Scaling-up Training for HIV/AIDS Community Initiatives in Eastern and Southern Africa
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As the HIV/AIDS pandemic continues to spread and its impacts become more clearly felt, eastern and southern Africa is the region of the world most severely affected. Across the region, responses to HIV/AIDS have been encouraged, supported and strengthened by the training programmes of pioneering NGOs, networks and institutions. However, many questions and challenges still remain in terms of how to increase the scale and impact of these programmes.

To contribute to addressing these issues, a three-day meeting – “Scaling-up Training for HIV/AIDS Community Initiatives in Eastern and Southern Africa” – was held in Nairobi, Kenya, in August 2001. It was co-hosted by the Regional AIDS Training Network (a network of training institutions working on HIV/AIDS/STIs in eastern and southern Africa) and the International HIV/AIDS Alliance (an international NGO that supports community action on HIV/AIDS in developing countries), and was supported by the Africa Bureau of the United States Agency for International Development. The participants were drawn from key organisations involved in HIV/AIDS training programmes across the region.

This report aims to capture the experiences, lessons and ideas about scaling-up training that were shared at the meeting. It includes case studies by participants, followed by an analysis of eight strategies that can be used to increase the impact of training programmes, namely:

- Improving participant selection.
- Increasing coverage.
- Increasing the range of topics. Improving quality.
- Cascade or multiplication approaches.
- Building strategic partnerships.
- Catalysing and supporting others.
- Creating an enabling environment.

In practice, different strategies are appropriate for different NGOs at different times and in different circumstances. However, in all cases, NGOs need to not only consider issues relating to training, but also issues of organisational capacity – such as the implications of scale-up on their human and financial resources. In addition, NGOs need to have appropriate monitoring and evaluation systems to assess the impact of scale-up on their training and, even more importantly, on the HIV/AIDS pandemic.

The report concludes by identifying key lessons learned that can be used by relevant NGOs. These relate to organisational capacity, strategic partnerships, participant selection processes and training methods. They also highlight that, although training is important, it is only one element of the broader package of capacity building measures, policies, resources, services and commodities that are needed to increase and sustain the impact of NGOs’ work at community level.

This report is primarily aimed at NGOs that are thinking of scaling-up HIV/AIDS-related training programmes. However, it will also prove useful to a range of other stakeholders involved in the response to the pandemic – including networks, regional bodies, development agencies, governments and multi-lateral institutions.
1 Introduction

Across Africa, many communities have taken action on HIV/AIDS. This has included initiatives to reduce new HIV infections, care for people who are sick, and support those affected by the impact of AIDS. In recognition of the need to mobilise, support and increase these responses, many community based organisations (CBOs) and non-governmental organisations (NGOs) have formed and/or have expanded their efforts. There has also been a realisation that appropriate training is needed to build and improve the skills of such groups.

Over the last decade, NGOs in Africa have significantly expanded their provision of training for community based action on HIV/AIDS – in recognition of the increased needs and demands arising from the continued spread and worsening impact of the pandemic. However, such programmes have also grown and diversified in response to other important factors. These include the fact that more is now known about what constitutes good practice in community responses to HIV/AIDS – such as ensuring that the psychosocial needs of orphans are met alongside their material needs. They also include the fact that there are increasing opportunities for action – such as the slow, but significant, reduction in the price of anti-retroviral drugs which has led to their increased accessibility and affordability and, in turn, new demands for related training.

Against this background, the question for community based organisations is now how to effectively develop and diversify their work in response to these evolving needs, demands and opportunities. And, in turn, the question for NGOs is whether they can provide expanded and improved training to encourage, strengthen and support these community initiatives.

Despite growing consensus about the need for HIV/AIDS initiatives to do more, do better and achieve greater impact, there is little shared understanding about the advantages and disadvantages of the different strategies available, the internal organisational implications of change, or the best way to measure and monitor the impact of new initiatives. This is particularly true for NGOs wanting to increase the impact of training programmes.

To start to address these issues, a three-day meeting – co-hosted by the Regional AIDS Training Network (RATN) and the International HIV/AIDS Alliance (the Alliance) – took place in August 2001 in Nairobi. RATN is based in Kenya and is a network of training institutions working on HIV/AIDS/STIs in eastern and southern Africa. It provides a focal point for the discussion of regional issues and advocacy work, at both regional and international levels. The Alliance is an international NGO based in the United Kingdom that supports community action on HIV/AIDS in developing countries. As well as regional and international activities, the Alliance and its local partners operate 18 country programmes across four continents.

The RATN/Alliance meeting – “Scaling-up Training for HIV/AIDS Community Initiatives in Eastern and Southern Africa” – was supported by the Africa Bureau of the United States Agency for International Development (USAID). It provided an opportunity for key stakeholders involved in the design, management or delivery of training programmes at local, national or regional level, to share their practical experiences and lessons and to explore relevant strategies.
1 Introduction

The participants for the meeting were drawn from the Alliance and eight of RATN’s partners and affiliates from four countries, namely:

- **Zimbabwe:** Family AIDS Caring Trust (FACT) and South African AIDS Training Programme (SAT).
- **Uganda:** The AIDS Support Organisation (TASO) and Traditional and Modern Health Practitioners Together Against AIDS (THETA).
- **Zambia:** Salvation Army Chikankata Health Services, Kara Counselling and Training Trust and Teachers Against HIV/AIDS Network (TAHAN).
- **Malawi:** Lilongwe Home Based Care (LHBC).

This report synthesises the discussions and results of the RATN/Alliance meeting. However, it also draws more broadly on the overall experiences and lessons learned of the Alliance and RATN in relation to scale-up. In particular, it is informed by an Alliance/Positive Action, GlaxoSmithKline report entitled “Expanding Community Action on HIV/AIDS: NGO/CBO Strategies for Scaling-up” and an Alliance/Horizons publication entitled “A Question of Scale: The Challenge of Expanding the Impact of NGO Programmes on HIV/AIDS in Developing Countries”.
The terms “scale-up” and “scaling-up” are used as an abbreviation to describe the process of doing more, doing it better, and achieving greater impact.

In relation to training on HIV/AIDS, successful scale-up involves paying attention to five key factors, namely:

- **Focus** – ensuring that training is responsive, reflects the most relevant topics and issues, and is provided to the most appropriate people.
- **Coverage** – ensuring that training reaches as many key people as possible.
- **Quality** – ensuring that training is appropriate and of a consistently high standard.
- **Sustainability** – ensuring that the organisation, its training programmes and its effects will last over time.
- **Impact** – ensuring that sufficient attention is paid to the issues of focus, coverage, quality and sustainability, in order to have the greatest impact.

In reality, an NGO wanting to increase the impact of its HIV/AIDS training activities does not always address all of these factors at the same time, or with equal emphasis. However, all of these factors are important and any scale-up strategy needs to pay attention to how they interact and complement each other. In addition, any strategy needs to take into account how any changes resulting from scale-up will impact on the organisation and its staff and volunteers. Indeed, while few would disagree with the need to increase the impact of CBO response to HIV/AIDS through training, there are many challenges involved in the shifts in thinking and action that this involves. These are explored in more detail later in the report.

"Scale-up requires the courage to change and do things differently."

Donna Kabatesi, Director, THETA, Uganda
Impact and scale-up

At the RATN/Alliance meeting, a group of participants explored the nature of impact in relation to scale-up. They decided that creating “AIDS competent communities” should be the ultimate goal of scaling-up their training initiatives. These communities should have a high level of awareness about HIV/AIDS/STIs and possess the skills and capacity to share this information with other communities. They should also have developed appropriate care and support systems for people living with HIV/AIDS (PLHA) and vulnerable children, and have defined strategies to cope with the social, cultural and economic impact of HIV/AIDS. The group identified that, as well as providing targeted training for senior-level staff, this would require comprehensive and integrated training at the community level.

The group also discussed some of the issues around the possible “trade-offs” involved in scaling-up training. For example, increased coverage might reduce the quality of work (as limited resources are spread more thinly) and the availability of external resources – while helping to increase coverage – might threaten an organisation’s sustainability by creating dependency.

“AIDS competent communities create a capacity building resource and provide wheels that have long lasting treads... They represent the goal or the impact of the scale-up of training.”

Dr. Alex Coutinho, Executive Director, TASO, Uganda
3 Case studies of scale-up in practice

3.1 The Salvation Army Chikankata Health Services, Zambia

Chikankata was established in 1986 to provide holistic home based care to people with leprosy and to PLHA. By 1989, it had developed into a more defined programme of community counselling, providing community health promotion and capacity building for community members. Chikankata now works directly with 45 communities, with a catchment area of approximately 70,000 people. It aims to enhance HIV/AIDS prevention and care through capacity building and runs 10 courses in HIV/AIDS management and related issues each year. This training is based directly on their experiences and lessons from the field, including a three-week course in home based care (HBC). At the end of the HBC course, participants draw up action plans, and Chikankata provide follow up support to their organisations as well as evaluating the impact of the training. Following this, many participants build on these skills with either an intensive counselling course, or an orphans and vulnerable children training course, also provided by Chikankata.

What helped Chikankata to scale-up their training?
- ✔ Training is based on the experience of successful programmatic models.
- ✔ Reputation of Chikankata’s training programmes.
- ✔ Formal recognition of Chikankata’s training by the Zambia Counselling Council, TEVETA-Government.
- ✔ Availability of financial resources to support the training programme.
- ✔ Expansion of training has been both needs driven and demand led.

What hindered the scale-up of training?
- ✗ Staff turnover at Chikankata.
- ✗ Lack of participant accommodation, restricting the number of people who can attend any one training course.
- ✗ Participants attending training expect to be paid a “sitting allowance” or per diems.
- ✗ The training was heavily subsidised in the initial phase.

Lessons learned
- 🌐 Scale-up of training must be planned, and take into account the resources available.
- 🌐 Community-initiated training programmes are more sustainable.
- 🌐 Participatory training methods increase the impact of training.
- 🌐 Documentation of training content and methods is crucial – so that, if staff leave, this knowledge and experience remains within the organisation.
- 🌐 Regional training courses provide an important opportunity to share local responses to HIV/AIDS problems.

“We know of places that have a care and prevention team as a direct result of someone coming to a course at Chikankata.”

Weddy Silomba, Manager AIDS Management and Training Services, Chikankata, Zambia
3.2 Family AIDS Caring Trust, Zimbabwe

FACT is a Christian-based HIV/AIDS organisation established in 1987. Since then FACT has scaled-up considerably, expanding its service provision programmes and also placing a greater emphasis on providing training. Initially providing community home based care, FACT started its training work with a focus on care, and established training of trainers courses. It also provides organisational capacity building to programme managers and service implementers, working closely with RATN on regional training initiatives. FACT has expanded to provide a regional training programme for southern Africa, participating in the SAT-funded “Schools Without Walls” programme, and offering skills building, exchange placements, mentoring and capacity building in five countries in southern Africa. FACT is the co-ordinating office for “Stepping Stones”, the ActionAid-funded programme working in 10 countries in the region. It also provides a range of technical support and capacity building to organisations in Mozambique in collaboration with the Alliance.

What helped FACT scale-up their training?
✔ Training is based on successful programme experience.
✔ The reputation of FACT training programmes.
✔ Strategic regional partnerships, for example with RATN and SAT.
✔ Participatory training methods continually adapted to participants’ needs.
✔ Documentation of FACT’s approaches.
✔ Regular revision of training materials.
✔ Regular monitoring and evaluation of training programmes.
✔ Openness to lessons learned from external evaluation.

What hindered the scale-up of training?
✗ Lack of financial resources to train more people or provide more support visits to those trained.
✗ High staff turnover.
✗ Poor follow-up of trainees after formal training, and no database of people trained.
✗ Lack of staff and organisational capacity to meet the demands of people trained.

Lessons learned
💡 It is important to address staff motivation and career development to avoid high staff turnover.
💡 NGOs need to create flexible structures and systems to cope with the effects of scale-up.
💡 Targeting training at senior-level staff increases the potential impact.
💡 Training institutions need to proactively follow up with course participants to maintain ongoing relationships and provide support.

“Feedback from participants is very important to develop programmes at a local level.”

David Musendo, Deputy Director (Training), FACT, Zimbabwe
3.3 Kara Counselling and Training Trust, Zambia

Kara Counselling is a national NGO established in Zambia in 1989 to promote integrated development through counselling, training and other related services. In 1993, in response to the increasing prevalence of HIV/AIDS in Zambia, it began to provide community based care and support to PLHA. Kara Counselling scaled-up its training provision from 1994 to 1996, and integrated prevention and care training activities. It now runs a standard one-week home based care training course for 25 to 30 participants three or four times each year, to enable volunteer caregivers to provide community based counselling and care. In 1999, Kara established a hospice as an extension of care to PLHA and this has become a centre from which to provide training on loss and bereavement. In response to increased demand, Kara continues to expand its professional training, awareness-raising and capacity-building functions.

What helped Kara Counselling to scale-up training?

- Clear criteria for selecting training participants.
- Adaptation of the course contents, manual and methodology to differing local needs.
- The reputation of the organisation’s training programmes.
- High level of commitment from the initial trainers.
- Strategic regional networking, for example with RATN.
- Training of supervisors to ensure that course participants can implement what they had learned.

What hindered the scale-up of training?

- Scale-up was largely driven by donor and national voluntary counselling and testing group request.
- Lack of involvement of trainers in planning the training programmes.
- High staff turnover resulting in shortage of trainers.
- Inability of administrative systems to cope with increased demands.
- Dependence on donors regarding timing of disbursement of funds.

Lessons learned

- Consult the target community to ensure that “real” and “donor” demand are differentiated.
- Monitoring and evaluation needs to be an ongoing process.
- Selection of course participants is important.
- Scale-up of training requires scale-up of organisational systems and structures.
- Maintaining a balance between implementation of services and provision of training is important to ensure that training reflects needs and priorities.

“Kara was approached by a donor to start a branch in another district. Instead, we chose to train local people to develop those services and to create local ownership of the programmes.”

Gita Seth, Counselling and Care Consultant, KARA, Zambia
3.4 Lilongwe Home Based Care, Malawi

Lilongwe Home Based Care was established in 1997 by a group of eight Hospital Volunteers (a medical doctor, paramedics and nurses) in response to the lack of home based care for PLHA who had been discharged from Lilongwe Central Hospital. Initially doctors and nurses were trained in palliative care and visited PLHA recently discharged from hospital in their communities. Soon, the programme scaled-up in response to demand from the community. Community volunteers, including local chiefs, were trained in home based care and a manual was developed. There is now a fully-fledged home based care team operating from Lilongwe Central Hospital with 150 community volunteers working alongside 26 medical personnel. By the end of 2001, LHBC will be providing integrated care, counselling and day-centre services through the “Lighthouse Project” at Lilongwe Central Hospital. LHBC has become a model for other community organisations undergoing scale-up, and LHBC staff co-facilitate training workshops at national and international levels.

What helped LHBC scale-up training?
✔ Training is needs driven and linked to community mobilisation.
✔ LHBC recruited a motivated core group of initial trainers.
✔ Strategic partnership with RATN to provide training of trainers.
✔ Political commitment by Government of Malawi and financial support for the Lighthouse Project.

What hindered scale-up of training?
✗ Limited financial and human resources.
✗ High turnover of volunteers due to lack of incentives.
✗ Resistance and apathy of some hospital staff towards involvement in the training.
✗ Most community volunteers only receive one week of training, while longer programmes would be preferable.

Lessons learned
🌱 Community-driven training leads to increased community ownership.
🌱 Strategic partnerships with other training institutions, for example RATN, can increase opportunities to train more hospital volunteers and provide opportunities for LHBC staff to co-facilitate training and share experiences at national and international levels.
🌱 The motivation and commitment of a core group of people initiating the response is a key factor in ensuring the quality and sustainability of scale-up.
🌱 Integration and collaboration with public health services can improve quality and sustainability.

“For LHBC, the training of our trainers through networking with organisations like RATN has been paramount. These RATN trainees have a huge impact on building the capacity of the programme as knowledge is shared with others and integrated into programme delivery.”

Ellious Chasukwa, Health Officer, LHBC, Malawi
3.5 Southern African AIDS Training Programme

The SAT Programme started in 1990 as a project of the Canadian International Development Agency implemented by the Canadian Public Health Association. SAT’s regional office is in Zimbabwe, with decentralised country offices in the five main programming countries of Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. SAT has developed partnerships with more than 120 organisations in the areas of HIV prevention, AIDS mitigation, and HIV-related advocacy on gender and human/child rights. SAT provides direct funding for project implementation and capacity building through the “Schools Without Walls” project established in 1993. This focuses on the horizontal transfer of skills from organisation to organisation and is based on learning by seeing and doing in real settings. The training is results-oriented, emphasising “how to do” rather than “what to do”. It involves study visits, organisational mentoring, apprenticeships, field visits, skills clinics, cross border facilitation and thematic networks (with ones on prevention, counselling, home care and gender established in the five countries).

What helped SAT to scale-up training?

✔ Promoting a network approach to training rather than directly delivering training.
✔ Practical, experiential approach to training.
✔ Commitment and willingness of high profile partners, for example FACT.
✔ Availability of funding to partner organisations for identified training needs.
✔ Replication of programmes by partner organisations to shorten the learning curve.
✔ Donor flexibility and financial security.
✔ Cross border facilitation to reduce costs and increase the number of people trained and capacity at a country level.

What hindered the scale-up of training?

✗ Geographical restriction to southern Africa.
✗ High staff turnover in partner organisations.
✗ No mechanism to access additional donor funding (as it was designed as a one donor programme).

Lessons learned

🔹 Broadening the donor base could increase capacity building opportunities.
🔹 Capacity building by utilising local knowledge and expertise is sustainable and empowering.
🔹 It is important to think through a “graduation” process for partners.
🔹 Regional training and networking helps identify, share and build expertise.
🔹 Replication shortens the learning curve and increases the impact over a shorter time.
🔹 Donor restrictions on administrative costs limit organisational growth.
🔹 Political and economic environment affects ability to scale-up.

“Formal training does not always translate into implementation skills. Many people who were being trained in the region were senior people but they didn’t always have the skills to train other people and have a “trickle down” effect. SAT has focused on addressing these issues in scaling-up its training.”

Ros Beaston, Technical Officer, SAT
3.6 Teachers Against HIV/AIDS Network, Zambia

TAHAN is a local NGO set up by teachers in the Copperbelt region of Zambia in 1998, as a direct result of two teachers attending a training course at Chikankata. It provides training in HIV/AIDS awareness and life skills to school pupils, peer educators, teachers and district education officers. Its achievements include establishing a strategic partnership with the Ministry of Education to register schools as TAHAN centres, training over 200 teachers using a “training of trainers” approach and training a further 200+ school pupils to provide peer education. TAHAN has also trained 50 community care givers and peer educators and mobilised local chiefs and community leaders, leading to the establishment of community care and prevention teams in five districts in the Copperbelt. Since 1998, TAHAN has scaled-up its activities, by increasing geographical coverage to include all nine Copperbelt districts. TAHAN is continuing to work with the Ministry of Education on ways to include HIV/AIDS within the school curriculum and ensure support to school Anti-AIDS clubs.

What helped TAHAN scale-up training?

✔ Scale-up of training responded to an expressed need.
✔ High quality of initial training by Chikankata, which mobilised initial group of teachers.
✔ Motivation and commitment of the initial group of teachers.
✔ Strategic partnerships with the Ministry of Education and other training organisations.
✔ The “cascade effect” of training trainers to achieve increased coverage.
✔ Sharing of resource materials to support others to provide training.

What hindered the scale-up of training?

✗ Volunteerism is difficult to sustain without some form of reward.
✗ Lack of human and financial resources.
✗ Teachers have limited time to get involved in the programme and provide training.
✗ The impact of the epidemic – many teachers are themselves dying of AIDS.

Lessons learned

💡 It is effective to focus initial training and support on a core group of committed people, who have the time, ability and motivation to mobilise others.
💡 Even with limited resources, a community driven initiative is more sustainable than externally driven scale-up.
💡 Volunteers in resource poor settings need innovative approaches to motivate them.

“Our trainers received initial training at Chikankata. This created a committed core group at TAHAN and the high quality initial training set a standard for us to replicate.”

Paul Mulenga, Executive Director, TAHAN, Zambia
3.7 The AIDS Support Organisation, Uganda

TASO was established in 1987 by a group of PLHA and provides prevention, care and support to PLHA and their families. Between 1987 and 1992, TASO went through a process of huge scale-up. By 1992, it had multiplied to provide eight support centres nationally, and its programmes expanded to integrate community mobilisation, prevention and social support for orphans into its care programmes. TASO offers training in counselling, capacity building, caring for carers, management of AIDS/STDs/TB, and training of trainers in HIV/AIDS care. As well as its local training activities, TASO has a regional impact – with counsellors from 10 African countries having been trained. TASO has supported 67,000 people, 6,000 orphans and has strong national and international links.

What helped TASO to scale-up training?
✓ Development of training courses based on identified community need.
✓ Involvement of community members in planning and implementing training.
✓ Decentralisation of the organisation so that training is provided by each of the eight centres.
✓ Development of clear training targets for each of the centres.
✓ TASO’s reputation – which helped them to mobilise resources from government and international donors.

What hindered the scale-up of training?
✗ Cascade plan for training of trainers was not implemented.
✗ Volunteerism is difficult to sustain without some form of reward.
✗ Difficulty of expanding to districts not covered by any AIDS service organisation.
✗ Political instability, for example war in the north of the country.
✗ Some communities began to see TASO as a donor and became too dependent.

Lessons learned
💡 Community involvement in training leads to sustainability of impact.
💡 Decentralising training to each of the eight centres was an effective scale-up strategy.
💡 Ongoing staff development and training is necessary to support staff who may be overwhelmed by increased demands on the training programme.
💡 Involvement of political and community leaders is key to developing a supportive environment for scaling-up training.
💡 The reputation and image of an organisation can help scale-up.

“TASO has found that counselling to restore hope is the foundation of the response. This puts great emphasis on the need to ensure access to quality training in community counselling.”

Dr. Alex Coutinho, Executive Director, TASO, Uganda
3.8 Traditional and Modern Health Practitioners Together Against AIDS, Uganda

THETA is a national NGO established in 1992 in response to identified needs for traditional health care to treat HIV/AIDS related illnesses. THETA mobilises traditional healers through training. The healers then mobilise communities, providing care, counselling and education, in collaboration with the formal health care system. From 1992, THETA scaled-up their programme, expanding the content and scope of their training and increasing their coverage from one to eight districts. By July 2001, 900 traditional healers had been trained using a variety of approaches: training courses organised directly by THETA, training of trainers courses, community initiatives organised by traditional healers themselves and the provision of technical support by THETA to other organisations working with traditional healers. In addition, THETA chairs a task force with partners in eastern and southern Africa to promote the integration of traditional healers into HIV/AIDS prevention and care programmes. THETA is currently working with UNAIDS to produce a best practice booklet on traditional medicine and HIV/AIDS.

What helped THETA to scale-up their training?

✔ Selection of genuine traditional healers for training using a “community” definition, which included herbalists, birth attendants and spiritual healers.
✔ Adapting and refining training methodologies, based on experience and feedback.
✔ Strategic partnerships with Districts and the Ministry of Health to establish links.
✔ Availability of financial resources.
✔ Partnerships established with WHO, UNAIDS, Medicine Sans Frontiers and TASO.

What hindered the scale-up of training?

✗ Many traditional healers lack formal education, which slows the pace of training and demands innovative approaches.
✗ Lack of understanding and some scepticism among some religious groups, public health workers and donors towards traditional healing practices.
✗ Initial training was highly centralised.
✗ Lack of documented experience or existing materials.

Lessons learned

💡 Consistent follow-up support to traditional healers is necessary following training.
💡 Decentralisation of training supports scale-up.
💡 Advocacy and documentation are key to successful scale-up.
💡 Need to be creative in adapting training materials to take into account the lack of formal education of traditional healers, for example using videos or picture stories.

“Flexibility and responsiveness have been key to our scale-up. We work with public health officials and traditional healers and need to find ways to collaborate and communicate. One example is our training materials for traditional healers with little or no formal education - we capture stories on video and in pictures. People don’t forget these.”

Donna Kabatesi, Director, THETA, Uganda
3.9 The Regional AIDS Training Network, Kenya

RATN was established in 1997 by the Universities of Nairobi and Manitoba, to build a regional network of eastern and southern African HIV/AIDS training institutions. RATN’s core objective is to increase the capacity of HIV/AIDS and STD programmes to provide effective prevention, care and support and treatment strategies, and to reduce the impact of the epidemic on communities in the region. RATN identifies and establishes linkages with training institutions in the region and, in partnership with them, adapts, develops, and delivers a variety of training courses, targeted at middle-level managers and trainers. Over the past five years, RATN has scaled-up both the size and scope of its activities. From an initial handful of partners, RATN has grown into a formal network with links to 17 partner institutions and several affiliated organisations.

What helped RATN to scale-up their training?
- ✔ Working with partners who were already delivering training.
- ✔ Facilitating a supportive approach to the network for its partners.
- ✔ Willingness of initial partners to network and share curricula and teaching methods.
- ✔ Responsive approach to the design of new training courses.
- ✔ Committed donor base to support the activities of the secretariat.

What hindered the scale-up of training?
- ✗ Low priority given to training by donors and policy makers.
- ✗ Lack of awareness by institutional managers of the need for human resource development.
- ✗ Partners do not always appreciate the benefits of information sharing and networking.
- ✗ Lack of skills in marketing, fundraising and advocacy.
- ✗ Limited reach of current training activities.
- ✗ Lack of resources for planned activities and further diversification of the funding base.

Lessons learned
- ☮ Conducting a needs assessment is a key first step in developing programmes.
- ☮ Developing an ongoing resource base, for example of expert committees for identifying emerging needs, ensures that training courses remain relevant and high quality.
- ☮ RATN courses are responsive to the needs of the region, increasing the demand from participants for training and establishing RATN and its partners as regional advisers on good practice in training.
- ☮ Feeding back the results of monitoring and evaluation exercises into activities guarantees continuous quality control and improvement of courses and training.
- ☮ Follow-up studies to evaluate the impact of training on trainees and their organisations are critical.

“RATN and its partners are committed to ensuring that HIV/AIDS training courses continue to be relevant and of quality in order to support scale-up efforts in the eastern and southern Africa region.”

Jackie Makokha, Network Co-ordinator, RATN
For NGOs considering scaling-up their training activities, it is important to look at the different strategies available and the lessons learned by others about their advantages and disadvantages.

Some of the main strategies for scale-up have been explored in the report “Expanding Community Action on HIV/AIDS – NGO/CBO Strategies for Scaling-up” (Alliance/Positive Action, GlaxoSmithKline, 2001). Based upon these ideas, combined with their own experiences, participants at the RATN/Alliance meeting explored the following strategies for scaling-up training in eastern and southern Africa:

- Improving participant selection.
- Increasing coverage.
- Increasing the range of training topics.
- Improving quality.
- Using cascade or multiplication approaches.
- Building strategic partnerships.
- Catalysing and supporting others.
- Creating an enabling environment.

Each of these strategies is discussed below. In practice, however, different strategies are appropriate for different NGOs, at different times and in different circumstances. Indeed, it is essential that NGOs select strategies to suit their specific vision, capacity and resources. It is also important for organisations to consider, at an early stage in the scale-up process, how they will monitor progress and assess impact.

4.1 Improving participant selection

“If we get the selection of participants right, there will be a transfer of skills when they go back to their organisation.”

Weddy Silomba, Manager AIDS Management and Training Services, Chikankata, Zambia

To ensure that training has an impact at the end of the day, it is crucial for NGOs to select the right people as participants.

The impact of training can be increased significantly by improving the recruitment and selection process. Efforts should focus on those who can make a real difference, either by sharing their skills with others or by taking action to scale-up community responses. At community level, this means targeting active volunteers or staff implementing programmes. At national and regional level, it usually means targeting programme managers or other senior staff of AIDS organisations, or institutions – including government bodies – that focus on mainstreaming HIV/AIDS. Participants should have a demonstrable interest and the ability and responsibility to initiate, shape and/or implement training programmes within their own organisations.

Unfortunately, the length of training courses can be a major barrier to attracting appropriate participants. For example, many senior staff find it difficult to commit to two or three weeks away to attend a course. Similarly, many volunteers find it hard to
4 Strategies

It is often difficult to identify which applicants will be in a position to actually implement what they learn. Effective marketing and detailed application forms can both help to address this challenge. In addition, it may be possible to adopt a selection process that involves interviewing applicants. This has been done for in-country training courses by organisations such as KARA Counselling in Zambia, while, for regional courses, the establishment of in-country selection panels is a possibility.

The issue of selection also relates to trainees’ home institutions. This is because, for training to have an impact, participants need to have supportive management and a conducive environment in which to implement what they have learned. For example, a RATN evaluation of trainees in five countries found that the degree of support that people receive from their immediate supervisor after their return from training had a direct impact on their ability to share learning with colleagues and to implement new skills. As a follow-up, RATN are now addressing this issue by including a section in their course application forms for supervisors to complete.

"RATN finds it difficult getting senior staff to attend courses. We try to get people able to implement changes, but senior staff are busy and cannot take time away."

Dr. Job Bwayo, Co-Director, RATN

"Our evaluations showed that support from the immediate supervisor was very, very critical."

Anastasia Ndiritu, Course Co-ordinator, RATN

4.2 Increasing coverage

One of the more straightforward scale-up strategies for NGOs is that of increasing the amount of training that they provide. This might include involving more participants in existing training courses or de-centralising training services by opening branches in new geographical areas. For example, TASO in Uganda de-centralised their training programme to eight centres across the country which now support a cumulative total of 67,000 people. THETA also increased the coverage of its work with traditional healers, from one district in 1992 to a current total of eight.

One risk associated with this strategy is that expansion can lead to a reduction in quality – with training programmes losing their creativity and becoming mechanical. However, if trainers remain responsive and regard training as a two-way learning process, expansion may actually help to improve quality because the trainers can benefit from broader and more diverse participant feedback.

A further challenge of this strategy is that staff and volunteers can feel overwhelmed and daunted by the work. This is because achieving greater coverage can involve...
increasing workload, managing more complex systems, and dealing with greater demands on the organisation for documentation, monitoring and evaluation, and follow-up activities. While donors often want to see evidence that NGOs are achieving greater coverage, the impact of training can, in fact, be much harder to demonstrate over a wider area.

4.3 Increasing the range of training topics

The strategy of increasing the range of topics about which training is offered might involve developing new courses or integrating new components into existing courses. Both approaches can be used to promote more holistic and comprehensive responses to HIV/AIDS at community level, rather than vertical programmes.

A common approach by NGOs is to provide a series of courses that educate and empower participants to deal with a variety of different issues that they face in their community. In designing such training packages, there are various options. These include progressing through the package (to expose participants to an ever widening range of issues and to explore their inter-relationship in practical terms) or addressing, over time, a smaller range of topics at increasing levels of detail and complexity.

In practice, implementing this strategy often requires both developing and/or upgrading training materials alongside providing staff development to trainers in order to increase their knowledge and strengthen their skills. A further challenge is that some donors restrict funding to specific areas, making it difficult to develop broader training programmes. It can also place considerable demands on the designers and facilitators of training and on NGO administrative systems.

Priorities for training topics

Participants at the RATN/Alliance meeting identified key technical areas where increased training is required. Priorities reflect both existing areas of training where demand is outstripping supply and new areas that need to be added to training agendas:

- Counselling (child counselling and general HIV/AIDS)
- Community care of HIV/AIDS
- Traditional and complementary care
- Management of HIV/AIDS programmes
- Community management of anti-retro virals
- Mother to child transmission
- Resource mobilisation
- Writing project proposals
- Monitoring and evaluation
- Documentation and communication
- Operational research
- Organisational development

4.4 Improving quality

Training programmes should constantly attempt to improve the quality of their work. This can be achieved through means such as participatory review and evaluation of training courses, regularly updating and disseminating training materials, and providing ongoing staff development to empower trainers.
4.5 Cascade or multiplication approaches

Cascade and multiplication approaches enable NGOs to achieve a major increase in the number of people trained. They can also be used to generate new programmes that are lower cost and locally owned.

This strategy focuses on providing intensive training to a relatively small number of people or organisations who, in turn, go on to start training activities for the first time...
4 Strategies

or scale-up their existing training activities. Training of trainers is a common example of this strategy.

Very often, cascade and multiplication approaches rely heavily on volunteers as trainers, peer educators and community outreach workers. Training volunteers is an effective, pragmatic strategy for scaling-up local action on HIV/AIDS, particularly in resource poor settings. However, it also involves many challenges. These include the need to support a large number of people, the lack of consistency and control over the quality of the work, and the difficulty of sustaining and retaining volunteers after the investment of training. Many of the organisations at the RATN/Alliance meeting had experience of using cascade approaches and some were themselves products of this strategy. For example, TAHAN was established as a direct result of two teachers attending a RATN training course at Chikankata, after which they returned home to the Copperbelt in Zambia to mobilise and train groups of teachers to take action on HIV/AIDS.

"Demand to scale-up training can overload an organisation, but the cascade approach can overcome this."

Miriam Katende, Senior Training Officer, TASO, Uganda

The advantages of this strategy include being able to concentrate limited resources on relatively few trainees, for rapid transfer of skills, potentially reach many more people, and reduce dependency on the training institution. Limitations include the lack of quality control and potential for tracking impact at community level, the amount of support the NGO has to provide, and the fact that trainees may lack the facilities and/or resources to replicate what they have learned.

"By the time you get to the 4th level of cascade, you lose elements of the original training."

Donna Kabatesi, Director, THETA, Uganda

4.6 Building strategic partnerships

Strategic partnerships with other stakeholders enable NGOs to achieve far more than they can achieve on their own. They can considerably contribute to scaling-up training, particularly by pooling expertise and resources, or by accelerating processes, such as the development of a new course. In addition, partnerships can be an effective strategy for achieving increased coverage and improved quality because – by sharing tasks and responsibilities – partners can achieve agreed aims and objectives while also reducing workload, avoiding duplication and learning new skills and training methods from each other.
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4.7 Catalysing and supporting others

This strategy involves mobilising other groups or organisations to start, expand or improve the quality of their training and providing them with the necessary package of ongoing support. It includes providing organisational mentoring, opportunities for study tours, apprenticeships, exchange visits, and the provision of resources and materials.

Catalysing and supporting others links closely with the strategy of building strategic partnerships. There is often an ongoing partnership between the organisation providing the technical support and the one receiving it, which may itself be a training provider. Many of the participants in the RATN/Alliance meeting had experience of putting this strategy into action at different levels. For example, SAT’s “Schools

“In a partnership...all parties must be winners.”

Macdonald Chaava, Manager Community Health and Development, Chikankata, Zambia

At a regional level, RATN has both built and facilitated strategic partnerships with other organisations to increase the coverage, focus, quality, sustainability and, ultimately, impact of HIV/AIDS training in the region. Many of RATN’s partners – including TAHAN, LHBC and Chikankata – have found that regional training has been key to the training of their trainers, and, in turn, to their scale-up efforts.

There are also many examples of strategic partnerships at a national level. For example, THETA worked with the Ministry of Health in Uganda to ensure their support and establish links between traditional healers and the formal health care system in order to provide HIV/AIDS education, counselling and care for local communities. Similarly, TAHAN built a partnership with the Zambian Ministry of Education to ensure the inclusion of effective HIV/AIDS training in the school curriculum, encourage support to Anti-AIDS Clubs, and agree a process for registering TAHAN centres.

However, although partnerships can be highly productive, they can also be challenging. In practice, a degree of compromise is usually necessary – as partners tend to have different agendas, and levels of status or experience. In particular, smaller organisations often fear being overshadowed or dominated by stronger partners. It is important to think about what partners can each offer and gain from the relationship before entering any partnership agreement. Equally, it is productive to pay attention to the need for ongoing partnership building activities and regular face-to-face meetings.

“We are sharing lessons we’ve learned with other organisations in the region. We’re developing a best practice document with UNAIDS on working with traditional healers and we’re looking forward to scaling-up our response.”

Donna Kabatesi, Director, THETA, Uganda
Without Walls’ programme now supports over 120 partners, and RATN’s initiatives have had a catalysing effect, as partners and affiliates who receive training go on to train others.

Catalysing and supporting others allows organisations to scale-up rapidly and facilitates the cross fertilisation of ideas, as different organisations bring a wide range of experiences, methodologies and capacities. It also facilitates the development of national and international networks, building a stronger basis for advocacy work. With this strategy, appropriate follow up is key to ensuring sustainability. Ongoing relationships provide an effective and supportive way to ensure that coverage, focus and quality are monitored and maintained. They also facilitate information exchange, allowing partners to gain something from the relationship. While one organisation may have greater financial resources or technical capacity, another may have important lessons to share from “grass roots” work.

4.8 Creating an enabling environment

Policy and advocacy work involves shaping public debates by convincing people to pay attention to the need to scale-up training to support community responses to HIV/AIDS. Whether focused at the global, regional, national or local level, the goal is to create an enabling environment that promotes, supports and sustains scale-up.

Although challenging, if this strategy is successful, it can promote changes in the broader social/political environment – enabling a degree of scale-up that would be difficult to achieve by any other means. It also has the potential to facilitate scale-up which occurs independently of the organisation that undertakes the policy and advocacy work.

“Policy and advocacy work can be daunting and challenging. Sometimes it even feels like a thankless and unproductive task. But when successful, you can be amazed by the ripple effect you have caused and the numbers of people your actions have touched.”

Dr. Tim Lee, Deputy Executive Director, International HIV/AIDS Alliance

Policy and advocacy work can lead to changes in laws or policies that are sustainable over the long term. Likewise, inputs into this area of work may also need to be long term. To achieve success, sustained action is usually necessary from a critical mass of advocates representing a diverse range of stakeholders. Changes can take time to occur and it can be a long time before the positive impact of those changes is felt. This can be particularly frustrating and difficult to manage in regions where HIV/AIDS is escalating rapidly.
## 4 Strategies

### Analysis of advantages, disadvantages and issues to consider about scale-up strategies

<table>
<thead>
<tr>
<th>Improving participant selection</th>
<th>Increasing coverage</th>
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<tbody>
<tr>
<td><strong>Advantages</strong></td>
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</tr>
<tr>
<td>✔ Training is provided to the most appropriate people.</td>
<td>✔ Reaches more people.</td>
<td>✔ Provides a wider coverage of issues in response to changing community needs.</td>
<td>✔ Builds on and adds to an organisation’s existing experience.</td>
</tr>
<tr>
<td>✔ Does not require additional courses or materials to be developed.</td>
<td>✔ Reaches previously un-served or under-served populations.</td>
<td>✔ Encourages a more holistic and integrated approach to training.</td>
<td>✔ Cost-effective to build upon existing courses.</td>
</tr>
<tr>
<td>✔ Skills of existing training staff are adequate and maximised.</td>
<td>✔ Builds on an NGO’s existing strengths and systems.</td>
<td>✔ Empowers community members by developing their skills to deal with a range of issues.</td>
<td>✔ Increases value and use of training received by participants.</td>
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<tr>
<td>✔ Does not require additional training staff to be recruited.</td>
<td>✔ Responds to donor demands.</td>
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<tr>
<td><strong>Disadvantages</strong></td>
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</tr>
<tr>
<td>✘ Difficulty of ensuring the “right” people are selected.</td>
<td>✘ Difficulty of maintaining the creativity, responsiveness and, ultimately, quality of training.</td>
<td>✘ Places more demand on trainers to cover multiple topics – with the possibility of increased workloads, burnout and staff turnover.</td>
<td>✘ Places more demand on trainers to become “experts”.</td>
</tr>
<tr>
<td>✘ Partners may react negatively to scrutiny of their applications or their applicants being turned down.</td>
<td>✘ Difficulty of demonstrating real impact of training over a larger geographical area.</td>
<td>✘ Donor restrictions may mean that programme diversification is difficult to finance.</td>
<td>✘ Coverage of training topics may remain limited because attention is focused on quality.</td>
</tr>
<tr>
<td>✘ Increased attention to selection systems may delay technical development of training.</td>
<td>✘ Involves significant scaling-up of administrative systems and recruitment of more trainers (whether paid or volunteer), and all that is involved in supporting them.</td>
<td>✘ May lead to reduced quality of individual topics covered.</td>
<td>✘ More intensive training may be intimidating to both trainers and trainees.</td>
</tr>
<tr>
<td>✘ More senior staff may be more demanding as participants.</td>
<td>✘ Monitoring, evaluation and follow-up technical support becomes more complex.</td>
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<td>✘ Time and resources spent improving quality of content may reduce those available for training itself.</td>
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### How can an NGO:

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<td>How can an NGO:</td>
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<tr>
<td>• Improve application forms and selection processes?</td>
<td>• Decide whether expanding its size would be the most effective or efficient means of scale-up?</td>
<td>• Decide which additional topics it would be appropriate to cover?</td>
<td>• Assess quality of its current courses?</td>
</tr>
<tr>
<td>• Ensure supervisors are supportive of participants’ attendance at training?</td>
<td>• Decide what size is appropriate to scale-up to?</td>
<td>• Plan ahead to provide the necessary support to staff to cope with increased demands?</td>
<td>• Develop appropriate partnerships for relevant course and staff development?</td>
</tr>
<tr>
<td>• Maintain its original organisational ethos and values as it increases in size?</td>
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<td>• Advocate for donors to fund the development of new training materials or courses?</td>
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## 4 Strategies

### Cascade or multiplication approaches
- ✔ Can be a lower cost yet effective way to expand training programmes.
- ✔ Ensures that training is adapted to local contexts – increasing local ownership and sustainability.
- ✔ Increases the profile and reputation of the training organisation.
- ✔ Reduces dependency on the original training organisation.

### Building strategic partnerships
- ✔ Enables NGOs to achieve a level of scale-up of training that they could not achieve alone.
- ✔ Pools resources and expertise at local, national or regional levels.
- ✔ Increases the profile of the training organisation.
- ✔ Can provide a starting point for NGOs to get involved in policy and advocacy work in relation to training.

### Catalysing and supporting others
- ✔ “Multiplier” effect yields high numbers of people trained.
- ✔ Can be popular strategy with donors.
- ✔ Promotes local ownership and a “decentralised” response.
- ✔ Can facilitate rapid spread and uptake of new ideas.
- ✔ Ongoing relationships make it easier to retain some influence over quality.
- ✔ Key part of broader capacity building relationships.

### Creating an enabling environment
- ✔ Can facilitate scale-up of training country-wide or region-wide for greater impact.
- ✔ Engages a range of diverse players, such as media, community leaders and government representatives.
- ✔ Can lead to conducive policies and laws that support growth of training.
- ✔ Encourages increased resources and access to resources for training.
- ✔ Increases the profile and reputation of the training organisation.

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How can an NGO:
- • Achieve a balance between encouraging the adaptation of training to the local context and ensuring that quality is maintained?
- • Decide what to do on their own and what to do in partnership?
- • Identify appropriate partners?
- • Plan to ensure partnerships achieve the type of scaled-up training that they desire?
- • Manage the relationship to ensure quality of training by partners is maintained while avoiding a heavy-handed, supervisory relationship?
- • Identify suitable organisations to catalyse and support to scale-up their training?

How can an NGO:
- • Identify which policy issues it can realistically influence?
- • Assess whether policy work will be worth the investment of time and effort?
- • Work with donors to agree quantifiable results for policy work?
The case studies and the discussion of strategies help to identify key factors that encourage (“help”) or challenge (“hinder”) the process of scaling-up HIV/AIDS-related training programmes [see box].

NGOs have found that scale-up can be helped by both internal factors, such as strong organisational systems and motivated and committed staff, and external factors, such as the availability of funding and scale-up being community driven. On the other hand, scale-up can also be hindered by both internal factors, such as weak leadership and lack of planning, and external factors, such as an unstable political or economic environment and donor limitations.

Key issues identified by participants at the RATN/Alliance meeting include the following:

- Weak leadership, lack of management capacity, and poor planning are common hindrances to successful growth. Strengthening management systems should be prioritised both before and during scale-up, and any gaps or weaknesses addressed.

- Excessive staff or volunteer turnover is a major challenge. Measures can be put in place from the start to address this issue – such as realistic work plans and team work to ensure that the burden of increased responsibilities is bearable. NGOs may also need to think creatively about developing incentives for staff or volunteers, for example increasing opportunities for skills development or providing allowances.

- Documentation of the content and approaches of training is very important in the light of staff and volunteer turnover – as it can ensure that knowledge remains with a programme. Organisations need to focus on building and retaining “institutional knowledge” – rather than relying on the skills of individual staff – and need to ensure effective handover systems from old to new staff.

- A supportive external environment can help to ensure that plans to scale-up training programmes happen in practice. If stakeholders work together in partnership and with political support and available resources, scaling-up of training can become a reality.

“Loss of key staff members is a big problem for organisations scaling-up. We need to focus on staff development and staff motivation - as too many are drained of energy and tempted away to other organisations.”

David Musendo, Deputy Director (Training), FACT, Zimbabwe
“Training does not occur in a vacuum. When scaling-up training, we must take wider issues into consideration.”

Dr. Alex Coutinho, Executive Director, TASO

### Factors that help or hinder the scale-up of training

<table>
<thead>
<tr>
<th>Helps</th>
<th>Hinders</th>
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<tr>
<td>✔ Clear and shared vision.</td>
<td>× Lack of clear goals and vision.</td>
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<tr>
<td>✔ Sufficient committed and appropriately skilled staff or volunteers that work as a team.</td>
<td>× Weak leadership.</td>
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<tr>
<td>✔ Strong leadership.</td>
<td>× Lack of support for staff and volunteers – leading to burn out and high turnover.</td>
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<tr>
<td>✔ Development and adaptation of materials to support training and follow up.</td>
<td>× Lack of motivated, dedicated and skilled staff to provide training and follow-up support.</td>
</tr>
<tr>
<td>✔ Training programmes being based on solid experience of service delivery.</td>
<td>× Weak or inappropriate organisational and administrative systems.</td>
</tr>
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<td>✔ Culture of openness to improve methods based on experience and feedback.</td>
<td>× Lack of planning and co-ordination.</td>
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<tr>
<td>✔ Careful planning and selection of appropriate training methods.</td>
<td>× Lack of institutional knowledge and systems/procedures to ensure knowledge is captured and stored.</td>
</tr>
<tr>
<td>✔ Good research prior to designing training.</td>
<td>× Donor dependence.</td>
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<tr>
<td>✔ Rigorous monitoring and evaluation of training and its impact.</td>
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<td>✔ Wide donor base – which reduces dependence on just one donor.</td>
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<tr>
<td>✔ Clear selection criteria to recruit participants for training.</td>
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<tr>
<td>✔ A good external profile and reputation.</td>
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<tr>
<td>✔ Strategic partnerships with other training institutions.</td>
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<tr>
<td>✔ Clear needs and demands for scale-up expressed by the community.</td>
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<tr>
<td>✔ Supportive political environment</td>
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<tr>
<td>✔ Adequate networking and reciprocal support.</td>
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<tr>
<td>✔ Availability of funding.</td>
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<tr>
<td>✔ Donor flexibility to support both expanded training and institutional development.</td>
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<thead>
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<th>External factors</th>
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<tr>
<td>× Lack of funding.</td>
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<tr>
<td>× Donor restrictions about the focus of training.</td>
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<tr>
<td>× Political/economic instability in the country or region.</td>
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<tr>
<td>× Scale-up being donor driven.</td>
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<tr>
<td>× Rivalry among NGOs.</td>
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6 Key lessons about scaling-up training

Based upon the experiences and ideas shared at the RATN/Alliance workshop, a number of key lessons emerged about scaling-up training to support community HIV/AIDS initiatives.

Scaling-up HIV/AIDS training is not just about increasing the number of people trained. As well as expanding coverage, it also requires attention to the issues of focus, quality and sustainability. Each of these factors is vital in its own right, but even more so in its relationship to the others in order to create impact.

Training organisations should carefully select and combine scale-up strategies that meet their specific needs, circumstances and resources, as well as those of the communities, organisations, countries or regions that they support.

Careful and systematic planning is vital for the effective scale-up of training programmes. This should not only address issues to do with the provision of training, but also organisational systems and structures – so that NGOs can cope with the increased demands placed upon their institution and its staff.

Scale-up of training should aim to respond to evolving community-level needs and be informed by local and international good practice.

During the scale-up process, training organisations should maintain close links with service delivery or an ongoing involvement in community level implementation. This will help to ensure that training remains relevant to “real life” community activities and experiences.

Before scaling-up, training organisations should proactively develop a staff retention strategy to address issues of motivation, career development and burn out. This will help to avoid high turnover – not only of trainers, but also of administrative and support staff.

A high organisational profile and good reputation both increase the demand for an organisation’s existing training programmes and can mobilise resources for expanded and/or improved programmes.

Training organisations need to collaborate with other key stakeholders – including government – and should not scale-up in isolation. Building strategic partnerships can enable them to expand their training efforts to a degree that would not be possible on their own.

The careful and strategic selection of participants is key to improving the impact of training. Trainees need to have the will and ability to implement their new skills and translate them into action on the ground.
6 Key lessons about scaling-up training

- **An enabling environment** – including political support for HIV/AIDS work, supportive laws and policies, and the availability of resources – is essential if widespread scale-up of training is to become a reality. Regional bodies, international agencies and key decision makers have a vital role and responsibility in creating this environment – so that trainees feel empowered and supported to implement what they have learned.

- **Access to resources** is often essential if HIV/AIDS training is to have an impact at the community level. For example, training in home based care is likely to have limited effect if, when they are back working in the field, trainees lack access to the materials – such as soap, condoms and medicines – required to do their work.

- **Regional networking and regional training programmes** have an important role to play in helping to identify, share and build expertise and in facilitating new partnerships. **Thematic networking** can increase the quality of training by facilitating the sharing of experiences and lessons among peers.

- Training organisations should ensure that, while scaling-up, their training programmes remain participatory and experiential. This is because such methods are enjoyable and easy for participants to understand, and often include field work – which enables trainees to gain “first hand” insights and to begin to put their new skills into practice.

- Training is a vital part of capacity building, but is rarely enough on its own. In practice, **broader packages of capacity building** need to be woven around training opportunities – to ensure that there is ongoing support, resources, guidance and two-way learning between training providers and trainees working at a community level.

“I have challenged my own view of the scaling-up of TASO. It is clear that all components of my own organisation at all levels will be affected. I will share these concepts at the governance levels and with the boards I sit on and I hope to have an impact at the regional level.”

Dr. Alex Coutinho, Executive Director, TASO
The ultimate aim of scaled-up training is increased impact at community level. This requires that participants successfully adapt and put into practice what they have learned at training workshops once they are back in their organisations and communities.

Impact is a complex jigsaw in which training is only one piece. In reality, a broader package of technical support and resources is necessary to ensure that trainees have a sense of ownership of what they have learned, share their learning with others, and are able to take forward what they have learned. For example, part of the Chikankata programme in Zambia includes follow-up support to help course participants to write project proposals after their training. In this way, training is designed to be part of an ongoing capacity building process that is owned by the community and which yields effective and sustainable responses to HIV/AIDS.

"If trainees do not own the process of implementation, the process will not happen."

Macdonald Chaava, Manager Community Health and Development, Chikankata, Zambia