

## Self-Assessment framework for Disability and HIV/AIDS competence

### Clarification of the diagram on self-assessment:

This diagram can be used to follow up the mainstreaming process of disability and/or HIV/AIDS in one's own organization. Each line treats an aspect of the mainstreaming process. The columns distinguish 5 levels for every aspect.

Though there's a clear gradation in the different levels of mainstreaming, it is perfectly possible that, in a certain organization, level 2 of even level 3 is reached already for a certain aspect, without the full realization of level 1. In factual practice, the levels are mostly not chronologically run through and partially overlap each other.

In addition, one can reach a certain level for different aspects of integration of disability and/or AIDS, while one can be situated at a higher or lower level for another aspect.

Thus, this diagram should not be considered as prescriptive but as an instrument to evaluate where one stands in the evaluation process.

	<b>1 BASIC</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 HIGH</b>
<b>Acknowledgement and Recognition</b>	We know that disability and HIV/AIDS exist	We know enough about disability and HIV/AIDS in order to respond	We publicly recognise that disability and HIV/AIDS are affecting us as a group/ community	We regularly discuss disability and HIV/AIDS, and have a common program of action to respond	Our response to disability and HIV/AIDS is part of our daily life. We know our own status and act from strength.
<b>Inclusion</b>	We know that some of our families are particularly infected and/or affected by disability and/or HIV/AIDS	We understand the necessity to include in our response persons and families that are particularly affected by disability and/or HIV/AIDS	We occasionally include in our response people particularly affected by disability and/or HIV/AIDS.	Persons with disabilities and/or HIV/AIDS are systematically involved in all stages of our response	Families of persons with disabilities and/or of these individuals affected by HIV/AIDS actively take part in all aspects of society
<b>Linking Care with Prevention</b>	We have the basic knowledge for prevention and care of disability and/or HIV/AIDS	We understand the link between care and prevention of disability and/or HIV/AIDS	Some of our actions link care with prevention of disability and/or HIV/AIDS	As a community we systematically link care and prevention activities on disability and/or HIV/AIDS	Care strengthens our relations and helps us change
<b>Access to Treatment</b>	We are aware of the existence of ARVs, physiotherapy, occupational therapy and logopeadics	We know where and how to access ARVs, physiotherapy, occupational therapy and logopeadics	ARVs, physiotherapy, occupational therapy and logopeadics are available for some of us who need them	Some of us are using ARVs, physiotherapy, occupational therapy and logopeadics	All those in need of ARV drugs, physiotherapy, occupational therapy and logopeadics are using them effectively

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<b>Identify and address vulnerability</b>	We understand the concept and are aware of general factors of vulnerability disability and/or HIV/AIDS	We have identified our own factors of vulnerability disability and/or HIV/AIDS	Our response includes some specific actions to address our own vulnerability disability and/or HIV/AIDS	We systematically address our own factors of vulnerability to disability and/or HIV/AIDS	Our actions to address vulnerability to disability and HIV/AIDS strengthen us in addressing other challenges
<b>Learning and transfer</b>	We appreciate the need to learn	We adopt good practice from outside in the fields of disability and/or HIV/AIDS.	We sometimes exchange our view points on disability and/or HIV/AIDS to draw lessons from our actions	We learn, share and apply what we learn regularly, and seek people with relevant experience to help us.	We continuously learn how we can respond better to disability and/or HIV/AIDS and share our experiences with others
<b>Measuring change</b>	We recognise the need to measure change	We know how to measure change	We occasionally measure our own group's change	We measure our change continuously and can demonstrate measurable improvement in the fields of disability and/or HIV/AIDS	We invite others to share our experience of change
<b>Adapting our Response</b>	We adapt our response following external interventions in the fields of disability and HIV/AIDS.	We recognise that we need to adapt our response to our results, to lessons learned from others and to scientific progress	We can provide examples of adaptation of our response to disability and/or HIV/AIDS	We regularly take stock to adapt our response to disability and/or HIV/AIDS	We see implications for the future and adapt to meet them.
<b>Ways of working</b>	We are aware that disability and/or AIDS challenge our ways of working	We seek to mobilise our own strengths	We work as teams to mobilise our won strengths, assess our progress and resolve problems as we recognise them.	We find our own solutions and access advice from others in the fields of disability and/or HIV/AIDS	We systematically seek to improve our ways of working and share our experience with others
<b>Mobilising resources</b>	We realise the importance of mobilising our resources	We wait what others avail to us to realise the actions they determine	We take some initiatives based on our own resources	We identify possible sources of support to complement our own strengths	We use our own resources, access other resources to achieve more and have planned for the future.