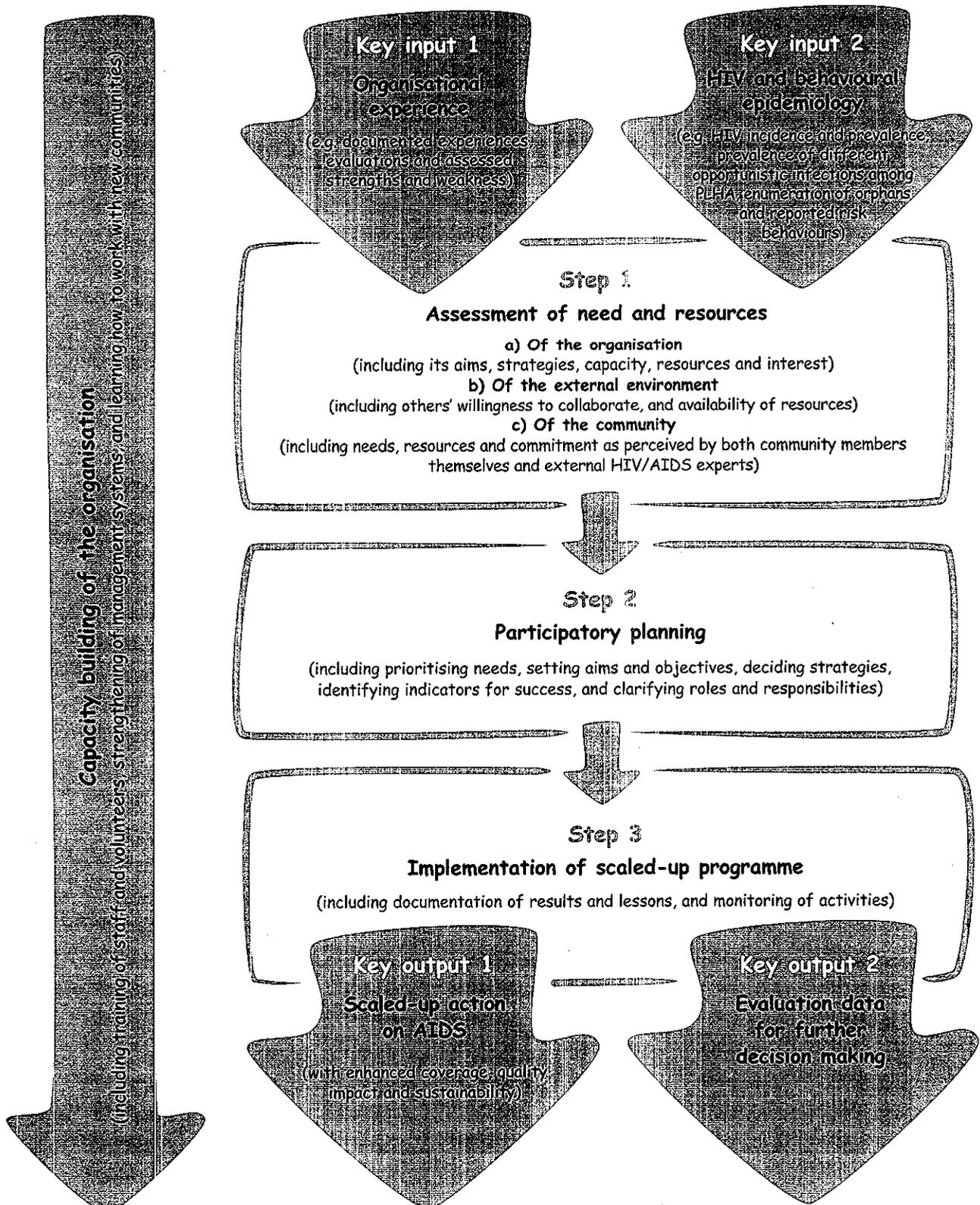
"Before we think of scaling-up, we first need to think about planning. What's the point of taking five steps forward, if, at the end of it all, we go backwards?"

Some of the key issues identified by NGOs/CBOs are:

- **Scale-up benefits from systematic planning that follows a series of key steps [see box overleaf].** While the details may vary from group to group, frameworks should include some key, generic elements. NGOs/CBOs need data on HIV and behavioural epidemiology in their community, which they can then analyse with key populations to help them understand the dynamics of the local epidemic. They also need data and analysis about their own organisation including strengths, weaknesses and achievements.
- **Organisational capacity building is an essential and ongoing component of scale-up.** Organisations need strengthening to plan, implement, manage and evaluate a scaled-up programme. Typically, this involves paying attention to both organisational and administrative issues (such as internal control procedures and management skills) and to technical issues (such as monitoring and evaluation skills).
- **Planning of scale-up must leave room for flexibility.** This is to ensure that NGOs/CBOs can respond to changing circumstances, such as the emergence of new community needs or changes in the political environment.

The process of scaling-up NGO/CBO work

Example of planning framework for NGO/CBO scale-up



The process of scaling-up NGO/CBO work

3.6 How does scale-up affect NGOs/CBOs and their work?

The potential positive and negative impacts of scale-up on programmes and organisations is another crucial area for NGOs/CBOs to consider before and during scale-up. As an analysis carried out in Zambia shows [see box], the positive effects for programmes include making services more accessible and achieving wider coverage, while for their organisations they include enhancing their reputations and chances of donor funding. On the other hand, the negative effects for programmes include compromising the quality and relevance of the work, while for organisations they include causing internal instability and staff burn-out.

Effects of scale-up on NGOs/CBOs and their work, Zambia

At the "Community Lessons, Global Learning" workshop in Zambia, participants brainstormed the positive and negative effects of scale-up on NGOs/CBOs and their HIV/AIDS work:

	Potential positive effects ☺	Potential negative effects ☹
Programmatic issues	<ul style="list-style-type: none"> ☺ Increases the number and scope of programmes, and widens coverage. ☺ Strengthens the quality of programmes. ☺ Leads to more accessible services. ☺ Increases the opportunity to become a "technical expert". ☺ Expands the demand for services. ☺ Integrates HIV/AIDS into other activities. ☺ Increases collaboration with other sectors. ☺ Increases community participation and recognition of the problem. 	<ul style="list-style-type: none"> ☹ Compromises quality and impact. ☹ Leads to irrelevant activities being carried out (because of donor pressure). ☹ Creates difficulties in monitoring. ☹ Reduces the benefit to target groups. ☹ Brings difficulties in sustaining the programme. ☹ Contributes to poor programme management.
Organisational issues	<ul style="list-style-type: none"> ☺ Enhances the reputation of the organisation. ☺ Increases the chance of donor funding. ☺ Creates job opportunities. ☺ Strengthens relationships with donors and partners. ☺ Increases the number of trained staff. 	<ul style="list-style-type: none"> ☹ Increases workload. ☹ Leads to staff stress and burn-out. ☹ Creates co-ordination difficulties. ☹ Strains financial resources. ☹ Leads to very high expectations of the organisation. ☹ Means rapid growth and organisational instability.

The process of scaling-up NGO/CBO work

Some of the key issues identified by NGOs/CBOs are:

- **Scale-up can cause dramatic changes to the internal dynamics and systems of NGOs/CBOs.**
As the report of the "Community Lessons, Global Learning" workshop in Zambia notes:

"The reasons behind organisations' failure to scale-up may lie more within the organisation than anything else. Institutional culture and structures are inevitably affected as organisations expand."

As examples, decision making may change from an informal, people friendly approach to one with hierarchical structures and people's jobs may change from being multi-tasking to having more specific functions.

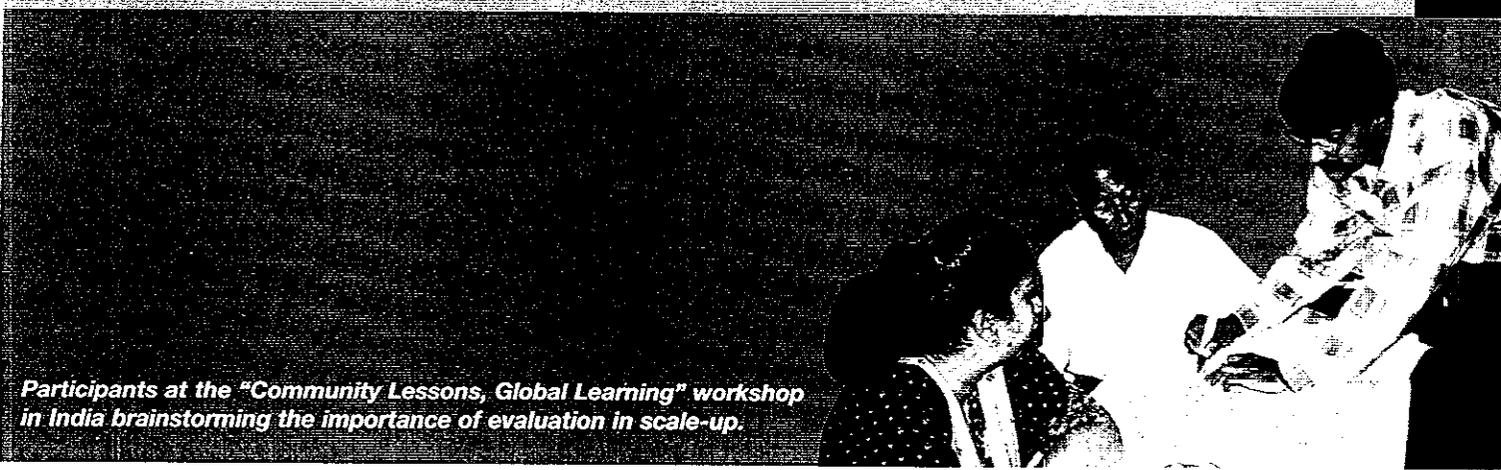
- **NGOs/CBOs need to be aware of and decide their limits for "trade offs" linked to scale-up:**
For example, there are tensions between:
 - Existing programmes and new programmes.
 - Accountability to communities and responding to donor priorities.
 - Increasing attention to marginalised groups and protecting their privacy.
 - Being implementers and being catalysers.
 - Increasing coverage and maintaining quality.

During the "Community Lessons, Global Learning" workshops and the Alliance/Horizons international seminar, many groups argued passionately that quality should not be sacrificed for the sake of scale. But others reasoned that reducing quality is a pragmatic and inevitable compromise. These discussions led to two significant conclusions. Firstly, it may be necessary and acceptable to have a temporary reduction in quality at the start of scale-up, which can gradually be redressed as the project progresses. Secondly, NGOs/CBOs need to set a minimum standard of quality - that is appropriate for and agreed by their organisation - to define the level below which the quality of their work must not drop at any stage during scale-up.

Balancing existing programmes and scale-up programmes Example: Asociación de Salud Integral, Guatemala

At the Alliance/Horizons international seminar, Asociación de Salud Integral shared that:

"The primary difficulty in the scaling-up process was the need to balance the limited funds and resources between existing programmes and developmental projects. The scaling-up process required more technological equipment, specialised staff for evaluation, and other specialised staff not contemplated in the original plan. Although some funding was provided, there was still a drain on resources. We absorbed these additional costs, but it caused some tension within the organisation. While the staff understood the need to expand the programme and was supportive of the effort, it also felt that resources were being diverted from existing programmes."



Participants at the "Community Lessons, Global Learning" workshop in India brainstorming the importance of evaluation in scale-up.

3.7. What is the role of evaluation in scale-up?

In addition to basing their efforts on programmes that have been assessed in the past, NGOs/CBOs need to develop their ability to monitor and evaluate larger and more complex programmes in the future. NGOs/CBOs planning scale-up may also want to monitor and evaluate organisational and institutional aspects of scale-up, in addition to the process and impact of an expanding programme.

The following key issues were identified by participants in the "Community Lessons, Global Learning" workshop in India and through subsequent discussions:

- NGOs/CBOs need to be clear about exactly what is appropriate and necessary to evaluate and how rigorously this should be done. For example, rigorous evaluation is probably very important for a pilot project with the specific aim of deciding whether or not to scale-up a particular programme approach with a certain population. This should include data about how much it costs to reach each person with a certain quality of service or to achieve a certain impact, and proxy impact data, such as reported condom use amongst NGO clients.
- Programme monitoring and evaluation systems should ideally be established *in advance* of scale-up, so that the successes and failures of the process can be assessed from the start. These systems should be based upon and integrated into existing monitoring and evaluation systems. However, they also need to be specific to the issues associated with scale-up. For example:
 - ✓ Focus might be assessed by the proportion of people reached who are from designated high priority populations.
 - ✓ Coverage might be assessed by the number of people reached.
 - ✓ Quality might be assessed against an agreed "minimum standard of quality" for delivered services.
 - ✓ Sustainability might be assessed against the level of community participation and the diversity of donor support for the project.
 - ✓ Impact might be assessed by tracking reported behaviour amongst a sample of people before and after the initiative.

Developing indicators to evaluate the effects of scale-up Example: Project Support Group (PSG), Zimbabwe

At the Alliance/Horizons international seminar, PSG shared its framework for evaluating scale-up projects. This covered inputs, outputs, unit costs, coverage, behavioural outcomes and STI trends. Through this approach, PSG have demonstrated both the increased coverage and impact of their work. For example, they can show not only that 80% of the 705 sex workers in Bulawayo City attended peer education meetings, but also that their use of condoms rose from 18% to 72% in a two year period. Condom use in the last commercial sex act was reported by 27% of those who had attended no meetings, 46% of those who had attended one meeting and 77% of those who had attended two or more meetings.

The process of scaling-up NGO/CBO work

- **Monitoring and evaluation of programmes being scaled-up should involve the use of both quantitative and qualitative indicators.** This enables NGOs/CBOs to achieve a balance in assessing their results, for example between numerical data such as reductions in the number of STI cases, and human factors such as reduced discrimination against PLHA. In addition, donors typically demand more rigorous data to justify larger investments.
- **NGOs/CBOs may also want to monitor any changes in their own organisational capacity as scale-up proceeds.** For example, monitoring the number of staff and volunteers with certain skills, the diversity of funding, and the number of external partnerships established by the NGO will all help in understanding whether scale-up is likely to be sustainable.
- **Evaluation processes for scale-up need to be agreed by all key players.** This particularly applies to the triangle of key stakeholders - donor, NGO/CBO and community - and is vital to ensure that the information is useful for all involved.
- **NGOs/CBOs need to complement their monitoring and evaluation work by documenting and communicating their scale-up.** This includes recording their key steps and identifying lessons learned about what has or has not worked. This provides invaluable information about good practice for scale-up that can be shared with all those involved, including policy makers, donors and other NGOs.

Building on evaluation results to scale-up Example: Providing home based care to PLHA in Cambodia

Cambodia's first HIV/AIDS home care programme was established in 1998. The one year pilot project, receiving support from DFID and WHO, was implemented by the Ministry of Health and local NGOs. Eight home care teams provided home based care and support to PLHA and their families. At the end of the pilot project, the Ministry of Health and the AIDS Care Unit of National Centre for HIV/AIDS, Dermatology & STDs (NCHADS) took over the co-ordination, working with local NGOs through Khana, the Alliance's linking organisation in Cambodia. At this stage, a comprehensive impact evaluation was not yet possible or appropriate, but participatory project reviews were held with all partners. This helped the new team to revise the project and expand coverage to include 10 urban home care teams in Phnom Penh and one pilot project in a rural setting in Battambang.

In early 2000, Khana and the Government of Cambodia agreed to conduct an evaluation to assess the key components of the programme. The results showed a significant impact on increasing the quality of life of PLHA, reducing discrimination and improving prevention, and on addressing the needs of some of the poorest and most vulnerable community members. It identified nine key components that contributed to the success of the project and recommended that these be incorporated into any scaled-up programme. These included strong partnerships, working closely with local communities, regular monitoring and evaluation, appropriate training for home care teams, and the integration of volunteers. The programme was shown to be cheaper than hospital-based care, while achieving greater impact. As a result, the existing model is being adapted and scaled-up across the country, beginning with several priority provinces.

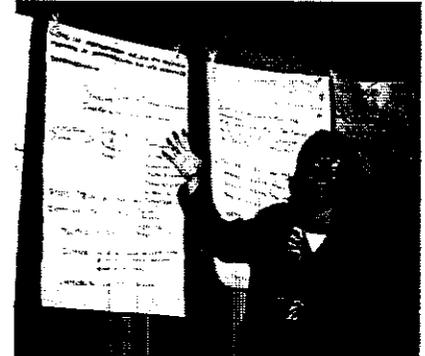
The process of scaling-up NGO/CBO work

3.8. How can NGOs/CBOs sustain scaled-up programmes?

A further vital dimension to scale-up is sustainability. This means NGOs/CBOs ensuring that they have the resources - varying from money to energy and political will - to continue not just in the short term, but into the foreseeable future.

Some of the key issues identified by NGOs/CBOs are:

- NGOs/CBOs need to address three dimensions of sustainability in relation to scale-up. These relate to their:
 - ✓ **Programme** - for example in terms of continuing the number of services offered and the quality of activities.
 - ✓ **Organisation** - for example in terms of ensuring adequate levels of funding and appropriate technical skills among staff.
 - ✓ **Impact** - for example in terms of maintaining individual behaviour change, community support for PLHA, and societal openness to issues around sexuality.



Participant at the "Community Lessons, Global Learning" workshop in Ecuador presenting ideas on how to increase the sustainability of programmes.

Of these, impact is particularly important, in terms of having an effect on the HIV/AIDS epidemic. However, impact is challenging because it varies according to different contexts and is subject to change.

Sustaining impact

"Sustainability is not just about sustaining the programme, it's also about sustaining the impact. Too often we think that sustainability equals money, but the best that we can do is to sustain results. If the results of our programmes are sustainable in the lives of the people we are working with - in terms of behaviour change - for me, that would be the most effective type of sustainability."

Simon Mutonyi, Zambia Integrated Health Programme/International HIV/AIDS Alliance

- **Community participation** - including the involvement of PLHA - lies at the heart of sustaining scale-up [see box]. Without significant local commitment and involvement, NGO/CBO initiatives are unlikely to have either the quality or staying power to last.

Involving PLHA and sustaining scale-up, Ecuador

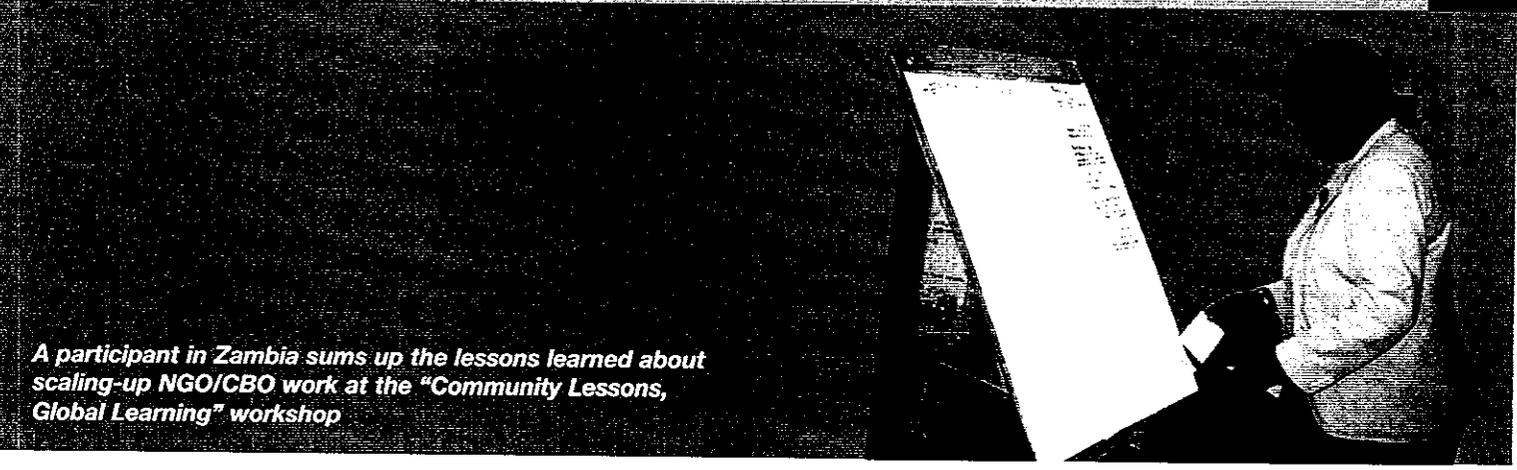
At the "Community Lessons, Global Learning" workshop in Ecuador, participants brainstormed how the involvement of PLHA contributes to the scale-up and sustainability of NGO/CBO programmes:

- ✓ Empowering PLHA and encouraging them to stay with organisations long term.
- ✓ Adding to the credibility of an organisation and its scale-up work.
- ✓ Developing commitment within teams of people.
- ✓ Generating learning between PLHA and NGOs/CBOs and improving quality/continuity of work.
- ✓ Creating an enduring, rights-based approach to work.
- ✓ Helping an NGO to diversify its work and keep it fresh.
- ✓ Encouraging political action for PLHA and HIV/AIDS as an issue.

Summary of lessons learned about scaling-up NGO/CBO work

This chapter provides a summary of the key lessons that the Alliance and its NGO/CBO partners have learned about scaling-up community action on HIV/AIDS:

- Successful scale-up is not just about numbers. As well as increasing **coverage**, it also requires attention to the **focus, quality, sustainability** and **impact** of programmes. Each element is vital in its own right, but even more so in its symbiotic relationship to the others. For example, a programme is unlikely to have significant impact if it lacks coverage and quality.
- NGOs/CBOs can select from the **menu of scale-up strategies** and develop a tailor-made package to meet their specific needs and resources. The selection should consider the fact that while some strategies (such as building partnerships) may be cheaper, others (such as influencing policy) may have greater impact. Also, while some (such as decentralising services) may be more sustainable, others (such as adapting models) may be of higher quality.
- The **ideal base for scale-up** is a programme that has been successfully evaluated, responds to identified needs, could be used with different and/or larger communities, will have a concrete impact on the epidemic, and suits the mission, capacity and resources of the NGO/CBO.
- Not all NGOs/CBOs should scale-up. If groups are new, have limited current or potential capacity, or are experiencing internal or external instability, it is a wise and acceptable **decision to say "no"**. In such cases, these groups can make their most valuable contribution to HIV/AIDS by continuing their existing efforts.
- Organisations need to meet **minimum requirements**, including adequate internal commitment and capacity, before scaling-up. The process should not be pursued if the threats outweigh the opportunities, as it may then endanger not only the success of scale-up efforts, but also existing programmes.
- Key **hindrances to scale-up** such as weak leadership and staff burn-out can lead to failure. They should be taken seriously and addressed from the start through practical steps such as training, staff meetings and internal counselling and support services.
- Programming for scale-up should be **evidence-based and community-led** to maximise good practice learned from others and community knowledge and commitment. It must take into account issues such as the stage of the epidemic, possible target audiences and levels of stigma.
- Scale-up benefits from **systematic planning**, starting with assessing the needs and resources of the organisation, community and environment, so that it is carried out effectively and strategically. However, it also benefits from flexibility to be able to adapt to changing opportunities and threats.



A participant in Zambia sums up the lessons learned about scaling-up NGO/CBO work at the "Community Lessons, Global Learning" workshop

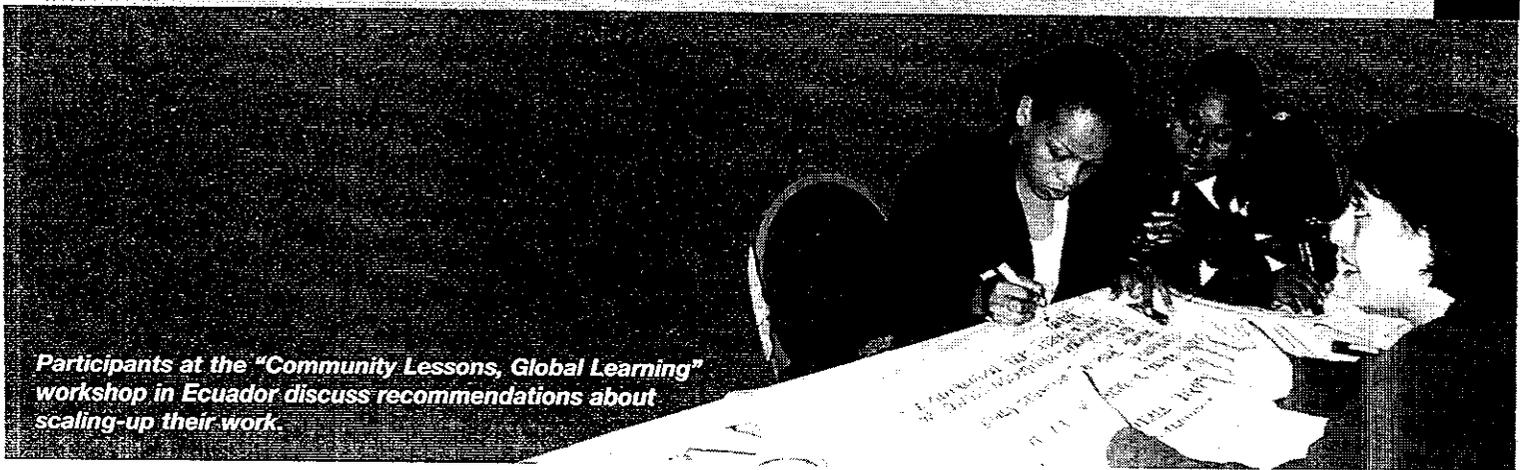
- Scale-up should be **comprehensive and multi-sectoral** to ensure that the full range of needs is met and to benefit from the experience of different organisations. For example, if an NGO/CBO expands its participatory prevention work, it needs to ensure expanded condom supplies (for example from a social marketing company) and voluntary counselling and testing services (for example from another NGO).
- Ongoing **community participation** - including the involvement of PLHA - is vital for maintaining the quality, integrity and sustainability of scale-up work.
- Scale-up may involve **short and long-term trade-offs** in areas such as quality of programme work and accountability to communities. NGOs/CBOs must be realistic about the potential repercussions of such work, and each one should define its own minimum standards against which to assess whether compromises are acceptable.
- Scale-up should not sacrifice **attention to specific key populations** for the sake of coverage. A comprehensive response to HIV/AIDS should combine specialist, possibly more expensive interventions with highly vulnerable groups, with broader, cheaper activities with the general population, and referral services to link the two.
- Scale-up efforts may fail without a **supportive political environment**. Therefore, NGOs/CBOs must not expand their work in isolation, and need to collaborate with other stakeholders, especially government.
- **Monitoring and evaluation systems** which address focus, coverage, quality, sustainability and impact, should be put in place before scale-up so that successes and failures can be assessed from the start. Both quantitative and qualitative indicators that are agreed by all key players should be used, but formal, extensive evaluation of processes is not always necessary.
- Assessing the **sustainability** of scale-up initiatives involves paying attention not only to programmatic and organisational issues, but also to their quality and impact at individual, community and societal levels. These are the most important indicators to show the effect of the work on the HIV/AIDS epidemic.
- Scale-up is not a one-off, overnight event. It is a **process** that continues and is improved over time.

Recommendations about scaling-up NGO/CBO work

Based upon the lessons learned from “Community Lessons, Global Learning” and other initiatives, this chapter promotes concrete recommendations developed by the Alliance for key stakeholders involved in scaling-up community action on HIV/AIDS:

5.1. NGOs/CBOs working at a local level should:

- ! **Strive to make their work more effective and more efficient, but not necessarily to scale-up.** If groups do pursue scale-up, it should be for strategic purposes, to ensure that their unique strengths and talents make the greatest possible impact on the HIV/AIDS epidemic. NGOs/CBOs should say “yes” to scale-up that meets identified needs within the community, is relevant to their organisational vision and is within their capacity. But they should say “no” to scale-up that is unrealistic, may unacceptably harm existing programmes, or will not significantly contribute to HIV/AIDS prevention or care.
- ! **Start scale-up based upon their *existing* strengths and strategies, while also actively learning about, and experimenting with, other approaches.** Scale-up is a demanding process, even if it focuses on an NGO’s/CBO’s existing areas of expertise and experience. Therefore, organisations must be realistic about what they can and cannot achieve. They must also see scale-up as an *active* rather than mechanical process.
- ! **Plan scale-up in advance, if at all possible. Whether or not advance planning is possible, groups should set aside time during the scale-up process for reflection, re-planning and adjustment of strategies.** NGOs/CBOs should put systems (such as for programme monitoring and financial management) in place and address likely hindrances (such as weak leadership and staff burn-out) as they start scaling-up. This will help to ensure that their efforts have the best chance of being not just effective, but also sustainable.
- ! **Keep rooted in and responsive to the needs of the community at all stages in the scale-up process. But they must also be pragmatic about potential, necessary compromises that may need to be made on areas such as accountability and quality of programmes.** NGOs/CBOs should aim for appropriate and locally owned initiatives, but must also be realistic that reaching more people may involve some degree of letting go in other areas.
- ! **Assess which aspects of scale-up need to be evaluated and which can just be monitored, and agree not only quantitative, but also qualitative, indicators with key stakeholders, particularly donors.** This can help NGOs/CBOs to avoid unnecessarily complex and time-consuming evaluation processes, while also ensuring that they are actively learning from their experiences. The results of these efforts - especially the successes and failures that they highlight - can then be used to improve both the organisation’s own scale-up work and that of others, including government, donors and other NGOs/CBOs.



Participants at the "Community Lessons, Global Learning" workshop in Ecuador discuss recommendations about scaling-up their work.

5.2. Governments and policy-makers should:

- ! **Recognise that most NGOs/CBOs legitimately have a different viewpoint and scope of action from those working at a national and international level.** Governments increasingly and importantly focus on reducing overall HIV incidence and providing universal coverage of care and support. While the NGO/CBO sector is a vital partner in achieving these national and international goals, individual NGOs/CBOs can, and should, pursue their own targets with their own strategies. For example, any given NGO home-care programme is likely to be too expensive to scale-up to reach the four million people living with HIV in India. However, scaling-up the NGO programme can make a crucial contribution to reaching thousands, rather than hundreds, of people, to training clinicians and social workers who may go on to support other efforts, and to develop good practice guidelines.
- ! **Foster a relationship of partnership and collaboration with NGOs/CBOs.** This is vital to ensure that efforts are well co-ordinated and complementary. It can be achieved through practical steps, such as participating in the planning of each other's activities and inviting NGOs/CBOs to present their experiences to government.
- ! **Complement the scale-up work of NGOs/CBOs by, where possible, increasing the Government's social and health services in parallel.** This can help to ensure that comprehensive responses to HIV/AIDS are scaled-up as a whole, rather than just selected components. In practice, this might involve increasing government facilities - such as blood screening and STI treatment - side by side with expanded NGO/CBO programmes in areas such as participatory prevention.
- ! **Take a lead role in creating a national supportive environment that enables scale-up work not just to function, but to flourish.** This involves developing a context in which HIV/AIDS work is not merely accepted, but actively facilitated, which is crucial to ensuring that scaled-up NGO/CBO efforts have a real chance of scaled-up impact. In practice, this might involve measures such as legislating against the discrimination of marginalised groups or supporting media campaigns to reduce stigma against PLHA.
- ! **Actively facilitate the exchange of information and resources about scale-up in order to increase the quality of work carried out and co-ordination among those involved.** This might involve co-ordinating research into models of good practice, bringing together different sectors in national fora to share lessons, and acting as a match-maker between NGO/CBO and opportunities for funding.

Recommendations about scaling-up NGO/CBO work

5.3. Donors and NGO support programmes should:

- ! **Define their interpretation of scale-up at the start of their relationship with an NGO/CBO, and keep it consistent while the programme is being funded.** This will help to foster a relationship of partnership, to keep the initiative on track throughout, and to ensure that expectations are understood and realistic on both sides.
- ! **Develop criteria to select NGOs/CBOs for scale-up that recognise both their absorptive capacity and the unique contribution that each one can make.** This must include attention to both internal factors (such as accounting procedures and governance structures) and external factors (such as credibility within the community and reputation among other organisations).
- ! **Invest time and money in building capacity.** It is cheaper and easier, especially in terms of technical support and administration, to fund an NGO to continue to do something it is already good at, reaching a steady number of beneficiaries. Scaling-up requires much more than expanded investment, including staff retreats, training, improved accounting and leadership development.
- ! **Specify and be realistic about the remit and timescale of their support to NGOs/CBOs for scale-up.** This should include being open about what funds can be used for, when disbursements will be made and when results will be expected, so that NGOs/CBOs know what to expect and can plan accordingly. Donors should not expect partners to achieve unrealistic results with limited funding. And with the heavy technical support and capacity building costs involved in the beginning of scaling-up, there is little point in trying unless there is a commitment to sustained and expanded support over at least several years.
- ! **Allow and encourage NGOs/CBOs to diversify their sources of support.** Individual donors may need to be less controlling or influential with regard to NGOs' activities. Donors need to let go of tight control, resist micro-management and place trust in others, while NGOs need to ensure transparent accountability mechanisms and solid evaluation.
- ! **Acknowledge and negotiate tensions amongst multilateral, governmental, NGO and donor goals, objectives and strategies for scale-up.** Ideally, this involves finding common ground and willingness to provide some support outside the donor's own strategic framework. If not, donors should acknowledge that they are essentially sub-contracting tasks rather than supporting NGO and community responses, and therefore responsibility for delivery rests with the donor rather than the NGO.
- ! **Actively promote scale-up as a vital aspect of the global response to HIV/AIDS, and facilitate the exchange of information about it among local, national and international stakeholders.** In particular, donors should use their global perspective to proactively identify and introduce scale-up models from other subject areas and other countries, to enrich local responses and prevent re-inventing the wheel.

Acknowledgments

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Alliance linking organisations:

Bangladesh

HIV/AIDS/STD Alliance - Bangladesh (HASAB)

Burkina Faso

Initiative Privée et Communautaire contre le SIDA au Burkina Faso (IPC/BF)

Cambodia

Khmer HIV/AIDS NGO Alliance (KHANA)

Ecuador

Corporación Kimirina

Mexico

Colectivo Sol

Mongolia

National AIDS Foundation (NAF)

Morocco

Association Marocaine de Solidarité et de Développement (AMSED)

Philippines

Philippines HIV/AIDS NGO Support Program (PHANSuP)

Senegal

Alliance Nationale Contre le SIDA (ANCS)

Southern & Eastern Africa (based in Zimbabwe)

Family AIDS Caring Trust (FACT)

Alliance field partners:

Brazil

Grupo Pela Vida

Grupo de Incentivo a Vida (GIV)

India

Mamta

Naz Foundation (India) Trust

Palmyrah Workers Development Society (PWDS)

Vasavya Mahila Mandali (VMM)

YRG Care

Mexico

AVE de México

Fundación Mexicana para la lucha contra el SIDA

Frente Nacional de personas afectadas por el VIH/SIDA (FRENPAVIH)

Gunaxhii Guendanabannii

Red Mexicana de personas que viven con VIH/SIDA

UNASSE

Vivir con Dignidad

Mozambique

Kubatsirana

Zambia

Zambia Integrated Health Programme (ZIHP)

Alliance field offices:

India

India HIV/AIDS Alliance

Ukraine

Ukraine HIV/AIDS Alliance

Zambia

Zambia HIV/AIDS Alliance



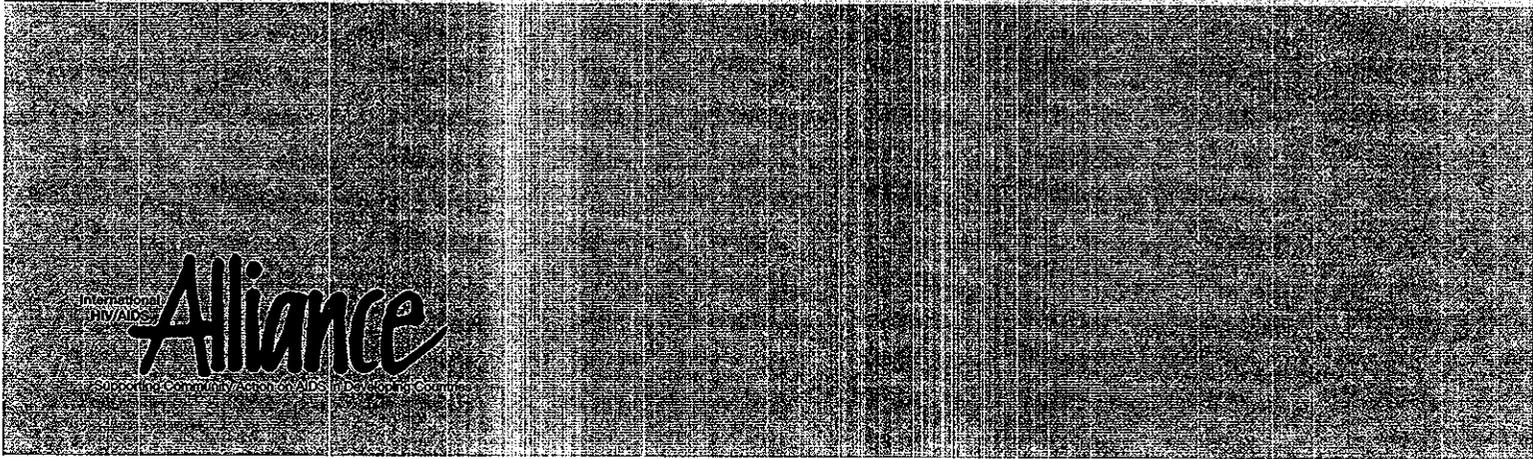
GlaxoSmithKline in Global Partnership
with HIV/AIDS Communities

International HIV/AIDS Alliance
2 Pentonville Road
London N1 9HF
United Kingdom

Telephone: +44 20 7841 3500
Fax: +44 20 7841 3501
E-mail: mail@aidsalliance.org
www.aidsalliance.org
www.aidsmap.com

Positive Action
GlaxoSmithKline
Glaxo Wellcome House
Berkeley Avenue
Greenford
Middlesex UB6 0NN
United Kingdom

Telephone: +44 20 8966 8000
Fax: +44 20 8966 8330
<http://corp.gsk.com>



International HIV/AIDS Alliance
2 Pentonville Road
London N1 9HF
United Kingdom

Telephone: +44 20 7841 3500
Fax: +44 20 7841 3501
E-mail: mail@aidsalliance.org
www.aidsalliance.org
www.aidsmap.com

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