



REPORT

Handicap International, Mozambique

AIDS Competence Launch • 19-26 October 2008

The Constellation for
AIDS Competence

<p>COUNTRY</p> <p>Mozambique</p>	<p>LOCATIONS</p> <p>Maputo</p>	<p>TEAM (<i>Leader underlined</i>)</p> <p><i>Ricardo Walters</i> <i>Virgilio Suande</i></p>
<p>PURPOSE OF VISIT</p> <p>Handicap International (HI) is a global non-governmental organization focusing on support to people with disabilities. <i>HI Mozambique</i> has initiated a one-year partnership with <i>The Constellation for AIDS Competence</i> to mainstream AIDS Competence into their existing work with associations of people with disabilities (DPOs) who may be more vulnerable owing to lack of access to information, exploitation, etc.</p> <p>The project will focus on developing AIDS Competence in 3 provinces in Mozambique: Maputo, Sofala and Manika.</p> <p>The visit aimed to:</p> <ol style="list-style-type: none"> 1. Offer facilitation team support to the first learning event around AIDS Competence, introducing concepts, tools and approaches for developing AIDS Competence. 2. Build capacity in a local team, comprising HI and partners, for articulating, facilitating, supporting and measuring AIDS Competence process and outcomes. 3. Stimulate strategy-development for action by participating organizations and associations that would inform an AIDS Competence workplan for HI's Mozambique office. 		<p>DATE OF VISIT</p> <p>19 – 26 October 2008</p>
<p>SUMMARY OF VISIT</p> <p>The participating group was incredibly diverse, drawn from a variety of associations of people with disabilities (blind, deaf, physically disabled) who are linked to Handicap International. Further, AIDS service organizations were invited to participate – MONASO, Network of People living with HIV/AIDS and the National AIDS Commission (CNCS) – who previously had little experience working with disability linked to AIDS.</p> <p>It was clear from the process that an introduction to AIDS Competence could not be rushed, but needed time and space to embed. Context needed to be established before specific tools could be introduced. Concepts needed to be well explored – concern and vision, human strengths, facilitation and questioning. Analysing local response was essential, so that AIDS Competence stayed connected to neighbourhood care and change, and was not seen to be only about organizational change. That this understanding had been established was clear in the way participants engaged in each of two SALT visits by the third and fourth days of the process.</p> <p>While this diversity was not without challenge, it certainly provided a rich environment to learn in. The group was insightful and mature in its analysis of concern, its articulation of vision. Participants engaged enthusiastically in SALT visits, and extracted profound lessons from the experience. Achievable action plans were formulated by each association, even though strategic planning was new for most, each one realistically predicting the challenge around implementation.</p> <p>A very capable working group took shape during the process, drawn from participants from MONASO, FAMOD, ACAMO, HI, CNCS. This core working group could continue to function beyond the learning event – offering support for connection, learning, measurement, implementation – and could be the first step towards a viable National Facilitation Team in Mozambique.</p>		

WHAT WAS DONE? WHAT PROCESS HELPED?

A **briefing meeting** with Joao Vembane (HIV/AIDS Coordinator, HI) and Rui Maquene (AIDS and disability Project Coordinator, HI) an evening before the start of the process, helped to clarify objectives and approach and confirm logistics for the week.

A **team of co-facilitators** was drawn together from amongst the participants. This working group immediately began to participate in planning and reflecting throughout the day, and during daily after-action reviews. Some facilitation was shared. This laid foundation for a national support team comprising people from different organizations that could quite quickly develop into a National Facilitation Team.

Space was given for general **reflection** by participants at the end of each day (see Appendix D). These, together with daily **after-action reviews** with the working group helped to gauge the quality of learning and participation, and make adjustments in process accordingly.

On Day One, **introductions** were facilitated around the question of **Identity – ‘who am I?’** This, and a reflection on what it means to really know each other, helped to establish that people were not defined by organizations, or job descriptions, or physical conditions. (see Appendix E)

Individuals shared their **expectations** by reflecting on the question **‘why am I here? What am I hoping for?’** (see Appendix E)

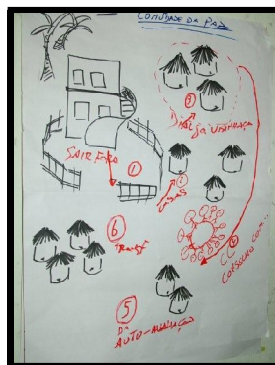
Following a brief time to prepare, each organisation **introduced itself** to the group through a short simulated TV-advertisement, highlighting its primary focus and activities. This allowed organizations the freedom to share their work, in a controlled, focused way, without allowing that aspect to dominate the process.

In mixed groups, participants reflected on **‘Concerns’** for themselves, their families, their organizations and the country of Mozambique.

Concerns made way for a discussion about hope and vision for the future, naturally leading to the development of **‘The Dream’**. It helped to stagger the Dream-development process over two days so that a single group dream could emerge as participants began to engage more deeply with the concepts underpinning AIDS Competence. Facilitating a dream was helpful to the group as it highlighted the idea of working from strength, not from problems. Participants could see a practical way to support their own communities and organizations to harmonise their desires for the future, in a way that built a sense of ‘team’. The dream-process also led into strategic consideration of tools, processes and approaches for reaching that dream, ie. AIDS Competence (see Appendix E).

The Local Response Diagram was introduced, and used to:

1. Acknowledge that there are concerns in every neighbourhood, but that there was also strength to match those concerns.
2. Analyse the link between programmes run by organizations (mostly inside buildings), private life within households, and public life within the neighbourhood. The group began to see that this relationship was dynamic, and could be used as a strategic tool.



OUTCOMES/OBSERVATIONS?

The Handicap International project to link AIDS Competence with disability is innovative and holds great promise. The experience of AIDS related to stigma, isolation and capacity for response through care and change parallels the experience of people living with disabilities.

Attention will need to be given to (1) ongoing facilitation team support and (2) physical accompaniment of local associations if they are to properly implement the activities as outlined below. The scope of those commitments – and the magnitude of support they require – is ambitious. It is possible to achieve good results, but this will require intensive follow-up in each of the three provinces, and good overall logistical support and leadership from the Maputo-based head office.

Handicap has budgeted \$30 000/year to support associations who wish to implement AIDS Competence locally. This was intended to be used in the form of small grants that could be directly applied for by associations. One recommendation is to consider the distribution of that fund, and the nature of support offered. For instance, 30% of the fund could go towards small grants. 50% could go towards supporting exchange visits/SALT visits for connection, learning and sharing at the provincial level. 20% could go towards National/inter-provincial/inter-organisational connection or accompaniment/support. This keeps the AIDS Competence process dynamic and builds momentum and enthusiasm across the three provinces. People feel encouraged by the ongoing connection, and don't grow dependant on money too early on in the process.

3. Stimulate a reflection on the kinds of strengths that may be encountered in a local community. Photographs were used to deepen that reflection – participants selected from a variety of photos available in the room, and then shared in their groups what strength was demonstrated. Specifically, the strengths for care, change, community, leadership, hope, and transfer were noted and discussed.
4. Understand a sequence of actions and reactions that characterize a local community-led response, from (1) organizations leaving their buildings to (2) home visits to (3) neighbourhood conversation between neighbours to (4) community counseling. This process, in turn, results in communities (5) self-measuring their progress and (6) transferring their response (AIDS Competence) to surrounding communities. This progression of Local Response became a category for self-assessment later in the process.

By Day Three **SALT**¹ was introduced as a way to think and behave. A briefing was given to prepare participants for their first SALT visit, hosted by a partner organization in a nearby community. The SALT visit helped to ground the theory of AIDS Competence in an experience of life – participants were engaged in local action for their own learning, not as teachers or trainers or experts or providers. Participants returned from the SALT visit to **reflect on 3 questions**: (1) what strengths did we see in people? (2) How did we behave as a team, and what could we improve next time? (3) What lessons can we learn from this experience? (See Appendix D for reflections on the SALT experience).

A **second SALT visit** was essential to allow participants the opportunity to consolidate the lessons learned the previous day, and apply them to improve the quality of the interaction in community. This time, however, participants practised briefing each other in their small groups before going out on the SALT visit. A short self-evaluation followed, compared against a checklist (see Appendix E) to identify the key practices for preparing for a SALT visit, and highlighted gaps.

The **Self-assessment framework** was introduced. 'Local Response' was included as a category, since many of the associations are very localised community-based organizations. Participants conferred in organizational groups, then agreed on a level of competence around 'acknowledgement and recognition', 'addressing vulnerability', 'inclusion', 'measuring change', 'learning and transfer', 'care and prevention behaviour' and 'local response'. Discussion followed with each category, and scores were recorded separately for each category to show clearly opportunities for connection to share and learn. (see Appendix B)

A **Framework for Next Steps** was introduced, and completed by each organisation for presentation to the group. (see Appendix C) The group decided on a 3-month timeframe for implementation, so that measurement could form part of the follow-up visit in early 2009. These next steps would constitute part of a workplan for accompaniment of AIDS Competence action by Handicap International staff in Mozambique. Following the conclusion of the process with the participants, a **separate reflection** took place with the **Working Group**, to discuss the support that would be required by associations to implement their next steps.

Debrief and reflection with Joao Vembane before leaving Mozambique was helpful to agree around action necessary between October 2008 and the follow-up visit in early 2009.

The small working group drawn together during the process was very responsive and capable, showing immediate potential for moving towards a National Facilitation Team for AIDS Competence, crossing organizational lines. There was some discussion about The Constellation offering additional support to partnership development and proposal preparation for submission to Global Fund, etc. for a National Facilitation Team, comprising Handicap International, The Salvation Army, MONASO, FAMOD.

It would help to add an extra 'facilitator' day to the end of each process to work on the report in-country, and have it available to HI and partners in Portuguese as well as English in good time.

¹ The attitude and behaviour of a facilitation team – critical to developing AIDS Competence: support and stimulate, appreciate strengths, listen and learn, transfer.

<p>It was incredibly helpful to have Virgilio Suande participate as a co-facilitator whose translation skills were matched by field experience and a deep understanding of concepts.</p>		
<p>NEXT STEPS?</p> <ul style="list-style-type: none"> • See Appendix C for detailed next steps by each organisation, and below for a strategy for support by a national support team. • Confirm dates for follow-up visit: 1st or 2nd week in February 2008. Proposed format: <ul style="list-style-type: none"> ▪ 2 days with working group for measurement and process reflection/planning (Maputo) ▪ 4 days in 1 province ▪ 1 day working group reflection (Maputo) 		<p>DISTRIBUTION LIST:</p> <p>Handicap International: Joao Vembane Rui Maquene</p> <p>Constellation : Marlou de Rouw Gaston Schmidt Virgilio Suande April Foster Bobby Zachariah</p>
<p>SIGNED:(TEAM LEADER)</p> <p><i>R. Walters</i></p>	<p>DATE DISTRIBUTED:</p> <p>20 NOVEMBER 2008</p>	

Following the conclusion of the main process, a separate meeting was held with the working group to consider:

- What support needs did we hear expressed by the group?
- What now becomes our role?
- What action needs to be taken in the next 3 months to accompany the implementing associations/organizations?

The group reflected as follows:

Our role – as a national support team – is to:

- reinforce the capacity, strengths, of each association
- accompany the process
- facilitate the commitments to next steps
- Give direct (physical; on-site) support to the organizations

The following actions are necessary to fulfill that role:

- Map the organizations, and arrange them by area.
- Arrange for direct, on-site follow-up meetings with each organization; either, be ready to follow an invitation, or be in touch to arrange a time to visit.
- Convene a gathering of associations at the provincial level in each of the three provinces.
- The associations must take their actions; the support team must reinforce their plans, and stimulate them at the ground-level.

- Develop an understanding of a national facilitation team: an identity, a common workplan/schedule for support visits, a way of working (facilitation, not technical/intellectual).
- Transfer the flavour of AIDS Competence to respective organizations in order to share vision and build a dream together with others.
- Establish a memorandum of understanding between the different partner organizations who may form part of the National Facilitation Team.

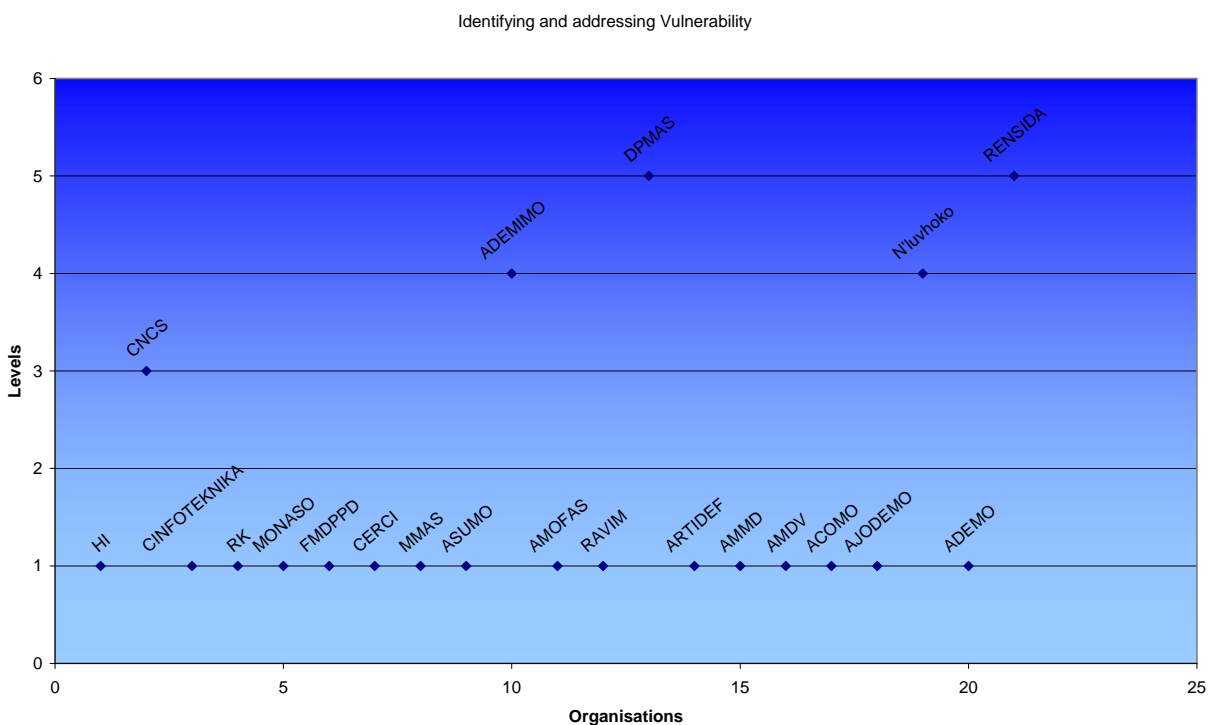
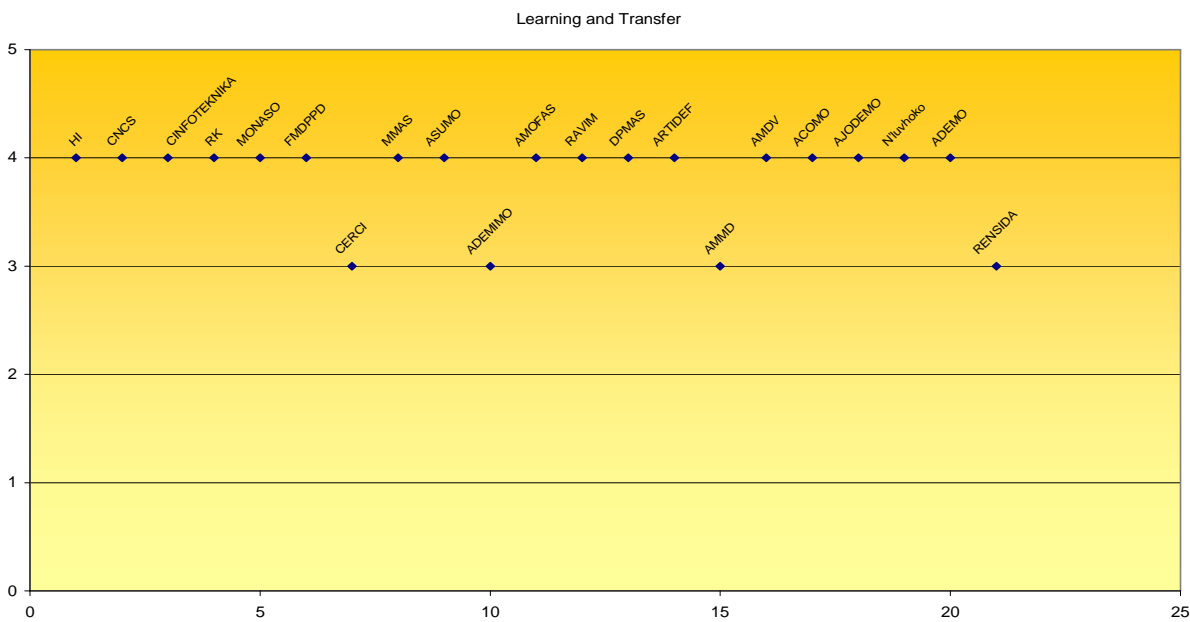


Appendix A: Participating Organisations

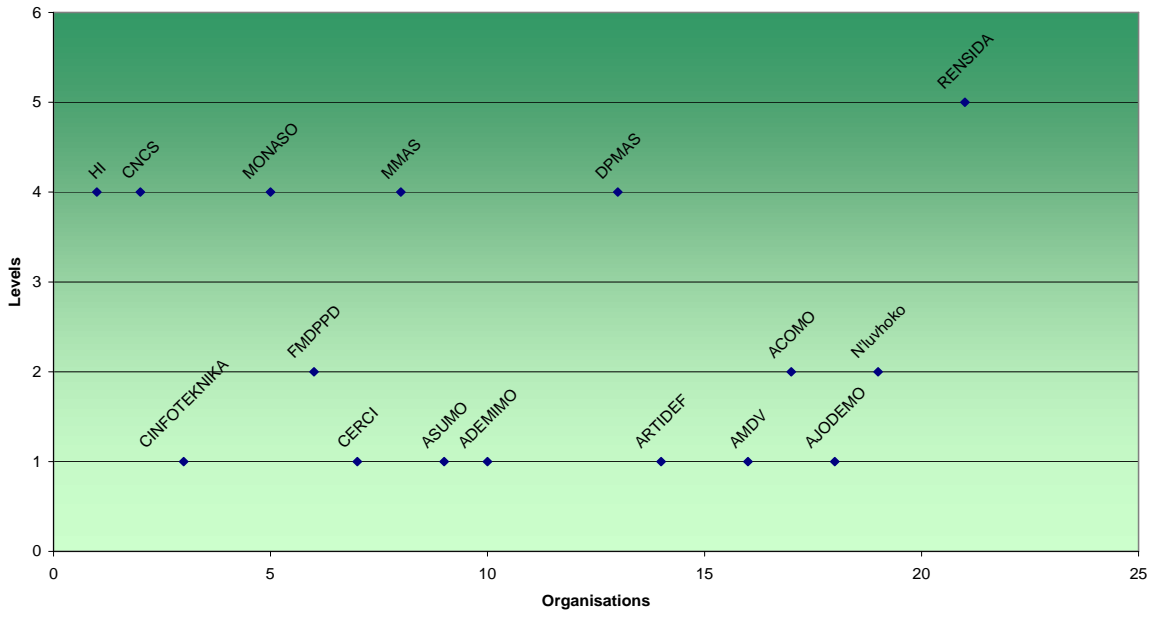
1. CNCS	Conselho Nacional do Combate ao SIDA
2. HI	Handicap International
3. CINFOTECNICA	Associacao de jovens technicos portador de deficiencia
4. RK	Associacao de pessoas vivendo com HIV/SIDA
5. MONASO	Rede Mocambicana de organizacoes contra o SIDA
6. FMDPPD	Federacao Mocambicana dos desportos para pessoas portadoras de deficiencia
7. CERC I Maputo	Associacao para educacao e reabilitacao de cidadao inadaptados
8. MMAS	Ministerio da mulher e da accao social
9. ASUMO	Associacao surda de Mocambique
10. ADEMIMO	Associacao dos deficientes militar de Mocambique
11. AMOFAS	Associacao de amigos familia de surdos de Mocambique
12. RAVIM	Rede para assistencia as victimas de minas
13. DPMAS	Direccao provincial da mulher e da accao social Maputo
14. ARTIDEF	Associacao dos defiecientes fisicos
15. AMMD	Associacao Mocambicana de mulher deficiente
16. AMDV	Associacao Mocambicana dos deficientes visuais
17. ACOMO	Associacao dos cegos e abliopos de Mocambique
18. AJODEMO	Associacao dos jovens deficientes de Mocambique
19. N'LHUVOKO	Companhia de Teatro
20. ADEMO	Associacao dos deficientes Mocambicanos – Delegacao da cidade de Maputo
21. RENSIDA	Rede nacional de associacoes de pessoas vivendo com HIV/SIDA

Appendix B: Results: Self-Assessment (by category)

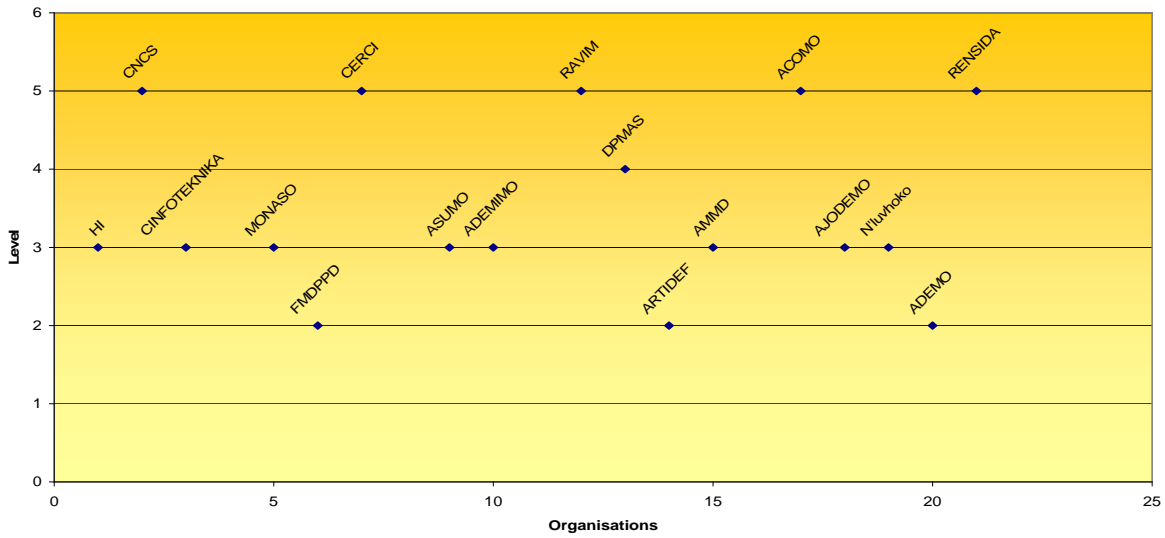
- The self-assessment process is subjective – it reflects the opinion of a particular group about their own progress.
- Results for several organizations represent a compromise after discussion. It was clear that there was not always internal agreement in every organization about each practice. This made for healthy interaction and dialogue. CNCS was one such example.
- It was interesting to see that not every organization chose to participate in every category, but were more selective in what they wanted to focus around. Partly for this reason, the facilitators chose to not work with all the categories in the Self-Assessment framework. These can be explored in later visits.



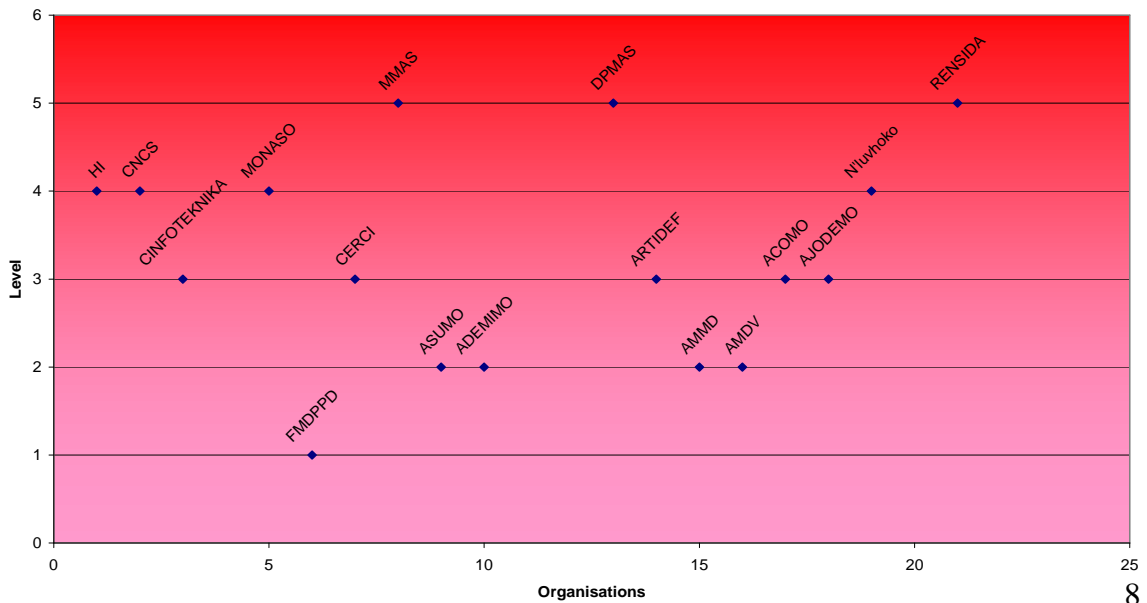
Care and Change Behaviour



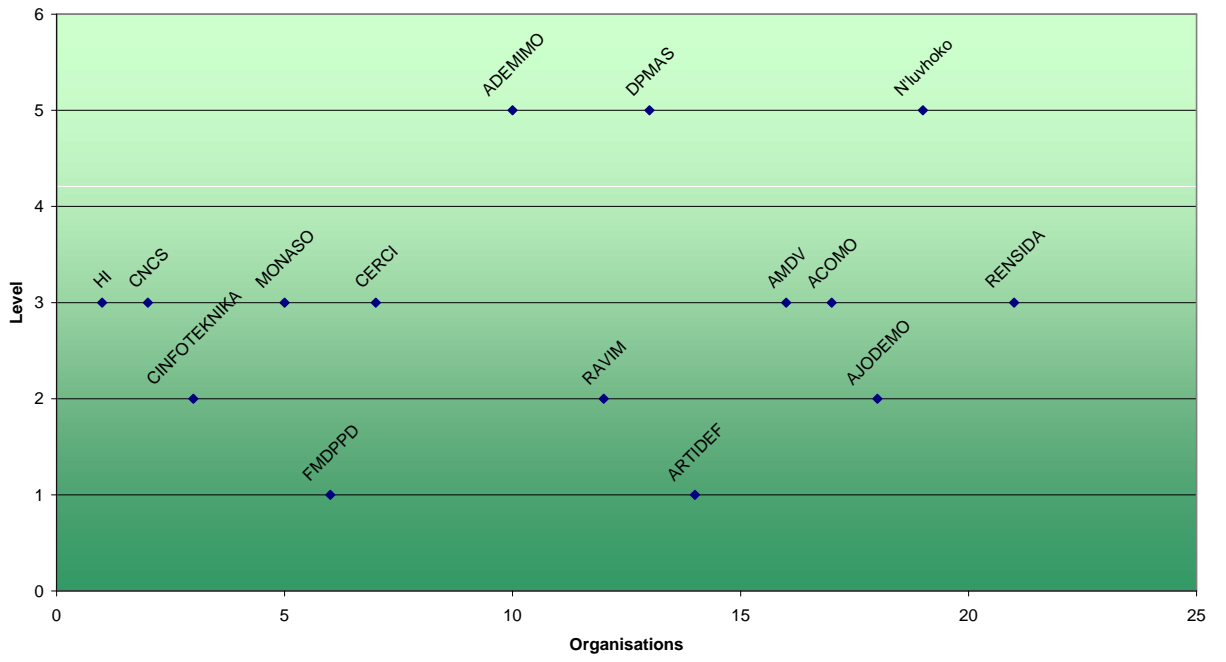
Measuring Change



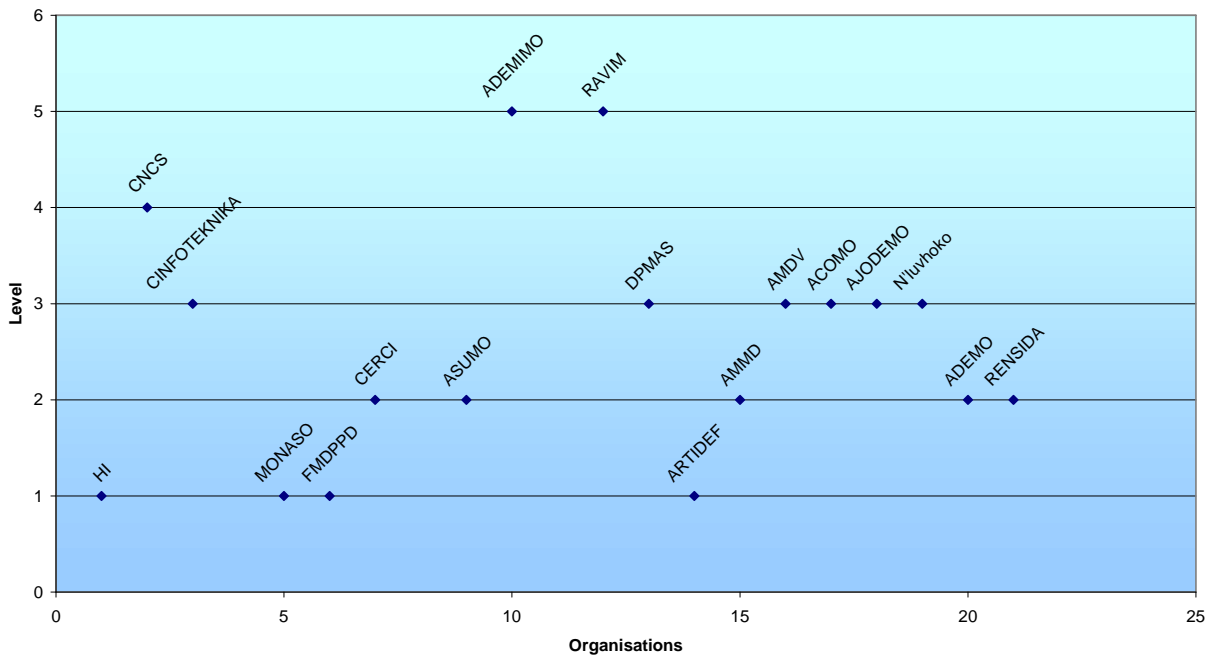
Acknowledgement and Recognition



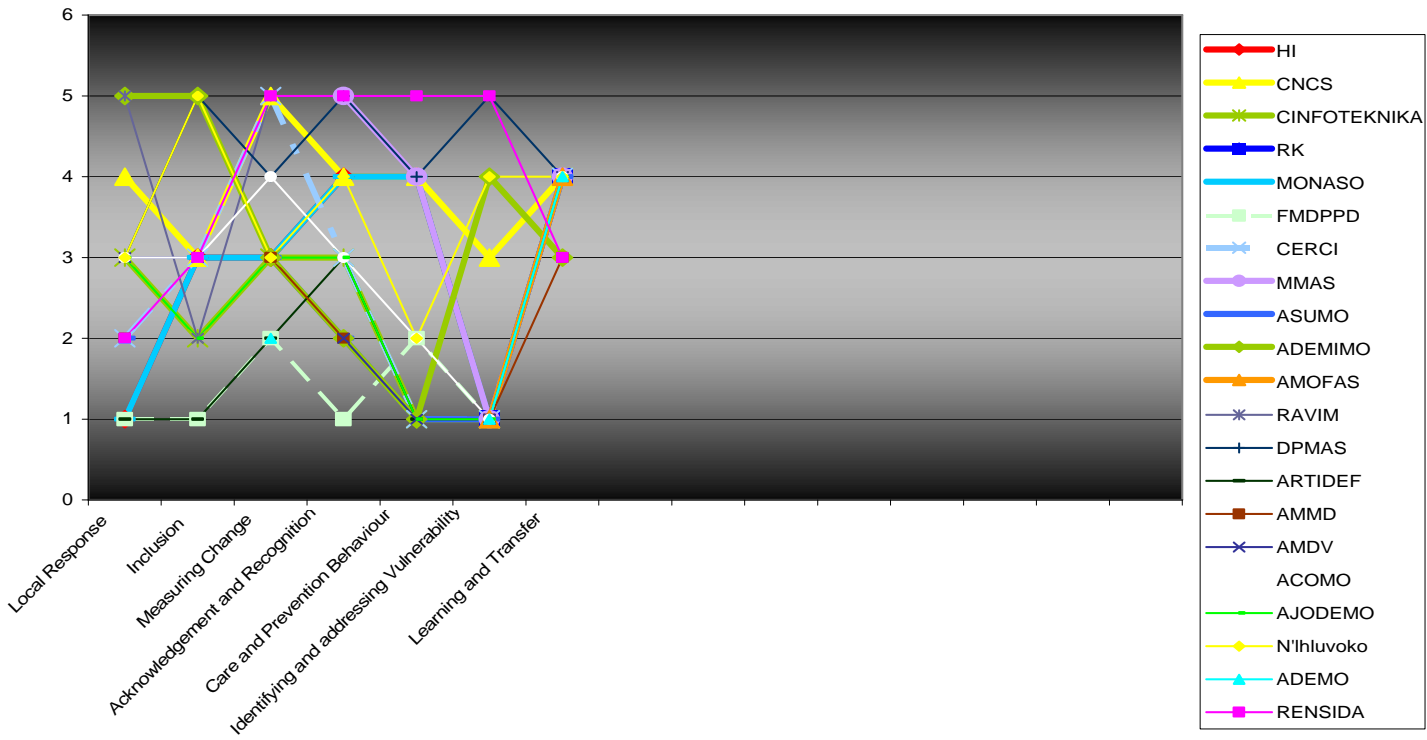
Inclusion



Stimulating Local Response



Handicap International AIDS Competence - October 2008



Appendix C:

Next Steps/Action Plans – organisations and associations

- A short review was facilitated, to summarise available tools and processes that would support progress towards AIDS Competence and 'The Dream': Concern Analysis & The Dream; SALT; self-assessment; reflection (briefing, debriefing, after-action review)
- Participants gathered in organizational groups, to choose 2-3 categories for attention and set a target level for competency as a goal (time-frame 3 months). Each group was asked to consider including 'Local Response' as a category. For each category, some guiding questions were framed:
 - What strategies/activities will help you get there? What will you do?
 - What tool(s) will you employ with each strategy?
 - How will you know that you're being successful/effective?
 - What support could you use?

N'LHUVUKU / RAVIM

categories	Goal	Strategies/ activities	tool	indicator	support
Care and Behavior change	2	Regular meetings with the partners/organization 2 community salt visits Reflection at all meetings 6 exchange visits	self-assessment SALT visits	Quarterly meetings 50 brail posters produced High level of community participation	Use of CRIM space Local Leadership AMOFAS (exchange visits)
Learning and transfer	2	Exchange experience with the activists of Magoanine	Self-assessment SALT visits	Monthly meetings	Local leaders - youth - use of space -water
Measuring change	5	Regular meets with the community leaders and others	SALT Visits	Quarterly meetings	Invitations space water

CERC/MAPUTO

categories	Goal	strategies/activity	Tool	indicators	support
Care and behavior change	2	6 SALT visits 2 exchange visits reflection meetings	SALT visits self-assessment	50 posters in brail increase level of participation; Commitment of the institution	community leaders; AMOFAS
Identify and addressing vulnerability	3	12 SALT meetings 6 reflection meetings	SALT visits self-assessment	8 community visits 3 meetings	RENSIDA Community leaders

MMAS/DPMAS

categories	goal	Strategies/ activities	tool	indicator	support
Care and behavior change	5	Organization of 3 meetings on care and behavior change within the organization and in the community realization of 3 publications of tools that lead to care and behavior change. (including political plans of action)	Reflection self-assessment Strategic questions	High level of people being cared for, and behavior change 3 meetings about care and change of behavior organized 3 tools published that lead to care and change of behavior.	Availability of time. Collaboration with health partners and other partners who have knowledge and experience to share on AIDS competence
Local response	5	Identify community concerns Identification of people with some concerns who could be supported	SALT visits Reflections Self-assessment	3 community visits implemented Identify 50 people with concerns who could be supported to respond.	Involvement of local leaders and other institutions

ADEMIMO

Categories	Goal	strategies/activities	Tool	Indicator	Support
Care and behavior change	3	3 visits to the disabled families and neighbors to talk openly about their concerns	SALT visits Home visits	60 disabled soldiers showing care for their companions good relationship between people with disability and their families	Partnership with NGOs that work in the community
Local response	2	SALT visits with the disabled soldiers in the community	Reflection Local Response diagram SALT visits	Disabled soldiers with capacity to discuss their concerns together, and a major number of them participating in SALT visits	Organization involvement community leaders' support

Handicap International

Categories	Goal	strategies/activist	Tool	Indicator	support
Acknowledgement and Recognition	3	community visits		All programmes in HI include reflection around HIV/AIDS	Competence of RENSIDA
Inclusion	3	Community meetings Institutional reflection Exchange of experience	Reflection	Memorandum of understanding around partnership with organizations of people living with disability (OSC)	Competence of RENSIDA and MONASO
Care and Prevention Behaviour	2	Community meetings Reflection Stimulation and production of IEC material	SALT visits Local Response Diagram	Inclusive, accessible material for communication and learning	
Local response	2	Visits to organisations of people living with disabilities for reflection (OSC) community meetings and home visits		10 visits monthly to organizations of people living with disability	

AMOFAS/ASUMO

categories	goals	strategies/activity	Tool	indicator	support
Acknowledgment and Recognition	3	4 sessions arranged for reflection (Creation of rules of meditation) Exchange of experience	Self-assessment Reflection	Unity among the associations of disabled people to debate and discuss about HIV/AIDS 4 gatherings for reflection have taken place.	Facilitators to support Competence of -RENSIDA -MMAS -DPMAS

RENSIDA

Categories	goal	strategies/activity	tool	indicators	support
Care and behavior change	4	Lecture on the communities	Field visits	3 meetings	Local leaders
inclusion	3	Partner with the communities leaders (Teachers, politicians and other actors of society)	Strengthening of partners	5 visits	

MONASO

Categories	Goal	Strategies/activity	tool	indicators	support
Local response	4	Capacitate STAFF and activists of the association on AIDS competence. Make visits to the associations and to the communities Quarterly accompaniment and reflection meetings	Local response diagram SALT visits Reflection	All the staff of Maputo and Beira 30 association in Beira and Maputo 70 visits to the association and communities 6 meetings in Maputo and 6 in Beira	Partners, associations, N.G.O that operate in the same area community leaders OCB's
Transfer	5	Visits done by the activists of the association to the communities. Workshop to the OCB's associations and communities (including the community leaders, religious) about AIDS Competence and its importance	Local response diagram SALT visits Self- assessment Reflection	Qualitative responses - improvement of local responses -number of visits - 2 workshops - 1 Beira - 1 Maputo	-O.N.S -OCB -Associations - Partners -CNCS -community's leaders and local structure

FMDPPD

categories	goal	strategies/activity	Tool	Indicators	Support
Acknowledge and recognition	3	Seminar for the members of the athletes reflecting about HIV/AIDS Convene a monthly meeting using AIDS Competence	Self-assessment	75 persons recognizing that HIV/AIDS is a problem and discussing this pandemic	Partnership with HANDICAP, DND
Local response	3	SALT visits at Xipamanine, Hulene and T3 areas	Local response diagram Reflection Strategic Questions to identify concerns and dreams	100 persons/ families discussing about the concerns that families are facing	Activists

CNCS

categories	goal	strategies/activity	tool	indicators	support
Care and behavior change	5	Leave the office to visit the communities Advise/counseling	SALT visits Self-assessment	10 Associations doing community visits 6 communities reflecting on change	community people with experience RENSIDA
Inclusion	4	Regular meetings with partners / leaders Exchange of experience	Reflection Strategic questions	1 global plan 20 meetings have taken place with partners	Community-based organizations District government Religious leaders Partners
Identify and addressing the vulnerability	4	Monitor the implementation of the plan provide a technical support	Reflection The Dream Local Response Diagram	40 families involved on the preservation of families program	Health sector Government Partners Experienced NGOs
Local response	6	train the activists for Community visits Leave the office Prepare an action plan, based on the Concerns	SALT visits Self-assessment Local response diagram	10 activists formed on local response 6 communities doing experience-exchange 6 communities doing SALT visits	Partners Experienced NGOS Activists CBOs + FBOs

A.M.M.D

Categories	goal	strategies/activity	tool	indicators	support
Inclusion	3	Community visits Exchange Visits Reflection in the local work area	SALT visits Reflection Local Response Diagram	8 communities using SALT 10 associations working together	RAVIM members of the association Partnership with experienced organisations
Acknowledgement and recognition	3	Meetings with the members Exchange visits	Self assessment Local Response Diagram		

AJODEMO/AMDV/CINFORTECNICA

categories	goal	strategies/activity	tool	indicators	support
Learning and transfer	5	Meetings with the leaders of our associations increase the number of community from 2 to 3 time a week stimulate community debate	SALT visits Strategic questions The Dream Reflection	100% of association involved 40 visits realized Increase of local response Regular meetings and more conversation with the communities	Community leadership Chiefs and heads of families Technical support through facilitators Unity of associations
Inclusion	3	Meetings with the communities for accompaniment Meetings with SAAJ.TY; involving them on our activities SALT visits	Self-assessment and reflection SALT The Dream Strategic questions	Organizations going for SALT visits together 2 communities already stimulated responding faithfully	Exchange visit opportunities Publication of the rights of people with disabilities

ARTEDIF

Categories	goal	strategies/activity	tool	indicators	support
Inclusion	3	Community meetings Exchange visits Workplace reflections	SALT visits Reflection Local Response Diagram	8 Communities using SALT 10 associations doing 6 visits together	RAVIM Association members Partner organizations
Acknowledgement and recognition	3	Meetings with all members Exchange visits	Self-Assessment Local Response Diagram		Community leaders

ACAMO

Categories	goal	strategies/activity	tool	indicators	support
Identify and addressing vulnerability	3	capacitate the assoc. members on AIDS competence identify vulnerable groups through SALT visits and mapping develop strategies to reduce vulnerability and risk	Self-assessment SALT visits Reflection	ACAMO members have experience in AIDS Competence 30 SALT visits have taken place	Community members RENSIDA
Local response	3	SALT visits Community meetings Exchange visits	SALT visits Reflection	30 SALT visits quarterly	Community leaders

Appendix D: Reflections

"I was impacted by talking about 'concerns'. We often go into communities to look for problems and ask about needs. We don't know how to ask questions. I see that 'concerns' and 'problems' are not the same thing".

"I really like this new methodology - it's interactive. I've also learned how 'problems' can give us some immediate, short-term action, but it's not deep enough. 'Concern' takes us deeper. We have to change the way we ask questions."

"We were expecting people from outside to come and bring us stuff. Material stuff in our communities. Knowledge stuff in this workshop. But instead this process is helping us to think for ourselves, about ourselves first."

"Here is my summary of this whole AIDS Competence process: if we want to be competent, we have to have a dream. It all starts from the dream."

"I feel inspired by the way we're being facilitated. We can run our own country without waiting for people to bring resources from outside."

"There are many things around us that are solutions to our problems. But we are not focussed enough to see them. We have to discover our competence."

"We don't need to be aggressive when we do sensitisation. We've done lots of trainings in the past, but never with this kind of approach."

"There are lots of resources in the community, but usually we don't know where to start. ACP gives us a place to start."

"I was impressed with the openness of my colleagues. If we worked like this more often, there would be a lot of change in mindset and attitude and behaviour. We wouldn't need more meetings for new methodologies; we'd only need to meet to strategise."

"I'm really satisfied with the methodology – things have been discovered and revealed without forcing people. We usually programme people – but this approach encourages them to volunteer. People have something in them to share. We can apply this not only to projects, but to our everyday human lives."

"Yesterday marked my life: concern, strength, dream!"

"It feels like we have been heading in the wrong direction before, but we've been turned around. This is feeding our spirits, helping us understand who we are."

"This is a really good approach – exchanging experience. When I first arrived, I was nervous...but now I'm happy. There have been no long speeches. We don't need more speeches."

"I've been in so many different trainings, but this has been the best. I'm going to apply this approach even when I run my own trainings."

"When we reflected on 'The Dream', I understood that if everyone contributes his own dream, it's possible to unite those into one that we can all focus on."

"Yes, we have been working all these years, but we have been too relaxed. We've not opened ourselves to our clients, to the community. This is a necessary approach for our organisation, but also in individual homes and families."

"This has been a really deep process that showed us how to reach the beneficiaries of our programmes, and stimulate response in a variety of vulnerable settings, not only HIV. I feel challenged about how we transfer this into our own organisation."

"I've discovered many things...that people are out there, and locked in their homes. If we want to open our minds, we should take them to the field."

“We need to see change within our own organisation. The focus needs to change, and become more centred on the family/home level so that they can also reach others. That will help us reach our targets.”

“We work in the office, but it’s necessary for us to go out in the community.”

“We have to find a way to influence other organisations to apply AIDS Competence. We’ve all been competing for communities and patients – we have to leave this manner of thinking, and deepen our approach.”

“I see now that our organization’s focus need to be more centralized at the home/family level, so that they can also reach others; this will help us reach our own targets.”

Reflections on SALT Visits:

“With love, we can go so far. We heard advice from an old woman to go from neighbour to neighbour. I recognised that advice – it’s what we’ve been learning all week!”

“We were welcomed into a home: ‘Now I know that God exists, because of your visit’”.

“We liked the team that came to us. That’s why we decided to come back with them to meet all of you. We enjoyed the discussion and debate. It was a simple thing to join afterwards. We have a lot of friends who talk about stress, sex and HIV. How can we open ourselves to talk with them, our colleagues and friends in the community?”

– young girl who encountered a SALT team on the street, and joined for the debrief afterwards.

“It takes time to build relationship and trust. One major advantage of SALT is to not worry about immediate results, even though SALT build relationship quickly. The next day – on a return visit – it gets easier to engage the same group. In our conversation, when we first met the group, they responded to us slowly. It took time before they were comfortable enough to speak freely. We need to give space – wait before we throw out questions – and follow the conversation. There was a time when the team just kept quiet and let the people talk amongst themselves.”

“I saw that the people in the conversation started to take ownership of their own discussion. Others who were walking by were attracted and joined in.”

“What we think is not the same as what people out there think. We can’t always assume that we know what’s real, or what’s right, or what’s best.”

“I feel that I’ve learnt a way to behave in life. I’ve introduced the AIDS Competence values into my home this week. I’m talking about it with my family.”

“After one meeting, someone who has been HIV+, in secret, for a long time, disclosed their status to our visiting team.”

“Thank-you for coming to visit us. Can we repeat this again soon?”

- local community leader

“People open their doors and their house because they see us as friends!”

“I’ve discovered that people lose things, and are living with stress. They have no one to talk to. These visits give people someone to offload to.”

“The people were so comfortable and welcoming of our visit. One woman gave me her phone number and invited us back to enquire and encourage.”

“In our first conversation, the lady of the house invited another family from next door.”

“First, we have to remove our ties – we need to be at the same level, with no distance. I’ve never had an interaction like this before! ACP has brought more confidence in a positive way. This week, I’ve done things I’ve never been able to do. I thought ACP was something very strong – rigid – but now I understand it’s a way of life, not just about AIDS.”

Closing Reflections:

“With this training, I recognize that our association was working in the wrong way – we only went out to find members. But now, our attitude has been changed.”

“I’ve never been in a training so strongly participatory. ACP is something that has been missing. I learnt that ACP isn’t about individual organizations. Each association has something to contribute. Who are we including in our work? For me, Katya² has been a strong inspiration. I see that she and her father are friends. I want to ask Franca to keep educating her.”

“Katya showed us the meaning of care this week. It was an illustration of our AIDS Competence process.”

“ACP strengthened our strategies so that our association can reach our objectives. For an association to make progress, it need more than just an increase in membership; it requires the community.”

“If a certain tool is not working, we have to change and use another one. ACP has give us so many new tools.”

“I’m a trainer of trainers for MONASO, and a coordinator. I thought this would be just another training, but there was such a change here. I was frustrated by my own trainings – there was no change. I’m going to use this methodology – it takes away my stress. We should be facilitators in front of people, not experts.”

“I’m part of the community, and if someone like me doesn’t change, it reflects poorly on our whole community. This is a peculiar moment. I feel a strong leadership that will bring impact and hope to my community and association. Congratulations to Handicap International for bringing us together for this.”

“I’m a secretary in my association, but many times I have difficulty leading even though I’ve been through many trainings – since these all involved money and materials. When I go back without these things, I get frustrated. With ACP, I’ve found my dream – I don’t need money or materials. As leaders, we can’t be content to sit behind our desks anymore.”

“From here, I’m traveling home with luggage to share. If I have difficulty – I didn’t fully grasp everything there was to grasp – I will approach my friends. They will help me.”

“On behalf of CNCS, thank-you for the invitation. I expect the results will be very, very big.”

“I have a torch with new batteries that will help me to see my way.”

“I’m so impressed with the process and the level of implementation and planning that was participatory and inclusive. This interaction is the methodology we need in Mozambique today. If we all work like this, I’m confident we’ll reach our goals.”

“I see that this is about collaboration. Everyone has something to share. We can’t be experts or directors – we have to be with community, and let people make their own decisions.”

“I’ve never participated in AIDS Competence before, but I’ve learnt so many positive things. Many people talk a lot about HIV, but with no understanding, and that’s no good. We are a poor association – I’ve always thought we need more money. But I see we don’t need money – even for transport – to go to the people.”

“Now I know why I’m here. When I first came I talked more about my abilities. I learnt that if we want to do something, I need to start as a person. I understood how important it is to work with feelings. I did not know I had such strengths – ‘hope’ has always been about becoming rich – but I git it now! We all have a dream. I understand that community is not just homes – it’s people. As we leave, I will miss you because I know you as people – I feel like I’ve known you all for ten years – but I can’t say what organizations you come from. Love and unity, my colleagues.”

² Katya is a 13 year old girl who accompanied her blind father, Franca, to the meeting each day. She acted as his guide throughout the process.

Who are you?

- Orphan, actress
- Someone not easily influenced
- Love to learn, simple
- Humble, worker
- Open to talk and dynamic
- Someone human, who bears disability; liking to teach, able o share own experience
- Mother living with a special daughter with psychological challenges
- Social, creative, of humble family, coming from a foreign country

Why are you here? What are you hoping for from this process?

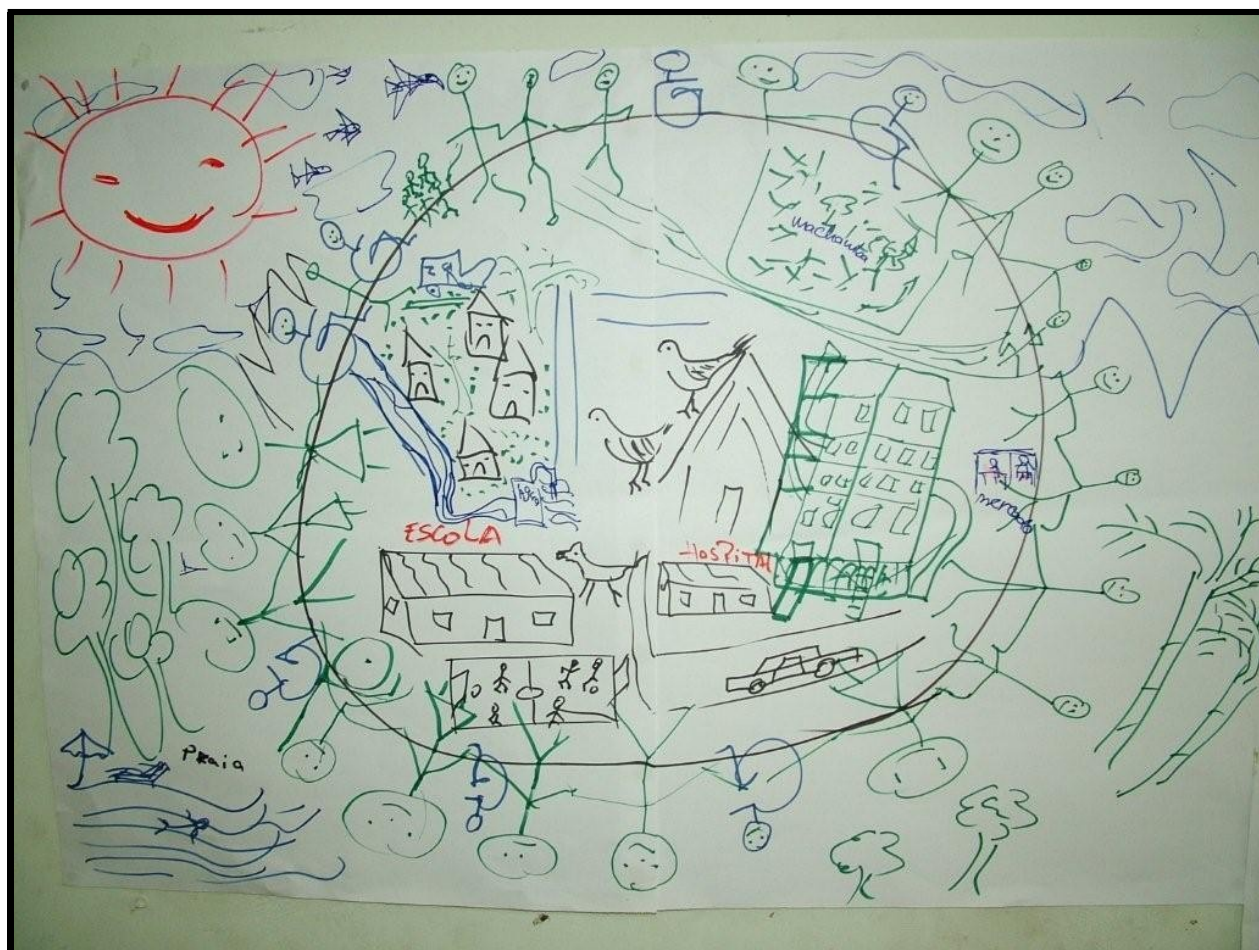
- Participate in the development of Mozambique
- To be capacitated to deal with a project in my area
- Learn new approach
- Develop abilities (self-assessment)
- Transfer this knowledge
- Make possible that a strategic plan will be developed, and that it will include people living with disability
- Strengthen our capacity of trainers
- develop the inclusion of people living with disability
- Exchange of strategies
- exchange experience/ seek more knowledge and transfer to others
- Teach others
- have new dynamism on HIV/AIDS

Key Concepts: Human Capacities

CONCEPT	BELIEFS (analysed through photos)
Care	Care is not only related to illness. Care is being with people, standing at their side. Taking time. Joining in.
Change	A decision executed. An action taken. Movement in and out.
Leadership	Inspiration Attraction Motivation Compelling
Community	Unity Together, seeking knowledge Involvement
Hope	People with faith, praying Investing in the future Strengths united
Transfer	Passing knowledge to others Measuring Monitoring Evaluating

The dream: gathered from 6 sub-groups before combining into one dream

1. *Infrastructure in communities: homes and recreation. Future development – hospitals, schools, fields to play and plant.*
2. *To see love without discrimination: people are greeting, hugging, eating together without problems; united.*
3. *HIV becomes a tool for knowledge transmission. People are conscious of the rights of people in general and people with disabilities. Common actions and activities – not two worlds, but one world. HIV not only a disease, but a pathway for knowledge.*
4. *A world without discrimination; inclusive. People share the same space – there's access for all. There is a field – it reflects what we learnt yesterday...we start with our own solution – we don't wait on others from the outside. People can be in an environment where they can support and create locally.*
5. *Unity, inclusion – children, women, men, people with HIV and disabilities. The strength that comes from unity. Equal opportunities for people living with disabilities. Appropriate support for children – school, guardians, health – so that their rights are respected.*
6. *Results are for all of us, inclusive, integrated.*



Lessons learned through SALT reflections:

- *ACP facilitates a meeting of people; a release of 'community' feeling and action.*
- *It's necessary to get out to hear concerns from the community. We normally sign projects in our offices without knowing the reality.*
- *The community has potential – we need to listen to the community.*
- *Spiritual life is important – it applies to the difficulties of life.*
- *Concrete action doesn't happen in the office, but in homes and families and communities.*
- *Leadership is in individuals, not organisations.*
- *ACP doesn't require big resources. Human connection is not expensive.*
- *We need to better coordinate questions during SALT visits.*
- *Visits need time to accommodate quality conversations.*
- *Be patient – give space for response.*
- *Control the teammates' emotional involvement in the conversation. We are there to listen.*
- *Children have taken a lot of responsibility in the home. This shows they have capacity, but also that they are carrying heavy burden.*
- *Transfer of skills and responsibility can take place between families and households.*
- *Language is important – it can draw people to us, or take them away from us.*
- *Leadership exists in community, but just as for organisations, it needs to be steady and concrete in order to inspire trust.*
- *People are curious about the process; that curiosity causes them to join and participate.*
- *We never know when or how opportunities might present themselves. We need to be ready to respond.*

Strengths observed:

Unity

Community

Faith

Openness/receptive

Communication

Desire to participate

Hope

Change

Freedom to talk

Family

Will

Aspiration

Love

Transfer

Care

Courage

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