

The Constellation

connecting local responses around the world



together, we're striving for
Life Competence

annual report 2009



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1. Summary

2009 saw six major advances.

First, our common vision evolved from AIDS Competence towards Community Life Competence. “The issue of HIV forced us to get organized. Now, we feel confident that we can deal with any other issue in the future,” explains Khun Sumalee from Ban Pang Lao in Thailand. Our new website (www.communitylifecompetence.org) reflects this thinking.

Second, we consolidated our way of thinking, our way of working and related facilitation tools through the development of our Apprenticeship Program or ‘Blended Learning’. Facilitation teams can go through the program in English, French or Spanish, with the accompaniment of Constellation coaches.

Third, Constellation members had many opportunities to connect on a human level, face-to-face or online. More than 600 members from 53 countries joined our Community Life Competence online community (www.aidscompetence.ning.com) on the Ning platform [1], to exchange their experience. *“I urge everyone to join the Ning platform. There are many useful experiences from around the world that we can learn from,”* said Michael McGarrell from Guyana.

Fourth, we better understand our current and emerging organizational model—the starfish!—and we have at our disposal a ‘suitcase’—a consolidation of processes and tools based on the experience of the Constellation Support Team—that can be used by other teams.

Fifth, the link between the tools and our way of working has become clearer. We increasingly saw the importance of Knowledge Management processes, like Knowledge Fairs, Peer Assists and Knowledge Assets to connect local responses.

Finally, 2009 could be remembered for a more fundamental reason: whether we formally facilitate life competence processes or not, we find inspiration in belonging to the Constellation, and in 2009 we acknowledged that inspiration flows through us. We realized that inspiration comes from our appreciation of people’s strengths.

1,480 facilitators and coaches spread the Community Life Competence Process, applied to HIV, malaria, Adolescent Reproductive Health and Health in general. They accompanied 1,928 communities that built their dream, assessed their situation, took action and measured their progress.

2010 is a year of immense opportunity. Our Apprenticeship program – through the Blended Learning course which allows accompaniment of teams anywhere in the world - and our new website (www.communitylifecompetence.org) will attract more individuals and groups to join and support local responses. International organizations and governments increasingly see how facilitating local responses contributes to an increase in the return on their investments in prevention, care and mitigation.

This is why 2010 is a dangerous one for the Constellation identity. *“The old man within us is still alive”*, said Antoine Saka Saka from DR-Congo. Stress, ego and old habits of seeing the negative in others can come back with a vengeance. We might set unattainable goals for ourselves and stick to established processes without adapting them to real life. The danger for us is to cling to established structures or shift to complacency, and neglect some key practices that could make the progression towards a movement a reality.

[1] Ning is an online freeware to create your own social network (www.ning.com) where members can connect through blogs, forums, videos, and pictures.

The Constellation and the UNAIDS Secretariat will work together to strengthen and to broaden community responses to HIV through support to implementation of the practice of "SALT".

Extract from the draft MoU between the UNAIDS Secretariat and the Constellation



The Blended Learning course was the glue that brought us together. It helped us move from knowing the approach to practical application in communities. It made me realize that I have a team. Now, we work with groups of women, gay men group, and others.

Marijo Vasquez, member of BarnaCompetence



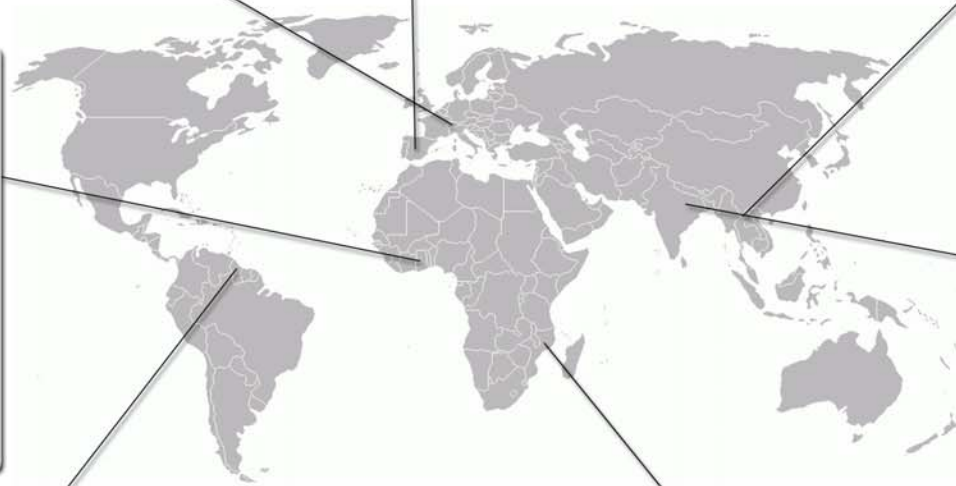
SALT helps to draw out the capacities of People Living with HIV and this goes on endlessly. If we give them things, they're gone in no time. But if we use SALT to help them recognize their own strengths, they can do things themselves, and this lasts forever.

A Christian FBO center co-ordinator and home visit team leader, Lampang province, Thailand



Since the Self Assessment has been introduced, we have not had a single death from malaria in the village. Before we might have 5 children dying in a year during the rainy season.

Mme Sera Badjie, wife of the Alkalo, Sohm village, Togo



ACP has turned our Organization upside-down in thinking and working in terms of people approach as humans to humans not as organizational functionaries or with degrees or positions.

Father Joe Ngamkhuchung, People in Need Foundation, India



After 28 years of being involved with drugs and crime, the old Marc has died, a new Marc is implanted and it has been a remarkable transformation.

Marc from Guyana after a learning event



This is a very crucial process. It drives me from 'Am I able?' to 'I am able'. From 'Can we manage?' to 'We can manage'.

Samuel Kibanga, from network of PLHIV, Uganda



I'm very happy to learn that we are finally moving to the real name of our home (Community Life Competence). I never saw the Constellation only for AIDS issues. But it makes sense that we should start from somewhere and AIDS was that starting point.

Joao Vembane, Handicap International Mozambique

2. The emergence of a movement

2009 saw six major advances that contributed to the emergence of a movement.

1. Our vision evolved from AIDS to life

In 2009, our common vision evolved from AIDS Competence towards Community Life Competence.

“The issue of HIV forced us to get organized. Now, we feel confident that we can deal with any other issue in the future,” explains Khun Sumalee from Ban Pang Lao in Thailand.

AIDS is a source of suffering. It is unique and we are committed to continue working on this issue. Yet our experience tells us that where communities have dealt effectively with a specific life concern, people are competent to deal with other life issues as well.

AIDS is part of life. Here is how Marijo Vasquez from Barcelona in Spain sees the issue. *“When you explore a single issue very deeply, you realize it is only one expression of life. That single issue is about life, human relationships, feelings and how you are as a person.”*

The Constellation facilitates a natural process, in which the strengths of people are central. This is true whether applied to HIV, malaria, diabetes or reconciliation.

And so we have come to understand that we need to build a bridge that links AIDS Competence with Community Life Competence. Our new website (<http://www.communitylifecompetence.org>), launched in January 2010, reflects our thinking.



SALT visit in Mbudi, DR-Congo

SALT became for us, and for our country, a stepping stone to reach excellence, a world of competence. Yesterday, it was about HIV. Today it is about malaria, tuberculosis and RDCCompetence adapted the approach to accompaniment of pregnant women by their husbands, use of Insecticides Treated Nets, breastfeeding, vaccination and washing of the hands... This shows our determination to improve the world!

Alain DIBAKANGA, facilitator in DR-Congo

2. We consolidated our process

We have consolidated our way of thinking and working and related facilitation tools through the development of our blended learning program (<http://constellation.helsekompetanse.no/atutor/9/>). Teams go through the program in which the foundation of the learning is their experience of facilitating the community as it implements the AIDS Competence Process.



The Blended Learning course was the glue that brought my friends and me together. It helped us move from knowing the approach to practical application in communities. It made me realize that I have a team. Now, we work with groups of women, gay men groups, and others."

Marijo Vasquez is a Board member of the Constellation and founder of Barna Competence

Through the development of Blended Learning, the Constellation leveraged its own resources more effectively. The program covers the AIDS Competence Process in six modules, with videos, games, quizzes and meetings. It is available in English, French and Spanish, online or on CD-rom. The Blended Learning Program, where theory is combined with real experience, speeds up and secures the quality of the learning process for teams around the world. In 2009, it has been tested by three teams in Belgium and Spain.

Now that we consolidated our learning the danger is to cling to this established process rather than adapting to challenges coming from the implementation in real life. Our process needs to remain dynamic and to evolve organically.

3. Our members connected more than ever before

In 2009, members of the Constellation connected to exchange lessons learned online and face-to-face. Our online community, launched in November 2008, blossomed in 2009. The number of members climbed from 104 on Jan 1 to 462 on Dec 31. Members come from more than 53 countries, representing communities of transgender, MSM, housewives, young people, leaders as well as NGOs, the academic sector, private and public sector and the UN institutions. This platform offers a space for everyone to share and learn in a non-hierarchical way, to connect with like-minded people and find inspiration for change.

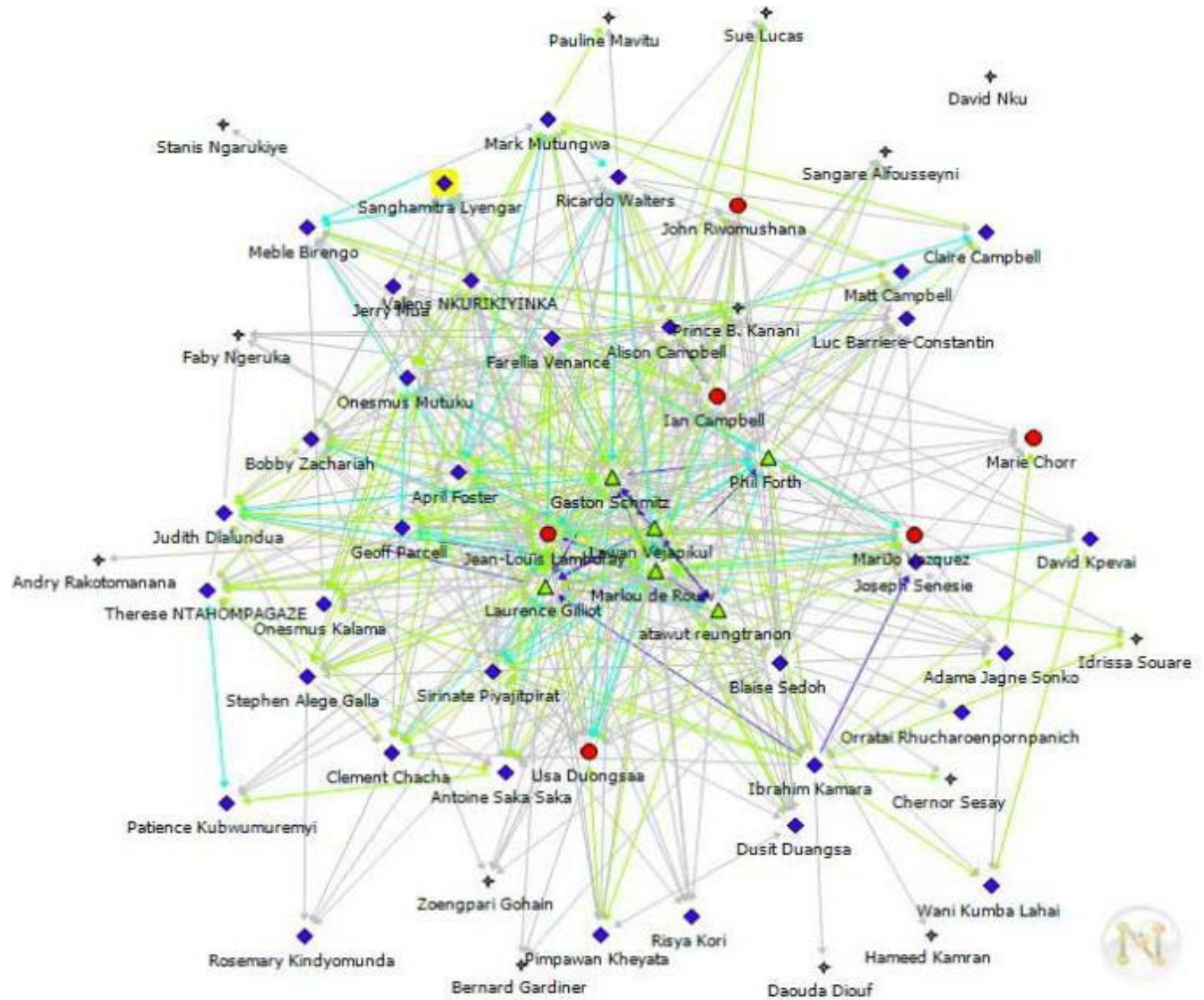


In their interactions, members leave behind their references to a world made of experts and uneducated people, clerics and lay persons, rich and poor, donors and recipients. They then are free to share their experience and to appreciate others. For instance, here is a message from Wiwin (from Indonesia) to John (from the Philippines) and Sumon (based in New York). *"Dear John and Sumon, I do thank you for your kind support and assistance. Actually I felt shy. It seems to be that I took for granted to what you all support to me. I do thank you. I really feel truly friendship and support from you all."*

Participants shared their experience on their blog on the Community Life Competent community. A few examples amongst others: Prabakar, from India, shared [how sex workers in Periyackulam district raised an emergency fund](#) to help in consistent condom use and reduction in vulnerability. Joao from Mozambique explained [how he fell in love with the SALT approach](#). Kalana, from Sri Lanka, explained that [Tuktuk drivers in Mattakkuliya give free rides to VCT centre](#). Andry, from Indonesia, explained that [PHA can work in company without being fired](#). Ricardo shared the story of an old lady in Uganda entitled '[Matriarch](#)'.

This second picture shows the virtual connections via Skype, email or Ning. Some coaches are well connected globally others operate solely within their own country. Some connect with a few people frequently and others connect with lots of people irregularly.

These diagrams give us ideas about what we can do to better connect those who are not well connected (perhaps ourselves.) and tap into the strengths of those who are natural connectors.





“The pictures show that virtual connections are stronger and greater in number than face-to-face meetings which is indicative of how cost-effective methods can be used to connect and link people. The pictures also depict that through these coaches, CST, board members hundreds of communities are inter-connected and how many opportunities and possibilities exist to learn, exchange and transfer,” said Rituu B. Nanda, from India.

“I love the idea of a Constellation so much, and nothing better than these pictures to show it,” shared Sanghamitra Iyengar, from India.

With every step forward, the Constellation also faces new challenges. We all have our ego which creates a separation between ourselves and others. This ego is also present in institutions and it can come in the way of the modesty required from true facilitators.

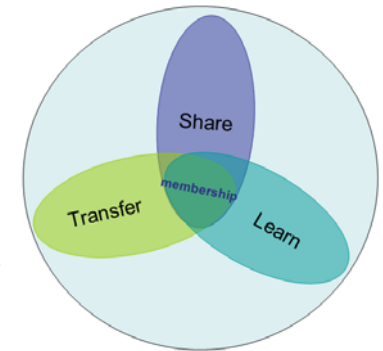
4. The Constellation grew as a starfish organisation

We better understand our organizational model—the starfish—and have at our disposal a “suitcase” of processes and tools for the Constellation Support Team and National Facilitation Teams.

We see the Constellation is a starfish organisation. *“Starfish have a miraculous quality to them. But cut off the arm of a starfish and it will grow a new one. Not only that, but the severed arm can grow an entirely new body. Starfish can achieve this feat because, unlike spiders,*

they are decentralized; every major organ is replicated across each arm.” The Starfish and the Spider’, Ori Brafman& Rod Beckstrom (2008)

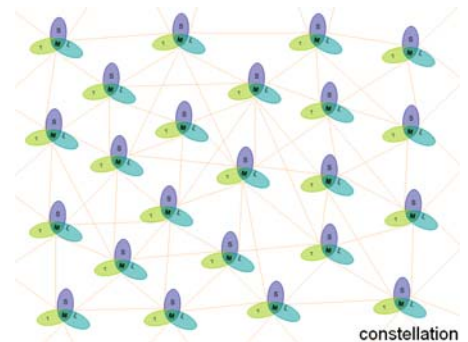
The Constellation grew like a starfish. Teams around the world emerge and evolve independently but they fulfil the same functions and share the same values. Because we try to let structure follow function, naturally these ‘best structures’ emerge over time. Each team in the Constellation has 3 main functions: Share, Learn and Transfer. Membership care is integrated in each of these functions.



Transfer: The Transfer function’s purpose is to facilitate the transfer of the Community Life Competence Process (CLCP) to other organizations and communities, including new geographical areas and other topics.

Learn: The task of the Learn Team is to develop the expertise of the Constellation based on our experiences. We seek to learn from what we do.

Share: The task of the Share team is to share the inspiration and lessons learned in the Constellation with the world.



The shift in name from ‘Core Facilitation Team’ to ‘Constellation Support Team (CST)’ reflects that indeed, there is no central entity in the Constellation. The CST supports the three functions on a global level. It developed a ‘suitcase’ with processes and tools that it uses. For instance how to set up a team, financial templates, good practices, etc. Each country team can now use this suitcase, adapt it to its context and add its own tools and experiences.

5. We increasingly used Knowledge Management to connect local responses

In 2009, the Constellation and country teams organized two international Knowledge Fairs in Thailand and Rwanda. In DR-Congo, Kenya, Mali, Belgium and Indonesia teams organized a national Knowledge Fairs. A Knowledge Fair is a joyful event where people come to learn and share on local responses.

A successful Knowledge Fair has one prerequisite: people require a facilitative, non-hierarchical environment where they share on an equal basis. The Constellation approach is based on the appreciation of people's strengths. Our starting point is that *everyone has something to learn, everyone has something to share*.

During the Knowledge Fairs, participants share their personal experiences in small groups. They then identify common lessons learned and summarize them in a Knowledge Asset.

The Knowledge Management for Development Journal (Km4Dev) published a peer-reviewed article «Believing in the human capacity to respond», about the uniqueness and practicalities of a Knowledge Fair.



Participants at the International Knowledge Fair
"For me personally I would say my take home message is acknowledging the value of the lived experience and how we should build collectively on lessons learned while at the same time being realistic and pragmatic about the huge challenges we all face." Greg Gray from Thailand, on his blog

In 2009, we started to build Knowledge Assets online, together with members on the online community on Ning. Starting from the existing Knowledge Assets that people built during the Knowledge Fairs, we tried to merge them and enrich them with other experiences shared on the blogs, forum and in videos. In order to reach an agreement, members discussed the updated common principles in the forum and through regular Skype conferences. All Knowledge Assets are available here: <http://aidscompetence.ning.com/page/global-knowledge-assets>

We also better understand the link between the tools and our way-of-working. Each tool is meant to enhance the practice of SALT. Here is how Usa Duongsaa, Constellation coach, explained the link between the river diagram [21] and SALT: *"The river diagram shows the potential for learning between different groups, based on the self-assessment. You can use the river diagram to Link people, to Stimulate them to Learn and to Transfer their learning to others."*



Participants at HIVOS meeting in Nairobi

[21] A River diagram is a graphical representation of the results of self-assessments done by several groups. The river which runs between the highest score and the lowest score obtained on each practice, shows the potential for learning between groups.

6. We are inspired when we appreciate strengths

Perhaps 2009 will be remembered for a more fundamental reason: we find inspiration in belonging to the Constellation. For the first time we acknowledged that inspiration flows through us. That inspiration comes from our appreciation of people's strengths. *"Transfer of Inspiration and creation of energy and a sense of marvel, that is what the Community Life Competence Process is doing,"* said Sanghamitra Iyengar, director of Samraksha, India.

We feel inspired when we appreciate our own strengths through the practice of SALT in communities we work with. We discover our own capacity to Stimulate, Appreciate, Listen and Transfer.



"We must love ourselves before we are able to love anyone else and have the courage to change the things we can and the wisdom of SALT will make a difference. After 28 years of being involved with drugs and crime, the old Marc has died, a new Marc is implanted and it has been a remarkable transformation."

Marc, who works with prisoners in Guyana

Everywhere we go, the Constellation message resonates with core beliefs and aspirations. People intuitively agree that communities have the capacity to envision, to act, to learn and to adapt. Many want to learn how to reveal that capacity. We see the potential of an approach that takes our common humanity as starting point.

Such an approach might contribute to a better balance between modern technical knowledge and centennial wisdom, between global solidarity and self-empowerment, between global and local exchanges. Members see the Constellation as a home for those who believe that people, families and communities are the key actors to achieve global change.

Constellation members agree: SALT is what characterizes and shapes the Constellation. SALT channels power for change in the team members and in communities. As soon as SALT became explicit in the development of facilitators, they started reporting personal changes leading to transformation of their own contexts. Spontaneous reports of such changes take place irrespective of religious, cultural and academic background. Why do people find inspiration for personal change in the strengths of communities? This is one of the questions that we will explore in depth in 2010.



Members of the Constellation in Suwat Land

One challenge always remains: *"The old man within us is still alive"*, said Antoine Saka Saka from DR-Congo. If we are not careful old habits of seeing the problems and the negative in others can re-emerge.

4. The Constellation in figures

In 2009, the Constellation worked with ten official partners amongst which the Asian Development Bank, the Great Lakes Initiative on AIDS, Handicap International in Mozambique, UNFPA in Indonesia, IIRR and Cordaid, Norwegian Center for Integrated Care and Telemedicine and the National Multi-Sectoral Programme on AIDS in DR-Congo. Together with these partners we transferred the Community Life Competence Process and accompanied teams in nineteen countries [4] in Asia, Africa, Europe and Oceania in 2009.

Moreover, the Community Life Competence Process spreads through other partnerships and organisations. In Togo for instance, a Constellation coach within the Red Cross is using the approach throughout the country. In Sierra Leone, a Constellation coach integrated the AIDS Competence Process in the activities of Plan International and is reaching out to hundreds of communities.

In 2009, number of:

Facilitators	1.480
Communities reached	1.928
Communities who did self-assessment	1.697
Communities who have an action plan	1.314
Communities that measured progress	160
SALT visits	2.349

The figures show that Community Life Competence is spreading but that we need to focus more on supporting communities to measure their progress.

Despite an increasing number of operations, the Constellation Support Team has maintained low its administrative overheads, to 9% in 2009.

Our challenge is to avoid setting unattainable goals for ourselves or worse, determine goals and objectives for others -like communities- to achieve.

Financial overview

Total income partnerships

Expenses partnerships

Organisational development costs

Administrative costs

Total expenses

Year 2009

566.845,3 Euro

- 438.183,14 Euro

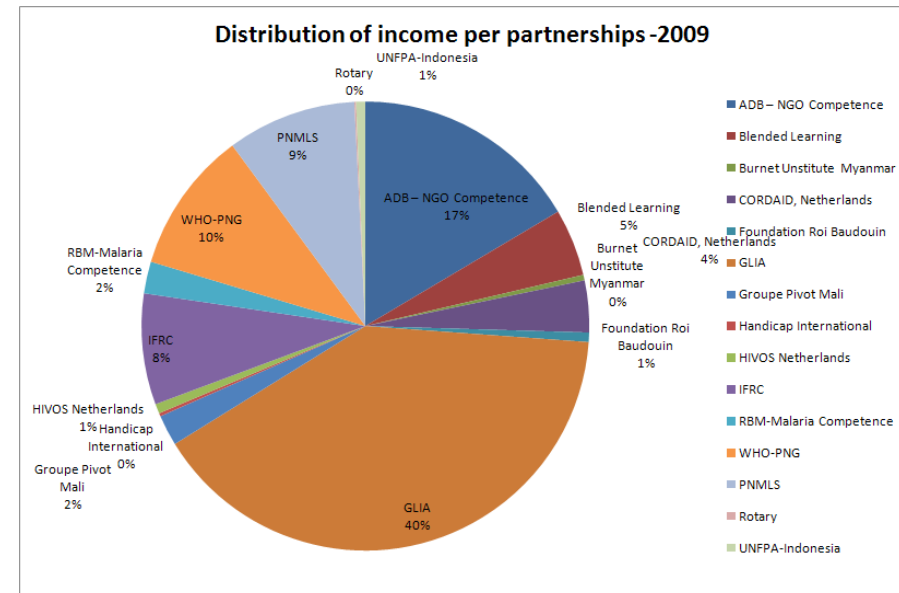
- 92.342,39 Euro

- 55.243,19 Euro

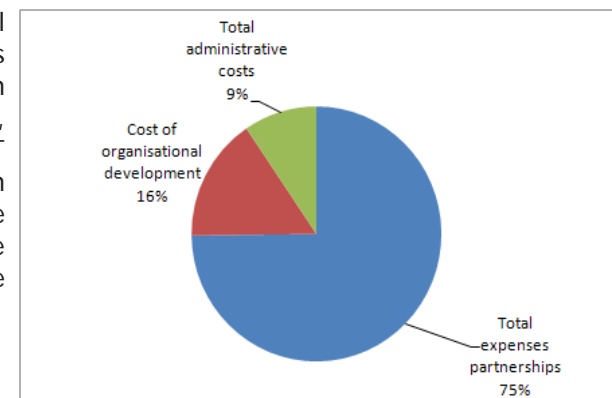
585.768,72 Euro

Balance

- 18.923,42 Euro



The organisational development costs including investments in member organisations, growth and CST functions have been high in 2009. These investments explain the negative balance at the end of 2009.



5. Challenges

Our main challenge is to neglect some key practices that could make the progression towards a movement a reality.

A movement cannot progress if one organisation wants to influence or control others who have the energy to move forward. We should not want to impose a structure on all pockets of energy emerging but rather stimulate people to take action. *“For a movement to blossom vision, energy and facilitation capacity are required. The vision is becoming clearer. The energy for change is plenty. I start seeing how the Constellation Support Team might stimulate, not hamstring the movement,”* shared Jean-Louis Lamboray, Chair of the Constellation, adding that, *“most importantly, we must be able to appreciate what others do, even when we are not involved.”*

More than SALT is needed. The establishment of facilitation teams is at the core of the sustainability of local discussions and responses. The teams develop naturally through sustained SALT practice and should outlast donor money and specific Constellation presence.



SALT visit in Cambodia

Our movement has to be rooted in our continuous learning from local responses.

6. Opportunities

2010 is year of immense opportunity. Our Local Apprenticeship (or “Blended Learning”) program will enable teams all over the world to facilitate local responses. Most of the learning will take place from a distance, which allows the Constellation to go to scale and to introduce the approach in new countries. Onsite accompaniment by Constellation coaches will be mainly focused on joint practice in the field.

Our new website, which has been launched in February 2010, (<http://www.communitylifecompetence.org>) will attract more individuals and groups to join the Constellation’s movement and to support local responses in their context.



new website of the Constellation

UNAIDS, the Roll Back Malaria secretariat and other international organizations show increasingly more interest in the Community Life Competence Process. They see how our approach contributes to the increase in the return on their investments: wherever the process is introduced the uptake of services increases. UNAIDS and the Constellation are exploring a possible collaboration in the long term. The Constellation submitted a proposal to RBM to facilitate the exchange of experience on Malaria Competence in 10 African countries.

Authorities in some countries, like in Mali and Indonesia, expressed their appreciation for the power of local responses and give higher priority to their facilitation.

In DR-Congo, RDCCompetence applied the approach to family health. In Spain, the National Facilitation Team, BarnaCompetence, adapted the approach to the issue of tuberculosis. In Indonesia, IndoCompetence adapted the approach to Adolescent Reproductive Health.

What is success for 2010? That inspiration keeps on flowing in an ever increasing way. That more and more people experience the power of SALT, like Joseph Senesie from Sierra Leone: "The Community Life Competence Process has affected my entire life including my profession, family and personal development. I am a new person today".

Community Life Competence will spread in a virtual way, through the spirit and enthusiasm of those who appreciate strengths and learn from others. Each of us is at the heart of our success.

This is why "2010 is your year". We care for our members and we want to nurture our relationship. Whether you are involved in a local response anywhere in the world, a member committed to contribute to our common vision, a facilitator learning from local responses, a coach wanting to be more connected: this year is yours. The CST will try to better support you as a vital link in the spread of Community Life Competence.



Home visit in Ethiopia



7. Partnerships in 2009

Building NGO Capacity to develop AIDS Competence in six countries

Partner : Asian Development Bank

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

Total investment in 2009: 297.667 Euro **Duration:** 24 months

Description of the partnership

NGOs in 6 Asian countries—Cambodia, India, Indonesia, the Philippines, Papua New Guinea and Thailand—had the opportunity to learn and apply the AIDS Competence Process in their work with communities. 436 facilitators have been trained in the process, 546 communities have done their self-assessment and 333 of these have built an action plan. Many shared stories of change at community level and in their way of working.

As a National NGO Facilitation Team, and throughout sustained by experienced Constellation coaches, participants in each country have built their capacity to facilitate the AIDS Competence Process. The results exceeded expectations. NGO facilitators have brought the approach back in their own organizations, have trained new generations of facilitators, have adapted the tools and have applied the process to other life and health related issues.

In the six countries, 546 communities assessed their strengths and weaknesses in their response to AIDS, developed their own action plans, acted to tackle the issues of prevention and treatment together and learned from their own experiences and those of other communities and countries.

Facilitators met in Chiang Mai in February 2009, to share their experience at an International Knowledge Fair. Experiences have been captured in Knowledge Assets.

In all countries, a committed group of facilitators is now taking the AIDS Competence Process forward, with support from the Asian Development Bank.



Story: AACP's Angels – A wild, nasty, precious odyssey

(story about a field visit in Indonesia from Lulu's blog on Ning)

WORLD

This world called DARKNESIA, the world where all the people darken by the virus called D'BIOS (stand by the virus called "Dont Believe In Own Strength" Virus). And ACP is a group of people who do not infected by this virus. In the ACP we have formulated the anti-virus to heal the D'BIOS, that is a belief in every one strength and capacity to solve their own problems. And we in the ACP are obliged to wide spread this antivirus.

CHAPTER 1 – JAKARTA

Self-assessment, is one of the formula to kill the D'BIOS. And in Jakarta, we successfully inject this serum to the 3 community here. First, we practiced building the dream, self assessment and Peer Assist in the LAYAK COMMUNITY that is a community of Injection Drug User. We were helped by one of our friends there, named Christine. In this community we succeed to completely assess the ten practices of the self assessment, and also followed by the peer assist. Oh..it is a great job, the community was so welcome to us, the angels, and they were able to do cooperation among them to decide the level on the self-assessment. One thing that we learned was that even they are ex-IDU's, they looked happy and have a big dream to make their life better, and the Case Managers group, the group where self-assessment and peer assist were practiced, oh..they have a good collaboration, and we saw good team work among them.

"This will be a more lasting method. Projects may come and go but I am confident that this process will last."

Father Joe Ngamkhuchung, India

Strengthening Learning Capacities of the Networks of Truckers and PLHIV in the Great Lakes countries

Partner : Great Lakes Initiative on AIDS

Country: Burundi, DR-Congo, Kenya, Rwanda, Tanzania, Uganda

Total investment: 370.188 Euro

Duration: 24 months

Description of the partnership

Networks of truckers and People Living with HIV in Burundi, DR-Congo, Rwanda, Tanzania, Uganda, and Kenya work in teams to stimulate their communities to take action on HIV.

Six learning events and one Knowledge Fair took place between 2007 and 2009. Teams conducted 55 SALT visits and 4 teams organized a moderators training for 77 moderators to set up knowledge rooms along the main roads. Twenty-four Facilitators can facilitate the AIDS Competence approach with confidence. New partners are interested in the approach, for example the NAC and UNAIDS in Tanzania. The approach is now integrated in the strategic plan of the Burundi PLHIV network.

For the first time, truck drivers and PLHIV teamed up. This had a positive impact on the inclusion of PLHIV and behavior change. "With the PLHIV we keep on learning, from their solidarity and their determination to fight HIV and poverty," said a trucker. During the learning events, facilitators went beyond their differences to support each other across countries and cultures.

Many communities changed their way of dealing with HIV. During a visit in Burundi a trucker said, "The rooms that are normally for the truckers who wait to load or unload their truck at the Road Station are rented by sex workers. What do you want? You put a lamb in a group of wolves and you ask them not to eat it?" During a later visit, the truckers proudly announced that they had got their rooms back at the Road Station. In Rwanda, the team visited an association of truckers' spouses. A former truck driver, who is now blind, and who lives with HIV shared his experience. All of the women then decided to put a box of condoms in their husband's suitcase every time he would travel.



Story from the field: Truck-drivers obtain HIV tests at night

(Story told by M. MUGENI Ouma Naphtal, from the truck-drivers network, Uganda)

We made a SALT visit in Katma, during the month of March. Katma is a stopping place for truck-drivers, at the border between Uganda and Rwanda.

At the end of the visit, the truck-drivers said they were willing to go for testing, but that they could not do it : "The health center where tests are available is only four 4kms away, but it is only open from 8:00 a.m to 17:00 p.m, while we never get to Katma before 18:00 or 19:00 p.m." When they started thinking of an action plan, they said that they should advocate for a mobile team coming to Katma, later in the evening.

Soon after the SALT visit, they started advocating and they succeeded: a team from the health center comes now every Thursday night to Katma with tests kits. Truck-drivers can have the test any time between 20:00 p.m and 01:00 a.m.

The first Thursday, four truck-drivers came for the test. They were eight the week after, and twelve on the third Thursday.

"This is a very crucial process. It drives me from 'Am I able?' to 'I am able', from 'Can we manage?' to 'We CAN manage'."
Samuel Kibanga, from network of PLHIV, Uganda

Disability and AIDS Competence in Mozambique

Partner : Handicap International

Country: Mozambique

Total investment: 13.080 Euro

Duration: 12 months

Description of the partnership

The Constellation transferred the AIDS Competence Process to associations working on HIV and disability in Mozambique, like Monaso and Rensida, with the support of Handicap International. These organisations have set in motion a movement of responses throughout Mozambique.

A learning event took place in September 2008, followed by two support visits, one in February and one in August 2009. A Knowledge Fair will take place at the beginning of 2010. "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.

For instance, Asumo, Mozambique National Association of the Deaf, has been actively stimulating communities they work with. Facilitators organize SALT visits twice a week, in 2 groups, with 4 people in each team.

The team also explored next steps for the 3 years to come to ensure the spread of the AIDS Competence Process to all levels of society. "So, we know the methodology is being quickly transferred to members in the provinces. It is an important process for the national response in Mozambique because people become more than beneficiaries – they become actors. It would be good to have that programme continue in the future, and to have the work expanded at national level," explained the Deputy Exec. Secretary of RENSIDA (Network of people living with HIV and AIDS). Handicap International secured a bridging fund until the end of 2010 to support the National Facilitation Team.



Story: Inclusion and care for most vulnerable people

Olga, from MONASO (Mozambique National AIDS Service Organisation), explained that the AIDS Competence Process changed their way of working.

"Our people [in the local associations] have no funds. But this methodology is so low-cost, everyone can do it. It's got them, and us, back to the field. There has been an increase in the quality of care and support since we started with

the AIDS Competence Process.

But, it's been more than AIDS! The tools have been applicable to deal with interpersonal conflicts in the community, and decreasing stigma and discrimination. It's as if we've been re-taught how to visit: not only focusing on those who are most vulnerable, but finding a way to release those with strength to contribute to the care of those vulnerable people."

Handicap International also has organized a self-assessment with its staff. "We assumed Handicap International had a good understanding of HIV inside our organization, but we've discovered we're at a much lower level, in terms of staff, HIV policy and work," explained Rui Maquene, Project Manager.

"There is an increase in local community debate. Association members also have more empathy for the community – when they find sick people in their homes, they respond to them with care, and don't abandon them. But it is a challenge to facilitate regular conversations with communities, when the facilitators are deaf and mute."
A member of ASUMO Manica.

Global learning for local impact

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

Country: around the world

Total investment: 43.000 Euro

Duration: 24 months

Description of the partnership

For the last 2 years, the Constellation and the Norwegian Centre for Integrated Care and Telemedicine (NST) have been working on a Blended Learning programme so that the Constellation can spread the AIDS Competence process more widely. The Norwegian Government funded this work.

When students take the course, they study online modules, apply their understanding in the field and then reflect on their experience. The NST provided a platform for the course and technical support. The Constellation developed the content. The programme contains 6 modules with text, videos, stories, games, practical exercises and illustrations.

“Teams can follow the Blended Learning programme from anywhere in the world. We can go to scale and also offer a quality facilitator’s course,” explained Phil Forth, member of the Constellation. Blended Learning will not be a substitute for face-to-face interaction. It will allow the Constellation to accompany the learner more effectively.

In 2009, the course was tested and reviewed. Three teams – two from Belgium and one from Spain – went through the course with support of a Constellation coach. They did their work through Skype, blogs, a forum and e-mail. The course is now available in English, French and Spanish.

In 2010, all Constellation coaches will become familiar with the course and its facilitation. Teams around the world will be able to go through the course with the help and support of a Constellation coach. Facilitators and coaches will be appreciated on completion of the course through the issue of a certificate. Teams can also take the course without accompaniment.



Story from the field:

The NST and the Constellation invited a group of about twenty people representing the World Council of Churches, the Aga Khan Development Network, UNAIDS, WHO, the Norwegian Ministry of Foreign Affairs and others to a workshop in Geneva.

On the first day, we presented Blended Learning to participants. On the second day, workshop participants advised the Constellation and NST on how to rollout, to implement and to develop the programme.

We have based our plans for Blended Learning in 2010 on this advice. One message was that the Constellation must provide an environment in which students and coaches develop their skills and experience with the AIDS Competence process. So a student who has made the effort to go through Blended Learning should be able to see a clear route to becoming a Constellation coach. Rather than feeling alone, we must make them feel a part of our organisation.

The group also studied how the Constellation could integrate its methodology and approach with those of partner organisations. We cannot expect an organisation to drop everything it does and adopt the Constellation approach. So how can we merge the 2 approaches, perhaps to develop something new and better?

“Emphasize rigour in your approach to the programme, in the service of creativity and flexibility. This is the message I take from the workshop.”

Jean-Louis Lamboray, the chair of the Constellation, after the meeting in Geneva

Integrating AIDS Competence in Community Managed Disaster Risk Reduction approach

Partner : International Institute of Rural Reconstruction and Cordaid

Country: Ethiopia

Total investment: 46.008 Euro

Duration: 18 months

Description of the partnership

Cordaid, the International Institute of Rural Reconstruction (IIRR) and the Constellation are collaborating to integrate the AIDS competence approach in an ongoing Community Managed Disaster Risk Reduction project. During hazard assessment, which is the first step in disaster risk assessment, in all communities HIV has emerged as one of the major hazards in the area.

In September 2009, to become familiar with the AIDS Competence Process, participants from IIRR and Cordaid did a SALT visit in the village of Kithituni, in Kenya. In November, 15 representatives from IIRR and 6 of its partners met for a 5 day learning event in Dire Dawa, Ethiopia.

The AIDS Competence Process and the Community Managed Disaster Risk Reduction (CMDRR) complement each other. Most importantly, the Constellation, IIRR and its partners have a similar way of thinking. "We were facilitating as a team without notice to the different organizations or even countries that we came from," shared Zerihun Lemma Damenu from IIRR. "This partnership with IIRR holds so much for us to learn about how to truly integrate approaches - taking what is best to make something stronger," added April Foster, Constellation coach from Kenya.

The learning event in November was greatly enhanced by two community visits to Guro Buticha and Addis Alem. "From this visit I have learned a lot on how to create awareness among people about HIV and how to bring different groups of people together to discuss their common concerns," told Wondiye Haile Zewdie, from SOS Sahel.

The facilitation teams in Dire Dawa and Borana started implementing the AIDS Competence Process in the communities they work with. In April 2010, two Constellation coaches will visit the teams to support them in facilitating the process in communities.



Story from the field:

Communities in Dire Dawa are being flooded in every few years interval. Poor families live at the outskirts of the town because there housing is cheap.

In Dire Dawa, much has been done to develop community awareness on AIDS competence

and the SALT approach. The facilitation team has carried out a number of community conversations, in late hours and evening time. People openly discussed about HIV because in Dire Dawa stigma and discrimination are not a problem. The communities are already taking care of the orphans and PLHIV. The HIV prevalence amongst adults is 4,2%.

Community members mentioned that one of the contributing factor to the spread of HIV is the lack of choices of livelihood and poverty driven senses of hopelessness and helplessness at individual level. Therefore people involve themselves in high risk activities with a compounding risky sexual behaviour.

The main intention of the community conversations was to prepare peoples attitude for change. Next steps for the facilitation teams are to support the community in building their dream, assess their current situation and plan for action.

"We have been focusing more on visible threats to communities [like floods and droughts], but now we see how we can use CMDRR and ACP to address the concern of HIV which is often invisible for a long time."

a participant

Support to community initiatives in DR-Congo

Partner : National Multi-Sector Programme against AIDS (PNMLS)

Country: Democratic Republic of Congo

Total investment: 242.248 Euro

Duration: 18 months



Description of the partnership

RDCCompetence and the Constellation entered into a partnership with the National Multi-sectoral Programme against AIDS (PNMLS) to support community initiatives at scale through the AIDS Competence Process. NGOs, associations and

networks will stimulate communities to take ownership of their HIV response and implement their own action plans.

To prepare for this challenge, the Constellation and RDCCompetence developed and tested a manual for the facilitation teams.

A first orientation will take place in Kinshasa in April 2010 for 15 support teams. In 15 cities in 11 provinces, RDCCompetence and the provincial support teams will organize a learning event, continuous accompaniment in the field for 7 months and support in the Local Apprenticeship Programme. 225 facilitation teams will apply the AIDS Competence Process and will practice the approach in the field. At least 225 communities will demonstrate their progress towards HIV and 5 national-level NGOs will have adopted the approach into their programs.

Teams and communities in each province will come together for a Knowledge Festival. They will share the results and lessons learned in terms of their HIV response and facilitation of the response.

"This project is important for us. I truly believe in the AIDS Competence Process because I have seen the results in the field. It works."

Déa Watchiba, Coordinator of the PNMLS

Belgium learns from DR-Congo

Partners: King Baudouin Foundation

Country: Belgium and DR-Congo

Total investment: 7.450 Euro

Duration: 10 days



Description of the partnership

With support from the King Baudouin Foundation, the Belgian facilitation team learned from the experience of Eric Ngabala, facilitator from DR-Congo. He visited the team twice: in June 2008 and in March 2009.

During his 10 days visit in March 2009, Eric and BelCompetence facilitated the self-assessment of BelCompetence, met partners, made SALT visits and further developed the Blended Learning Programme.

Eric had many insights about the situation in Belgium. He said, "Strategies and actions against HIV of these last 20 years were so focused on the South that young people in the Nord are less and less informed about HIV".

Eric said, "Everywhere I went I met people from different origins, able to talk openly, ready to work together without discrimination, who look for solutions together to their common problems."

"The best illustration is that of the youth committee in « Molenbeek » (Brussels) who organized a party and who accepted to debrief with the SALT team. The meeting allowed the group to find solutions in order to improve the next event. This is what I saw during my week in Brussels: people who are different but who want to live together."

"Facilitators from different backgrounds share the same spirit. According to me, it is thanks to SALT, which privileges the human character of every individual, that facilitators have this natural tendency to open up and to trust others. Therefore, it is easy for them to communicate and work together." *Eric Ngabala*

National Knowledge Festival in Mali

Partner : Groupe Pivot
Country: Mali
Total investment: 10.200 Euro
Duration: 2 days



Description of the partnership

Support and Learning Teams from across Mali came together for two days in Sikasso, Mali, for a national Knowledge Fair. Participants shared many stories of local responses against HIV.

Participants shared in small groups about the progress that is happening in their own context. The team in Bamako shared that since they started to stimulate local communities to take ownership of the issue of HIV, things have changed. Communities are more aware of the issue of HIV and they raise funds to pay, for example, for medication against STIs.

“It was not only amusing but also effective as we documented all the stories in a Knowledge Asset that captures the response of Mali against HIV,” explained Mr Samoura.

Groupe Pivot, a coordinating organisation, trained facilitation teams in each region, called Support and Learning Teams. These teams stimulate communities to respond to HIV using the AIDS Competence Process.

“We plan to organize such Knowledge Fairs in Sikasso between communities, villages and districts, said Mr Samoura.

“Participants highly appreciated the Knowledge Festival. Communication was easy because there was no strict protocol. We exchanged as if we were sitting under the tree in our village.”
Mr Samoura, from 'Mutuelle de Santé Régionale' in Sikasso

Competence Approach applied to Human Influenza Pandemic Preparedness

Partner : International Federation of Red Cross
Country: Liberia
Total investment: 62.000 Euro
Duration: 1 week



Description of the partnership

The Constellation, in partnership with the International Federation of the Red Cross and Liberia National Red Cross Society (LNRCS), piloted the Community Life Competence approach applied to Human Preparedness to Pandemics (H2P) in two communities in Liberia.

The community members participated fully in the process. They were informed about the Human Influenza Pandemic, discussed concerns, fears, aspirations and dreams on H2P in groups, developed practices to reach their dream and assessed their own situation.

In the two communities visited, people worked in groups and gave feedback which generated practices the community consider as important in response to the Human Influenza Pandemic.

The SALT team tested the Self-Assessment tool with the community. The entire pilot was a wonderful experience as women, men and youths contributed and participated in both communities.

“This process will complement our operations. When the H2P was introduced to Maryland community without the use of this process, the communities were asking for what Red Cross will be doing and what is Red Cross expecting from them. This is contrary to the successes of the Community Life Competence process that happened this week”.

Mr. Ambullai Perry, Disaster Management Director

India – Kenya learning together

Partner : Rotary Club Geleen

Country: India and Kenya

Total investment: 1.500 Euro

Duration: 6 months

Description of the project and results



With the support of the Rotary of Geleen, in the Netherlands, the Constellation facilitated the exchange of experiences between facilitation teams and communities of truckers in India and Kenya. Early 2010, the two groups will organize a virtual SALT visit through teleconference.

Since July 2009, facilitation teams in Kenya and India have been exchanging their experience with truckers, in a group on the Constellation online platform (<http://aidscompetence.ning.com/group/indiakenyallearningtogether>). They have got to know the response of truckers in both countries. Both teams in India and Kenya already have conducted a SALT visit with truckers to discuss about their reality and challenges.

This is what Carol from Mlolongo in Kenya shared in the group: *“Morning all. The Kenyan team had their salt visit on Friday. A general comment about it is that it was so educative and a lot of sharing took place. It was really interesting in my perspective to see truck drivers challenging each other and i thought that the community was now becoming life competent. Stories and other experiences came up. Our colleague Petronilla will be reporting on what happened. We are looking forward to the video conferencing between the 2 countries. Carole”*

Together with the truckers the teams identified the issues that they want to share during the virtual SALT visit. That visit will be enhanced by a package of pictures, spices, music, and textiles that will set the tone for the visit and enable the teams to connect more easily.

Story from the field:

(Story told by Father Joe, from Nagaland)

A SALT visit was done on 5 Nov at Lahorijan, the parking area where trucks from various part of the country are stationed on the National Highway 39. The drivers were busy cooking and getting ready to work.

The parking lot owner, the drivers, helpers, and garage workers gathered around in anticipation of an awareness session on HIV. We however introduced ourselves and started sharing about the hopes and concerns in each other's family and professional life. They shared how eager they were that their children be healthy, educated and eventually become professionals. One of them is saving money to buy a truck.

A driver from Uttar Pradesh state expressed sadly - “our lives are worse than the street dogs” as they are harassed by cops, militants, and local goons all along the highway. They also had the feeling that their profession commanded no respect and they don't want their children to be in this profession. To keep themselves healthy, they cook their own food instead of eating in the roadside which also helped some of them not to be tempted to the Sex Workers. One of them shared how he changed his behavior of visiting sex workers ten years back, so that he does not bring HIV into his family. He advises his colleagues to follow his example or use condoms, if they are not able to avoid having sex. He felt helpless that this is the most that he can do and that people need to take responsibility for their own behaviors.

The truckers encouraged the conversation amongst them. The truckers were excited to learn and share their experiences with their counterparts in Kenya by the Indo-Kenya video SALT visit.

We are happy for the team being available here at Mlolongo to facilitate the learning and sharing. We wish if this could be happening to every truck stop. We can really help many truckers.

A lady from the PLHAs Network at ATHI RIVER, Kenya

Support to the National Facilitation Team in Indonesia

Partner : United Nations Population Fund

Country: Indonesia

Duration: four weeks in 2009



Description of the partnership

United Nations Population Fund (UNFPA) and the Constellation have been working since 2006 to spread AIDS Competence in Indonesia. Today a strong National Facilitation team in four provinces, IndoCompetence, is in place and stimulates communities to respond to HIV. In 2009, the Constellation supported three major activities of IndoCompetence.

Firstly, in July 2009, one Constellation coach and Indo Competence facilitated a learning event in Jayapura, with support of UNFPA and the city government. Twenty-five participants from NGOs like PKBI, from local communities of street children, drug addicts, peer educators, community leaders and the KPA 'AIDS commission' attended the 4 day learning event.

Participants saw the potential of using the AIDS Competence Process in their context. *"I visited housewives living with HIV. At first I was not sure I could interact or connect with them. During the SALT visit they were so open that it changed my perspective."* Roby from PKBI.

Secondly, in November one Constellation coach made a support visit in Manonjaya, where 34 facilitators applied the AIDS Competence Process to Adolescent Reproductive Health. Through the SALT process, facilitators changed their way of working. They took the time to listen, to stimulate communities and to ask questions.

Thirdly, a Constellation coach supported IndoCompetence in the facilitation of a National Knowledge Fair that took place in Yogyakarta. Forty-five participants from seven provinces shared their experience with the AIDS Competence Process.

Story from the field: Fathers stimulate response on Adolescent Reproductive Health

(story told by Wiwin Winarni, from Manonjoaya)

This is another experience from a SALT Visit on Adolescent Reproductive Health (ARH) Competence in Manonjaya Sub-district at Tasikmalaya, West Java Indonesia on inclusion in November 2009. The groups of fathers that really dominated the SALT visit became a very supportive group when they were equipped with sufficient knowledge on ARH issues and when they better understood SALT as a ways of thinking and working. Initially they came to the community to preach, to teach since some of them were teachers, heads of villages or religious preachers.

I learned that when they approached the community, not for teaching and preaching but asking questions and dreams of neighbors, nieces, grandsons/daughters, siblings, youths and of course community gathering they stimulated the discussion on ARH issues and appreciated their current understanding. They linked the community to information and service providers to provide complete information to fulfill the community needs.

I learned inclusion from the way they tried to open the discussion on ARH issues and what we can contribute as community members to make this come true. Before the fathers thought that ARH issues were simply not their business. Now this issue is simple in the mind of the father. I am really glad to know and learn that the SALT approach triggers a model group to be included.

Previously I could only think negatively about IDUs. During the SALT visit, I saw that the IDUs had the strengths to dream and to pursue their dreams. After I visited them yesterday, I had to think how my husband and I are educating our two kids. We should learn from the experience of the IDUs and help them pursue their dreams as well.
Ibu Nurhayati, facilitator from Indonesia

SALT visits in Chiang Mai

Partner : Burnett Institute from Burma and Layak Foundation from Indonesia

Country: Thailand

Duration: one week

Description of the partnership



In November, the Constellation organized two SALT visits with a group of Burmese NGOs and members of the Layak Foundation from Indonesia. Participants exchanged their experience with three different communities: the temple of Jedi Maekrua, the health center of Ta Wang Tan, and the Young

Muslim Network in Thailand. Both groups learned a lot from the strengths of Thai communities.

In both Jedi Maekrua and the Young Muslim Network visitors met with the local teams who apply SALT in their work and link it to their religious beliefs. Khun Kai, the chair of the PLHIV group and member of the SALT team, explained, "SALT made the community and facilitators happier. During our home visits, we used to ask about people's problems. Because we couldn't do anything about the situation, both we and the people we visited felt down. Now, we talk about what goes well, people's strengths and we talk about life in general."

Participants from Myanmar were impressed by the role of the Buddhist monks and how the Buddhist's principles helped community people to better understand HIV.

This project [SALT] gives opportunities to people. Even noodle vendors who have been through this process, they have become facilitators, home visit members, and volunteers. They have transformed tremendously.

Khun Rawsedee, chair of the Young Muslim Network in Thailand

International Congress on AIDS in Asia and the Pacific

Partner : UNFPA Indonesia, ADB, UNAIDS Papua New Guinea

Country: Indonesia

Total investment: 5.565 Euro

Duration: one week

Description of the partnership



The Constellation, in partnership with UNFPA Indonesia, the Asian Development Bank and UNAIDS Papua New Guinea, shared about the AIDS Competence Process at the ICAAP 2009. Facilitators organized a skills building session, a presentation about progress in 6 Asian countries and more specific presentations about the

progress in the Philippines, Thailand and Papua New Guinea. Five Constellation coaches represented the Constellation at the ICAAP in Bali.

Forty participants attended the skills-building session, organized by the Constellation and UNFPA Indonesia. After participants introduced themselves, Constellation coaches gave a short introduction about what the AIDS Competence Process is. In small groups, participants shared their dream for their community in terms of AIDS Competence. The coaches then showed how the dream could lead to the self-assessment and the group practiced assessing their situation on one of the practices. Many participants expressed their enthusiasm for the approach.

People did not want to stop their self-assessment exercise even when the organizers came to remind us that there were only 5 more min for our session.

Sirinate Piyajitpirat, Constellation coach



8. National Facilitation Teams

BelCompetence

Country: Belgium

First activities in: 2007

Number of members: 17



Description of activities and results

In 2009, BelCompetence, the Belgian team facilitation, decided to transfer the Community Life Competence Process to 5 groups: asylum seekers, municipalities, youth, People living with HIV and Muslim women.

BelCompetence made several SALT visits in communities of asylum seekers in the Red Cross Centers of Manhay and Beho. After the first visit, residents of Manhay facilitated discussions on HIV in the center. Residents of Beho invited people from the village at an evening called «global meal» to stimulate inclusion. Residents of Beho who left the center, have now joined BelCompetence.

In 2010 BelCompetence proposed to establish a partnership with Cross Red to extend the approach in several centers.

The team suggested to the municipality of Schaerbeek in Brussels to transfer the Community Life Competence approach to those associations that are interested. SALT visits were organized with Lhiving, an association that accompanies People living with HIV in Belgium. The team organized several activities involving Muslim women. The team organized several SALT visits in the «Schaller school» with handicapped youth.

BelCompetence organized a Knowledge Fair in March 2009 during which several associations exchanged their experiences. In March, Eric Ngabala, facilitator of RDCCompetence, visited BelCompetence and the team learned a lot from him.

Two groups of facilitators of BelCompetence have gone through the Blended Learning course.

Story from the field: Asylum seeking: what they offer to Belgium

(story told by Louis Marie Butoyi, facilitator of BelCompetence and coordinator of the Red Cross center in Beho)

This is the question that the SALT team asked the residents of the asylum seekers center of Beho-Gouvy. When someone arrives in a country and he is seeking asylum, he offers his fears, his weaknesses. He is and is put in a position of weakness. But when one changes his outlook, we see that asylum seekers also have strengths to offer to the Belgian society.

The residents were surprised that a group of Belgians, from outside, took the time for come and meet them. It was the first time a group visited the center and especially to share with them. They expected a meeting on HIV but they soon realized that the team was there to exchange experiences and acknowledge their achievements.

Their main concern is discrimination in the neighboring community. "We want to do something to change our situation. We want to feel good in our community. First we must change the image we have of society, then we can change the image that society has of us. We want to show we also have strengths!" Make people around us understand that "The strength of a chain depends on the strength of its weakest link".

They decided to set up a play and organize a "global meal" for inhabitants of Beho. Residents of the center shared their life story. They also visited schools to share their experience with youth. The atmosphere in the village has completely changed. No more insults but smiles instead.

Following this SALT visit, residents also asked to follow all kind of trainings. There so many demands, we can't follow up anymore!

IndiaCompetence

Country: India

First activities in: 2007

Number of members:

Description of the activities and progress:

IndiaCompetence, the National Facilitation Team in India, is composed of facilitators from organisations like Samraksha, SIAAP, People in Need Foundation and Chan.

Fifty facilitators from Samraksha, in the state of Karnataka, stimulated community discussion and action in 100 villages. They used the self-assessment framework for three years with 24 villages as an implementation and impact assessment tool. These approaches build social cohesion, communities start to understand their own vulnerabilities and they give all groups, including women, a comfortable space to speak.

SIAAP used the Community Life Competence Process (CLCP) to build community organisations of sex workers, MSM and target groups. Efforts were taken to integrate CLCP into programmes and share in different forums. SIAAP conducted a Knowledge Fair with 8 organisations in South India who had worked together on a 4 year project.

SALT visits by the facilitators of the People in Need Foundation have given opportunity for community discussions and action. For instance, the youth expressed their desire to be included in the drug prevention efforts while elders shared their frustrations that, despite all their love and efforts, drug use still exists. Community wide stigma reduction, local resource mobilization and community initiatives (opening up a new clinic, collection in church for drug users etc.) for prevention and care are some of the outcomes. Participatory Action Research was done in 2010 and demonstrated that, within a short period of 6 months, the community is transferring the inspiration to 8 neighbouring communities.

Under UNAIDS funding, Chan Salvation Army hosted an ACP event in Aizawl town where other organisations like PNF, APS etc. were invited. This gave a boost to the CHAN facilitation team, encouraged the local communities and revitalised the community response to HIV.

Story from the field: Raichur, Karnataka



When Ramanna's friend tested positive for HIV, Ramanna gradually started moving away from his friend. He did not want to be involved with him in any way. His friend later developed severe health problems, had many disfiguring marks on his face, and was admitted in

the hospital.

Ramanna shared that his friend repeatedly asked for him but he was hesitant to go. He was scared of catching the illness from his friend, and was also scared that just by being seen in the hospital with him, people would think he himself had HIV. So he never visited till his friend passed away.

Following the perspective building process, Ramanna deeply regretted his behavior. According to him, *"I had made a big mistake, who know what my friend wanted to discuss with me when he called me. Now I will not do the same. There are three people living with HIV here, I go talk to them, sit with them. I help them."* Ramanna is an active volunteer who supports the different affected people, especially to reach services.

Ramanna's experience shows that sometimes people may make an initial response based on fear and shun positive people, but when their fears are properly addressed, they feel bad about their behavior and become active agents of change.

IndoCompetence

Country: Indonesia

First activities in: 2006

Number of members: 200

Description of the activities of the team and results

Indocompetence is a strong network of about 200 facilitators as well as community teams in 4 provinces of Indonesia.

In Merauke, in the province of Papua, the facilitation team did its self-assessment and action plan and they organized advocacy training. They transferred the AIDS Competence Process to 24 government officials from various departments. One of the results of the approach in the province is that local government hospitals arrange mobile VCT centers for the communities. Facilitators participated in radio talk shows to give information on HIV for young people. Three facilitators are working in the Merauke KPA (AIDS Commission). They are the inspiration and support for the spread of the process in Merauke.

In July 2009, IndoCompetence facilitated a learning event in Jayapura, with the support of UNFPA and the city government. Twenty-five participants from NGOs like PKBI, from local communities of street children, drug addicts, peer educators, community leaders and the KPA 'AIDS commission' attended the 4 day learning event.

In West Kalimantan, on the island of Borneo, IndoCompetence conducted two support visits to the local team. In Manonjaya, in the province of West Java, the local team has applied the AIDS Competence Process to the issue of Adolescent Reproductive Health. In Jakarta, IndoCompetence organized two learning events: one with 19 transgender and one with sex workers from North Jakarta Harbore.

In 2009, IndoCompetence organized a Skills Building Workshop at ICAAP and a Yogyakarta Knowledge Fair to introduce the AIDS Competence Process to new people and communities and to learn and to share with them.

UNFPA supports IndoCompetence and the spread of the approach in the country.

Story from the field: Last night a flower bloomed in front of the Hotel

(story told by Rebeka Sultana, from UNFPA)



During the first evening of the Indonesia Knowledge Fair we all did SALT visit in small groups. This was not organized as we decided to practice SALT with the people we would meet. We are now clear in our minds that SALT is not a visit but a way of life.

"I found a new way to know my child" - Exkuwin, Jakarta

"For the first time I asked my baby sitter about her life" - Wiwin, Bandung

"Taxi drivers have spirit, have dreams for life. I never did a SALT visit during a taxi ride until last evening. SALT is a way of thinking" -Ibu Nung, Manonjaya

SALT with My Long Time Friends: "We are friends for years but till last evening I never knew my friends better than I know them now, we shared our dreams and it bring us closer"- Denty, Yogyakarta

Sharing Information on Sexual Identity with Friends: "My friend had prejudices against Gay people. I shared the information I had about gay people and my friend knows now -gay's are human being too" - Ira, Palembang

SALT is not a visit, so much way of life: "Last night I thought you would forget about the SALT visits. I was wrong. I underestimated your strengths. Before making judgments I should ask myself : Are you sure?"

-Jean Louis, Belgium

Kenya Competence Trust

Country: Kenya

First activities in: 2008

Number of members: 35

Description of the activities of the team and results

Kenya Competence Trust exists to nurture the belief that people with HIV, along with others who are affected, have the capacity to respond through care and change, to act, and to live in hope in the different contexts of their lives.

The core team for Kenya Competence Trust consists of six people. In 2009, the team registered the Kenya Competence Trust and discussed running of the Trust. Through these conversations, three trustees were selected to oversee the activities of the Trust.

Through a partnership with the Kenya Faith Based Organisations Coalition, Kenya Competence Trust developed the capacity of local congregations in Mombasa and Muhuroni to respond to HIV. Two multi-organisational facilitation teams accompanied 7 communities and visited over 500 homes. The quality of local responses increased, characterized by increasing care between neighbours. Each organization did regular self-assessments. Communities that respond successfully reached out to impact neighbouring communities. In Muhuroni/Kisumu 37 new communities were reached for relationship building and in Mombasa 30 communities over a 12 month period. In total, Kenya Competence facilitated the process in 70 communities.

Truckers and PLHIV from India and Kenya exchanged their experiences since October 2009 on the online platform of the Constellation. The teams will organize a teleconference early 2010. The Kenyan host community has been a 'group' of truck drivers in Mlolongo.

Kenya Competence Trust was able to link with the National Aids Council. As a result AIDS Competence has been written into the National Strategic Plan as one key methodology for community mobilization.

Today, eighteen members of the Kenya Competence Trust connect on a group on the online platform of www.aidscompetence.ning/group/kenyacompencetrust.



SALT- The 'spotlight' in Mlolongo major Truckers stop
(story told by Onesmus Mutuku, Constellation coach)

The team In Kenya organized a SALT visit to Mlolongo Major truck stop. Here is a reflection from Peter during the SALT visit.

“ I joined the long transport work as an assistant to the driver. I was introduced by one driver who came from my home village. I had a big vision, one to become a Driver too.

It was really a challenging experience for you spent many days away from home. When you seek permission from your employer to visit your family, you most likely lose your job. You would find majority of the drivers had many sex partners along the transport corridor. Back in my home village, all the drivers I had found in the long transport sector had died of AIDS including the driver who introduced me to Long transport work. It was a big shock to me, I recall. I used to drink heavily; I tried assessing how the drinking was predisposing to getting infected of HIV.

Today, I have not forsaken my colleagues including those who drink beer. I decided to be reminding them of some women they know along the transport corridor whose health was deteriorating. I have seen this really help to changes their intention to go with a woman that night. It even opens ups an in-depth talk on how to protect themselves from HIV infections. They get so encouraged and motivated too and ask me to show where they can be tested for HIV.”

At the end of the visit, Peter said: “I am deeply humbled to be part of this conversation for I know how meaningful it is to our truckers. When we leave here, we will share with our friends on what we learnt and encourage them to come.”

Pinoy Competence

Country: Philippines

First activities in: 2007

Number of members: 30

Description of the activities of the team and results

Pinoy Competence, the National Facilitation Team, strives to spread AIDS Competence in the Philippines. They transferred the approach to second and third generation of facilitators. Today 77 facilitators, from Manila to Eastern Samar and from Boracay to Iloilo are able to facilitate the process in their own context.

Several NGOs, like KGPP, Babae Plus, KGPP and PRRM integrated steps of the process and tools into their activities. "We used the ACP as a method to develop our organization in our work on AIDS and probably in all of the areas we work in, including children's rights, reproductive health, environment, poverty alleviation, child labour and others," explained John-Pierre Montilla, founder of KGPP.

At least 108 communities have assessed their own situation and 39 have developed an action plan. Communities are as diverse as Local Government Units, AIDS Councils, Barangays, groups of mothers, youth groups, MSM, street children, NGO staff members and partners, church groups, etc. The self-assessment has been adapted to LGBT groups, street-children, peer educators, sex workers, young girls, gang members, NGOs, etc.

The NGO Kabataang Gabay sa Positibong Pamumuhay (KGPP) stimulated street children to reduce their risks towards STI and HIV.

Team members transferred the AIDS Competence Process to 4 Provincial AIDS Councils, Local Government Units and Regional Response Mechanism for AIDS of 6 provinces, with support of UNFPA.

At their annual peer educators' conference, the NGO PRRM facilitated the self-assessment of 300 peer educators. They also used SALT to help youth leaders from different parts of the Philippines in tapping internal resources and use such resources as part of their plans at the National Young Peoples Planning Forum in November 2009.

Story from the field:



The NGO Kabataang Gabay sa Positibong Pamumuhay (KGPP) stimulated street children to reduce their risks towards STI and HIV.

Twenty five communities have assessed their situation with their support. Since street children started to discuss their vulnerabilities to STI and HIV, they regularly went for STI screening, reduced sex work and transitioned back to school. They now make art out of their exploitation, sell them to support their own education. This new wave of children who

go for regular screening put pressure on the local government to provide access to essential HIV and STI services.

A 17 year old boy shared that, within 6 months, he reduced sexual interaction with men from once a week to once every three months (see his self-assessment left, Red = where he is today; Triangle = where he wants to be in 3 months).

"The children are proud to take their own decisions and set their own targets, explained John-Pierre. They choose a mentor - another child - that will support them."

RDCCompéence

Country: DR-Congo

First activities in: 2006

Number of members: 50

Description of the activities and results

RDCCompéence, the national facilitation team in DR-Congo, made a lot of progress in 2009. While the team worked without funding in 2008, they now have resources to expand the approach throughout the country.

The secretariat is better organized at all levels. Since 2009, three people are being paid to support RDCCompéence, they work from the office of the team. RDCCompéence completed its registration as a non-profit association. Facilitators meet monthly to share lessons learned in terms of facilitation.

RDCCompéence is more confident. The team has written several proposals, some of which have been approved. The team has signed its first partnership with Cordaid to revitalize health zones in Bas-Congo. RDCCompéence and the Constellation have entered into a partnership with the National Multisectoral Program against AIDS (PNMLS) to spread the AIDS Competence Process in 15 major cities and 220 facilitation teams.

In early 2010, RDCCompéence signed a partnership with UNICEF and UNOPS. There are many other opportunities for partnerships, such as with the FARDC or with Cordaid.

The facilitation teams of Yolo and Kimbanseke, two municipalities in Kinshasa, shared their experiences at a Knowledge Fair. Yolo learned from Kimbanseke how to involve the health zone in the facilitation. Today they work closely together.

RDCCompéence has expanded its focus from HIV to malaria. On 3 October, they organized a workshop to introduce the Malaria Competence Process. In early 2010, the team started to facilitate local responses to address 5 key family practices of UNICEF: hand washing, breastfeeding, use of insecticide-treated nets, complete immunization and support of the pregnant woman and her spouse.

Story from the field:



During a self-assessment in Kimbanseke, the community chose the practice of "Inclusion of People living with HIV" as a priority. People decided to identify the infected and affected families.

Suddenly a community member said: "I have a nine year old girl in my family who is an orphan. Her mother remarried in Tshikapa, and Bellefie lives with her grandmother on father's side. She is sick all the time and people stigmatize her.

They accuse her of being a witch because the family business is not doing well and her one year old cousin was seriously ill. This prompted the family to go and visit a church. »

Following this testimony, the community and the facilitators decided to bring the girl to the Kimbanguiste hospital. The HIV test was positive: Bellefie had HIV! Members of the community mobilized their own resources to cover the cost of testing and Psycho-social support.

Now, they put resources together to pay her medical expenses and to buy food for the girl. Some offer her food or clothing.

Stigma is also beginning to decline because people's attitudes have changed. Today Bellefie feels better.

Through the self-assessment, which opened the discussion within the community, people are more open and have taken action to fight stigma.

Sierra Leone Community Life Competence

Country: Sierra Leone

First activities in: 2009

Number of members: 244 facilitators and 4 coaches

Description of the activities of the team and results

Coaches in Sierra Leone have been active since 2005 and in December 2009, they formed Sierra Leone Community Life Competence. The approach was first applied to malaria and HIV with two international NGOs: World Vision and Plan International.

In a 9 month project, World Vision implemented the Malaria Competence Process for nine villages in Imperi Chiefdom, southern Sierra Leone. Five Competence Facilitators within World Vision in Freetown and Bonthe district are now actively participating in facilitation processes.

Facilitators in Plan International trained 6 facilitators at district level on AIDS Competence and together they trained 80 chiefdom facilitators, with support of Global Fund round 6. The Chiefdom facilitators in turn each facilitated AIDS Competence self-assessments in 3 communities. The communities identified their current status and set themselves targets for improvement within 12 months. The 80 chiefdom facilitators covered 240 communities or community groups in 25 chiefdoms.

Plan International adapted the AIDS Competence Process to Child Health and Development (CHD) with support of the European Union. So far, 85 Peripheral Health Units (PHU) staff were provided refresher training in CHD in Moyamba District. Each health staff after the training carried out CHD Competence self-assessment in 3 communities. A total of 255 communities/community groups were covered. They identified their current status and set targets for improvement within 12 months.

In Kailahun District, 4 Plan staff and 3 District Health Management Team members were trained as trainers of CHD Competence facilitators at the district level. The 7 trainers in collaboration with national facilitators/ Constellation Coaches trained 67 PHU staff from 14 chiefdoms in Kailahun District. The 67 PHU staff returned to their respective PHU catchment communities and supported 201 communities to assess their situation.



Story from the field:

Communities in Imperi Chiefdom reported that the Malaria Competence Approach is having tremendous impact in reducing malaria sicknesses and deaths particularly among children and women.

Malaria in the mende local dialect is known as “Gbelue / Kolewah”, a major health problem all over Sierra Leone. A two-day facilitation session for community representatives from nine targeted communities assembled in Morbopu village, Imperi Chiefdom, Bonthe district, in April 2009. Through the facilitation of a self-assessment the various communities identified their health problems which included malaria. The use of LLIN (Long Lasting Insecticide Mosquito Net) and appropriate/timely treatment seeking behaviour were prioritized by four villages. As part of the Competence Approach, a day’s follow up support and learning visit know as SALT (Support to Action, Learning and Transfer) visit was carried out in one of the nine targeted locations, Momaligie village.

The communities shared impressive stories of the impact noted so far in their villages. Four villages that chose to intervene on malaria such as Momaligie, Samahun, Mowonde and Sokoloh implemented a targeted LLIN distribution for school children, pregnant women and lactating mothers in June 2009. The communities also promoted access to prompt treatment for fever since malaria can even kill the children within 24 hours onset.

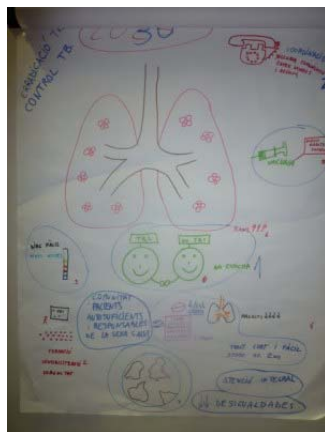
“To date, no infant, child and maternal deaths were recorded since April 2009 after the facilitation of the Malaria Competence Approach. There is improved sanitation in the villages as youths are mobilized to carry out brushing around the villages”, said the Momaligie village chief.

BarnaCompetence

Country: Spain

First activities in: 2008

Number of members: 4



Description of the activities of the team and results

Our team was created in late 2008 and we started our work together with the Blended Learning Course.

After we finished the Course we spent some time trying to consolidate common knowledge and exploring ways in which we could start our contact with community groups.

We did a few SALT visits, first as part of our learning process and then in an attempt to better know how we could start to introduce the approach in Barcelona and Spain.

As a result of this conversation, we started to talk with potential allies. It took some time but it resulted in an invitation from a TB working group (with members in Catalunya and Spain) to explain the approach and start with the dream, Self Assessment and Action Plan.

The meeting took place in February 2010, but all the preliminary work was done in late 2009-early 2010.

We think this initiative is very important for the future development of Community Life Competence Process in our country, because TB is an issue on the rise in Spain. There are not so many organizations competing, so they are more open to try something new. Then we have confidence in that using this to document the approach in Spain can facilitate the introduction to other fields.

We are keeping our fingers crossed!

Story from the field:

We do not have still many documented stories from the field but I will try to share one from our SALT visit to a gay men's group in Barcelona.

The coordinator invited us to talk about HIV to the group and we told him that we would very much like to go and visit them but not to talk but to listen.

In spite of this, he sent the invitation to the rest of members of the group advertising our visit as an HIV talk.

We started the session introducing ourselves by saying our names and one thing we were proud of about ourselves. Most of them showed their surprise and after a few hesitations they started thinking of something they felt proud of.

And then, the session went by talking about what they thought they knew about HIV, which was quite a bit once they changed their understanding that they were there to 'learn' from us.

At the end the visit, we asked them how they felt and they shared with us that they had very much enjoyed sharing what they already know about HIV. One of them told us that he was reluctant to show up because he was tired of always being told about condoms. And he added that he was very glad that he did come because he felt that he could think differently about HIV, health and care.

They invited us for a second visit which will take place soon.



our website www.communitylifecompetence.org
our community www.aidscompetence.ning.com

