



Disability, HIV and AIDS Trust

Creating and Inclusive Society

Disability, HIV and AIDS National stakeholders' Meeting Lusaka, Zambia 22nd - 23rd February 2011

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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CRAIDS	Community Response to HIV and AIDS
CHEP	Copperbelt Health Education Project
CSO	Central Statistical Office
DAPP	Development AID from People to People
DHS	Demographic Health Survey
DPOs	Disabled Peoples Organization
DHAT	Disability HIV and AIDS Trust
FLDT	Frontline Development Trust (Frontline)
GF	Global Funds
HEARD	Health Economics and AIDS Research Division
HIV	Human Immuno-deficiency Virus
ICDR	International Centre for Disability and Rehabilitation
JFA	Joint Financing Agency
MCDSS	Ministry of Community Development and Social Services
MoH	Ministry of Health
NGOs	Non Governmental Organizations
NSP	National Strategic Plan
PLWHA	People Living With HIV and AIDS
PWDs	Persons with Disabilities
SHIA	Swedish Handicapped International Association
SDA	Swedish Deaf Association
UNAIDS	United Nations Joint Programme on HIV and AIDS
VCT	Voluntary Counseling and Testing
ZDV	Zambia Deaf Vision
ZAFOD	Zambia Federation of the Disabled

ZNAN	Zambia National AIDS Network
ZNAD	Zambia National Association of the Deaf
ZNAPD	Zambia National Association of Persons with Physical Disabilities
ZANFOB	Zambia National Federation of the Blind

1. Executive Summary

The national disability and HIV and AIDS stakeholders meeting in Zambia is one of the four meetings that the Disability, HIV and AIDS Trust has planned to hold in Botswana, Malawi and Zimbabwe. One of the objectives of the meeting was to advocate for the mainstreaming of disability into HIV and AIDS responses to ensure that HIV and AIDS policies and programmes address the special needs of PWDs. The rationale of the meeting emanates from the backdrop of issues surrounding the exclusion from and non- involvement of PWDs in mainstream HIV and AIDS interventions. The workshop focused on disability, HIV and AIDS in relation to existing policies, legislation, programming and interventions that relate to HIV and AIDS.

The workshop was attended by 16 participants from disability umbrella organizations, ASOs and Government. Some of the key issues that came out of the meeting are that stigmatization is one of the hindrances to PWDs accessing services at health services because of the separation and discrimination it attracts and that special needs of PWDs are not known or outrightly ignored by service providers. DPOs require to be capacitated and various specialist programmes in advocacy for disability and HIV and AIDS must be strengthened to end stigma and discrimination.

The lack of access to information was identified as one of the major challenges of the hearing impaired. Resource mobilization was also noted as a challenge in DPOs. In any mainstreaming approach it was learnt that a systems design is vital. Any system design in mainstreaming should aim at achieving greater inclusion and greater involvement. Prior to mainstreaming approaches, policy and legislation audits should be carried out. Government budget allocations should involve PWDs since mainstreaming is about service delivery. Stakeholder mappings are also an important feature before any system design is put in place.

In order to advocate for all issues that were identified, the task team was recommended to lead the task of advocating for the mainstreaming of disability into HIV and AIDS programming. The composition of the task team was also drawn. However Terms of Reference of the task team will be drawn by DHAT regional and circulated for the input of the task team.

2. Introduction

Excluding PWDs from the mainstream HIV and AIDS prevention, care and support systems has adverse effects on averting the spread of the virus. Given the rapid growth of the epidemic and the size of the global population with disabilities; the AIDS crisis cannot be addressed successfully unless PWDs are routinely included in all HIV and AIDS prevention, treatment and outreach efforts. In terms of participation, PWDs tend to have a passive voice in local or national decision-making processes. As a result, their priorities in both policy and practice are typically ignored.

In view of the above, DHAT organized and coordinated a national workshop that will define national advocacy issues and provide a regional advocacy analysis and prioritize research requirements and resources. The workshop looked at disability, HIV and AIDS in relation to existing policies, legislation, models and disability organizations, ASOs and government ministries that will work with DHAT to address matters of mainstreaming disability and HIV and AIDS into respective programming. This workshop was designed to start the process to include and involve PWDs in HIV and AIDS policies and programmes, planning and implementation processes; as well as to raise awareness for service providers to be more responsive on disability and HIV and AIDS issues for the improvement of access to HIV and AIDS information and prevention, care and support services by PWDs.

3. Opening Remarks

The meeting opening remarks were presented by Mr. Phillimon Simwaba, Executive Director of DHAT. Mr. Simwaba emphasized that DHAT has adopted the rights based approach in advocating for the mainstreaming of HIV and AIDS and Disability into respective programmes. He stated that disability organizations should not deviate from issues of Human Rights when dealing with HIV and AIDS. He informed the meeting that all the key issues that were discussed in the meeting would be presented to the government. He also advised that all that is preached about in Disability and HIV and AIDS issues must be translated into practise so that Zambia becomes one of the examples of good practices in the mainstreaming of disability and HIV and AIDS issues. He called for team work and that DPOs and all PWDs should speak with one voice and not as fragmented individuals. He said that DHAT was grateful to ZAFOD, ZNAD, ZNAPD, ZANFOB, MCDSS and all other organizations that were represented in the meeting.

Mr. Simwaba also informed the meeting that the DHAT secretariat has been relocated from Gaborone, Botswana to Harare, Zimbabwe. He explained that Zimbabwe pioneered the disability movement in Africa and with the unfolding favourable political events in Zimbabwe and good prospects of funding coupled with challenges in resources mobilization in Botswana, the secretariat was relocated to Zimbabwe. He stressed that DHAT is in existence as a technical agency for disability and HIV and AIDS issues and not as a competitor with disability organizations.

4. Official Opening

The meeting was officially opened by Mr. John Miyato the chairperson of the ZAFOD. He informed the meeting that Zambia was privileged to have DHAT. He said that a lot has been said on matters of disability and HIV and AIDS and stated that all participants must follow up on all matters that have been raised in the meeting. He emphasized that all participants must remember to do something regarding what will be deliberated in the workshop. He encouraged everyone to participate fully in the programme and thanked all participants representing the various organizations to have come for the meeting

5. Meeting Goal, Objectives and Rationale

5.1 Goal and Objectives Goal

To reduce the vulnerability of people with disabilities to the impact of HIV and AIDS

Objectives

- To advocate for mainstreaming of disability into HIV and AIDS response to ensure that HIV and AIDS policies and programmes address the special needs of people with disabilities
- To achieve consensus and commitment on the mainstreaming of Disability, HIV and AIDS
- Build strategic alliances and networking that will contribute to innovative approaches and development of sustainable programmes on Disability, HIV and AIDS

5.2 Workshop Rationale

Mr. Phillimon Simwaba of DHAT spelt out the background of the hosting of the meeting in Zambia. He noted that the presence of the MCDSS presents a window for government participation in the meeting. He also said that funding organizations have reduced on allocations and the government should take up some initiatives to help in some way.

He said that several consultations and workshops with stakeholders on disability, HIV and AIDS at national levels have been held in Botswana, Malawi, Zambia and Zimbabwe. The workshops focused on disability and HIV and AIDS missing links and roles of DPOs in mainstreaming HIV and AIDS. The workshop identified the missing links in service provision, policy and legislation in responding to HIV and AIDS interventions. Prior to this meeting a workshop with theme “Role of leadership in Mainstreaming HIV and AIDS in DPOs” was held in Zambia (June 2007).

The results of the workshop show that people with disabilities are at high risk of exposure to HIV because they are subjected to extreme social, political, economic, financial and cultural marginalization and that PWDs are excluded in the HIV and AIDS response. The consultations also show that people with disabilities are excluded in the conception, planning and implementation process of policies and legislations. There is need for increased inclusion and participation of PWDs, to ensure that they have access to HIV and AIDS services which are both tailored to their diverse needs and equal to services available to others in the community.

The issues of concern raised and noted at the workshop were mainly:

- Observed lack of knowledge of HIV and AIDS issues by PWDs (prevention, treatment , care and services available
- Lack of involvement of PWDs in the current HIV and AIDS response by both government and civil society
- Limited access for PWDs to information and services on HIV and AIDS because most of the information is formats that is not accessible to the hearing and visually impaired disabilities

5.2.1 Comments on Workshop Rationale Presentation

Mr. Keshi Chisambi, president of the ZaNFOB raised a question regarding the participation and venue of the workshop that was held in June 2007 in Zambia with the theme “Role of leadership in Mainstreaming HIV and AIDS in DPOs” was held in Luanshya.

He wanted to know the organizations that were represented at the workshop. Mr Simwaba responded that local disability organizations in Luanshya, Zambia mobilized themselves and hosted the workshop that was opened by the District Commissioner.

6. Presentations

The following were the presentations and comments during the meeting

6.1 Mobilization of Resources for PWDs' HIV and AIDS Programming –ZANFOB

Mr. Keshi Chisambi of the ZaNFoB gave a presentation on resource mobilization of programmes for people with disabilities and highlighting the key issues that are involved.

Mr. Chisambi noted that PWDs are not an exempt from infections of HIV and are also affected in every respect of HIV and AIDS. He emphasized that the response to HIV and AIDS among PWDs should take an approach that suites the various disability categories. He called for strengthened approaches so as to achieve success in addressing issues of interventions.

Mr. Chisambi reminded everyone of the limitations and restrictions that PWDs are subjected to in response to HIV and AIDS. He said that most of the times PWDs s have been denied certain privileges; sometimes by design. He stated that support was required to be given to PWDs so that they participate in effectively in the response to HIV and AIDS.

The following were noted as resources in the participation of PWDs in accessing HIV and AIDS services by PWDs.

Access to information: It is the knowledge that comes from the information collected from right sources which guarantees liberty. Meaning that ignoring knowledge or lacking of it is ignoring freedom. Information is not accessed by PWDs. For example, most information is in ink meaning if a visually impaired person does not have any one to read for him/her cannot access it. This also applies to sign language interpreters for the hearing impaired during information dissemination. Therefore, if materials are written in Braille and whenever a verbal presentation is made there is a sign language interpreter, it can accord the visually

and hearing impaired an opportunity and a right to information. Other limitations noted were the following;

Skilled human resources: The non-availability of skilled health staff in counselling and handling PWDs. Stigmatization is one of the hindrances to PWDs accessing facilities at health centres because of the separation and discrimination it attracts.

Access to Financial Resources: Most funds available cannot be accessed by the majority of the PWDs due to lack of the capacity to meet the requirements by the funding providers. PWDs lack capacity in meeting the methods and criteria to access funding. In addition funding organizations are not aware of the special needs of PWDs.

Access to Drugs and other Medical facilities: PWDs find it difficult to access certain health facilities due to unfriendly design and denies them an opportunity to access certain medical provisions. Designs should include provision of ramps, elevators, Braille signs on the entrances and doors, and specialist sign interpreters amongst health staff.

He explained further that; PWDs should get included and involved in effectively and efficiently responding to HIV and AIDS response. It is vital that resources are in place. He said that without resources objectives cannot be achieved. Mr. Chisambi requested Mr. Mbewe (ZANAD) and Ms Ng'ambi (MCDSS) to explain what resources are: An example was given that sign language is important to the hearing impaired and as guides are to the visually impaired. Without resources these are cannot be hired and therefore would affect the two categories of disability.

6.1.1 Comments on ZANFOB Presentation

Mr. Sam Kapembwa of ZNAN contributed to the ZaNFOB presentation by advising the participants on the need for resource mobilization in DPOs noting that skills must be developed in order for organizations of PWDS to have fundable programmes. He emphasized that DPOs should have resource mobilization units with written strategies indicating clear objectives and vision. DPOs should also have business plans to support their programmes. The need for transparency and accountability in ensuring that resources are used for the right purpose was also highlighted. He further emphasized on the importance of audits. DPOS should also understand donor requirements and that currently disability issues

have not yet reached resource need. DPOs and their respective umbrella bodies should reserve time and resources to raise issues of disability and HIV and AIDS.

Mr. Chisambi noted that conflicts within organizations have let down the membership and led to effects that organizations cannot effectively raise issues of disability and resource mobilization. Ms Ng'ambi commented that DPOs should be assisted to have physical places where they can be approached directly without passing through their umbrella bodies when necessary.

6.2 Challenges in Accessing HIV and AIDS services by PWDs - ZNAD

Mr. James Kapembwa, Executive Director of the ZNAD did a presentation on the challenges of PWDs in accessing HIV and AIDS services. In his presentation challenges that deaf people face in the response to HIV and AIDS were highlighted. In addition he explained the search for a way forward: by highlighting ZNAD working relationship with other players in the HIV and AIDS response.

In introducing ZNAD, he said that ZNAD is rights based NGO for the deaf and by deaf people of Zambia founded in 1981. It is registered with the Department of Social Welfare under Section 14 of the Persons with Disabilities. Act No 33 of 1996.

The vision of the organization is “deaf people achieving equality and Inclusiveness within the mainstream society through self initiated development”. The purpose of the association is “advocacy and campaigning for the membership’s rights and freedom, development and well-being”.

Challenges of deaf people

Kapembwa noted that adolescent deaf girls are socially, culturally, biologically and economically disadvantaged and are more vulnerable. He gave examples of defilement and rape and giving them away for marriage because of poverty

Fundamentally, Access to HIV and AIDS information and treatment is another daunting challenge among deaf people. HIV and AIDS outreach messages and programmes are not delivered with sign language interpretation and therefore deaf people are not able to comprehend the messages. He emphasized that communication barrier is a hindrance to reduction of the spread of HIV through the diffusion of messages against the spread of HIV to deaf community. Illiteracy caused by inadequate access to formal education and poverty was also listed as one of the challenges.

ZNAD has been searching for solutions to address these issues collaborating with other players in making HIV and AIDS awareness and treatment available to the deaf people in Zambia. For example, CRAIDS started funding ZNAD Lusaka Branch in 2004 for HIV and AIDS awareness training workshops.

In addition, in 2004 ZNAN funded ZAFOD to train DPOs peer educators. Two deaf peer educators participated in the training. In 2005 ZNAN started funding ZNAD. The two peer educators started training other 10 deaf peer educators. Two trainings for 10 peer educators were conducted at ZNAD House, Lusaka. Later two field teaching sessions by peer educators were conducted on the copperbelt in June and October 2005.

In October 2005 SHIA, in Collaboration with Swedish Deaf Association, sent ZNAD a USD5,000 grant. The fund was used by four peer educators to reach ZNAD deaf membership at ZNAD branches in Livingstone, Choma, Petauke, Chipata and Lundazi.

In 200, ZNAD signed a memorandum of understanding with DHAT and agreed to work together to open VCT for disabled persons that can also be used by non disabled persons. By 2009 VCT had not yet opened due to operational challenges. DHAT is fundraising from overseas donors for its country branches to set the VCT in operation. The alternative is for the country DHAT office to do local fundraising for the expenses of running its office and the VCT. Frontline assisted ZNAD take off with the VCT plan. Frontline had trained 15 ZNAD members in rapid testing and counseling

The following are expectations of the deaf communities with regard to access to HIV and AIDS information and treatment:-

Deaf communities expect to have awareness on HIV and AIDS through sign Language, to have access to health care and HIV and AIDS treatment, to have access to funds on HIV and AIDS from donors and government, to have access to pre-testing counseling in sign language, to have access to post-test counseling in sign language. In addition deaf people would like to be included and involved in working as peer educators and as role models for young deaf persons within deaf communities and to have mainstream HIV and AIDS counselors trained in basic sign language communication skills so that they are enabled to conduct confidential one-to-one counseling. ZNAD will also start to build statistics in terms of HIV and AIDS prevalence among deaf people as much accurately as possible

In conclusion, Kapembwa said though deaf people access to HIV and AIDS treatment has not been commendable, the status quo might only turn around in the long run. Mr. Kapembwa said this would depend on how ZNAD and the deaf community integrate themselves in HIV and AIDS programmes.

6.2.1 Comments on ZNAD Presentation

Mr. Miyato observed that ZNAD intends to build statistics on HIV and AIDS prevalence among deaf people. He advised that CSO an organ of government is the institution charged with the mandate to collect national statistical data. He said that in VCT centres data is available on status of different categories of disability. Mr. Waliyuwa suggested that PWDs should advocate for DHS to include issues of disability and HIV and AIDS in their surveys

6.3 HIV and AIDS interventions for PWDs in ZNAN

Mr. Sam Kapembwa presented on HIV and AIDS interventions for PWDs in ZNAN. He introduced ZNAN as an HIV and AIDS membership organization involved with a core function of networking and capacity building. He said other responsibilities include sub-granting JFA and Global Funds. JFA is for members and GF is for qualifying NGO/CBOs, support groups of PLWHAs and private sector organizations. ZNAN has deliberate policy to support DPOs.

A number of DPOs have benefited from ZNAN. These organizations are: National Voice and the Cry of the Disabled (Nchelenge), Zambia National Association of Disabled Women (Lusaka), Zambia National Association for the Physically Handicapped (Ndola), Zambia National Association of the Deaf - ZNAD (Lusaka), ZNAD in Lundazi, Chipata and Katete, Zambia Federation of the Disabled – ZAFOD (Lusaka), Zambia Deaf Vision (Kabwe), Zambia National Federation of the Blind (Kabwe), Zambia National Association of the Deaf (Lusaka), Twikatane Club for the Disabled (Kasama) and the Zambia Aged People's Association (Kasama).

The support to these organizations included; Focus group discussions on basic facts of HIV and AIDS, counseling and testing, Purchase of mosquito nets, food, second hand clothes, blankets and soap, entrepreneur skills training, support to IGAs, food supplements and national training of trainers workshop for peer educators.

Others include community sensitization and training of volunteers in DOTS & psychosocial counseling, HIV and AIDS awareness for PWDs, HBC programmes, production of

awareness materials, loans to disabled for IGAs, cost of drawing of sign languages and booklets. The rest include sensitization on basic facts on HIV and AIDS, counseling and testing, stigma and discrimination, nutritional support and transcription of booklets into braille and peer education training

Lastly Mr. Kapembwa explained that ZNAN as principal recipient of the Global Fund has provincial sub-recipient lead agencies that where DPOs can apply for funding for HIV and AIDS programmes. The addresses are as follows; Africare, P.O. Box 33921, Plot 78/100, off Lake Rd ibex Hill, Lusaka; Copperbelt Health Education Project (CHEP) P.O. Box 23567, 8 Diamond Drive, Kitwe; The Southern African AIDS Trust (SAT), P.O. Box 30630, Plot 9 Beit Rd, Rhodes Park, Lusaka; Thandizani, P.O. Box 530221, Lundazi; Development AID from People to People (DAPP) P.O. Box 70505, Northrise, Ndola; International AIDS Alliance, P.O. Box 33796, Plot 3020 Mosi-oa-Tunya Road Woodlands Shopping Complex, Lusaka.

6.3.1 Comments on ZNAN Presentation

Ms Hambwalula asked to know if ZNAN support is long term or short term. The response provided was that long term funding is available and DPOs require to write good proposals and budgets that can attract funding.. Funds are only disbursed in instalments. The global funds are strictly for three months and must be spent correctly. Mr. Kapembwa also stated that SAT would be advised appropriately on capacity building needs of DPOs. He emphasized that DPOs require skills in writing attractive project proposals. He said that in most DPOs financial audits are not satisfactory after use of ZNAN funds. This requires changing in order for DPOs to be funded without hassles.

6.4 Innovative Approaches to Advocacy for PWDs

Mr. Robert Sinyinza of DHAT talked briefly on the Innovative approaches to advocacy. He gave examples of VCT piloting programme at ZNAD office in Lusaka. He also gave indicated that DPOs should walk what they preach in innovative ways that will attract the attention of funders. The case of disability in relation to HIV and AIDS has not received the critical attention that it deserves.

Disability advocates and researchers have been raising awareness regarding the fact that PWDs have been left out of HIV prevention, treatment and care. UNAIDS has identified PWDs as a key group at increased risk of exposure to HIV. Recent prevalence studies in Kenya, Cameroon and South Africa confirm this claim and show that the HIV prevalence among people with disabilities is as high as and often higher than national average.

Disability and HIV is still a neglected issue and as recent analysis of East and Southern African NSPs revealed, seldom included into the national response to HIV and AIDS. HEARD and DHAT have developed a documentary that aims at bringing the issue of HIV and AIDS to a larger audience.

The film features a unified group of four disability and HIV activists who share their experiences with the audiences chosen to combine their gathering with an extreme event (bungee jumping) so as to raise maximum awareness. Bungee jump was used as a metaphor to bring key messages. Using the jump as a metaphor, the film explores how when one tests and jumps, one is scared, but can have the support from family, friends and the disability community

The film aims at raising awareness on the issue of disability and HIV within a wider audience to illustrate that the exclusion of PWDs from mainstream interventions, prevention and care and calls for extreme action to create awareness on desperate circumstances. The group symbolizes strength in numbers and a support network and an urgency to advocate and encourage policy makers to listen and react.

The fear in disclosure of status is associated with stigma and fear of the unknown of how people will react to your disclosure. So Stepping off the cliff symbolizes stepping away from stigma and fear

6.5 Positive Response against Stigma and Discrimination

The Positive Response against Stigmatization and Discrimination was presented by Susan Mshoka of Equippers Disabled HIV and AIDS in Petauke, Zambia.

Susan explained that stigmatization and discrimination comes in several ways. She gave examples of HIV⁺ individuals are stigmatized and discriminated by family, employers, spouses and friends. She also said that there are no adequate laws to protect HIV⁺ individuals from stigmatization and discrimination. In addition, she said that stigmatization and discrimination are some of major challenges affecting PWDs in Zambia.

The issues that were noted regarding disability in relation to HIV and AIDS are: PWDs have no access to information on HIV and AIDS, PWDs are not included in HIV and AIDS programme planning and implementation, in health sector, practitioners do not include PWDs needs in provision of health services, PWDs are unfairly treated by in health centres and hospitals, NGOs, Civil society and Government do not involve PWDs in HIV and AIDS

programming and PWDs are not involved in programmes of Infectious Diseases Research in Zambia.

The following were positive responses to disability in relation to HIV and AIDS that Susan stressed: PWDs should be strong and come out in open if they are HIV+ and strengthen awareness campaigns on issues of disability and HIV and AIDS. The others were to strengthen DPOs capacity in advocacy to end stigmatization and discrimination and various specialist programmes on disability and HIV and AIDS must be highlighted to end stigmatization and discrimination.

Susan recommended that Government and NGOs should consider PWDs' needs in the planning and implementation of health service delivery and DPOs must reorganize and build solidarity to and provide programmes that would end stigmatization and discrimination.

6.6 Research Issues on Disability and HIV and AIDS

The presentation was delivered by Mr. Miyato of ZAHl and Chairperson of ZAFOD. Mr. Miyato was one of the participants in the Lusaka collaborative research meeting of 15 -16th March 2010. The meeting between DHAT; Frontline; HEARD, South Africa; and, ICDR at the University of Toronto, Canada. The meeting was attended by experts from the advocacy and research communities to identify pressing issues in disability and HIV in Zambia and opportunities for addressing these priorities through advocacy and research. A platform of advocacy and research activities to advance the HIV and disability movement in Zambia was developed.

Seven priority areas were identified along with corresponding directions for advocacy and research. These areas are; insufficient statistics on PWDs and HIV, inaccessible HIV services for people with disabilities, with special concern for confidentiality during provision of HIV services, need for attention on disability experienced by people living with HIV, Poverty and vulnerability as the context for disability and HIV, limited participation of people with disabilities HIV planning and service delivery, sexual abuse experienced by PWDs and the double stigma of HIV and disability.

The meeting concluded with the identification of actions to be taken against each of the priority areas above: The three areas are advancing the advocacy directions, advancing the research directions and advancing the HIV and disability movement in Zambia.

Some of the advocacy directions taken were advocating for the central statistical office to advocate for the Central Statistics Office to collect information on PWDs, strongly advocate for inclusion of disability issues in National Strategic Framework, encourage HIV service providers to learn sign language and advocate for every HIV centre to also use sign language, encourage HIV planners and service providers to recognize the talents and potential contribution of PWDs to the HIV effort, advocate for; the involvement of PWDs at centralized and decentralized levels of committees on HIV and AIDS and advocate for awareness and sensitization to the unacceptably high rates of sexual abuse among PWDs and the resulting links to HIV infection.

The meeting resolved for the following research directions. To explore how disability is currently being measured in DHS and other prevalence studies, lessons for mainstreaming disability questions into existing demographic surveys, Promote evaluation of programmes offering accessible HIV services to PWDs to develop a body of research on best practices, explore preferences and health seeking behaviours of PWDs regarding HIV services and advocate for awareness and sensitization to the unacceptably high rates of sexual abuse among PWDs and the resulting links to HIV infection and explore tools and indicators to measure the impact of HIV on PWDs, noting that there are indicators for HIV and mental health but disability is unclear.

6.6.1 Comments on Research Issues on Disability and HIV and AIDS

Ms Constance Hambwalula of the ZNAPD acknowledged the importance of the meeting and wanted to know if any of the advocacy and research directions have taken place. Mr. Phillimon Simwaba replied that at the moment none of the suggested actions have been followed up through some activities, However he emphasized that with formation of the local advocacy team in Zambia, DHAT will achieve a lot in following up some of the suggested actions only if we can raise funds and be committed to what we would resolve to do..

6.7 Mainstreaming Disability and HIV and AIDS in ZAFOD Programming

The presentation was conducted by Wamundila Waliyuwa “Wawa”. Waliyuwa emphasised that in mainstreaming a system design must be included in the management approach. The system of inclusion should achieve greater inclusion and greater involvement.

He said that we must ensure that we mainstream both disability and HIV and AIDS in respective programming. In DPOs HIV and AIDS should be mainstreamed. In ASOs

disability should equally be mainstreamed. He further said that the word “mainstream” should be translated into greater inclusion and greatly involve.

Discrimination, exclusion and restriction all make PWDs left out of mainstreaming programmes. He explained that mainstreaming is important for PWDs to achieve equality, access, quality life and equality. However, a gap analysis of "who we are" and "what we need to do" must be carried.

Other things that are required to be carried out are the policy and legislation audits. Budgets also require to be scrutinized to see if they are PWDs are included. Does government budget allocations include PWDs. Impacts should also measure inclusion and involvement of PWDs. Is quality life equivalent to budge allocations? Mainstreaming is all about service delivery. There strategic advocacy is required by DPOs and affiliates. Advocacy must be planned and supported. He concluded that mainstreaming must be carried out at all levels.

7. Group Work Assignments

In order to draft the national work plan of action and also have an input into the forthcoming regional meeting participants were divided into three working groups with allocated assignments as follows.

The groups were: a) Policy and Legislation b) Research c) Advocacy and programming

7.1 Objective

The objective was to formulate the content (Issues) of the national frame of action plan, and to map the way forward

The group work focused on the question: *What are the Priority Issues that we need to focus on in Disability and HIV and AIDS mainstreaming regarding policy and legislation, Research and advocacy and programming?* The question was stripped into the following three sub-questions

- a) What are the issues and identify the challenges
- b) How to overcome and address these challenges
- c) Who should do what, when and how

7.1.1 Policy and Legislation

The issues Identified were:

I. Information on HIV and AIDS

Challenge identified: Deaf people do not receive enough information about the effects of HIV and AIDS on PWDs

Activities

- a) Advocacy on access to information on HIV/AIDS by DPOS and by 2011
- b) Formulating work place policy on access to HIV/AIDS DPOs and by June 2010

II. Equality by Policy Makers

Challenge identified: PWDs are not involved in policy making by organizations responsible for HIV and AIDS

Activities:

Advocacy on the need to include PWDs on all policy making committees/bodies by DPOs and by August 2011

III. Employment

Challenges identified:

- a) Lack of support staff (deaf) at clinics, hospitals and CIDRZ to serve as councillors since a big number of deaf are infected
- b) Other needs VCT
- c) CIDRZ workers are positive living but no deaf people are employed in the organization. Why?

Activities

Advocacy for equality of employment and equal opportunities by DPOs and by Sept. 2011

IV. Funding

Challenges

No funding to PWD organizations by HIV and AIDS in order for DPOs to execute HIV/AIDS related programs

Activities

Advocacy and lobbying for continuous funding support to DPOs; by DPOs and by Sept. 2011

Question: Constance Hambwalula asked to know if there is a new policy in Zambia. She advised that DPOs require checking their own organizational policies and be reflected in the national plans. The response given was that there is no policy in Zambia on disability. This was confirmed by Esther Ng'ambi of the MCDSS.

7.1.2 Research

The Issues identified were:

- I. Statistics
- II. No of PWDs living with HIV and AIDS
- III. No. of PWDs on ARVs
- IV. PWDs due the effects of HIV
- V. PWDs statistics in the country

The organizations proposed to be involved are: CSO, ZAFOD, MoH, MCDSS (Task team to influence the above organisations to work on the research

Activities

- a) Data collection by task team by April 2011
- b) Disabling effects of HIV and AIDS
- c) Preparation of research proposal by Task Team by end of September 2011

Fundraising for three specific activities has to be conducted by the Task Team by April 2012

The research was proposed to be carried out by UNZA, ZAMBART and the Task Team by November 2012

Activities

- a) Stigma and Discrimination for PWDs living with HIV

7.1.3 Advocacy and programming

Advocacy was defined as a planned process to influence change. In this case advocacy for mainstreaming of disability and HIV and AIDS

Activities:

- a) Development of project proposal by ZAFOD/ZANFOB/DHAT by April 2011
- b) Fundraising by DHAT by June 2012

- c) Production of a draft advocacy paper by July 2011 by ZANFOB
 - i. Holding a workshop to table draft strategy
 - ii. Commissioning a task team to ensure implementation
- d) Launch of advocacy strategy by September 2012 by DHAT, ZAFOD ZANFOB by 2011
- e) Hold first annual review meeting workshop by DHAT, ZAFOD ZANFOB August 2012

8.0 Recommendations/Way Forward

In order to move forward with the advocacy and all issues that were identified in the, it was decided that a team of key persons in the Government, DPOs and civil society be assembled that could lead advocacy for issues identified.

The composition of the Name of and Composition of the task team was proposed as follows

Name: National Task Team on Mainstreaming of HIV and AIDS and Disability

Organization	Composition
1. Ministry of Community Development and Social Services	1
2. Ministry of Health	1
3. Zambia Federation of the Disabled	2
4. Zambia National Federation of the Blind	2
5. National AIDS Council	1
6. Disability HIV and AIDS Trust	2
7. People Living With HIV and AIDS (With Disability)	1

Terms of Reference

DHAT will draft the Terms of Reference by March 2011 and float to Task Team for Discussion

It was suggested that the first meeting should be held by 1st April 2011

9.0 Closing Remarks

The meeting was closed at 1300hrs on 23rd February by Mr. Keshi Chisambi. He implored ZAFOD and ZaNFOB to lead all that was suggested and resolved in the meeting. He further said that commitment is needed in all such meetings from the participants. He said that participants were appreciative of the government by being represented by MCDSS. He thanked DHAT for organizing and hosting a meeting. He concluded by saying that we should

not hide what we learnt and shared during the meeting and that God was with us. He wished everyone to travel well to their various destinations.

10. Appendices/ Participants List

No.	Name	Organization	Position	Email address	Tel. No
1	Keshi Chisambi	Zambia National Federation of the Blind	President/ZANFOB	zanfob@zamtel.zm	0955455890
2	Kaithy Munyama	Zambia National Federation of the Blind	Asst. To E/President	munyamak@yahoo.com	0966615866
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4	James Kapembwa	Zambia National Association of the Deaf	Executive Director	Znadoffice @gmail.com	0977628468
5	John Miyato	Zambia National Association of the Hard of Hearing	Board Chairperson/ZAFOD	miyatoj@yahoo.com	0977841784
6	Joseph Mwaba	Zambia Deaf Vision	Executive Director	zambiadeafvision@yahoo.com	0977834770
7	Sam Kapembwa	Zambia National AIDS Network	Communications Officer	samkapembwa@yahoo.co.uk	0977444757
8	Mukuma Mukwata	Zambia National Association of the Deaf	Board Chairperson/ZNAD	Znadoffice @gmail.com	0974406441
9	Joan Kabwe Luyanga	Zambia National Association of the Deaf	Accountant	Znadoffice @gmail.com	0977272417
10	Samson Mwale	Zam. National Association of Sign Language Interpreters	Sign Language Interpreter	mwalesamson@yahoo.com	0977968033
11	Constance Hambwalula	Zambia National Ass. of persons with physical Disabilities	Executive Director	znaph@zamtel.zm	0955929462
12	Agness Michelo Banda	Disability, HIV and AIDS Trust	National Coordinator	Michelo_aggie@yahoo.com	0955602636
13	Esther Ng'ambi	Ministry of Community Development and Social Services	Senior S/Welfare Officer	Ng'ambi2002@yahoo.com	0979192490
14	Robert Sinyinza	Disability, HIV and AIDS Trust	Head of Programmes	sinyinzarob@yahoo.com	+263777618417
15	Wamundila Waliyuwa	Zambia Federation of the Disability Organizations	Advocacy Officer	Disconsultant06@gmail.com	0977059925
16	Phillimon Simwaba	Disability, HIV and AIDS Trust	Executive Director	sphillimon@yahoo.com	+263777878271

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Date: 22nd February, 2011. Participants List

No	Name	Organization	Email address	Tel No	Signature
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National stakeholders' Meeting: Lusaka, Zambia