

## **Capacity Needs building for DPOs**

Meeting the long term needs of people with disabilities cannot happen unless their organizations are strengthened to degrees of professionalism.

Challenges facing DPOs in forming strong organisation are enormous and DHAT is trying overcome them by building the capacity of the DPOs. DHAT's mandate is to;

To support, collaborate and form partnerships with service providers (such ASO, CBR centres and local government agencies) in Botswana.

To build leadership capacity of DPOs/partners by providing technical support to DPOs in areas of organizational development which include:

- strategic planning.

- Project design.

- Monitoring and evaluation.

- Financial management.

- Resource mobilization.

- Facilitation skills.

Provide small grants to DPOs for HIV/AIDS prevention programmes; skills development and marketable IGAs for sustainability.

Improve the welfare of DPOs and enhance PWDs awareness of their development needs and rights.

To advocate the needs and concerns of PWDs in relation to HIV and AIDS

Promote the greater involvement of PWDs infected/affected in all aspects of prevention, treatment, care, support, mitigation and research.

To promote human rights in the development of policies and programmes responding to all aspects of HIV/AIDS, ensuring that policies are implemented and acted on.

To strengthen the relationship between DPOs and umbrella bodies.

DPOs have struggled for a long time to build themselves and become part of a strong civil society movement in Botswana. However, their programmes and activities have not been effective in meeting their goals and objectives meaning that their members still fails to access facilities , get better skills, services, and the support they need to participate in the society.

There are various factors that contribute to disability organizational weakness which can be addressed by building the capacity PWDs and their Organizations to respond to the wider needs and challenges they face in confronting issues of Disability and HIV/AIDS. People with Disabilities are just as vulnerable as every one else to HIV and AIDS, and HIV/AIDS programmes need to seriously take this into consideration people with disabilities (PWDs). One in ten people in the world are with disability, so why it that services specific to our needs is are not being implemented? It seems ironic to me that while we advocate for the end of stigma and discrimination against those living with HIV, the very same AIDS sector discriminates against us people with disabilities.

Many AIDS organisations don't even have ramps to allow for people in wheelchairs to get into their offices, no sign language interpreters and brailled documents, when I am entitled like other person to easily make my way into these organizations and ask for their services., More often am forced to ask for assistance in interpreting and yet Government should provide these services to us free. Are AIDS-related materials only meant for those who are able-bodied? Is that the message that the AIDS sector wants to give out?

While efforts are always being made to identify key groups and populations vulnerable to HIV infection, why are people with disability never mentioned?

Botswana needs to do what other countries are doing to uphold disability rights. When ASO decides to withdraw any disability programme they should consult us because people with disabilities are also affected. For example if NACA or DMASAC decides to withdraw Disability and HIV/AIDS programme from their activities PWDs cannot contest the decision because there is no disability specific legislation in Botswana that protects PWDs on such issues.

Over the past AIDS commemorations many organizations have been talking about PMTCT, ABC, circumcision, HIV positive orphans, gays and lesbians but nothing about people with disabilities. For how long can the world and our country continue to ignore the call of people with disabilities? When the issues surrounding marginalized populations are discussed, it's always LGBTI or MSM or sex workers - groups which in my own perspective do not deserve better attention than us people with disabilities. Honestly how can sex workers be prioritized more than us (PWDs)?

What is the AIDS sector doing to ensure that services for the blind are easily accessible to them? I know of couples who are both visually impaired who need information on how to use a condom and who also need to know when the condom expiry date is. But no such information exists in Braille for them to be able to understand it on condoms.

The absence of management skills and information dissemination, low education and lack of resources undermines the ability of DPOs to build their organisations to serve their members. The capacity building activities that DHAT focus on are institutional development, improved methods already exists in DPOs, skill sharing and lesson learning, information dissemination and leadership skills and mobilizing resources. DHAT through its strategies work with DPOs through workshops, mentoring/ Visits, meetings. DHAT also provides training in management, organizational development and leadership skills as well as supporting them to develop effective policies that will help to put in place systems for good governance and accountability. These policies include Disability policy, HIV/AIDS policy etc.

DPOs capacity lack both material and financial resources because disability movement in Botswana has not attracted flow of funding from government and other donors, as a

result building of structures and human resources has been very weak and significantly affecting planning and implementation of programmes and activities for PWDs . By strengthening DPOs to advocate for better information and funding of their activities they would become more effective and more sustainable in improving the quality of the lives of people with disabilities.

Lastly, there is urgent need for a shift in thinking by donors, government and other NGOs to provide funds to DPOs .These steps would provide a 'paradigm shift' in order to place greater emphasis on programmes that include people with disabilities.