

The Constellation for AIDS Competence

connecting local responses around the world



annual report 2008





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1. The Constellation: a Living Community

People belonging to the Constellation will remember 2008 as a year of expansion, deepening and initial evidence of impact.

Constellation coaches have transferred the Competence Process to at least 768 new facilitators on AIDS competence. In turn, Constellation facilitators and coaches stimulated at least 190.600 people to respond to HIV and 982.200 people to respond on malaria from 22 countries. Our agreements with partners since 2005 are starting to bear fruit. While the Constellation's overall activity increased 34% in 2008, its secretariat expenditures remained constant in comparison with 2007.

Constellation coaches did not limit the scope of their facilitation to local responses to HIV, but extended it to malaria in at least 3 countries of West Africa. Preparations are under way to offer the competence approach to respond to diabetes, human influenza pandemic and avian flu. Other areas like reconciliation and local response climate change are being explored.

By expanding the scope of its facilitation the Constellation is not spreading itself too thin, but is deepening its understanding of its core business: the Community Competence Process stimulates local ownership of life threatening issues and connects people involved in local responses to these issues.

From West Africa to Papua New Guinea, and from Kenya to Brussels, communities respond. At least 5864 communities have built their common vision of success on AIDS and/or malaria. They are taking action towards that vision, merging their own resources with the means for prevention, care and mitigation of AIDS and malaria made available to them. A growing proportion have measured their own progress and adapted their actions accordingly. As a result vulnerability is decreasing; malaria related mortality is decreasing.

SALT¹ allows Constellation members to tap their inspiration from their immersion into community experience and to transfer that experience into their context. Facilitators **S**timulate communities to take action, by **A**ppreciating their strengths, **L**istening and **L**earning from them. When they **T**ransfer what they have learned in their own context, this stimulates the community to do more. "I used to be a criminal. But they [the facilitation team] showed me that I had strengths! That really changed my life. Now, I do community counselling, home visits and I take care of the PLHIV," said Kasure, facilitator from Papua New Guinea.

Inspired by the renewed human connection with communities and peers, people working in governmental and non-governmental institutions have started influencing the culture of their institutions from top down advice to learning and facilitation.

Challenges however remain. The Constellation still has a long way to go to stimulate the connections by all those who believe in local capacity to respond. The Constellation needs to recast its identity as a global community of people and organizations committed to stimulating local responses to global issues. It needs to structure itself in a way that supports rather than stifles its innovative approach.

¹ SALT summarizes the way we work and is the acronym that stands for S : Stimulate, Support ; A : Appreciate ; L : Listen, Learn, Link ; T : Team, Transfer

2. We transfer the Competence Process

Our way of working -called SALT- stimulated many of our partners to shift from a sole focus on needs to a strength-based approach. The Constellation, including all communities who strive for AIDS or malaria competence, grew exponentially and can now offer a process to spread competence at a large scale. A challenge is to identify and put in place the key elements to spread competence at scale, while maintaining the SALT spirit.

- SALT
- We grow
- We learn and adapt
- Challenges

SALT

SALT had an impact on communities, organizations and our partners

"We believe that in most communities people will take ownership of the response to HIV when they become aware of their own capacities," explained Philip Forth, facilitator of the Learn function in the Constellation.

Facilitation teams stimulated thousands of communities to take action by listening to community members, learning from them and highlighting their strengths. Eli, youth leader from Papua New Guinea, explained: *"We are focusing more on our strengths, because when we build up the strengths we know that our weaknesses will be reduced. The qualities that I see in the youth in our community help us to move forward."*



Eli, with other young men in Walis Station, during a SALT visit

"Why are we always discussing the problem and some negative aspects if people strengths can be the power of change?" Harry Kurniawan, Indonesia



Countries where AIDS or malaria competence is spreading

"When you came, last time, the way you listened and talked to us stimulated us. You made us believe that we can defeat the virus and contribute to stop spreading it."

A sex worker from Tanzania, during a SALT visit

SALT leads to a shift in the way of working of many organisations, from 'needs-based services' to a strengths-based approach. *"The ACP is a very useful tool in order to remind staffs to draw out insights from the communities and look for good things instead of the bad things or the problems. The ACP is an eye opener,"* explained John Piermont Montilla, Philippines.

The Competence Process improves the use of existing services. We see that when HIV is no longer a taboo, large number of community members go for testing, use condoms and request information about HIV. After a SALT visit in Tent City, Papua New Guinea, 67 people signed up for a HIV test during the World AIDS Day.

Nzotsi Paluku, working for Health Net TPO in DR-Congo, explained: *"Before, every day we would give the same information on HIV to people. People got bored. Now, the communities assess their own AIDS Competence and decide what they want to know about HIV. The demand comes from them! And this makes a big difference."*



“During a SALT visit a group of transgender taught me how to respect friendship and family and these are values which I have forgotten in my family life”, Novi, Programme Officer at the AIDS Commission in Pontianak, Indonesia

It also improves the human relationships within these organisations. *“The new dialogue and the new way of looking for strengths and appreciating each other have healed the division within our organization.”* Nonhathon, SWING, Thailand.

Some of our partners also used SALT in their organisation. During their retreat, staff members of the Great Lakes Initiatives on AIDS (GLIA) conducted a SALT visit to an association of former sex workers, in Kigali. *“The SALT visit brought the GLIA team together like no management consultant could do,”* said a staff member. *“I was expecting that the sex workers would be full of self-pity and ask for handouts. Imagine my surprise when they offered to help us at the GLIA!”* *“We were expecting people from outside to come and bring us stuff. Material stuff in our communities. Knowledge stuff in this workshop. But instead this process is helping us to think for ourselves, about ourselves first,”* shared a participant during a learning event organised with Handicap International in Mozambique.

We grow

The Constellation grows continuously through formal partnerships and other channels

Today, thousands of communities in 22 countries actively strive for AIDS and malaria Competence.

In 2008, the Constellation spread AIDS Competence with 17 partners, such as the Asian Development Bank, the Great Lakes Initiative on AIDS with the World Bank, Handicap International, the World Health Organization and the Aga Khan Development Network in East Africa. 768 new facilitators, who are supported by Constellation coaches¹ for one or two years, stimulated communities to take ownership of the HIV issue.

The *AIDS Competence Process* is a process by which a community responds to the issue of HIV. At every step of the process, the facilitator supports the community with an appreciative way-of-thinking and working and a set of tools. This is represented in the table below. This process can easily be adapted to other concerns such as malaria or diabetes.

step	What the community does AIDS Competence Process(ACP)	What the facilitators does Facilitation of the ACP	
1	The community invites the facilitation team		Establish a relationship with the community: SALT visits
2	The community generates its dream	Way of thinking: Communities have the capacity to solve their own problems Way of working: SALT	Building the dream/vision
3	The community analyses opportunities, threats and vulnerabilities, assesses its own strengths and areas for improvement		Self Assessment of AIDS Competence
4	The community sets targets and plans its actions		Self Measurement of Change
5	The community acts		Facilitators encourage them
6	The community measures its own progress		Self Measurement of Change
7	The community learns from its experience, adapts and re-assesses its situation		After Action Review and go to step 2
8	Communities come together to share their strengths and to learn		Peer assist, knowledge fair
9	Communities capture common experience		Knowledge Assets

For more information, visit our website <http://www.aidscompetence.org>

¹ Constellation coaches are facilitators who are able to transfer the AIDS Competence Process in and outside of their own context.

“What I think of AIDS Competence? It is an original and innovative approach that should be spread as much as possible and be applied to many issues,” said Zacharie Nzeyimana, Programme Coordinator of the Great Lakes Initiative on AIDS.

“This is my first experience of a training where we (NGO Hivos) are involved in all steps including facilitation.” said Miriam Elderhorst, laughing during the debriefing. “I understood that this is not about program but about people and life and this is the Constellation’s nature of work.”
 “In some settlements, the approach also reduces crime, drug use and sanitation problems. People start to take care of their community. Actually, you are doing the work of other NGOs as well,” said Dr. Fabian Ndenzako, from World Health Organization in Papua New Guinea.

“AIDS competence is a work of force, feeling and self power”, Rebeka Sul-tana, from UNFPA Indonesia

AIDS and malaria competence also spread through other channels. Here only a few examples of a larger movement that is taking place...

In Togo, the Red Cross used its own network to spread malaria competence: from regional coordinators to 15,000 volunteers in the whole country. More than half of the 700 “mothers clubs” have done their self-assessment and took action. In Guinea Conakry, Unicef introduced Malaria competence to more than 2 million inhabitants in 6 prefectures in 2 regions.



Women in Togo, discussing the issue of malaria

The Norwegian Church Aid used the AIDS Competence Process in their Global Fund projects in Thailand. Forty four facilitators throughout the country are accompanying 350 SALT teams –composed of Buddhist, Muslim and Protestant leaders and People Living with HIV- to stimulate ownership of the HIV issue in local communities. “Once I understood why to use the process, I could develop my own ‘how’ and adapt the approach to our context. It improves the quality of our work.” Khun Somthong Srisudhivong, NCA Regional AIDS Program Coordinator in South-East Asia.

Communities who started the journey toward AIDS Competence automatically transferred their competence and inspiration to others. People in Walis Station (Papua New Guinea) organized a ‘coffee night’ where they watched a movie and discussed their vulnerabilities. They invited their friends from other neighborhoods. “Our neighbors got inspired and now want to do the same!” said Ellen, a youth leader.

Wherever the Competence Process is introduced, communities take issues in their own hands. Here are some key results we have observed with illustrations from the field:

Red Cross Togo compared the results of communities having a Red Cross group (Group 1, below) and who had made their self assessment, with those who had no RC representation (group 2).

Bednets in the houses	Group 1 : 78%	Group 2 : 60 %
Prevalence of malaria among children under 5	Group 1 : 37%	Groupe : 54 %
Use of insecticide treated bednets for children under 5	Group 1 : 68 %	Group 2 : 48 %

- When communities open the dialogue about HIV or malaria and how it affects them in their own life, **they acknowledge** the reality of the issue and start acting. For instance, community members go for HIV testing and organize awareness raising sessions. “You can see the young people now sitting around with their mothers and fathers to talk about sexuality. Before that it was impossible,” shared Tau from Papua New Guinea.



Village in Togo striving for malaria competence

Aziawo Kokou, Red Cross coach from the district of Zio South in Togo is proud of the mothers club of Bolougan: « Before, the women thought that malaria had to do with witchcraft. Once they became aware, they started cultivating corn and manioc on common land. With the income of the crop, they buy mosquito-nets».

In Sohm, the Gambia, five children on average died of malaria every year. « Since the self-assessment mobilized us, there was not one death anymore, » noted Sera Badjie. “We associated the disease with witchcraft... no discussion was possible. Now, our group of women can discuss without any problem with the community about the causes, symptoms and ways of prevention. The development committee of the village even adopted a municipal decree to strive against malaria. »

- Infected and affected **people are better included**. “A HIV positive woman, Koteshwari, was deserted by her husband. Her community also ostracized her. However, with the SALT approach the community accepted her and provided her help,” said Jayakar Kotte, from Share an Opportunity, India.



In six African countries in the Great Lakes region, truckers and People Living with HIV teamed up to stimulate their communities to take their issues in their own hands. Working as a team brought the two groups together. « We learn all the time from People Living with HIV (PLHIV). We learn from their solidarity and their determination to fight stigma and poverty,” said one trucker.

- Because **people care for each other, they prevent** themselves from getting HIV. “We visited a community of truck-drivers’ wives in Rwanda. A former truck driver, who is now blind, and who lives with HIV explained: “Please, understand us, understand your husbands: when we are on a 3 weeks trip, we stop in many small hotels, and nearly every time there are girls who want to seduce us. In spite of our oath of faithfulness, it can happen that we go with them. This is how I got AIDS myself”. One of the women answered: “We understand that our husbands can be won over by human feelings and that they can put themselves in danger”. And all the women decided to put a box of condoms in their husband’s suitcase every time he would leave.” Valens Nkuriyinka, Constellation coach in Rwanda

- Communities have better **access to treatment**. When a community in Kinshasa did its self-assessment, they realized that “we are almost out of ARVs. If we do not find new treatment soon, people will die.” Facilitations linked the community to a testing centre 500m from there where ARVs almost reach their expiration date.

In Ieta, Bougainville, young people shared: “There is an VCT centre 200m from here in the hospital. We do not go because people will gossip if they see us going in. We will ask the Provincial AIDS Council for a mobile testing centre in our community.”

Truck-drivers in Katma, a trucker’s stop in Uganda, said that although they were willing to have an HIV test, they found it impossible: “The health centre where tests are available is only four 4kms away, but it is only open from 8:00 am to 5:00 pm, while we never get to Katma before 6:00 or 7:00 p.m.” Soon after a SALT visit, they started advocating and they succeeded: a team from the health centre comes now every Thursday night to Katma with tests kits. Truck-drivers can have the test any time between 8:00 pm and 01:00 a.m.

- **People address their vulnerabilities**. They discuss the factors that make them vulnerable and how to address these factors, using their own strengths, imagination and resources.

For instance, villages in Burundi identified wedding parties in the evening as moments of vulnerability. Community members involved religious leaders in addressing this issue and decided to celebrate weddings during the daytime.

Mrs Kalsoum Jankou, wife of a traditional healer and leader of a women’s group shared : « One day 300 of us came together to clean the village of all this old cans and old tires that constituted breeding grounds for mosquitoes. »

Ian, a young man in Indonesia who is art of the Merauke facilitation team, leads a music band. With music come alcohol, drugs and girls. Ian stopped drinking. “I now discussed with my band how to focus on music and to leave the rest.”

“We now organize ‘coffee nights’ every two weeks where we discuss our behaviour in terms of drugs and alcohol,” explained Eli, a youth leader from Walis Station, Papua New Guinea after a SALT visit. Many young people stopped their risky behaviour. A mother from Walis Station shared that “I am so proud of our young men and I’m happy I can sleep again at night. It is quiet in Walis Station now.”

- The Competence Process improves the **gender** balance. « *Before, only men would talk, remembered Lamboni Kouami, chairman of the regional Red Cross committee of Savanes (Togo). Women feared being beaten at home, when their husband would say: « How dare you! You spoke! » Today they talk, without fear, in front of the village chiefs!* »
In Papua New Guinea, by organizing communities in small groups of young girls, boys, fathers and mothers, facilitators easily opened the discussed about HIV. Women have now a voice in the community and take actions to stop the spread of the virus.

« From now on, we do not fight anymore, my husband and I, because we made a habit of listening calmly and to respond patiently." Amouzou Voudou, from Gboto Assigamé, explaining what she personally got out of the malaria self-assessment

- **Communities learn and transfer** lessons learned to others. "We met Women Living with HIV from Rwanda and it inspired us to see what we could achieve on a political level," explained HIV positive women from DR-Congo after a SALT visit. The women's association started to advocate with the Senat in DR-Congo to pass a law recognizing the rights of PLHIV to get married and have children.
- **Communities measure their change and adapt** their response. Street children in Bacolod (Philippines) do their self-assessment of their risky behaviours every three months. "Street children now take their own decisions in assessing their risky sexual behaviour and measuring the change they want to see. They are proud that they recognize their risk and they are very eager to change them." John Piermont Montilla, founder of KGPP, Philippines.
- **Communities mobilize resources** to respond to HIV, whether these are their own resources or external resources. Mothers in Genoka, Papua New Guinea, planned to organize a sewing training workshop. At first, they wanted an NGO to organize the training but after discussing it they changed their plan. "There is a woman here who is a very good cook and who can give the training. All mothers will pay 5 kina to buy the workshop material. We have to use the existing resources in our community."



SALT visit in a trucker's stop in Kenya

The Chairman of the Village Development Committee of Sohm (The Gambia) explained: "Then we started to develop our own plan of action...so now as VDC Chairman, I have a special account where we save an amount of money which is in place to help people who lose their bed net or have it damaged and they cannot afford to replace it. We give them a new bed net on a credit basis."

Today, we can offer a process to any partner to operate at large scale. In several countries like, Papua New Guinea, DR-Congo, Indonesia or Mali, the Competence Process has the potential to go to a larger scale. There is momentum because the Constellation with its partners transferred the Competence Process to facilitation teams and several local partners. These national facilitation teams in these countries are now well established and want to register as formal organizations. They have a common vision: facilitation of local responses in the majority of communities in their country. These future 'member organizations' will then be able to establish partnerships at national level, transfer the approach to a greater number of partners, facilitators and communities.

Based on our current experience, we developed a strategy to transfer the approach at large scale. This strategy will be continuously updated and refined as we gain experience in the future.

We learn and adapt

A different offer, applied to other issues

On the basis of our 2008 experience with 17 partners, we updated our offer. Firstly, Constellation coaches provided more support in the field to facilitation teams, through an increased number of support visits rather than workshops. During these support visits, the facilitation teams experienced the Competence Process themselves. Moreover, coaches can help them to adapt the process to their own context.

Secondly, facilitators often have a lot of experience with regards to HIV or communities that is worth sharing at the start of a learning process. In this way, we value the existing strengths.

Thirdly, the Constellation in partnership with the Norwegian Center for Telemedicine (NST) developed a blended learning programme: a combination of real life practice in the field, online modules and distance support. In June 2009, this programme will be a cost-effective alternative to our usual process to transfer the Competence Process.

Fourthly, we facilitated several 2-3 days learning events, like a Hivos partners meeting in Dakar or the AKDN meeting in Dar-Es-Salaam, to explore the interest of our partners. In this way partners can know more about the Competence Process before they decide to launch a 1-2 year process with the support of the Constellation.

Finally, in several countries we offered support for one specific step of the process. In Mali for instance, Groupe Pivot transferred the Competence Process with Global Fund support to facilitation teams throughout the country. They just asked support from a coaching team to facilitate the Knowledge Fair. In Togo, a team supported the Red Cross to capture their progress in terms of malaria competence.

The AIDS Competence Process has been adapted to Human Preparedness to Pandemics, in partnership with the International Federation of the Red Cross (IFRC). In May, a group of experts from the IFRC and academics compiled a draft self-assessment with the support of Constellation coaches. The outcomes of this meeting now will be tested at community level to explore applicability. Once this pilot turns out to be successful, the Human Preparedness Competence Process could be facilitated at large scale in a number of countries.

During the political turmoil in Kenya, members of the GLIA facilitation team, from different tribes, decided to play an active role to stimulate peace in Kenyan communities, using SALT and the AIDS Competence approach.

“Some villages suffer a lot from the chaos: men have been killed and women raped. These communities need accompaniment to overcome trauma. We will use the AIDS Competence approach to restore communication between tribes, starting with our own team and communities we belong to. With SALT as the way of thinking and working, nothing can stop us from facilitating Reconciliation- not seen as a different thing than HIV.” *Onesmus, coach from Kenya*

Challenges

Challenges to transfer the Competence Process at scale

We have the potential to spread AIDS Competence, which can have an impact on the lives of many people. What are the key elements to transfer the Competence Process, by keeping the integrity of our spirit?

What can we do to put these key elements in place? One key element, for instance, is the presence of a strong facilitation team at national level. In several countries, facilitation teams want to register their organisation and be a ‘member organization’ of the Constellation. We need to support the emergence of these start-ups in order to transfer the Competence Process at large scale. At the same time, the Constellation as an organisation needs to build new partnerships for its own survival.

We need to further improve the process and clear indicators to measure progress. We need to start measuring our own progress systematically and stimulate communities to measure theirs. In this way, the step “self-measurement of progress” will become clearer. We will learn by doing and consulting others.

Does our focus remain on HIV or other life concerns? In 2008, we were able to capture great results in terms of malaria competence in Togo and the Gambia, in partnership with Roll Back Malaria. This clearly shows that what unites us is a common approach, not HIV. Other issues like malaria could allow a quicker spread of the Competence Process. Do we need to invest more time in opportunities to work on other life concerns, like global warming, peace and reconciliation or preparedness to pandemics?

- Principles for successful scaling up of the Competence Process**
- Hosting organisation with commitment and capacity
 - Start small, think big
 - Focus on experiential learning
 - Effective transfer of facilitation skills - A combination of transfer of concepts and joint practice with mentoring
 - Continued mutual support
 - Provide a small budget for the SALT team
 - A monitoring and documentation system
 - Map and stimulate horizontal transfer between communities
 - Regular consolidation of learning
 - Involve leaders to outside SALT visits and show the benefits of the approach
 - Link communities to external resources and support (based on action plans)
 - Think process, not workshops
 - Support unit and NFT drivers
 - Internet-based platform to link people virtually

3. We continued to explore our understanding of the Competence Process

In 2008, we continued our exploration of the Competence Process and the facilitation of that Process. As the Competence process is applied in diverse situations and settings around the world, our facilitators gain new insights into the strengths (and weaknesses) of what we do. One challenge for 2009 will be to capture these learnings in a systematic fashion and to share an updated understanding of the Competence process with all facilitators.

In 2008, we developed the Blended Learning package which is now under test. The development has challenged our own understanding of the steps in our process. We believe that in 2009, it can play a part in bringing our activities to scale.

- SALT
- We learn and adapt
- Challenges
- We grow

SALT

SALT is the essence of our process

Our understanding of SALT as our way of working has evolved over time. Firstly, all steps of our process need to stimulate and reveal strengths, not just the SALT visits. For instance, the self-assessment, action planning and knowledge fair are effective if they stimulate and support people in their actions. Secondly, a facilitation team can only transfer the Competence Process effectively if the team members interact in an appreciative and constructive way with each other. Finally, a SALT visits is powerful if facilitators come to learn with the idea to transfer lessons learned in their own context. Facilitators are then representatives of their community. They are not just facilitators but they participate in the discussion and share their experience as human beings.

SALT helps us to let go of the process: all tools can be adapted to local realities as long as the SALT mindset is maintained.

We learn and adapt

Our process changes and evolves as people use it

The Competence Process keeps on changing and evolving because (yes!) we are a learning organization. Today, our process is clearer and simpler.

Simplification comes from the field, as in Papua New Guinea where 20 facilitators developed a simple manual based on their own experience. We now have experience in all steps of our process.

“It is not rocket-science! You don’t need a PhD before knowing. A farmer can apply this. That is the advantage of the approach. That is why I believe in it as the bible.” explained Adelassissi Aremu, Red Cross Coordinator in Togo, about the Malaria Competence Process.

So, what has changed in the Competence Process?

Here is one example. During the learning events we propose that facilitators build the Self Assessment in their own language. In India, the Philippines, Cambodia, DR-Congo and Tanzania, facilitators discussed level 5 of the Self Assessment in Tagalog, Khmer, Hindi, Tamil, Marathi, Malayalam, Telegu, Kannada, Swahili, Portuguese, Swahili and Luganda.

We also facilitated new ways to run Peer Assists and to build Knowledge Assets¹. We started by defining a common vision about the subject of the Peer Assist. Once we have identified common practices, we can then check if the combination of these common practices will lead to the defined vision. In 2008, we captured Knowledge Assets in 9 countries.

During the Provincial and National Knowledge Fairs in Papua New Guinea we facilitated Peer Assist sessions in communities. People from neighboring settlements were invited to share their experience on the priority practices of the visited community. This exchange stimulated the transfer of Competence to new settlements.

1. ‘Peer assist’ is a meeting between several peers who exchange their experience on a specific topic

‘Knowledge Asset’ is a format to capture common knowledge emerging from peer assists, with illustrations and contact details of the person who shared his experience



Girls in Genoka exchange their experience with girls from Pis Pond and Woks settlements, Papua New Guinea

"We see that we can learn so much and inspire each other. The girls in my group were so proud to share their experience. It stimulates us to do more," explained Ellen, youth leader from Walis Station. *"We want to go back to Walis Station to learn even more from the youth. Once we know enough, we can start our own activities, like coffee nights,"* shared a young man from Pis Wara. *"These Peer Assists showed us that the transfer of AIDS Competence from community to community is possible. All you need is a facilitation team to give the first impulse for sharing,"* said Jerry, Constellation coach from Papua New Guinea.

The steps of the Competence Process are no longer separate steps anymore, but they flow into each other. For instance, the community defines its dream of an AIDS Competent community. From there, they reflect on the practices that lead to this dream and they reconstruct the Self Assessment in their own way.

Challenges

Challenges in the learning journey

First, we must define a learning process to capture systematically what facilitators learn. We then need to update the Competence Process and share this new understanding with all facilitators. One way to respond to this issue is to stimulate all facilitators to walk through the Blended Learning programme.

Secondly, we are learning rapidly about 'Self Measurement of change' as our experience with this step in the Competence Process grows. The idea is that communities measure their own change and set their own indicators of progress. In 2009, we need to learn from others and build our own experience so that we can be more effective in giving support to communities so that they can be more effective in measuring their own change.

Thirdly, we need to increase the pool of Constellation coaches. We need to support and nurture existing facilitators so that they can become coaches and re-vitalize the existing group of coaches.

Fourthly, if we want AIDS Competence to spread at scale, the process to stimulate communities must be as simple as possible. What are the key and essential elements of the approach?

Last but not least, we need to deepen our understanding about the generic process that unites us. The AIDS Competence Process has been adapted to malaria, diabetes and Human Preparedness to pandemics. We realize more

and more that we are not about HIV or malaria, but about a process that helps communities to take ownership of any life concern. We would like to define a generic process that can be adapted and used to address any specific life concern in a community.

"Addressing different issues is not spreading ourselves too thin, but allows us to deepen our understanding of the approach," shared Jean-Louis Lamboray, Chair of the Constellation.

We grow

Blended Learning Programme addresses the challenge of growth

The Constellation and the Norwegian Center for Telemedicine (NST) has developed a Blended Learning programme. The Norwegian Ministry supported the development of the Programme. As AIDS Competence facilitators learn from experience and practice, a 'blended learning approach' has been chosen, with a focus on combining real life exercises in communities with online knowledge building, sharing and guidance from more experienced facilitators, called "coaches".

Building the course allowed us to consolidate the experience of the Constellation over the last 4 years. It clarified and deepened our understanding of the Competence Process. The course is being tested by three teams in Belgium and Spain. It will be updated in March 2009 and translated in French and Spanish during 2009.

The Blended learning addresses the challenge of growth: facilitation teams around the world can now go through the course with minimal financial resources needed. A coach can guide the facilitation team from a distance, except for one or two face-to-face meetings. This is an opportunity for us to spread AIDS Competence in new regions like North or South America, where we have never worked.



4. We share our inspiration

Most people are involved in the Constellation because of the SALT way of working. Because they share their inspiration with others, AIDS Competence spreads with a growing membership. The Constellation supported its members to share their story through video, knowledge assets and our new virtual community. It remains a challenge to define our identity better to be able to 'touch' more members.

- SALT
- We grow
- We learn and adapt
- Challenges

SALT

SALT is our inspiration

SALT, our way of working that consists of **A**ppreciating people's strengths, **L**istening and **L**earning to **S**timulate people to take ownership of life concerns, inspired many of our members. They recognized universal human values, that resonate with them and that exist across all cultures and religions. *"The Constellation focuses on 'frequency' between people. It is not so much about techniques but rather for us -in the team and with communities- to be on the same frequency,"* said Azriel Cohen, from Israel. *"The lack of negativity has made me feel stronger,"* mentioned Judy Payne after a week of SALT visits in Northern Thailand.

"I'd been to numerous site visits since beginning my career in the non-profit industry. We all came with good intentions – to offer solutions to life's problems to those who we presumed could do nothing for themselves. SALT changed the view. When welcomed, we did not see the shabby clothes and dilapidated wood homes of the people living there but rather the soft smile of a teacher who, with the community in northern Thailand, started youth programs to create HIV awareness.

I realized at that point that we in the development industry had it all wrong. All we needed was to add a bit of SALT to our approach and perspectives on communities, even our own communities. Instead of looking at colleagues like cogs in the machinery of our daily activities I now see them as valuable members of the team with unique skills and contributions to make to the betterment of us all and the work we do. Everyday I get a bit saltier,"
Amber Phalen, from Canada

In January 2008, we developed a Share strategy that is impregnated with the SALT spirit. We shared with individuals not institutions, to stimulate personal change based on people's strengths. We realized that by telling stories of individuals, families and communities that have changed, we connect people to the reality in the field. The way we share is experiential, using stories from the field and inviting people to participate in a SALT visit, because the only way to understand SALT is to experience it.



Dancing with Ban Pang Lao during the SALT visits in Northern Thailand



I always asked myself: How can we place human beings at the centre of the HIV response and not means?

In philosophy, Socrates and his art of questioning answered some of my questions: If you know yourself, you will be able to act from strength on your weaknesses. Nevertheless, you need the help of someone to "give birth" to the strengths within you and turn them into action.

Then I studied theology and Jesus' life taught me a lot. Jesus accompanied people rather than teaching and telling them what to do. He let people invent their own way and walked alongside them. When he taught, it was from experience. "The way cannot be explained, it has to be showed." When Jean-Louis and Colette explained the Constellations' approach to me, I realized that I found what I was looking for. Today is a revelation."
Louis Marie Butoyi, facilitator of BelCompetence, Belgium

We grow

More Constellation members share with others

The Constellation used viral communication to share: people talk about the Constellation with their contacts and information spreads from word of mouth. Most of our members got to know the Constellation through other members.

With this viral strategy in mind, we launched a virtual AIDS Competence community (<http://www.aidscompetence.ning.com>), a social network build with the freeware 'Ning'. Two months after its launch, we already see the potential for connection, learning and sharing between members. *"This network is really something. I think I will be learning a lot from the experiences of others in their journey towards AIDS competence. I hope I can bring in my share as well for others to learn."* John Roxas, Philippines. The AIDS Competence community is growing everyday and creates a real sense of community.

In 2009, we will emphasize more on this viral way of communication by equipping our members with tools like a story booklet, brochure, an updated website, etc.

We learn and adapt

The Constellation shares differently

We supported communities to capture their story of progress and shared these stories with the world.

Many communities reported their achievements during knowledge fairs. They started to generate common principles emerging for these experiences, in the form of knowledge assets.

A Constellation team visited Togo and the Gambia to capture the progress on malaria competence. For instance, in Togo the Red Cross used the approach to stimulate communities throughout the country to use mosquito nets. Stories and videos demonstrated the numerous results achieved by communities. Roll Back Malaria has financed this project. A CD-rom and paper version of these results will be produced.

Another team has captured stories and videos in Papua New Guinea, a year and half after the AIDS Competence Process was introduced. The result: a newsletter with stories and a CD-rom with videos of communities sharing their experience. During the Provincial Knowledge Fairs and National Knowledge Fair, facilitators captured their experience in the form of knowledge assets.

During the Knowledge Fairs with the Aga Khan Development Network in Mali and 'Groupe Pivot', facilitators captured their experiences in knowledge assets, illustrated with videos of participants telling their story.

The new virtual community 'AIDS Competence' allows all members to tell their own experience. It creates a more personal connection between people, who can upload their photos or videos. For the first time, we feel that local responses start to connect.

*"I am glad that I became a member and can connect with people who have similar thoughts, doubts and struggles and rewards and want to share."
Francien Scholten, member of online community on her blog*

Challenges

Defining our identity better to inspire more members

Several challenges are ahead of us.

Firstly, we need to better define our identity or 'face', so that people know that we exist and how we work. How do we present ourselves? Our website, for example, is about AIDS Competence, while we also work on malaria and diabetes competence. We are about an approach that stimulates communities to take ownership of life concerns, whether this is HIV, malaria or diabetes. We struggle to communicate this with the world. We also need to connect people so that they can learn across topics.

Secondly, the group of members of the Constellation is growing everyday. Just have a look at our virtual community that counts dozens of new members every week! How do we maintain the integrity of the SALT values? Moreover, important players in the HIV sector express more and more interest to collaborate with the Constellation, while their organizational culture is rather bureaucratic and top-down. How do we maintain the integrity of our approach when we work with these partners? We definitely need to keep an individual approach while sharing with partners, rather than an institutional approach. We will stimulate experience-based policy change, instead of evidence-based policy change, by creating an environment that enables the policymakers to be transformed through their experience in the field. With a growing group of members, we also have more knowledge assets. It is a challenge to synthesize lessons learned.

Third, as it is a challenge for communities to measure their own progress, it is also a challenge for us to measure our progress. We must in a more systematic way do this and share qualitative and quantitative progress with the world.

Finally, as Marijo Vasquez, Board member of the Constellation, stated: *“People in the development sector in Western countries do not question their mindset. How can we transfer the approach in rich countries? People do not accept that they have a problem and rather go and work in Africa or what they consider “helpless communities”. But we are all the same in terms of human capacity. In Spain, we have access to NGOs but it is difficult penetrating through. People in charge of organizations think the process is nice to hear but they do not want to put it in practice, because they fear they might lose power. It challenges their position as professionals.”*

5. Core Facilitation Team to support the Constellation

Members of the Core Facilitation Team were involved in the implementation of the Competence Process which allowed them to deepen their understanding of the process. The Constellation grew while maintaining its organizational expenses low. The Core Facilitation Team became more efficient because they learned by doing. It is a challenge today to rethink the role of the CFT in an ever-changing Constellation.

- SALT
- We grow
- We learn and adapt
- Challenges

SALT

Members of the Core Facilitation Team immersed in SALT

“It is important to see how the Core Facilitation Team (CFT) works in a different way. It is the living proof that SALT is possible. There is no hierarchy in the Constellation: people are people. The CFT members for instance are equal to board members and to community members. There is no separation between people who put things in place and communities because the CFT also goes to the field. The architecture of the Constellation really reflects its philosophy,” expressed Marijo Vasquez, Board members of the Constellation. In 2008, all members of the CFT had the chance to be immersed in the field in Indonesia, Mali, Papua New Guinea, The Gambia, Togo and Thailand. The direct involvement in implementation allowed them to deepen their understanding of the AIDS Competence Process and to apply it to their work and life.

“The Core Facilitation Team is the living proof that SALT is possible. There is no hierarchy in the Constellation: people are people.” Marijo Vasquez, Board member of the Constellation

We grow

A small but growing secretariat

In 2008, the CFT welcomed one more staff member who is facilitating the Transfer function within the Constellation. We will recruit one Thai staff member in 2009, to assist with the financial operations and travel arrangements for Constellation.

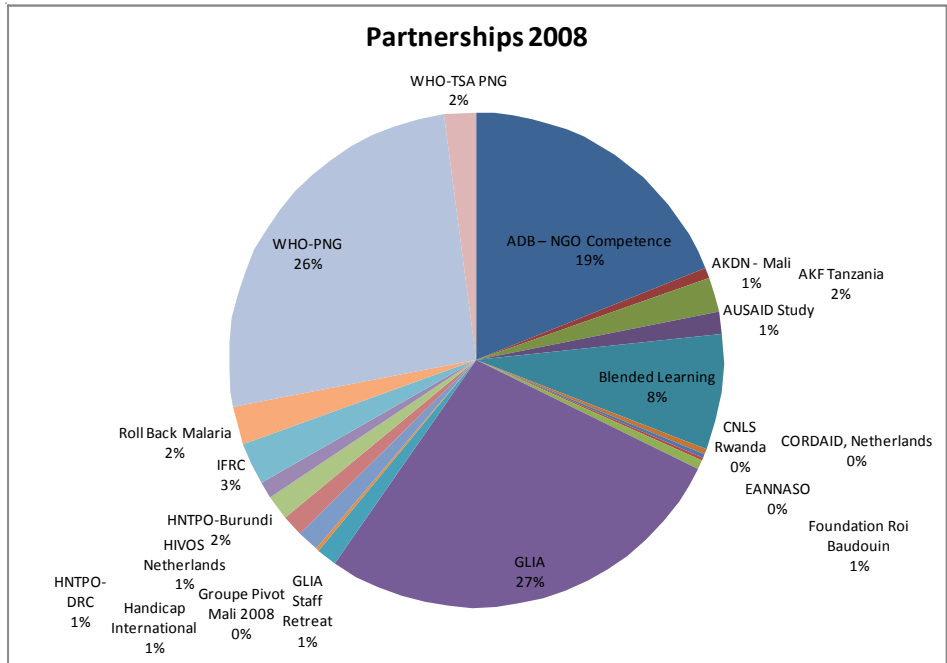
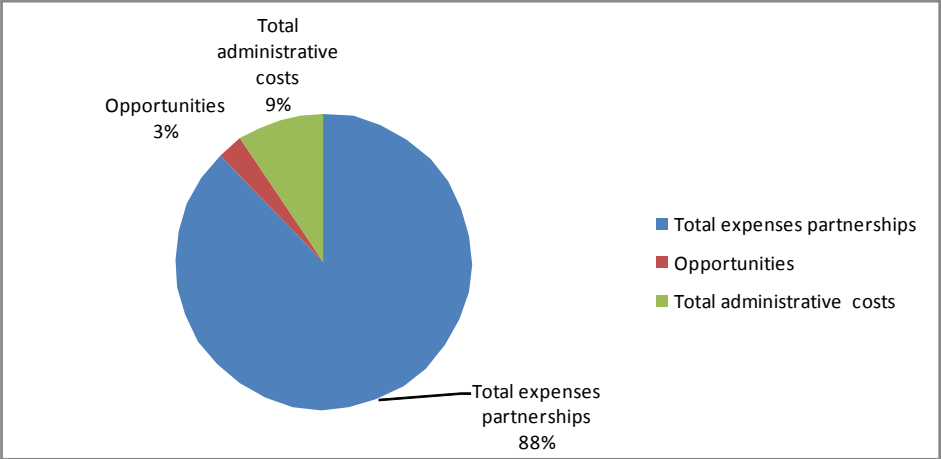
Despite an increasing number of operations, the CFT maintained its expenses low: 9% of total expenses. With only 4,3 Full Time Equivalent, the CFT facilitated the implementation of 17 partnerships in 2008 and facilitated the sharing, learning and transfer in and outside the Constellation. This is possible because coaching teams have taken ownership of the actual implementation and reporting of partnerships. For every partnership, coaches are appointed as ‘Single Point of Reference (SPR)’ to decentralize the implementation role. The Constellation would never be where it is today without the endless support of a growing group of coaches and members who are, often on a volunteer basis, taking on ownership for specific roles such as partnership development, sharing at conferences, training new facilitators and capturing stories.



Laurence, Lawan, Marlou and Gaston in the office in Chiang Mai, Thailand

Thanks to the hospitality of the AIDS Education Programme, the CFT operates in an office in Chiang Mai, in the International Center of the Chiang Mai University, with limited overhead costs. We communicate through Skype and the Internet. We use freeware to manage our projects like Google email, google calendars, google docs, Groove, etc. We received 10 free licenses to use ‘Salesforce’, an online software to manage projects.

Financial overview	Year 2008
Total income partnerships	539.383,84 €
Total expenses partnerships	494.212,62 €
Total expenses related to investment in new opportunities	15.689,53 €
Total expenses secretariat (CFT)	53.246,63 €
Total expenses	563.148,78 €
Balance	-23.764,94 €



We learn and adapt

The CFT learned and adapted to be more efficient

The CFT has a better overview of the financial situation: the accounts are better up-to-date and have a more systematic budget versus spent analysis for every project. The CFT has improved its accounting system. More efficient filing of documents, tracking of missing receipts and more experience with the accounting software 'Popsy' contribute to this improvement. The 2008 accounts will be finalized and submitted to the Membership in the first quarter of 2009. An extra staff member will be recruited early 2009 to manage the accounts and financial systems.

One improvement in the CFT's ways of working is the nomination of a 'Single Point of Reference' for specific aspects of every project and activity. Teams now have more clarity on roles and responsibilities. However, there is still room for improvement on project management: simple calendars and planning tools will be put in place during the coming year, also for useful for the member organizations.

The CFT worked more efficiently in general due to several factors. Four members of the CFT out of five are now working together from one office in Chiang Mai. They hold weekly meetings to share what they have done and learned and to plan what they will do. The team spirit is definitely stronger than before as they also conduct SALT visits together.

In 2008, four voting members made place for 'fresh blood' in the Voting Membership. The Membership has also elected new Board members: 2 board members were re-elected and 4 new members joined. They are Jean-Louis Lamboray (Belgium), Marijo Vasquez (Spain), Usa Duongsaa (Thailand), Marie Chorr (The Gambia), John Rwomushana (Uganda) and Ian Campbell (United Kingdom).



Board and CFT meeting, in September, Chiang Mai, Thailand

*"The AIDS Competence approach has affected my entire life including my profession, family and personal development. I am a new person today,"
Joseph Senesie as a motivation to become a voting member of the Constellation.*

The Membership committee, supporting the CFT, defined the criteria for people to be members of the Constellation as

- All those who are investing time and or resources in spreading (AIDS/ Life) competence.
- They share a common belief in the capacity of communities to address their main life issues, such as VIH or Malaria.
- Members of the Constellation learn from local action and experience and are ideally linked in-country to a team mate in doing so.

The committee is putting the challenge to the CFT to create opportunities for all members to have a personal participation to the original approach of the Constellation at least once a year and to have an opportunity to share the learning. The new Aidscompetence platform (www.aidscompetence.ning.com) has been set up as an opportunity for members to confirm their membership and to share their learning with fellow members.

Challenges

Rethink the CFT's role to face new realities

In six countries – Belgium, Kenya, Papua New Guinea, India, Mali and Indonesia, facilitation teams want to register as official entities. Once the teams are registered they can engage into partnerships with local organizations, NGOs and institutions to spread AIDS Competence throughout their country. They will be 'member organizations' of the Constellation. We will support each other in maintaining the spirit and the integrity of the approach. This poses a new challenge to the CFT who needs to rethink its role to provide adequate support to the member organizations as well as individual members.

Based on what the CFT has learned during the past 4 years, we propose a business model that is structured around four functions –CFT, Share, Learn and Transfer-. These new developments will allow great opportunities for mutual capacity building through peer assists. The vision is that the Constellation will become a fractal system, like a snowflake, where all parts have the same structure as the whole – and form the whole. Gaston Schmitz, CFT member for the Transfer function, explained: *"In the latest business literature, we are considered a 'Starfish' organization. The goal remains: structure follows function and not the other way around."* As mentioned in the book *"The Starfish and the Spider"*: *"Cut off the leg of a spider, and you have a seven-legged creature on your hands; cut off its head and you have a dead spider. 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."*

Another challenge for the CFT is to involve Constellation members more in spreading AIDS or malaria Competence. Many of our members would like to contribute time or resources to support the Constellation: In 2009 we will look to more actively and systematically involve the members in Constellations' and member organizations' activities.

The CFT needs to make a conscious effort to translate SALT, its way-of-working, into practice. For instance, the CFT intends to pay more attention to accurate planning. This will allow us to better value people's time, for instance in being more realistic with the number of coaching days needed to implement a process. We will also be able to better respect our commitments towards our team mates and partners.



annexes

ADB-NGO Competence Process

Partner : Asian Development Bank

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

Total investment in 2008: 171.367,5 €

Duration: 2 years

Story from the field: “I sell my art, not my body”

Street children in the cities of Bacolod and Iloilo in Western Visayas have a new perspective in life. Since they started to discuss their vulnerabilities to STI and HIV, they now regularly went for STI screening, reduced sex work and transitioned back to school. They now make art and 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.

It all started when the Kabataang Gabay sa Positibong Pamumuhay or KGPP organized quarterly self-assessment of risk behaviour with young peer educators and sex workers. “The children now openly discuss about sexuality. They first do their self-assessment individually and then share it with their peer group,” explains John-Piermont Montilla, the founder and director of KGPP.

“I would say that about 90% of them are changing. They go for STI screening which they previously refused to do. The children are going to school again instead of roaming around in the streets. They stop or reduce sex work and earn money by creating arts and selling them during fund-raising campaigns,” explained John-Pierre.

Local government provides HIV and STI services to the children now that many of them go for testing. Facilitators of KGPP learned a lot about the children through the discussions and they adapt their support to the children.

“Our dream now is to sustain this positive change,” according to John-Pierre. “Recently, KGPP signed a 6-months grant with the International Youth Foundation through the Starbucks innovation fund which will scale up this initiative.”

Description of the project and results



Children in the Philippines drawing their dream

The Constellation, with support of the Asian Development Bank, is building the capacity of NGOs in Cambodia, India, Indonesia, Philippines, Papua New Guinea and Thailand to facilitate the AIDS Competence Process in the communities they work with.

So far, 446 facilitators have stimulated a total of 506 communities to develop their AIDS Competence. The NGOs participating are forming National Facilitation Teams in all countries.

The AIDS Competence Process is having a real impact on the response to HIV in communities and on the way participating NGOs work. Many communities have created a dream for an AIDS Competent society, have assessed their situation and have taken ownership of the issue. For instance Jayakar from India explained: “Through the AIDS Competence Process, saving group members of women have started including PLHIV in the group. Another group of PLHIV in Guntur District had lost hope. With group discussions during a visit of the facilitation team, they realized that by their efforts they could save their families and other from the epidemic. They are now engaged in awareness, arranging ART and making efforts to support themselves financially.”

NGOs also changed their way of working. “The new dialogue and the new way of looking for strengths and appreciating each other have healed the division within our organization,” explained Nonthathon, SWING, from Thailand. “Donors often set quantitative targets that implementers need to reach. Even if you reach your target of, let’s say, 1000 home visits, how do you make sure that you deliver quality visits that have a real impact? The AIDS Competence Process definitely helps us to improve the quality of our work,” said Somthong Srisudhivong, NCA, from Thailand.

In several countries, NGOs are scaling up the AIDS Competence Process to reach out to an exponential number of communities. In the Philippines for instance, the team launched the approach in 10 provinces with the support of UNFPA.

Great Lakes Initiative on AIDS Competence

Partner : Great Lakes Initiative on AIDS

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

Total investment in 2008: 220.233,3 €

Duration: 2 years

Story from the field: Two SALT visits and a small revolution

Story told by CHACHA Clément, Country Connector.

We had a first SALT visit in Kibagwa, a very important truck stop, 300 km from the capital. There are hundred of trucks, a big corn market, and many sex-workers. We held this first SALT visit with some 50 people: representatives of NGOs, local decision makers, people of influence, different members of the civil society, and of course truck-drivers.

As we were asking these persons if they knew anyone living with HIV, all answered that they did not! But when our facilitators living with HIV gave their testimony, people opened up and started asking many questions. Then, Hadija, a mother of two children, who works in a NGO dealing with AIDS, said that she was HIV positive.

We came back, two month later, to facilitate their self assessment. During this second visit, we found out that these people had created a group of persons living with HIV: 70 persons had openly declared their status and had joined this group!

We also noticed that some sex workers had joined the meeting to participate to the self assessment. And one of them said: «When you came, last time, the way you listened and talked to us stimulated us. You made us believe that we can defeat the virus and contribute to stop spreading it». A 22 years old sex worker, who had been in this business for five years declared: "Now, I tell my partners: I am HIV positive, we must use a condom". Most of them take it as a joke, but I say: "There is no compromise about condoms".

Description of the project and results



Since June 2007, the Constellation with support of the Great Lakes Initiative on AIDS started to support the development of facilitation teams in Burundi, DR-Congo, Rwanda, Tanzania, Uganda and Kenya. The facilitation teams are composed of representatives of truckers and People Living with HIV (PLHIV) networks. They stimulate their community to take ownership of the response to HIV.

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 wolfs and you ask them not to eat it?" During a later visit, the truckers proudly announced that they 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 women then decided to put a box of condom in their husband's suitcase every time he would travel.

Three learning events took place in 2008. Each team conducted SALT visits and 4 teams organised a moderators training, to set up knowledge rooms along the main road axes. Facilitators are confident with the AIDS Competence approach. New partners are interested in the approach, for example the NAC and UNAIDS in Tanzania. The approach now comes back 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 behaviour 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.

PNG Competence

Partner : World Health Organisation and UNICEF

Country: Papua New Guinea

Total investment in 2008: USD 236 204

Duration: 2 years

Story from the field: When youth inspires their community to change



Eli with other young men in Walis Station during a SALT visit in July

“Why do you look so happy?” I asked Eli, youth leader in Walis Station settlement. “The AIDS Competence Process is really developing my leadership. I can talk. I can think. And also I can do something for the youth.”

A few months earlier, the situation was totally different. People were concerned about the young boys and girls who were at risk to HIV. “When we boys take drug or alcohol it spins our mind and we engage in risky behaviour,” shared Eli at that time.

After a SALT visit, ten boys and girls decided to take action and to inspire their whole community to change. The youth stimulated people to reflect on HIV during their monthly ‘coffee nights’ where they discuss the situation in the community and how they could change.

“The root cause of HIV is unemployment,” said Eli. To address this issue, the youth activities are oriented towards fundraising and skills development.

The initiative of the youth has changed the ways of working in Walis Station. “I realized that we need to focus on our strengths,” said Eli. “When we increase our strengths, we know that our weakness will be reduced.”

The young people in Walis Station have changed their behaviour.

The girls shared that they have gone for HIV testing all together. Eli said with enthusiasm that “the use of alcohol and drugs has been reduced by approximately 70%”. A community member also reported that boys stopped sexual violence against women, a practice that used to happen in the settlement.

“I am so proud of our young men,” shared one mother,” and I’m happy I can sleep again at night. It is quiet in Walis Station now.”

Description of the project and results



In January 2007, WHO, UNICEF and the Constellation entered into a partnership to stimulate 20 settlements in Papua New Guinea, located in five provinces to develop their AIDS Competence. Hope Worldwide PNG was identified as a suitable host for the second phase of this partnership.

Four international support visits were organized, amongst which a workshop to develop a facilitator’s manual, 4 provincial knowledge fairs and a national knowledge fair. Monthly national support visits were organized to support the provincial teams.

20 settlements are on their way towards AIDS Competence. 12 of them have done their self-assessment and 10 are already implementing their own action plan. AIDS Competence has brought significant changes in the situation of settlements. Lucy from Banana Block, Goroka: “We have weeks of HIV training, but people did not directly change their behaviour. These three visits created a real discussion in the community and the trainings can now become more effective.” In sum, people open up discussions on HIV, address their vulnerabilities and take action. They change their risky behaviour, increase their VCT visits, use condoms more often and reduce stigma and discrimination. However, facilitators have learnt that the effects of the AIDS Competence approach in PNG go well beyond HIV. Settlements report a stronger community culture, less crime and violence, an increase in reliance on own resources and more individual and group reflection on life.

More than 50 facilitators have been trained in the AIDS Competence Process. The team observed a strong change in the way of working of community workers from ‘teaching and preaching’ towards more openness to learning.

The AIDS Competence Process is a scalable PNG-owned process. At least ten organizations have adopted the approach in their own context and included it in their own management plan and budget. The Constellation has submitted to the National AIDS Council a 3-year proposal to scale out AIDS Competence in rural areas.

Malaria Competence: Capturing and Sharing Process and Progress

Partner : Roll Back Malaria

Country: Togo and the Gambia

Total investment in 2008: 26.000 €

Duration: 1 month



Story from the field:

Today, there are nearly 700 Red Cross mothers clubs in the whole country. Each of them gathers from 30 to 70 women. More than half of the clubs have already self assessed their malaria competence and have implemented their action plan.

"This practice truly helped us integrating women in the search for solutions"

notices Gladys Tay-Agbobli, who is in charge of livening up these clubs throughout the country. "It is the women, now, that look for ways to protect their children's health. And their health too, for if they get sick, the whole family is sick!"

Aziawo Kokou, district coach of Zio South (Maritime region), can't stop singing the praises of the mothers club in Bolougan: "Before we started working together, women in this village thought that malaria was a matter of witchcraft. But once they got aware of what it really is, they decided to act. As they were lacking money to buy bednets, they started cultivating maize and manioc on a community field, and they eventually bought bednets with the income of the sale."

Also, they visit systematically families to inform them, to convince them to use bednets. "Some sorcerers had forbidden their wives to sleep under the bednets, but this is over now".

Kokoko Gapoti, great and respected sorcerer in the village confirms: "In the past, many persons were sick because of malaria. Women did not go to antenatal visits. There were many miscarriages and also many casualties among young children. Since we started discussing together, there have been no more miscarriages. Pregnant women go to antenatal visit every three months. I brought my own wife to the visit." (extract from CD-rom)

Description of the project and results

"Now, in health centres, we can find empty beds in the peak malaria period," explained Mr Ismail Njie, Chief Nursing Officer, from the Gambia.

"Women have no longer miscarriages because of malaria, and we had no deaths of children for two years"... a woman in Togo.

Since 2005, as in eight other west African countries, Togo and the Gambia have been experimenting and integrating in their existing strategies an approach of social mobilization called "Malaria Competence" and its main tool, the self-assessment.

After its presentation to representatives of 8 countries in Mombassa in 2005, it was decided that each participant would experience it in his/her own country. Three years later, Roll Back Malaria has asked the Constellation to run a field investigation in two countries that appeared to have been particularly proactive: Togo and the Gambia.

Two Constellation coaches visited the 2 countries to capture progress. Along the 1800 kms long journey within the two countries, they have met village communities, health workers, school children, women and youth groups, opinion leaders, drama groups, government and NGOs representatives...

The results they found were astonishing. The Red Cross in Togo used its own network to spread malaria competence: from regional coordinators to 15.000 volunteers in the whole country. They compared the results of communities having a Red Cross group (Group 1, below) and who had made their self assessment, with those who had no Red Cross representation (group 2).

Bednets in the houses	Group 1 : 78%	Group 2 : 60 %
Prevalence of malaria among children under 5	Group 1 : 37%	Groupe : 54 %
Use of insecticide treated bednets for children under 5	Group 1 : 68 %	Group 2 : 48 %

In the Gambia, 30 facilitators were trained in malaria competence. They implemented the approach in 16 communities in the Western region, 15 communities and 15 schools in North Bank West and North Bank East Health Regions.

AIDS Competence with Health Net TPO

Partner : Health Net TPO

Country: Burundi and DR-Congo

Total investment in 2008: 14.000 €

Duration: 6 months

Story from the field:

“We learned a lot from the experience of the Health Committees in Murenda, Bungere and Makebuko regarding inclusion of People Living with HIV (PLHIV),” said the Chair of the Health Committee in Gisikara after a SALT visit. In August, facilitators in Burundi met to share what they learned since the AIDS Competence Process was introduced to them in 2007. They conducted SALT visits and self-assessments with support of Constellation coaches.

The Chair went on: “In many villages, PLHIV do not open up about their HIV status. Thus, community animators in these villages conducted home visits to discuss about HIV with the families. This helped PLHIV to break the silence. One PLHIV said: “I regret I spend all this time hiding.”

During the home visits the community animators also referred people to the testing centre. One PLHIV shared that “I used to go to the traditional healer. I regret that I wasted so much money as it did not heal me.”

In Murenda, 647 people did an HIV test within the last 7 months, proudly announced the members of the health Committee and the community animators! In Buhinda where the Health Committee opened a testing centre last December, 436 people did their HIV test.

Communities discussed how they could by-pass their tradition. In some villages, community members involved religious leaders to address the issue of parties in the evening time and decided to celebrate weddings during the daytime. Administrators have been involved to address the issue of remarriage. Sometimes widows remarry or cohabit with a polygamous man, which increases the risk of HIV transmission to other family members. Administrators now try to control these illegal practices.

Description of the project and results



Constellation coaches, with support of Health Net TPO, introduced the AIDS Competence Process in two health zones in DR-Congo and one health district in Burundi. Facilitators of the approach are members of the health committees – community leaders and health staff-, and staff members of HNTPO.

Nzotsi Paluku, HNTPO in DR-Congo, explained: “Before, every day we would give people the same information on HIV. They got bored. Now, the communities assess their own AIDS competence and decide what they want to know. The demand comes from them! And this makes a big difference.”

HNTPO, together with associations of People Living with HIV, answers the need for information of the communities. “We see that more people want get tested,” explained Nzotsi.

In Burundi and DR-Congo, communities take action to reduce their vulnerabilities. In DR-Congo, a youth group in Vutetshe decided to address the issue of HIV. They requested audio-visual material with information about HIV from CIF/Santé and all contributed to buy gasoline for the power generator to watch the videos. In Burundi, some villagers said they were vulnerable during wedding parties celebrated at night. They now decided to celebrate weddings during the daytime to reduce the risk. Community animators conduct home visits to help the People Living with HIV to break the silence.

In DR-Congo, the SALT approach is now integrated in the activities of the health staff in every area. The community focal persons, the nurses in charge in the health area and the good practice coordinator of the NGO CIF/Santé work together as a team. CIF/Santé supports the implementation of the community action plans like the distribution of videos to the young people in Vutetshe.

Blended Learning Programme

Partner : Norwegian Center for Telemedicine (NST)

Donor: Ministry of Norway

Total investment in 2008: 36.500€

Duration: 2 years



Exchange on the blog:

Three groups have started to go through the Blended Learning course. They exchange their ideas on the forum.

Discussion : Empezando un nuevo camino

Aude, Wed Oct 29 15:58

[...] Now, with the SALT visits done, I'm even more convinced of the importance of SALT, of local responses and that it works!
I'm looking forward to move ahead with my personal learning and my group.

Marijo, Fri Nov 7 19:09

[...] I think that a group becomes one in a natural way when we have a common vision of life, of what is important to us, what we want to leave to our children, when we share common values in a way that we can talk the same language.

Farellia, Tue Nov 11 19:46

Super!

We are developing new content to the course, for other participants, for the Constellation in general by drafting the concept of community. [...]

Description of the project and results



Kick-off meeting for the Blended learning Programme, in Brussels, February

Already two years ago, the Constellation and the Norwegian Centre for Telemedicine (NST) knew that a blended learning course would bring the AIDS Competence Process to scale. In 2008, it was possible to develop the course thanks to the financial support of the Norwegian Government.

This course is designed for teams of facilitators and combines online modules with practical applications in the field. The NST provided a platform of the course and technical support. The Constellation developed the content of the course: 6 modules with text, videos, stories, practical exercises and illustrations.

At the end of 2008, three teams – two Belgian and one Spanish team- started to go through the course with support of one Constellation coach. They communicate through skype, blogs and a forum.

"Facilitators around the world will have the opportunity to follow this blended learning course. It will allow the Constellation to go to scale and to offer a quality facilitator's course," explained Phil Forth, member of the Constellation.

The blended learning will not be a substitute to face-to-face interaction. It will allow the Constellation to better accompany the learner.

In 2009, the course will be tested and reviewed. It will be translated in French and Spanish.

AIDS and Handicap Competence

Partner : Handicap International

Country: Mozambique

Total investment in 2008: 2.658 €

Duration: 1 year and half



A coaching team of the Constellation launched the AIDS Competence Process with Handicap International in Mozambique. Associations of disabled people (blind, deaf, physically disabled) and AIDS organisations (Mozambiquan Network of AIDS Service organisations, Network of People living with HIV/AIDS, National AIDS Council) across 3 provinces developed their capacity to facilitate the AIDS Competence Process.

"We expected people from outside to come and bring us stuff. But instead this process is helping us to think for ourselves, about ourselves first," shared a participant during the workshop.

During the first learning event, participants explored the strengths in people and communities. "Yesterday marked my life. I'm holding on to the ideas of 'concern', 'strength' and 'dream'," shared a participant.

Participants also did SALT visits, learning by entering homes and neighbourhoods. They experienced the power of appreciation. "I couldn't believe what happened during the SALT visit. After just 1 hour of meeting with someone who had been HIV+ in secret for many years, she disclosed her status to our visiting team, and said she was ready to share with her neighbours. After 1 hour!" said a participant.

The last days, coaches introduced the self-assessment framework, and participants shaped a strategy for action by each organisation over the next 3 months and a national inter-organisational support team.

Handicap has budgeted \$30 000/year to support associations who wish to implement AIDS Competence locally. The working group drawn together during the workshop was very responsive, showing immediate potential to move towards a cross organizational National Facilitation Team.

When Belgium learns from RD-Congo

Partner : King Baudouin Foundation

Country: Belgium

Total investment in 2008: 5.040 €

Duration: 2 weeks



Learning event in Belgium with Eric, in July

Eric Ngabala, facilitator of RDC Competence came to Belgium in June to share his experience with the Belgian facilitation team. The team enjoyed the intense and pleasant moments they spent together during a workshop and SALT visits in Belgian communities.

« So much sharing of experiences and lessons learned in one week! This is enough to change the whole way of doing of an attentive man, to change my way of doing," thought Eric in the plane back to Kinshasa.

Twenty six facilitators from BelCompetence improved their facilitation skills during the learning event and SALT visits. Both the Belgian and Congolese team learned more about the response to HIV in Belgium. They conducted SALT visits to a centre for refugees and a youth house. They met with Belgian politicians, participated in a radio show and met with Lhiving team, a association of families living with HIV.

"Countries from the South also have something to teach to the North. Cooperation is an encouraging practice in the sense that it allows people to listen and to learn from other people's experience. Opportunities like this one, thanks to the invitation of the King Baudouin Foundation, are rare, when the South comes to confidently share its experience and teaches something to the North."

The King Baudouin Foundation agreed to sponsor a follow-up trip for Eric in March 2009.

AKDN Mali Competence

Partner : Aga Khan Development Network - Mali

Country: Mali

Total investment in 2008: 4.000 €

Duration: 2 years



Participants sharing their experience during the Knowledge Fair

The AKDN-Mali Knowledge Fair took place in Bamako in February 2008. The workshop was a continuation of the AIDS Competence Process that EMBALMALI, EDM-SA and CAM have been implementing for the last 2 years with the support of the Constellation.

Twenty eight people participated in the workshop while overall, 96 employees benefited from the process.

In each session, the levels of engagement and concentration were remarkably high. The participants captured their learning from the panels in the practical format of a Knowledge Asset. For instance, Mamady Silla from EmbalMali shared that it is important to inform the family members of their staff and neighbouring communities of the risk of HIV. "At EmbalMali, we organize 'education chats' with peer educators in Bamako. » Amina Haidara said that "peer educators from EDM-SA organize debates in the workshop."

In the final session, participants from each organisation prepared a presentation to their board based on what they had learned from the panels. The Workshop confirmed the enthusiasm of individuals and organisations to share their experiences in an informal but structured environment.

After the Fair, Embalmali did its self-assessment for the 2th time. They organize blood donations every semester during which 80 employees get the HIV test. They also organize a theatre play, inviting people living in the neighbourhood of the factory. The Company Solips donated to the peer educators a video and IT kit and sound material to support their activities, for 40 million CFA.

AIDS Competence in AKDN East Africa

Partner : Aga Khan Development Network – East Africa

Country: Kenya, Tanzania, Mozambique, Uganda

Total investment in 2008: 6.600 €

Duration: 3 days

Staff members of the Aga Khan Development Network (AKDN) in East Africa met in Dar-es-salaam in November for a learning event on AIDS Competence.

The Constellation and AKDN Kenya have collaborated since three years to develop AIDS Competence in all AKDN institutions in Kenya. AKDN wanted to expand the approach in three other countries –Tanzania (and Zanzibar), Uganda and Mozambique. AKDN consists of institutions as diverse as Banks, Hotels, Insurance Companies, Hospitals, Social services, Schools and Madrasas.

While most of the participants did not know each other, they were moved by a common concern: stopping the impact of HIV on their organizations and on their families. They left the meeting as a team mobilized by a common vision: that of an AIDS Competent AKDN in East Africa. "We need a change and time for change is now," said a participant. "We started without confidence and now we are leaving with confidence and competence," shared one participant.

"This is just the beginning" and "We have a long way to go, but hope that things will get done", shared two participants. Each AKDN institutions will share what they learned and build a common dream in their own institution. They plan to do their self assessment of AIDS Competence, choosing priorities and building their action plan. This will be integrated into the 'AKDN HIV/AIDS policy in the work environment'.

Institutions will learn from each other through the Network Facilitation Team. These national teams will conduct 3 SALT visits per year and meet 4 times per year. "My greatest joy is that we are all taking this on. We are walking beside each other in this journey," concluded one of the participants.

Groupe Pivot – Local Responses Fair

Partner : Groupe Pivot
Country: Mali
Total investment in 2008: 5400€
Duration: 3 days

For three days, representatives from all provinces in Mali came to Bamako, to share their experience at the first national 'Fair of local responses'. This event was organised by Pivot Group together with Constellation coaches.

"Was it a festival or a fair? It was such a joyful event, that we can call it Festival. On the other hand, it was a fair because we came with many stories and now we go home with so many more experiences," reflected some participants at the end of the event.

About thirty people were invited to the national Knowledge Fair in Bamako. In fact, more than sixty people came as many wanted to share their experiences.

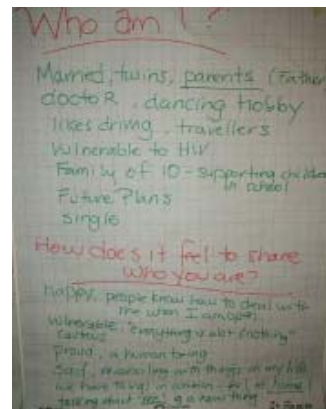
A first, unstructured exchange during the first afternoon sent the energy levels sky high. Participants then shared on one practice with three groups in parallel. One group shared its experience with acknowledgement of HIV. Common principles emerged from the individual stories. "Staff members of the 'Alliance Mission' (Mopti) who are in charge of the HIV testing get tested every year," explained Moussa Dabou, adding that "if you want to stimulate acknowledgement and recognition, you need to be an example for others in terms of HIV testing."

Instead of the usual 'problem tree', where causal relationships are deducted from a problem, experiences were captured in a tree of solutions, or knowledge asset. Experiences feed the trunk and the branches (the principles for action) all the way to the top: the vision of an AIDS Competent community. A dedicated TV team spent two days recording 2 minutes interviews about experiences.

"I want to organize knowledge fairs between communities now. In this way, we can really connect local responses in Mali," announced one participant. Participants realized that they were also a community and not only intermediaries. "We want to do our self-assessment, in our team," shared one participant.

HIVOS Partner's meeting

Partner : HIVOS
Country: Senegal
Total investment in 2008: 12,437.01€
Duration: 3 days



Following the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) HIVOS AIDS team brought together 16 partners – a majority from Africa and 3 from Asia- to explore AIDS Competence.

Participants left the event as friends, bound by a common vision. Many of the participants want to stay connected through direct and systemic connection and through an e-platform.

"The two days training has helped me to understand myself better, especially at the workspace.

I have shared my experience with my co-workers and we would like to share this message with our counterparts -women in sex work and their collectives," wrote Barlaya, from BIRDS in India after the event.

Several partners spoke passionately about moving from responses based on needs of beneficiaries to a strengths-based approach. However, some participants have requested to be accompanied in the design, development, implementation and measurement of that approach. Some partners – particularly in South Africa, Kenya, Zambia and Malawi – expressed a strong desire to move forward with the AIDS Competence Process. Participants will present feedback, along with their Conference reports, to HIVOS in January. Based on that feedback, HIVOS will work with The Constellation to prepare a next-stage proposition for presentation and input.

RDC Compétence

Team: RDC Compétence

Country: DR-Congo

Age: 2 years



SALT visit in DR-Congo

Amongst many other activities, RDC Compétence transferred the Competence Process to three “concertations” in the neighbourhood of Yolo, Kimbanseke and Mbudi. Each association counts between 20 and 33 groups representing all layers of society: NGOs, churches, youth, neighbourhood associations, groups of People Living with HIV, etc.

RDC Competence trained about 20 facilitators in each of these concertations that come together

once a month to talk about their actions and learn from each other.

RDC Competence visits them once a month to support them in their action.

In Yolo, 25 communities have done their self-assessment and made their action plan to respond to HIV. Facilitators conduct three SALT visits per month.

In Kimbanseke, the representatives of the Belgian Technical Cooperation, convinced of the approach, have asked RDC Competence to work together. Their objective would be to train two facilitators in 66 local development committees.

In Mbudi, volunteers participate in SALT visits and self-assessment sessions with facilitators of RDC Competence, to be trained in facilitation.

In certain groups, such as religious groups, people would never talk about HIV. A pastor living with HIV opened the dialogue in his church. He created a group of people from the “Eglises du Réveil”, infected or affected, who want to be trained in the AIDS Competence Process. Since then, these people talk about HIV in their church and support People Living with HIV.

Description of the activities of the team and results

After two years of existence, RDC Compétence, the congolese facilitation team, is preparing itself to register as an organisation. Communities in the whole country invite the team to conduct SALT visits and to facilitate the AIDS self-assessment. Young people, pastors, People Living with HIV, policemen, military, NGO, sex workers, villages and many others finally discuss about HIV and how it affects them in their own life.

RDC Competence lives thanks to the contribution of its 92 members, without any external resources and receives two invitations per week to organize SALT visits from 10 provinces in DR-Congo.

Today numerous results can be observed. The number of HIV screenings increased in the neighbourhoods where the approach has been launched. The denial and taboo decreased, People Living with HIV came out and people talked about HIV in the churches.

Moreover, groups that were stimulate by the approach take ownership of their situation. This is how the members of the organisation «Secav» (Poultry assistance and HIV/AIDS) started to pay contributions in order to organize trainings about HIV for PLHIV.

SALT teams in the majority of the provinces in the country stimulate communities to take ownership of their destiny. In Lubumbashi for example, the local SALT team trained facilitators in a vulnerable neighbourhood where a lot of miners and many sex workers live. In this neighbourhood people die from HIV without knowing the cause because ignorance is abysmal. After three visits of RDC Competence, the SALT team asked for the creation of two testing centres. Their demand has been approved by the PNLs, the National Programme against HIV/AIDS and the first centre is under construction.

After one year, RDC Competence is most proud of the motivation of the SALT teams and of how communities are welcoming them. One example: « Eric receives a phone call from the team in Lodja, in Oriental Kasai: “Listen, it’s incredible. We are in a village, 7 km from Lodja. The people didn’t ask for anything (money, T-shirts, etc.) and they even gave us gifts, while they have almost nothing themselves: a chicken and some rice.”

BelCompétence

Team: BelCompétence

Country: Belgium

Age: one year

Story from the field

« What a SALT visit we experienced this weekend with the inhabitants of Manhay (asylum seekers). It was so rich! » said Aude, facilitator of BelCompetence.

« One participant stood up and threw a condom in the midst of our circle. He said: "I am aware that HIV exists and I always take care of myself, it is too important. Besides, we have no excuse at Manhay, did you know that we can get condoms for free...? Who today can also say that he takes care and protects himself", he asked the group. Two participants took out their condoms and showed them proudly to all of us."

« The same participants concluded: "Those who want to commit to meet once a week to continue this work, put your hand up... » At that moment 10 participants put a hand up... applause !»

« They committed to become more competent. By doing their self-assessment one participant said: "We are not going to wait for 2,3 months... let's start from this week on! We do not know what will be our tomorrow, so let us move forward and transfer to others in Manhay what we learned and let us help them to process..."

The next day, two participants shared with the head office what they had done : « we expected to be taught but we were the ones who taught. Once they had done the self-assessment for all practices, they made an action plan around three priority practices. When Louis Marie asked what they had done or would do, they replied: "we all shared with at least 5 people of the centre». Now, we will transmit the message to our community through a theatre play that is being prepared for New Years Day, at the start of 2009. And one of them said, with a smile on his face: "Manhay Competence is born!"

Description of the team's activities and results



Facilitators of BelCompétence during a learning event

BelCompétence is born in November 2007, during the first learning event. Today, the Belgian team has twenty active members, passionate by the AIDS Competence Process. Professionals from the health sector, academics, a staff member of the center Manhay, un staff member of the St-Pierre Hospital, un staff member of the Espace P and coaches- the members compliment each other well.

« BelCompetence is a new inspiration for many people. It helps them to understand who they are and to improve their way of working," explained Aicha, a facilitator.

The team has organized several SALT visits in very divers groups –young handi-capped people, Muslims women, young Chaldeans, asylum seekers from Manhay, youth houses, etc.

These groups build a common dream and opened the discussion about HIV. Some assessed their own level of competence and planned for action. "We will find out for our class where is the nearest testing centre in our neighbourhood," said students in a school in Brussels.

BelCompétence organized a series of four learning events for its members, with two coaches of the Constellation. During one of the trainings, members had the chance to learn from Eric Ngabala, Congolese facilitator of RDC Competence. The King Baudouin Foundation supported this exchange of experiences.

BelCompétence will register as an official organisation. « BelCompetence is a new star in the Constellation, » said Louis Marie Butoyi, adding that « the ones who place human beings in the center of the response to HIV and not technology can now work together. » Until now, BelCompetence operated on the contributions of its members.

The facilitation team will collaborate with the municipality of Schaerbeek in 2009, to stimulate its inhabitants to develop their competences towards diabetes and HIV.

Indonesia Competence

Team: IndoCompetence

Country: Indonesia

Age: 1 year

Story from the field:



SALT visit in Merauke

The concerns and experiences of the team in Merauke have become assets. During the learning event, they shared them and it transformed all participants.

Ibu Winona said: "I have learned from a sex worker that I visited about how they serve their clients with full satisfaction and how they can survive. In this way it may prevent my husband from seeking satisfaction from a sex worker.

I also shared my experience to other housewives in the neighbourhood."

Ian, a young man, leads a music band. With music come alcohol, drugs and girls. Ian tells us how he stopped drinking. He now discusses with his band how to focus on music and to leave the rest. "I shared with my friends about how to be healthier."

Dany, an old teacher from Papua, tells us how after practicing SALT in Merauke he travelled to his community all the way "up the hills of PNG". "A lot of things are happening there that make us vulnerable; I felt I had to warn my people. I just want my community there to live healthy like me, without HIV-AIDS".

I have learnt so much from Merauke. Someday Merauke will be more advance from others, because they possess power that others don't, LOVE and CARE," shared Eki, from PMI, Jakarta.

Description of the teams activities and results

Since September 2007, teams in the cities of Pontianak, Singkawang and Merauke stimulate their communities to respond to HIV. The SALT teams are concrete examples of inclusion as government officials, NGO outreach workers, transgender persons, MSM, young people, members of faith based organizations, members of sex workers associations, people living with HIV and former IVDUs work hand in hand.

Pontianak, Singkawang and Merauke district leadership are playing a key role in supporting the approach by word and deed.

In October 2008, Constellation coaches conducted 2 learning events. In Pontianak for instance the teams took the management of the event in their hands. In both learning events, spirits were high!

"Today the Merauke SALT team has more than 20 members from all walks of life and they visit, listen and interact with each other, share their hopes and concerns," explained Rebeka from UNFPA, Indonesia. "Take Ibu Henry for instance: she is the secretary of local AIDS commission and a lawyer by profession. When she got introduced to the AIDS Competence Process, She started holding her community as a mother, as a government employee, as a community leader...she has been there, beside her community in many forms ... not for teaching but listening."

Indonesian coaches are determined to organize themselves at the national level in the same way as District SALT and facilitation teams do. They will start as an informal group.

With the right accompaniment, the three cities can become the starting point for AIDS Competence throughout West Kalimantan, Papua and beyond. There is a clear window of opportunity for turning this vision into reality. Various partners are committed. Financial resources are available and can be mobilized. Each partner however will need to play its role.

Local Government authorities from Pontianak and from Merauke officially declared their intent to share their experience with other districts in West Kalimantan and Papua.

Mali Competence

Team: MaliCompetence

Country: Mali

Age: 2 years

Story from the field:

Hawa Dramé works for the association AFAS/AMAS active in the fight against HIV in Mali. She is also part of the support and learning team, that stimulates communities in Bamako to respond to the issue of HIV.

« With the team we visited young people working in the garage Mamadou. We exchanged our dreams and concerns. At the beginning they didn't feel concerned by HIV. But we had a good discussion. They even did their self-assessment. »

The team informed the young people of the modes of transmission of the virus. "Without information, people are not aware of their vulnerabilities."

After the SALT visit, several things happened in the garage Mamadou. The mechanics decided to organize one awareness raising day per week. "Now they discuss about HIV among themselves. Every Friday morning they discuss and raise the awareness of all mechanics in the garage." Some of them even got tested after the visit.

« This changed my work frame, » said Hawa Dramé.

Description of the activities of the team and results

The Mali Competence team is composed of several people of 'Groupe Pivot' in Mali. Since two years, Groupe Pivot plays a key role in the spread of AIDS Competence in the country. Groupe Pivot is a coordination mechanism for national and international NGOs, financed by the Global Fund.

The approach has been transferred to 90 people from 37 national NGOs, with support of the Global Fund. NGOs, town halls, government organizations, regional trade assemblies, the head of social development and the head of health as well as international NGOs like World Vision, coming from 9 regions have been trained in the approach.

These people formed facilitation teams (with a large vision comprising of health workers, social development workers, NGOs, local associations, chambers of commerce, government, associations of PLHIV...) in 9 regions to stimulate AIDS competence in communities in which they work.

One NGO is hosting the process. Each team works with a small budget that it being transferred to her via the host. About 216 communities developed their competences toward HIV with support of facilitators of Groupe Pivot.

At present, World Vision has asked to cover 25 municipalities in « Cercle de San ». 70 facilitators –governors from these municipalities and partners of World Vision have been trained and a first support visit took place in 2008.

In 2009, Groupe Pivot will spread the approach to 50% of the villages in Sikasso, meaning 6000 villages. A first step to the spread to the entire country!

In February the first Knowledge Fair took place with the AKDN project. Three national companies (EDM-sa, CAM and Embamali) shared their experience with the support of the Constellation. A second fair was organised in December 08 with 70 facilitators from all over the country.

our website www.aidscompetence.org
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