Speaking of a Journey:

The inside story of AIDS Competence in Indonesia

December 2009

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1. AIDS Competence in Indonesia – introduction and purpose of paper

What happens when individual and community strengths are appreciated and nurtured? What are the dreams of Indonesian communities? How do they act to achieve them? What is the driving force for young people, men and women to take part in collective response to HIV prevention?

This paper illustrates an 'appreciative' approach for community empowerment, known as the AIDS Competence Process, or ACP (www.communitylifecompetence.org). The main sources of information for this paper are individual interviews, anecdotes and stories from practitioners of ACP in Indonesia. The stories reveal how ACP can transform an individual's life experience in relation to HIV/AIDS, and also create ownership of issues that challenge peoples' lives and communities.

The principle of the AIDS Competence process is described as follows:

"A community that is facing HIV/AIDS problems is capable of growing to an AIDS Competent community, like a seed grows to become a flower. [A facilitator] waters the seed with a particular way-of-thinking and working, using knowledge management tools. The community dream makes people strive for AIDS Competence. That dream is the community's spinal column, leading to local responses and ownership"

---The constellation for AIDS Competence.

As part of ACP, a National Facilitation Team (NFT) has been formed with support from UNFPA, creating a 'learning environment' for implementation in Indonesia. ACP facilitation teams also have been formed at each implementing site, with close collaboration of local AIDS Commissions. The teams include people from districts and provincial AIDS Commissions, NGOs working on HIV/AIDS, people living with HIV/AIDS (PLWHA), community leaders, and faith-based organizations. Young people and those in the general population who are interested also participate, contribute and provide their time. The NFT makes visits to learn from and support each implementing area. The alliance between facilitation teams and the communities of practice are known as 'IndoCompetence'.

This paper also captures the dreams, challenges, triumphs, and opinions people experience when working towards AIDS and Adolescent Reproductive Health (ARH) competence. At the time of writing, no single community could be considered 'competent', however the stages of progress are outlined in this paper.

2. Implementing AIDS Competence in Indonesia – geography and local context

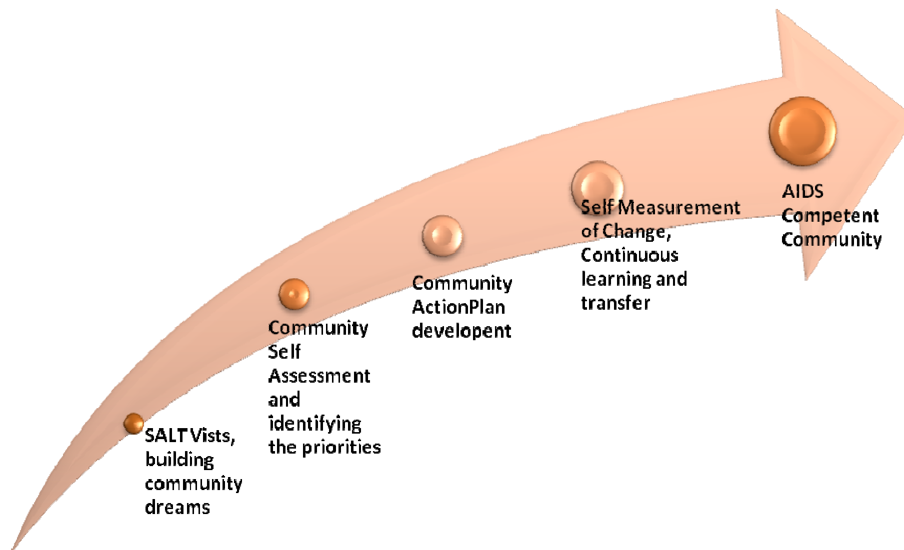
The AIDS Competence Process (ACP) began in Indonesia in mid-2007. With the support of UNFPA, it branched out into four provinces by the end of 2009: Jakarta, West Java, West Kalimantan and Papua. In Jakarta, ACP focused on the transgender community and sex workers from North Jakarta harbor areas. In West Kalimantan and Papua, ACP facilitators worked with communities to create multidisciplinary facilitation teams. The teams are called 'SALT' teams. The SALT teams facilitate ACP and learn about the hopes and concerns around HIV and AIDS in their communities.

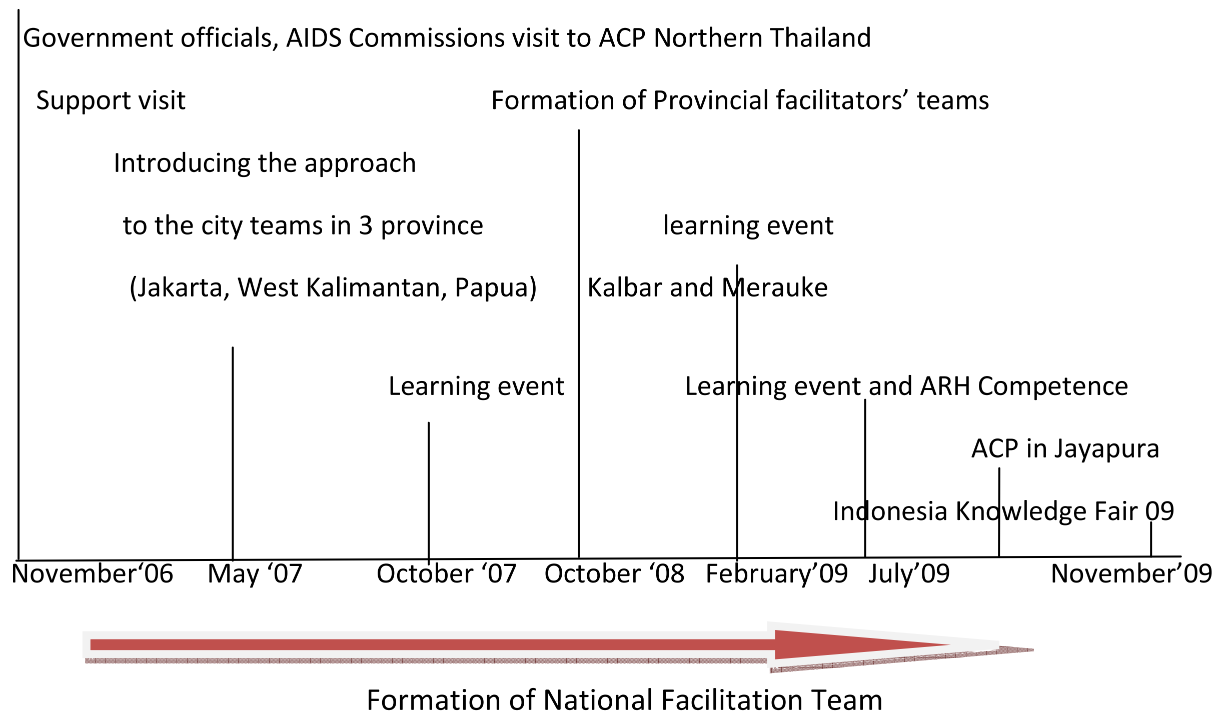
The Indonesian HIV epidemic is generalized in the provinces of Papua and West Papua, with infection prevalence at 2.9%. In other parts of Indonesia, HIV is concentrated in 'most-at-risk' populations. Recent studies show that the main mode of HIV transmission is unprotected sex between people who buy and sell sex, and between intimate partners. Although transmission is preventable, certain groups (particularly women, girls, marginalized transgender and sex worker populations) face challenges in protecting themselves. They are restricted by imbalances in decision-making power, gender-based violence, and economic insecurity[1]. Young women and girls are particularly vulnerable in communities like Merauke, where gender-based violence is high, and in Singkawang, where 'contract marriages' between young girls and unknown men residing outside Indonesia are common.

In many cases, it may seem helpless to those at risk of or living with HIV infection. They may feel limited in making choices for a healthier life, that they have no strengths to change the 'norms' of tradition, and may rely on 'fate'. The AIDS Competence Process helps communities to recognize their strengths as well as vulnerabilities, using their own cultural lens to reflect on issues they want to change. They initiate dialogue and action using whatever resources they have.

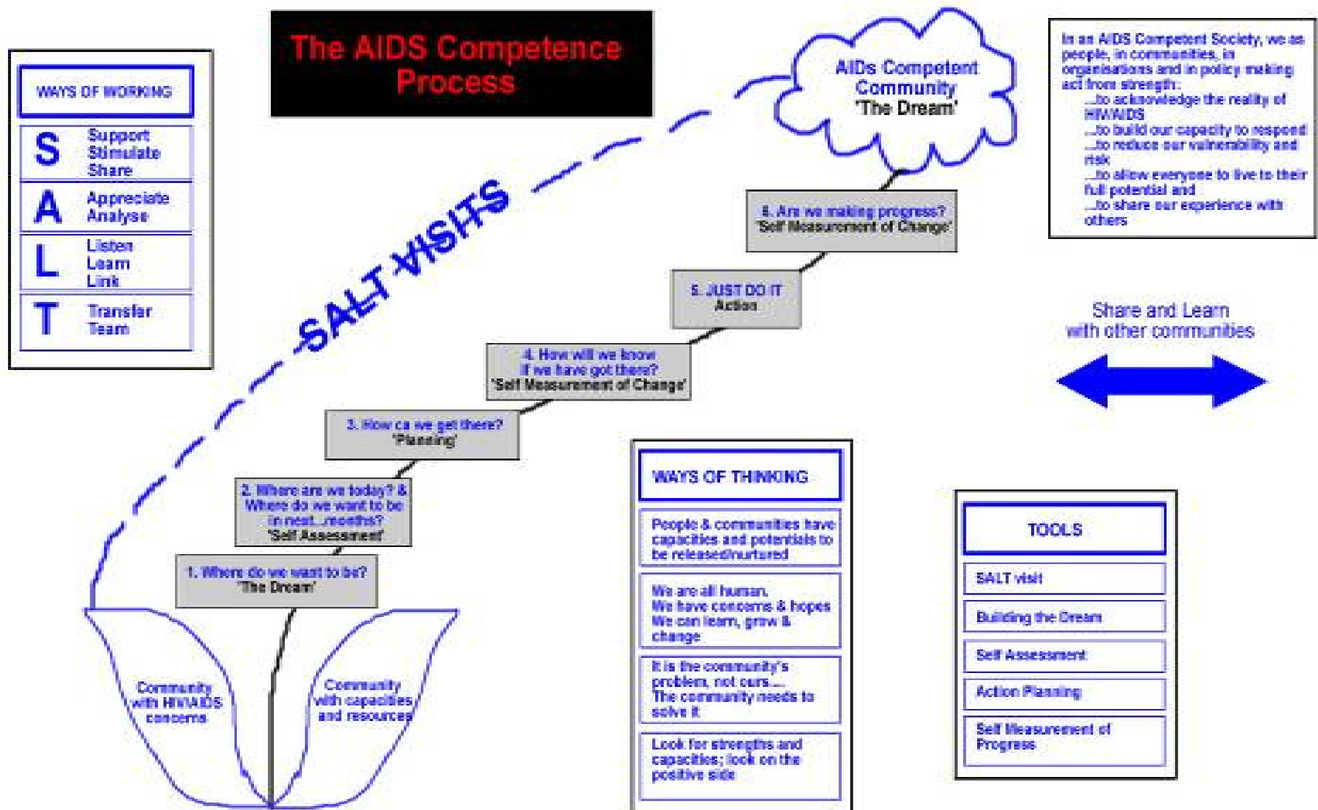
[1] *UNFPA, The state of World Population 2008*

3. Timeline for the AIDS Competence Process, and selected events in Indonesia





4. AIDS Competence Process – way of thinking and way of working[2]



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[2] *PNG AIDS Competence Process, 2008*

5. The AIDS Competence toolkit[3]

The 'AIDS Competence process'[4] is designed to stimulate local response to HIV/AIDS through a structured facilitation process. It is based on the belief that communities have a high capacity to respond to challenges, and blends into global concepts such as maïeutics, participatory development, appreciative inquiry and knowledge management. It also uses the following tools to guide thinking and action:

'SALT'
This is a way of thinking and relating ourselves to a situation.

S = Support... Stimulate
A = Appreciate... Analyse... Action
L = Listen... Learn... Link
T = Transfer... Team

SALT team members **S**timulate action through their appreciative questions, **S**upport each other in the **A**ppreciation of individual and community strengths, exchange opinion about what they have **L**earned from each visit, and **T**ransfer lessons learned to their own context.

Dream-building

Before it can act, a community needs to build a 'picture' of where it wants to go. In other words, it needs to translate the ideal of AIDS Competence into its own context. Individuals are encouraged to build their dream to be AIDS Competent.

Self-assessment

This tool helps community to identify where they are 'today', where they want to go, and what actions will get them there. The Self Assessment framework allows communities to assess where they are on a five-point scale, according to 10 practices:

- Acknowledgement and recognition
- Inclusion
- Linking care and prevention
- Access to treatment
- Identifying and addressing vulnerability
- Gender
- Learning and transfer
- Measuring change and adapting response
- Ways of working
- Mobilizing resources

Action Plan Development and Measuring Progress

The community defines a set of actions to meet each target. The community defines each action, how to track progress, and how someone else would verify that progress.

[3] *The Constellation for AIDS Competence*

[4] *www.communitylifecompetence.org*

6. AIDS Competence in Indonesia – regional experiences

a. Jayapura, Papua: Adapted new way of thinking[5]

Jayapura is the capital city of the Papua province. In Jayapura, several organizations are working on health and development issues (including HIV). Although the number of new HIV infections is still rising, there is a stigma around HIV/AIDS, and people are not yet open to discuss issues of sexuality. The provincial AIDS Commission approached UNFPA and IndoCompetence to share the AIDS Competence approach with Jayapura, and address the lack of discussion relating to the HIV/AIDS issue.

Another way of thinking adapted

In July 2009, ACP was launched in Jayapura through a four-day learning event. A multi-organizational SALT team was formed, with participation of men, women, young people, Government officials, NGOs, PLWHA groups and members of the AIDS Commission. During the learning event, many participants expressed that although they have been working with similar processes, the ACP provided a new way of looking at the 'target population'. They now realize that communities have great strength, and have hopes and dreams of their own. Participants from communities, NGOs and AIDS Comission were interested in the AIDS Competence Process and the value that the approach added to their existing programs. Through the SALT visits the participants have learned to listen more deeply, to explore and appreciate local capacities and actions, to be patient and not just 'teach'.

The SALT team conducted visits to various communities and returned with new findings as reflected by one of the members:

"I visited a group of housewives living with HIV. At first I was not sure whether I could interact or connect with them. During the

[5] *Report: AIDS Competence Learning Event Jayapura, Papua, 27-30 July 2009*

SALT visit they were so open that it changed my perspective."

Robby from PKBI

"I got a lot from this training. It is appropriate for me and other street children to build relationships. I felt that I have to implement this approach to work with street children."

Samuel, 19-year-old street youth living with HIV

People open up when drawing their dream

SALT team members visited a shelter home for PLWHA. Young men, a couple with a 5-year-old son, and women left by their husbands live in the NGO-run shelter. They expressed their concerns, 'drew' their dream, and expressed that together they can make their life better.

"I am surprised to see that positive people can draw and express their dreams. We haven't done this before."

Director, NGO shelter home for PLWHA

b. Merauke, Papua: People thrive because of the response to HIV/AIDS

Local people and the District AIDS Commission work together for HIV/AIDS

Merauke has the third highest number of AIDS cases in Papua, with 198 of the total 1492 reported cases of AIDS. ACP was launched in Merauke in 2007. The Provincial AIDS Commission in Jayapura was keen to implement the approach after a visit to North Thailand, where ACP has shown positive results in combating HIV/AIDS and impacting people's lives and well-being.

The AIDS Commission in Merauke worked with UNFPA to arrange five learning events between 2007 and 2009. A team of SALT facilitators for ACP was formed in Merauke with full support from the Bhupati (head) of the district. The SALT team includes members from the district AIDS Commission, and the Commission's secretary has been a key role for efforts to adopt and implement the ACP approach in this community.

Other team members include NGO partners, local teachers, priests, radio journalists, service providers, PLWHA, sex workers, and adults and children from the community.

People are better informed about services and utilizing them

In Merauke, members of the SALT team went into their own communities from the outset, initiating discussion on issues concerning HIV. The SALT teams (along with their communities) identified resources such as peer educators providing information and awareness about HIV, voluntary counseling and testing centers

(VCT), and anti-retroviral treatment (ART) providers. Through SALT team facilitation, one doctor from the government hospital of Merauke became an anchor between the communities and VCT/ART services at the hospital. As reported to UNFPA staff, the number of VCT service recipients increased after people realized their vulnerabilities.

Transfer of learning takes place from one community to other

Various government departments were interested in learning ACP and wanted their staff to be trained. They requested that the Merauke SALT team coordinator organize exposure training. In July 2009 the Merauke SALT team conducted SALT visits and a two-day learning event with 24 officials from various Government departments. The new team learned about ACP and began to use it in their departments and institutions.

Reflections from Merauke:

"I found that ACP is a generic tool that I can apply to any aspects of our lives, not merely HIV and AIDS"

Wilhelmina Welliken, broadcaster

"I am already deeply involved in my community activities. In my community, many of us are farmers, mostly non-Papuan who migrated to Merauke a long time ago and now form a strong community. We usually talk about our farming, our livelihood issues. Now, since I've learned SALT and HIV and AIDS, …I can be more effective when I do my reflection of personal achievement. I have become less judgmental about others. Before I always thought that a PLWHA is a bad person and they got it because of bad behaviors. Now I learned that there are lots of circumstances people go through that lead to contracting the virus. It is irrelevant to say that they are good or bad people. Thanks to ACP."

Yohannes, farmer, businessman and Merauke SALT team member

"I grew a lot in the last one year, all through my involvement in ACP, especially the 'Building a Dream' method that I love to apply when helping students. I know I still need to learn more and to try to increase my community's awareness about HIV and AIDS, as well as Reproductive Health, so I can help my peers more. I noticed the current practices of my friends that can cause an extreme impact such as early pregnancy and may lead to abortion. I want to contribute to reducing incidence of these. I would like to continue these efforts by facilitating my peers more in building their dreams, for that matter I will contact more people in my social networks."

Maria, college student, HIV activist and Merauke SALT team member

c. North Jakarta harbor, Jakarta: Listening to girls selling sex talk about their lives

The Director of a local NGO in North Jakarta described their introduction to ACP:

"Since 2007 we have been implementing AIDS Competence. The field coordinator and I attended the ACP kick-off learning event. We shared it with the girls at East Jakarta. In North Jakarta we did not formally introduce it, but we are applying the approach informally."

Anna, Director of Bandung Wangi NGO working with sex workers

Some of the girls who sell sex at this site in North Jakarta shared their thoughts about their work, and challenges they face. Some have more success in insisting on condom use than others.

"I am 17 years old and I have been in this work for the last four years. I like the work, I get money. I like older men, 35 to 37 years old; they have more money than the young men… I work freelance, sometimes going to the Karaoke café near the harbor. Most of my clients I get through cell-phone calling. At the Karaoke café we have to finish our café work first before joining the clients. Café hours are seven pm to three in the morning. Otherwise we take off from the café for the night. Looking at a man I can tell whether the man has money or not. I like guys driving good cars."

"Usually I have 1-3 clients per night; some nights, no clients… I always insist on condom use. I carry them always, and do not work if the client does not want to use a condom. When I was younger I was beaten up by men, but now my clients call me 'condom queen' as they know I do not work without condoms."

"Once I asked a client to use a condom and talked about HIV. He said 'Are you a hooker or a doctor?'"

One of the girls talked about her aspirations beyond this line of work:

"I use injecting methods for prevention of pregnancy…and I also use condoms. I have a permanent client; when he comes I do not go to other men. I like my work but my dream is to work like the outreach worker, not sex work, as it has no status, no honor, people look down us. Otherwise, I enjoy my work. "

Girls are supportive of each other, with a reduction in stigma towards those with HIV

As noted by the Director,

"[With the ACP approach] the girls are more inclusive than before. Previously if anyone got HIV they would leave the area and go to their village, for fear of disclosure and discrimination. Now they do not leave as stigma among the other girls has reduced, and they accept girls who are HIV positive. We want to create a positive peoples group so we can support each other."

"Our conversation has improved with the girls since we started using the AIDS Competence approach. We do not 'teach', but share our information, hopes, concerns and experiences. Girls listen to these better than preaching. Previously, girls were dependent on us for condoms and health check-up referrals, now they go to the clinic by themselves and buy condoms when they need them."

Hesitation persists, yet girls have a positive view towards their lives

"We have built our dream, done self-assessment, prioritized the practices and will measure our progress. It helps us see and discuss what we should do and what progress we are making. Girls have a positive view towards their lives."

d. Jakarta: Transgender population "We are free, we love life"

SALT visits brought transgender people together and closer to their community

Yayasan Srikanti Sejati (YSS) is an organization founded and run by the transgender population. Lulu, the Project Manager of YSS, has been playing a key role in implementing ACP in the transgender community since 2007, particularly with younger transgender people. ACP implementation began with SALT visits in East Jakarta.

In East Jakarta, the *warias* (the local name for transgender) are young and enthusiastic about their lives. They conduct SALT visits regularly. They live in narrow slums beside a major city drainage system in Jakarta, yet their faces were full of smiles, and they share their joy. When the *warias* were asked what they value most in their lives they said "togetherness, the feeling of a

community… That is our strength". They share information on HIV/AIDS, refer and follow up friends for STI treatment in PKBI clinics. Service utilization has increased. After seeing the life changes among the girls in East Jakarta, Lulu decided to implement ACP in other district hotspots across Jakarta.

People see broader issues of their lives while dealing with HIV/AIDS; life experience counts for HIV prevention

The project manager and a peer educator reflect on the specific challenges in their line of work, and how ACP may help:

"I used to dance at night clubs in my home town while I was still completing my studies. I wanted to be a celebrity. After coming to Jakarta I found my community. The work is more challenging here. Transgender communities are widely spread here and they face many challenges. They make a living by singing in the streets, selling sex on the streets, and some are hair salon workers. People look down on them, harass them. They live in boarding houses. The SALT process helps them to identify and appreciate their own strengths. In YSS meetings we used to talk about the problems in the field. We asked outreach workers and Peer Educators about problems in their work, follow ups etc; we never asked what they learned from visiting other transgender, we never asked about each other's personal lives, how they cope with day-to-day life, never asked 'how do you feel today?' Since we started ACP we began to change our way of working… now we ask them about their individual life experience."

Lulu, YSS Project Manager

"[previously] We go to our community with information and condoms, giving the same information all the time. Then, in the hot spots, next time I go there the girls have already forgotten what I had told them the week before. Even between peer educators we never talk about our lives, our learnings."

Honey, transgender peer educator

Personal transformation takes place through a new way of working

After an ACP learning event and two SALT visits in three parts of Jakarta, participating *warias* talked about their new experiences:

"This is first time I have been in a meeting. Here we learned how to share information with patience and care, and to start by building our dream together. I've learned how to respect each other, how to learn from others. We talk about personal issues; we learn how to reveal each other's strengths, with this we are more confident to talk about condoms with warias."

Niara, transgender community member

"We do not force people to change their life – we stimulate, we listen and let people share…"

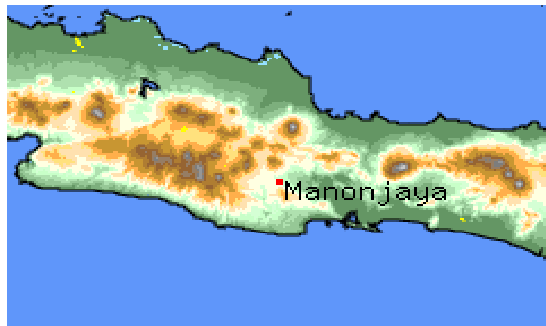
Stella, transgender community member

Organizational changes

Facilitation of ACP has built the organizational capacity of YSS through ongoing mentoring. For example, the project manager encourages people to take responsibility for what they care about, resulting in a stronger organization, community and individuals. This response to HIV goes beyond speaking only about condom use, understanding that transgender have other aspects in their life.

e. Manonjaya, West Java: Adults and young people work together for Adolescent Reproductive Health competence

Manonjaya is a district in Tasikmalaya in West Java. Sundanese is the local language, though Bahasa Indonesia is widely spoken. People are mostly Muslim and agriculture is the main form of paid work.



With the experience of AIDS Competence in Jakarta and three other cities (Merauke, Pontianak and Singkawang), UNFPA decided it was time to try using AIDS Competence tools for Adolescent Reproductive Health (ARH). In all the ACP implementation areas, community and government stakeholders (namely local KPA, health departments and the Governor's office) were excited and welcomed the approach. Groups of local facilitators had already gained confidence with the tools in existing areas of implementation.

"I drew a mirror, representing youth. I dream every young person sees the positives in themselves as they look in the mirror and act to excel the positives…. Young people depend on their parents; parents should not give fish to their children, but teach them how to catch fish."

Gugun, youth from Manonjaya

Facilitators are not teachers or 'givers', but part of the community, learning together

This was first time Reproductive Health Competence had been implemented in Manonjaya. A learning event on Reproductive Health Competence was conducted in June 2009. The learning event began with words of encouragement from BAPEDA Head Drs. Asep Rasyid. He described a SALT visit as a 'SWEET' visit, for Sprit, Willingness, Education, Efforts, and Transfer. Drs. Rasyid mentioned that once the SALT approach is known at the BAPEDA Tasikmalaya, it should be implemented with staff at the office. He also said:

"The approach puts us into a more relaxed situation to be able to facilitate the community – not as a 'giver' or teacher, but as one of them; to learn and act together."

Facilitation of ACP tools for ARH

The learning event took place at a community hall in Manonjaya. The SALT visit began with an introduction of participants, who were asked to pair up and discuss why they appreciate each other. The appreciation was shared in the larger group. The team then explored and dealt with issues, hopes, and concerns of Manonjaya relating to reproductive health. During this two-hour discussion, participants identified and confirmed that they wanted to work on adolescent reproductive health. The rest of the learning event worked on building Manonjaya ARH Competence.

The second day was devoted to 'dream-building'. Participants were asked to draw their dreams related to ARH Competence. The purpose of the individual dream-building is to hear each and every participant, and value each person's hopes and concerns. The participants were then divided into five smaller groups (youth, mothers, males, community health center staff, and NGO members). The groups drew their dream and finally all groups came together to 'build' the overall Manonjaya ARH Competence dream.

Promotion of culture, art and sports as part of ARH competence

The Self-Assessment tool was shared with participants, who found that the ten practices for ARH Competence were relevant for their community. They added one practice: 'Culture, art and sports for young people'. The Manonjaya community wanted to create an environment where adolescents and youth became interested in their own culture, art and sports. As the adult team said:

"To beat the negative influence of media, rapid social changes and the cellular world, we should stimulate our young people's interest in local culture, art and sports."

After Self Assessment, the teams prioritized three practices out of eleven and developed their action plan for the first year. The Puskesmas (community health center) head was designated as the 'anchor' for the whole process.

Five months later, on a second visit to Manonjaya, we found changes were taking place. Some of the reflections from the SALT team members are as follows:

"I have learned how to dig for the positives in others."

"We are capable of measuring our progress on ARH."

"Youth felt acknowledged by the adults."

The approach helps to open continuous dialogue between adults and youth, the 'culture holders' and the 'drivers'

Since June 2009, the community around the community health center conducted eight SALT visits, and has done self-assessment twice. The majority of the SALT team members developed a deeper understanding of the ACP approach, way of thinking, and way of working, however the old way of 'teaching and preaching' is still seen with some team members. They are open to discuss concerns and hopes for ARH with each other, and 'unlearn' any prejudices they may have towards specific groups of young people (IDU, PLWHA). While focusing on adolescent reproductive health, the team realized that they also need to work on reproductive health for adults.

Young people have started visiting their friends with an 'appreciative approach' and information about ARH. They have translated their dream into small actions and an action plan. They disseminate information in local clubs, band groups, neighborhoods, schools, and through radio talk-shows. The local Puskesmas is very supportive to this endeavor. Puskesmas staffs were asked about changes in their role as service providers from five months ago until now. They confirmed service provider-client relationships have improved in the Puskesmas. They did a role-play showing the changes, which included listening to clients more attentively, not taking any calls or using cellphones during conversations with clients, and not doing paperwork or other distracting tasks while attending a client.

7. Watering the seeds – building a National Facilitation Team: 'IndoCompetence'

"In ACP we inspire people to 'draw' their dream. Sometimes they don't want to draw their dream – some people don't even know that they have a dream." *Harry Kurniawan, NFT*

AIDS Competence began in Indonesia with the creation of a National Facilitation Team (NFT). The NFT is made up of facilitators from Jakarta and other provinces, and members of the practicing communities. The NFT invites interested individuals and organizations to adopt ACP in their work, and conducts support visits and learning events for ACP.

In Jakarta, a team of seven facilitators from various organizations was created and mentored by Constellation coaches with support from UNFPA. There are a total of seven teams in four provinces of Indonesia, with around 200 facilitators. The facilitators are those who work for provincial, district or municipal AIDS Commissions, representatives from NGOs and government officials, community groups, PLWHA, peer educators and adults and youth from the general population.

UNFPA supported the original seven facilitation teams to learn the tools of ACP. These involved learning events, SALT visits, conducting self-assessment with their own communities and neighboring communities. In some cases they had organized self-assessment in the organizations they belong to. The learning events were usually four days long, with a mixture of exposure visits (SALT visits) to the community and sharing experiences and stories in groups. Once trained, facilitators conduct learning events and support visits. Team members travel to other provinces to share their experiences and strengthen the ACP network across Indonesia.

Harry Kurniawan, Programme Officer for Adolescent Sexual and Reproductive Health at Indonesia Planned Parenthood Association (IPPA/PKBI), is an AIDS Competence NFT faciltator. He has been involved with ACP since early 2008, and shares his experiences of how ACP has changed his way of working:

AIDS Competence recognizes people's capacity to address issues in their own lives; they are the core of the approach

"In HIV/ AIDS programs we talk about condom use or behavior change, but with ACP people are at the core of the approach. It is very special for me; we talk about our strengths – something positive, not about problems, which motivates to take action."

"Behavior change programs have targets, like: 'in a few months you have to reach this number of people, you have to make this report, in two months you report about increased condom use etc…' – very target-oriented. But ACP is different. We have to be

appreciative of people, starting with dream-building, the bigger picture of life, and what one wants to do in life."

ACP is not a job, but a lifestyle

"We always start the ACP approach with our surroundings… It is a realistic approach that does not increase my burden of work. ACP is not a job, but a lifestyle. It inspires people to change their behavior – not to change other people, but change oneself first… I can do it at my home, at my office, in my community with my friends. I find the approach very simple."

"We can talk about AIDS in a different way... ACP is simple to apply, and with some facilitation people can practice the tools, do their action plan, and monitor their own progress. ACP helps people to look at a relationship and make it better through appreciative listening… we learn how to listen

Harry with other IndoCompetence Facilitators

patiently… ACP facilitators inspire people to talk about their concerns, and what they need to do for their concerns."

"I have been practicing ACP for one and a half years now. I see now everyone discusses HIV/AIDS openly, talks about their sexuality, and their hopes in their community. Many people are 'coming out' as living with HIV… giving testimonies about their lives… going to health providers and accessing health care. People use their potential to respond to HIV – even people who do not have anything, but can tell others how they are dealing with HIV in their lives. They can share their dream."

Dream-building is powerful

Having a dream can help a person to be healthy, giving motivation and inspiration for day-to-day life. It helps people to consider actions they need to take, and check they are on track, with the help of the other tools of ACP.

A transfer of tools occurs when an NGO uses the ACP approach to guide their Country Strategic Plan

Harry has conducted ACP learning events in Merauke, Jayapura, and Pontianak, and is preparing a work plan for the Papua and PNG cross-border HIV program.

"I want to adopt the ACP way of working and thinking into our strategic plan. In the IPPA Papua and PNG cross-border community development project we have incorporated ACP in four villages of the Muaratani district of Jayapura."

He reflects on how these visits impact his own discussions with friends:

"I have changed the way I discuss HIV/AIDS with my friends. Before I told them what I had done; now, I share real-life stories."

Poor people are not poor in all aspects – they may have no money, but they have strengths

"When I come back from visits I try to reflect… I found that people might be poor, they might have nothing, but I learned that people have many things, and ideas… Poor people are not

poor in all aspects. They may have no money, but I now see they have strengths."

8. ACP at the UNFPA Country Office, Jakarta

Maria from the UNFPA Country Office in Jakarta writes about her experience with the AIDS Competence Process in this section of the paper:

It's all in our hands

When we introduced the AIDS Competence approach to various communities for the first time, the enthusiasm and eagerness to adopt were obvious. They were aware of the need to foster community involvement, however most had not fully explored, identified or appreciated the strengths of their own communities, and how meaningful involvement would produce a stronger collective HIV/AIDS response. I am among those who have come to realize that they themselves have not been fully involved as an individual for the HIV/AIDS prevention in their personal sphere.

"I realize that I need to change the way I approach and respond to HIV/AIDS, and that I have done very little for my family, friends, and community members to build their AIDS competence. As a step to change this, I started to raise HIV/AIDS issues at home, during gatherings with friends or neighbors, and have offered my time for HIV/AIDS presentations or sensitization with a number of schools and orphanages in Jakarta."

AIDS competence approach is also applicable for various other issues besides HIV/AIDS. Individuals (activists, housewives, students and marginalized groups) have the potentials to change and induce change in their families, work colleagues, school friends and neighbors in their community. Limited capacity or access or information should not hinder people to act because they can capitalize on each other's strengths in areas where they are lacking. This approach is about ownership of the HIV/AIDS response. The AIDS Competence Process (ACP) builds on the community's existing expertise and resources. Individual action snowballs into a collective community response. Since the introduction of ACP to Indonesia at the end of 2006, a growing number of communities have been reached through the SALT team visits, designed to stimulate, appreciate, learn and transfer community strengths. These visits have expanded networking, giving both the ACP team and community members the opportunity to understand the vulnerabilities and strengths of a community and take actions to address them.

With the wealth of HIV information available, we can prevent people from getting HIV/AIDS and we can support PLWHA to lead a meaningful, healthier and more productive life. ACP inspires people to revisit their approach and way of working as an individual, a mother, a father, a teacher,

an activist and a student, regardless of social or economic backgrounds, education level, sexual orientation or gender identity. It encourages everyone to take the initiative and be part of the HIV/AIDS response to spread 'competence'. The ACP can accelerate efforts to achieve a shared dream of an AIDS Competent community, empowering our loved ones and community to protect them against the virus, assisting PLWHA to access care and support for a meaningful and empowered life, and mobilizing support to end discrimination. It is all in our hands.

9. Summary of Progress, Lessons Learned, Challenges and Conclusion

Summary of progress:

- In 2009, the AIDS Competence process was launched in Jayapura (Papua), Manaonjaya and two communities (young sex workers and transgender) in Jakarta
- A national facilitation team was formed ('IndoCompetence') and capacity-building conducted for facilitators. Facilitators are now confident and able to conduct ACP learning events.
- SALT teams have been formed and are functioning in Pontianak, Singkawang, Merauke, Jayapura, Manonjaya and Jakarta.
- Community action plans have been developed in all the implementation areas.
- Guidelines for ACP tools have been developed in local language (Bahasa Indonesia).
- Community facilitation has enabled people to open up and discuss HIV/AIDS, and take ownership of HIV/AIDS as 'their' issue.
- Team members observe of a reduction in stigma towards PLWHA, and an increase in self-esteem and self-respect, in participating communities.
- Indications of utilization of VCT and ART services have increased in communities where ACP has been operating for more than a year.

Lessons Learned:

- The AIDS Competence process goes deeper than just awareness raising or provision of information; it is a lifestyle.
- An individual's experiences are highly valuable as educational, training and transformative tools.
- ACP helps to open up dialogue between adults and young people. For example, Manonjaya youth are challenged by new technologies, information and globalization, like other places

in the developing world. The key to working well with young people is to recognize their unique issues, appreciate and work in partnership with them.

- The ACP approach is inclusive, and does not resist local culture or tradition. This enables wider participation of the community, and a sense of ownership.
- ACP bridges the gap and encourages networking between Government organizations, NGOs and communities. The response to using community 'dreams' was greater than the use of organizational targets.

Challenges:

- The objective of ACP is to unite the community and empower them to take actions for their lives and HIV/AIDS. However, there is a lack of clarity as to how this can be measured within the short lifespan of the project. Observations from the project team indicate promising progress: a change in people's way of thinking, and a change in how the multi-organizational facilitation teams operate. Large-scale implementation needs time and careful monitoring to measure the changes that result from ACP.
- Implementation of ACP requires continuous mentoring and accompaniment for the community; particularly in early stages to ensure success. This places high demand on time.

Conclusion:

Safe individual behavior is key to HIV prevention, however solely providing information, condoms, leaflets and outreach is not enough to produce sustainable positive results. Communities have a bigger role to play in accelerating the response to HIV/AIDS. Individual and community life experience is more valuable than setting targets for behavior change activities. The AIDS Competence Process uses facilitation and capacity-building to enable community acknowledgement of HIV/AIDS, and to build and take action towards a collective 'dream'. In this way, vulnerable populations are transformed into actors of positive change.

10. Annex 1: AIDS Competence monitoring tools

a. ACP/ARH Competence follow-up

General information

Name:

1. *Position:*
2. *Organization you represent:*
3. *District:*
4. *Date of report:*
5. *Date of the last AIDS Competence learning event you participated in your province (dd/mm/year):*

Results of activities

6. *Since the above-mentioned date of the last ACP learning event you participated in in your province, have you met with SALT team members?   Yes / No*

   (if yes fill in the following matrix):

Name of the person met	Organization/community they represent	Topic discussed	Where did you meet?	Any other comment

7. *A. What action did the community take since the last AIDS Competence learning event in your district/province?*

   (if you have not met any of the SALT team members since the last meeting please visit them and ask them this question).

Kind of activity	Number of times (and number of people involved)	Please write down here some examples of the results of activities
E.g. Meetings		

B. How many SALT visits were undertaken by SALT team members since the last ACP Learning Event?

C. Please give us the break-down figures of the number of people who participated in the SALT visits here:

	Number
How many women were met by the SALT team members?	
How many men were met by the SALT team members?	
How many PLWHA were met by the SALT team members?	
How many MSM were met by the SALT team members?	
How many IDU were met by the SALT team members?	
How many youth were met by the SALT team members?	
How many elders were met by the SALT team members?	
Total	

D. If SALT visits were undertaken by the SALT team members were any of the following activities undertaken?

	How many times	**How many participants**	**Which communities/organizations participated**
Dream-building			
Self Assessments			
Measuring change in priority practices			
Total number			

Interview with SALT team members (try to interview at least 2 SALT team members)

Instruction:
Please contact a few SALT team members and arrange individual meetings. The purpose of this meeting will be to gather their personal experiences through face-to-face interviews. It is very important that the information-gathering takes place through face-to-face interviews, and that you allocate sufficient time to truly capture the experience of the SALT member. By obtaining this information it will enable us to get a clear picture/idea about how SALT team members have experienced AIDS Competence and identify what real life changes have occurred since the introduction of AIDS Competence in their area.

1. *Name :*
2. *District:*
3. *Date of interview:*
4. *Date of the last AIDS Competence learning event you participated in your province (dd/mm/year):*
5. *Name of person interviewed:*
6. *Community they represent:*

Important
When obtaining the information please write from the person (so try to write down exactly what they say, in their own words).

7. *During the AIDS Competence learning event you shared your dream with the SALT team.*
   a. *What was the dream you shared with the team?*
   b. *Could you share with me what you exactly have done so far to achieve your dream?*
   c. *What did you experience while working to achieve your dream?*
   d. *What you have been doing differently since you have drawn your dream?*
   e. *What inspires you to achieve your dream?*
   f. *What are your achievements if any) so far towards the dream?*

Reflect on your participation in SALT over the past period…

Instruction to the interviewer: Please tell the team member this:

"Before I ask you the questions, I would like you to keep in mind the following issues: Please don't be ashamed or hesitant to give yourself credit for every little thing you do that brings you a feeling or demonstration of success, to even the smallest degree, in anywork situation. For example, it could be as little as this: 'I was patient with the one of my fellow SALT members at the AIDS Competence meeting; I listened to him without interrupting even though I disagreed with him.'"

8. *Now, I would like to ask you some questions about your role in the SALT Team.*

   a. *Based on your experiences what makes the AIDS Competence process so special/unique?*

   b. *What in your view have been some of the challenges for:*
      - *SALT visits?*
      - *Conducting dream-building?*
      - *Doing self-assessment?*

   c. *Considering your role as a SALT team member, what are you proud of, what have you accomplished, and what are you doing that works?*
   d. *What contributed to those successes? What caused those things to work? What has allowed you to do your best work? (Consider your fellow SALT team members, the members of your community, circumstances, physical situation, and opportunities.)*

How have <u>you</u> changed?

   e. *Think about yourself at the beginning of the AIDS Competence process and the person you are today. How have you changed? (Again, give yourself credit for every little improvement in your professional competencies or personal effectiveness). What did you do that helped you improve? The activities may have occurred at work, home or in the community.*

Going Beyond!

   f. *To make yourself even more effective in the future, what do you want to continue to do, do more of, do better, or do differently?*

b. AIDS Competence Learning Event: Knowledge and Attitude of participants

At the start of each AIDS Competence Learning Event or SALT visit, the participants will be provided with a short survey to measure their knowledge and attitudes related to HIV/AIDS and STIs. The purpose of this survey will be to see to what extent the participants have increased their knowledge and changed/adjusted their attitudes towards some of the issues discussed during the AIDS Competence Learning Event. The survey will be a confidential one so the participants will not have to write down their name or any other particulars that could be attributed to individuals participating in the AIDS Competence Learning Events.

Each coordinator is requested to keep the results of the survey and report on them at a quarterly basis using the following format:

Name Coordinator:
District:
Reporting period:
Total Number of AIDS Competence Learning Events in the reported quarter:
Total Number of SALT visits in the reported quarter:

SALT visit overview

Each survey will have two segments:

1. Questions about participants' knowledge about HIV/AIDS, safe sex practices, VCT and treatment.
2. Questions about participants' attitude towards their fellow community members who have HIV/AIDS, safe sex practices and VCT.

For each of the two segments, seven questions are developed and a scale has been developed to categorize the knowledge and attitude:

6-7 correct = Good knowledge and attitude

3-5 correct = Medium knowledge and attitude

0-3 correct = Little knowledge and attitude

UNFPA has developed five versions of the knowledge and attitude questionnaire to make sure you are not using the same version each time.

When you print the questionnaire **please remove the KEY** as these are the correct answers and should be only used for you to check.

Questionnaire to be filled out by participants of AIDS Competence Learning Event/SALT visit/Support visit

Questionnaire version 1:

	Attitude Question	TRUE	FALSE	**Key**
1	A school should be able to refuse to give education to a child on the basis of their HIV status			F
2	Do you believe that it is acceptable for married women to use condoms at home?			T
3	The government should make an HIV test compulsory for all			F
4	I would be willing to share a room with someone living with HIV/AIDS			T
5	Domestic workers should be tested for HIV because they work in close contact with children			F
6	Women who are HIV positive should sterilise, if pregnant they should be encouraged to have an abortion			F
7	I would be willing to eat food at a canteen if the food was prepared a cook who is HIV-positive			T
	Knowledge Question	**YES**	**NO**	**Key**
1	People start to get sick as soon as they contract HIV			F
2	AIDS can be transmitted by being in the same room with an AIDS patient.			F
3	You can get AIDS by sharing a needle with a drug user who has the disease.			T
4	You don't need to protect yourself anymore once you have been infected with HIV			F
5	AIDS can be transmitted by sharing eating utensils with an AIDS patient.			F
6	HIV/AIDS cannot be cured			T
7	AIDS is a disease which destroys the body's natural immunity against infection			T

Questionnaire version 2:

	Attitude Question	TRUE	FALSE	Key
1	People who are HIV positive shouldn't be eligible for promotion at work			F
2	People who are living with HIV should abstain from sexual intercourse of any kind			F
3	Do you feel that a teacher who is HIV-positive should be allowed to continue teaching?			F
4	Do you believe that it is acceptable for single men to use condoms?			T
5	Children who are HIV positive shouldn't be admitted in pre-schools because they put other children at risk of contracting the disease			F
6	Having a co-worker with AIDS would not bother me.			T
7	Babies of HIV infected mothers shouldn't be saved as this will add to the orphan problem			F
	Knowledge Question	**YES**	**NO**	**Key**
1	AIDS is associated with multiple anonymous sexual contacts.			T
2	The sexual promiscuity of sex workers is the reason why AIDS exists even if they always use condoms.			F
3	AIDS is not my problem.			F
4	People can contract AIDS from sexual contact with a single infected person.			T
5	AIDS is transmitted by intimate sexual contact.			T
6	Children can get AIDS from playing with infected kids.			F
7	Condoms offer protection against the spread of AIDS.			T

Questionnaire version 3:

	Attitude Question	TRUE	FALSE	Key
1	HIV has spread so rapidly that prevention efforts cannot help anymore			F
2	I can work side by side with a person who is HIV positive			T
3	I can live with a person who is HIV positive			T
4	People with AIDS don't really have a right to confidentiality about their disease.			F
5	Do you believe that it is acceptable for married men to use condoms at home?			T
6	I would be willing to use the same toilet as a co-worker who is HIV-positive			T
7	People ought to notify their employees if they contract AIDS.			F
	Knowledge Question	**YES**	**NO**	Key
1	Having one partner protects you from contracting HIV			F
2	Having TB (tuberculosis) means that a person has HIV			F
3	AIDS can be transmitted by kissing an individual with AIDS.			F
4	AIDS cannot be transmitted by heterosexual (male-female) sexual activity.			F
5	Homosexuality is the cause of AIDS.			F
6	I am less likely than most people to get AIDS.			F
7	I am not the kind of person who is likely to get AIDS.			F

Questionnaire version 4:

	Attitude Question	TRUE	FALSE	Key
1	People ought to notify their friends if they contract AIDS.			F
2	People living with HIV/AIDS have a right to privacy about their lives and lifestyles.			T
3	The government should have the right to fire people if they have AIDS.			F
4	AIDS infected children should be kept out of public school.			F
5	AIDS is God's way of getting rid of homosexuals.			F
6	I don't want to talk or interact with anyone with AIDS.			F
7	Do you believe that it is acceptable for single women to use condoms?			T

	Knowledge Question	**YES**	**NO**	Key
1	I believe that if a person with AIDS is bitten by a blood sucking insect, it is possible to get AIDS if that same blood sucking insect bites you.			F
2	I believe that if you sit on the same toilet seat that someone with AIDS has been on, then it is possible to get AIDS from that seat.			F
3	If it weren't for homosexuals, we wouldn't have the disease AIDS.			F
4	If someone with AIDS coughs or sneezes in your face you can get the disease.			F
5	If you shake hands with someone who has AIDS you can get the disease.			F
6	It is important that students learn about AIDS in their classes.			T
7	Lesbian women cannot get HIV/AIDS			F

Questionnaire version 5:

	Attitude Question	TRUE	FALSE	Key
1	People with AIDS should be admitted to special hospitals only for AIDS patients			F
2	I would be not willing to hold hands with someone who is HIV-positive			F
3	I would be willing to share a room with someone living with HIV/AIDS			T
4	I would not be willing to utilize the services of a barber or a hairdresser who is gay because he might have HIV			F
5	HIV-positive children should be allowed to stay in school with uninfected children			T
6	I would be willing to work alongside a co-worker who is HIV-positive			T
7	People should test themselves for AIDS.			T
	Knowledge Question	**YES**	**NO**	Key
1	Men and women don't really need to discuss AIDS with each other.			F
2	Only a blood test can tell whether a person is HIV positive			T
3	Part of the problem with AIDS is that people don't talk about it.			T
4	People can contract AIDS even though they have had sex with only one person.			T
5	AIDS is really not my problem; it's somebody else's.			F
6	People get AIDS from blood transfusion.			T
7	People with AIDS can be cured if they seek medical attention.			F

11. Note of Appreciation

Many people have contributed to this document by providing their time for interview or a simple chat over the telephone. IndoCompetence facilitators and UNFPA colleagues, both at the country office and field offices, have accompanied the communities during various learning events, support visits and developing concept notes. Lily Puspasari from the UNFPA Papua Office took time to visit Merauke and captured the stories from there. Bastiaan Van De Loo prepared the ACP monitoring tools. Ramot Aritonang created the table of contents. Gaston Schmitz from the Constellation for AIDS Competence, Chiang Mai reviewed the document and provided valuable inputs. Overall, IndoCompetence friends from various islands of Indonesia have been the main source of inspiration to capture our learning for this journey.

Finally, special thanks to Dr. Zahidul Huque, Country Representative for UNFPA Indonesia and Ms. Martha Santoso Ismail, Assistant Representative of UNFPA, for their continuous guidance, support and inspiration for AIDS Competence.

Rebeka Sultana

Jakarta, December 2009.