

Self-Assessment of AIDS Competence *A Human Capacity Development Framework*

This document includes:

- Some answers to Frequently Asked Questions
- A diagram of the whole process, and
- Some tips for facilitators

What is AIDS Competence?

AIDS Competence means that we as people in families, communities, in organizations and in policy making:

- *acknowledge* the reality of HIV and AIDS,
- *act* from strength to build our capacity to respond,
- *reduce* vulnerability and risks,
- *learn and share* with others and
- *Live out* our full potential.

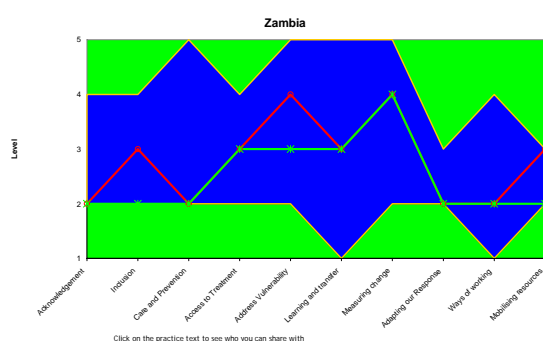
Who is this for?

- Any group (whether a nation, district, municipality, organisation or community) that wants to assess their competence in responding to HIV/AIDS: *National AIDS council, districts, local neighbourhoods, young people, a business, health workers, church leaders...*

What are the basic premises of the framework?

- Effective responses are grounded in the strengths of communities and in their collaboration with service providers and policy makers.
- Communities, organizations and people influencing policy can continuously develop human capacity to achieve AIDS Competence.
- We can use our own knowledge and experience, and adapt that of others, so that everyone becomes more competent in dealing with HIV and AIDS.
- Everyone has something to share. Everyone has something to learn.

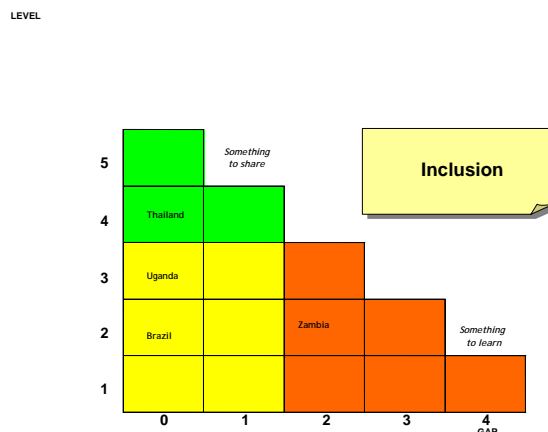
How is the tool to be used?



The assessment measures the key practices that lead to AIDS competent nations, communities and organizations. There are 10 key practices each with 5 levels from BASIC to HIGH. Groups are invited to assess themselves using the criteria for each of those practices as a guide. They compare present with past performance and set targets for the future. They can also compare their performance with that of other groups. The key output is a "river diagram" which gives a quick summary

overview of actual and target scores for each group. The range of scores is shown for comparison in the form of a river.

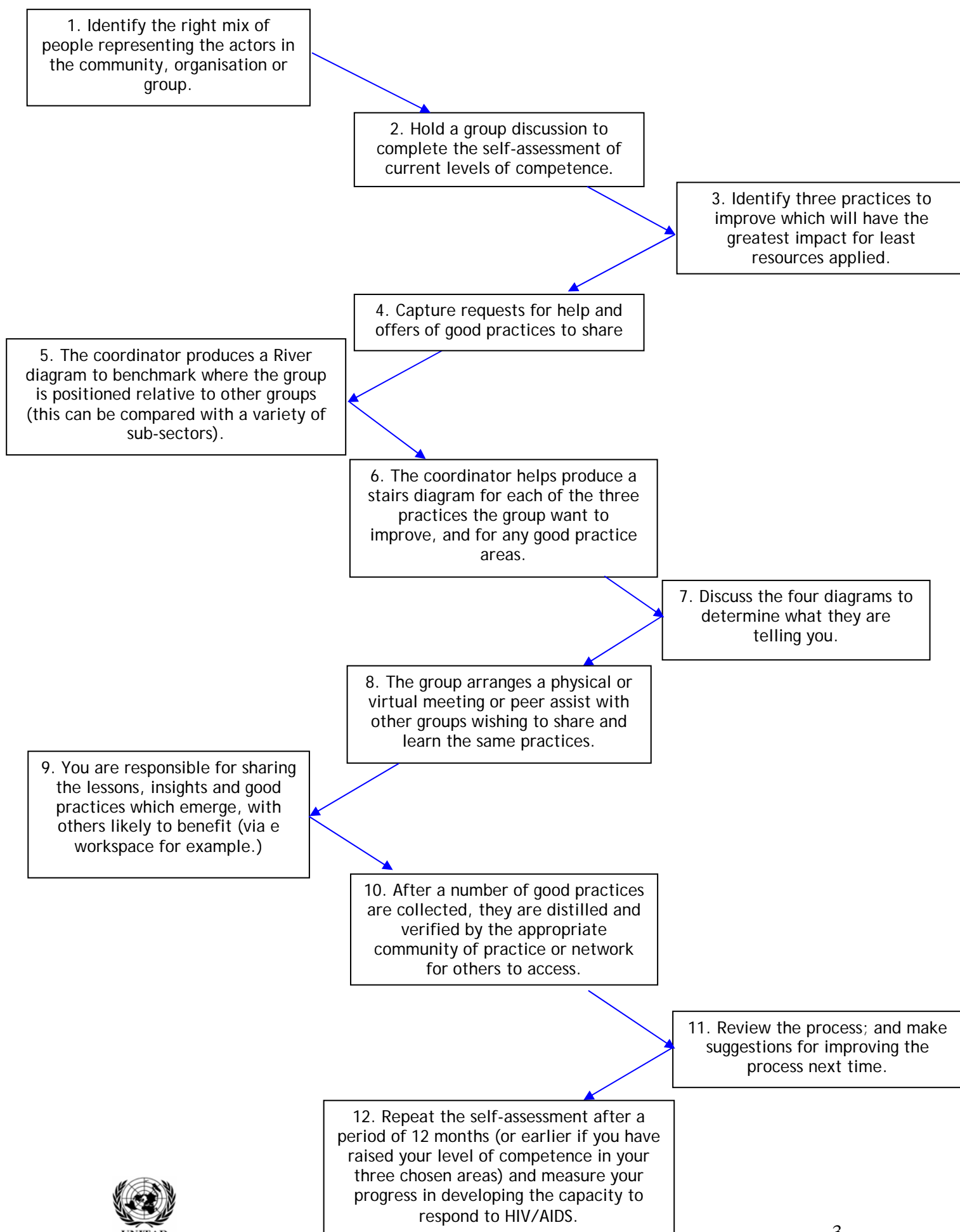
For more detail on a particular practice a “stairs diagram” shows group scores and their desire for improvement, presenting those with something to learn and something to share. As groups progress through the levels, they build their capacity to deal with HIV and AIDS. The stairs diagram can be used between comparative groups such as districts, or organizations; and in addition it can be used by 'partners' working together and transparently, yet from different perspectives in order to match groups that have something to learn or share from each other.



Why would we choose to use is the tool?

- For strategic planning to optimise the use of limited resources
- To assess our degree of AIDS Competence and measure the improvement over time
- To set specific targets for improving practices for AIDS Competence
- To identify what knowledge we have to share, and what we want to learn from others.

The Self-Assessment process



Facilitation tips

.....for facilitating a self-assessment session for a common entity

1. Involve a good cross section of people (of the nation, city, organization, or community) representing a diverse set of views. 15 to 25 people is a good number to deal with. Members of a regularly constituted group are likely to reach consensus more quickly, though including different people will introduce new perspectives.
2. Allow half a day to a day for this process. Give some thought to the setup of the room. A circle with everyone with an equal voice is to be encouraged. If the group is large consider breaking into smaller groups to allow the quiet ones a voice.
3. Manage the pace of the discussion so they spend approximately equal time on each practice. The first will take the longest time as people get used to the process.
4. It is useful if the group leader sets the context and gives an overview relevant to the group. This may involve explaining all practices and the river diagram. The role of the facilitator is to support them through the process. Encourage an open discussion and encourage different viewpoints.
5. Facilitation skills required for this exercise include good oratory skills, knowledgeable about the self assessment framework, a wide vocabulary (in the local language preferably), flexible, open minded, able to use stories to illustrate a point.
6. One lead facilitator, but real time coaching of that facilitator by others works well. If the group is to split several facilitators will be needed.
7. Explain that the benefit of using a common assessment tool is that it provides a strategic framework for action and a common language to make effective sharing possible. That sharing can only be effective for the practices that are common.
8. At this stage if the group wants to add additional practices, or indeed sub practices let them do so.
9. Emphasize that this process is not a competition between people, but shared learning about issues and approaches, by people who have a shared vision that AIDS competence is possible.
10. The self-assessment approach is different from evaluation by others. It is less threatening, more subjective and more engaging.
11. The discussion of what level the group is at for each practice is a key benefit of the process. Aim for the group to reach a common view, or at least recognize why there are differences.
12. Use a single practice to demonstrate the process, let people appreciate there are steps from one level to another. Walk them up the steps, and then get them to choose the level they are currently at. Encourage discussion about why people in the group chose different levels, giving concrete examples, and how they obtain an agreed level.
13. After working through all practices, get the group to select three practices they wish to improve in the next 12 months. Also get them to share experience and discuss ideas for the steps or actions they will take to do this. (Three will ensure a degree of focus; they can later move on to improve other practices.)

14. For those three practices, get people to plot themselves on the stairs diagram vertically, and then mark how many steps they want to improve horizontally. Get those at level 5 and 4 to offer to share with those who want to learn. Agree a time to share and learn, either immediately or in the future. Even people at level 5 usually have something to learn from the experiences of others.
 15. The approach should be very flexible - not only is it possible for people to work with flipcharts or blackboards, indicating levels in written form, but there are other ways - such as groups placing themselves at a position between one and five, which are pre-assigned spaces within a workshop room, or an open-air space. Make it fun.
 16. Recording - Assign someone to record the process and the outcome. Often a lot of good ideas come out of the discussions that are not part of the self-assessment. Record these too. Likewise, if groups wish to record evidence to support their conclusions, encourage them to do so.
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