

# Organisational Principles

## 3.1 Introduction

This chapter provides good practice principles to guide how we do our work. These principles demonstrate, with a greater degree of specificity, our commitment to the guiding principles set out in Chapter 2. They also provide the foundation for effective programming, outlined in Chapter 4. Some of these good practice principles apply specifically to the work of Supporting NGOs, while others are applicable to any NGO that has or may wish to become a signatory to this Code (see section 1.6 Who the Code is for).

## 3.2 Involvement of PLHA and affected communities



We foster active and meaningful involvement of PLHA and affected communities in our work.

PLHA and affected communities need to be involved in a variety of roles at different levels in NGOs, including as decision-makers on governing boards; as managers, programmers, providers and participants in the design, implementation and evaluation of programmes and services; as decision-makers, advocates and campaigners in policy and advocacy; and as planners, speakers and participants in meetings, conferences and other forums.

In fostering meaningful involvement of PLHA and affected communities within our own organisations and in partnerships with organisations and networks of PLHA and affected communities, we need to:

- create an organisational environment that fosters non-discrimination and values the contribution of PLHA and affected communities
- recognise and foster involvement of the diverse range of PLHA and affected communities (see section 2.5 Cross-cutting issues: addressing population vulnerability)
- ensure involvement in a variety of roles at different levels within our organisations
- define roles and their associated responsibilities; assess what a particular role requires, and the capacity of individuals to fulfil the role; and provide the necessary organisational support, including financial
- ensure organisational policies and practice provide timely access to information to enable participation, preparation and input, before programmatic and policy decisions are made
- ensure workplace policies and practices recognise the health and related needs of PLHA and affected communities and create an enabling environment that supports their involvement (see section 3.5 Organisational mission and management)
- ensure, when seeking PLHA and affected community representatives, that PLHA and affected community organisations and networks have strategies for accountability to their members and processes for ensuring that the views put forward represent their members
- resource and support capacity-building within PLHA and affected community organisations and networks, and
- fund and/or advocate for funding of PLHA and affected community organisations to ensure they have the resources to build capacity and empower others within their own networks.

## 3.3 Multi-sectoral partnerships



We build and sustain partnerships to support coordinated and comprehensive responses to HIV/AIDS.

No single sector can respond effectively to HIV/AIDS. Multi-sectoral partnerships at all levels, from global to local, are essential in bringing together the necessary expertise, skills, leverage and coordination needed to respond effectively to HIV/AIDS.<sup>1</sup> Governments, public and private sector agencies (such as health, development and scientific communities), donors and a diverse and vibrant civil society, including NGOs and people living with and affected by HIV/AIDS, are essential to a comprehensive and coordinated approach. As we work to scale up our responses, partnerships improve programming by building on the existing infrastructure and expertise of different sectors, enabling integration of HIV/AIDS responses within broader development, health,

humanitarian and human rights work, and supporting a comprehensive response in addressing the causes of vulnerability to HIV/AIDS and its consequences.<sup>2</sup> We also need to foster partnerships with governments, policy-makers, the media, and public and private sector agencies, in order to promote an enabling environment for effective responses to HIV/AIDS (see Section 3.8 Advocacy).

We need to foster strategic partnerships that support coordinated and comprehensive programming by:

- establishing mechanisms for assessing and reaching consensus about major unmet need in a given context, including mapping of available programmes and identifying gaps in types of programmes and services or gaps in meeting the needs of particular communities vulnerable to HIV/AIDS
- identifying those organisations or agencies best placed to address unmet need within a given context
- identifying and addressing organisational and competitive obstacles to effective cooperation
- undertaking joint programming or scaling up initiatives in partnership, to enable pooling of resources and expertise and build on existing relationships of trust between different organisations and within communities
- identifying opportunities and acting on or advocating for mainstreaming HIV/AIDS programming within appropriate settings, such as within the education system, poverty reduction initiatives and disaster relief programmes
- ensuring integration of HIV/AIDS with other related health initiatives, such as sexual and reproductive health, malaria and tuberculosis programmes, and
- fostering cross-fertilisation of organisational methods and approaches by sharing lessons learned about successful programming and what has proved effective in scaling up those programmes.

## 3.4 Governance



We have transparent governance and are accountable to our communities/constituencies.

Governance bodies need to have clear written policies, which are effectively implemented in practice, and which address the following:

- appointment and termination of members of the governing body
- identification and mitigation of conflicts of interest
- defined roles and responsibilities of the governing body, both individually and jointly, including strategic planning, financial probity and oversight of quality assurance
- guidance on how the strategic responsibilities of the governing body are delegated to operational management
- accountability and reporting arrangements both internally and to donors, NGO partners and communities, where applicable<sup>3</sup>

- a mandate from communities, whether geographical or population-based, where a supporting NGO provides services and programmes or undertakes advocacy initiatives to a defined community, such as through general elections or the appointment of designated community representatives to the governance body.

## 3.5 Organisational mission and management



We have a clear mission, supported by strategic objectives that are achieved through good management.

We need to have a clear statement of mission, supported by a statement of values that underpin our work (see section 2.2 Core values). Effective strategic and operational planning, together with effective human resources and financial systems, are essential to support the achievement of our mission. Strategic objectives, over a defined period, need to be informed by an assessment of the HIV/AIDS situation(s) in the country or region concerned, the range of institutional responses that already exist and our own capacity, in order to determine what gaps exist in programming and whether we are best placed to address them (see section 3.3 Multi-sectoral partnerships). Operational planning, which includes clear timeframes and performance indicators, is needed to support the achievement of strategic objectives, as are the allocation of financial and human resources needed to meet these indicators, and a strategic approach to human resources management. Operational plans need to be linked to programme plans and to individual work plans.

# Human resources



We value, support and effectively manage our human resources.

Our strategic and operational plans need to provide a strategic approach to human resources management, including:

- explicitly valuing staff and volunteer contributions
- allocating sufficient human and financial resources to achieve the objectives set, and
- clear management responsibility for staff and volunteer support, development and well-being.

Our human resources policies and procedures need to be effectively implemented to ensure:

- fair, transparent and effective recruitment and selection of staff and volunteers, including equal opportunity of employment
- consistent and clear guidance to staff regarding roles and responsibilities, including job description and development and regular review of staff work plans
- assessment of human resource capacity, linked to strategic planning
- organisational learning by supporting the training and development of staff and volunteers, and
- security, safety and health of staff and volunteers.

Our human resources policies and practices need to create an enabling organisational environment for responding to HIV/AIDS by:

- developing and implementing policies and procedures that promote inclusion of and commitment to the employment of PLHA and affected communities, such as affirmative action strategies that address underlying obstacles to meaningful participation and acknowledge the value of the involvement of PLHA and affected communities in a wide range of roles
- promoting a non-discriminatory workplace through awareness raising and training on stigma and discrimination, together with grievance procedures to respond to discrimination
- providing terms and conditions of employment that cover bereavement leave and leave for carers, long-term illness provision, reasonable accommodation of staff health needs (such as flexible work practices) and confidentiality
- developing and implementing policies and procedures for universal infection control, including provision of equipment and staff training
- advocating for health insurance products covering HIV/AIDS-related conditions,<sup>4</sup>
- providing access to voluntary testing and counselling (VCT) and prevention, treatment, care and support services and programmes,<sup>5</sup> and
- reducing vulnerability of the organisation to the impact of HIV/AIDS, for example through long-term workforce planning.<sup>6</sup>

## Organisational capacity



We develop and maintain the organisational capacity necessary to support effective responses to HIV/AIDS.

We need to enable our staff and volunteers to develop and maintain the necessary capacity to effectively carry out their work, including:

- understanding the nature of stigma and discrimination, and the rights of PLHA and affected communities
- examining their own attitudes and beliefs and the impact these may have on their ability to provide non-judgemental, inclusive processes and programmes
- understanding and applying the organisational policies that ensure the rights of PLHA and affected communities and promote participation in programmes
- understanding the diversity of needs within the communities they work with and implementing effective programming to prevent HIV transmission; meet the treatment, care and support needs of PLHA and affected communities; and address the causes and consequences of vulnerability to HIV/AIDS
- empowering individuals and communities to understand their own risks and needs, make informed decisions and develop the necessary skills to protect themselves and others from HIV infection and/or to meet their own treatment, care and support needs
- empowering individuals and communities to take action in response to stigma and discrimination and/or to make appropriate referrals
- designing, delivering and evaluating programmes in their particular fields of expertise, and
- continually improving programming and work practices through effective programme planning, monitoring and evaluation cycles.

## Financial resources



We manage financial resources in an efficient, transparent and accountable manner.

We need to manage financial resources in an efficient, transparent and accountable manner by ensuring:

- that fund-raising strategies and funding sources are consistent with and supportive of our mission
- there is systemic preparation of budgets linked to strategic, operational and programme plans
- that budgeting supports the human resources and organisational capacity necessary to achieve our mission<sup>7</sup>
- there are internal control systems that enable production of regular, consistent and reliable financial information, which complies with legal requirements

- there are internal accounting systems that provide regular financial reports, in a consistent and accessible format
- that financial reports can be utilised to track resources, monitor programme spending against budget allocation and assess the cost-effectiveness of programmes
- there is an efficient grant programming system and provision of finance and administrative technical support, where funding is provided to partner NGOs
- there is regular financial reporting to management, the governing board, donors and communities/constituencies, and annual financial auditing of accounts, and
- there is transparent annual reporting, including statutory reports where required.<sup>8</sup>

## 3.6 Programme planning, monitoring and evaluation



We select appropriate partners in a transparent manner.

Transparent selection systems are needed to ensure identification of partner NGOs that:

- are the most appropriate to achieve the programme objectives
- have the necessary financial and programmatic capacity to manage activities, or can be supported to develop financial and programmatic capacity, and
- are appropriate to work with identified beneficiary communities, including assessment of community credibility.



We plan, monitor and evaluate programmes for effectiveness and in response to community need.

Efforts to better understand and improve the effectiveness of HIV prevention, treatment, care and support services and programmes have produced an impressive body of knowledge and resources to inform planning, monitoring and evaluation.<sup>9</sup> Programme plans need to set clear objectives, timeframes, performance indicators and reporting requirements, and allocate the financial and human resources needed to meet programme objectives.

Programme objectives and priorities need to be informed by evidence drawing on:

- relevant epidemiological, social and behavioural research data
- relevant programme evaluation findings, and
- assessment of community need, including mapping of available services and programmes to determine gaps in programmes and services or gaps in meeting the needs of particular communities vulnerable to HIV/AIDS.

Programme plans need to incorporate monitoring and evaluation into the programming planning cycle by:

- setting programme objectives at the outset that are appropriate for monitoring and evaluation of the programme
- developing monitoring indicators and using them to guide systematic collection of information, including qualitative data over time, to assess whether the programme is proceeding according to plan, and whether there are obstacles that need to be addressed
- gathering relevant baseline data as a basis for assessing the progress and impact of programming
- evaluating programmes to assess their quality, efficiency and effectiveness
- regularly utilising data gathered and adjusting programmes over time to ensure flexibility and responsiveness of programming, and
- utilising programme evaluation findings to inform future programmes.

The programme plans of Supporting NGOs need to include technical support for partner NGOs on:

- HIV/AIDS-related issues as required by specific programmes
- programming design, implementation, monitoring and evaluation, and
- organisational development, including strategic planning, financial and administrative systems, and human resource strategies to promote effective management of staff and organisational learning.

## 3.7 Access and equity



Our programmes are non-discriminatory, accessible and equitable.

The term ‘discrimination’ is used when people are treated adversely, either by treating them the same when their needs are different, or by treating them differently when they should be treated the same.<sup>10</sup> Equity in programming requires that resources are allocated and programmes are developed in response to the needs of both individuals and communities.

Accessibility of services alone is insufficient to respond to the diverse needs of PLHA and affected communities. Programmes that are generic in nature, assuming that communities are reached by the same approach or type of service, often reflect and entrench social inequities. To ensure access and equity, programmes need to be tailored to meet the particular needs of PLHA and affected communities, depending on the context (see section 2.5 Cross-cutting issues: addressing population vulnerability). For example, HIV prevention programmes, for men and women, need to address gender stereotypes, norms, attitudes and practices in order to address underlying gender inequities that increase the vulnerability of women and girls to HIV infection. So too, gender inequities that impede access to services and programmes for women, including those living with HIV/AIDS, need to be understood and addressed.

Programmes need to be respectful of the culture of individuals, minorities, peoples and communities, and sensitive to gender and life-cycle requirements. Equity of and access to services and programmes are best achieved by actively involving PLHA and affected communities not only in the design and delivery of programmes, but also in a wide variety of roles within NGOs (see sections 2.3 and 3.2 Involvement of PLHA and affected communities).

Access to programmes and services needs to be supported by workplace policies and practices that ensure that:

- the rights of PLHA and affected communities are respected<sup>11</sup>
- the rights of service users are clearly articulated and promoted to communities, particularly those most marginalised
- people have access to appropriate information to enable them to understand the implications of participation, and freely decide whether or not they wish to participate<sup>12</sup>
- the rights of service users are supported by understandable and accessible complaints mechanisms
- confidentiality is protected, thereby promoting an environment where PLHA and affected communities feel able to access information and programmes and actively participate in the HIV/AIDS response<sup>13</sup> and
- PLHA and affected communities are actively involved in a wide range of roles within the organisation.

## 3.8 Advocacy

**Advocacy** is a method and a process of influencing decision-makers and public perceptions about an issue of concern, and mobilising community action to achieve social change, including legislative and policy reform, to address the concern.

The term **enabling environment** is used to refer to an environment where laws and public policy protect and promote the rights of PLHA and affected communities, support effective programmes, reduce vulnerability to HIV/AIDS and address its consequences.



We advocate for an enabling environment that protects and promotes the rights of PLHA and affected communities and supports effective programming.

Laws, policies, social norms and community attitudes and perceptions shape the environment in which we respond to HIV/AIDS. Our efforts to address both the causes and consequences of the HIV/AIDS pandemic require fundamental social change (see section 2.4 A human rights approach to HIV/AIDS). Advocacy efforts may be focused at local, national and international level, with the aim of creating and sustaining an environment where laws and public policy protect and promote the rights of PLHA and affected communities, support effective programmes and reduce vulnerability to HIV/AIDS and its consequences. The Declaration of Commitment on HIV/AIDS, international human rights instruments and the *HIV/AIDS and Human Rights: International Guidelines* provide a blueprint for reform and invaluable tools for advocating national action.<sup>14</sup>



We plan, monitor and evaluate advocacy efforts for effectiveness and in response to community need.

While there is a wealth of resources devoted to monitoring and evaluating the impact of different types of programme interventions, there is comparatively little in the way of monitoring and evaluating advocacy activities. The causality between advocacy efforts and changes in law and policy and in social norms is often difficult to measure. We have much to contribute to improving knowledge in this area.

In planning, implementing, monitoring and evaluating advocacy activities, we need to:

- actively involve PLHA, affected communities and community and opinion leaders<sup>15</sup>
- map the environment to determine the factors that may affect advocacy processes and outcomes, such as leadership, HIV/AIDS policy environment and legislative impediments to effective advocacy or HIV/AIDS programmes<sup>16</sup>
- draw on experiences in the provision of programmes and services to inform advocacy priorities
- set clear objectives about what legal, policy or social change is being sought
- identify and develop strategic partnerships with organisations, institutions and networks that share common goals and can lend support to achieving objectives by increasing our influence and capacity to achieve change through joint action<sup>17</sup>
- determine the most appropriate advocacy methods for achieving objectives, such as media campaigns and lobbying policy-makers
- identify and build relationships with the target audiences needed to achieve objectives, such as political leaders, religious and community leaders, policy-makers and the media
- use experiences drawn from programmes and services to support the rationale for changes sought<sup>18</sup>
- develop evaluation methods that define information to be collected and a method of analysis to determine whether objectives are achieved
- collect qualitative data to track the external environment to assess the effectiveness of advocacy efforts, including media reports, policy statements of target audience, meetings and discussions
- collect qualitative data on the process of undertaking advocacy efforts, such as effectiveness of partnerships and alliances, ‘packaging’ messages and the use of evidence
- collect quantitative data from target audiences, programme implementers, strategic partners and beneficiaries of advocacy efforts about both the processes used and the impact of advocacy activities
- use the data gathered to assess the extent to which advocacy efforts have affected awareness about the issues; influenced the organisation’s credibility as an advocate; made a contribution to debate; changed laws and policy; influenced the attitudes or beliefs of opinion leaders; and affected the lives of PLHA and affected communities
- use the information gathered to assess the effectiveness of processes used, including effectiveness of partnerships, involvement of PLHA and affected communities and organisational advocacy capacity,<sup>19</sup> and
- use the evaluation of advocacy work to inform future advocacy planning and share lessons learned with partners.

## 3.9 Research



We undertake and/or advocate for adequate and appropriate research to ensure responses to HIV/AIDS are informed by evidence.

The results of good-quality, appropriate and up-to-date research data must guide our actions to enable an effective response to HIV/AIDS (see Public health in section 2.4). Research must include:

- epidemiological, social and behavioural research
- operational research (programme evaluation) to inform programming and policy development<sup>20</sup>
- basic and clinical research into new and/or improved therapeutic, diagnostic and preventive products and technologies (e.g. safety and efficacy of HIV/AIDS-related treatments, fixed-dose combinations of ARVs, cheap and easy-to-use diagnostic tests, microbicides and preventive vaccines),<sup>21</sup> and
- research related to the clinical management of HIV/AIDS, including co-infection with other diseases, to advance best practice in health management.

We need to undertake and/or advocate for adequate and appropriate research to ensure that responses to HIV/AIDS are informed by evidence, by:

- advocating for the involvement of PLHA and affected communities in setting research priorities, in designing and conducting research and analysing the results of research
- advocating for ethical research and/or participation in ethical review processes in order to protect and promote the human rights of people participating in research<sup>22</sup>
- identifying situations where available epidemiological data is inadequate
- advocating for improvements in the type of data collected and/or the systems for collection and reporting to provide an accurate picture of risk and impacts in a given population
- identifying where social and behavioural research is needed in order to better understand the risks associated with HIV infection, the needs of PLHA and affected communities, and the social, political, cultural and economic factors that influence HIV transmission, treatment, care and other aspects of HIV/AIDS in a given context<sup>23</sup>
- undertaking and/or advocating for research to improve the appropriateness and effectiveness of programme interventions, such as evaluation of the impact of efforts to scale up programmes (see also sections 3.6 Programme planning, monitoring and evaluation, 3.10 Scaling up and 4.3 Mainstreaming HIV/AIDS)
- undertaking and/or advocating for research to improve the appropriateness and effectiveness of advocacy efforts to promote an enabling environment that supports effective responses to HIV/AIDS<sup>24</sup> (see also section 3.8 Advocacy), and
- building partnerships and/or engaging in joint research initiatives with research organisations and academic institutions to ensure that research initiatives contribute to improving the evidence base about what is effective in responding to HIV/AIDS.

## 3.10 Scaling up

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### **What do we mean by 'scaling up'?**

The term 'scaling up' is used to encompass different strategies to expand the scope, reach and impact of our responses to HIV/AIDS. In the Code we use the term to refer to expanding the geographical or population reach of HIV/AIDS-specific programmes and integrating HIV/AIDS-specific interventions within other health programming, such as sexual and reproductive health and child and maternal health programmes, as well as mainstreaming HIV/AIDS within development and humanitarian programming.

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Giving the devastating impact of HIV/AIDS in many developing countries, the need for sustained responses of a sufficient scale to affect the dynamics of the epidemic is abundantly clear. The scaling up of responses needs to be as significant a priority for countries where prevalence is low and where it is still possible to prevent epidemics from spiralling out of control as it is in countries where HIV/AIDS is having a more visible impact.

The challenges associated with scaling up are one of the primary motivations for the development of this Code. While considerable expertise and knowledge exist about what works to prevent HIV transmission and meet the range of needs of PLHA and affected communities, many programmes have yet to become comprehensive in their coverage.<sup>25</sup> There is also much more to be done in mainstreaming HIV/AIDS in order to respond more effectively to the causes and consequences of HIV/AIDS. The good practice principles in this section concerning how to scale up can be more readily applied to existing HIV/AIDS programmes and to integrating HIV/AIDS work into other health and related programming, as efforts to mainstream HIV/AIDS are relatively underdeveloped. Section 4.3 considers mainstreaming HIV/AIDS within development and humanitarian programmes and draws on experience to date to guide these emerging approaches to the HIV/AIDS response.

There is much that can be learned from smaller-scale initiatives that has wider relevance and application. However, scaling up NGO programmes is complex. It is critical to recognise and address the new challenges involved in the process of scaling up.<sup>26</sup> Resources need to be made available in a manner that supports the complexity of the process. Careful planning is needed to determine what programmes are capable of being scaled up, given the nature of the epidemic in a given context.<sup>27</sup> Pressures to meet government and/or donor expectations in order to secure continued resources for scaling up must be balanced with the need to maintain community ownership and a realistic assessment of the capacity of organisations to scale up.

There are numerous different strategies<sup>28</sup> for scaling up, including:

- expanding organisational size and/or scope
- applying cascading and multiplication models, which involve the provision of intensive training to groups who can subsequently provide training to others

- adapting concepts and models so that effective programme approaches can be adapted and replicated
- building practical working partnerships to develop joint initiatives to increase the reach and impact of programming through combined efforts
- catalysing and supporting others by providing technical support
- decentralising services by transferring decision-making and programme coordination from a central location to a more local level, and
- influencing laws and policy that affect the effectiveness of HIV programming.

The strategies employed will vary depending on NGO implementing programmes and whether the organisation concerned is a Supporting NGO (see section 1.6 Who the Code is for). Supporting NGOs are likely to play a role in catalysing and supporting others to scale up programmes. This section provides both good practice principles in scaling up for NGOs generally, as well as outline good practice principles in scaling up that are specific to Supporting NGOs.<sup>29</sup>



We work to scale up appropriate programmes while ensuring their quality and sustainability.

- In determining whether to scale up programmes, we need to ensure that decisions to do so:
- are informed by evidence, including epidemiological, social and behavioural research and programme evaluation findings
  - involve PLHA and affected communities in participatory assessment to determine unmet need
  - are informed by an assessment of the overall response by the range of organisations and institutions within the particular context, including NGOs and public and private sector agencies, to identify unmet need
  - determine which of the strategies for scaling up is most appropriate in the given context, such as whether we are best placed ourselves to address the unmet need, or whether efforts should be directed to advocating for or supporting other organisations or institutions to do so (see section 3.3 Multi-sectoral partnerships)
  - build on our particular expertise, strengths and experience, and
  - are informed by our ability to acquire the necessary financial and human resources and technical support needed to scale up.

- When planning scaling-up strategies, we need to ensure their quality and sustainability by:
- assessing and responding to the implications of scaling up for our organisation (see Organisational capacity in section 3.5)
  - building organisational capacity, securing the necessary financial resources and a supportive social and political environment to sustain the programme over time (see section 3.5 Organisational mission and management, and the role of Supporting NGOs below)
  - building on the strengths of community initiatives and fostering community ownership of programmes as they are brought to scale
  - developing approaches that are sufficiently flexible to address the diversity of need among vulnerable populations, as informed by evidence

- determining an appropriate pace of change, given organisational capacity, level of community mobilisation and time needed to implement scaling up strategies, and
- establishing mechanisms for the collection and analysis of data to enable evaluation of the quality, sustainability and impact of programmes brought to scale (see section 3.6 Programme planning, monitoring and evaluation).

Supporting NGOs need to assist their partner NGOs in scaling up by:

- developing and using transparent criteria for identifying partner NGOs capable of scaling up programmes
- ensuring clarity about, and agreement on, the nature of the scaling up envisaged at the outset
- investing time and money in building capacity to support the scaling up
- allowing and encouraging NGOs to diversify their sources of support
- acknowledging and negotiating tensions among multilateral, government, NGO and donor goals, objectives and strategies for scaling up to ensure that the process of gaining support for scaling up does not undermine the independence of NGOs, and
- actively promoting scaling up as a vital aspect of the global response to HIV/AIDS and facilitating the exchange of information about it among local, national and international stakeholders.



We develop and maintain community ownership and organisational capacity to support scaling up of programmes.

Scaling up activities can have a significant impact on the internal dynamics of an organisation.<sup>30</sup>

When planning and implementing scaling up strategies, we need to ensure:

- effective leadership and management of the internal implications of scaling up, including assessment of financial and human resource needs, the appropriateness of our organisational structure, maintenance of organisational cohesiveness and continuity and whether the pace of scaling up is appropriate to our organisational capacity over time
- timely and participatory processes that involve staff and volunteers in designing, implementing, monitoring and evaluating scaling up
- assessment of existing staff and volunteer capacity and provision of appropriate training and development, based on assessed needs
- that staff and volunteers are supported in their work, including in the development of realistic work plans (see section 3.5 Organisational mission and management), and
- that the process of scaling up fosters a learning environment, including building capacity of staff and volunteers to document, reflect upon and analyse their experiences and the experiences of communities about what has and has not worked, to inform organisational development and evaluation of programmes.<sup>31</sup>

The involvement of PLHA and affected communities in the scaling up process and their ownership of programmes are essential to effective scaling up. A particular challenge in scaling up is to balance the need to involve communities and remain responsive to community need while being realistic about the necessary compromises to accountability and quality in order to expand the reach of the programme. When planning and implementing strategies for scaling up, we need to ensure:

- scaling up is built on existing strengths of community initiatives, and community ownership of programmes is sustained as they are bought to scale
- consideration is given to fostering awareness of those in the community whose needs are not being met by existing programmes, particularly those who may be isolated from access to programmes as a result of stigma and discrimination, and
- PLHA and affected communities are involved in the design, implementation and evaluation of scaling up.



We monitor and evaluate programmes that are scaled up.

Expanding the scale-up of existing programmes requires that we are able to monitor and evaluate larger and more complex programmes, often in partnership with other organisations. To do so, we need to ensure that:

- data collection and evaluation methods enable an assessment of focus, coverage, quality, sustainability and impact and are in place before scaling up begins
- quantitative and qualitative indicators are developed and data is collected and used for programme evaluation
- PLHA and affected communities are actively involved in monitoring and evaluation
- organisational capacity is developed to support data collection and analysis
- there is agreement with donors about monitoring and evaluation methods and indicators
- when developing partnership initiatives, there is agreement about monitoring and evaluation methods and indicators, including the use of standardised systems for data collection and analysis, and
- the lessons learnt from scaling up are well documented and experiences are shared both within our organisation and with external partners, promoting a continuing process of improving scaling up efforts (see section 3.6 Programme planning, monitoring and evaluation).

# Notes

- 1 On improving national multi-sectoral responses, see *2004 Report on the Global AIDS Epidemic*, UNAIDS, Chapter 7 and the framework of the 'Three Ones', [www.unaids.org/en/about+unaids/what+is+unaids/unaids+at+country+level/the+three+ones.asp](http://www.unaids.org/en/about+unaids/what+is+unaids/unaids+at+country+level/the+three+ones.asp)
- 2 DeJong, J., *A Question of Scale? The Challenge of Expanding the Impact of Non-Governmental Organizations' HIV/AIDS Efforts in Developing Countries*, Horizons Program and International HIV/AIDS Alliance, August 2001. See discussion on government-NGO relations in the context of ensuring a coordinated approach to scaling up, pp.42-45, and mainstreaming of HIV/AIDS within the development sector, pp.37-38.
- 3 In the context of this Code, the constituencies of Supporting NGOs include their NGO partners, such as CBOs, FBOs and organisations of affected communities, including PLHA, sex workers, women's groups and many others.
- 4 See, for example, the advocacy efforts of the International Federation of Red Cross and Red Crescent Societies: [www.ifrc.org/docs/news/pr03/7203.asp](http://www.ifrc.org/docs/news/pr03/7203.asp); and the Masambo fund workplace treatment programme: [www.ifrc.org/what/health/hiv/aids/treatment\\_masambo.asp](http://www.ifrc.org/what/health/hiv/aids/treatment_masambo.asp)
- 5 See *Working Positively: A Guide for NGOs Managing HIV/AIDS in the Workplace*, UK Consortium on AIDS and International Development, and Holden, S., *Mainstreaming HIV/AIDS in Development and Humanitarian Programmes*, Oxfam, ActionAid and Save the Children, 2004, pp.60-75 ([www.oxfam.org.uk](http://www.oxfam.org.uk)) for a discussion of and strategies for 'internal mainstreaming' – i.e. changing organisational policy and practice to reduce susceptibility to HIV infection and the impact of HIV/AIDS on the organisation.
- 6 Holden, S., *ibid.*, pp.60-75.
- 7 *Ibid.* Funding is needed to support human resources and the organisational capacity necessary to reduce an organisation's vulnerability to HIV infection and the impacts of HIV/AIDS. See also Mullin, D. and James, R., *Supporting NGO Partners Affected by HIV/AIDS*, *Development in Practice*, Vol 14, No. 4, June 2004, 574-585.
- 8 See *HIV/AIDS NGO/CBO Support Toolkit* ([www.aidsalliance.org/ngosupport](http://www.aidsalliance.org/ngosupport)) and *Raising Funds and Mobilizing Resources for HIV/AIDS Work: A Toolkit to Support NGOs and CBOs*, International HIV/AIDS Alliance 2002. [www.aidsalliance.org/res/civil\\_society/technical\\_support/Resource/Resource%20\(Eng\).pdf](http://www.aidsalliance.org/res/civil_society/technical_support/Resource/Resource%20(Eng).pdf)
- 9 A wide range of resources is available on the UNAIDS website: [www.unaids.org/en/in+focus/monitoringevaluation.asp](http://www.unaids.org/en/in+focus/monitoringevaluation.asp). See also section 5.3 Key resources.
- 10 See the right to equality and non-discrimination in section 2.4.
- 11 See Section 2.4 A human rights approach to HIV/AIDS, and Section 3.5 Organisational mission and management.
- 12 See the right to information in Section 2.4.
- 13 See the right to privacy in Section 2.4.
- 14 See section 5.3 Key resources for advocacy tools.
- 15 See, for example, the Bond Guidance Notes series, including guidance notes on participatory advocacy: [www.bond.org.uk/pubs/index.html#uk](http://www.bond.org.uk/pubs/index.html#uk)
- 16 See, for example, Watchirs, H., *A Rights Analysis Instrument to Measure Compliance with the International Guidelines on HIV/AIDS and Human Rights*, Australian National Council on AIDS and Related Diseases, 1999. [www.ancahrd.org/pubs/pdfs/raifinal.pdf](http://www.ancahrd.org/pubs/pdfs/raifinal.pdf). Legislative audits applying this approach have been undertaken in Nepal and Cambodia. For details see section 5.3 Key resources.
- 17 For example, partnerships between HIV/AIDS NGOs and organisations working to promote and protect human rights.
- 18 For example, documenting discrimination and using this information to set advocacy priorities: see section 4.2 HIV/AIDS programming, on stigma and discrimination.

- 19 Useful resources include: *Advocacy Tools and Guidelines: Promoting Policy Change Manual*, Care International, 2001, [www.careusa.org/getinvolved/advocacy/tools.asp#english](http://www.careusa.org/getinvolved/advocacy/tools.asp#english); and the Bond Guidance Notes series on monitoring and evaluating advocacy, [www.bond.org.uk/advocacy/guideval.html](http://www.bond.org.uk/advocacy/guideval.html)
- 20 Operational research refers to research that is undertaken by NGOs and others in monitoring and evaluating our own programmes. This 'learning by doing' has generated a significant body of knowledge about what works in different contexts, and this must be shared and used to inform our work. See section 3.6 Programme planning, monitoring and evaluation.
- 21 See, for example, *Joint Advocacy on HIV/AIDS, Treatments, Microbicides and Vaccines*, Canadian HIV/AIDS Legal Network, [www.aidslaw.ca/Maincontent/issues/vaccines.htm](http://www.aidslaw.ca/Maincontent/issues/vaccines.htm)
- 22 See section 2.4 A human rights approach to HIV/AIDS. The right to freedom from torture states that no-one shall be subjected to medical or scientific experimentation without free consent.
- 23 For example, research such as the Population Council's study on socio-cultural and structural issues likely to affect the introduction of microbicides ([www.popcouncil.org/hivaids/index.html](http://www.popcouncil.org/hivaids/index.html)) and the need for studies of the long-term consequences of large numbers of orphans in societies and the effectiveness of OVC programmes (*The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF, 2004).
- 24 See, for example, the work of the UNAIDS Global Reference Group on Human Rights and HIV/AIDS, which is working on documenting the evidence for the value of a human rights-based approach in responding to HIV/AIDS. *Public Report: Global Reference Group on Human Rights and HIV/AIDS*, 2003, UNAIDS. [www.unaids.org](http://www.unaids.org)
- 25 See, for example, *A Question of Scale?, The Challenge of Expanding the Impact of Non-Governmental Organisations' HIV/AIDS Efforts in Developing Countries*, International HIV/AIDS Alliance, 2001, and *Mobilization for HIV Prevention: A Blueprint for Action*, Global HIV Prevention Working Group, 2002. [www.kff.org/hivaids/200207-index.cfm](http://www.kff.org/hivaids/200207-index.cfm)
- 26 See the discussion of challenges associated with scaling up NGO efforts in *A Question of Scale?*, International HIV/AIDS Alliance, pp.54-60.
- 27 For example, in low-prevalence countries, with an epidemic that is restricted to specific populations such as injecting drug users, there is likely to be greater cost-effectiveness and impact by scaling up targeted programmes for IDUs, compared with high-prevalence countries where the epidemic is more generalised.
- 28 Each of these strategies is considered in *Expanding Community Action on HIV/AIDS: NGO/CBO Strategies for Scaling Up*, International HIV/AIDS Alliance, 2000 and *A Question of Scale?*, International HIV/AIDS Alliance, 2001, pp.29-48.
- 29 The good practice principles in this section draw on the experiences of NGOs in scaling up, examined in detail in the two International HIV/AIDS Alliance publications above. *Expanding Community Action on HIV/AIDS: NGO/CBO Strategies for Scaling Up* provides a practical guide to the process of scaling up.
- 30 *Expanding Community Action on HIV/AIDS: NGO/CBO Strategies for Scaling Up*, International HIV/AIDS Alliance, p.30.
- 31 Holden, S., *AIDS on the Agenda: Adapting Development and Humanitarian Programmes to Meet the Challenges of HIV/AIDS*, Oxfam GB, 2003. Chapters 7, 11 and 12 explore experiences in mainstreaming HIV/AIDS internally within the organisation.