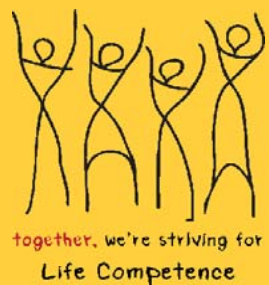


2010

The Constellation





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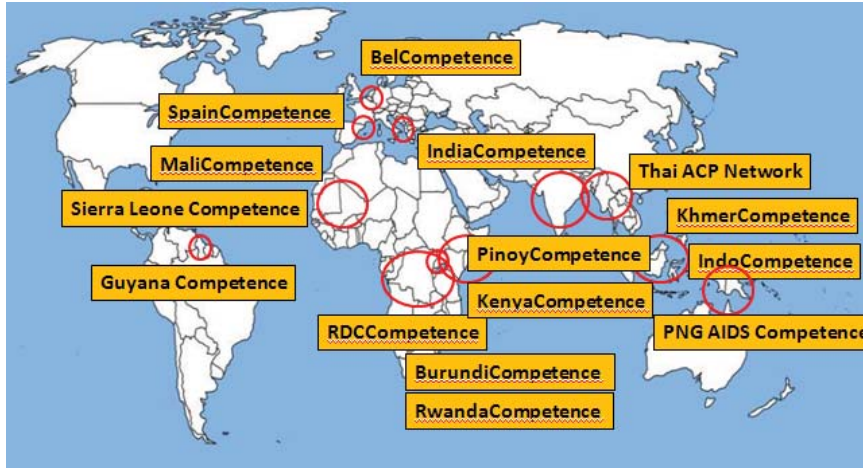
1. The Constellation and its approach

The Constellation

The Constellation is a growing movement of communities committed to local responses. Facilitators stimulate and connect the people involved in these responses. Communities mobilize their own resources to address their own concerns: these are local responses.

To stimulate local responses, facilitators reveal local strengths and accompany local action. To connect local responses, facilitators create opportunities for people to learn and share both in person and virtually. Today, the Constellation comprises of communities in 28 countries who respond locally to improve their health and to live in peace.

The Constellation is a starfish organization: each of its cells share the same vision, values and ways of working. Our hierarchy is limited to the minimum; we have no headquarters. Facilitators organize themselves into member organizations of the Constellation. Currently, there are 15 such organizations with varying shapes and forms.



The Community Life Competence Process

When facilitators meet with communities they look for their strengths. They come to appreciate and learn. They bring the lessons learned back to their own context. Our mode of interaction with communities is known as SALT.

- S : stands for Stimulate, Support
- A : stands for Appreciate, Analyze
- L : stands for Listen, Learn and Link
- T : stands for Transfer, Team

Constellation facilitators accompany communities in a process towards Life Competence:

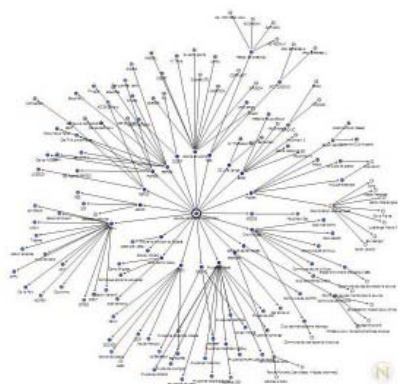
Steps	Tools
1. Communities build their vision of success	Dream Building
2. They assess their own situation in addressing a concern in relation to their vision of success	Self-assessment
3. They act	Action plan
4. They assess their own change	Measurement of change
5. They learn and share	Knowledge Fair, Knowledge asset, Peer assist

We call this the Community Life Competence Process. For more information on the process, our partners and results, visit: <http://www.communitylifecompetence.org>.



2. Summary

The Constellation links more and more people who use their own strengths to achieve their dreams. They inspire their neighbours to take action and, as a result, local responses are spreading horizontally, like wildfire. "The Community Life Competence Process¹ is like a very fertile mother. For example in June in Kindu, DR-Congo, facilitators introduced the approach to 20 communities. In October more than 118 communities in Kindu implemented their action plan against HIV", said a facilitator.



Expansion of local responses in communities in Mbuji Mayi, city in DRC. Communities on the map practice at least one step of the AIDS Competence Process

In 28 countries, communities and facilitators use the Community Life Competence Process to define their vision of success, to act and to share their experience with others. Depending on their common interest, they address various concerns such as HIV, malaria, adolescent reproductive health, inclusion, migration, trafficking and violence against women.

The movement also expands beyond these 28 countries. More than 40 groups organized Community Action Day in different parts of the world². More than one thousand members from 71 countries actively shared their experience with local responses on the Constellation online community. Overall the Constellation today involves an estimated 767.176 people who use the process for local responses based on strength. Still, this number represents a fraction of all those who are involved in local responses.

Facilitation of local responses can now take place at the national level. In

DR-Congo, RDCCompetence, one of the country-support teams, accompanied 749 new facilitators and 1.698 communities in 15 cities within 8 months. Communities used their own resources to achieve impressive results. 943 People Living with HIV disclosed their status and 104.055 people requested voluntary HIV counseling and testing.

The Constellation works with an estimated 2.456 facilitators worldwide. They accompany 4.190 communities in their local responses and connect them with others. These communities are made of people who live in the same area, work together or have a common social interest³. They include people living in settlements in PNG, sex workers in India, UN staff in Indonesia, farmers in Kenya, choirs and religious communities in DR-Congo, housewives in Thailand, young people in Guyana, and asylum seekers in Belgium.

Facilitators in 15 countries have organized themselves in country teams. Some teams are registered as official entities in their country like RDC-Competence, whilst others have established themselves as an informal network of facilitators and organizations, such as in Thailand and India. They sprouted from local enthusiasm and are self-funded. With a unique experience of the local context, they can expand the facilitation of local responses at scale in a cost-effective way.

Organisations can change as well. A few have started to shift their way of working from one which is based on the alleviation of need to an approach based on appreciating strength. Staff members of the National Multi-sectoral Programme against AIDS in DRC left their air-conditioned offices to facilitate community visits under the burning sun.



UNFPA staff members during a community visit, Indonesia

UNFPA Indonesia integrated SALT⁴ into their work place and 5 year plan. Dr. Zahid Huque, former Country Representative of UNFPA Indonesia said that, "It is great to see this critical mass of UNFPA staff being convinced of this approach". UNAIDS signed a Memorandum of Understanding with the Constellation to collaborate for the realization of a world where AIDS Competence spreads faster than the virus.

There is a common denominator to achieve this progress: inspiration. It is inspiration which makes people get up and travel kilometers to share. It makes many facilitators accompany communities for little or no compensation in an environment that is unfamiliar. Facilitators become the channel for inspiration and transfer this positive energy to other communities. That is how Community Life Competence spreads virtally.



Jean-Louis and India friends dancing during the SALT visits, in India

Still, this progress can be minimal and fragile. Communities can fall prey to handouts from donors and government and revert to a more passive mode. Facilitators can find it hard to bear the tension between centralised pressure to maximise predefined indicators against community aspirations for autonomous decisions. Organisational changes in support of local responses are thus still fragile and can easily revert into a paternalistic mode of operation. Changes we have seen are still far from reaching the required depth and width to support local responses globally.

2011 presents two main opportunities to support a change in outlook from focussing on problems to strengths; from 'we cannot do it' to 'we can do it'; from expert to facilitator.

Firstly, in 2011 the Constellation Support Team (CST) has embraced the ambition to 'Let the inspiration flow' within the Constellation. It is seeking to develop good practices and will listen to experiences from within the Constellation to determine what inspires and how we can stimulate

that flow.

Secondly, changes will last only if like-minded people, communities and organizations join forces. We will explore how to collaborate with like-minded organizations and we intend to provide opportunities for all to contribute to the Constellation. For an effective network we want to increase the number of horizontal connections between communities, to multiply the spread of knowledge and experience.



Community of women in India discusses their strengths

Key results in 2010



These figures are the tip of the iceberg. Our estimation is that the actual figures are probably 3 to 4 times higher.

¹The Community Life Competence Process aims to help communities respond to any life issue, using their own strengths and resources

² Communities around the world celebrated 'Community Action Day' on or around 1 Dec 2010 where they discussed an issue of concern for them, build a common dream and took action. More on <http://aidscompetence.ning.com/group/communityactionday>

³ Discussion on Ning : What do we mean when we speak of a community: <http://aidscompetence.ning.com/forum/topics/what-do-we-mean-when-we-speak>

⁴ SALT means Stimulate, Support, Appreciate, Analyze, Listen, Learn, Link, Transfer, Team



3. The movement of local responses expands

Last year, we were still shy to talk about a movement. Today, there is no doubt: the movement of people who believe that another way is possible expands fast. When people start to look for strengths instead of problems, they are inspired to take action.

“You see that pile of earth there, it is a hidden treasure. We were sitting there, saying ‘we are poor’. With the SALT approach we say no, we can exploit the resources that are here.»

A member of Bon Samaritain in Kindu. Bon Samaritain started to build bricks to finance the organisation of awareness raising sessions on HIV.



Today, those involved in local responses carry the movement.

Firstly, **communities themselves transfer local responses to neighbouring communities.** When communities realise the potential that sits within them, they naturally start to take action. They feel inspired and excited. They then talk about it with their friends, colleagues and neighbors. Moreover, people are curious when they see facilitation teams coming and change happening. Communities also invite neighbors to participate in their activities like discussions, video-forums, awareness raising sessions, etc. They, in turn, invite the facilitation team or neighbors to facilitate the same process.

“I realize that the connector [between visitors and communities] was this recognition of the value of life. It connected souls and made the experience of strangers resonate with us. We were no longer strangers, we became family. I need to keep passing these experiences on.”

Sanghamitra Iyengar, after a week of community visits in India

Secondly, **communities and facilitators take the initiative to adapt the Community Life Competence Process to different issues.** Wiwin accompanies young facilitators on Adolescent Reproductive Health. Bel-Competence, the Belgian team, works with asylum seekers on inclusion. EMPHASIS project under Care is using the process with cross-border migrants in Bangladesh, Nepal and India. Autry in Guyana helps Amerindian communities respond to Trafficking in Persons. With support from SIAAP, young people have set up youth centers in India. Other applications have included HIV, Malaria, Diabetes, TB, WASH, Influenza pandemic, climate change, peace & reconciliation, vulnerability of street children, school competence, sex worker life competence, gender equality and gender justice.

Thirdly, **members of the Constellation take the lead in spreading Community Life Competence beyond their own context.** Community Action Day would not have happened without the team of 10 volunteers from 12 different countries. On or around 1 December 2010, 40 communities around the world built their dream, did their self-assessment and took action on an issue of concern for them.



Youth in Indonesia celebrating Community Action Day



Jeanne d'Arc Kengne from Cameroon said about CAD, "Successful teamwork that helped to value the activities of the most remote communities by sharing their work with the world. I learned a lot by working with the whole team."



During Community Action Day, children in Cameroun discussed about sexuality and HIV

Finally, **members inspire each other through the online community of the Constellation** (<http://www.aidscompetence.ning.com>). In 2010, members shared 338 blogs, contributed to 53 forum discussions and interacted daily with each other. On December 31, 932 members from 71 countries had joined. In 2010, the platform counted 36.039 visits (about 100 visits per day) and the average time spent on the site was 9:34 minutes. In 2010, 108 different people wrote blogs which is about 10% of members.

"My visits to this website helped me learn more about this approach. It did not take me long to get convinced and replicate this approach with my team and many Community Based Organisations of Sex workers and MSM."

Yeruva Anthony Reddy, from India

4. Facilitation spreads at scale

The Constellation works with an estimated 2.456 facilitators worldwide. They accompany 4.190 communities in their local responses and connect them with others. Going to scale with the Community Life Competence Process is possible. In 2010, the teams in DRC, Mali and Thailand are amongst the countries that showed us how.

In DRC, the Constellation and RDCCCompétence worked in partnership with the National Multisectoral Programme against AIDS⁵. In 9 months, they trained 749 facilitators in 15 main cities. They accompanied 1.698 communities of which 622 implement their action plan. Most communities mobilized their own resources to implement their action plan by raising rabbits, pigs, fish, growing vegetables, making bricks and soap. 943 PLHIV disclosed their status, 104.055 people requested HIV testing and 168.094 people received information about HIV. Communities distributed more than 629.574 condoms as part of their action plans. People changed their risk behavior: they use condoms, reduce the number of sexual relationships with different partners or decide to be faithful.



After doing their self-assessment, 400 prisoners requested to go for HIV testing in Kananga

RDCCCompétence managed the implementation of the process with great efficiency. They are action-oriented and called upon their network of facilitators throughout the country.

In Thailand the National Facilitation team, Thai ACP Network, goes to

⁵ <https://sites.google.com/site/saltrdc/>



« When we used to bring a box of condoms in the community, we would come back later and the box would still be there, intact. Now, not only do we find the box empty but the community also asks for more.”

A member of ASEFA in Kindu

scale with a different strategy. It is a network of organisations that is strongly connected through a regional node-based system. The AIDS Network Development Foundation (AIDSNet) hosts the network. Being a network allows them to easily and quickly expand the idea of ACP throughout Thailand. More than 233 facilitators are now using the AIDS Competence Process with an estimated 146 number of communities⁷. Organizations such as the National AIDS Foundation, Phayao Development Foundation, and the InterFaith Network on HIV/AIDS in Thailand have already secured funding for large scale application of ACP in the coming years.



Thai ACP Network

Country teams organize themselves in a way that suits their local context. Facilitators in 15 countries – Belgium, Burundi, Cambodia, DR-Congo, Guyana, India, Indonesia, Kenya, Mali, Papua New Guinea, Philippines, Rwanda, Spain, Sierra Leone, Thailand – established a country team to expand the facilitation of local responses. Five country teams registered as official entities. Other teams such as in Thailand and India, function informally as networks of organizations through which the Community life Competence Process spreads. The Constellation connects country teams online or face-to-face for learning.

⁶ <http://constellation.helsekompetanse.no/atutor/9/>

⁷ <https://sites.google.com/site/thaiacpnetwork/>

In Togo, Guinea Conakry and Sierra Leone, the approach mainly applied for achieving competence on the issue of malaria, spread through international organizations. In Togo, the Red Cross uses the approach throughout the country with 15.000 volunteers and mother clubs. In Sierra Leone, the approach is spreading through World Vision and Plan International. In Guinea Conakry, UNICEF is implementing Malaria Competence in two prefectures, reaching out to more than 500.000 people.

In 2010, the Blended Learning Programme allowed for a high-quality and cost-effective transfer of the approach. In Guyana, Constellation coaches transferred the AIDS Competence Process to 24 facilitators from civil society, government and the UN. They visited the two multi-organizational facilitation teams twice in 2010 and accompanied intensively from a distance using the Blended Learning course. The first coaches will be nominated early 2011. In 2010, 78 people have accessed the course and the CD-rom version of the course was successfully used in Kenya and Mali. The course is available in French, Spanish and English and it is being translated in Russian. Our coaches now have to develop new skills to accompany teams from a distance.



Facilitation team in Guyana

“I see the Community Life Competence Process as the beginning of a new era in our work. I see this as a giant step for our people. I see this as the foundation of the change that is coming. I see this as the revolution that will see Guyana moving forward. I see this as the sustainer of community projects.”

Michael McGarrell, Youth Challenge on Ning



5. Organisational culture can be transformed

In 2010, more organisations were inspired to adapt their culture and way of working. Local NGOs like the People in Need Foundation in India, CBOs, but also UNAIDS, UNFPA and government agencies like the National Multisectoral Programme on AIDS (PNMLS) in DRC, showed how an organization can adapt internally to facilitate even better local responses.

We learned that three conditions are necessary for organizational change to take place.

Firstly, **we need to look for strengths**. When we look for people's strengths, we stop assessing needs and building problem trees. We realised that we do not have to bring all the solutions; we can trust that people have the answer within themselves. During the staff retreat of UNFPA Indonesia, the staff members decided to transform their annual assessment into a strengths assessment.

"SALT is such liberation from the very bounded, routine, repetitive modes of thinking and working I used to have. I can go and make connection with every community, people, government institutions etc. Through my work with the Community Life Competence Process, I have been awarded as most inspiring staff among UNFPA field staff in 2010,"
Wiwini Winarni from UNFPA Indonesia



Communities and facilitators from Indonesia dancing load...and then complete silence

Secondly, **we need to get out of the office into communities**. Staff members of organization that go on community SALT visits feel energized, inspired and realize that it's essential to do their work well.

"People matter -no point in walking through UNAIDS or organisational centres of power unless the village voice is the middle of the conversation -and how else to know that except by going out and in through invitation into the most local of intimacies in home and neighbourhood and connected community,"
Ian Campbell, Constellation founder and Board member, founder of Affirm

Thirdly, **we need support from a community of like-minded people**. It is difficult to change age-old organizational habits as an individual. We need friends and colleagues to support us. When we do not have people around us who understand, we need to connect to others around the world. This is the aim of the Constellation online community (<http://www.aidscompetence.ning.com>).



Mercy from INERELA+ and a community member, during SALT visits in India

In August 2010, the Constellation and UNAIDS signed a Memorandum of Understanding.



“Constellation and UNAIDS wish to foster a collaboration to facilitate the realization of a world where AIDS Competence spreads faster than the virus. [...] The Constellation and UNAIDS appreciate the potential of experiences from community engagement to transform development thinking and to reshape development institutions. [...] The Constellation and UNAIDS will work together to strengthen and to broaden community responses to HIV through support to implementation of the practice of SALT.”

Memorandum of Understanding between UNAIDS and the Constellation

In 2011, both organizations will explore how they can best put the MOU into action.

The challenge is to create lasting change. Organisations are transformed through individuals. This means that when those individuals leave the organization, there is the risk that old habits may return. Change will last only if we support each other and involve a significant mass of individuals who can transform their organizations from within.



Community of Kithituni in Kenya

6. Opportunities in 2011

When we look for the positive in people and communities, we feel happy and energized. We build people’s self-confidence, including our own. We don’t have to play the role of the ‘expert’ but rather we can be ourselves, a human being with dreams, emotions and experience. Our experience is that only talking about problems does not generate energy for change. It is beauty that moves us.

Philip Forth, member of the Constellation Support Team wrote this poem:

Why am I not at peace?

Because you are angry

But I am not angry.

I am not shouting at others.

I do not feel angry.

No, but there is a tension within you.

And you dwell on the weaknesses of others.

In your mind, you emphasize their faults and their weaknesses.

And they grow within you.

You build up a picture of them that is not the true picture.

Yes, that is right. But what can I do about this?

Think only about their strengths.

Their true strengths.

Put to one side these imagined failings.

Put to one side their real failings.

And dwell on strengths.

Their strengths.

And your own.



To support this change in 2011, we see two main opportunities.

Firstly, **local responses will spread if inspiration flows.** What is it that inspires us in life? What moves us into action? Why are we happy when we appreciate people's strengths? We will explore these questions with our members through interviews. The lessons learned will be compiled in a book about SALT. We will also organize the 2nd edition of Community Action Day. It will help us to 'Let the inspiration flow' within the Constellation.



Participants of a Knowledge Festival in Morocco, showing their dream

All this can only happen with care for the Constellation, for the organizational elements, for its members and for its (human) resources and its processes. It is this caring that will resonate through all activities for 2011.

"This year we will try to create even more opportunities for Constellation members to meet virtually and when possible face to face during SALT visits or knowledge fairs. Also a book on the origins of SALT, our way of working, features high on the agenda. And: we will try very hard to give all members and teams in the Constellation the opportunity to be involved and contribute to our growing movement."

Marlou de Rouw, member of the Constellation Support Team

Second, **we need support from each other.** The Constellation will explore how to learn and join forces with like-minded people, communities and organizations. Examples of like-minded organizations that we would

like to explore are Appreciative Inquiry, Reflective Learning, Non Violent Communication, Affirm, Transition Town, Paulo Freire and many others.

"It was such a pleasure to connect with you and Laurence recently. These are the kind of conversations that fire the imagination and energise the body."

Tony Ghaye, founder of Reflective Learning, UK in a letter to Gaston and Laurence, members of Constellation Support Team.

We want to provide an opportunity for all members to contribute to the Constellation. In 2011, we will also create more opportunities for our members to connect virtually or face-to-face.

"Besides (paid) partnerships we will broaden our income base by also providing the opportunity for those who want to contribute money to the Constellation. It can be as part of a Christmas, birthday or wedding present or a donation by companies that want to engage in a movement that they resonate with."

Gaston Schmitz, member of the Constellation Support Team



7. Financial summary

Statement of Financial activities for 2010

Operating income	607,365.33 €
Operating expenses	631,235.27 €
Operating loss	(23,869.94 €)
Financial income	19,911.01 €
Financial charges	7,740.85 €
Total loss	(11,699.78 €)

Balance sheet on 31 Dec 2010

Assets

Fixed assets	484.56 €
Current assets	106,123.08 €
Contracts in progress	10,825.40 €
Amounts receivable within one year	7,758.38 €
Cash and bank balances	87,539.30 €
Total Assets	106,607.64 €

Liabilities

Capital and reserves	-24,100.92 €
Creditors	129,832.72 €
Amount payable within one year	58,237.37 €
Deferred income	71,595.35 €
Total Liabilities	106,607.64€

Statutory auditors report to the general meeting of the members of the Association 'The Constellation' [...]

We have audited the financial statements for the year ended 31 December 2010, prepared in accordance with the financial reporting framework applicable in Belgium, which shows a balance sheet total of 106,607.64€

and a loss for the year of 11,699.78 €. [...]

In our opinion, the financial statements for the year ended 31 December 2010 give a true and fair view of the association's assets and liabilities, its financial position and the results of its operations in accordance with the financial reporting framework applicable in Belgium. [...]

Without prejudice to formal aspects of minor importance, the accounting records were maintained in accordance with the legal and regulatory requirements applicable in Belgium.

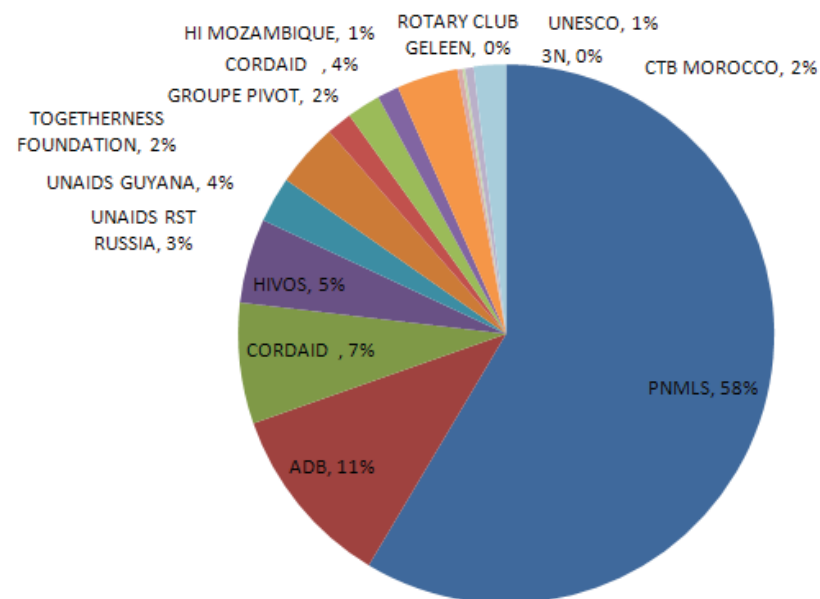
There are no transactions undertaken or decisions taken in violation of the association's by laws or the law of 27 June 1921 related to not-for-profit associations, international not-for-profit associations and foundations that we have to report to you.

Bastogne & C°

Statutory auditor represented by Ronald Jourde

Date: 14 April 2011

Distribution of income per partnership





8. Partnerships



Support to community initiatives in DR-Congo

Partner: National Multi-sectoral Programme against AIDS

Country: DR-Congo

Total investment: 507.145 €

Duration: 18 months

Description of the project and results

RDCCompétence together with the Constellation and the National Multi-sectoral Programme against AIDS (PNMLS) went to scale with the AIDS Competence Process in DR-Congo. 749 facilitators from NGOs and associations at provincial and local level have been trained and are stimulating communities to take ownership of the issue. SALT teams work in 1.698 communities, in 11 provinces, in 15 main cities.

In May 2010, facilitators of RDCCompétence from 15 cities and members of PNMLS met in Kinshasa to prepare for implementation of the project.

In May and June 2010, 10-day learning events took place in all provinces and participants were enthusiastic about the approach. 749 facilitators have been trained. Communities of fishermen, sex workers, church groups, choirs, policemen, militaries, women's group and many others take action to respond to HIV with support from the facilitation teams.

In September and October, facilitators of RDCCompétence organized support visits in each city to accompany the new facilitators in the field and document results.

In December and January, facilitators and communities came together in each city for a Knowledge Fair. They shared how they respond to HIV and their actions.

Communities achieved results that went beyond all expectations:

104.055 people requested Voluntary Counseling and Testing

629.574 condoms were distributed by the communities

943 People Living with HIV openly shared their status



The Congolese National Police Kindu distributed 18,000 condoms

After doing their self-assessment and action plan with the support of the facilitation team, the Congolese National Police, Division of Kindu, took action using its own

resources.

The head of Health at the police explained: "Today, we are very proud that we have treated 128 people against STIs and that we distributed 18,000 condoms." 12 PLHIV in the police unit disclosed their HIV status.

The man also said that some senior police officers used their power to abuse women in the police. He informed all members of the police of the law that protects everyone against sexual abuse and encouraged women to report cases of rape or sexual abuse.

The police provided information on HIV during the parades and organized awareness raising sessions with the families of police officers. "Before, if there was a training on HIV/AIDS and STIs, no one would invite us. Now that we started the awareness raising, we are sending reports to PNMLS who now understands how bad the situation is within the police. It is like a time bomb. "

"We experienced a very emotional moment in a prison in Kananga. When we arrived, there were about 600 prisoners and we split into small groups of 60 to discuss about HIV. Immediately after that, 400 prisoners were lined up to get tested. It is the first time I see such enthusiasm for HIV testing."

Jean Kabwau, Head of the Community Section in the PNMLS

Start-up support to Community Life Competence in 6 Asian countries

Partner: Asian Development Bank

Country: Cambodia, India, Indonesia, Papua New Guinea, Philippines, Thailand

Total investment: 95.785€

Duration: 12 months

Description of the project and results

The Constellation and the Asian Development Bank support the development of country teams in six countries -Cambodia, India, Indonesia, Philippines, Papua New Guinea and Thailand. For one year, the teams in each country developed strategies to spread the AIDS Competence Process at scale in their context.

Representatives of each country team came together in Chiang Mai in March 2010 to build a common dream, to share their experience and to plan for next steps. Since then, the teams held monthly Skype meetings to learn from each other.

Each team implemented its own action plan. In all six countries a support team is now in place to coordinate the activities of facilitators in scaling up the approach. The teams organized learning events in their countries for existing and new facilitators, expanded their partnership base, applied the approach to new issues and developed communication material in their national languages. Two teams registered as a formal organization, others formed networks of individuals and organizations.

The Constellation Support Team supported the countries upon request on technical issues, facilitated exchange within and outside the region and organized the support of coaches for learning events.



Sex workers take action to acquire their own house

Nari Saksham is a federation of 10 Sex worker CBOs in Andhra Pradesh supported by CARE India. India Competence is facilitating the Community Life Competence process.

During a SALT visit, 3 facilitators stimulated a group of 8 women to share their dreams. Most of them are staying on the banks of a canal in huts which may collapse any time due to heavy rains or floods. They regularly had threats from the house owners asking them to leave the premises. The women in that area all dream of possessing their own house. In this regard, they had approached the local village head individually many times for a site.

Through the SALT visits, the women realized that they had to find their own solution. Facilitators helped them to submit an application letter on behalf of the community to the village head to require their own house site. They asked them all to be united and meet the village head as a group. They continuously followed up till their dream was fulfilled.

Today they are very close to their dream, as the village head has promised to sanction them the land for house sites in the month of January 2011.

Story told by Chikkala Padma Rani on her blog

“It is refreshing that India, Thailand, Philippines, Cambodia, Indonesia and Papua New Guinea are on the same journey, flowing on the same river”.

Myrna, from Pinoy Competence (Philippines)



Integrate AIDS Competence in the Community Managed Disaster Risk Reduction

Partner: International Institute for Rural Reconstruction (IIRR) and Cordaid

Country: Ethiopia

Total investment: 62.900 €

Duration: 18 months

Description of the project and results

Cordaid, the International Institute of Rural Reconstruction (IIRR) and the Constellation are collaborating to integrate the AIDS Competence approach at the heart of an ongoing project for Community Managed Disaster Risk Reduction. The NGO SOS Sahel and JeCCDO implement the approach in Borana and Dire Dawa. In November 2009, fifteen people came together for a five days Learning event in Dire Dawa, Ethiopia.

In April 2010, Constellation coaches and members of IIRR conducted the first support visit to the team in Ethiopia. SOS Sahel works with pastoral communities. The team at SOS set up a facilitation team within its own organization. They began preliminary conversations with elders in a community where it operates. During the second week, the team visited the two facilitation teams in Dire Dawa, hosted by JeCCDO.

In November, the Constellation team organized a second support visit to JeCCDO in Dire Dawa. They visited the village of Coca where facilitators saw the potential of the SALT approach at work.

The IIRR team also focused on its dream and its implementation. They are able to see how the AIDS Competence process can be included in their work. « The AIDS Competence Process is easily integrated and adds value to our CMDRR ».



Coca village responds to HIV

In the village of Coca, people have identified HIV as the second greatest risk to their lives, in the second position after the floods. The facilitation team facilitated a mapping exercise to reflect on the current situation, problem areas and

strengths.

The team helped the community members to build their dream and to evaluate the situation based on these problems, regain hope and find a solution.

Over 100 people gathered for the two community meetings. “We have the strength to respond to our problems concerning orphans and HIV. We just need your support, which allows us not to lose hope. “

“Community has good knowledge on HIV, unlike our organizational expectations...community taking the initiative even before we get there!”



Capturing good practices of Cordaid partners in South Africa

Partner: Cordaid

Country: South Africa

Total investment: 31.862 €

Duration: 6 months



Description of the project and results

Cordaid has worked in South Africa with 14 partners on HIV/AIDS who have a lot of valuable experiences and practices. Cordaid is withdrawing from South Africa. Therefore it asked the Constellation to support its partners to capture good practices as an end-of-partnership

“evaluation”. The Constellation proposed an alternative to the traditional evaluation by focusing on strengths.

Ricardo Walters and Onesmus Mutuku, Constellation coaches, visited 12 partners for about 3 days each to discuss their strengths and to collect the experiences they are proud of. They documented the experiences in the form of stories and partner profiles.

The partners also shared their experiences in an online group on the Constellation platform:

<http://aidscompetence.ning.com/group/cordaidpartnerssouthafrica>

The process ended with a Knowledge Fair in October where the partners met to share experiences and extract the common principles.

Instead of adding to big piles of reports on lessons learnt, the objective was to compile a Knowledge Asset on local responses in South Africa, illustrated by stories from communities and processes and tools used by the partners.

The final report is available on the Cordaid partners group on Ning and on the Constellation website.

Ozia chokes hope over fear

Ozia has been at the Hope for Life Centre since late 2009. He arrived in South Africa to find employment as a migrant worker from the agricultural Midlands politically troubled in Zimbabwe.

He was unsuccessful to find a job and he was left homeless. He then went to the shelter at the Johannesburg Methodist Church which was already overcrowded with homeless people, both foreign and local. It was here, at the church, that he realised he was feeling gradually sicker.

Near the end of 2009 a tired and weary Ozia was referred to the MES Impilo Health Care facility and was tested positive for TB and HIV. Ozia says he made a vow to face the disease head-on and in doing so conquer his fear through confidence. He was just happy that he knew his status and was in a position to start a new life knowing his status – much better, as Ozia says, than being part of nothing and being nowhere.

Ozia says what helped him through this difficult time is the care and compassion that he received at the MES Impilo Centre compared to the harsh treatment he received at overcrowded state hospitals. “When I arrived here- Zaziwe, I was just skin and bones and weighed 48kgs...now look at me, I weigh almost 70kgs after just a few months!” says Ozia.

Story drawn from the experience of Metro Evangelical Services (MES), a faith based organization working with the Homeless Community in the inner city of Johannesburg and surrounding areas.

“We used to look for what is not working well. This is not a good starting point. This approach has reminded us again of our strengths.”

Sithole Nothobeko of the Institute for Catholic Education



AIDS Competence in Guyana

Partner: UNAIDS

Country: Guyana

Total investment: 33.225€

Duration: 6 months

Description of the project and results

The Constellation has built the capacity of various actors in the fight against HIV in Guyana to facilitate the AIDS Competence Process. These actors are religious leaders, members of the joined UN team, PEPFAR programme, Adolescents living with HIV, health staff, services in uniform, organizations of civil society representing sexual minorities.

Constellation coaches visited the team twice in 2010, once in February and once in September. They also accompanied the team throughout the Blended Learning course which enabled two multi-organizational facilitation teams to become competent in the AIDS Competence process.

The first learning event in February was a great success. Thirty-three potential facilitators have learned and practiced the steps of the AIDS Competence process in their context. At the workshop, participants facilitated AIDS competence self-assessments in 9 'working communities', including their own. Each organization has developed its action plan based on their strengths.

During the visit in September, the coaches facilitated a retreat of the Joint UN Team on AIDS and presented the Community Life Competence Process. They also supported the local group of facilitators and officially certified those who have experience in all stages of the process.

The coaches certified 7 facilitators and others will be in the coming months. A group of 17 individuals has demonstrated a commitment to continue the efforts already undertaken.



Amerindian village identifies vulnerabilities

Facilitators from Guyana facilitated a self-assessment with an Amerindian village called Mainstay, near a lovely lake. This village identified school drop-out rates, alcohol and drug abuse, teenage pregnancy, incest and STIs, including HIV as major concerns under practice 5 'Identify and address vulnerability'.

The participants took action. On the 2nd December 2010 an awareness session was held with parents from the village. This activity brought together 31 parents to help them understand their role in the ownership process and develop local response from them in terms of their contribution towards reducing risk and vulnerability. The focus of the activity was school drop-out rates, alcohol and drug abuse and STIs.

This one day activity of local response was in response to the community's dream of a competent community being: god fearing, living healthy lifestyle, well educated people, have good job opportunities and improved infrastructure.

This was the first step in that community taking ownership. The next step is engaging youths who are considered to be vulnerable to the threats identified above, within that community.

"People in the Faith coalition opened up honestly and in ways we haven't seen before. Planning action is now easy because we've done our self-assessment."

Nicole Cole, Guyana Faith Coalition on HIV/AIDS



Disability AIDS Competence in Mozambique

Partner: Handicap International

Country: Mozambique

Total investment: 11.273 €

Duration: 18 months



Description of the project and results

With support from Handicap International, the Constellation trained associations working on HIV and disability – like Monaso and Rensida – to facilitate local responses to HIV and disability. These organisations have set in motion a movement of responses throughout Mozambique. “The AIDS Competence Process has multiplied very rapidly in the three provinces. Associations have shown great enthusiasm and skill to implement the approach,” explained Ricardo Walters, Constellation coach.

In March 2010, these associations met in Maputo to share their experience with local responses. “I think there are organizations that do a lot more than we knew before, but they think what they are doing is not so important. Understanding what is happening doesn’t happen only through paper,” said a participant at the Knowledge Fair.

Participants also took stock of progress in the country. The AIDS Competence Process has been transferred to 269 facilitators, 113 organisations and 176 communities.

“This morning, we shared information, we exchanged our experiences and we have achieved our goal. Those who started at a different level are now with us. We feel we are more united and motivated and we have more strength.”

One participant during the Knowledge Fair

Development of the Local Apprenticeship Programme

Partner: Norwegian Center for Integrated Care and Telemedicine and Norwegian Government

Country: around the world

Duration: 24 months

Description of the project and results

The Constellation and the Norwegian Centre for Integrated Care and Telemedicine (NST) developed a blended learning course that would bring the AIDS Competence Process to scale. In 2008, it was possible to start developing the course thanks to the financial support of the Norwegian Government.

This course is designed for teams of facilitators and combines modules with practical applications in the field. The teams communicate through skype, blogs and a forum. The course has been tested by two Belgian and one Spanish team and reviewed.

In January 2010, the Constellation organized a peer assist in Geneva. We invited a group of twenty people representing the World Council of Churches, the Network Development and the Aga Khan, UNAIDS, WHO, the Norwegian Ministry of Foreign Affairs and others. Participants shared their experience with distance learning and to AIDS Competence Process in general. The peer assistance allowed us to improve the course.

In 2010, 78 people followed the Local Apprenticeship Program online. The CD-rom version of the course has been used successfully in Mali and Kenya. The course has been translated in French and Spanish. It is now being translated into Russian on the initiative of the UNAIDS Regional Team in Europe.

The major change in 2011 will be to move the programme from AIDS Competence towards Life Competence.



Workshop to exchange on community initiatives against AIDS

Partner: Belgian Technical Cooperation

Country: Morocco

Total investment: 16.800 €

Duration: 6 days

Description of the project and results

In December, the Constellation organized a « Workshop to exchange on Community Initiatives against AIDS » at the Regional Health Observatory of Casablanca with support from the Belgian Technical Cooperation.

Thirty people came from different parts of Morocco to learn about the AIDS Competence Process and to build on their experience of local responses.

The facilitators chose to practice the AIDS Competence approach instead of just explaining it. The participants, who were preparing their notebooks to take notes from a PowerPoint, left them behind and became actors of the workshop. Most exchanges were in Arabic. After the three day workshop, participants had created strong bonds of friendship and were responding as a real team, ready to take action.

They became aware of their strengths and valued their experience in order to work for themselves and to meet their own challenges. Rather than starting from the analysis of problems, they have used their own vision of an AIDS competent Morocco as a starting point of the workshop. « We are ready to take action. » 7 participants suggested potential communities to apply the approach. The seed of a facilitation team of local response has been planted. Some people in the group have decided to become actively involved in monitoring the group. “We must create a group so we can continue to share our experiences of local responses. »

« Our whole life is a rosary of small local responses linked to each other...»

Andelhakim CHAFIAI, a participant at the workshop

Capacity building trajectory for Hivos partners

Partner: HIVOS

Country: India, Eastern and Southern Africa

Total investment: 44.050 €

Duration: 18 months

Description of the project and results

The partnership with Hivos aims to promote co-operation among Hivos AIDS partners for effective sharing, capacity building and advocacy. The Constellation supports partners in identifying issues to exchange about and transfers ways to better connect. The process started in Dec 2009 until May 2011.

Participants from 11 Hivos partners from India, Eastern and Southern Africa came together in February in Nairobi. During this first meeting, partners identified issues and learned methods to exchange their experience and they planned joint activities.

In July, a partners meeting was organized in India. Before the meeting partners had done their self-assessment. Based on their scores the participants at community and organizational level exchanged experiences. In October, 12 representatives from NGOs in East-Africa met in Nairobi to exchange their experiences on organizational capacity. They want to build a strong network in East Africa to keep on learning from each other.

Exchange of experiences across the regions is a major next step. In 2011, partners plan to get together for a regional meeting in South Africa and a global meeting.

“One person at a lower level does not need to reinvent the wheel to get to a higher level in a certain practice. They need only to connect with someone with higher experience”.

Indumathi Ravi Shankar from SIAAP in India



Introduction of the AIDS Competence Process in Myanmar

Partner: 3N

Country: Myanmar

Total investment: 2.617€

Duration: 4 days



Description of the project and results

From 4 to 8 July, two Constellation coaches facilitated a learning event in Yangon, Myanmar to introduce the AIDS Competence Process to members of the National Network of NGOs (3N) against HIV.

35 participants, mostly People Living with HIV, attend the three day event. Participants represented NGOs, CBOs and self-help groups throughout the country working with rural communities, MSM, Injecting Drug Users, Orphans and Vulnerable Children, in Care and Support and access to treatment for People Living with HIV.

Most participants said they would practice SALT and the self-assessment with their own staff and communities they work with. They want to integrate the AIDS Competence Process in their usual activities like Home Based Care, outreach work, awareness raising activities and counselling. Participants agreed that three days was not enough to master the AIDS Competence Process and invited the two Constellation coaches to come back.

“This approach is very good because it is a simple process for us to practice and there is not much jargon like outputs, outcomes, etc.”

A participant

Support to implement Community Life Competence within UNFPA and its partners

Partner: United Nation Population Fund (UNFPA)

Country: Indonesia

Description of the project and results

In 2010, UNFPA Indonesia invited, on multiple occasions, coaches of the Constellation to support their ongoing spread of Community Life Competence in the country. Specifically, missions focused on:

1. Adapting the approach and tools to Reproductive Health and Gender
2. Strengthening the capacity of UNFPA and its partners to implement the approach in the workplace and communities
3. Mainstreaming SALT into strategy and 5-year UNFPA Country Programme

In June, 12 community members attended a learning event facilitated by the Constellation, IndoCompétence and UNFPA in Jayapura, Indonesia. They have adapted the process to domestic violence. They immediately saw the benefits of the approach in their communities. IndoCompétence closely accompanies these communities.

In July, Constellation facilitated a three-day event for members of the staff of UNFPA Indonesia in Bandung. Participants learned more about the AIDS Competence Process and other community issues. The last day, participants reflected on how the approach could be incorporated in the 8th National Programme of UNFPA and at the workplace.

“In fact, the concept of gender equality has been introduced in our community a few years ago. But now I feel that the people in our village are more open to share their experience. Some women said that now, their husbands help with domestic chores. Another woman also shared openly that she was beaten by her husband.”

Paula from Nolakla village, in Indonesia



Support to « Groupe Pivot Santé Population »

Partner: Groupe Pivot Santé Population

Country: Mali

Total investment: 21.358 €

Duration: 12 months

Description of the project and results

Groupe Pivot trained ‘Support and Learning teams’ to facilitate the AIDS Competence Process in each region of Mali. Moreover, with support from the Global Fund, Groupe Pivot is spreading the AIDS Competence Process in most communities in the region of Sikasso in the next 5 years.

Constellation coaches are regularly invited to Mali to support the national facilitation team, hosted by Groupe Pivot.

In February 2010, the Constellation helped the team to introduce the AIDS Competence Process to 50 new facilitators in Sikasso. They presented the Local Apprenticeship Program or ‘Blended Learning’ available on CD-ROM. Teams in Sikasso follow the program with the support of a coach, read the modules and practice each step on the field.

In July 2010, the Constellation and Groupe Pivot has made a follow-up visit in Sikasso to accompany the facilitators in the field.

In October 2010, two members of the Constellation Support Team went to Mali to help members of Mali Competence to better share their experiences on Ning, the interactive platform of the Constellation, and develop a website.

“I’m so happy to be a member of Ning (interactive platform). We can finally share our experiences. I even dreamed about Ning last night.”

Hawa, a Person Living with HIV

Learning from SALT with interfaith communities



Partner: Oxfam Novib

Country: The Netherlands, Thailand

Total investment: 13.290€

Duration: 6 months

Description of the project and results

Togetherness Foundation, an intercultural organization from the Netherlands, visited the InterFaith Network on HIV/AIDS in Thailand (INHAT). This exchange is supported by Oxfam/Novib from the Netherlands.

In February, the « Togetherness » foundation came to Thailand. With support from Constellation coaches, INHAT introduced the SALT approach and they did several SALT visits together in Muslim, Buddhist and Protestant communities. This exchange is supported by Oxfam/Novib from the Netherlands. The focus of the exchange was about how SALT can be a bridge between different religions.

“Actually many exciting things happened during the visit of the foundation, explained Usa Duongsaa, Constellation coach. As we had Rafique from India and Marion from France joining the Dutch team consisting of Bastiaan from Ramadan Festival, Moustapha from Mexit, Brigitte from Serve the City, and Alper from Islam & Dialogue, along with a dozen Thai friends, the little event turned out to be a great international learning event focusing on SALT and HIV/AIDS interfaith work with the communities.”

In May, a Thai delegation went to the Netherlands to continue the exchange and dialogue. Together with Dutch associations and groups, they explored how SALT could be applied in a Dutch setting. They met with several Dutch associations that work in the Interfaith sector.



9. Country teams



BelCompetence

Country: Belgium

Initial activities in: 2008

Number of members: 20

Main strength : a diverse range of people

Description of team activities and results

BelCompetence was established in May 29, 2010 by an assembly of 17 founding members. It was officially recognized in June.

About 20 active members meet regularly and conduct the following activities:

- With North African Women: After an AIDS awareness discussion, women have elaborated their dreams of possible actions within their family, neighbourhood, school (drama, songs, stories, etc.).

- In schools: In a special education school in Brussels, two days were spent on the process from the dream to the self-assessment and action plan. At the Provincial School of Jodoigne, a high school class built its dream.

- Training courses of the BTC (Belgian Technical Cooperation): BelCompetence presented its approach during the training proposed by the BTC for young people who want to work in development cooperation.

- Climate Change: We realize that to face this global challenge, we must act together. This was the objective of a meeting held in October with a dozen friends, acquaintances of all ages and interests, to dream of a competent community towards the environment.

- With asylum seekers: In December 2010, BelCompetence invited 11 residents from a center for asylum seekers in Beho, to Taverneux, in a gîte, for a short weekend of introduction on the facilitation approach. 9 out of 11 participants decided to undertake the Blended Learning course in three distinct groups and to transfer the approach in Beho.



Weekend with asylum seekers

One of the activities of BelCompetence, in December 2010, was the meeting of a dozen residents of Beho, a center for asylum seekers.

We invited them in Taverneux, in a gîte, for a short weekend of introduction on the facilitation approach. We first appreciated a meal prepared by them. Then we discovered their strengths and we demonstrated to them that, with so many strengths, it is possible to move mountains. Or simply to realize their dreams for a flourishing community life.

So we have done nothing more than apply SALT to raise enthusiasm for the approach. And the objective was largely achieved because more than 9 out of 11 have decided to start the Blended Learning in three separate groups.

Since the residents of Beho are in touch with the SALT approach, major changes have taken place. They have created “knowledge exchange” and thus train each other in small workshops. A person gives computer courses, another sewing courses and literacy courses. “Since there are no training opportunities for all, we act by ourselves to ensure that no asylum seeker is left behind to integrate into Belgian society.” It is a good example of a local community response that has used its own resources to achieve its dream of integration in Belgium.

“I had never been told that I have strengths. Today I am resolved to use them”.

The reflection of an asylum seeker who has gone through many adversities in his life and has shown unprecedented courage.



Guyana Community Life Competence

Country: Guyana

First activities in: 2010

Number of members: 19

Description of the activities of the team and results



Nineteen facilitators were trained with support from UNAIDS-Guyana between February and September 2010. The first assignment was an invitation from the Guyana Responsible Parenthood Association (GRPA) to work with the Cosmetologists Association of Guyana (CAG) to strengthen its response to threats of HIV.

Three facilitators of the GCLC team engaged the 35 cosmetologists over two days. The specific activities done with the cosmetologists were hopes and concerns, dream building, self assessment and action planning.

Linking Care and prevention was the priority practice for the community of cosmetologists. They planned specific actions for responding to HIV such as inviting barbers to the cosmetologists association and the improvement of record keeping of condom distribution and responses for education/information.

GCLC also launched an active group on Facebook where members interact, share minutes of meetings and pictures.

Members of GCLC integrate the Community Life Competence Process into their daily work. They introduced the approach with Amerindian communities, Guyana Business Coalition on HIV and AIDS, prisoners, PL-HIV and youth and many others. UNAIDS adapted the approach for Gender Based Violence.

Orealla/Siparauta Village sets pace with Community Life Competence

The SALT visit to the Orealla / Siparuta village was the first activity of the UNDP funded project to strengthen AIDS competence by engaging the National Toshias Council and five villages to develop a model for future interventions in Amerindian communities. At the village level, 14 council members and key village leaders did dream building, self assessment and action planning for two days.

The concerns of participants as related to HIV included STIs, domestic violence, alcohol/drug abuse, emigration of mainly youth from the village, chronic non-communicable diseases, trafficking and natural disasters.

Then the participants described a “competent community” as one in which its people live in harmony, there is good governance, is economically strong, people living a healthy lifestyle and that Amerindians need to seek to revitalize and sustain their cultural identity.

People wanted secondary education to be the vehicle for accomplishing the unity / harmony that will shield the threats to community competence:

The community strengths were identified: knowledgeable human resources, financial resources, labour, assets [e.g. a passenger boat which spans the 80 mile trek to the nearest township - Corriverton, a cassava mill, a mobile sawmill, a tractor with trailer] and hopes.

In terms of action planning the leaders agreed with a follow-up self assessment with a wider number of leadership members within the Orealla / Siparuta village would be beneficial.

“Even as I sit and reflect on the AIDS Competence process and the process involved. It makes me realise that this will add to my experiences that will last me a lifetime.”

Michael Mc Garrell, facilitator of Guyana Community Life Competence



India Competence

Country: India

First activities in: 2007

Description of the activities of the team and results

It was a landmark year for India competence as it was one of the country teams supported by ADB for a year. India competence decided not to register formally. However a National support team has evolved which meets regularly to share on various issues. South India AIDS Action Programme (SIAAP) currently hosts India competence.

CLCP spread to other regions and areas beyond HIV. The year began with a good note as teams and communities in Northeast India did participatory action research as part of the UNAIDS project. CARE India took the lead and applied CLCP in its projects with migrants, sex workers and MSM. Gan Sabra in Mizoram found its application with children useful. People in Need Foundation (PNF) found it effective in dealing with people living with disabilities, youth and truckers. Aashodhya Samithi, a CBO of sex workers, effectively applied CLCP with its support group.

The Constellation organised international SALT visits in India this year which were hosted by Samraksha in Koppal. India competence was engaged in e-discussions with Kenya on HIV and truckers and also did SALT visits with truckers in conjunction with Transport Corporation of India Foundation (TCIF). PNF organised a regional Knowledge Fair in November which not only boosted the process in Northeast India but also re-connected facilitators who were engaged in the process some years ago. SIAAP was actively engaged in the Constellation's partnership with HIVOS.

The year ended with celebration of Community Action Day which further gave an impetus to local responses. India Competence also acquired three new coaches. India Competence will explore Mental Health in 2011.

Nepali boys from Kapashera village shared their dreams

The facilitation team of Emphasis visited Kapashera village. They met with a group of 10-12 young Nepali boys in a room situated in a big campus which houses more than 50 rooms. It was a very interesting and informal meeting with participants speaking openly and freely with Alka Madam and Sandhya Madam. They were from Morong, Syangja and Jhapa district and Alka Madam initiated discussion in Nepali which created a very friendly environment.

The group was very cohesive in terms of age, life style, education and understanding of the issues. Most of them have had education till 10th or 12th grade but very few of them wanted to continue study further in India.

There was one boy who shared that he does drugs in form of opium, alcohol, ink remover fluid etc. and cannot live without it. One boy was a truck driver who had good understanding of HIV & AIDS and condom use. Another boy said: "There is a Nepali call girl that most of us access in Kapashera village." Nepali mobile people do have multiple sexual relations but condoms are rarely used.

One of the facilitators requested the participants to share their dreams. Their common dream is to start a youth club in Kapashera and they asked whether Emphasis can help them in this.

Sandhya Madam told them that under Emphasis program we can facilitate them to accomplish their common dream to constitute a youth group but first they have to take a lead towards this.

In next visits the team helped the boys to do their self-assessment and develop an action plan.

Indocompetence

Country: Indonesia

First activities in: 2006

Number of members: 228

Description of the activities of the team and results

IndoCompetence's activities flourished with support from UNFPA and the Asian Development Bank. The team worked on issues like Adolescent Reproductive Health, Gender Competence and AIDS Competence.

In Singkawang district, the team facilitated the process for Adolescent Reproductive Health with youth and teachers. Youth themselves facilitated SALT visits and took ownership of the issue. In three schools, as reported by school principals in 2009, cases of unwanted pregnancy among students reduced by 56% and in 2010, no cases took place.

In November, IndoCompetence met with stakeholders at Pontianak Municipality to discuss the exit strategy after the end of UNFPA's support. IndoCompetence facilitate Gender Competence in Papua with NTT. They facilitated CLCP with PMI Jakarta Timur, including the staff and volunteers from 6 branches.

Facilitators from local NGOs in Tasikmalaya have been actively applying the SALT approach on outreach activity with Female Sex Workers. They said that this approach has been re-energizing their community. It provides them a firm action plan to address AIDS at Tasikmalaya District level. FSW are now treated equally among AIDS activists in the district. IndoCompetence facilitated Community Action Day with 60 participants from NGOs and UNFPA in Bandung. They celebrated CAD by doing their self-assessment and planning activities. Most participants expressed that it was the most meaningful and fruitful AIDS Day Celebration they ever attended.

In 2011, IndoCompetence will introduce CLCP to the Indonesia Trade Union and to 35 participants from the government in Palangkaraya.

Community Action Day with Peer Educator from PMI East Jakarta



On 12 December 2010, around 13 Peer educators from Indonesian Red Cross celebrated Community Action day by building a dream and doing the self assessment. We had a lot of fun during the activity. We shared and learned from one another.

The dream of Peer educators is to spread the process. They want to have a youth center, so all young people can access information about HIV and AIDS and about all other issues that relate to youth health.

Raymond shared his dream: he drew a mountain with a long street then said that his dream is to increase our knowledge and practice of ACP like we climb the mountain. It is getting higher and higher and if we are already on top of the mountain, don't stop, we still have many more mountains to climb. His dream is to spread the ACP in other places with other young people. What a great dream!

After dream-building, we carried out the self assessment. The peer educators chose practices 2,4 and 9 as their focus for improvement. This session was a very good process, allowing for discussion and sharing with one another on why we are in each level. We listened to one another and appreciated each other.

"We realized that we as human believe that SALT/CLCP could work without supporting money and that's why we are still together. Let's at least practice SALT with our wives, husbands, kids, family and neighbor. And let's share it. Keep smiling all Indocompetence facilitators and communities. SALT is sweet you know...:D"

Wiwin, facilitator from Indonesia



Kenya Competence Trust

Country: Kenya

First activities in: 2008

Number of members: 8 core team members and more than 20, facilitators from different organizations

Main strength: Stimulating of local responses and way of thinking and working

Description of the activities of the team and results

Kenya Competence Trust (KCT) is proud of several achievements in 2010. KCT was consistent in maintaining SALT visits as a strategy for learning. These visits were hosted regionally to make them accessible to more people.

KCT had 4 core team meetings in 2010. These gatherings were strategic for building a shared vision, planning and being proactive with emerging opportunities. We tackled issues related to administration, finance and coordination which continue to evolve as KCT becomes more active.

KCT was able to facilitate Blended Learning with Partner organizations. Core-team members of KCT came together to mentor each other around the six modules of the course before they transferred it to others.

Baseline surveys have been an avenue to expand the skills and experience of the team. LIA-K contracted KCT to provide the 'Health for Income' project with a bench mark against which to evaluate project impact.

The team scaled up the ACP process and accompanied Women Against AIDS in Uganda over one year. The work was done in two Districts where enumerators were selected to work alongside KCT facilitators.

KCT had the opportunity to facilitate immersions for top leaders of the Free Pentecostal Fellowship of Kenya. Young leaders from 21 regions came together for a two day process, to be oriented on the SALT approach.

KCT was able to work with several other partners like International Child Support, Ten Wek Mission Hospital, Kenya Network of Women with AIDS, JICA on malaria competence.



SALT visit with spouses of truckers in Kenya

After doing a SALT visits to the truck drivers, some drivers said "We have done everything to abstain or use Condom. But back home our spouses have friends who they move around with and they don't use pre-

ventive measures to protect themselves."

The drivers were so disturbed and they were not able to know when this happens because most of the time they are away. They were worried because if the spouse gets infected, all the blame will go to the truck driver. Now they were asking how their spouses can get this information and be educated on how to prevent themselves.

This debate is the one which triggered the process of involving the truck drivers spouses in our SALT visits and the first one was held in the house of one truck driver. We invited ten others with their spouses. What transpired there was so encouraging and the stories we heard were so touching.

After the visit we were invited again by everyone who was there inquiring to learn more. One resolution was made by the spouses: Whenever the husband leaves the house for the journey they will always make sure there is a pack of Condom in the bag of their husbands. This was unanimously passed by all.

This was a great Community competence which helped to bring together two groups of people doing one thing in common without involving the other and always blaming the other. A self assessment followed and the outcome was great.

"How much money did we use for the SALT visit? I am realising that we don't need a shilling to contact home visits to our people. That is a big revelation for me after the SALT visit."

Jackson Mulama - Kisoko Cluster.

National Facilitation Team of Mali

Country: Mali

Initial activities in: 2006

Number of members: 13

Main strength : commitment and availability of members

Description of team activities and results

Group Pivot Health Population is the host organization of the national facilitation team in Mali.

Since 2006, Pivot Group and the Constellation have trained in the SALT approach 70 NGO leaders who are organized into Support and Learning Teams (EAA, Equipes d'Appui et d'Apprentissage) in 8 regional capitals and in the District of Bamako.

In 2010, Pivot group has trained 58 agents of NGO partners of World Vision for the scaling up of local response facilitation in the 7 circles of the Sikasso region bordering Ivory Coast, Burkina Faso and Guinea Conakry.

This team also conducted a final review of the five years activities of EAA as part of the local response to HIV and AIDS in Bamako.

In July, they have set up an independent national facilitation team to start the spread of the approach beyond HIV. In partnership with the Constellation and BelCompetence, they have accompanied communities and shared experiences in Mompotiéla.

In October, the Constellation did a support visit to MaliCompetence and the EAA of Segou. They have improved the sharing on the Internet of their experiences.

Late November, MaliCompetence facilitated the self-assessment of the staff of Pivot Group. The director, human resource Manager, program and project coordinators, drivers, guards, messengers, broker, secretaries, accountants, everybody was there.



Self-assessment of Groupe Pivot

On Tuesday, November 30, 2010, we completed the self-assessment of the staff of Pivot Group Health Population. The group made its self-assessment on the ten practices.

There were 23 participants including the director, accountants, broker, drivers, secretary, Human Resource Manager, project supervisors and coordinators, maintenance operatives, guards and cameraman.

“We do many things for others but, for ourselves, is the first time. It’s great,” said one participant. To illustrate the practice of Acknowledgment and Recognition, the group listened to two stories about the reality of HIV.

It is good to know your own strengths. Yes, there was a time where pay slips and mission orders were accompanied by condoms. It is no longer the case maybe because we think we know enough about HIV.

Younoussa, member of the Pivot Group and MaliCompetence, says: “After the self-assessment, my wife and I, we went for HIV testing.”

“If we look today at the fight against AIDS in Mali, about 70% of resources come from outside. At this pace, if we ask every year more money from outside, where do we stop? Are we going to be in charge of our actions one day? The day the donor is tired, what do we do? Local response aims therefore to have people in charge and first actors in the response to AIDS.”

Sangaré Alfousseyni, Groupe Pivot Santé Population



Pinoy Competence

Country: Philippines

First activities in: 2007

Number of members: around 76 (both active and inactive)

Main strength: networks, skills in conducting capacity-building workshops, research

Description of the activities of the team and results

2010 was the year when PinoyC was officially born. From the support of the ADB and The Constellation, PinoyC was able to draft a plan which was validated by 17 members during the PinoyC Launch Meeting last May 2010.

The plan has three components:

- Establishment of an organizational structure: PinoyC has three core group members in charge of coordination. Currently, PinoyC is hosted by the Center for Environment and Sustainable Development (CESD). PinoyC remains to be a loose platform and membership is based on interest of the group/individuals to learn or participate in any of the CLCP activities.

- Community roll-outs: About 11 communities in the Philippines have been reached the past year through SALT visits. Two community roll-outs have been conducted in Eastern Samar UNFPA ARH group and the peer educators of Metro Manila. These two groups operate in their entire respective regions. Potential facilitators were trained within these groups and most of the trained facilitators are passing on the CLCP approach to other communities.

- Production of learning materials: PinoyC plans to produce a PinoyC Manual and a documentary of stories of change. PinoyC has also opened PinoyC page in Facebook and Ning and maintains a Yahoo group for quicker dissemination of updates.

“Most-at-risk” peer educators use AIDSCompetence Process

The Peer Educators Movement for Empowerment, also known as PAMAC-Q is one of the communities that is adopting the principle of CLCP. This group was labelled as “most-at-risk” primarily because of their lifestyles. Peer educators established an informal group that would take the lead in HIV prevention campaigns targeting young people in urban poor communities.

The group was first introduced to CLCP back when they were still part of an HIV prevention project. Back then, the peer educators already took the initiative to produce a self-assessment matrix for FSWs, young girls, MSMs and gang members.

After the project ended, and PAMAC-Q was officially born, the peer educators used the CLCP principles to guide their response towards HIV prevention. Currently, 11 members of PAMAC-Q were trained to become CLCP facilitators. They have now clear plans and system for monitoring progress. They were able to mobilize their own resources to conduct a campaign during World AIDS Day 2010, and a Rap Contest integrating HIV awareness in an urban poor community in Metro Manila, for 300 participants.

As CLCP facilitators they are now transferring the knowledge of mobilizing community strengths to other youth groups. Recently, they facilitated a CLCP workshop among community members from Barangay Bagong Silang. This workshop resulted to the community’s resolve to establish a youth organization and advocate for a local AIDS Council. During a recent SALT visit in a nearby city, they were able to pick-up a good practice of collecting junk as means of earning income for the organization.

“SALT is beyond the meanings of the letters. It is “life” of “being in the moment” and “respecting that moment” and “valuing that moment as a huge opportunity for becoming a better version of oneself”.

Myrna Maglahus, coordinator of Pinoy Competence

RDCCompetence

Country: DR-Congo

First activities in: 2007

Number of members: 2020

Main strength: Feeling like one community with the same spirit

Description of activities

Part of the dream of RDCCompetence was achieved in 2010: to facilitate the community ownership of AIDS in all provinces of the country while being able to provide for coaches and facilitators enough to cover their basic needs.

With the National Multisectoral Programme on AIDS, RDCCompetence accompanied 622 communities in 15 cities in the country to take ownership of the response to AIDS at a local level. 749 facilitators were trained and spread the approach from their own organizations whilst 15 support teams accompany communities for mobilization on AIDS and can apply the approach to different issues.

10 members of RDCCompetence were involved (in February and August) in a project to accompany communities along the road axes Bukavu-Shabunda and Kiwanja-Ishasha in East Congo. This community ownership happened thanks to the support of UNOPS who is rehabilitating the roads in post-conflict regions.

UNICEF asked for the support of RDCCompetence to accompany community focal points trained in 2009 in the promotion of messages on the 5 practices of life competence (washing hands, use of impregnated mosquito nets, vaccine, breast-feeding, accompaniment of the pregnant women and her partner). The result is an increase of 10% of the use of Prevention of Mother to Child Transmission services, from 23,3% in 2009 to 33,3% in 2010.



Raising rabbits allows us to support People Living with HIV

« Since we made our action plan with our community organization 'Prudence Mobile', we started to breed rabbits. With the revenue we support People Living with HIV and orphans. Several PLHIV and orphans disclosed their status and we are not afraid to talk about HIV anymore," explained a member of Prudence Mobile' in Mbuji Mayi.

"Before we were scared of aids. When we saw a sick person, we were scared of him. Now with the SALT team, we approach those who are sick without any problem. We consider them as being part of us," explained a woman during a SALT visit.

"The socio-economic situation in DRC is difficult for its inhabitants and therefore, RDCCompetence is proud that it could pay remuneration of 40 people in 2010. It achieved part of its dream. Its members are sure that with perseverance and a lot of commitment, the organization will be able, one day, to remunerate its coaches and facilitators on a permanent basis."

Eric Ngabala, Executive director, RDCCompetence



Sierra Leone Life Competence

Country: Sierra Leone

First activities in: 2009

Number of members: 6 coaches and 265 facilitators

Description of the activities of the team and results

Sierra Leone Life Competence was established in 2009 and several NGOs and communities implemented the approach, with buy-in from a few government programmes such as the National Malaria Control Programme and the National AIDS Secretariat. The team comprises of 6 coaches and 265 facilitators working at community level.

In 2010, Sierra Leone Life Competence started to develop a website. Registration of the team has been discussed among members and will continue in 2011. Members started to meet in 2010 as a team and with interested representatives of development agencies like Cordaid and Cause Canada.

World Vision is implementing the malaria competence approach in Kono and Bonthe Districts while Plan Sierra Leone is implementing the HIV/AIDS Competence approach in Moyamba and Port Loko Districts and Child Health and Development (CHD) Competence in Moyamba and Kailahun Districts.

Malaria competence, introduced into World Vision's project implementation in Imperi Chiefdom in Bonthe District in Sierra Leone, has continued to be useful to the communities as the process has improved their health service delivery including distribution and use of long lasting insecticide treated nets.

Since HIV and CHD competence has been introduced in Moyamba district for two consecutive years, it has been coming first on the national league table.

Malaria competence has been included in the Global Fund Round 10 grant. This means that there is great potential for a national scale up of malaria competence. Youth in Plan micro-finance project have also integrated AIDS competence.



Happy children and families

With Child Health and Development Competence (CHD), communities in Moyamba and Kailahun Districts are involved and participating in CHD activities more than ever before.

In fact even men who had not been visibly involved in child caring especially utilization of health services are now accompanying their wives to clinic as show of their participation in CHD.

A father, who always accompanies his wife to the clinic, posed with the wife and their son during a clinic day at Momboma Peripheral Health Unit, Kailahun District.



Also children are seen playing with toys and happily living in their communities more than they did before as a result of the Child Health and Development Competence Process going on in their communities with their parents buying-in.

The children are among some of such happy children benefiting from CHD competence process in Kailahun District in Sierra Leone.

"To date, no child and maternal deaths were recorded since April 2009 after the facilitation of the Malaria Competence Approach. There is improved sanitation in the villages as youths are mobilized to carry out brushing around the villages."

A community leader in Bonthe District, Sierra Leone



BarnaCompetence

Country: Spain

First activities in: 2009

Number of members: 9

Main strength: Cohesion and patience

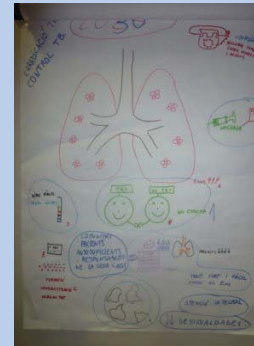
Description of the activities of the team and results

BarnaCompetence started as a small team of 4 which had gone through periods of little activity due to job commitments of its members. So, in 2010 we committed to broaden the team with new members and strengthening its capacity. We started a training process in facilitation based on the Blended Learning. This training is still ongoing and has incorporated 3 more members to the original team of 3. There are also 3 other members involved.

Barna Competence worked with SidaStudi, an organization working on HIV prevention and documentation center. After the first SALT visit in 2009, they wanted to know more about the approach in practice and asked us to facilitate the process of strengthening their working team. We facilitated a session where they built their dream for their team, worked on a Self-Assessment framework and an action plan. A second session will soon take place.

BarnaCompetence was invited for a SALT visit to meet with a group comprising of gay men, lesbians and transgender (Group d'Amics Gays - GAG). The group appreciated the fact that the facilitation team did not come to 'teach' them about HIV and condoms. A second meeting was scheduled to build the dream for 2011. We also did a salt visit with a group of sub-Saharan men, illegal immigrants, which was an amazing visit.

We engaged in the celebration of the Community Action Day as a means to invite a number of friends and colleagues to reflect on what is the community we want for us.



TB Competence in Spain

In February 2010, we held the first meeting of TB Competence in Barcelona, with 30 participants. In that meeting, the group built their dream of a TB Competent community, worked on the preliminaries of the Self-Assessment framework and agreed on a 3 month Action Plan. This even included a joint statement for World TB Day.

One of the beauties of the meeting was to see how people from different areas had much in common when it comes to drawing their vision of where they wanted to be in relationship with TB in Spain. From clinical to patients, through NGO members, caregivers, researchers, policy makers, etc., All participants shared the dream of a world in which TB was no longer synonymous with stigma, inequality and suffering. A dream which at first glance may seem obvious, but because we built it together, it has become the vision that unites this group and guides all future joint actions.

Through email the team wrote the document and made a press release for World TB day. The article talked about the situation of TB in Spain. The aim was to raise awareness about TB in Spain. TB used to be a controlled disease but with AIDS we have begun to hear about it again. It also touches on the issue of immigration, because immigrants are not in the loop of the health care system.

After that, 2 other meetings took place. One to evaluate the Action Plan and another one to do a second Self-Assessment from which we will continue to advance with the process.



Malaria Competence in Togo

Country: Togo

Initial activities in: 2005

Number of members: 28 coaches and 321 facilitators

Main strength : National coverage with voluntary members

Description of team activities and results

In Togo, the Red Cross included the Malaria Competence approach in its implementation activities. Following a massive distribution of mosquito nets in 2004, the Togolese Red Cross launched an extensive operation to ensure the use of mosquito nets as well as implementation by people of all preventive measures and treatment.

Blaise Toulassi Sedoh, national coordinator of the Red Cross program against HIV/AIDS and malaria, has been trained in the Malaria Competence approach and its tools - in particular the self assessment framework. Convinced that it responds to the need to raise awareness of the population, he integrated it in the community mobilization strategy of the Red Cross.

By January 2005, he had trained 22 district “coaches” across the country. Each of them would, in turn, transfer the skills to facilitate the self-assessment tool to about 30 or 40 local coaches (the local coach supervises the activities of Red Cross volunteers in his or her community), often accompanied by volunteers, as well as countless mothers’ clubs. Today, 15 000 Red Cross volunteers are trained in the approach.

In 2010, the facilitators of the Red Cross facilitated 341 self-assessments in communities.

Exchanges at the Regional Camp of Plateaus



2000 people from 159 communities participated in a five day meeting, from December 26 to 30, 2010, in the Regional Camp of Plateaus. The participants themselves took care of registration.

The camp produced encouraging results.

The camp was motivating for the entire network of volunteers involved in activities promoting health of people in the region, especially women.

More and more villages seek to create mothers’ clubs. This has helped to build capacities and skills of volunteers. Communities better meet the needs of vulnerable OVC, pregnant women, children of less than 5 years.

Participants called for a permanent framework to enable community volunteers to exchange and to share experiences. The camp has allowed for the establishment of relationships: friendship and solidarity between the people and community volunteers involved.

National programs have always been top-down programs. The self-assessment framework allows, for once, to start from the base. That’s what people liked and that’s what’s new, that is to say: everyone knows that it all happens in the community. Even if we have a fairly effective malaria program with all possible resources, if those who are concerned are not involved, there is no result.



An invitation

We invite you to contribute your strengths to a world where communities take action to fulfil their own vision of a better future and connect to each other to learn and share. Do you want to:

- ♥ Apply the life competence process in your own community?
- ♥ Contribute your experience and talents to Constellation support teams?
- ♥ Contribute financially to Constellation? Financial contributions starting from 40 € are tax exempted in Belgium.

Please contact Marlou: marlou@communitylifecompetence.org

Visit our website www.communitylifecompetence.org

And join our social network: www.aidscompetence.ning.com



"I decided to support the Constellation because they have a positive way of thinking and working. Moreover, I like their humanity, humility and their generosity."

Laurence, a Belgian member from the Rotary club Louvain-la-Neuve

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The Constellation

connecting local responses around the world

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