

SALT VISIT REPORT

Aga Khan University Hospital (AKUH) work place AIDS Response.

"The preparation training on the AIDS competence process and tool on SALT from Kenya Competence Trust was excellent. The workshop participants really felt they had learnt from this and could take it away into their own work. The visit to AKU was also great. We could all see the energy, commitment and enthusiasm that filled the workplace programme at AKUH. It was inspiring to see such a committed vibrant response and to see how the workplace policy permeated through all levels of the hospital staff."

Rachel Smith Phiri - Training and Programmes Assistant INTRAC (International NGO Training and Research Centre)
<http://www.intrac.org/>

INTRAC: What does INTRAC exist to do?

INTRAC delivers "specially designed training, consultancy and research services to organizations involved in international development and relief. INTRAC aims to improve civil society performance by strengthening management and organizational effectiveness, and by exploring policy issues. INTRAC has been developing a small group of capacity building providers into an Africa-wide learning group.

The aim of the learning group is to strengthen *capacity building* providers in sub-Saharan Africa to provide higher quality services in HIV/AIDS internal mainstreaming to CSOs. The group works through the following activities:

- Action learning and research: each year some of the learning group members will reflect and learn from their organizational experience in HIV workplace programmes (action learning) or undertake short action research projects (action research). These will be written up as Praxis notes and papers.
- Virtual connection (Email contact and discussion)
- Face-to-face meetings

During a recent face-to-face meeting in June 14-18 June, 2010 at CORAT Management and Development Centre in Nairobi Kenya, the group took time to visit the Aga Khan University Hospital to learn from their HIV/AIDS Workplace response through a strengths based process and approach (AIDS Competence process -ACP)

SALT Visit objectives included:

- To Introduce AIDS Competence process and Practice together the SALT methodology as a way of thinking and working.
- To participate, engage and learn as a support and learning team during the visit to Aga Khan University Hospital (AKUH) work place AIDS response
- Reflect on key learning's and motivations and strengths for response- for inspiration and application in our own Organizations.

The process: what happened? What went well?

- The introduction of ACP started with a reflective moment by participants. In groups of 4 to 5 people they introduced themselves without using their work or academic Tittles, shared their Concerns and vision for AIDS response and what they were most proud of as people. The exercise prepared the participants to share from strengths as people. Participants noted that they had some things in common included; being fathers and mothers, Single parents, Married, Divorced, Grandparents , young, old. They were proud of themselves and their families; optimistic for change; and being part of the change they want to see.
- AIDS Competence Process (ACP), approach, tools and Content was introduced through a power point presentation to walk the participants through the strengths based approach. One on stimulating community ownership of the issue of AIDS and other life issues.
- SALT as way of thinking and working for ACP was highlighted during the SALT visit preparation to help participants get SALTY.
- AKUH shared their timeline of AIDS response and the added values of using ACP and core outcomes. For instance how self assessment has helped them to identify strengths for sharing among depts.
- The visiting team was invited to join for a conversation by the Host team in the various 6 depts in the Hospital. They engaged in a conversation around strengths for AIDS response, concerns and vision. They used strategic questions to explore with the community.

- After the visit, the team reflected on key Learning, strengths, and application of lessons learned.

In groups of 4 to 6, the SALT team reflected on

1. Strengths seen, felt or heard during the Visit

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
<p>People who are excited for who they are, and are open to share with others.</p> <p>The community has embraced the issue of AIDS and has become part of their way of life. No one is afraid to talk about it now as compared to before.</p> <p>People transferring skills and sharing information with their families and peers.</p> <p>Stigma and discrimination has been reduced and being acknowledged by the community itself.</p> <p>The depts have created space and time for sharing and learning. They value the sessions too.</p>	<p>Free ARVs offered as a separate package from Medical cover a major boost and motivation for the work place community infected and or affected by HIV/AIDS.</p> <p>Linking of Staff who leaves AKU to other service providers.</p> <p>Strong Ownership of the issue of AIDS at the dept level.</p>	<p>Facilitation team of Peer educator was drawn from every dept and all levels of the organization(From Junior , support through to senior management staff)</p> <p>Informed community on HIV/AIDS issue.</p> <p>Passionate and committed staff.</p> <p>Caring, generous and open to share with others.</p> <p>One stop clinic idea was generated from bottom up.</p> <p>Systematic and consistency in information and knowledge sharing.</p>	<p>Despite busy schedule of seeing the patients, time is always allocated to act on the issue of HIV/AIDS in the organization.</p> <p>Staff and colleagues available to share information on HIV/AIDS with each other.</p> <p>Work place community was aware of the available services and where to access them.</p> <p>Reduced fear, stigma and discrimination with respect for human life and uphold of dignity.</p> <p>Greater involvement and participation of the senior management staff within AKUH.</p>	<p>There is reduced Stigma</p> <p>Acknowledgement that HIV is affecting 'us' not 'them'</p> <p>Will to work as volunteers to care for themselves and others.</p> <p>Listening and caring environment has promoted the enthusiasm among the staff e.g. presence of one stop shop for services.</p> <p>Leaders leading from the front.</p>	<p>Holistic care approach that focuses on meeting the needs of the whole person in Totality.</p> <p>Staff getting tested early has reduced the cost of care and support and treatment for the organizational support to the infected.</p> <p>Sharing beyond borders- AKU –SAROVA hotels exchange for Transfer of vision and hope.</p> <p>New Students are taken through induction training on self care in the environment of work. The induction seeks to reduce fear and stigma to HIV infected patients.</p> <p>Ambitious for a big Vision. We are progressing but we have not gotten there yet.</p>

2. Lessons Learned: What did we learn? And how will we apply that in our own organizations?

Lessons Learnt		
	Application in own org.	Illustration/Ref
Facilitation Team in the work place Community an asset and a pathway for catalysing a sustained response to AIDS.	Invest more on getting a team of facilitators with peer education skill to accompany and support the response. Investing less on in-house Training and create space for a facilitative process by Teams.	In every Dept within AKUH, there is a team of Peer educators and or facilitators. They engage the depts on conversations on issue of concern, analyse their situation, they jointly help the depts to envision and act to address their concerns together for change.
Learning and adapting our response to the fast changing environment is key to implementation of our workplace policies	Create policies drawn from learning from own action and experience (Participatory) for guidance. Invest time and other internal resources to support the response to AIDS.	
People do not always need formal setting to share and learn together. We do not need experts from outside always to give us information. There are strengths in us that need to be support to bring change. We only need to create time for that to happen.	Be creative and create avenues for mutual learning in our own organizations. These include tea break, lunch..and be facilitated by an internal team for sustained motivation.	"We engage with the staff during Tea breaks, Lunch.. To discuss on issues that worry us, especially on AIDS. We use the tool of Self assessment to stimulate us to talk to each other. We have really seen the situation change. Before- the language was, 'AIDS for them' but now we have included everyone

		and we see it as a concern for everyone. We are openly discussing AIDs, staffs are seeking to get tested and others are on Treatment. Stigma is reduced- <i>Peer educator Surgical Ward(AKUH)</i>
Management teams needs to commit themselves through participation and support to the work place Program. (Leaders leading from the front – they set an examples and others are inspired, motivated, and encouraged to go for HIV test)	Share our learning with the management body to influence and back the Workplace programme including HIV/AIDS workplace policy development, endorsement and implementation.	We were losing our staff to AIDS; The cost on medical care was high. Staff turnover was increased too. As the Management team, we had to look again. Today we see the fruits of the development of our HIV/AIDS policy within the AKDN. The staff is motivated to stay put, work for the Organization, to support themselves and their families - <i>shared Nancy HR and peer Educators AKU.</i>
Transformation of individuals to champions is possible.	Recognize and include individuals with the will to care for themselves and others - to boost their morale and self confidence.	Mary Gitau, has seen one of the peer educators grow and change. She (peer educators) was too quiet and shy on the issue of AIDS. She now leads the team of facilitators in her dept for SALT visits and invites other depts for sharing and learning.
Through Networking we identify who has what to share.	Engage with others partners to share and Learn together.	If we network to share and learn together, we are strengthened. KENWA is now seeing AKUH as a neighbour with whom to continue to share and learn from strengths together.
Everyone is at risk all the time.	Precautionary measures should be taken at all levels and at all times.	For every new recruit, induction training is carried out to orient them on possible risk encounters and how to manage the risks. E.g. PEP for Needle pricks by the staff during their course of duty.

Future Direction:

The steps as thought through by both the visiting team and the Host;

Host:

The mood and excitement of the host team (AKU) was beyond measure. Enthusiastic because; they felt motivated for being visited; they had something to Share with others; were open to learn from the visiting teams experience to improve on their current situation and to reconnect again with the friends in Tanzania and Uganda for a continuum of engagement for mutual learning and transfer.

Visiting Team:

The visiting team had a feeling that they too visited an organization that had the energy to move the unmovable; that is fostering hope where it fading out; systematically organised to respond to panic through an in house facilitation team; bound by spirit of teamwork and of care for each other - one that has promoted the spirit for volunteerism within AKUH . The answers to questions was that I now have an answer to the struggles back in my Home organizations and look forward to application of lessons learnt and connecting with others to Learn and share.

Compiled by Kenya Competence Trust Facilitators;

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Our Website: <http://www.communitylifecompetence.org>

Our Community: <http://aidscompetence.ning.com/>
