



THE DISABILITY HIV AND AIDS TRUST (DHAT)

**REPORT ON THE FIRST NATIONAL WORKSHOP FOR MALAWI
(CAPITAL CITY MOTEL – LILONGWE)**

4th to 7th June, 2007

James Jeffrey Songolo Kalimbuka
Salima AIDS Support Organization
P.O. Box 318
Salima
+265-9-640-535
chekalimbuka@yahoo.co.uk

Mercy Tsidya
Salima AIDS Support Organization

Pamela Mkwaila
Freelance Journalist

Executive Summary

This report details out the process of the First Malawi Workshop of the Disability, HIV and AIDS Trust (DHAT). DHAT is a trust registered in Botswana whose vision is “inclusion and equal participation of disabled people in the fight against HIV/AIDS and the enhancement of economic, social and political development structures.” Its mission is to “Build the capacity of disabled people through management of HIV/AIDS, leadership and organisation development, training, planning and resource mobilisation.”

The workshop drew participants from the public, Human Rights sector, HIV/AIDS sector, the media, education sector and the disability sector. The organizations represented are the Ministry of People with Disabilities and the Elderly, the Ministry of Education and Vocational Training (Special Needs Department), FEDOMA, the Malawi Human Rights Youth Network, SAT, SASO, The Malawi Union of the Blind (MUB), The Albinos Association of Malawi (TAAM), DHAT, ABBA Springs Outreach Ministries, MANAD, MBC and MADISA. The representatives of the Ministry of Women and Child Development and the Malawi Human Rights Commissions (Disability Standing Committee) sent apologies. Appendix 2: List of participants has details of the participants.

It has covered the roles of DPOs in Mainstreaming HIV and AIDS, which was looked at from the angle of disability and the actual Roles; Education and Community Based Rehabilitation (CBR), which explored components of education, challenges and opportunities of education and CBR; and policy analysis, which examined strengths and weaknesses of the National Policies on the Equalization of Opportunities for PWDs and that on HIV/AIDS.

The following way forward was agreed at the end of the day:

1. The roles of NAC in the policy must be clearly stated as the policy is not clear on these.
2. Education and information should be stated as barriers right from the beginning of the policy
3. There should be a mention of PWDs, their families and their assistants in the policy since the PWDs cannot do things in isolation
4. There is too much emphasis on awareness strategies other than programmes and projects on HIV and AIDS and disabilities
5. The background information has left out the youth and children
6. Emphasis is made on govt. strategies and programmes leaving out partners like the private sector.
7. On the nature and the magnitude of the disability problems, statistics should be included on the causes of disabilities.
8. Ministry of information should promote the use of sign language as a means of communication with those that cannot speak.

List of Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
HIV	Human Immunodeficiency Virus
D.P.O.	Disabled People's Organization
M.o.P.D.E	Ministry of People with Disabilities and the Elderly
MoE.V.T	Ministry of Education and Vocational Skills Training
S.N.E.	Special Needs Education
FEDOMA	Federation of Disabled People's Organization in Malawi
M.H.R.Y.N.	Malawi Human Rights Youth Network
SAT	Southern African AIDS Trust
SASO	Salima HIV/AIDS Organization
MUB	Malawi Union of the Blind
T.A.A.M	The Albinos Association of Malawi
DHAT	Disability, HIV and AIDS Trust
ASOM	Abba Springs Outreach Ministries
MANAD	Malawi Network of Associations for the Deaf
MBC	Malawi Broadcasting Corporation
MADISA	
MoWCD	Ministry of Women and Child Development
MHRC	Malawi Human Rights Commission

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Introduction

The Disability, HIV and AIDS Trust (DHAT) is a trust registered in Botswana whose aim is to build and strengthen the capacity of disabled peoples organizations (DPOs) to respond to the needs of their members in line with HIV and AIDS in the southern Africa region. DHAT is a non profit regional organization working in disability and HIV and AIDS in SADC countries with its headquarters in Gaborone, Botswana. DHAT has so far been registered in Zimbabwe and is undergoing the registration process in Malawi and Zambia.

DHAT is not a membership organization. It was however formed by disabled people who are interested in supporting the work of disabled people. All of DHAT's founders are people who have had direct experience of working in organizations of disabled people, supporting them to develop a capacity to design and implement grassroots level membership support programmes. The founders are themselves long serving disability rights activists.

DHAT's vision is "Inclusion and equal participation of disabled people in the fight against HIV/AIDS and the enhancement of economic, social and political development structures." This transcends to the following core values:

- Capacity of leadership of DPOs;
- Vibrant and sustainable DPOs who see and take their role in civil society;
- A disability movement that effectively engages the structures on issues of disability, HIV and AIDS.
- Inclusion of women, youth and children with disabilities in the movement.

DHAT's mission is to "Build the capacity of disabled people through management of HIV/AIDS, leadership and organisation development, training, planning and resource mobilisation." This is realised through the upholding of the following values:

- Emergence of DPOs that develop and change in their outlook over time;
- DPOs being professional and people centred in their work, and capable of positively affecting the lives of disabled people;
- DHAT being versatile in its capacity to respond to DPO demands across a large spectrum of needs;
- DHAT remaining open, aware and flexible to respond to changing needs of DPOs in order to remain relevant.

DHAT operates under 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.

Rationale

The workshop was hosted by Mr. James J. S. Kalimbuka a DHAT board member from Malawi and M & E Officer of the Salima AIDS Support Organization, in conjunction with Mr. Mac Henry Makweleru, Director of the Malawi Human Rights Youth Network and Mr. David Njaidi, Deputy Director for Special Needs Education in the Malawi Ministry of Education and Vocational Training. It took place from the 4th to the 7th of June 2007 at the Capital City Motel in Lilongwe. It drew participants from the Ministry of People with Disabilities and the Elderly, the Ministry of Education and Vocational Training (Special Needs Department), D.P.O.s, the Human Rights sector, the HIV/AIDS sector, the donor community and the media. The representatives of the Ministry of Women and Child Development and the Malawi Human Rights Commissions (Disability Standing Committee) sent apologies. Appendix 2: List of participants has details of the participants.

The workshop was facilitated by Mr. Philimon Simwaba – DHAT Director, Mr. James Kalimbuka – SASO M & E Officer, Mr. Godfrey Mwewa – DHAT Programmes Officer, Mr. Mac Henry Makweleru – MHRYN Director, Mr. David Njaidi – Deputy Director for SNED.

Mr. David Njaidi welcomed all to this workshop. He appealed to all participants to own this very important workshop as its deliberations were geared towards developing their skills and imparting them with knowledge in addressing the issues of disabilities, HIV and AIDS. Mr. Njaidi anticipated more DPOs to join in the fight against HIV and AIDS. He stated that he was concerned that in most cases disability issues are excluded from HIV and AIDS programmes. It was emphasized that HIV and AIDS should be expressly tackled before it derails the economic progress of the country. He reiterated that government has currently adopted policies on HIV and AIDS and Disabilities with an aim of addressing the issues of HIV/AIDS and disabilities for the disabled and all others. He stated that Malawi needs more partners in the fight against HIV and AIDS and Disabilities and cited DHAT as an example. He commended DHAT for organizing such an important workshop and urged the participants to actively and fully participate so that its impact has to be felt in their respective organizations.

The workshop was officially opened by Mr. Marx Nyirenda, the Director for Disabilities in the Ministry of People with Disabilities and the Elderly made emphasis on the significance of mainstreaming Disabilities in HIV and AIDS programs in the fight against the pandemic. He thanked DHAT officials for the initiative they made to host the workshop in Malawi. He stated that this was a milestone in the fight against HIV and AIDS in Malawi and asked the participants not to take this opportunity for granted.

Participants Expectations

1. To know how best to advocate on HIV and AIDS especially for those blind.
2. To know the dangers and impact of AIDS and how to integrate sports into HIV and AIDS works.
3. To acquire knowledge and skills necessary for mainstreaming HIV and AIDS work into DPOs.
4. To learn more on inclusive policies, programmes and strategies affecting the disability sector.
5. To learn how DHAT has ensured that information has spread to people regardless of their various disabilities.
6. To discuss and come up with disability friendly information means.
7. To analyze existing policies and appreciate the gaps in the same.
8. To understand the role of DPOs in mainstreaming HIV and AIDS work into the disability sector.
9. To discuss the possibilities of registering DHAT in Malawi.

Presentations

1. Roles of DPOs in Mainstreaming HIV and AIDS

1.1 HIV/AIDS

The terms HIV and AIDS were discussed and the understanding of the workshop of the two was that:

- HIV stood for Human Immune Virus. A virus that attack our white blood cells, causing our body defense system to be weak against any infections. HIV enters the body and attaches itself to the white blood cells. The white blood cells are the body defenses; the virus attaches and usually kills white blood cells so that they make our immune system weaka and then we become easily ill.
- AIDS - It stands for Acquired Immune Deficiency Syndrome. AIDS refers to a group of illnesses caused by HIV. AIDS itself is not a disease but a term used when the HIV virus has broken down the immune system to such a degree that the body is unable to fight off infection. The term AIDS is used for the collection of diseases and infections the person has, due to the effect of HIV. Over the years the virus weakens the body's abilities to fight off illnesses and finally leads to the collapse of the immune system and ultimately death.

1.2 Disability

The term **disability** was discussed and was understood as a permanent physical or mental impairment that substantially limits one or more major life activities. One can have a disability if he/she find it difficult to move, see, hear, feel, think, control him/herself or do certain things. Such could happen due to damaged genes e.g. normal growth and development process of the body, including the sensory organs and the brain.

Examples of disabilities were stated as follows:

- Deaf or Hard of Hearing people
- Visually impaired people
- Mental Disability
- Physically Disability

1.3 The Role of DPOs in Mainstreaming HIV/AIDS

There are many ways and methods of mainstreaming HIV/AIDS and DHAT recognizes the importance of DPOs to know their roles. For example:

- Formation of HIV/AIDS Policies in DPOs
- Policy Advocacy and Lobbying
- Educational Awareness
- Medical and Counseling
- Rehabilitation
- Legal services

It was concluded by advising all participants that it was time for the DPOs to be engaged in mainstreaming HIV/AIDS into their own organizations by developing HIV/AIDS policies and advocacy programmes that would include and benefit their members at grassroots.

2 Education And Community Based Rehabilitation (CBR)

CBR is strategy to empower PWDs through inclusion and participation in community life. WHO has a model for CBR and the matrices on Education, Health, Livelihoods, Social and Empowerment. The focus of this presentation is on education and CBR. Definition: Education is defined as a process of acquiring new knowledge Skills, attitudes, values for Social – economic transformation of the individual and the nation.

Components of Education

- Formal education consists of primary, secondary and higher education.
- Non – formal education – includes Early Childhood Development (ECD) and adult education.
- Lifelong learning – include transitory education and continuing
- Special education : a system of teaching learners with disability in separate school known as special residential school away from learners without disability e.g. Chilanga school for the blind, Embangweni School for deaf etc.
- Inclusive education: - A system which considers individual needs of learners, including those with disabilities and address them through relevant pedagogical skills examples

Kaputa primary school, Mzimba Secondary School, Ekwendeni resource centre for the blind.

- Special needs education: A support service for education delivery designed to cater for individual needs of learners including those with disabilities, to cope with learning in special schools and inclusive school. According to the CCINTEF report (2004), 37% of PWDs at school going age have access to education. This, however, needs positive action by providing access to quality, equitable, and relevant education to PWDs

Challenges

- Lack of awareness on inclusive education leads to negative attitudes and practices
- Inadequate specialist teachers and learning assistants
- Lack of incentives for specialist teachers – leads demotivation.
- Inadequate teaching and learning materials for SNE
- Weak services for identification and assessment of learners with disabilities for appropriate interventions
- In inaccessible school infrastructures
- Lack of skills by classroom teachers and school administrators on inclusive education
- Inadequate monitoring of SNE by DEM's, Pea's, ECD and adult literacy supervisors etc.
- PWDs under-late their potentials to excels in education and need for role models
- Technical colleges and other training centre have not been modified to admit learners with disabilities
- Local Schools, training Institution and local artisans have no awareness and skills on inclusive education.

Opportunities

- Good Political will, manifested by increased budgetary allocations to SNE and cabinet directives on SNE Progress.
- Economic stability, no fairness and other natural disaster more donor support
- Enabling Policy environment national policy on the equalization of opportunities for PWDs, policy and investment framework (PIF), Education for all (EFA) strategy, draft policy on SNE, MDG's Malawi development and grow strategy (MDGS), education act centralization.

The DPOs were encouraged to do more advocacy work in line with access to all these forms of education by PWDs. Education is the key to building a society that understands situations better and does not leave out the PWDs.

Policy Analysis

The Disability Policy

Strengths

1. All the thirteen policy areas recognize issues of HIV and AIDS.
2. The policy has not targeted PWDs in isolation; it has targeted the society at large.
3. The policy has included issues of human rights and Human Rights Based Approaches to programming (HRBA).

4. The policy has included specific issues of concern for disabled women and children.
5. The policy is encouraging empowerment of the disabled rather than charity or hand outs for the disabled.
6. The policy has a social model approach rather than medical approach.
7. On preamble, the policy has acknowledged human rights issues affecting PWDs.
8. The policy was formulated in relation to the Malawi Poverty Reduction Strategy Paper (MPSRP) now called the Malawi Growth and Development Strategy (MGDS).
9. It addresses issues of gender.
10. It recognizes the multi-sectoral approach to addressing disability issues.

Weaknesses

1. Right from the introduction there is no mention of disabilities.
2. Policy goals and objectives on disabilities have just been generalized.

The National Policy on HIV/AIDS

1. The roles of the NAC are not clearly stated in the policy
2. Education and information are not stated as barriers in respect of the various disabilities right from the beginning of the policy
3. There is no mention of the PWDs' families and their assistants in the policy without who, the PWDs cannot do things in isolation
4. There is too much emphasis on awareness strategies other than programmes and projects on HIV and AIDS and disabilities
5. The background information has left out the youth and children
6. Emphasis is made on government strategies and programmes leaving out those of partners like the private sector.
7. On the nature and the magnitude of the disability problems, statistics should be included on the causes of disabilities.
8. Ministry of information should promote the use of sign language as a means of communication with those that cannot speak.

Weaknesses

1. The policy has used passive forms of verbs in giving the responsibility of the Malawi Government.

Way Forward

9. The roles of NAC in the policy must be clearly stated as the policy is not clear on these.
10. Education and information should be stated as barriers right from the beginning of the policy

11. There should be a mention of PWDs, their families and their assistant in the policy since the PWDs cannot do things in isolation
12. There is too much emphasis on awareness strategies other than programmes and projects on HIV and AIDS and disabilities
13. The background information has left out the youth and children
14. Emphasis is made on govt. strategies and programmes leaving out partners like the private sector.
15. On the nature and the magnitude of the disability problems, statistics should be included on the causes of disabilities.
16. Ministry of information should promote the use of sign language as a means of communication with those that cannot speak.

Conclusion

The workshop was conclude by the speech by the Vice Chairperson for the Federation of Disability Organizations in Malawi (FEDOMA), Mrs. Grace Kasasi. She thanked the organizer Mr. James Kalimbuka who is in the HIV/AIDS sector and not disabled for having the keen interest to promote the welfare of the disabled in Malawi. She asked all participants to really implement and put into practice whatever has been discussed at the workshop. She hoped that one day DHAT will be seen registered and operating Malawi as a capacity building organization for DPOs in line with the mainstreaming of HIV and AIDS into the DPOs.

Mr. M. Nyirenda the Director for Disabilities in the Ministry of People with Disbalilties and the Elderly, thanked DHAT for organizing the workshop. He explained that the coming of DHAT into Malawi. This means the disability sector is growing bigger than it has been before. He pledged government's support in the whole area of capacity building for DPOs.

APPENDIX 1

MAINSTREAMING HIV/AIDS INTO DPOs WORKSHOP: 4 - 6 JUNE, 2007, CAPITAL MOTEL, LILONGWE, MALAWI

Objective

1. Identify the role of DPOs in mainstreaming HIV/AIDS.

Theme

1. Engaging People with Disabilities in the fight against HIV/AIDS.

Programme of Events

3 June, 07 – Participants arrives in Lilongwe.

7 June, 07 - Participants departs.

WORKSHOP PROGRAMME

Day 1: Monday 4 June, 2007

TIME	TOPIC	FACILITATOR
0900 – 0905	Opening Prayer & Welcome remarks	FEDOMA Director
0905 0910	General Introductions	SASO
0910 – 0915	Explanations: Purpose of the workshop: aims, objectives and the procedure.	SASO
0915 - 0920	General information: Logistics	SASO
0920 - 0950	Ground rules	SASO
0950 - 1000	Programme Review	SASO
1000 - 1010	Allocation of responsibilities	SASO
1010 - 1030	Participants' expectations	SASO
1030 - 1100	TEA BREAK	
1100 - 1200	HIV/AIDS & Disability	PSIMWABA
1200 – 1230	Role of DPOs in Mainstreaming HIV/AIDS	PSIMWABA
1230 - 1400	LUNCH BREAK	
1400 - 1530	HIV/AIDS & Disability: Sharing Impact Experiences- SASO/FEDOMA– Representative.	SASO/FEDOMA

1530 – 1600	TEA BREAK	
1600 - 1700	Response Strategies – SASO/FEDOMA	SASO/FEDOMA

Day 2: Tuesday, 5 June, 2007

TIME	TOPIC	FACILITATOR
0900 - 0930	Summary of the previous day's proceedings	G MWEWA
0930 - 1030	MALAWI AIDS Policy	NAC Representative
1030 - 1100	TEA BREAK	
1100 - 1230	Disability Inclusive Response Strategies (Group work)	NAC Representative
1230 - 1400	LUNCH BREAK	
1400 - 1530	Role of Leadership in Mainstreaming HIV/AIDS.	G MWEWA
1530 – 1600	TEA BREAK	
1600 – 1700	Group work & report (How can a leader respond to HIV/AIDS?)	G MWEWA

Day 3: Wednesday, 6 June 2007

TIME	TOPIC	FACILITATOR
0900 – 0930	Summary of previous day's proceedings	G MWEWA
0930 – 1030	Disability, HIV/AIDS; Sharing Experiences - FEDOMA	FEDOMA/SASO
1030 – 1100	TEA BREAK	
1100 - 1200	Workshop Evaluation & Closing Remarks	PSIMWABA
1200 1400	LUNCH BREAK	
1200 – 1530	FREE!!!!!!!!!!!!!!!!!!!!	

APPENDIX 2

LIST OF PARTICIPANTS

NO.	NAME OF PARTICIPANT	ORGANISATION	TELEPHONE NUMBER	E-MAIL ADDRESS
1.	Godfrey Mwewa	DHAT	+267-397-1774	gmwewa@info.bw
2.	Philemon Simwaba	DHAT	+267-397-1774	psimwaba@info.bw
3.	James Kalimbuka	SASO	+265-9-640-535	chekalimbuka@yahoo.co.uk
4.	Raphael C. Mazula	ABBA Springs Outreach Ministry	+265-9-346-598	mazularaphael@yahoo.com
5.	Alex Sichali	Ministry of Education		
6.	David Njaidi	Ministry of Education	+265-8-329-061	davidnjaidi2000@yahoo.co.uk
7.	Marx Nyirenda	Disabilities	+265-8-512-339	disabelderly@malawi.net
8.	Charles Mtambo	MANAD	+265-9-229-141 or +265-8-749-652	chikumbutso65@yahoo.co.uk
9.	Bruno Mwase	MANAD (Interpreter)	+265-8-540-206	brunomwase@yahoo.com
10.	Andrew Mtegha	MBC Journalist	+265-9-729-491	
11.	Griffin Machaka	MADISA	+265-8-364-235	griffin@yahoo.com
12.	Stewart Chauluka	MUB	+265-9-920-975	chaulukastewart@yahoo.co.uk
13.	Ezekiel Kumwenda	MUB	+265-8-852-391	mubmalawi@africa-online.net
14.	Mercy Tsidya	SASO	+265-9-187-844	mercysidya@yahoo.com
15.	S. Kasasi	FEDOMA	+265-8-857-674	kasasisigere@yahoo.com

16.	Pamela Mkwaila	FREELANCE	+265-9-440-827	pamelamkwaila@yahoo.com or pamlishto@yahoo.com
17.	Chimwemwe Massah	TAAM	+265-8-320-705	cmassah@fastemail.com
18.	Loyce Nkhambule	Ministry of Education	+265-9-471-731	lnkhambule@yahoo.com
19.	L. Kaundama	Ministry of Education	+265-8-734-610	
20.	Mr. Njati	MUB		

APPENDIX 3

THE ROLE OF DPOs IN MAINSTREAMING HIV/AIDS

INTRODUCTION

The paper to be presented in two parts namely;

- HIV/AIDS and Disability.
- Role of DPO's in mainstreaming HIV/AIDS

1.1 HIV/AIDS

What does the letters HIV and AIDS stand for? the letters stand for follows;

HIV: Human Immune Virus and

AIDS: Acquired Immune Deficiency Syndrome

HIV stood for Human Immune Virus. A virus that attack our white blood cells, causing our body defense system to be weak against any infections.

HIV enters the body and attaches itself to the white blood cells. The white blood cells are the body defenses; the virus attaches and usually kills white blood cells so that they make us ill. What the HIV virus does is attach itself onto the white blood cell and then use it as a factory to reproduce itself. Then when the white blood cell goes to attack a virus, instead of it doing that, it is held back by HIV and then burst spilling out all the HIV virus that have been inside it. Therefore, People who are HIV+ are prone to infections that people with healthy immune systems (defense) can fight off.

AIDS - It stands for Acquired Immune Deficiency Syndrome. AIDS refers to a group of illnesses caused by HIV. AIDS itself was not a disease but a term used when the HIV virus has broken down the immune system to such a degree that the body is unable to fight off infection. The term AIDS is used for the collection of diseases and infections the person has, due to the effect of HIV. Over the years the virus weakens the body's abilities to fight off illnesses and finally leads to the collapse of the immune system and ultimately death.

1.2 Disability

Disability is a permanent physical or mental impairment that substantially limits one or more major life activities. One can have a disability if he/she find it difficult to move, see, hear, feel, think, control him/herself or do certain things. Such could happen due to damaged genes e.g. normal growth and development process of the body, including the sensory organs and the brain.

For example;

Deaf or Hard of Hearing people

These are the people who have difficulties with hearing sound. Hearing loss may be mild, severe or total. For example; a child may be born with poor or no hearing at all and most elderly people lost some hearing with age.

Visually impaired people

These are people who have loss of sight, or visual disability which may be total (blindness) or partial. People with such disability have difficulties in seeing clearly or may not be able to see at all.

Mental Disability

These are people who have a limited intelligence or people who are intellectually challenged and find it difficult to adapt to new situations. Mental or intellectual disability is usually from birth, although it may not be noticed until the child fails to develop at the same rate as other children.

Physically Disability

These are people who have damages to their muscle nerves, skin, bones or other tissues, internal organs or other body parts. Which can be congenital (from birth) or due to an accident or injury.

2. The Role of DPOs in Mainstreaming HIV/AIDS

There are many ways and methods of mainstreaming HIV/AIDS and DHAT recognizes the importance of DPOs to know their roles. For examples;

Formation of HIV/AIDS Policies in DPOs

DPOs are encouraged to develop HIV/AIDS policies in their organizations which can be a cross cutting tool applied to all programmes in the organization (Women, Advocacy, Capacity Building etc). This policy will guide the organization on HIV/AIDS issues that address the needs of their members.

Policy Advocacy and Lobbying

DPOs need to draw attention of policy makers, AIDS Service Organizations, governments, private sector and the community/public through public meetings and workshops to examine the issue of HIV/AIDS and Disability. Most National AIDS Policies drawn by countries in Southern Africa were silent on the issue of disability and HIV/AIDS and did not recognize the disabled people as vulnerable groups to HIV and AIDS. Therefore, DPOS should lobby Governments to enact disability friendly policies.

Educational Awareness

DPOs must make sure that their members are well informed on HIV/AIDS issues. Make sure that relevant and important information is imparted through workshops for staff, leaders, disabled people and their families on various HIV/AIDS areas such as (prevention, safer sex practices, care and treatment). And there is need to work closely with relevant sectors by creating partnerships. For example, adapting HIV/AIDS information into audio or visual tapes, Braille and other formats that recognize the various types of disability in the community.

Medical and Counseling

DPOs should recognize the importance and need of disabled people(members) having access to medical and counseling services. HIV infected disabled person should be able to access treatment and medicines for both opportunistic infections and HIV. Disabled People living with disability should also have access to Counseling which involves building trust and creating relationship with someone. Counseling may be helpful for people who had suffered sudden impairment to deal with disability. Counseling can also help disabled people at different stages of their disability.

Rehabilitation

DPOs should through rehabilitation programmes involve a full range of measures to try and treat impairments and restore functions as much as possible. For example; through medical rehabilitation which includes: physiotherapy, psychosocial support, occupational therapy, communication or speech therapy and that may take place in hospital or a rehabilitation center, in community or home to treat and restore functions. HIV/AIDS component can be fused into the psychosocial element of rehabilitation and that psychosocial rehabilitation could help infected and affected individuals and their families to plan for the future.

Legal

DPOs are encouraged to start providing legal information to disabled people who are vulnerable to sexual abuse as chances of a perpetrator being brought to book remain slimmer than the one abused person was without disability. Disabled people are usually not aware of their rights and violations, and when they were, they might not have the capacity to fight for their rights. Attention should be drawn to the lack of legal and social frameworks in society protecting the disabled people and creating an environment conducive for protecting a disabled person within the context of HIV/AIDS and reproductive health.

In conclusion, I would like to advised all participants that it was time for the DPOs to be engaged in mainstreaming HIV/AIDS into their organizations by developing HIV/AIDS policies and advocacy programmes that would include and benefit their members at grassroots.

APPENDIX 4

PRESENTATION ON EDUCATION AND COMMUNITY BASED REHABILITATION (CBR) by DAVID NJAIDI – DEPUTY DIRECTOR SNE

Preamble

CBR is strategy to empower PWDs through inclusion and participation in community life. WHO has a model for CBR and the matrices on Education, Health, Livelihoods, Social and Empowerment. The focus of this presentation is on education and CBR. Definition: Education is defined as a process of acquiring new knowledge Skills, attitudes, values for Social – economic transformation of the individual and the nation.

Components of Education

- Formal education consists of primary, secondary and higher education.
- Non – formal education – includes Early Childhood Development (ECD) and adult education.
- Lifelong learning – include transitory education and continuing
- Special education : a system of teaching learners with disability in separate school known as special residential school away from learners without disability e.g. Chilanga school for the blind, Embangweni School for deaf etc.
- Inclusive education: - A system which considers individual needs of learners, including those with disabilities and address them through relevant pedagogical skills examples Kaputa primary school, Mzimba Secondary School, Ekwendeni resource centre for the blind.
- Special needs education: A support service for education delivery designed to cater for individual needs of learners including those with disabilities, to cope with learning in special schools and inclusive school. According to the CCINTEF report (2004), 37% of PWDs at school going age have access to education. This, however, needs positive action by providing access to quality, equitable, and relevant education to PWDs

Challenges

- Lack of awareness on inclusive education leads to negative attitudes and practices
- Inadequate specialist teachers and learning assistants
- Lack of incentives for specialist teachers – leads demotivation.
- Inadequate teaching and learning materials for SNE
- Weak services for identification and assessment of learners with disabilities for appropriate interventions
- In inaccessible school infrastructures
- Lack of skills by classroom teachers and school administrators on inclusive education
- Inadequate monitoring of SNE by DEM's, Pea's, ECD and adult literacy supervisors etc.
- PWDs under-late their potentials to excels in education and need for role models
- Technical colleges and other training centre have not been modified to admit learners with disabilities
- Local Schools, training Institution and local artisans have no awareness and skills on inclusive education.

Opportunities

- Good Political will, manifested by increased budgetary allocations to SNE and cabinet directives on SNE Progress.
- Economic stability, no fairness and other natural disaster more donor support
- Enabling Policy environment national policy on the equalization of opportunities for PWDs, policy and investment framework (PIF), Education for all (EFA) strategy, draft policy on SNE, MDG's Malawi development and grow strategy (MDGS), education act centralization.

Formal Education

Refers to education that occurs in formal school system consisting of primary, Secondary and higher education system. CBR takes a social model to achieve inclusion of PWDs in education because all children with disabilities can learn but limitations come from social prejudices and practices. Parents should not prevent their children attending school. Government must establish schools and other learning Institutions that encourage inclusion such schools and institutions must be funded and managed with enabling policies. CBR aims at using the rights based approach in the education of PWDs. The right to education cannot be taken away – it is a birthright it can only be violated. Primary education this consist the first years of education – In Malawi from standard 1 – 8. The concern of Governments and Donor agencies is that all persons must access primary education (MDG'S0, EFA action strategy etc. Therefore, primary education is made free and compulsory in many countries. Malawi declared FPE IN 1994 and has now registered enrolment rate of 78%. However many PWDS, Girls and other marginalized groups have no access to education on grounds of poverty, school contributions, need for the children contribute to the family, discrimination etc.

Challenges to Access Primary Education by PWDs

- Some schools have poor teaching, few teachers and unqualified teachers
- Teaching methods are not learner – centered
- Rigid curriculum and examinations
- Poor nutrition
- Physical infrastructure and sanitation facilities are inaccessible

Strategies for Action

- Teachers must be learners centered to achieve inclusive education
- Establish strong links between families and the schools in order to have relevant curriculum
- Get support from different partners at different levels
- Access specialized training in sign language, Braille and modes of communication creating a barrier free environment by lamps, land marks etc
- Work to create a friendly environment and effective policy to eliminate, bullying, teasing, sexual harassment etc
- Find solutions to make education affordable for the poor
- Create awareness on the education of PWDs
- Use local resources for curriculum and training materials
- Create inclusive resource centres at schools

Secondary and Higher Education

- This is education beyond primary school level and it is often not free and compulsory

- Children from poor communities and those with disabilities are mostly excluded at this level
- CBR ensures all children have same opportunity to education

Issues to be Addressed

- Access to government bursaries and credit schemes
- Career guidance that responds to the needs of PWDs respectively their choices and interests.
- Appropriate be available such as Braille, sign language, personal assistance etc
- Infrastructure and transport must be accessible
- Flexible modes of learning be explored such as distance learning, open schooling etc
- Affirmative action for assessment and action

Special Education, Inclusive Education and Integrated Education

Inclusive Education

- It goes beyond disability addressing needs for all community members
- It acknowledges that all children can learn
- It enables education structures systems and methods to meet the needs of all children
- Acknowledge differences in children
- It is dynamic, constantly evolving according to culture and context
- It can be used to promote an inclusive society

Integrated Education

- The system is rigid and does not respond to the needs of all people
- CBR workers being children to the school if the head teacher and the class teacher are not sympathetic , the child excluded
- It is sustainable unless the whole school is aware of their responsibility
- Both special and inclusive education are complimentary to each other and make PWDs access quality education with better resources and children can participate fully in education
- Technology will be useful for children with disabilities egg hearing aids, computers with speech etc curriculum needs to be flexible
- Inclusive education there is nothing special for a child, it is just the interest and needs of the child that will be a deciding factor

Strategies for Inclusive Education

Situational Analysis

Step 1: Conduct a situational analysis with the involvement PWDs and their families

- Legislation and policies
- Role of Government and partners
- Resource allocation

Step 2: Community

- What are the attitudes and behaviors
- Any support from parents DPOs and the community

Step 3: Access attitude knowledge and skills of teachers

Step 4: Any Educational provision existing

Step 5: Kinder garten, life long learning, Secondary and higher education

Starting the Implementation

- Awareness – raising
- Multi – sectoral
- Start where there is support enthusiasm

Non Formal Education (NFE)

- Definition A form of training that occurs outside the formal school system referring to variance educational initiatives in the community which have potential to fill the gaps of formal education for community development
- Examples ECD Centre, Adult literacy centres, skills development centres, continuing education etc

Characteristics of NFE

- Tailored to the need of communities, oriented to practical skills and life skills has a relevant curriculum
- With some exceptional causes do not read to formal qualifications
- Targets out school youth, adult and young children
- Teaching methods are participatory and learner centered
- Delivery is community based
- Uses local resource persons
- Flexible in schedules

Advantages OF NFE

- Less costly than formal education.
- Effective for poverty alleviation can improve agricultural skills business skills, vocational skills, advocacy skills etc.
- Meets the needs specific to localities.
- Focuses on personal development of PWDs e.g. in communication (oral and written) issues of concern like Human right etc; promote their intellectual and social autonomy, economic productiveness and interaction in group settings

STRATEGY FOR NFE

The following strategies apply for NFE:

- Home based learning: as supplementary, preparatory or alternative to formal education. Volunteers CBR workers conduct home visits
- Integration to a wider strategy: e.g. children with severe disabilities can enroll in formal schools while teaching takes place at home, or resource room attached to regular school resource room can provide skills in mobility, Braille language etc
- Specific programme to promote SNF EG Insets for classroom teachers on SNE, CBR etc
- Special school used for preparing children with disabilities for formal education. The trained must be to link the special school and to mainstream schools for inclusion
- Community partners to mainstream SNE partners in SNE may be invited to learn some good practices at model school for inclusive education e.g. to Kaputa FP School or Mzimba Secondary School etc.
- Community Support : The Community can provide resource materials, personnel and funds for NFE, DPOS AND DPTA'S can support this initiatives

- Self help groups can contribute to more NFE initiative because there medium of skill acquisition through NFE ON SKILL ACQUISITION through NFE on health, agriculture, HIV/AIDS ETC
- Inclusive NFE : This an entry point of an inclusive society – NFE welcome marginalized and vulnerable people including PWDs
- Formal and non formal education complement each other and benefit each other, fro example:
 - a. Can share building and facilities
 - b. Can share staff
 - c. Cooperate for free school education as a link to formal education
 - d. Work with parents
 - e. Technical education and vocation training
 - f. Provide a link to micro – finance programmes as a way to create employment and IGAs

Life Long Learning

- Definition: Refers to all learning activities undertaken throughout life for the development of competence and qualifications
- While life long learning has value for all people, it is special for PWDs because they are mostly excluded from and within other forms of education
- Life long learning can take place in all settings of formal, informal and non formal education
- Life long learning happens at different stages of life and helps in transitory education (i.e. from school to work), career guidance vocational training, counseling, ongoing support, Education for self advocacy and parents.

Characteristics Of Life Long Learning

- Occurs in open schools, learners choose subjects as per their needs and goals and study at their own pace.
- Subjects are specially designed with self instructional materials
- Face to face interactions can be done during holidays or weekends and examination can be taken one by one depending on preparation of student
- Distance education and education process and system in which all or a big portion is carried out by someone/something removed in space and time (UNESCO)

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Advantages of Life Long Learning

- It can save PWDs unable to benefit from formal education
- CBR workers can liaise with education establishment offering distance learning and open schools to remove barriers from their system
- CBR workers can encourage PWDs to enroll for distance education and open schools.

- Life long learning can be used to acquire and advance skills necessary for inclusion in society e.g. skills for marriage, parenting, health business management political participation etc particular skills for communication, mobility and others can be acquired and developed in suitable situation and environment
- Life long learning can lead to employment after being trained in life skills

Strategies for Life Long Learning

- All formal education must be able to accommodate children with disabilities and respond flexibly to their needs
- CBR workers can develop, link with community groups for development of skills such as literacy, numeracy, livelihoods etc
- Life long learning can help in training CBR WORKERS, health staff specialists teachers using insects as a process of life long learning
- Life long learning, can empower PWDs in decision making skills and advocacy skills thereby involving PWDs in their own programmes.