



REPORT

Handicap International, Mozambique

Knowledge Fair + Strategic ACP Plan • March 2010

<p>COUNTRY</p> <p>Mozambique</p>	<p>LOCATIONS</p> <p>Maputo</p>	<p>TEAM</p> <p>Ricardo Walters Virgilio Suande (HI Team: Rui Macquene, Joao Vembane, Inacio Paruque, Lucas, Lena, Ilidio)</p>
<p>PURPOSE OF VISIT</p> <ul style="list-style-type: none"> • To facilitate a Knowledge Fair event at the conclusion of a one-year partnership with Handicap International Mozambique to develop AIDS Competence with associations of people living with disability. • To capture and document learning generated from local responses and organizations through implementation of the AIDS Competence process. • To discuss strategy with Handicap International for continued advocacy and application of AIDS Competence in Mozambique following on this first one year partnership with The Constellation. 		<p>DATE OF VISIT</p> <p>20th – 27th March 2010</p>
<p>SUMMARY OF VISIT</p> <p>In October 2008, Handicap International Mozambique commenced a process supported by The Constellation to develop AIDS Competence as a way to mainstream HIV and AIDS into the existing work with people living with disability. As a secondary objective, this partnership would bring people and organizations already working with HIV and AIDS closer to the experience of disability in hopes of influencing those programmes and policies to be more mindful and inclusive of disability in the desing of AIDS-interventions.</p> <p>Since that time, under the HIV & Disability Project for Handicap International, AIDS Competence has been promoted and implemented in Maputo, Sofala, and Manica provinces. Constellation Coaches have accompanied the process through a series of four support visits.</p> <p>The Knowledge Fair represented the final support visit at the conclusion of the present partnership between Handicap International and The Constellation. Approximately 60 participants gathered in Maputo – from local community associations of people living with disability, from national organizations working with disability, from national AIDS service organizations, and including invited guests from government departments and partner organizations – to share experience, analyse their progress, and capture their learning.</p> <p>Capturing of progress through the Knowledge Fair process resulted in a set of products: a quantitative analysis of the transfer, distribution and capacity for facilitation of the AIDS Competence process; a qualitative summary of major outcomes and indicators, challenges and lessons learned by implementing associations and organizations, six basic Knowledge Assets [focused on access, inclusion, discrimination, human rights, income-generation and care for children], partner-proposed strategies for going to scale and a set of experience-stories and personal testimonies captured in text and video.</p> <p><i>“I am feeling happy. And proud. In 2008 when we started the process, we were 24. Today we are 60. We are talking about 60 small organizations who are implementing, and 40 000 community people who are being reached through, particularly, the SALT visits. Sometimes it looks to others like we are bringing together people who do not know things, but it’s clear people know what is happening in their own environment.”</i> Rui Macquene (HI)</p> <p>Handicap International has indicated its interest in continuing a relationship with both The Constellation and AIDS Competence, and in playing a critical role to stimulate the formation of a National Facilitation Team, between partner organizations, to transfer AIDS Competence across Mozambique.</p>		

WHAT WAS DONE? WHAT PROCESS HELPED?	NOTES/COMMENTS
<ol style="list-style-type: none"> 1. A preparatory meeting with the HI Moz team to discuss the process outline, and agree on the approach and shared facilitation of the Knowledge Fair. 2. A strategy meeting with Yann Faivre, HI Moz Director, and the HI ACP team to talk about the future of ACP in Mozambique, the trajectory for Handicap International in that process, and to do a briefing on the Knowledge Fair process. 3. An advance half-day prep meeting, ahead of the Knowledge Fair to meet with the ACP-implementing associations, explain the aims and approach for the event, and outline the key themes for analysis. Associations used the opportunity to begin to reflect on their most significant experiences with ACP. 4. KF Day One: We share our experiences <ol style="list-style-type: none"> i. An official welcome and greeting by Handicap International was followed by participant introductions. Participants shared their name, province and organization/association. ii. In small groups (changing for each question), participants interacted on a deeper level, reflecting on (a) what do I do to relax? (b) what's my favourite thing about myself? (c) what am I most proud about in life? (d) what is my vision for life? iii. In pairs, participants reflected on <i>"What am I hoping for through this week's process?"</i> * iv. The AIMS of the Knowledge Fair were shared: <ol style="list-style-type: none"> a. To celebrate our successes and chart our progress b. To influence other partners for AIDS Competence c. To develop a way forward for AIDS Competence in Mozambique v. Time was given for a clear explanation of the 3-day Process, in terms of sharing, learning and capturing. vi. Reflecting back to the start of the ACP Process in Mozambique in October 2008, participants were asked to recall and review the key components of AIDS Competence** vii. Two drama presentations were made by Nhlovuko and AMDV, followed with some time for the audience to react. Participants reflected on the dramas <i>How did we see ACP illustrated?</i> (See APPENDIX E) viii. Participants separated into their respective Implementing organizations and associations (some joined by non-implementing partners invited to the Knowledge Fair to learn) to prepare for their Marketplace Exhibitions. Each implementer prepared charts to illustrate: <ol style="list-style-type: none"> a. Timeline – significant events using ACP process b. Quantitative framework c. Analysis: Outcomes & Indicators (APPENDIX B) d. Analysis: Challenges (APPENDIX D) e. Analysis: Lessons learned (APPENDIX C) ix. Day One concluded with participants sharing their reflections on the process for that day. (APPENDIX E) 	<p>*Hopes for the week To exchange experience; to consolidate our knowledge on AIDS Competence; to leave with knowledge in order to transfer (replication through training) for others; to know other new people; to gain new technical knowledge (tools, etc.) on ACP; to leave with a clear Action Plan to be able to share with others; to know what the agenda is for ACP in Mozambique; to promote some practice in our communities.</p> <p>**Components of ACP: 6 strength-concepts/capacities: community, change, care, hope, leadership, transfer; What are our Concerns? What is our Vision?; Local Response: people have strength to solve their problems; SALT: to be out of our buildings; to stimulate the ideas of people; to visit in their homes; The Dream</p>

5. Day Two: We learn from our common experiences

- i. Handicap International has prepared a professional **documentary on DVD**, showing the progress made on ACP since October 2008. This documentary was presented to the Knowledge Fair participants, followed by a short period of feedback and reflection. (APPENDIX E)
- ii. Each implementing association/organization set up a stall in the room, resembling a **Market Place**, in order to “sell” their process to others. Each associations shared their timeline, their outcomes, challenges, and lessons learned, often accompanied by other materials and photographs they had brought along with them. For the better part of the morning, participants wandered between stalls, learning from each others experience, asking questions and telling stories.
- iii. In plenary, after the Market Place sharing, participants offered **reflections: *What did I learn? What did it mean for me to share my progress?*** (APPENDIX E)
- iv. Small groups were formed, gathering around copies of the original **DREAM** picture from the first ACP workshop in October 2008. Each group included participants from that initial workshop, as well as people who had either joined the process since then, or were completely new to the process at the time of the Knowledge Fair. Reflecting on that first dream, participants shared around: *what do we see in the picture that tells us about our hopes through this process?* Responses could be clearly grouped into **6 themes** that would later be developed into simple Knowledge Assets: **inclusion, fighting discrimination, care for children, human rights, generating income, access.**
- v. Participants self-selected into one of the 6 theme groups based on their personal interest and experience they might have to share in that area. **Using a Peer-Assist** methodology, participants began to share stories of progress they have made since the start of the ACP process in that theme.

6. Day Three: We capture our experiences

- i. Participants worked together in 6 theme groups to further develop stories shared into **Knowledge Assets**. Experiences were grouped and analysed to highlight principles of approach that could be transferred to other organizations and associations. compile Knowledge Assets based on Peer-Assist groups; develop common principles from experiences shared. (APPENDIX F)
 - ii. Particularly **insightful stories shared** throughout the Knowledge Fair were **identified and documented** through a combination of text and video. Other participants worked in pairs to share personal testimonials about the impact of ACP, and record these. (APPENDIX G)
 - iii. In 5 small groups, participants worked with a group-leader from the HI ACP team to give input into **strategies for taking AIDS Competence to scale** across Mozambique, and for strengthening the existing process. (APPENDIX A)
 - iv. Participants were introduced to the electronic, **on-line community for AIDS Competence** – www.aidscompetence.ning.com – and encouraged to join to share their experience and connect with others around the world who were making progress towards AIDS Competence.
 - v. A final opportunity for personal reflections led up to an official word of **appreciation and closing.**
7. The joint Constellation-HI Team met together to **capture and record information** and identify critical stories to be told.

8. Following the Knowledge Fair, an **Analysis and Strategy** meeting with the HI team to discuss options for the next phase of ACP in Mozambique, and for ongoing partnership between The Constellation and Handicap International.
9. A **meeting with Yann Faivre to debrief** and reflect on next steps.

! PROCESS NOTE: It helped to have a team approach throughout, incorporating HI staff as core facilitation team members to facilitate plenary sessions and lead small group discussions, briefing before starting each day, checking in on process throughout the day, and meeting each evening to reflect, debrief, and plan the following day.

! PROCESS NOTE: Translation support throughout the process was critical, not only between English and Portuguese, but also sign-language interpretation for participants who were visually disabled. More than one sign-language interpreter meant that individuals with visual disability could participate in different groups from each other, rather than always be grouped together.

! PROCESS NOTE: It seemed that 3 days was a very short period for such an intense process, especially given translation and the challenges of working with multiply disabled people in a participatory workshop setting.

<p>NEXT STEPS?</p> <ol style="list-style-type: none"> 1. Constellation coaches will compile information and distribute final report. 2. See Appendix A: “<i>Partner suggestions for strategies to go to scale</i>” 3. Handicap International Mozambique is keen to explore two pathways: <ol style="list-style-type: none"> a. Internal ACP expansion and integration (mainstreaming) within HI itself. This is resourced through discrete development projects as they become available. b. support and stimulus of a National Facilitation Team for AIDS Competence within Mozambique (HI is a participating organization, but not the lead). This is a longer-term, higher level strategic vision, less geared towards short-term project approaches. 4. There may be some additional requests to The Constellation from HI linked to other projects that are pending (awaiting funding approval) for 2010 in Inhambane and Matola. (see 3a above) 5. The remainder of 2010 is an interim period between HI and The Constellation. In terms of (3b) above, it needs to focus on developing the proposal (by June 2010) for a formal partnership 2011-2015, where ACP is a core way of working towards stimulating a National Facilitation Team. Also, the funding base for resourcing of the NFT needs to be established. 6. HI is interested in supporting Blended Learning with HI and the major networks (MONASO, RENSIDA, CNCS, FAMOD) from early 2011, so that a resource pool of certified ACP Coaches is generated in Mozambique, as a catalyst to the NFT-activation. It may be that BL takes place in phases/waves, with each wave being 5-10 participants at a time between 5 partner organizations. 7. The Constellation proposes: <ol style="list-style-type: none"> a. A bridging agreement (2010) with HI to support sharing and transfer with prospective NFT partners, to stimulate and shape a collective vision, to develop Terms of Reference and a programme design for a Mozambiquan NFT, and to support the development of an NFT funding proposal. b. A participatory process to translate The Constellation Blended Learning Programme into Portuguese, with the incorporation of text and video examples drawn directly from the Mozambique experience. c. To enroll representatives from the 5-6 organisations who might constitute the core National Facilitation Team in the Blended Learning process in order to have them certified as competent ACP facilitators. This process would be a combination of at least 2 face-to-face interactions with a Constellation coach, and distant support through skype, phone and email as participants work through the 6-module online course. 8. Ricardo will invite Yann to join www.aidscompetence.ning.com and link him with those members and organisations currently active in developing NFTs in other countries. 	<p>DISTRIBUTION LIST:</p> <p>For Handicap International Yann Faivre Rui Maquene Joao Vembane</p> <p>For The Constellation Marlou de Rouw Gaston Schmitz Laurence Gilliot</p>
<p>SIGNED:(TEAM LEADER)</p> <p>RICARDO WALTERS</p>	<p>DATE DISTRIBUTED:</p> <p>25TH APRIL 2010</p>

Appendix A:

Partner suggestions on strategies to go to scale NEXT STEPS for ACP in Mozambique

On Day 3 of the Knowledge Fair, participants worked in 5 small groups, with a group-leader from the HI ACP team, to give input into strategies for taking AIDS Competence to scale across Mozambique, and for strengthening the existing process. These individual suggestions can be grouped into 5 clear categories, which begin to show an effective strategy for going to scale.

1. Share & Transfer

- i. We need to share experiences between communities and organizations.
- ii. Train and consolidate ACP in the rest of the provinces.
- iii. Transfer (Maputo, Sofala, Manica) experiences to the rest of the country.
- iv. Implement ACP in the neighbour communities that did not yet benefit in this first round.
- v. We have to facilitate transfer of experiences to other civil society organizations and communities.
- vi. Work with network organizations as a way to reach more associations.
- vii. Strengthen community-based organizations and associations to better expand the ACP process at local level.

2. Improve the quality and maturity of facilitation

- i. Strengthen the basic methodology for the facilitators, then show them how to use in different settings – eg. in Churches; to influence leaders; etc.
- ii. Use the existing facilitators to transfer experiences to other settings
- iii. Promote exchange visits for facilitator at regional level, between provinces to share experience and stimulate each other.

3. Accompany existing implementation/demonstrations

- i. Implement what has been positive, and keep showing support for those places that have made progress.
- ii. Ensure that the first-round organizations and associations continue to implementing the actual ACP process, without losing focus or enthusiasm.
- iii. Develop a mechanism for regular follow-ups and accompaniment of, especially, associations and communities in the provinces, as well as in Maputo.
- iv. Help to influence/integrate (mainstream) ACP in the current existing activities in the associations/organizations.
- v. Promote the use of ACP tools in all community meetings.

4. Measure and Document

- i. Develop an information manual about the ACP process, with tools, etc. to develop new facilitators.
- ii. Develop tools that can be used better by people with disability (eg. Images for deaf people).
- iii. Regularly monitor and document the good practices by associations and communities.

5. Advocacy & Strategic Partnerships

- i. Discuss with CNCS the need to integrate this methodology at local level.
- ii. ACP needs to be part of the existing activities in all of the associations.
- iii. Demonstrate ACP in all the events (1 December to 3 December) and other relevant dates.
- iv. Make an intensive strategy to lobby for the inclusion of ACP in the National HIV/AIDS programmes.
- v. Do lobbying with the government through documented experiences to expand the ACP tools around the country.

Appendix B: OUTCOMES/RESULTS

ORG/ ASSOC	OUTCOMES/RESULTS	ILLUSTRATION	REFER TO
AMITSALA	<p>Creation of Girls'Clubs at community and school level in collaboration with community leaders.</p> <p>A proper place established for the reporting of all kinds of sexual abuse and violence in the community.</p>	<p>A 13 year old girl had been sexually abused by her step-father, who was supporting her education and other expenses. But the case had been reported to the police, and to the Office of Women and Children's Affairs, and as a result, the step-father was penalised.</p> <p>A girls group came to AMITSALA concerned about less time for studying because of violence by some of the parents other people in the community. To address this problem the group decided to do a demonstration march to alert the society to the issue. The march formed part of a campaign against girls sexual abuse in the education sector, which put girls in a vulnerable situation, specifically to HIV-infection.</p>	
AMUPODESO	<p>More involvement, interest, willingness of the community members to identify issues and resolve their own concerns.</p> <p>People are more open to the action of our team in their community and even community leaders are showing more ownership.</p>	<p>In order to enter in a certain community for SALT visits, we first had to speak with the community leaders, who authorized us to visit the community, and then offered to accompany us as well.</p> <p>In one area where we were working we knew a certain young girl who was sick. She couldn't walk and didn't move outside her house. Our team met with her, and counselled her to go to hospital to find out why she was so sick. She made her way to the hospital for a TB-test and and HIV-test, and was able to start on treatment to control the infection.</p> <p>As we entered a community in Beira for SALT visits, we talked with families in homes around the community, and they identified sick people in their community who they felt it was important for us to visit.</p>	Helena
AGA KHAN	<p>Employees, at first a little shy, but with some encouragement are becoming open to share their concerns related to HIV and AIDS.</p> <p>There is a gradual increase in demand for HIV-testing and counselling.</p>		Egas
ARTEDIF	<p>Families and communities in general are acknowledging that HIV and AIDS is a problem for them, and limits people in their ability to perform normal activities.</p> <p>Because of the increased numbers of people living with HIV, and better awareness and acknowledgement by members of the community, we were able to train a number of people in HIV and ACP.</p>	<p>10 persons trained on HIV and AIDS; 3 in 2008 and 7 in 2010.</p> <p>3 communities reached, with 2 SALT visits in each community.</p> <p>22 families visited</p>	

ORG/ASSOC	OUTCOMES/RESULTS	ILLUSTRATION	REFER TO
AMMD	<p>Young people acknowledge that they are at risk and begin to volunteer for testing.</p> <p>Through conversations, people are feeling more free to disclose their status and share their experience.</p> <p>People (especially youth) who discover they are infected are beginning to access treatment.</p>	<p>In Congresso community most young people living with disability don't go for HIV-testing. After a long conversation they shared that they think HIV has nothing to do with them. After talking with one young girl about the concerns she had in life, she shared about her own health and that she is HIV-positive. She had reached a stage when she was living without any hope. But this led her to go for testing, and to finally receive treatment.</p>	
MONASO	<p>MONASO was able to share ACP with more than 10 other local community associations.</p> <p>At least 5 of those associations are actively promoting and implementing ACP.</p>	<p>Land was secured and awarded for 2 beneficiaries who did not have a house.</p> <p>Good use of media for as a way to raise awareness and share concerns.</p> <p>Income-generation through money-savings and sale of products to reinforce the support of people in vulnerable situations.</p>	
CINFORTENICA	<p>Cinfortecnica members are implementing ACP with imagination and creativity. ACP is showing new methodologies that can be integrated into the normal approach for our work.</p> <p>Community members who get involved are feeling happy with the ACP theme.</p>	<p>We helped people living with HIV with a professional training, leading them to run some activities with people living with disability.</p> <p>Creation of a locally-based group for AIDS Competence.</p> <p>A lady living with HIV was discriminated against by the neighbours living in her community. She was so happy to receive a home visit by our team, and asked for more visits afterwards.</p>	
RENSIDA	<p>Contracted by HI to train Organisations of people living with disability on ACP. Contracted by NDCS in District 4 in Maputo to facilitate ACP.</p>	<p>One of the local associations, ACAMO, has been working in Matola with visually-disabled people for more than 5 years. But throughout that time it was not known at all. ACP helped ACAMO – through SALT visits and facilitation – to become visible in its own community, and the association is now becoming better known.</p>	
WILTON ZVIREMA-Manica	<p>Increase of youth with disabilities adhering to the ITS, and increase in the community in general that was previously not adhering to ITS.</p>	<p>A certain community used to deny HIV/AIDS existence, but after a community-debate between the neighbours, began to believe in the disease, and accept that it affected them in some way.</p>	
N'HLOVUKO	<p>Lower rate of HIV infection. Our community been sensitised on how to prevent HIV/AIDS. Increased numbers of people going for voluntary HIV-testing..</p>		
AMDV	<p>We established some partnerships with community members who facilitate our activities.</p> <p>Community sensitization on HIV and AIDS</p>	<p>Amelia's story: Neighbour-participation increasing to support Amelia.</p> <p>Amilton's story: Church members support</p>	

ORG/ASSOC	OUTCOME/RESULT	ILLUSTRATION	REFER TO
ADEMIMO	<p>Increased voluntary test adherence</p> <p>Creation of 5 community counselling groups in communities 10-14 in Beira.</p> <p>Good relationships between communities and association members.</p>	<p>Community 13,14 in Beira was resistant to the idea of HIV-testing. But after implementing ACP there is better adherence.</p>	
ASUMO	<p>Communities are beginning to identify issues for action and taking some steps to respond to their own concern.</p> <p>SALT visits have stimulated families living with disability to share their experiences of discrimination and exclusion, and to realise their own rights.</p>	<p>Communities have listed their problems and sent a formal request to the local municipality. In some places, community members have agreed to work as community-police during the evenings, and have already prevented some robberies.</p> <p>In talking with some families of deaf children and children with mental disability, parents shared that some children were being sent away from schools by teachers because the teachers felt afraid of the children.</p>	

Appendix C: LESSONS LEARNED

ORG/ASSOC.	LESSONS LEARNED	ILLUSTRATION	REFER TO
Amupodeso – Sofala	People are capable of working in unity with one another; between neighbours in community, within associations of people, and between communities and organisations.	We have seen the major involvement, interest and willingness of community members themselves in responding to their concerns.	Helena Rego
	It is important to approach people with humility, at their own level.		
	People – even at very local community level – have capacity to recognise their concerns, and in problem-solving.		
AGA KHAN	It is important to prioritise the involvement of employees (staff) in decision making about action that will concern them.		Egas Simbine
	Within the workplace environment and workplace HIV-programme, find ways especially to involve staff members who are themselves HIV+, or affected by HIV in their families.		
	ACP is not all about what we do outside for others. If we strengthen our response “inside” - within our organisations, with our staff-family, we become more competent to better support the communities using the same methodology.		
AMMD	In communities we learnt from the behaviour of families, by watching how they live, and love each other, and how they respond to the concerns that affect them as families. This has helped us think about how we work as an association, and also how better to work with communities – not as individuals, but as people in families.		Raquel Filipe
WILTON ZVIREMA	If we want to decrease discrimination related to HIV and AIDS, or to disability, we must continue working with disabled people, but not only with them. We must also include the community in general so that we don’t make a new target of people living with disability.		Alberto Faustino
ARTEDIF	ACP is not only something we do to people, or for people. Through ACP, we are acting in order to learn from people.		
ASUMO	We learnt about the difficult circumstances that people live in, and how this adds to them being vulnerable: lack of water for people, poor roads, high crime. But people can also take steps in their situation to solve their problems.	Community reports problems to municipality	Catarina
		Communities have setup neighbourhood policing to reduce robberies	Manuela
	Misunderstanding and discrimination leads to low access to information and greater vulnerability for people living with disability.	Community project to solve the water problems in schools for children and to offer food support.	Neighbours and teachers are often afraid of disabled people and children and send them away.

ORG/ASSOC	LESSONS LEARNED	ILLUSTRATION	REFER TO
CINFORTECNICA	The AIDS Competence process can easily be shared and transferred, even by local groups. It doesn't always need expert trainers.	Creation of community-based groups, using this methodology, who are able to share the process with others.	
	<p>It is important to have the results of ACP monitored to know whether people are succeeding. But monitoring is not always strong. We need to know what those who have been trained are doing, and whether they are doing it well.</p> <p>AIDS Competence is a participatory methodology, with high importance in identification of concerns and designing of local solutions.</p>		
AMITSALA	Implementing ACP created self-esteem in the children and girls we are working with.	Girls felt more confident about themselves and their rights and have begun to report cases of abuse. The society is taking these cases into consideration to address these negative practises in our communities.	
AMDV	Implementing ACP properly creates major visibility, and earns recognition by local authorities.	Example: Removal of rubbish	
	ACP helps to ground the spirit of help between neighbours in the community, and some of the community concerns are solved.	Example: Access to adequate water	
N'LHOVUKO	People have strength. When we begin to focus on that fact, the whole organisation is ready to talk about ACP.		Magaia
ADEMIMO	Communities have solutions to their concerns. They are able to organize themselves and seek those solutions together.		Gracinda

Appendix D: CHALLENGES

ORG/ASSOC.	CHALLENGES	ILLUSTRATION/STORY	REFER TO
AMUPODESO	At the beginning, when we first started doing SALT visits, community members and community leaders suspected that we were entering as a political group.	To be able to enter in a certain zone/ area we had to talk to community leaders to authorize us to enter in homes, as well as to accompy us on our visits.	Helena Rego
	Access to homes was difficult because of poor roads and community streets in some areas.		
AGA KHAN	How to better confidentiality within the ACP process. People are afraid sometimes to share too freely.		Egas Simbine
	Decreasing stigma and discrimination within the organization itself.		
	What mechanism to use for a basic food–support distribution that dosent expose the affected, or add to the stigma.		
	Involving employees who are not Mozambican in ACP actions.		
	Transferring ACP outside of the organisation to community level.		
RENSIDA	To increase the number of facilitators on ACP methodology inside the network of people living with HIV and AIDS in Mozambique.		Cone
	Weak capacity to monitor ACP implementation and quality amongst those people already trained.		
ARTEDIF	To fully train 18 facilitators in ACP methodolgoy.		
	To sensitize community leaders and influence them to distribute the materials related to HIV and AIDS information within their communities.		
AMITSALA	To continue to promote and advocate for the rights of children and girls, and to promote family law.		
	To create Girls Clubs in schools and communities where they don't exist yet.		

ORG/ASSOC.	CHALLENGES	ILLUSTRATION	REFER TO
AMDV	Up to 2014 the areas of Hulene “A” and “B”, Mavalane “A” and “B” T3, Ferroviario and Matola Gare, can benefit from the ACP methodology. The challenge is how to transfer adequately to these communities.		
	There is still a lack of understanding by the community about what the ACP process involves. Communities need to change their behaviour and attitudes and give credibility to the activists and facilitators. The community can still misinterpret what the teams are there to do.		
N'LHOVUKO	As an organisation, we need to be sure that everyone understands the process and methodology before working together in a community using SALT. That way we can be ready to deal with any concerns or confusion.	The first SALT visit we did we had mis understanding between us on our mission.	Magaia
ADEMIMO	Community members still do not have a good understanding of the ACP tool, and this needs to be corrected.		Gracinda
	Explaining the process well with the local government so that we can work together for the solution of community concerns.		

1. General reflections:

"I would like to thank Handicap for the effort to bring the associations together for this Knowledge Fair. Even though we have some people who are not part of the process from the beginning, we see that they are able to bring some input."

"Thank you very much for the opportunity to participate. I am from one of the associations that have not been involved from the beginning. These tools could really help us in our work. I thought I knew a lot about HIV, but today I discovered that I know very little. I am very happy."

"In less than 5 hours, we have been able to become one family and, as family now, we will be able to move forward together."

"I'm so happy since morning 'til now. I enjoyed the drama that was showing us a lot of things."

"The exercise that we did in the morning – we shared information, we exchanged experience and we reached our goal. Those who started at a different level from us, are now with us. We feel that we have more unity, more strength and more incentive." (Garrido)

"One of the things that I learned was that we are reaching our expectations from this morning. We hoped to really know one another, and I see that we are becoming family now. It was a positive day."

"From the time I came here, I realized that we were all paying attention. It's my first time to participate in this kind of process, and I'm grateful. We have different capacity – some high, some low – but we have the same idea. This is a good step to strengthening us." (Rui Madeira)

"I am feeling happy. And proud. In 2008 when we started the process, we were 24. Today we are 60. We are talking about 60 small organizations who are implementing, and 40 000 community people who are being reached through, particularly, the SALT visits. Sometimes it looks like we are bringing together people who do not know things, but it's clear people know. We invited 80 people today – people from government, etc. – and I'm happy to welcome Foreign Affairs, Women and Development and CNCS. I'm not happy that some people we invited didn't show up – like UNAIDS, the WORLD BANK, UNDP. So, please, if you have some contacts with these people, let them know that we are still waiting for them. (Rui Macquene, HI)

2. On the DVD-documentary: How did we see ACP illustrated?

- The community reflected on their concerns, and prioritized in order to take an action. HIV wasn't the only concern – there were many others – but conversation and prioritization helped to select HIV as the important issue to respond to first.
- Community counseling and community conversation were part of the process.
- The challenges are in the community, but people have different priorities that sometimes leads to disagreement. But if we believe in the strength of people to be community, we can trust that people can come to a resolution together.
- The community was able to record and document their discussion in order to give an accurate summary of their conversation.
- SALT and home visits helped to identify the vulnerable and their concerns, and include those vulnerable people in the community discussion.

Participant reflections on the documentary:

"I liked how the video showed the teamwork from amongst people from different associations, especially during the SALT visit – with different people going together to identify concerns and vulnerabilities. It would be good in the next video to show other people connected to the conversation, like the neighbours and other community members, for example."

"I saw clear communication. There were people from the community who were part of the visits. But we need to be sure that we keep using language that people in our communities can understand."

"What touched me was the activists being able to stimulate the family to set up a meeting. This is the capacity and responsibility that we activists need to have: to stimulate people even to stimulate others themselves."

"I had the same feeling as yesterday. We need to identify ourselves clearly. When we visit, we visit as activists. People want to know who these people are that are visiting. How are the local structures being sensitized?"

"What challenged me was to see how AIDS Competence starts from the family. We saw when the team visited the family, they opened up about concerns, and the family was able to share. And we saw an activist asking about which of the many concerns was a priority to respond to first. The team helped them to identify what was critical and how best to respond."

3. Reflections on Exhibitions: What did I learn? What did it mean for me to share my progress?

"...I conclude that working together and having more exchange will enable us to develop our capacity. I learned that we don't have to wait only on donors to do our activities – we can find ways to raise our own funds, or even generate income ourselves." (experience learned from AJADEMO and AMTSALA)

"I appreciated that all the organizations are doing something to be an integrated part of AIDS Competence. We are all doing our own application of AIDS Competence, based on our separate mandates: some are doing training, some are working directly with their communities. We could apply AIDS Competence to our own organizations. But, I also heard the experience of AKDN that was applying ACP first inside the organization before going out to the community. In general, it's necessary to see that the family in this room can continue to work in a united way for our own benefit." (experience learned from AKDN)

"Most of the time we think we are different, but we are equal. Seeing these associations of disabled people, who are still able to share information so capably, is something I haven't thought of before. I realize that we are all capable. I was so impressed to see the disabled people doing SALT visits, and training, and all those activities. In my community everybody is important, no matter what their abilities/disabilities are. I hope that we can do more Knowledge exchange so that we can see each others abilities."

"I learned some good practices. I believe that there are some organizations that are doing much more than what we heard so far, but they don't think it is that important. The Knowledge of what is happening is not only on paper. I'd like to encourage all the groups that are here: when you go to the community, let's remember our brothers and sisters who have disabilities. Include them – maybe start with them. Too many times I'm with organizations and associations and I'm worried that we don't see people with disabilities." (MONASO)

"Congratulations to all the organizations. An appeal: for those who are in Maputo and Matola. Please approach our institution. We feel that many of the associations are working in isolation. We used to support some markets, but we don't know where to go because we don't know who needs what. Can we take this opportunity even now, please, to exchange numbers and be in touch?" (Municipal Social Development)

"The associations are doing a lot of work – more than what we expected. I learned that going into the field, and asking people to share what they are interested in talking about, people begin to share freely. (eg. ACAMO asking women to talk about condoms). I didn't imagine that ACAMO – who are visually impaired – would be able to do something like that. I also visited ARTIDEF where they have IGA. They caused me to question what I'm doing for my own community, and I was challenged that I'm not doing enough. ARTIDEF does IGAs, and twice a month they visit the community to talk about concerns, and they make sure that they discuss possible solutions, and share what they've heard from the community with the community leaders in order to stimulate the leadership. I questioned myself when last I had visited the community to talk about real issues. I only do my work, and report to my director so I can get my salary. I also had some concerns: specifically about ARVs – and I was encouraged to get some good answers here in this room, from an ordinary member of an association – not a company president, or a manager. This member was talking basic things. And because they don't have complicated technical knowledge, they visit the community in order to understand. If they had sent the president, he would have reported on different things (the programme, the staff, the strategy), and we would not have the full benefit of a field-experience with real issues. I'm really grateful." (Joao, HI)

"I learnt a lot in this fair. I saw that from 2008 to date, ACP is being implemented at national level. I was impressed. People living with HIV sometimes can limit themselves and not go to the field because they feel they don't have strength. I've learned that they are also part of the action. I learned about IGAs from some associations. ACP can help us to work better with our leaders so that they can know there are local associations that can help people living with disability or people in communities with concerns."

"When I first received the invitation, I didn't understand. Nor yesterday. But today I understand! ACP is about learning to respond to our own challenges. The market expositions helped me to understand the process through the sharing of the experiences of the associations. I saw 2-3 associations that are regularly going to the community, able to identify concerns, and able to respond to those challenges together. I also heard that some of the associations, before they respond to the issues of people far away in community, are responding first to the wellbeing of people inside the association. When I heard about ACP I was concerned – who are these facilitators? What are they doing? – but I've come to understand that the objective of each association through ACP is to respond to our own challenges. But we have too often thought in our organization that our job is to resolve the issue of our neighbour, but we don't resolve the issues in our own house. It's good to be able to resolve our own progress so we can evaluate where are we towards reaching our own visions." (MONASO)

Appendix F: KNOWLEDGE ASSETS

Knowledge Assets are the knowledge, experience, principles, insights and procedures that communities (including organizations) own (or need to own) and which enable them to make progress towards success in a given area. *It would be possible to continue to work with the partner-associations to further develop the experiences shared in their stories (APPENDIX G) and to significantly expand the basic Knowledge Assets to identify principles (APPENDIX F).*

1. Human Rights

Experience/ Story	Ref./Person	Key points from the story	Principles
Candidates and employees sent away by companies	Paulino	Get information from the civil society Negotiation Distribution of information	Lobbying and advocacy campaigns are more effective when we have strong evidence to support our claims.
Student abused by school leadership	Jose	Counselling Referral Negotiation	Conversation in different forms – sometimes counselling, sometimes negotiation – is a better way to promote human rights than simply making demands.
Widow sent away from her proper house	Leta	Relay in community leaders Negotiation	People who have been the victims of human rights abuses need not stay isolated, but can be reintegrated into a community (workplace, society).

2. Access

Experience/ Story	Ref./Person	Key points from the story	Principles
Access to classrooms for people living with disabilities	Filomana	Negotiation of support of the colleagues	Access should be based on the belief in equal rights for all people.
Access to other people's notes for people living with disability	Juliao	Negotiation	If we are always thinking about ways to have people with disabilities living and working together with people who do not have disabilities, we will make more correct decisions to make access easier.
Blind people wanting to know an elephant	Nhanale	Detailed information helped to make important decisions	We don't all have the same information, but if we regularly and freely share what information we do have, it increases access to correct information and decision-making for all.

3. Discrimination

Experience/ Story	Ref./Person	Key points from the story	Principles
Social integration of Antonio	Rui	Neighbour's sensibility, and sense of concern Mobilization and involvement of ACAMO's members Sensitization of the family	Discrimination isn't always from people around us. We can discriminate against ourselves. Stigma can come from inside us. With support from concerned people around them, people can integrate themselves into society by breaking the silence around them, being open, and being willing to live positively.
Joana facing drama: sent away by the husband, family because of her HIV status	Matilde	Counselling Referral Taking responsibility; acknowledging her status Breaking the silence	
Crises faced by Laurinda because of her HIV status	Valeria/ Monaso	Voluntary attitude to go to the hospital to know her status Acknowledging her status	

4. Income-generation

Experience/ Story	Ref./Person	Key points from the story	Principles
Self sustainability of a blind person	Miguel	Economic insecurity Family involvement Urge vision	People are made more vulnerable because of economic and food insecurity. Identifying the right people to be involved in a project before it starts can make a big difference in its success. Generating income at a small level in communities requires that family members and community members are involved, and feel connected to a vision together.
Self sustainability of PLHA	Alvaro	Community involvement Food insecurity	

5. Care for children

Experience/ Story	Ref./Person	Key points from the story	Principles
Child with visual disability enrolled in a public school of LIKELEVA	Franca	Inclusion Integration	<ul style="list-style-type: none"> • Integration • Protection • Assistance • Registration
Child victim of Sexual abuse in Tsalala	Matola	Pyscho-social support Integration Protection	
OVC with no registration gain inclusion in Chamanculo' s school	Rui	Advocacy Registration Assistence Inclusion	

6. Inclusion

Experience/ Story	Ref./Person	Key points	Principles
People with disability included in National Strategic Plan (Pen III)	Rui/ HI	Inclusion of disability in Pen III. Compensation, commitment, sensibility and accompaniment	<p>Political lobbying and advocacy are strategies to promote and increase the inclusion of people and groups that are previously excluded.</p> <p>If we invite people to reflect and share on their good practises, we create space for inclusion and participation, and generate evidence for advocacy.</p> <p>Establishment of new partnerships can be strategic for advocacy.</p> <p>SALT vistic visits can help people feel more open and supported, and stimulate them to participate and feel more included themselves.</p>
People with disability included in job opportunities	Quembo	Capacity Negotiation Acceptance Learning Pushing Sign language	
Integration of disabled child in the community	Garido	SALT vistic Care and attention Solidarity Openess	

It would be possible to continue to work with the partner-associations to further develop the experiences shared in their stories (APPENDIX G) and to significantly expand the basic Knowledge Assets to identify principles (APPENDIX F).

1. Discrimination against woman with disability

Olinda, ARTEDIF

During one of our SALT visits in Magoanine community, we discovered a woman – Precina - who was discriminated against by her neighbours because she was disabled. Precina, at the same time, had taken two deaf people into her home and was caring for them there. She used to sell food products to gain an income, but very few people were buying from her, claiming that there was witchcraft being practiced in her home. We learnt that people with disability, even when they are highly persecuted and stigmatized, have the capacity to care, and knowledge, with which to help other people in need.

2. ACAMO Association comes out of anonymity through field visits

RENSIDA

To support people living with disability means contributing to life development as well as to development in the country. ACAMO invited RENSIDA for support to reflect about the situation of people with visual disability (blindness) in Matola. According to ACAMO, there is a high number of people with visual disability who are being discriminated against, isolated and with no support. ACAMO wanted to be trained in ACP in order to go and support people in those communities.

ACAMO and RENSIDA reflected for about 3 days about the ACP tool. Then the ACAMO participants traveled back to Matola, beginning SALT visits in the last quarter of 2009. To our amazement at RENSIDA, when we went in January 2010 to visit Matola, there were several other associations and organizations asking for a seminar on AIDS Competence.

What had taken place? ACAMO had responded to the people living with disability in Matola, who had found the solution to their concerns could come from group meetings where they could talk together about their issues. During those same meetings, they were trained on HIV and AIDS, disability and social life. Government institutions, community leaders, CNCS (NAC) representatives and many other social actors were participating.

3. Discrimination against a person living with HIV by the family

Valeria Walters, MONASO Maputo

A young girl who was living with her brother and sister-in-law, was anxious about her status and went, on her own initiative, for an HIV-test at the hospital where she tested HIV-positive. She informed the family about her status, but instead of support was sent away from home.

Elsa's family reacted with fear and shame, and worry about the reaction of neighbours and friends, and decided it would be better to quickly remove her from the house. But she was received by her friend and colleague from school who had also been motivated – like Elsa - to go for testing because of school awareness programs.

From this experience, we at MONASO learnt to value our friendships, to show respect for the work of school groups and health personnel, and to be in solidarity with one another.

4. SALT visits an avenue for success

Jose Alvaro, AMDV

We visited District Number 4 in one of the SALT visits conducted by AMDV. We entered into the homes of more than 5 families and the concern, each time, was the lack of water in the community. After the SALT visits, 6 families came together in a meeting to discuss this common concern. They asked the AMDV secretary for support to contact the community leadership to address the lack of water in the community. The local authority called for a community-wide meeting where people agreed that this issue needed to be shared with the local Administrator. After one year, the resolution came.

Hulene community met locally to deal with a common concern and got their solution through their own involvement, along with participation from community leaders plus activists of AMDV Association.

5. Inclusion of disability in PEN III (National Strategic Plan)

Rui Maquene, Handicap International

People with disability have the same rights as anyone. Handicap International is concerned about advocating about the rights and role of people with disabilities, including their rights to health, particularly HIV/AIDS that is affecting these people. Actions on lobbying have been developed with the government (CNCS and MIMAS) as a way to show evidence of the strong links between HIV and people living with disability. These advocacy and lobbying actions have involved key partners like RENSIDA and MONASO and FAMOD, all participant-organisations in our work with AIDS Competence.

As a result of our activities, government has recognised the right of people with disability; disability is now included – for the first time in 3 cycles - in the National Strategic Plan guiding the national response to HIV and AIDS.

6. Applying AIDS Competence inside an organisation

Egas, AKDN (Fundacao Aga Khan)

After the development of our HIV workplace policy, we saw the need to develop a strategy that would better help us to influence our organization on the inside, looking at the vulnerability and response of all of us working for AKDN – the staff. AKDN decided to capacitate its agencies in ACP and we organized the training as a way for us to become competent in HIV. We decided it was important to start internally – with ourselves - to gain competence and afterwards transfer at community level. This tool helps us to understand all the challenges of the community, but also to realize that we belong to a community within our workplace.

7. Young Antonio locked inside the house

Rui Madeira, ACAMO Sofala

Antonio is blind, but only became visually disabled when he was 12 years old and was studying in Grade 3. Before that time, he was normal like everyone else. But now, he suffered discrimination, even from his parents, and was not involved in community social life.

Antonio's parents excluded him from socializing with other family members, and from society in general. The neighbours were concerned about this behaviour – many of them had known Antonio from when he was much younger – and they informed ACAMO about the life he was going through. ACAMO organized a SALT visit to Antonio's house and spent time talking with him and his family, encouraging them to give him an opportunity to live a normal life. As a result of that visit, Antonio has been reintegrated into school and he is now in Grade 6.

In ACAMO, this SALT visit experience taught us how to help individuals living with disabilities to come into a normal life through talking with their families.

8. The strength of the community is an answer to their concerns

Inacinda, ADEMIMO

Through the AIDS Competence process, ADEMIMO has learnt the key concepts of response and the practice of SALT. Our association began to visit Manga community to meet with the community members and the community leader, and talk together about concerns. We hoped to find possible solutions from the community. We saw that when we spoke to individual people, everyone saw the need to resolve their concerns together as a community. Manga community decided to organize 3 families in the community as Community Counselling body, along with a community leader and a member of our association

9. A young blind girl integrated in school after being identified through a SALT visit

Franca, ACAMO Maputo

ACAMO received the information that there is a young girl with visual disability in Liqueleva school with no capacity to understand the lessons because she did not know how to use Braille and the teacher was no longer giving his attention to the young girl. We decided to use SALT visits to meet with the family as well as the teacher and school staff. Involving the family, teacher and colleagues together led to a request for support for the girl to learn to use Braille. She is still at school to this day.

10. Solidarity in community

Garido, AJODEMO

A well-sensitized community can face in a positive way the issue of disability and together we can overcome all the barriers and live with no difference and with no discrimination.

We sensitized a group of young people from Polana Canico and shared the ACP tools to be used before entering their communities. They identified a disabled child that was abandoned by the mother and was being cared by the father. During a SALT visit to that family, the father shared his concerns for his child – that he was always only sleeping, and staying inside the house, never moving outside - and asked for support. Together with the community, AJODEMO was able to access a wheelchair that made it possible for that child to be seen and recognised in the community.

11. Firing of HIV/AIDS employers and candidates in workplaces

Paulino, MONASO

Between 1988 and 1990, MONASO verified the mass cancellation of contracts of employees living with HIV in the work sectors. The candidates and employees were asked to take HIV-tests and share those results with employers. In cases of illness, hospitals would ask people to go for tests, including HIV-tests, and employees were obligated to show those results to the Human Resources officer in his or her workplace. Based on that result, companies made decisions about whether to keep staff employed or not.

MONASO as a network of organisation working with HIV/Aids organized a campaign involving all the employees, associations and the population in general as a way to push the government to create a legislation to defend the human rights of HIV-positive employees and candidates to work; those rights were being violated by the workplace policies at the time.

As a result of community action – people with associations and organizations together – the campaign was successful and anti-discrimination law has been approved.