



# Promoting excellence in training



*The Regional AIDS Training  
Network (RATN)*



Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
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**UNAIDS  
Case Study**

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Cover photo:  
Health worker in a community-based care project in Botswana assists an AIDS patient.

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Training Network (RATN)  
UNAIDS case study

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# Acronyms

|        |  |
|--------|--|
| CIDA   | Canadian International Development Agency  |
| ESA    | East and Southern Africa                   |
| PIs    | Partner Institutions                       |
| RATN   | Regional AIDS Training Network             |
| STDs   | Sexually Transmitted Diseases              |
| TASO   | The Aids Support Organization              |
| TOT    | Train the Trainer                          |
| TORs   | Terms of Reference                         |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| WHO    | World Health Organization                  |

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# Executive summary

## Introduction and background

The impacts of HIV and AIDS on any given sector of society are multiple and complex. No government, organization or individual involved in HIV/AIDS prevention, care, treatment and support activities has all of the skills, knowledge, and experience to be optimally effective without some form of basic or additional training. This training may range from STD control, counselling, testing and community care to behaviour change, managing and planning. Providing quality courses and other training opportunities is a tried and tested way of increasing the effectiveness and productivity of management, workers and volunteers in the workplace.

In early 1994, the Universities of Nairobi (Kenya) and Manitoba (Canada) assessed the HIV/AIDS-related training needs in the Eastern and Southern African (ESA) Region. The study demonstrated that decision-makers, mid-level managers and trainers throughout the region felt inadequately prepared to address the growing challenges of HIV/AIDS. While acknowledging that training was required, the assessment highlighted that training needs varied from country to country.

Out of these results and further discussion in the region the idea developed to form a network of training institutions and to this end the Regional AIDS Training Network (RATN) project was

founded in 1997. Its goal was to provide skills training, upgrading, extension services and technical assistance in the ESA region to health and allied workers in the HIV/AIDS/STDs field. RATN's aim is to increase the capacity of HIV/AIDS/STD programmes there to mount effective treatment and prevention strategies so as to reduce the impact of the epidemic.

In its mission, RATN has defined its key roles as: a) developing and presenting new training courses through Partner Institutions (PIs) that respond to perceived needs in the region and b) facilitating a process that will lead to establishing a formal network of training institutions governed by its members.

## Focus on training

**P**artner Institutions (PIs) is the name given to the organizations that have agreed to work with the RATN project on developing and providing courses as well as forming a formal network of training organizations in the ESA region. There are currently 17 RATN PIs.

In collaboration with PIs, RATN has developed courses providing skills training in the following areas: counselling, counselling supervision, syndromic management of STDs, community care of HIV/AIDS, communication and behaviour change, adult education/training of trainers, advocacy, policy & planning of HIV/AIDS, laboratory management, STD supervisor training and adolescent

counselling & research. To date, over 50 training courses have been delivered through RATN PIs, and nearly 700 students from 21 African countries have been trained.

RATN courses are aimed not at so-called “front-line workers” but at trainers and managers of programmes. The idea behind these training of trainers (TOT) courses is that the students will take their new-found knowledge and apply it to improving the quality of training given to their own and other institutions as well as individuals interested in training issues in their home countries.

### **Focus on network building**

The purpose of the RATN project then is to build a formal network of organizations involved in training in the HIV/AIDS field. To date much progress has been made and RATN PIs are generally actively engaged in networking (i.e. collaborating, communicating and sharing information).

## **RATN achievements**

Since its beginnings less than four years ago, RATN’s achievements have been notable. They include:

### **High level of satisfaction with RATN courses**

Follow-up studies of RATN course alumni demonstrate that the alumni and their employing organization are highly satisfied with the courses. One alumni follow-up study from the counselling and community care courses offered by RATN and its PIs indicated that over 80% of the respondents improved their operational skills in the workplace,

and a substantial percentage commented on increased levels of confidence and interpersonal skills with clients.

### **Raising the standard of training in the region**

RATN has begun to have a major impact on raising the standard for training in the ESA region. The use of expert committees to define minimal and optimal training components of new RATN courses has helped them gain a reputation for setting new, improved training standards.

### **Raising the profile of training in ESA**

RATN and its PIs are collaborating to raise awareness among decision-makers and donors of the value of quality training. Using the results of its monitoring and evaluation activities, RATN can demonstrate the short- and long-term results and benefits of its courses.

### **Improving collaboration and communication between Partner Institutions (PIs)**

RATN has had some success in breaking the relative isolation that exists in the ESA region among training organizations in the HIV/AIDS field, particularly those offering training in counselling and community care.

## **Challenges**

RATN and its PIs have faced a number of challenges in working toward their goals, among them:

### **Course delivery**

The following are the greatest challenges in this area:

- **Selection of course participants:** RATN and the PIs have carefully defined admission requirements for each course and closely vetted course application forms. Nevertheless, some alumni have been disappointed in the level of knowledge of other course participants and the negative impact this had had on their learning experience.
- **Funding of course participants:** Some funders have criticized RATN for using operational funds to directly support scholarships for course participants. RATN acknowledges that in an ideal situation it would not have to do so. However, the realities of regional economics-course delivery costs as well as the inability of most individuals and AIDS service organizations to pay for training-mean that RATN must underwrite a certain amount of training costs, at least for the near future.
- **Post-course support:** RATN alumni have indicated the need for post-course support to help them fully utilize the knowledge they have gained. RATN and its PIs are currently exploring cost-effective strategies to respond to this expressed requirement.

### **Network-building**

While much progress has been made in establishing a formal network and RATN PIs are, to varying degrees, actively engaged in the process of networking, many project stakeholders expected that more progress would have been made by now. To address this concern, a network develop-

ment committee has been given a mandate to explore options for establishing a formal network, a governance structure for the network, and a timeline for setting up the network as a distinct legal entity.

## **Strengthening collaboration between Partner Institutions (PIs)**

RATN has achieved some success in encouraging collaboration between its PIs, particularly between those PIs that are offering courses in the same area (i.e. counselling and community care). However, it has been less successful in promoting collaboration between PIs that offer courses in disparate areas.

## **Funding**

One of RATN's major challenges is funding. There are two aspects to this concern. The first involves accessing adequate resources to cover RATN's planned activities and the second further diversifying its funding base.

## **Lessons learned**

Since its inception, the RATN project has undertaken a number of lessons learned exercises.

### **Lessons learned about training**

1. Conducting a needs assessment study is a crucial first step in developing intervention programmes. Using needs assessment data in programme planning helps ensure that interventions are relevant to actual needs. Such programmes are likely to attract support from

- different stakeholders. The needs assessment study that was conducted prior to the RATN project's development yielded information that helped guarantee that the project was appropriate to needs of the ESA region, and has contributed to RATN's success at fund-raising.
2. Developing an ongoing resource for identifying emerging needs is a way of maintaining relevance. Expert committees have been essential to making sure that the RATN courses are relevant and have also assisted in raising the standard for training in the ESA region.
  3. RATN courses have been adapted to suit the needs of the ESA region, which has contributed to making them relevant and popular. This practice has significantly reduced the number of courses that are not context compliant, hitherto a common trend, especially with courses from the first world.
  4. Creating and encouraging a culture of excellence in course content and delivery among PIs has made a significant impact in several areas. It has heightened awareness of the need for quality training; created a demand for the courses being offered and rapidly made RATN and its partners acknowledged regional advisers on best practices in training.
  5. The practice of feeding back the results of monitoring and evaluation exercises into programmes and activities ensures continuous quality control and improvement of courses and training.

6. Follow-up studies to evaluate the impact of training on alumni and their employing organizations are critical. The data from the studies help document the course's impact and this information can be used to improve subsequent ones. Such data also verify the effectiveness of the training offered.

### **Lessons learned about collaborating and networking**

1. PIs (members) are more likely to contribute to developing a network if the “value added” of their participation is clear. It is essential to create frequent opportunities for PIs to reflect on how their organizations are benefiting from their participation to keep them motivated.
2. It is important for PIs in a network to have direct contact with one another and not to become overly reliant on secretariat staff to facilitate communications.
3. Their involvement in the governance of the RATN project has given PIs a sense of project ownership and enhanced their commitment to achieving a formal network of training institutions.
4. Building a formal network will not be achieved simply by engaging in networking activities like information-sharing and promoting collaboration. Such activities are vital in creating a sense of working for a common goal but they will not in themselves give members a sense that the network belongs to them. Building a formal



network requires resources and a concrete plan as to how to establish and sustain it.

5. Investing in communication vehicles such as the RATN member newsletter and the RATN web site has been an effective way to keep PIs informed of vital information and resources. The newsletter and the web site have also helped to improve the public profile of RATN and PI projects along with that of their courses, throughout the ESA region.

# Background

## HIV/AIDS in sub-Saharan Africa

Nowhere has the impact of HIV/AIDS been more devastating than in sub-Saharan Africa. All but unknown a generation ago, today it poses the foremost threat to development in the region. By any measure, and at all levels, its impact is simply staggering.

Given these realities, African governments, communities, and their partners must act now to prevent further HIV infections, and to care for and support the millions of people already infected and affected. An expanded response must include greater investment in *training* to help those in a position to act – both inside and outside of government– to keep up with the ever-increasing demands of what is proving to be one of the most complex, persistent and deadliest pandemics in recorded history.

Expanding the response includes the important task of sharing lessons learned. This paper was conceived as a way to share valuable lessons for those individuals and institutions interested in network-building and training issues. To that end, this paper addresses the following topics and key issues:

- Key functions of the Regional AIDS Training Network (RATN) headquarters
- RATN key activities
- RATN achievements
- Challenges and lessons learned

# The founding of the Regional AIDS Training Network (RATN)

The Regional AIDS Training Network has its origin in the long-standing research collaboration between the Universities of Nairobi (Kenya) and Manitoba (Canada) in the area of sexually transmitted diseases (STDs). The two universities began working together on STD research and training in the late 1970s. By the early 1980s they had partnered with the Universities of Washington in the United States and Ghent in Belgium to establish the Collaborative Centre for Research and Training in STDs. In the late 1980s, the World Health Organization (WHO) designated the Centre a “Centre of Excellence” and the Centre accepted WHO’s invitation to become a “WHO Collaborating Centre.”

In addition to landmark work in the natural history and epidemiology of STDs, in 1985 researchers at the Collaborative Centre were the first to discover HIV in Kenya. Subsequently, the Collaborative Centre’s research and training focus expanded to include the new virus. Further research elicited the now well-established linkages between STDs and HIV acquisition/transmission, the dynamics of mother-to-child transmission and, more recently, evidence of associations with breast-feeding and the presence in some people of resistance to infection.

By the late 1980s and the early 1990s HIV was firmly established and growing in most ESA countries. The demand for training in STD/HIV prevention, control and treatment at the collaborative centre also increased during this time, with growing requests from all over the region for training opportunities. However, the Collaborating Centre had extremely limited capacity to keep up with the demand for training.

In considering various options to provide quality STD/HIV training, officials from the Universities of Nairobi and Manitoba, along with their colleagues from the Centre, discussed the changing nature of HIV/AIDS in the region and how to address the spreading epidemic effectively. As the epidemic matured, the multifaceted nature and impact of the virus became increasingly apparent. It became clear that any strategy to prevent the further spread of HIV and to mitigate its impact would have to expand beyond the prevention, control and treatment of STDs.



The RATN works closely with The Collaborative Centre for Research and Training in STDs to meet women's needs. Visitors from the Centre accompany peer educators on a home visit to talk about STDs and HIV/AIDS. Credit: STD/HIV/AIDS project of the University of Nairobi /WHO Collaborating Centre.

This led to the idea of creating a *regional centre* to promote excellence in training in a range of areas related to HIV prevention and mitigation of its impact. To obtain donor support for a training centre, the universities knew that they had to back up their observations on training needs with empirical data. To that end, funds were obtained to conduct a needs assessment study in the ESA region in early 1994. The nine-country study included interviews with key informants and focus group discussions with health and allied workers who were viewed as potential trainees. The study demonstrated that decision-makers, mid-level managers and trainers throughout the region felt inadequately prepared to address the growing challenges of HIV/AIDS, that training was acknowledged as a need and that the needs varied by country.

The study also revealed a pattern of isolation with respect to training. While various organizations throughout the region offered high-quality training courses, many had little knowledge of similar courses offered by organizations in other countries. Most institutions offered country-level courses rather than drawing participants from around the region. Furthermore, the study found that organizations working in the same field but in different countries did not explore opportunities for sharing training ideas, course content and materials. This was the result of deeply held beliefs that countries and institutions in the region had little to learn from one another because of supposed cultural and linguistic differences or variations in local history of the epidemic.

From these results and further discussion in the region came the idea to form a *network of training institutions* instead of a training centre. The networking model replaced the concept of the training centre model because it offered some distinct advantages:

- Under the training centre model all training would have happened in one location, while through the networking model, training would happen wherever the training institution was located or wished to provide the course.
- Considerable start-up costs were associated with the training centre model including constructing or renting a building(s) to house the training centre. The networking model needed only office space to house a secretariat.
- The networking model was considered more sustainable, assuming that the organizations involved would be more prepared to contribute financial and human resources to creating a network in which they had ownership rather than to a training centre that could be perceived as belonging to somebody else.

The RATN project began in 1997 with the *aim* of establishing a regional network of training institutions to provide skills training, upgrading, extension services and technical assistance to health and allied workers in the field of HIV/AIDS/STDs in the ESA. RATN's *goal* is to increase the capacity of HIV/AIDS/STD programmes to mount effective treatment and prevention strategies and, ultimately, to reduce the epidemic's impact in the region.

To achieve its purpose, RATN has assumed the following tasks:

- identifying and collaborating with high-quality training institutions in ESA to present regional training courses;
- developing and presenting new training courses through PIs in response to perceived and felt needs in the region;
- providing resources so that existing training programmes can reach a wider audience;
- developing a regional network of technical expertise through convening meetings/workshops, publishing documents, improving communication linkages, and liaising with institutions and donors;
- serving as a resource for others to identify training institutions, trainers and consultants in the region;
- acting as a focal point for discussions on training issues;
- advocating for training resources at the regional and international level and
- facilitating the establishment of a formal network of training institutions to be governed by its members.

## Box 1: Why training?



A peer leader demonstrates how to use a condom to a group of attentive listeners. Credit: STD/HIV/AIDS project of the University of Nairobi /WHO Collaborating Centre.

Offering high-quality courses and other training opportunities is a proven means of increasing the effectiveness and productivity of management, workers and volunteers in the workplace. The impacts of HIV/AIDS on any given sector of society and the economy are multiple and complex. All organizations and individuals involved in HIV/AIDS prevention, care, treatment and support activities can benefit from basic or additional training, whether it be STD control, counselling and testing, community care, behaviour change, or managing and planning. In the dynamic field of HIV/AIDS work new developments are constantly being reported. Keeping up with these

developments is vital. Training ensures that individuals and organizations in a broad spectrum of areas stay informed of emerging knowledge, new techniques and approaches, recognized good practices and how to apply them effectively.

Almost 20 years of living with the HIV virus has also underscored that the stress of working in the HIV/AIDS field can lead to high rates of turnover and burnout. When people leave government or other organizations working in HIV/AIDS, or change jobs, training is needed to give new people the skills and confidence to do their jobs well and to help keep the organizations with whom they work effective, innovative and committed. Sending employees on training courses to upgrade their knowledge and skills is also a proven antidote against burnout. One underlying factor leading to burnout is the stress of feeling ill-equipped to perform responsibilities as well as expected. In many instances employees or volunteers lack the knowledge and skills to meet performance expectations but quality training helps them to function more effectively in many situations and can relieve them of this stress.



# Key functions of the RATN headquarters

## Staffing overview

### RATN Partner Institutions (PIs)

The organizations working with the RATN project on developing and providing courses and creating a formal network of training organizations in ESA are known as Partner Institutions (PIs). There are currently 17 RATN PIs:

- Centre for African Family Studies (CAFS), Nairobi, Kenya
- Connect Institute of Systemic Therapy, Harare, Zimbabwe
- Eastern and Southern Africa Management Institute (ESAMI), Arusha, United Republic of Tanzania
- Family Aids Caring Trust (FACT), Mutare, Zimbabwe
- Genitourinary Centre, Harare, Zimbabwe
- Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban, South Africa
- KARA Counselling and Training Trust Limited, Lusaka, Zambia
- Kenyan Association of Professional Counsellors (KAPC), Nairobi, Kenya
- Malawi Institute of Management (MIM), Lilongwe, Malawi
- Mildmay International, Kampala, Uganda
- Project Support Group, University of Zimbabwe, Harare, Zimbabwe
- Salvation Army Chikankata Health Services, Chikankata, Zambia
- School of Public Health, Nelson Mandela College of Medicine, University of Natal, South Africa
- South Africa Institute for Medical Research (SAIMR), Johannesburg, South Africa
- The AIDS Service Organization (TASO), Kampala, Uganda
- The United Republic of Tanzania Gender Network Programme (TGNP), Dar es Salaam, United Republic of Tanzania
- University of Nairobi, Nairobi, Kenya



RATN secretariat staff pose for a picture at the Network offices in Nairobi. Credit: Regional AIDS Training Network.

The RATN project is managed by a secretariat located on the grounds of the College of Health Sciences at the University of Nairobi in Kenya. The secretariat primarily facilitates the development of the project's work plan and its effective implementation. The project employs two co-directors, a project manager, two programme coordinators and a few support staff.

The co-directors represent the two main project partners—the Universities of Nairobi and Manitoba. The co-directors serve as the project's senior managers and together are responsible for overall proj-

# Key functions of the RATN headquarters

ect operations. These duties include: strategic planning; project monitoring and evaluation; fundraising; liaison with and reporting to donors and the Kenyan Ministry of Health; and maintaining links with PIs and other leading regional and international HIV/AIDS organizations.

The project manager is responsible for project administration, financial management and reporting, and human resource management.

The course coordinator has overall responsibility for developing and delivering courses. This encompasses liaising with PIs to develop, schedule, monitor and evaluate courses, organize expert committee meetings and follow up with course alumni.

The network coordinator is responsible for creating a formal network of training institutions and provides services to RATN members. This includes supporting the Network Development Committee, marketing courses, developing the RATN web site, producing and distributing the RATN newsletter, and liaising and maintaining linkages with other regional AIDS and STD networks.

The RATN co-directors, project manager and programme coordinators are supported by a small number of full- and part-time staff, including a resource centre librarian, a data entry clerk and an information officer. Additionally, the secretariat employs consultants on an as-needed basis for special assignments.

# Collaboration with Partner Institutions (PIs)

## Collaboration with RATN – the Partners' experience

When asked why they value their participation in RATN, PIs responded:

*RATN has helped us raise our profile as a training organization.*

*We have benefited from our partnership with RATN in many ways. RATN has, for example, provided us with an opportunity to share and review course curricula and exchange information and materials with RATN and other PIs around the region.*

*Through RATN, my organization has had the qualitative aspects of its courses reviewed by other PIs and the RATN Secretariat. This free of charge "peer review" has resulted in improved quality, delivery and effectiveness/relevance of our courses.*

*I find the information posted on the RATN web site to be very useful, in particular the workshop reports and the training information.*

*RATN has given us many more opportunities to share information and interact with other institutions than we had before joining.*

*The partnership has enabled the programme to delve into new [training] areas that we had not thought of offering at a regional level.*

*Staff members have been trained in various courses through RATN...this has improved our service delivery in the communities we are serving. Exposure to other environments has helped to review some of our systems [and] our monitoring skills have been enhanced.*

*My organization gets a lot of benefit from its participation in RATN, including the marketing of our courses, staff development, friendship and networking with others in the region.*

*Our participation in RATN gives us a regional—as opposed to local—overview of what is happening to fight AIDS.*

The RATN secretariat's collaborative role with the PIs involves cooperating in the following key areas:

- course development
- course delivery
- monitoring and evaluation
- long-term follow-up
- network-building

This collaboration is described more fully in the section on the key activities of RATN (see page 33). The RATN secretariat and PIs also collaborate in project planning, workshops, advocacy and course marketing, as described below.

## Project planning

In collaboration with PIs the RATN secretariat produces an annual activity plan to achieve the project's goal and objectives. The secretariat requests that PIs make comments and suggestions during the planning process. The steering committee, which has representatives from the PIs as well as the Universities of Nairobi and Manitoba, donors, and other interested parties, adopts the final work plan.

## Workshops

Occasionally, the RATN Secretariat and the PIs work together on developing and implementing

# Key functions of the RATN headquarters

workshops to advance RATN's work. Workshops on monitoring and evaluation, advocacy and marketing have been held to develop strategies for implementation by both the secretariat and the PIs, and other PI workshops are planned on specific areas of interest.

## Advocacy

RATN and the PIs are committed to raising awareness of the need for and the availability of quality training in the region. This concern for advocacy as collaborative effort is explained more specifically in the section on RATN and the promotion of training (see below).

## Course marketing

The RATN secretariat and PIs both play a role in marketing RATN-affiliated courses. The secretariat produces a course calendar and distributes it to a mailing list of potential clients and donors; the calendar is also posted on the RATN web site and updated in the quarterly newsletter. PIs receive the RATN newsletter for distribution and also promote RATN courses in their respective newsletters.

## RATN and the promotion of training

One of RATN's chief roles is to improve the variety and quality of training in the region. This enables people to address the challenges of the HIV/AIDS epidemic. The most obvious way that RATN tries to accom-

plish this is by collaborating with PIs to develop, deliver and improve the quality of training courses. A less apparent way in which RATN and its PIs perform this role is through advocacy.

For organizations and individuals in the front lines of the response to the epidemic the need for effective training is clear. However, in the experience of RATN and its PIs the need to invest in training is still undervalued by most decision-makers. The 1994 training needs assessment study identified significant gaps between the stated need for training in certain areas and available courses. The long-term follow-up and evaluation of course alumni and their supervisors from counselling and community care of HIV/AIDS courses showed that many decision-makers do not give much thought to the quality, efficiency or utility of the available training as long as it is held.

For example, the evaluation found that many decision-makers made little or no effort to discuss with trainees the quality of the training received or to explore with them the impact and implications of their new knowledge and skills for the individual or the organization. Furthermore, many decision-makers did not provide the necessary support for trainees to utilize their new knowledge and skills, which is essential if training is to make a difference.

### **Training champions**

If individuals in a position to allocate resources for HIV/AIDS do not grasp the need for quality training and for ensuring that the trainees' acquisition

# Key functions of the RATN headquarters

of new knowledge and skills is supported, then training needs a champion.

Since its inception the RATN project and its PIs have taken on this role with some notable achievements. Representatives from RATN have been invited to meetings as a voice for the training sector and the RATN model has been referred to in major policy documents as an example that should and could be replicated in other regions. Given the importance of raising the profile of training in the ESA region, RATN and its PIs will continue to devote time and resources to “championing” or advocating for training. They are currently examining the best strategies for accomplishing this.

## Information dissemination

**A**nother key function of the RATN secretariat is to compile and disseminate information relevant to the needs of the PIs and the RATN project itself. RATN achieves this by producing a newsletter, supporting a web site, creating marketing courses, developing and maintaining a resource centre and facilitating electronic networking between PIs.

### RATN newsletter

The quarterly RATN newsletter provides information on RATN committee meetings, workshops, events, member news and other developments in HIV/AIDS-related training. The newsletter is distributed to over 2000 readers, including PIs, course alumni, donors, potential trainees and course

sponsors, which encompass government departments, local and international nongovernmental organizations (NGOs), and multilateral organizations throughout the region.

### **RATN web site – [www.ratn.org](http://www.ratn.org)**

Launched in 1999, the RATN web site currently features the course calendar and timetable, current and back editions of the RATN newsletter, recent workshop reports and two searchable databases. The alumni database contains valuable information on all the trainees who have taken RATN courses and the resource centre database contains an index of available materials. Both databases are regularly updated. It is to be hoped that the web site will be further upgraded in the coming months to include links to PI web sites and other AIDS resource centres and networks.

### **Resource centre**

The RATN secretariat houses a small resource centre whose collection focuses on subjects related to the prevention, care, treatment and support of HIV/AIDS, training and evaluation. Members may borrow from the centre's collection and are kept informed of latest additions.

### **Electronic networking**

The RATN secretariat promotes the use of electronic mail to PIs as a method of communicating with the secretariat and one another. It also encourages PIs to use the Internet to access information and resources related to HIV/AIDS and/or training. The secretariat is currently seeking funds to ensure

# Key functions of the RATN headquarters

access to electronic mail and the Internet for all PIs. There have been rapid advances in telecommunications capabilities in the region even in the few years since RATN was founded, and it continues to monitor recent developments so that the latest technology can be utilized to maintain and improve communications between PIs and with the secretariat.



# Key activities of RATN

## Course development

One of RATN's main roles is to identify and establish linkages with training institutions and through them to design, develop and deliver short courses targeted at middle-level workers, managers and trainers in the ESA region. In collaboration with PIs, RATN has created courses providing skills training in the following areas: counselling, counselling supervision, syndromic management of STDs, community care of HIV/AIDS, communication and behaviour change, adult education/training of trainers, advocacy, policy & planning of HIV/AIDS, laboratory management, STD supervisor training and adolescent counselling & research. RATN courses are aimed at trainers and programme managers. Training of trainers (TOT) courses are built on the idea that the students will take their new-found knowledge and apply it toward improving the quality of training given by their own and other institutions in their home countries.

## Where do students come from ?

As the table below shows, from November 1997 to December 2000 students came from countries throughout the region to attend RATN courses.

| Country                     | No. of Students |
|-----------------------------|-----------------|
| ANGOLA                      | 1               |
| BOTSWANA                    | 20              |
| BURUNDI                     | 2               |
| ERITREA                     | 1               |
| ETHIOPIA                    | 23              |
| GAMBIA                      | 1               |
| KENYA                       | 131             |
| LESOTHO                     | 2               |
| MALAWI                      | 77              |
| MAURITIUS                   | 1               |
| MOZAMBIQUE                  | 12              |
| NAMIBIA                     | 38              |
| NIGERIA                     | 10              |
| RWANDA                      | 7               |
| SOUTH AFRICA                | 44              |
| SUDAN                       | 2               |
| SWAZILAND                   | 35              |
| UNITED REPUBLIC OF TANZANIA | 36              |
| UGANDA                      | 58              |
| ZAMBIA                      | 128             |
| ZIMBABWE                    | 63              |
| Total of 21 countries       | 692 students    |

## Box 2: RATN Courses delivered up to December 2000

| Topic                    | Training Institute    | Location         | Times held |
|--------------------------|-----------------------|------------------|------------|
| Counselling              | KAPC                  | Nairobi          | 8          |
| Counselling              | KARA                  | Lusaka           | 8          |
| Counselling              | CONNECT               | Harare           | 6          |
| Counselling supervision  | KARA                  | Lusaka           | 1          |
| STD managers             | EU                    | Nairobi          | 1          |
| Community care HIV       | Salvation Army        | Chikankata       | 6          |
| Community care HIV       | FACT                  | Mutare           | 2          |
| Community care HIV       | TASO                  | Kampala          | 3          |
| Communication behaviour  | MIM                   | Nairobi/Lilongwe | 3          |
| Adult education          | ESAMI                 | Arusha           | 4          |
| Policy & planning        | U of Natal            | Durban           | 3          |
| STD management           | GU Centre             | Harare           | 2          |
| Adolescent interventions | KAPC                  | Nairobi          | 1          |
| Research methods         | University of Nairobi | Nairobi          | 2          |
| Lab management           | SAIMR                 | Johannesburg     | 1          |
| Advocacy skills          | CAFS                  | Nairobi          | 3          |

During 2001 RATN and its PIs plan to deliver new courses entitled: Utilization of research results; Interventions against mother-to-child transmission; Palliative care; Programme management and administration; HIV and gender issues; and HIV intervention in the workplace.



A participant speaks to delegates during the RATN HIV in the Workplace Intervention Meeting, held in Nairobi in January 2001. The meeting, which brought together private-sector stakeholders to

outline interventions and needs, served as the basis for a new course. Credit: Regional AIDS Training Network.

## Expert committees

The promotion of excellence is a core principle underlying RATN's philosophy of course development. To further this, RATN has instituted a process that involves the use of expert committees. For most new courses offered under the auspices of RATN, the course coordinator convenes an expert committee. This is done by canvassing PIs, donors, and other selected individuals and organizations/institutions to identify individuals recognized for their knowledge, skills and experience in a given subject area as well as trainers recognized for their exceptional skills and experience. Nominees receive a letter presenting the committee's terms of reference (TORs) and inviting them to attend a three- to five-day meeting, which usually takes the form of a facilitator-led workshop. The TORs of any given expert committee typically include the following:

- Identify the optimal components of a training programme, including modules on TOT or managerial courses that need to be added to the basic curriculum.
- Develop the minimum criteria for an acceptable course curriculum.
- Identify training institutions in the region that are conducting high-quality training courses in the subject matter under discussion.
- Identify gaps in existing courses and suggest ways to enhance them.
- Identify courses that are needed but not currently offered.



Successful participants of the Counselling course, offered by RATN in collaboration with the Kenya Association of Professional Counsellors (KAPC). The four-week course is experiential and theoretical. Credit: Regional AIDS Training Network.

## Expert committees in action

The first expert committee meeting in counselling was held in March 1997. The meeting identified a training syllabus for a counselling TOT course, and three institutions (Kenyan Association of Professional Counsellors (KAPC) Nairobi, KARA Counselling and Training Trust Limited, Lusaka, and Connect Institute of Systemic Therapy, Harare) subsequently began to deliver this course. A follow-up counselling meeting in April 1999 reviewed these courses and recommended new counselling courses. Consequently, "Counselling supervisor training" and "Counselling adolescents" courses were launched in 2000.

The first meeting of any expert committee tackles at least the first three or four of these TORs. In most cases courses are delivered by at least one or two institutions within a year of the meeting.

Expert committee follow-up meetings are usually convened every two years to review courses,

paying particular attention to the student evaluations collected. Recommendations are made to the training institutions on modifications to improve their courses. Committee members also identify emerging trends and new issues, comment on how they might influence course content, recommend refinements to courses and select new courses that need to be developed.

Similarly, the *Community Care of HIV Expert Committee* meeting in October 1997 identified a training syllabus. This course is now delivered through three PIs in the region: TASO (Uganda), Salvation Army Chikankata (Zambia) and FACT (Zimbabwe). A follow-up meeting in October 1999 reviewed these courses, and new course areas were proposed for development. The community care group met again in September 2000 to develop these courses further, especially in the areas of caring for the carers and palliative care. A course of palliative care is due to be held in Uganda in 2001.

### RATN expert committee meetings: 1997-2000

| Date Held     | Course  |
|---------------|---|
| February 1997 | STD management  |
| March 1997    | Counselling (1st Meeting)                                 |
| April 1999    | Counselling (2nd Meeting)                                 |
| May 1997      | Research methods  |
| October 1997  | Community care of HIV (1st Meeting)                       |
| October 1999  | Community care of HIV (2nd Meeting)                       |
| October 2000  | Community care of HIV (3rd Meeting)                       |
| December 1998 | STD supervision   |
| April 1999    | Mother-to-child transmission (MTCT)                       |
| February 2000 | Greater involvement of people living with HIV/AIDS (GIPA) |
| January 2001  | HIV interventions in the workplace                        |

## Course delivery

Since KAPC delivered the first RATN-sponsored course in late 1997, more than 50 training courses have been given through PIs, and almost 700 students from 21 African countries have been trained. RATN courses are held in locations throughout the ESA region, primarily in the city, town, or rural location of the PI that is giving the course. Most courses are residential, with room and board included in the tuition costs, and are of two to five weeks' duration.

RATN courses primarily employ local trainers affiliated with the PI, although in some instances trainers from other institutions or from outside the ESA region have been used. From the outset RATN has been conscious of the need to ensure a gender balance among course participants. To date there has been an almost equal number of women and men

attending RATN courses, with women predominating slightly. Similarly, RATN consciously tries to ensure that students selected to attend the courses come from as many of the countries in the ESA region as possible. Every RATN course offered has had students from a minimum of three ESA countries. The RATN secretariat and the PIs work closely together reviewing the application forms for each course, trying to achieve a balance of genders, skills and regional representation from the pool of available applicants.

### Box 3:

## Reports from students: the impact of course delivery

Here are some of the comments that RATN alumni have made about the courses' impact on themselves and their organizations, clients and communities.

*"The training built confidence in me because when I am performing my duty, I feel I am doing the right thing."*

*"I am now able to handle the youth who seek help from our clinic. Since training I don't refer them."*

*"I used to be against these animals called condoms. But now I advocate for condom use to my congregation, ... I even distribute them."*

*"Before training, I concentrated more on the HIV victims, but after the training, I realized that the families are even more affected. The skills I acquired helped me to help families."*

*" [The training] has helped me to involve the community... they feel they are part and parcel of the programme. We think together, we plan together, we evaluate together."*

*"Yes, the organization has changed its practices as a result of the course...I am the one who is directly involved in planning for training for instance, implementing and evaluating. My boss... approves what I am really planning. So... most of the things that I learnt from the training are directly implemented."*

*"One thing which we have influenced is the availability of a doctor out there in the community. This is a result of what I saw during my training... a doctor now who actually goes out in the community to take care of the patients right away there in the village. This is an idea which was brought from the training that I attended."*



Participants at the RATN Counselling course held annually in collaboration with the Kenya Association of Professional Counsellors (KAPC). Credit: Regional AIDS Training Network.

## Monitoring and evaluation

From the outset, RATN recognized that the key to its success and the ability to recognize success when it happened, was in developing a rigorous and detailed system of monitoring and evaluation. To evaluate courses, each RATN course participant completes a standardized evaluation form at the end of his or her course. Student evaluations are collated and shared with the PI responsible for the course so it can make any necessary adjustment to content or training methods. The evaluation results are also used as resource materials by the expert committees described above.

The utility of the post-course evaluations is particularly evident when more than one RATN PI offers similar courses at different times. The post-course evaluation data allow for a comparative analysis between the courses offered by the separate PIs. The comparative analysis results are shared with each of the PIs and expert committees, who use them to improve course content and training methods. A RATN evaluation performed in the fall of 1999 by the Canadian International Development Agency cited RATN's practice of performing a comparative analysis of post-course evaluation data from similar courses as "an innovative approach" to monitoring and controlling the quality and content of training courses.



# Long-term follow-up and evaluation

In 2000, with funding from UNAIDS and cooperation with the PIs, RATN conducted a follow-up study of course alumni and their supervisors from counselling and community care of HIV/AIDS courses. The study assessed whether the courses have had any impact or influence on: i) the participant and his/her professional skills; and ii) on the employing organization and the community. The evaluation exercise was also used to share the results with others who might wish to learn from the RATN model. The study methodology, findings, and impact of the findings on RATN are summarized below.

## Study methodology and tools

A convenience sample was used in this study. The target populations were the alumni who had completed their course at least six months previously and their supervisors. The study sought to interview all traceable alumni and their supervisors and to conduct focus group discussions with available alumni. A total of 90 alumni and 74 of their supervisors from 5 countries (Kenya, Malawi, Uganda, Zambia and Zimbabwe) were interviewed. These 90 alumni represent a 61.2% rate out of the possible total (ranging from an 85.2% follow-up rate in Uganda to 37.9% in Zimbabwe). The alumni were employed by a variety of organizations, including

government institutions, NGOs and universities. Among the respondents, 71% came from capital cities while 29% were from other smaller towns. Major findings of the study are presented below.

## **Impact on the course participants and their professional skills**

### **Perceived relevance of courses**

- Alumni found that the skills they learned in the course were relevant to their current job. Over 62% reported transferability of skills to their work situation as the most useful course attribute.
- A substantial percentage of participating alumni from both the counselling and community care courses cited increased levels of confidence and interpersonal skills with clients.

### **Enhancement of skills**

- Over 81% of the alumni reported having improved their operational skills in the workplace. Counselling alumni reported strengthened counselling skills and community care alumni reported improved provision of community care services.
- Thirty-six per cent of alumni reported their job responsibilities changed as a result of course attendance. Those alumni whose responsibilities changed indicated that additional duties were assigned or duties changed because the course had improved their knowledge and skills and they were more competent in handling certain issues, especially those related to

HIV/AIDS. In some cases, job responsibilities changed because the course participant initiated new programmes after attending the training course.

## Impact on the employing organization and the community

### Influence on peers

- The majority of alumni (97.8%) reported having shared the course outcome with members of their organization. The information was shared with the immediate supervisor (78% of cases), with colleagues (91.2%) and less frequently with policy-makers/planners.
- As alumni returned to their jobs and communities, they shared the knowledge they acquired during the course. Of the alumni, 45.1% reported utilizing the knowledge and skills from the course to initiate in-service training programmes, to organize formal training programmes (35.2%) and to influence policy formulation (27.5%).

### Influence on the alumni's organization

- Supervisors of course alumni indicated that courses offered very relevant training that benefited their organization and identified a range of benefits, including improved services to clients, initiation of new client services,

- strengthened staff capacity, improved monitoring and evaluation, and better fund utilization.
- Some focus group discussion participants stated that their organizations received recognition and legitimization as a result of improved community services provided by trained alumni.

## Increased networking

- RATN courses play an important role in strengthening networking among course participants. Over 85% of alumni indicated that they have been exchanging information with fellow participants and 78% were communicating with others working in similar fields.
- Focus group discussions clearly indicated that greater and stronger collaboration between organizations developed as a result of individual connections established during the training courses. One participant summarized the effect thus: “We have broadened our collaboration and networking and we no longer work in isolation.”
- At the organizational level, networking or increased collaboration has taken the form of exchanging information and course materials, holding joint seminars, exchanging course facilitators, inviting guest speakers to forums, and holding formal and informal meetings

## The need for post-training support

Results from focus group discussions and the survey indicated that alumni require support from their colleagues, supervisors, planners and policy-makers to make the best use of the skills gained

during training. Alumni reported feeling constrained by the lack of follow-up support for further networking, learning, and supervision after completing RATN training courses. Alumni desired follow-up meetings where they could “share experiences” and “seek help when problems arise”.

### **Impact of study findings on RATN**

The study findings have already had a major impact on RATN’s development and future direction. The findings demonstrate that the training courses in counselling and community care have produced positive results for the alumni and the organizations with whom they work, and suggest that the clients and communities served by course alumni also benefit from the alumni’s enhanced performance. These results are important in themselves because in a “results-oriented” funding milieu they represent measurable “outcomes”, which are crucial to demonstrating to donors and their constituencies the effectiveness of training. Moreover, these results will be a persuasive tool when RATN and its PIs advocate on behalf of training in the region.

While the follow-up study results have strengthened RATN’s and the PIs’ appreciation for measuring the impact of training courses this also presents a clear challenge. Follow-up studies are expensive and time-consuming for the PIs and the RATN secretariat. Financial and human resources are scarce for such studies. Undertaking additional follow-up studies means that RATN and the PIs will have to divert funds currently earmarked for course development and course delivery or raise

additional funds. Alternatively, the existing follow-up study methodology could be modified to make it more cost-effective and time-efficient for RATN secretariat staff and the PIs.

RATN and the PIs are currently examining all of the options for future monitoring and evaluation activities, including follow-up studies, and will come to a joint position in early 2001.

#### **Box 4: Summary of key findings of the long-term, follow-up study on the impact of counselling and community care courses**

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- The relevance of knowledge and skills imparted through the training courses is essential for their application at the organizational level. Transferability of skills to work situations was reported by 62.3% of the alumni as the most useful course attribute.
- A prime objective of the collaboration in the regional courses is to assist participants in improving skills that may lead to enhanced quality of services. Over 81% of respondents reported that the courses helped them to improve their operational skills in the workplace.
- For the effects of training to be felt at the organizational level, dissemination of the course outcome by the alumni within their organization must happen. Supervisors confirmed that over 90% of those who attended RATN courses had shared knowledge and skills gained from the course within the organization.
- Supervisors recognized the benefit of the training to their organizations. Over 87% indicated that the training has improved service to clients and over 83% noted that it strengthened the capacity of their organization's staff.
- Attendance in RATN courses improved networking among course alumni. Over 87% of alumni indicated that they made new contacts as a result of the course they attended.
- Alumni indicated the need for some form of post-training support to help ensure that they are able to fully apply the skills and knowledge they learned during the course.

## Building the RATN network

RATN is as much about network-building as about course delivery. Over the past three years the RATN secretariat and PIs have taken numerous steps to establish a formal network. Major milestones in the network's history are:

- hiring a network coordinator in the RATN secretariat;
- drafting the network strategy paper;
- facilitating meetings and opportunities for PIs, donors and other key stakeholders to comment on the draft networking strategy and other aspects of network development;
- obtaining a legal opinion on the network's options for its structure and incorporation;
- setting up a network development committee and giving it a mandate to propose strategies for a sustainable, self-governing network and
- informing donors and potential donors of the intent to formalize the network.

While a formal network has yet to be achieved, it is inaccurate to conclude that RATN PIs have not realized the benefits of “networking” or do not feel part of a network. Although a formal network was not established when the Canadian International Development Agency (CIDA) conducted its 1999 mid-project review, PIs reported feeling part of a regional network in which they could make contacts with colleagues in other countries. They also reported benefits to their programmes as a result of collaborating through RATN.



For PIs, the networking benefits are most apparent among those institutions that offer courses in the same subject area. For example, the CIDA evaluation documented that three PIs initially considered themselves competitors because each offers counselling courses, but they now frequently communicate about course content and training and have attended each other's courses. Indeed, these three institutions are now looking at collaborating to develop and deliver courses.

Further evidence of RATN's networking influence and added value in the region comes from the professional associations and sub-networks that it has helped spawn. Malawian alumni from various RATN counselling courses formed the Malawian Association of Counsellors. Similarly, RATN alumni and counselling PIs also initiated the East and Southern Africa Counselling Association (ESACA). Each of these associations has successfully attracted funding from donors who were partly influenced by their alliance with RATN.

In late 1999, UNAIDS requested and funded RATN to help establish an independent network of organizations involved in delivering community care services—the Community Care Resource Network (CCN). A CCN interim steering committee, including NGO representatives and RATN PIs, has been set up and a short-term plan has been made for the network's development. RATN has been given a mandate to hire, assist and supervise the network coordinator. RATN's support role in CCN's development is expected to evolve as the network matures.

# RATN achievements

## High level of satisfaction with RATN courses

One of RATN's main objectives in scheduling and sponsoring regional courses is to assist participants in developing and refining skills to improve services delivery to the community. The follow-up study of alumni and their employing organizations in the areas of counselling and community care showed that over 80% of the alumni improved their operational skills in the workplace, and a substantial percentage cited increased levels of confidence and interpersonal skills with clients. RATN is proud that alumni report high levels of satisfaction with the courses.

Moreover, 36% of alumni in the study reported that their job responsibilities had changed as a result of the course they attended. Those alumni who changed responsibilities said that they had been assigned additional duties, or that duties changed because they had improved knowledge and skills through the course and were more competent in handling certain issues, especially those related to HIV/AIDS. In some cases job responsibilities changed because new programmes initiated as a result of the alumni's attending the course were incorporated.

The impact on the alumni of RATN courses other than counselling and community care has not yet been studied and documented to the same extent.

However, the evaluation forms filled out by course participants following the completion of other courses routinely indicate a high approval rating. This preliminary evidence suggests that the high level of satisfaction with the training is not exclusive to counselling and community care alumni.

## Raising the standard of training in the region

RATN believes that it has begun to have a significant impact on raising the standard of the region's training in the area of HIV/AIDS. Using expert committees to define minimal and optimal training components in course content has doubtless helped RATN's reputation for setting new, improved training standards, although this has not yet been scientifically documented. However, donors, alumni and senior managers of RATN PIs and other training institutions have noted that RATN courses are setting the "gold standard" for course content and training. RATN may have a future role in increasing the professionalization of training in the region. This might include establishing standards or accreditation boards, or other strategies to control and maintain training course quality along with trainer and trainee qualifications.

## Raising the profile of training in East and Southern Africa (ESA)

RATN believes donors and other decision-makers in the ESA region undervalue the importance of training. This may be because it is hard to prove that training has a direct and positive impact. Without clear evidence of its effectiveness, donors and others, within and outside of government, are reluctant to allocate it scarce resources. However, RATN strongly believes that the benefits of training can be demonstrated in both the short and long term, especially if a rigorous system of monitoring and evaluation is implemented and maintained. Participants evaluate all RATN courses and the results are shared with the training institution and expert committees, who use them to improve content and training methods. In addition, the long-term follow-up with course alumni and their employers assessed course impact on the trainee, the employing organizations and the community. This empirical evidence, demonstrating the training's significance and effectiveness, helps RATN and its PIs advocate for it more effectively and for the institutions committed to training.

Finally, RATN has helped raise awareness of training courses and issues in the region through the services it offers. The RATN newsletter, web site and resource centre contain a wealth of easily accessible information on a variety of HIV/AIDS

and training issues. PIs, donors and alumni have informed RATN that they appreciate the information and resources on HIV/AIDS and training issues that it provides.

## Improving collaboration and communication between Partner Institutions (PIs)

The 1994 needs assessment survey found that many organizations in countries throughout the region offered high-quality training courses in a variety of areas related to STDs/HIV/AIDS. However, these entities had little knowledge of similar organizations in other countries and what courses they offered. RATN has had some success in breaking the relative isolation that exists among the region's organizations training in HIV/AIDS, particularly those offering training in counselling and community care. Prior to RATN's inception in late 1997, the RATN PIs offering courses in counselling in Kenya, Zambia and Zimbabwe had minimal contact. By participating in the RATN network and its activities, senior staff members from each organization have come to know the content and the strengths and weaknesses of their respective courses and training methods, and have sat together on the same expert committees. Each organization reports that its exposure to the others has helped it improve its course content, training methods, and knowledge of recent theoretical and applied developments in counselling.

RATN has also become a “focal point” in the region for advice and information on training and related issues. WHO, USAID, UNAIDS and other multilateral and bilateral donors have either referred organizations to or contacted RATN in the past two years to seek information and ideas about training issues or to ask for contributions to policy documents. The WHO Regional Office for Africa recently approached RATN to seek its collaboration on an initiative to establish training standards for counselling in the region. RATN has attended several donor meetings at which training issues have been discussed and, in early 2000, assisted UNAIDS in organizing an international consultation on GIPA (Greater Involvement of People Living with HIV/AIDS), using this as an occasion to add training issues to the meeting’s agenda.

# Challenges

## Course delivery

The RATN secretariat and the PIs have faced evolving challenges in delivering quality training courses. Certain minor challenges are typical for any new initiative and to a greater or lesser extent have been addressed. Others have yet to be resolved. The following three challenges are currently of the greatest concern.

### Selection of course participants

In some post-course evaluations, participants expressed disappointment with their classmates' level of knowledge and said this had a negative impact on the course. The respondents felt that the presence of one or more participant with insufficient background knowledge compromised their learning experience. This has occurred despite RATN's and the PIs' stringent admission requirements to each course and their careful, collaborative

vetting of application forms. RATN and the PIs are continuing to examine ways in which they can improve the admissions process, to make it more efficient and to ensure that the course accepts those people who are best qualified to participate.

### Funding course participants

In RATN's first two years of operations a significant amount of its



Training of trainers (TOT) is fundamental to reducing the impact of STD/HIV/AIDS. RATN considers TOT a core training area and offers courses for facilitators/trainers. Credit: Regional AIDS Training Network.

operational funds were earmarked for scholarships to make sure that some qualified applicants could receive financial sponsorship to attend RATN courses. This resulted in many courses being supported which otherwise would not have been given for lack of sufficient enrolment. However, the practice was unsustainable, primarily because of RATN's limited resources and the overwhelming demand for additional courses and network-building activities.

Some donors believe that RATN should not fund scholarships directly. However, the reality of regional economics—course delivery costs, the inability of individuals and most AIDS service organizations to pay for training—suggests that if RATN's PIs provide training that is worth while, then some of the training costs should be underwritten, at least in the near term. RATN and the PIs are exploring other options for securing scholarship funds for RATN-affiliated courses, including joint fund raising for this purpose.

## Post-course support

A major finding of the long-term, follow-up study was that course alumni stated they needed RATN and the PIs to offer some form of post-course support such as meetings or conferences. RATN and the PIs would like to provide meaningful, post-course support to alumni and are currently discussing what services would be most cost-effective. Clearly, providing airfare for people to attend meetings, refresher courses and class reunions in the region is not a long-term option. It is hoped that the increasing access to e-mail and the Internet will be the most viable strategy.



## Network-building

The RATN project's primary purpose is to build a network of organizations that are involved in HIV/AIDS training. To date there has been much progress in establishing a formal network and RATN PIs are actively engaged in this effort. However, some PIs, donors and RATN secretariat members expected that more progress towards developing a formal network would have been made by now. Concern over this slow rate of progress was first raised by PIs and was later emphasized in the 1999 CIDA mid-term RATN project evaluation. Responding to PI concerns and the evaluator's comments, the RATN secretariat has acted to put the project's network-building back on track.

In April 2000, RATN hosted a consultation with PIs to examine the constraints in developing a formal network and a networking strategy paper and to recommend how to overcome them. It was recommended to launch a network development committee (NDC) to explore options for establishing a formal network, a governance structure to the network and a timeline for setting up the network as a distinct, legal entity. The RATN project's steering and executive committees approved this recommendation. By January 2001, the NDC had met twice more to work out its terms of reference and to develop and implement its work plan.

Another obstacle to establishing a formal network is the diverse organizational structures of the

RATN PIs. RATN PIs include universities, private-sector training institutes, research institutes, an STD laboratory, small and large NGOs, and religious organizations (see Box 2). When the PIs first met face-to-face to discuss forming a network, they were concerned that they were just too different—in their missions, modes of operation and decision-making processes—to work effectively with each other and to build a network. This structural problem remains, but most RATN PIs have concluded that the discomfort in collaborating with such different types of organizations is outweighed by the benefits of belonging to the network and their respective commitment to raising the quality and availability of HIV/AIDS-related training in the ESA region.

Developing a formal network was partly hampered by some PIs' distrust of one another at the outset of the RATN programme. Some saw others as competitors and were reluctant to discuss or share information, particularly specific information about course content and training methods. However, this perception gradually changed as they realized that more could be gained through sharing information and through other forms of collaboration than by remaining outside the RATN network. Moreover, early in RATN's development the huge need for training throughout the region became evident to most PIs. They realized that RATN collaboration would not reduce demand for their training services.

## Strengthening collaboration between Partner Institutions (PIs)

RATN has had some success in encouraging collaboration between its PIs, particularly between those that offer courses in the same area. It has been less successful in promoting collaboration between PIs offering courses in disparate areas. This can be explained partly by the absence of similar courses or subject matter about which to communicate to one another—PIs may all be working in the AIDS field, but they do not always speak the same technical language. The dissimilar nature of the organizations comprising the RATN PIs has contributed to the difficulties in developing a *modus operandi* for collaboration.

RATN has begun to explore strategies to increase collaboration between all members, including recruiting new PIs in specific areas, involving different kinds of PIs in RATN committees or other events, and encouraging dialogue between members on common matters. This effort encompasses advocacy for training, training issues and issues related to monitoring and follow-up with course alumni. The RATN secretariat actively encourages PIs to contact one another directly (as opposed to using secretariat staff as an intermediary) and is exploring the idea of hosting an “electronic forum” on training issues.

## Funding

One of RATN's major challenges is funding—accessing adequate resources for planned activities and further diversifying its funding base. RATN's ambitious agenda has been constrained by inadequate financial resources. Ideally, it would like to have sufficient funds to maintain the base of courses that already exist, to develop and pilot new training courses in response to the constantly expanding demand, while at the same time continuing to build a formal network. The rising costs of travel and communication in the region means that none of these activities will become cheaper over time. RATN has had to prioritize its activities, making difficult decisions to postpone activities considered important or slowing the pace of progress towards achieving its objectives. The need remains great, there is no shortage of ideas for new courses, and it is frustrating that the enthusiasm amongst partners for delivering courses and developing the network must be thwarted sometimes by lack of funds.

Initially, the RATN depended on CIDA for almost 80% of its total funding but increasingly, RATN has diversified funding sources. CIDA now provides about 60% of the funding, and a number of other donors are funding specific activities within the RATN programme. Nevertheless, the effort to secure additional funding has been considerable, taking up a major portion of the co-director's time, and lessons have been learned on the length of

time it takes to secure any funding, whether it be a small, one-time donation, or a major, multi-year grant. In addition, the vagaries and changing strategies of most donor agencies means that fundraising must remain a continuous activity, even when short-term funding seems assured.

RATN is actively addressing this concern and will continue to do so in the coming years, using an increased collaboration with PIs as one strategy to secure not only international, but also regional and national funds.

# Lessons learned

Although still in its infancy, a number of lessons have been learned about the RATN project. No single organization or experience can provide all the answers for those who are seeking to provide better-quality training, or raise awareness of the need for higher quality training in their community, country or region. Nonetheless, RATN and its PIs were honoured when UNAIDS requested their cooperation in preparing this case study. RATN shares the belief that its story is worth telling, and hopes that the reader will value the challenges, successes, mistakes and lessons learned described in this document.

## Lessons learned about training

1. Conducting a needs assessment study is a crucial first step in developing programmes or interventions. Using needs assessment data in programme planning helps to ensure the relevance of interventions to actual needs. Relevant programmes are likely to attract support from different stakeholders. The needs assessment study conducted before the RATN project was developed yielded information that helped to guarantee that it was relevant and appropriate to regional needs. This has contributed to RATN's success at fund raising.
2. Developing an ongoing resource, such as the use of expert committees, for identifying

emerging needs is a way to maintain relevance and assure RATN course quality. Expert committees have also helped to raise the standard for training in the ESA region.

3. RATN courses have been adapted to suit the needs of the ESA region and this has assisted in making them relevant and popular. This practice has significantly reduced the incidences of courses that are not context compliant, hitherto a common trend, especially with courses from the first world.
3. Creating and encouraging a culture of excellence in course content and delivery amongst PIs has raised awareness of the need for quality training, created a demand for the courses being offered, and rapidly made RATN and its partners acknowledged regional advisers on best practices in training.
5. The practice of feeding back the results of monitoring and evaluation exercises into programmes and activities guarantees continuous quality control and improvement of courses and training.
6. Follow-up studies to evaluate the impact of training on alumni and their employing organizations are critical. The findings help document the course's impact, which can be used to improve subsequent courses. Such data also demonstrate the training's effectiveness and this information can be used to show the effectiveness and utility of training in general.

## Lessons learned about collaborating and networking

1. PIs (members) are more likely to contribute to the network's development if their participation offers clear "value added". To stay motivated, PIs need frequent opportunities to reflect on what their organization gains through participating.
2. PIs in a network need direct contact with one another and should not rely primarily on secretariat staff to facilitate communications.
3. Involving PIs in the RATN governance has given them a sense of ownership and has improved their commitment to establishing a formal network of training institutions.
4. Building a formal network will not happen merely by encouraging or engaging in networking activities like information-sharing and promoting collaboration. Such activities are important in creating a sense of working for a common purpose, but do not give members a sense that the network belongs to them. Building a formal network takes resources and a concrete plan for establishing and sustaining it.
5. Investing in communication vehicles such as the RATN member newsletter and the RATN web site has proven effective in keeping PIs informed of vital information and resources.



The newsletter and web site have also helped to raise the public profile of the RATN project and its PIs as well as that of the courses they offer, throughout the region.

# Appendix:

## RATN Partner Institutions

### Centre for Family Studies (CAFS)

Nairobi, Kenya

The Centre for African Family Studies (CAFS) is an African institution dedicated to strengthening the capabilities of sub-Saharan African organizations working in family planning and related reproductive health services. To achieve its mission, it conducts courses and provides research and consultancy services from strategically located bases in East and West Africa.

### Connect Institute of Systemic Therapy

Harare, Zimbabwe

Connect is a Zimbabwean welfare organization staffed by professional counsellors and trainers offering counselling, training and consultancy services to the community.

### Eastern and Southern African Management Institute (ESAMI)

Arusha, United Republic of Tanzania

The Eastern and Southern African Management Institute (ESAMI) is an intergovernmental management development institution dedicated to improving managerial performance and effectiveness through research, training, and consultancy. It serves governments, parastatals and the private sector of 19 member countries in East and Southern Africa.

### Family AIDS Caring Trust (FACT)

Mutare, Zimbabwe

FACT is a Christian-based organization working with various communities to provide HIV pre-

vention programmes, training and care for the whole person. FACT is committed to the expansion and improvement of training programmes at all levels.

Genitourinary Centre  
Harare, Zimbabwe

The Genitourinary Centre is part of the City Health Department of Harare. Created specifically to group the services and training aspects of STDs/HIV care in one institution, it has developed numerous training courses for Zimbabwean health workers.

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal  
Durban, South Africa

HEARD was formed as a separate division of the University of Natal in early 1998 to emphasize the University's ongoing and expanding commitment to the fight against AIDS.

KARA Counselling and Training Trust Limited  
Lusaka, Zambia

Kara Counselling and Training Trust is a registered charity established in 1989. Its mission is to promote psychological awareness and to provide counselling and other related services that respond to current needs of human development in Zambia. KARA's objectives include the promotion of behaviour change for HIV/AIDS prevention, the provision of psychological counselling services for HIV/AIDS-related problems and the promotion of the principles of community-based care and support for those living with HIV/AIDS. It also provides professional training and capacity-building.

Kenyan Association of Professional Counsellors (KAPC)  
Nairobi, Kenya

KAPC's mission is to facilitate the creation of a social climate where society, communities, organizations, families or individuals can consider the opportunities of change. The KAPC offers three categories of membership: for the general public; for recognition by KAPC as a counsellor; and for recognition as counsellor-trainers. It offers courses leading to certificates, higher diplomas and an MA in counselling studies in collaboration with the University of Durham.

Malawi Institute of Management  
Lilongwe, Malawi

The Malawi Institute of Management (MIM) specializes in management training, consultancy and research. It aims to enhance the professional competence of individual managers and chief executives and contributes to the strengthening of the organizations in which they work. MIM specializes in business management, economics and project management, financial management, organizational behaviour, human resource management and information technology.

Mildmay International  
Kampala, Uganda

Mildmay International operates a comprehensive training and education programme on all aspects of holistic HIV/AIDS care and management to help key workers manage the AIDS situation in their country more effectively. Audiences for the training include health and social care professionals, people who work with children (including

teachers, youth workers and parents), government officials, people living with HIV/AIDS, their families and carers, and managers of health care facilities.

Project Support Group  
Harare, Zimbabwe

The Project Support Group began in 1986 and has grown into a regional non-profit organization/trust, with branches in South Africa, Zambia and Zimbabwe, and a close academic affiliation with the University of Zimbabwe Psychology Department. The Project Support Group assists ministry, district, municipal, mission hospital and NGO partners to develop targeted AIDS programmes.

Salvation Army Chikankata Health Services  
Chikankata, Zambia

Chikankata Health Services focuses on the holistic care of patients through the most appropriate interventions, the ongoing creation of sustainable partnerships with people and communities who are also striving for health and development and developing the potential in people who will serve Zambia's need for health and capacity-building.

School of Public Health, University of Natal  
Durban, South Africa

The School of Public Health is the former Department of Community Health at the College of Medicine, recently renamed the Nelson Mandela College of Medicine. It primarily teaches undergraduate and graduate students, although it increasingly provides in-service training to groups in South Africa and the region.

South African Institute for Medical Research (SAIMR)  
Johannesburg, South Africa

The South African Institute for Medical Research, an institute of the University of Witswatersrand, is also a centre for training in laboratory and research skills and is a national laboratory reference centre for Southern Africa and neighbouring countries.

The Aids Support Organization (TASO)  
Kampala, Uganda

TASO is an NGO that contributes to the process of restoring hope and improving the quality of life of persons and communities affected by HIV. TASO offers counselling, medical care, training, capacity-building and advocacy services and promotes positive attitudes towards people with AIDS and their families.

The United Republic of Tanzania Gender Networking Programme (TGNP)

Dar es Salaam, United Republic of Tanzania.

The Tanzanian Gender Networking Programme (TGNP) is a non-partisan, non-denominational and nongovernmental civil society organization that promotes gender equality and equity in the United Republic of Tanzania. TGNP activities include training, capacity-building, outreach, information generation and dissemination, activism, lobbying and advocacy.

University of Nairobi, WHO Collaborating Centre  
Nairobi, Kenya

The University of Nairobi/University of Manitoba have been involved in research and training in the

field of STDs and AIDS since the 1970s. The STD/AIDS Research and Training Unit at the University of Nairobi College of Health Sciences has been designated as a collaborating centre by WHO, and has become recognized as a centre of excellence. The Centre's programme has, in recent years, expanded to include a considerable role in implementing AIDS and STD control intervention programmes and operational research. The Centre has been increasingly called upon to provide training in STDs/HIV to health sector personnel from the region, and the Centre has played an important role in training young African and international scientists.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners – governmental and NGO, business, scientific and lay – to share knowledge, skills and best practice across boundaries.



No government, organization or individual involved in HIV/AIDS prevention has all the skills, knowledge, and experience to be optimally effective without some form of basic or additional training. Since its creation in 1997, the Regional AIDS Training Network (RATN) has provided skills training and upgrading, extension services and technical assistance in East and Southern Africa to health and allied workers in the field of HIV/AIDS and other STDs. This publication describes how RATN develops and presents new training courses through collaboration with Partner Institutions around the region and simultaneously works to establish a formal network of training institutions which is governed by its members.



Joint United Nations Programme on HIV/AIDS

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