



## **Disability, HIV and AIDS Trust [DHAT]**

### ***Creating an Inclusive Society***

“Mainstreaming HIV and AIDS Response for  
Women with Disabilities in Bulawayo, Zimbabwe”

### **Narrative Report**

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### **Acronyms and Abbreviations**

AIDS	Acquired Immuno Deficiency Syndrome
ARASA	AIDS Rights Alliance for Southern Africa
ART	Anti-Retroviral Therapy
ASOs	AIDS Service Organizations
DHAT	Disability, HIV and AIDS Trust
DPOs	Disabled Peoples Organizations
FODPZ	Federation of Disabled Peoples Organizations in Zimbabwe
HIV	Human Deficiency Virus
IEC	Information Education and Communication
MAC	Matebeleland AIDS Council
MDGs	Millennium Development Goals
MLSS	Ministry of Labour and Social Services
MOESC	Ministry of Education Sport arts and Culture
MOHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NCDPZ	National Council of Disabled Persons in Zimbabwe
PPTC	Prevention of Parent to Child Transmission
PWDs	Persons with Disabilities
SADC	Southern African Development Community
SRHR	Sexual Reproductive Health and Rights
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Education, Scientific and Cultural Organization
WWDs	Women with Disabilities
ZNFPC	Zimbabwe National Family Planning Council
ZBC	Zimbabwe Broadcasting Corporation
ZIMRights	Zimbabwe Human Rights Organizations
ZWIDE	Zimbabwe Disabled Women in Development

## 1.0 Introduction

The Disability, HIV and AIDS Trust is a regional non-profit making non-governmental organization with a programme focus on the SADC region. It is registered in Botswana, Malawi, Zambia and Zimbabwe. However, DHAT carries out activities in other Southern African countries strategic partners. DHAT's headquarters are in Harare – Zimbabwe.

DHAT promotes the rights of and capacities of Persons with Disabilities (PWDs) infected and affected by HIV and AIDS. It aims at achieving the inclusion but also full and meaningful participation of PWDs in socio-economic and political development and HIV and AIDS interventions. DHAT implementation strategy emphasizes on capacity development that includes solidarity building, information facilitation, training, research, advocacy and networking. In Zimbabwe DHAT is working in disability and HIV and AIDS through facilitating and advocating for comprehensive rights-based HIV and AIDS and related interventions for people with disabilities (PWDs), by supporting, facilitating and promoting increased access to prevention, treatment, care, support and mitigation services.

"Around the world, women make up just over 51% of the population<sup>1</sup>. The problems of women with disabilities become very complex with other factors such as social stigma and poverty. Women with disabilities have been largely neglected when it comes to information dissemination and lessons sharing.

There is an evident lack of studies on women with disabilities and health in Southern Africa. However in the western world studies emerged in the last decade to challenge entrenched stereotypes regarding women with Disabilities. These stereotypes are that disability perceived is the opposite of health and that gender is far less important than the characteristics of a disability itself<sup>2</sup>.

Emanating from the interest in research on women with disabilities and wellness on women's health and prevention of secondary conditions in people with disabilities, several researchers and advocates of issues of concern to women with disabilities have noted the gap in information about disability and gender (Deegan & Brooks, 1985)<sup>3</sup>.

This programme “Mainstreaming HIV and AIDS Response for women with Disabilities in Bulawayo Zimbabwe” funded by the AIDS Rights Alliance in Southern Africa funded a one year

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<sup>1</sup> Indumathi Rao Equity to women with disabilities in India (A strategy paper prepared for the National Commission for Women, India) <http://www.dpi.org>

<sup>2</sup> Frances M. et al Health, preventive health care, and health care Access among women with disabilities in the 1994–1995 national health interview survey, Supplement on disability <http://www.ahrq.gov>

<sup>3</sup> Deegan, Mary Jo and Nancy A. Brooks, (eds). 1985. *Women and Disability: The Double Handicap*. New Brunswick, NJ: Transaction Books

project in Bulawayo, Zimbabwe. In the project four activities were earmarked for implementation to contribute to addressing the identified inequalities in the HIV and AIDS responses.

## **2.0 Identified Inequalities**

In Zimbabwe and for this project the following categorized inequalities were identified as challenges that women with disabilities experience in relation to HIV and AIDS response.

### **a) Lack of Disability Specific HIV and AIDS programmes**

Women with disabilities are more likely than others to be victims of violence or rape, yet are less likely to obtain health interventions and prevention information. Programmes and information in the general society on HIV and AIDS abound. However, there is a dearth of interventions the interplay of disability and HIV and AIDS in Zimbabwe. Disability is virtually nonexistent in most health service delivery programmes. The majority of ASOs and other organizations involved in HIV and AIDS programming exclude issues of disability from programming on account of inadequate resources and as out of ignorance on the needs of people with disabilities.

### **b) Lack of capacity and solidarity in HIV and AIDS Programming in DPOs**

Disabled Persons Organizations in Zimbabwe are alive to the challenges of disability in their access to HIV and AIDS services. However, intrinsic organizational challenges and lack of external support and solidarity inhibit their efforts to apply measures that would address the inequalities. For example the lack of evidence based data to support advocacy require the support of specialized research organizations. The challenge of inadequate resources is coupled with the lack of skills and expertise to mobilize resources. On the other hand Funders have stereotypes against disabled persons. Women with disabilities lack representation in women’s national NGOs. This marginalization of women with disabilities by other women’s organizations relating to policies and legal issues

### **c) Lack of disability Specific HIV and AIDS education and Awareness materials**

Awareness materials are usually in English and yet the majority of disabled women are not literate. There are high levels of illiteracy as a result of the attitude of society and parents. This creates a situation of limited access to knowledge in HIV and AIDS meaning that information on HIV and AIDS does not adequately reach them. In certain cases pregnant disabled women are ridiculed by health workers and in some cases hospitals are not accessible. Women with disabilities have limited equal access to HIV information, education and prevention services.

### 3.0 The Project Goal and Objectives

#### 3.1 Project Goal

**The goal projected that:** By 2011 there is increased women with disabilities access to appropriate affordable and quality health care information on disability and HIV and AIDS and related services.



*Some of the participants during the health providers' workshop*

The goal expected that media would promote a balanced and non stereotyped portrayal of women with disabilities. On the other hand the goal projected to engage

organizations in disability inclusive programming that would fulfil the UN Standard Rules and utilize the media as an instrument to influence change. In addition, it was expected that advocacy, awareness raising for disability inclusive HIV and AIDS programming for women and girls with disabilities would be stepped up.

#### 3.2 Project Objectives

The following were the project objectives:

- ❖ To lobby and advocate for women and children with disabilities opportunities to access the disability specific HIV and AIDS services
- ❖ To create awareness on HIV and AIDS prevention, support, care and mitigation among women and children with disabilities
- ❖ To facilitate for DPOs and ASOs to mainstream disability and HIV and AIDS into their programmes

### 4.0 Project Rationale

The HIV and AIDS epidemic among women with disabilities is largely invisible in the Zimbabwean society and the women with disabilities themselves. Infections occur to women with a disability of all ages due to traditional myths and abuse. Preventing HIV infections require comprehensive strategies that solely focus on women with disabilities.

Schooling opportunities of children and women with disabilities have been reduced due to poverty, ignorance on the part of the parents, long distance to be covered from home to school, loss of parents, inaccessible facilities for their integration into mainstream schools and negative attitudes by teachers and society at large.

HIV and AIDS programmes and interventions do not address the diverse needs of people with disabilities. In the midst of entrenched myths and stereotypes that PWDs are asexual

and are not frequently involved in sexual activities, HIV and AIDS programmes are not targeted to this marginalized but a population at equally or higher risk of HIV infection.

## **5.0 Project Activities**

The project listed the following activities to be carried out in Bulawayo.

- a) Training of Heads of Organizations in disability inclusive programming.

The objective was to sensitize heads of organizations from different organizations dealing with human rights and HIV and AIDS issues so that they include HIV and AIDS or disability in to their programmes.

- b) Training workshop for health providers in disability in relation to HIV and AIDS

The training programme is intended to expose health personnel in areas of disability in relation to HIV and AIDS. The training will assist health workers understand the needs of women with disabilities and impact of HIV and AIDS on them. The training aimed at advocating for the removal of barriers to women with disabilities in regards to health services and provide a broad range of health care services and appropriate information on HIV and AIDS.

- c) Advocacy for Media coverage on rights of women and children with disabilities through media monitoring.

To engage the media in raising and promoting the rights of persons with disabilities in order to sensitize the public and project a positive image about persons with disabilities.

## **5.0 Project Activity Reports**

### **5.1 Training of Heads of Organizations in disability inclusive programming**

The Training workshop for heads of organizations was held 15th November 2011 in Bulawayo. The purpose of the training workshop was to raise awareness among heads of organizations and service providers in Bulawayo. Six representatives of organizations participated in the workshop. Organizations and government ministries that participated include ministry of Social Welfare, Bulawayo City Health, Council of the Blind, Ministry of Health and Child Welfare. Others are National AIDS Council, Zimbabwe Disabled Women in Development.

#### **Topics Shared**

- a) UN Convention on the Rights of Persons with Disabilities
- b) Health and Reproductive Rights for Women with Disabilities
- c) Disability rights and HIV and AIDS focusing on Women with Disabilities
- d) Disability rights and HIV/AIDS focusing on Women with Disabilities
- e) Access to Health Services by Women with Disabilities

### **Group Discussion**

A group discussion was conducted on Positive and Negative issues in the access to health and social services that include HIV and AIDS services that woman with disabilities encounter.

(a) What can be done to address these issues/or improve the interventions?  
(b) Who should be involved (who should take the lead?)  
(c) What programme do we suggest (lobby, advocacy, alternatives) to ensure that there is sustainability in the suggested programmes. How?

### **Lessons Learnt from the Workshop**

- a) Article 1 of the UN convention on the Rights of Persons with Disabilities (UNCRPD) defines “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”
- b) Institutionalization of Girls with Disabilities is a dent on their rights because of the attendant cases of abuse of girls with disabilities. A lot of abuse cases are not reported
- c) There are also challenges that there is lack of evidence based data on the link between disability and HIV. Funders demand for data to ascertain assertions of

vulnerability of disabled persons to HIV infection

- d) Children with intellectual disabilities are hidden from society by their families. It was gathered from participants` responses that parents hide them from the society because they fear stigma and discrimination. In some cases they are hidden for life; therefore, they do not have any knowledge on their reproductive health rights
- e) ART services require a lot of documentation and attention; the nurses should be well trained. In ART nurses have to account for every drug and it is not every nurse who can do that, it is a speciality



***Youths were included in all workshops***

## Recommendations and way forward

The following were the recommendations that the participants suggested:

- ❖ Advocate for attitude change of societies on persons with disabilities through the Department of Social Services and the government
- ❖ Advocate for the removal of the user fees for persons with disabilities
- ❖ DHAT to create forum for the engaging with service providers
- ❖ Economic empowerment of women with disabilities provided and supported by government and Disabled People`s Organisations
- ❖ Advocate to the Department of Social Services so that Disability funds are available persons with disability
- ❖ Accountability – we should have a tracking mechanism to see that funds benefit Persons with disabilities
- ❖ Training curriculum at all levels to include disability HIV and AIDS
- ❖ Training of ASOs organisation in disability issues To establish a disability board to be constituted by representation elected by persons with disabilities
- ❖ Research on disability and HIV and AIDS
- ❖ Lobby Zimstat on information towards the 2012 census

## 5.2 Training workshop for health providers in disability in relation to HIV and AIDS

The first workshop was held in Bulawayo on 11<sup>th</sup> January 2012. The number of participants was 32. The gender distribution of participants was 31% males and 69% females. The purpose of the workshop was to sensitize health services providers on disability rights and international conventions relating to health.

The second training workshop was held on 22<sup>nd</sup> February 2012 in Tsholotsho, Matebeleland north. The second workshop was held in order to reach out to health providers in a rural community. The health service providers constituted 40% of the participating organizations in Tsholotsho. Gender disaggregation was 50% males and 50% females. The

training workshop programme in Tsholotsho mirrored Bulawayo



***A Health Service Provider raises her hand to clarify a point***

The participants were representing organizations that included the Department of Social Services, Bulawayo city Health (Council), Council of the Blind, Ministry of Education, FODZP, Zimbabwe Women with Disabilities in Development (ZWIDE),

Matabeleland Aids Council (MAC),  
Zimbabwe National Family Planning  
Council (ZNFPC), Association of the

Deaf – Zimbabwe, (ASSOD), Mpilo  
Hospital, ZIMRights, and Shiloah-  
Zimbabwe.

### **Training workshop Objectives**

- ❖ To create awareness on HIV and AIDS prevention, support, care and mitigation among women and children with disabilities
- ❖ To lobby and advocate for women and children with disabilities opportunities to access the disability specific HIV and AIDS services
- ❖ To facilitate for DPOs and ASOs to mainstream disability and HIV and AIDS into their programmes
- ❖ Train and sensitize health providers on needs of women and girls with disabilities

### **Topics Shared**

- a) Health rights; focusing on HIV and AIDS and women and girls with disabilities
- b) Sexual reproductive health rights
- c) Needs of women with disabilities in relation to access to health
- d) Disability and HIV and AIDS within the framework of human rights

### **Group Assignment**

During group work the participants explored the following:

- a) To identify practical issues (positive and negative) that women with disabilities in the access to health services?
- b) To suggest solutions to address the issues/improve the interventions
- c) To draw an action plan (issues, interventions, who should be involved, time frame, expected result)
- d) What programmes do we suggest (lobby, advocacy, and alternatives) to ensure that there is sustainability in the suggested programmes? How?

### **Lessons Learnt from the Workshop**

- a) Media houses are not aware of the appropriate language used to address disability issues
- b) Media houses are not objective when reporting about disability. They concentrate on objects and disability instead of the personality. For example focus would be placed on the wheel chair instead of the individual
- c) Media houses are generally ignorant about the UNCRPD

## Recommendations

- ❖ DPOs should identify structures which need improvement to be user friendly to PWDs in Bulawayo
- ❖ Training health care providers in sign language and other different communication means
- ❖ Cascade information/skills attained from workshops to colleagues
- ❖ Continuous lobbying for domestication of international convention on the Rights of Persons with Disabilities to be ratified by the Zimbabwean government

### 5.3 Advocacy for media coverage on rights of women and children with disabilities

The workshop was called “Disability Rights, HIV and AIDS – Media has a Role”. The purpose of the workshop was to initiate improved Media coverage on Women and Children With Disabilities regarding disability Rights and access to HIV and AIDS information on interventions and UN Standard Rules on Equalization of Opportunities for Persons with Disabilities in Zimbabwe.

The workshop was meant to address issues of negative reporting on disability rights and HIV and AIDS. It was intended to call for positive reporting on disability rights and HIV and AIDS. It was expected that participants would understand the impact of HIV and AIDS on women with disabilities and promote positive reporting about women and children with disabilities.



***“We should get the media involved”***

There were 44 individuals that participated in the workshop. The gender proportions were 45% males and 55% females. A 41% proportion was represented by the Media. Organizations of persons with disabilities were disproportionately represented at 23%. Other stakeholders had a 36% representation.

## Objectives

The following were the workshop objectives:

- ❖ To seek support from media to eliminate stereotypes, prejudices, and malpractices against persons with disabilities related to health and well being of women with disabilities through positive reporting
- ❖ To promote awareness of the capacities and contributions of women and girls with disabilities through the media

- ❖ To raise awareness on the needs and concerns of Women and Girls with Disabilities to the media

### **Topics Shared**

- a) Media and Disability
- b) UN Standard Rules
- c) Balanced and non-Stereotyped Portrayal of WWDs through Media
- d) Access to Social Services
- e) Strengthening and Promoting SRH and Rights of WWDs through Media

### **Group Assignment**

During group assignment participants explored the topic: What are the issues that media should focus on regarding persons with disabilities in relations to HIV and AIDS and disability rights. The discussion centred on: the following guiding questions.

- ❖ The challenges in reporting about disability?
- ❖ The role of the media in promoting disability rights?
- ❖ How can persons with disabilities assist media to present their issues (To come up with an action plan: who, when, what issues etc).

### **Lessons Learnt from the Workshop**

- a) Disability appropriate language is not known even by journalists. Some of the terms that people use in everyday language maybe denigrating to persons with disabilities. However, the use of appropriate language may be relative to the user and the person with disability. It was learnt that some words when used in local language maybe very abusive but not in English depending on individuals.
- b) Media focuses on secondary things when reporting on persons with disability. For instance; “Lady on wheelchair is a sex worker” as a headline in Newspaper is wrong. Acknowledgement must be made that persons with disabilities are first identified as human beings
- c) Media has a responsibility to publicize the dealings of disability organizations as well as abuses of persons with disabilities even when persons with disabilities are the aggressor to the public. However, it must recognized that the reporting must be balanced and the language should be appropriate
- d) The media is in business they write juicy stories which sell the paper; they may sensationalize the story for the newspaper to sell. However the media is a powerful that would sensitize the public on disability issues far and wide

## Recommendations

The following were the recommendation made during the workshop.

- ❖ To create a working relationship between disability organizations and the media industry and all organisations working in the disability sector must be active in interfacing with the media.
- ❖ Religious leaders (Christian, Muslim and traditional) must be engaged to discuss issues on disability, HIV and AIDS and women’s rights
- ❖ To create synergies with the Ministry of Education Sport arts and Culture (MOESC) and ensure that language about persons with disabilities is appropriate
- ❖ DHAT programming must consider rural areas where there is a dearth of organisations dealing with issues that have a bearing on persons with disabilities and HIV and AIDS
- ❖ Create user friendly IEC material especially pamphlets on international and national human rights instruments particularly the convention on persons with disabilities.



***Parents of girls with disabilities were not included in project implementation***

- ❖ Dictionary on indigenous terms on disability: Consult with UNESCO offices. DHAT and UN fund on education of women in support of the MDGs.
- ❖ The media and particularly editors should use language which is not derogative about persons with disabilities.
- ❖ DHAT and utilization of local grassroots organisations such as residents associations, and ward AIDS action committees and ward child protection committees
- ❖ DHAT should come up with documentaries on disability and distribute to the media houses.

## 6.0 Project Outcomes and Follow-up Activities

The project generated a lot of information regarding disability and the challenges that women with disabilities encounter in accessing information. For example, the issue about women and girls with disabilities lacking knowledge and capacity in SRHR featured prominently in the workshops. On one hand, the incessant abuse of girls with disabilities in was also catalogued.

On the other hand, issues of contraception associated with culture and poverty need to be addressed among women and girls with disabilities. The inclusion of spouses in the campaign

was mentioned. There is need to explore the possibilities of filling this gap through extensive programming.

Media houses are headed by editors who subsequently decide the newspaper content. It was noted during the workshop on disability and media that journalist work may be curtailed by editors if they are not sensational. DHAT and participants during the media workshop emphasized for a follow up workshop for media heads with a purpose of raising awareness about disability concerns in through the press.

The project focused on general areas of rights of women and girls with disabilities; however, participants raised concerns that areas of concern such as the concealment of some selected disabled girls may lead to abuse of human rights and increase in HIV among persons with disabilities emanating from abuse. This area must be extensively explored with parents of disabled children.

## 6.0 Progress made by the Project

The UNCRPD dissemination is one outcome that cannot be ignored. Participants in all the meetings were not aware of the UN convention on the Rights of Persons with Disabilities. For example Health Service Providers and Media houses acknowledged that that the UNCRPD requires to be domesticated in the Zimbabwe legislation.

The awareness about the interaction of Disability and HIV and AIDS and that Disability increases vulnerability to infection and HIV and AIDS directly or indirectly causes disability that is episodic or permanent was one of the salient and significant points of awareness about HIV and Disability. Participants became aware of the seriousness of the need to prevent HIV infections because it increases disability statistics.

Involvement and acceptance of ZIMRights in promotion of rights of persons with disabilities is an acknowledgement of the inequalities of persons with disabilities. ZIMRights

acknowledges that persons with disabilities are some the individuals of groups of persons that are marginalized and require to be addressed through continuous advocacy.



***Lesson sharing was promoted during the project***

Media practitioners accepted to take a step to objectively report on persons with disabilities and subsequent issues about disability. The inclusion of media practitioners from remote areas of Matebeleland is a major step that would stir up objective reports about disability in the rural areas.

## 7.0 Conclusion

The following are deduced from implementation of the project

- ❖ evidence based programmes must be supported in disability HIV and AIDS work so that all programming is based on hard data that can be made available for all to collaborate and work with persons with disabilities
- ❖ Media houses are ignorant about the disproportionate imbalances in service provision in HIV and AIDS for women and girls with disabilities because of lack of sensitization programmes targeted to the media practitioners
- ❖ SRH and Rights targeted for women and girls with disabilities is a serious step that must be explored. The media must be involved and cause to expedite the inclusion of women and girls with disabilities in matters of SRH and Rights
- ❖ The media must highlight cases of concealment of girls with disabilities by their parents and guardians for fear of stigma and discrimination and potential abuse.
- ❖ Addressing of disability concerns requires whole community approach at all levels in order to allay fears, stigma, discrimination in order to initiate and promote community or societal inclusion

## 9.0 Recommendations

- ❖ Awareness programmes about disability rights must be extended in rural areas targeting teachers, police (Victim Friendly Unit) and traditional leaders so that the programmes are cascaded into communities and print pamphlets on international and national human rights instruments particularly the convention on persons with disabilities
  - ❖ SRH and Rights programmes must be targeted on individuals with disabilities including their spouses so that abuse, deaths are prevented safe motherhood is promoted
  - ❖ Government must empower persons with disabilities with sustainable livelihoods education, good health and information in order to roll back HIV infections
  - ❖ There is need to have comprehensive statistics of persons with disabilities in the country that can be used as baseline data to plan and provide for women and girls with disabilities
  - ❖ Studies on vulnerability of persons with disability and the link of disability and HIV and AIDS must be promoted
  - ❖ Engagement must be sought with religious leaders (Christian, Muslim and traditional) to discuss issues on disability, HIV and AIDS and women's rights
  - ❖ Local grassroots organisations such as residents associations, and ward aids action committees and ward child protection committees must be engaged to mobilize support for the prevention of abuse and concealment among girls with disabilities
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