REPORT OF FINDINGS AND RECOMMENDATIONS FROM COUNTRY CONSULTATIVE VISITS, AND RAPID ORGANISATIONAL REVIEW OF DISABILITY, HIV AND AIDS TRUST (DHAT): NOVEMBER 12, 2007

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1.0 INTRODUCTION

1.1 This Report: This write-up briefly reports and presents salient findings as well as recommendations by the two consultants - Ignatius Kayawe and Penny Mharapara – who were commissioned by DHAT (Disability, HIV and AIDS Trust) to provide consultancy service, relating to:

- The consultative visits to Botswana, Malawi, Zambia and Zimbabwe from October 8 to November 3, 2007.
- The Strategic Planning Meeting held by DHAT and stakeholders, including current and potential resource providers (donors) which took place on November 5 & 6, 2007. This meeting aimed at facilitating broad-based input into the work of drawing up the strategic plan for DHAT for the period of 2008 – 2012.
- Rapid Organisational Review of DHAT conducted by the consultants on November 7 & 8, 2007. The on-sight review aimed at providing increased insight and understanding of DHAT's internal environment, to augment information provided and shared during the strategic planning meeting.

TORs for the consultancy: The aim of the consultancy was to facilitate broad-based information to be used in the strategic planning process for DHAT's 2008 – 2012 strategic plan. The terms of reference (TORs) provided for which this report relates basically covered: carrying out country consultative visits to Botswana, Malawi, Zambia and Zimbabwe; facilitating a Regional Conference for key stakeholders (including potential donors and strategic partners) to review the existing (2005 – 2009) DHAT strategic plan; conduct an internal environmental assessment of DHAT, looking at current organisational goals, objectives, and strategies as well as how these are being implemented. This work also implied exploring organisational systems within which DHAT carries out its work. At the end of this work, the consultants were to prepare a report findings and recommendations.

This report is therefore intended to meet the above requirements.

1.2 DHAT – Brief Background: The Disability and HIV and AIDS Trust (DHAT) was established and registered in January 2005, as a not-for-profit regional organization working in disability and HIV and AIDS in SADC countries. Its headquarters are in Gaborone, Botswana. DHAT works to build and strengthen capacity of Disabled Peoples Organizations (DPOs) to respond to the needs of their members – People With Disabilities (PWD) – in relation to HIV and AIDS.

Although it was formed by disabled people, DHAT is not a membership organisation. All of DHAT's founders are people who have had direct experience of working in organizations of disabled people, supporting PWD to develop capacity to design and implement supportive programmes at grassroots level. The founders of DHAT, being disabled themselves, have been long serving disability rights activists.

Currently, the Vision and Mission statements of DHAT are as follows.

Vision Statement: *DHAT to be a leading African dynamic disability network responding to HIV and AIDS prevention and care with the view to zero transmission.*

Mission Statement: *To facilitate a coordinated response to the changing needs of national disabled people's organisations (DPOs) and other partners, in the fight against HIV and AIDS through capacity building, information sharing, advocacy and lobbying thereby promoting solidarity amongst its members.*

DHAT has the following specific objectives:

- To mobilize disabled people and their organizations to participate in the response to HIV/AIDS.

- To articulate and advocate the needs and concerns of disabled people and their organizations.

- To ensure that disabled people's organizations, particularly those with fewer resources and within affected communities, are strengthened in their work to prevent HIV infection, provide treatment, care and support for disabled people living with and affected by HIV/AIDS.

- To promote the greater involvement of disabled people living with, and affected by HIV/AIDS in all aspect of prevention, treatment, care and support, and research.

- To promote human rights in the development and implementation of policies and programmes responding to all aspects of HIV/AIDS.

- To build leadership capacity of disabled people by providing technical support to disabled peoples organizations (DPOs) in areas of organizational development, strategic planning, project design, evaluation, training, monitoring, resource mobilization, workshop facilitation and conflict resolution.

2.0 COUNTRY CONSULTATIVE VISITS

2.1 Consultants:

DHAT selected 2 consultants – Mrs Penny Mhrapara with wide experience in disability issues and Mr. Ignatius Kayawe, with wide experience in HIV and AIDS work, as well as institutional management - to carry out the work.

2.2 Purpose of the Country Consultative Visits:

The country consultative visits aimed at:

- Assessing external environmental scan relating to People With Disabilities (PWD) as well as Disabled People's Organisations (DPOs) in relation to HIV and AIDS policies and interventions, as well as other aspects that influence PWD's/DPO's activities, participation and general well-being.

- Evaluating progress of DHAT work in countries where DHAT has already started programming, and has physical presence. DHAT has had workshops in all the above 4 countries; and has physical presence in Botswana and Zimbabwe.

The consultants based the scope, process and approach of the country consultations on a holistic concept and understanding of 'disability'. It is felt that this holistic construct of disability be explored prior to reporting on the rest of the assignment, and this concept is therefore briefly outlined below.

2.2 1 Concept and Understanding of Disability:

Disability has been conceptualized, defined and understood in various ways by various socio-cultural contexts. The concept of disability has evolved over time[1]. Before the 1970s, the terminology 'handicap' was widely used, including in national and international policy documents, regarding disability. Professionals in the disability field and representatives of DPOs reacted against the terminology which they felt had negative reinforcement of vulnerability to PWD[2]. The twenty year period up to the 1990s has seen a shift of the conceptual model of disability – from a medical model based on impairment to social model that focuses on limitations in activities and social participation of PWD. This social model is still not completely void of the medical model though.

The concept of disability is currently therefore understood in connection with the l imitations experienced by people with disabilities, their environment as well as attitudes of society in which they exist. The terminologies of "*people with disabilities*" or *"people with activity limitations"* have therefore come to be seen and used as more appropriate than the term, *handicapped*. DHAT ascribes to this broader understanding and definition, which focuses on *what can be*

[1] Living Conditions among people with Activity Limitations in Zambia – National representative Study, September 2006
Living Conditions among people with Activity Limitations in Malawi – National Representative Study, August 2004
[2] Living Conditions among people with Activity Limitations in Zambia – National representative Study, September 2006

facilitated or done in order to increase or improve activities and social participation of PWD, rather than focusing on *what is wrong* with them. In other words, seeking to reduce activity limitations of PWD; but heightening their access to, influence on, and control of systems which relate to their welfare and strategic needs. It is believed that the concept, approach, and terminologies adopted by this report are in congruence with the International Classification of Functioning, Disability and Health[3] as well as various charters of the United Nations and African Union relating to disability.

In this context, disability includes:

- Physical limitations and impairments (major or minor disability, paralysis, etc)

- Sensory limitations and impairments (hearing, speech, sight and communication) – these too may be partial or sever.

- Emotional disorders, mental disorders, learning disorders and intellectual disabilities, in their varying severity levels.

The country consultation exercise therefore endeavored to ensure that aspects relating to all the above categories of disabilities in relation to HIV and AIDS were explored in order to facilitate a comprehensive appreciation of the situation on the ground in the four countries.

2.3 Scope of the Country Consultation:

The consultative survey solicited broad-based views providing situational context in terms of HIV and AIDS information, service delivery, policies, etc in the four countries (Botswana, Malawi, Zambia and Zimbabwe) relating to:

- People with Disabilities (PWD)
- Disabled People's Organisations (DPOs)
- Strategic partners such as intermediary organisations, and resource providers
- Government institutions responsible for policy and coordination of national HIV and AIDS responses.

2.4 Tool /Guide Used:

A simple but adequate survey guide, covering wide areas of issues relating to PWD and DPOs was developed, shared and used by the consultants in all the 4 countries.

Development and administration (in the survey) of this tool took into consideration factors noted in section 2.1, 2.2 and 2.3 above. Annex 1 of this report shows the tool/guide in question.

It must be appreciated that the tool was mainly designed for soliciting information from DPOs. In using this tool, the consultants adopted a stakeholder-specific

[3] WHO (2001) International Classification of Functioning, Disability and Health, Geneva, World Health Organisation

approach to solicit information from other stakeholders to ensure relevance to the stakeholder. The relevance was mainly determined by the role of the stakeholder being consulted, e.g. policy and/or coordination role for certain government institutions such as NAC, Ministry of Health; but implementation role for an AIDS Support Organisation.

2.5 People and Institutions Consulted:

At least 5 organisations per country were consulted through each organisation's representative(s). Each interview session lasted about 2 hours, on average. Apart from 4 Focus group Discussions, all sessions were individual interviews. In all, 40 people representing a total of 34 organisations were interviewed in all the 4 countries together.

SN	Country	# of People Interviewed	# of Organisations Represented
1	Botswana	8	8
2	Malawi	11	9
3	Zambia	12	7
4	Zimbabwe	9	9
	Total	**36**	**34**

Appendix 2 below provides a listing of people who were interviewed or consulted, and the organisations they represented.

In most cases, it was quite a challenge to get several personnel form an organisation. It was an even greater challenge to have Focuses Group Discussions (FGDs), so most of the consultations were through individual interviews. Nevertheless, there was a very high level of congruence and similarity of input from one individual to another as well, one organisation to another, as well as from one country to another. This scenario of consistence/congruence of input received among countries, to some extent validates the authenticity of the information.

2.6 Summary Findings of Country Consultations:

As already noted, feedback from respondents (individuals/organisations) was basically very similar from across all the 4 countries.

There was only one exception. Only 1 person out of 36 people gave a divergent view one aspect – DHAT having physical presence in one of the countries.

Bearing in mind the conceptual framework of disability that we are working with – i.e. a concept that focuses on activity and participation limitations imposed by disabilities on PWD; as well as the enabling or disabling effect of societal systems on PWD, analysis of the feedback was looked at in the context of disabled people themselves, systems and environments (including policies) within which PWD function, and organisational support for PWD. The information/feedback from the country consultations on disability in relation to

HIV and AIDS was therefore analyzed, trying to answer a number of questions and issues, from 4 main perspectives:

- **People with Disabilities** – analyzing the situation on the ground in terms of extent to which PWD are accessing HIV and AIDS interventions; identifying facilitating and disabling factors; and how improvements can be ensured, as felt by PWD themselves in the 4 surveyed countries.

- **Policies, Social Services and systems as well as Environment for PWD** - How do the prevailing environment, society and systems in the 4 surveyed countries affect PWD? Are the systems and environment enabling PWD to access and participate in HIV and AIDS interventions?

- **DPOs** - How are primary institutions that are especially for the purpose of supporting PWD providing that support? Is that support sufficient or not and why? For recommendations, what improvements can be facilitated and how?

- **DHAT Partnership at Regional and Country Levels** - How is DHAT perceived in terms of making strategic positive difference to PWD relating to HIV and AIDS interventions at regional and national levels? Recommendations should also consider how such interventions at national and regional levels can ensure increased relevance, meaningfulness, effectiveness and sustainability? How can DHAT ensure that such HIV, AIDS and other interventions enable PWD to increase their activities and participation in all aspects of society?

The following is the summation of the findings:

2.6.1 **People With Disabilities:** PWD are extremely vulnerable to HIV and AIDS due to their many activity-limitations which predispose them to abuses, lack of or limited access to information, intervention services and redress.

In all the countries visited, there are no disability-specific interventions, in as far as HIV and AIDS is concerned. The absence of disability sensitivity and disability focused interventions actually stems from planning mechanisms. Although all the countries visited have good population related statistics, information relating to PWD is often lacking, for all countries without any exception. For example, there does not exist statistics (general or disaggregated by disability category, sex, age, etc) of PWD living with HIV and AIDS. None of the countries has statistics of PWD who are on treatment. Most, if not all, of these countries do not reflect PWD as being underserved or hard-to-reach! PWD see themselves as the “forgotten lot” because policy makers, intermediaries/capacity development support agencies and implementers alike do not seem to have strategies and provisions for PWD in the HIV and AIDS response.

The vulnerability and disadvantaged status of PWD in relation to HIV and AIDS is very wide and variable. In all the 4 countries surveyed, myths and traditional beliefs are rife that suggest that having sexual intercourse with a disabled person brings about cure of chronic illnesses including HIV and AIDS related ones. It is

also believed that people with certain disabilities are 'gifted' with high libido and excellent sexual performance.

A speech and hearing disabled person for example is very vulnerable to HIV infection; and very disadvantaged from accessing care, support and treatment. In all the four countries surveyed, respondents gave examples of deaf and speech limited individuals who have often been victims of sexual abuse including rape. Not being able to shout for help or create alarm, often deaf and speech impaired persons become easy targets for such violations, predisposing them to HIV infection. Accessing care and support is a major challenge for a deaf and dumb person, since most services do not have service providers who are able to communicate in sign language. Very clearly, issues of confidentiality come to the fore, thereby discouraging a deaf person from accessing such services as VCT, treatment and others!

Most services like VCT are perched in multi-storey buildings without elevators; only staircases! How does a physically disabled person go up the stairs on his/her own? "When you come up with these fancy and trendy VCT facilities of yours, do you ever consider a person like me, in a wheel chair?" asked one respondent in Zambia.

While all the countries have abundant Information, Educational and Communication materials for HIV related prevention, care, support and treatment, there does not exists provision for disabled persons. For instance, television channels (including local channels) do not have sign language interpretation for the deaf. Braille translations are as rare in one country as in another; this means blind people cannot access information, prescriptions, etc. All DPOs and PWD interviewed lamented lack, inadequate availability and un-affordability of assistive devices, such as wheel chairs, hearing aids and interpreting machines. Most infrastructures such as buildings and services such as transport (buses, etc) are not disability friendly, particularly to people who are physically disabled.

So the disabled persons in these countries cannot readily access HIV and AIDS interventions. From the human rights perspective, each and every individual has the right to health. Are PWD getting their rights? Most PWD are resource and economically poor. As a result, they are not in position to seek redress in situations where their rights are not met.

2.6.2 **Policies Social Services and Environment:** Policy makers, resource providers, implementers and society members give various reasons for not having sufficient inclusive, disability-friendly/disability-specific services. Some of such reasons include not having sufficient evidence-based information upon which interventions can be anchored! In the absence of disability mainstreaming policies or supporting legislative enforcement framework where such policies exist, there is no guarantee for disability-friendly services. The government of Malawi for example, has a Ministry for the disabled and the elderly, and has good policies for PWD. Unfortunately, enforcement of these policies has been noted as a major issue even in Malawi, as is the case in other countries. Most of the countries do not even have adequate disability policies in place.

Although some social services, such as special educational and skills training provisions do exist for the disabled, these services are not sufficient, in many countries. Other services such as economic programmes aimed at poverty reduction are not usually very accessible to the disabled. The disabled therefore are among the most socio-economically poor in all the 4 countries; predisposed to poverty related HIV and AIDS vulnerabilities.

2.6.3 Disabled People's Organisations

DPOs in all surveyed countries are very alive to the above issues; but their capacity to act and their level of effectiveness are severely limited by inadequate resources (including funding, skills and expertise); facilitation and lack of enabling environment. Most DPOs visited operate with actual funding well below 10% of their budgetary provisions. So in stead of mounting effective advocacy, DPOs are too pre-occupied with ensuring their survival. There is also lack of expertise, skills and knowledge of HIV and AIDS programming among DPOs.

Federations of DPOs are themselves not exceptions from the factors noted above. In fact, DPO federations in all the countries surveyed sited lack of solidarity among DPOs as one of the key challenges in bringing about effective strategies that address interventions for HIV, AIDS and poverty among PWD.

2.6.4 Partnership with DHAT

DHAT is seen as the timely and necessary capacity development support provider, whose mandate should include <u>solidarity building</u>, <u>information facilitation</u>, <u>training</u>, <u>sub-granting to DPOs</u>, <u>advocacy and Networking.</u> It is felt that reasons are self–evident, as can be seen from the 2.6.1, 2.6.2, and 2.6.3 above.

Various stakeholders consulted – government representatives/agencies, intermediary agencies, DPOs, PWD, and NACs – all expressed the need for DHAT to have physical presence in their countries. It is felt that if adequately supported, DHAT has great potential (evident from its planned programmes) to bridge the gaps in terms of providing the required evidence-based information upon which interventions can be anchored; supporting national disability federations to provide unified strategies and voices for the disabled among other benefits. It was emphasized that DHAT works closely with the national authorities, DPOs and their federations in the respective countries.

3.0 STRATEGIC PLANNING MEETING

Purpose of the Meeting: DHAT convened a one and half days Strategic Planning Meeting which took place in Gaborone Botswana on November 5 and 6, 2007. This meeting was mainly facilitated by the consultants.

As a broad-based meeting, its purpose was to:

- To review DHAT's current (2005-2009) Strategic Plan and develop the next Strategic Plan for DHAT covering 2008 – 2012.
- To explore how DHAT will work with its partners, DPOs and other Stakeholders.
- To share information and ideas

The critique of the existing strategic plan, and other contribution from this meeting was then going to be considered in the development of the 2008 – 2012 strategic plan.

This section briefly outlines key aspects from the meeting.

Proceedings of the Meeting: After the introductory etiquette, a presentation which aimed at achieving common understanding was made. This presentation provided clarifications on the process, as well as facilitating consensus on approach and terminologies. The vision, Mission, Values were defined, and the group adopted working definitions. It was agreed that DHAT would adopt simple approach – of having Goals, Objectives and Activities, all of which have appropriate strategies. Working definitions of Goals, Objectives, Activities, Strategies, Inputs, Outputs, Outcomes and Impact were also arrived at.

The presentation of the 2005 – 2008 DHAT Strategic Plan was made by Executive Director of the organisation. This was followed by a plenary session in which participants provided critique and recommendations on the same. Afterwards the consultants presented findings of the country consultative visits.

Through the morning sessions noted above, ample internal and external environments in which DHAT works was amply provided. The afternoon was therefore spent in Group Work. Participants were divided into 3 groups and explored how aspects for DHAT in the 2008 – 2012 strategic plan period as follows:

- Group 1 explored Vision, Mission and values; organisational structure, institutional policies and governance of DHAT
- Group 2 looked at Goals, Objectives and Activities

- Group 3 examined issues of DHAT Country programmes and offices; HIV, AIDS and Disability Policies; Advocacy and Networking; as well as Regional value and linkages of Country DHAT with Regional DHAT

A lot of valuable information and suggestions were generated, and presented the following day – November 6, 2007. After Group presentations, the consultants augmented by presenting their recommendations. The recommendations by the consultants took into account, suggestions and information generated by the meeting.

DHAT Communication Strategy.
From the country visits and strategic planning meeting it is evident that many disabled people lack adequate information and knowledge on various issues such as:

- Their own rights
- Services available and services to demand from their respective national government and communities.
- Most governments and stakeholders are less inspired by disabled people concerns.
- Disabled people remain vulnerable to HIV/ AIDS due to disempowering environment.

Communication is a key area that will address the various challenges mentioned above. Therefore DHAT has to compile and avail information on disability HIV/AIDS to disabled people , governments and various stakeholders at different levels.
There is need for a multi-pronged communication strategy that includes continued engagement of various stakeholders through meetings, workshops and conferences. Participations in various campaigns and strategic forums. There is also a need for continued lobbying with national government and community awareness. Production of IEC materials those would include, pamphlets, press releases, Posters/ T-shirts. There should be production of advocacy publications showing work of PWDs. Coordination and distribution of IEC materials to disabled people through resource centers. It is of paramount importance to design a website that provides DHAT material to wider audience in PDF. Communication is a priority as it facilitates all other DHAT work throughout the region. Hence it is important to finance the communication strategy.

4.0 ON-SITE REVIEW WITH STAFF AND MANAGEMENT

On-site Review Activities: The consultants conducted on-site review work at DHAT office in Gaborone on November 7 and 8. During those two days, a number of activities, including a staff/management Focus Group Discussions (FGDs), individual consultations, and verification of documentations were conducted. These exercise looked at DHAT organisational and programming systems, noting areas of particular strength and those requiring improvement.

SWOT Analysis: A 'SWOT' analysis was also conducted. The following were noted as the Strength, Weaknesses, Opportunities and Threats of DHAT.

Strength included:

- Uniqueness of DHAT's focus – combination of disability, HIV and AIDS
- Existence of a constitution
- Some Board and management team members being PWD
- Loyal and committed staff
- Staff who are experienced in disability work
- Existence of policies and procedures

Weaknesses included:

- Limited expert human resources
- Insufficient funding
- Limited procedures on specific areas like sub-granting
- Lack of country networks
- Under-developed concept of regional role
- Inadequate Advocacy and Networking strategy and tools
- Inadequate M&E strategy and tools
- Insufficient staff
- Under-developed Good Practice Strategy

Opportunities noted were:

- Promotion of rights-based approaches by resource providers
- Stakeholders perceiving DHAT as unique
- Increasing research and funding focusing on disability
- Economic and political stability of Botswana where DHAT head office is located
- Existence of DPOs in countries in Southern Africa

Threats identified were:

- Public perception that DHAT is new and therefore inexperienced
- HIV and AIDS
- Donor shifting focus from disability, HIV and AIDS in preference to focusing on climate change and environment
- Negative self-perception by DPOs
- DHAT not being acknowledged by government
- Limited solidarity among DPOs.

Consultants took note of the issues and findings and these have been outlined in the recommendations that follow.

5.0 RECOMMENDATIONS

The following recommendations are made based on findings from the country consultations, strategic planning meetings as well as onsite review (which include review of SAT Organisational Capacity Assessment reports) of DHAT.

5.1 Establishment of Country Offices and Programmes: There is undoubtedly felt and expressed need among various stakeholders that DHAT should open and maintain offices and programmes in all the 4 countries surveyed. This would strengthen country disability networks. Having DHAT country networks would enable DHAT to coordinate activities in countries and provide the value of being regional, i.e. facilitation of enhanced learning and sharing among countries, as well as facilitating advocacy, lobbying and networking with regional bodies such as SADC.

As a regional organisation, DHAT is recommended to establish country networks within its catchment area – the SADC region during the period of the 2008 – 2012 strategic plan. It is important to consider the principle of "economy of scale" for purposes of optimum performance as a regional organisation. This means having an optimum number of country programmes and offices which DHAT would be able to operate effectively and efficiently in order to bring about desired results, outcomes and contribution to impact regarding national and regional HIV/AIDS response relating to disability. It is felt that establishing and strengthening physical presence in 4 to 5 countries would be feasible during the proposed 2008 – 2012 strategic plan period.

In establishing these country offices and programmes, DHAT may wish to adopt the phased-up approach (set-up one country office at a time, learn lessons and then embark on another) or the 'simultaneous approach' of setting up several country offices together. The choice should really be a matter of capacity. While the phased-up approach prudently avoids multiple mistakes at the same time, it is very limiting in terms of achieving adequate results to bring about desired outcomes necessary for the required impact. If supported, it is felt that DHAT will be in position to recruit key staff that will increase the capacity of the organisation to manage the simultaneous approach. The simultaneous approach has an advantage of facilitating mutual learning and therefore heightening regional value for the investment. For this reason, simultaneous approach is recommended, provided adequate support is provided to DHAT in terms of funding and technical support.

The range of activities noted in 2.6.4 as DHAT's mandate at national and regional level is recommended. It is important that DHAT starts modestly; country offices with two key full-time staff – the DHAT Country Manager (to carry out programming and country level management functions) and an Administrative Assistant to carry out necessary book-keeping, office and programme logistical work. Initially, most of the support functions should be carried out from the region office.

In countries where the organisation will not have physical presence, DHAT can still achieve programming through collaborations and partnerships with local organisations; not excluding government agencies, to carry out advocacy, facilitation of disability-friendly information, among other areas.

5.2 DHAT Readiness for Expanded regional Roles: DHAT has achieved commendable progress in all aspects in the last 2 years. Further improvement is however still needed in order for DHAT to be well-positioned to provide expanded DPO capacity development support, advocacy and networking roles. These areas of improvement include:

1. **Institutional Governance and Management** – Ensuring capacity enhanced Board, management and staff teams; supported by comprehensive and clear constitutions (with adequate regional and country level linkages); policies, procedures and guidelines

2. **Organisational Capacity** – enhanced Planning and M&E systems; human resource system, increased resource mobilisation, increased learning and sharing as well as advocacy capacities.

3. **Programming** - Refined Vision, Mission and Value (VMV) statements, Goals, Objectives, Activities and overall programming that are well linked to desired **Results, Outcomes and Impact** in relation to disability, HIV and AIDS

Some of these areas are expanded upon below. It is recommended that provision for increased technical support through SAT School Without Walls and outsourced (consultancy) services be considered.

5.3.1 Programming: It as been noted from the findings and analysis of the same that the major challenge for addressing issues of PWD disabilities hinges around their vulnerabilities. There is an environment of double stigma – HIV/AIDS and disability related stigmatization. In order for DHAT to facilitate meaningful, effective, and sustainable interventions, the organisation shall need to work closely with all stakeholders (government agencies such as NACs and relevant line ministries; resource providers; DPOs; other implementers and PWD themselves and other service providers at country and regional levels.

The following recommendations are made:

Vision Statement: "*A society free from HIV and AIDS, guaranteeing full inclusion of people with disabilities"*

Note: Motto - "*Creating an inclusive society*" to be retained.

Mission Statement: "*To promote and facilitate comprehensive rights-based HIV and AIDS interventions responding to the needs of people with disabilities (PWD), through appropriate support to Disabled Peoples' Organisations (DPOs) and other stakeholders in Southern Africa*".

Values: Refinement of existing values is recommended

Goals, Objectives, Strategies and Activities: Goals, Objectives and strategies should aim at the vantage point for addressing issues of HIV and AIDS relating to PWD. From the background in 1.1 (slides 4 and 5 above) Goals Objectives and Strategies which tackle vulnerabilities and increase empowerment of PWD will be key.

National and regional DPOs and key stakeholders (policy makers, intermediaries, and leading implementers) will therefore be strategic channels through which change, scaling-up and sustainability of service delivery to PWD can be achieved. Increasing capacity and sustainability of DHAT will also be another requirement.

Without limiting the latitude of the actual strategic planning work the following goals are suggested, at both national and regional levels.

Goal 1: "*To advocate for and facilitate comprehensive rights-based HIV, AIDS and related interventions for people with disabilities*

Goal 2: *"To advocate for and facilitate comprehensive rights-based interventions that increase activity, participation and empowerment of people with disabilities"*.

Goal 3: "*To ensure increased capacity and sustainability of DHAT at regional and country levels in order to provide quality, relevant, efficient and effective comprehensive response to disability, HIV and AIDS.*

Strategies: Will include Advocacy, research, Networking, collaborations, information dissemination and partnerships at regional and national levels

Objectives: Relevant strategic objectives shall have to be worked out for each of the above goals. For purposes of providing guidance, the following 4 main programming objectives are recommended at national and regional levels.

- To support, collaborate and form partnerships with service providers (such as ASO, CBR centres and local government agencies) in four countries (Botswana, Malawi, Zambia and Zimbabwe) by end of the SP period.

- To support and capacitate at least 15 national DPOs in 4 countries (Botswana, Malawi, Zambia and Zimbabwe) and 5 umbrella DPOs at regional level, during the SP period.

- To collaborate and work with policy makers, resource providers, and intermediary organisations in 4 countries (Botswana, Malawi, Zambia and Zimbabwe) during the SP period.

Activities: It is recommended that specific activities addressing the above objectives be worked out.

5.4 **DHAT Governance:** It is recommended that the Governance (Board, management and staff) systems including structures and be revisited to strengthen effectiveness, efficiency and enhance checks and balances. Firstly, it is recommended that DHAT reviews its constitutions (at regional and national levels). The current constitution for DHAT regional level has gaps, for instance it is silent on many areas such as tenure of Board members, quorum for meetings and making binding resolutions, among others. DHAT has an elected Board, yet it is not a membership organisation. There is no provision in the constitution of how members shall be elected. Further, there is high likelihood of members coming on Board on basis of their 'campaigning power' rather than particular skills, expertise, competencies and needed by the Board. It may be prudent to consider self-perpetuating board membership; with clearly outlined criteria for membership and tenure. The DHAT Board should have a good mix of professionals, including expertise in Finance and Accounts; Legal; Health; Programming (HIV, AIDS and Disability) as well as Organisational development. As an organisation for focusing on welfare and strategic needs for the disabled, it is important that DHAT Board is dominated by PWD; and there are sufficient professionals who are PWD to be considered for DHAT Board membership. Current Board members have done commendable job so far, and they should still have roles to serve.

Currently, there is another structure of DHAT **Board of Management**. It is felt that this layer is not necessary and therefore recommended that it be dealt away with.

It is recommended that the **Executive Director** remains the head of the organisation's management and staff teams. The following management positions, reporting to the Executive Director are recommended:

- Finance, Grants and Administration Manager: To be responsible for the organisation's financial, accounting, human resource, sub-granting and all administrative functions. This position shall hold custodianship of the organisation's systems and controls. A qualified (competent and experienced) person be recruited for this job.

- Advocacy, Information and Programme Support Manager: To coordinate advocacy, information sharing as well as providing information technology and other related support to country and regional offices. It is recommended that the current Programmes Manager, Mr. Godfrey Mwewa be moved into this role. His role to be supported by an information and communication officer in order to enhance information gathering, compiling and dissemination of data on Disability and HIV/AIDS. Programming is a core component for DHAT to achieve its goals Therefore training in this area need to be facilitated.

- Monitoring, Evaluation and research Manager: To coordinate M&E work, as well as on-going operations research for DHAT at regional and national levels

- Country Programmes Managers: To manage country offices as indicated in 5.1 above.

Details of other staff positions and required systems were discussed with DHAT Board, management and staff who shall have ensure development of the strategic plan.

APPENDIX 1: Simple Tool – Questionnaire Guide Used in the Country Consultative Survey

Checklist for FGD's and Individual Interviews of DPO and Stakeholder Representatives

- Are your members [DPOs] aware of the HIV/AIDS pandemic?
  If yes, what about it?
  If no why?

- What information on HIV/AIDS is available and accessible to groups such as:
  The Visually impaired
  The Hearing and speech impaired
  Learning disabilities
  Physically impaired

- What services on HIV/AIDS do you know about?

- Are these services accessible to PWDs?

- If yes which ones, how and where do you access them from?

  If no why are they not being assessed?

- What is your opinion on issues that affect PWD's in the following areas?
  - Policy
  - Health
  - Education
  - Poverty reduction
  - Accessibility to Transport
  - Accessibility to information
  - Accessibility to public places and housing

How do you think that these issues can be addressed?

Are there any other areas not mentioned above that are of a concern to your members?

- On a scale of 1 to 10 how would you rate your work on promoting the quality of life for PWDs individually & DPOs under your umbrella?

- What would it take to make it a 10?
- In what areas do you think DHAT can partner/work with you?

APPENDIX 2: List of Persons and Institutions Consulted

SN	Persons and Organisation Consulted
	Botswana
1	Mr. Thapisa Isiah – Botswana Society of People with Disabilities (BOSPED)
2	Ms. Magie Mapharing –Botswana association of the Deaf
3	Mr. Omphemetse Ramabokwa – Association of the Blind and Partially Sighted
4	Mr. Sitimela – Deputy Director, National AIDS Council
5	Ms Doreen Nsanje – Southern African Development Committee (SADC) AIDS Unit
6	Keba Matiba – Disability Activist, Rehabilitation Officer, Kanye District
7	Ms Mary Makenzie - Senior Physiotherapist, Tamaelong
8	Luis Michael – Rehabilitation Officer, Lobatse
	Malawi
9	Mr. David Njaidi – Deputy Director, Special Needs Education, Ministry of Education; Trustee Federation of Disabled Organisations in Malawi (FEDOMA); Trustee Malawi Union of the Blind (MUB)
10	Mr. Marx Nyirenda – Assistant Director, Disability, Prevention and Awareness: Ministry of Persons with Disability and the Elderly
11	Mr. Noel Mwango – Chief Education Officer Special Needs: Ministry of Education
12	Mr. Charles Banda – Chief Procurement Officer, Ministry of Education; Executive Member and Youth Coordinator, Association of the Physically Disabled in Malawi (APDM)
13	Mr. Simon Munde – Vice Chairperson, Malawi Union of the Blind (MUB)
14	Andrew Chintunsi – Chairman's proxy, Malawi national Association of the Deaf (MANAD)
15	Mr. Mahara Longwe – Head of Partnerships, National AIDS Commission (NAC)
16	Mr. Robert Chizimba – Acting Head of HBC 1 Unit
17	Dr. Tiwonge Loga – Country Programme Manager, SAT Malawi
18	Mr. Musa Chiwaula – Executive Director, Federation of Disabled Organisations in Malawi (FEDOMA)
19	Mrs Naomi Kamanga – Centre Manager, Lilongwe Vocational Training Centre (LVTC); Malawi Council for the Handicapped (MACOHA)
	Zambia
20	Mr. David Mukwasa – Director, Disacare
21	Mrs. Priscilla Lioba – Secretary, Disacare
22	Mr. James Kapembwa – Executive Director, Zambia National Association of the Deaf (ZNAD)
23	Mr. McKenzie Sosa Mbewe – Advisor, ZNAD
24	Mr. Ackson Chulu Kabindula – Assistant Director, ZNAD
25	Mrs Joan Kabwe Luyanga – Accountant, ZNAD
26	Mr. John Miyato – Chairperson, Zambia Federation of the Disabled (ZAFOD)
27	Mr. Felix Simulunga – Executive Director, ZAFOD
28	Mr. Zoonadi Ngwenya – Country Programme Manager, SAT
29	Hon Brig. Gen. Dr Brian Chituwo – Minister, Ministry of Health
30	Mr. Confucious Mweene (by telephone) – National AIDS Council
31	Mr. Chisambi – President, Zambia National Federation of the Blind (ZANFOB)
	Zimbabwe
32	Mr. Alexander Phiri – Director General, Southern African Federation of the Disabled (SAFOD)
33	Mr. James Dube – Federation of Organisations of Disabled People in Zimbabwe
34	Mr. Mazula - Zimbabwe Association of the Down Syndrom
35	Mr. Ismail Zou – Director, Zimbabwe League of the Blind
36	Mrs Annie Malinga – Zimbabwe Women with Disabilities in Development (ZWIDE)
37	National Council of Disabled Persons in Zimbabwe (NCDPZ)
38	Mr. Watson Khupe - Muscler Down Syndrom Association of Zimbabwe (MDAZ)
39	Mr. Thabani Lung'a - Matebeleland AIDS Council (MAC)
40	Agnes Chishawa – NDZP Womens' Wing