



DHAT Zambia 2009 Annual Plan

MATRIX

DETAILS	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTION or RISKS
<p>Development Objective</p> <p>To contribute to national effort to reduce the spread and impact of HIV and AIDS among persons with disabilities</p>	<ul style="list-style-type: none"> ➤ In the long-term, the rate of transmission will have been reduced on an ongoing basis. ➤ Improved quality of life for disabled women, men and children affected by HIV/AIDS. ➤ Newly acquired HIV infection among people with disabilities reduced by 5 per cent by 2011, with 2009 as the base year. ➤ Reduced rates of STI among people with disabilities i. ➤ Reduced physical and psychological disorders and associated disabilities in people living with HIV/AIDS. ➤ Decreased number of late diagnoses of HIV infection by 45 per cent by 2011, with 2009 as the base year. ➤ Successive annual reductions in AIDS related deaths. 	<p>Evaluation report.</p>	<ul style="list-style-type: none"> ❖ Policies that protect the rights of infected people are passed and implemented ❖ Drugs that treat or reduce the effects of HIV/AIDS are readily available to all disabled people that require them at an affordable price. ❖ The government prioritizes prevention, management and other relevant strategies to combat the spread/effects of HIV/AIDS.

<p>OBJECTIVE 1: ADEQUATE ADVOCACY CAPACITY</p> <p>To improve the overall capacity of DHAT and its constituent partners in order to provide quality, relevant, efficient and effective comprehensive response to HIV/AIDS and disability by December 2011.</p>	<p>DHAT and its constituents with:</p> <ul style="list-style-type: none"> ➤ Adequate human (leadership, Management, activists) and financial resources to plan and implement effective and comprehensive HIV/AIDS and disability programmes by December 2011. ➤ Implementation, reporting and other management systems effectively implemented on an ongoing basis. 	<ul style="list-style-type: none"> ❖ Minutes of Boards of DHAT and its constituent partners ❖ Personnel and leadership records ❖ Systems' reports ❖ Asset registers 	<ul style="list-style-type: none"> ❖ Policies that protect the rights of infected people are passed and implemented ❖ Drugs that treat or reduce the effects of HIV/AIDS are readily available to all disabled people that require them at an affordable price. ❖ The governments in the four targeted countries prioritize prevention, management and other relevant strategies to combat the spread/effects of HIV/AIDS.
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<p>OBJECTIVE 2: ADVOCACY and POLICY FORMULATION and UTILISATION PROCESS</p> <p>To contribute to policy formulation, implementation and research processes related to HIV/AIDS and disability in the four targeted countries by the end of December 2010.</p>	<ul style="list-style-type: none"> ❖ 3 disability sector national organisations with ability to prepare, present, lobby for the acceptance of policy positions at key strategic levels of government in each country by the end of December 2010. ❖ Policies reflect the needs of young people (both sexes), children and parents and provide mechanisms for the enforcement of rights (e.g. the right to good health). 	<ul style="list-style-type: none"> ❖ Copies of policy position papers. ❖ DHAT Narrative Reports ❖ Enforcement Reports. 	<ul style="list-style-type: none"> ➤ Policy positions of the DHAT are included in final policy documents for implementation. ➤ Ordinary youth, women and men will have adequate financial resources to enforce their rights.
<p>OBJECTIVE 3: MULTI-SECTORAL STRATEGIES</p> <p>To plan and implement multi-sectoral strategies aimed at prevention, management and integration of youth, women and men infected or affected by HIV/AIDS by the end of December 2011.</p>	<ul style="list-style-type: none"> ➤ At least 3 poverty alleviation projects at provincial and/or local levels in each country able to demonstrate and serve as models of best practice in the <u>prevention</u> and management of HIV/AIDS. ➤ Improvement in the poverty situation of persons with disabilities in order to improve their reproductive health status. ➤ A minimum of 3 integrated projects per country provides care and support to infected/affected and other 	<ul style="list-style-type: none"> ➤ Poverty Alleviation Project Proposals ➤ Records of assisted disabled people ➤ DHAT Narrative Reports 	<p>Ordinary youth, women and men will have adequate financial resources to enforce their rights.</p>

	<p>children by the end of each year.</p> <p>➤ A reduction in the stigma and discrimination of youth, women and men benefiting from model projects of best practice</p>		
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<p>OBJECTIVE 4: INFORMATION and PUBLICITY</p> <p>To produce, store and disseminate information and publicity articles related to topical issues associated with the disability sector and HIV/AIDS by the end of December 2011.</p>	<ul style="list-style-type: none"> ➤ Beneficiaries and communities targeted by the strategy with a high level of awareness about HIV/AIDS and status of the community and family health. ➤ The HIV/AIDS events, articles and statistical data publicized using accessible (both electronic and print) media. 	<ul style="list-style-type: none"> ➤ Information sheets, reports and other samples. ➤ Media Articles stored in special folders. ➤ Other publicity records. 	<ul style="list-style-type: none"> ◆ Adequate resources for effective publicity and information dissemination strategies are secured on an ongoing basis. ◆ Local community members are able to read and write.
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Output for Objective 1			
<p>Output 1.1: Implementation Skills</p> <p>By the end of October 2010, a staff and leadership development strategy will have been initiated for implementation.</p>	<ul style="list-style-type: none"> ➤ All DHAT staff and leadership trained and oriented. ➤ A minimum of five leaders and volunteers trained on the role of leadership in implementing Disability, HIV and AIDS programmes 	<ul style="list-style-type: none"> ➤ Skills Audit Report ➤ Training Records ➤ Workshop Reports and attendance Registers. 	<ul style="list-style-type: none"> ❖ That trained staff and leaders will continue to serve the community after training.
Output for Objective 2			
<p>Output 2.1: Advocacy and Policy Formulation and implementation Skills</p> <p>Disability sector leaders/activists and staff have good working knowledge and skills relevant to their advocacy or policy formulation and implementation roles by December 2010.</p>	<ul style="list-style-type: none"> ✓ A minimum of five leaders/activists able to provide policy inputs, and proposals related to topical issues of relevance to disability and HIV/AIDS by the end of December 2010. ✓ Effective advocacy strategies addressed at key areas of intervention (e.g. access to treatment, respect for rights) implemented by knowledgeable leaders and staff. 	<ul style="list-style-type: none"> • Copies of Policy Proposals • Media Reports and disability, HIV/AIDS materials • DHAT Report 	<ul style="list-style-type: none"> ❖

<p>Output 2.2: Networking</p> <p>The disability sector movements in the secure complimentary support and services from established AIDS Service Organisations (ASOs) on an ongoing basis.</p>	<p>3 disability sector movements able to access:</p> <ul style="list-style-type: none"> • Prevention materials (e.g. condoms, pamphlets) • Information and advice • Expertise and technical support from established ASOs by the end of March 2010 for the full duration of the programme. 	<ul style="list-style-type: none"> ➤ DHAT Report. ❖ Evaluation Report. 	<p>ASOs themselves have capacity to respond to disability sector movements' requirement.</p>
<p>Output 2.3: Disability and HIV/AIDS mainstreaming</p> <p>Disability and HIV/AIDS components mainstreamed within or as standalone programmes in key Ministries of Government.</p>	<ul style="list-style-type: none"> ▪ At least 5 key provincial and 3 government departments with disability and HIV/AIDS inclusive plans and strategies by December 2010. • Improved service-delivery to at least 100,000 disabled people, in line with the mandates of departments achieved as part of normal implementation of departmental plans. 	<ul style="list-style-type: none"> • Budget speeches in provincial and national legislatures. 	<p>Budget cuts will not affect disability and HIV/AIDS spending.</p> <p>Senior civil servants and managers agree to include disability and HIV/AIDS components.</p>

<p>Output 2.4: Private Sector</p> <p>Private sector concertized and equipped with tools to manage and implement Disability/HIV/AIDS programmes on the workplace.</p>	<ul style="list-style-type: none"> ◆ At least twenty private sectors able to utilize disability and HIV/AIDS policies in the programming process by December 2010. • Inclusion of disability and HIV/AIDS components in private sector operational plans 	<ul style="list-style-type: none"> • DHAT Training Session Reports. • Private sector and other entity reports. 	<p>Negative attitudes towards disability and HIV/AIDS positively changed during the envisaged timeframe for this activity.</p>
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<p>Output for Objective 3</p>			
<p>Output 3.1: Planning Completed</p> <p>Planning and resource mobilisation process for multi-sectoral projects completed by December 2011.</p>	<ul style="list-style-type: none"> ➤ At least 3 projects with detailed programme plans, budgets and operational plans by December 2010. ➤ Resource mobilisation process results in signed funding agreements for funding of identified projects. 	<p>Copies of planning documents and funding agreements.</p>	<p>Botswana continues to be on the list of priority funding destinations, for major international funding bodies.</p>

<p>Output 3.2: Multi-sectoral Programmes Implemented</p> <p>By the end of December 2010, multi-sectoral programmes in each country will have been planned and the resource mobilisation will have been commenced.</p>	<p>DPOs adequately resourced to implement 3 poverty alleviation and 3 integrated projects of benefit to women, men and youth, commencing by the end of December 2010.</p>	<p>Programme Operational Plans.</p>	<p>Adequate funding is provided on time.</p>
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Output for Objective 4			
<p>Output 4.1 Information and other Resources for Prevention</p> <p>A multi-faceted prevention strategy planned and implemented by December 2010</p>	<ul style="list-style-type: none"> ➤ Information on prevention and management strategies related to HIV/AIDS widely distributed to targeted communities, thus increasing awareness and knowledge about these diseases. ➤ Prevention materials (e.g. condoms) widely distributed to disabled teenagers, women and men. 	<ul style="list-style-type: none"> ➤ Samples of information sheets. 	<ul style="list-style-type: none"> ◆ That the targeted audience can read and write or receive support services in this regard
<p>Output 4.2: Publicity Events</p> <p>HIV/AIDS events, information and data distributed and/or disseminated through local media on an ongoing basis.</p>	<ul style="list-style-type: none"> • A close working relationship developed between DHAT, its constituent partners and local media groups resulting in significant media exposure for HIV/AIDS events and successful strategies for the full duration of the strategy. • Feedbacks from media audiences reflect interest and understanding of the objectives of the strategy. 	<ul style="list-style-type: none"> • Copies of media reports and Articles related to HIV/AIDS events. 	<ul style="list-style-type: none"> ❖ Media groups dedicate space and slots for DHAT its constituent partners' HIV/AIDS events/articles.

Activities for Objective 1			
<p>Planned activities for Output 1.1: Implementation</p> <ul style="list-style-type: none"> ➤ Staff and leadership training workshops will be planned and implemented to orient staff and leaders of the HIV/AIDS Advocacy Strategy implementation processes. ➤ Other implementation champions in will be identified and trained. ➤ Staff development and team-building opportunities will be identified and utilised for the benefit of DHAT staff and leaders. ➤ Review and monitoring sessions will be implemented on a quarterly basis at country level and annually at regional level. 	<ul style="list-style-type: none"> ➤ Targeted disability sectors successfully implement training workshops and/or facilitate other training events that enhance personnel and leadership skills during the implementation phases of the HIV/AIDS strategy. ➤ Staff development and team-building sessions successfully implemented to enhance service delivery processes. 	<ul style="list-style-type: none"> ➤ Workshop Reports ➤ Review Reports 	<ul style="list-style-type: none"> ◆ Resources for activities are secured on time.

Activities for Objective 2

**Planned activities for Output 2.1:
Advocacy and Policy Formulation**

- ❖ The national disability sector staff and leaders will plan and implement facilitated policy development/analysis workshops to educate members about their rights.
- ❖ Each disability sector will secure expertise in the formulation of relevant policy proposals that reflect the needs of youth, women/men and children affected/infected by HIV/AIDS.
- ❖ Targeted advocacy strategies will be implemented to address specific issues such as access to treatment drugs, good nutrition, hygiene and good well being.

- Workshop programmes successfully implemented and evaluated by participants.
- Policy proposals will be designed on the basis of needs utilised during advocacy work.
- Advocacy work will target topical issues of benefit to women, youth, children and men infected/affected with HIV/AIDS.

- Policy Workshop Reports.
- Policy Proposals
- Advocacy Reports.
- DHAT Minutes and Reports.

- ◆ Government will be receptive to civil society proposal on essential policy changes.

<p>Activities for Output 2.2: Networking</p> <ul style="list-style-type: none"> ❖ To identify and engage local ASOs in order to develop and nurture networking relationships. ❖ DHAT will negotiate and conclude networking and co-operation agreements with ASOs. ❖ Obtain and distribute to participants HIV/AIDS prevention materials, information and advisory services. ❖ Procure available expertise in the planning and implementation of key strategies such as home-based care, peer group advanced care and nutrition programmes. Targeted constituent partners will each design holistic programmes at local levels. 	<ul style="list-style-type: none"> ➤ DHAT and its constituent partners will become part of a network committed to combating the impact/spread of HIV/AIDS. ➤ Structured and written working relationships will significantly enhance the achievement of the HIV/AIDS strategy objectives and outputs. ➤ Prevention materials assist in raising awareness about safe sex. ❖ Initiatives will be planned and implemented using locally available expertise and resources. 	<ul style="list-style-type: none"> ➤ Networking Agreements • Copies of Programme Documents and Reports 	<ul style="list-style-type: none"> ❖
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<p>Activities for Output 2.3: Disability and HIV/AIDS components mainstreaming</p> <ul style="list-style-type: none"> ▪ Plan and implement working sessions with government departments to discuss and finalize all activities to be implemented as part of the disability and HIV/AIDS mainstreaming. ▪ Implement stakeholders' workshop to identify theme and priority activities for the disability and HIV/AIDS advocacy strategy for each government department. ▪ Each government department will then formulate objectives, outputs, activities and budget for disability related activities to promote disability and HIV/AIDS mainstreaming. ▪ DHAT and its constituent partners will provide disability and HIV/AIDS sector inputs in the analysis of departmental reports, and monitor/ evaluate the implementation of disability and HIV/AIDS mainstreaming activities. ▪ Facilitate the creation of disability-type structures in with conducive political and economic atmosphere. ▪ Facilitate access to resources by DHAT constituent partners. 	<ul style="list-style-type: none"> ➤ Carefully planned working sessions with national and provincial government departments resulting in the conclusion of memorandum of work and understanding completed. ➤ Through the facilitation of DHAT and its constituents, particularly ASO and other organizations of disabled people, have opportunities to provide inputs into government priorities for the disability and HIV/AIDS mainstreaming. ➤ Systems developed to facilitate the monitoring and evaluation processes. ➤ Resource mobilization work targeted at departments secure adequate resources to implement priority programmes for the disability and HIV/AIDS mainstreaming. ➤ Local and district municipalities utilize DHAT and its constituent partners' advice and support in the establishment of disability and HIV/AIDS desks and programmes. ➤ Plan and implement resource mobilization programmes 	<p>➤</p>	
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<p>Activities for Output 2.4: Private Sector</p> <ul style="list-style-type: none"> • Conduct a disability/HIV/AIDS awareness assessment on targeted private sectors. • Develop disability and HIV/AIDS programmes linked to the identified gaps. • Mobilize funding for training of private sectors from the targeted departments. • Implement externally facilitated disability and HIV/AIDS awareness training workshops for private sector. • Monitor and evaluate impact of training. 	<ul style="list-style-type: none"> ➤ Relevant disability/HIV/AIDS awareness workshops implemented on the basis of the outcome of the assessment. ➤ Resource persons and DHAT constituent members with extensive disability and HIV/AIDS experience recruited and assigned to implement awareness workshops and resource mobilization work 	<p>Workshops completed by the end of each financial year.</p> <p>Ongoing resource mobilization work with quarterly reports.</p> <p>Monitoring and evaluation tools</p>	
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Activities for Objective 3			
<p>Activities Output 3.1: Planning Completed</p> <ul style="list-style-type: none"> • DHAT and its constituent partners will plan and implement planning sessions each year. • External planning and resource mobilisation expertise will be identified and utilised. • All other ancillary planning work (e.g. outreach visits to region/communities/provinces) will be implemented. 	<ul style="list-style-type: none"> ➤ All project plans will be developed with the active participation of project holders and DHAT personnel and leaders. ➤ Well-planned programmes will be forward to government and non-governmental funding sources for consideration. 	<ul style="list-style-type: none"> ❖ Copies of project proposals ❖ Terms of reference for planning consultants 	

<p>Activities for Output 3.2: Multi-sectoral programmes</p> <ul style="list-style-type: none"> ◆ To conduct promotional and resource mobilisation work for poverty alleviation and integrated projects. ◆ To identify the full-range of programmes and projects (over and above the HIV/AIDS programme) needed to improve the quality of life of HIV/AIDS programme participants. ◆ The disability sector project implementation teams will be constituted for each designed programme. ◆ The disability sector will identify and follow-up other alternative sources of support. 	<ul style="list-style-type: none"> ➤ Resources secured in adequate amounts to launch identified projects i. ➤ Disability sectors able to plan holistic programmes that impact on the lives of programme participants in a positive manner. ➤ Commitment of funding and other resources to achieving the objectives of the HIV/AIDS strategy and other planned projects. 	<ul style="list-style-type: none"> ➤ Resource mobilisation materials ➤ Programme documents ➤ Funding contracts 	<ul style="list-style-type: none"> ◆ High demand for resources for HIV/AIDS strategies will not result in shortages on the supply side.
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Activities for Objective 4		
<p>Activities for Output 4.1: Information and Other Resources</p> <ul style="list-style-type: none"> ❖ Each disability sector will prepare media briefing materials that cover topical issues related to disability and HIV/AIDS advocacy strategy. ❖ The disability sector staff will plan and implement a public relations and media events schedule for each year (with build up events). ❖ Facilitate the provision of information, education and communication on reproductive health and HIV/AIDS to persons with disabilities; and encouraging sharing of information and family-based education on the pandemic; and ❖ Sensitisation of parents/guardians, family members and the entire community about the plight of persons with disabilities particularly women, in order to curb stigma and discrimination. 	<ul style="list-style-type: none"> ❖ Prevention-oriented work of DHAT, the disability sector and HIV/AIDS strategy activities will be covered by the local media. This will raise awareness of the virus and communicate the HIV/AIDS strategy components. ❖ Information pamphlets and flyers produced and circulated. 	<ul style="list-style-type: none"> • Copies of media articles • Public Responses
<p>Activities for Output 4.2: Publicity Events</p> <ul style="list-style-type: none"> ❖ Each disability sector will plan and stage media events in conjunction with other ASOs. ❖ Collect and disseminate local statistical data on prevalence rates (among others) ❖ Develop media themes for each event and obtain expertise in their planning and implementation. 	<ul style="list-style-type: none"> ➤ Good and positive media coverage for DHAT and participants infected/affected by HIV/AIDS will in the long-term result in better acceptance and reduced stigma. 	<ul style="list-style-type: none"> ➤ DHAT reports ➤ Statistical information sheets. ➤ Annual work plans