From Africa to South East Asia: Handicap International’s work on HIV and AIDS
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<tr>
<td>APHIA</td>
<td>AIDS, Population and Health Integrated Assistance</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<tr>
<td>CBO</td>
<td>Community-based Organization</td>
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<td>CHBC</td>
<td>Community Home-based Care</td>
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<td>DPO</td>
<td>Disabled People’s Organisation</td>
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<tr>
<td>EIDHR</td>
<td>European Instrument for Democracy and Human Rights</td>
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<td>ICASA</td>
<td>International Conference on AIDS and Sexually Transmitted Infections in Africa</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>IPTCS</td>
<td>Integrated Prevention Treatment Care and Support</td>
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<td>ISO</td>
<td>Identification, Sensitization and Orientation</td>
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<td>KNASP III</td>
<td>Kenya National AIDS Strategic Plan III</td>
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<td>MARP</td>
<td>Most-at-Risk Populations</td>
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<td>OI</td>
<td>Opportunistic Infection</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>SGBV</td>
<td>Sexual and Gender-based Violence</td>
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<td>SHG</td>
<td>Self-help Group</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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Handicap International
Handicap International is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, its actions and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and fundamental rights1. Handicap International is active in 60 countries in the world, working in the fields of Disability Rights and Policy, Rehabilitation, Prevention and Health, Inclusion, Anti-Mine Operations and Emergency.

HIV and disability inclusion2
As a key development issue, Handicap International has been involved in the global response related to HIV and AIDS since 1994. The primary rationale for Handicap International’s operational strategy on HIV and AIDS concerns the marked vulnerabilities to HIV of persons with disabilities who constitute approximately 15.6% (11.8-18.0%) of the world’s population3. Persons with disabilities have an equal or heightened risk to HIV infection4 compared to non-disabled persons. To date, HIV and AIDS remains one of the most widespread disabling epidemics worldwide. The disease leads to impairments, activity limitations and reduced social participation. This has a severe impact on quality of life, both for people infected with HIV and AIDS and their affected families and communities5.

Indeed, any person living with HIV is likely to experience episodic and/or chronic impairments at different phases of illness due to acquired infections and/or side effects from taking antiretroviral drugs. Persons with disabilities who become HIV positive might also undergo similar activity limitations, in addition to initial impairments. Furthermore, in light of the UN Convention on the Rights of Persons with Disabilities (2007), asymptomatic people living with HIV can also be considered disabled due to exclusion from social participation as a result of stigma and attitudinal and environmental barriers related to their health status.

To this effect, the UNAIDS Disability and HIV Policy Brief (2009)6 recognises the interrelations between HIV and disability and stresses the importance in addressing both sectors in an integrated fashion. Salient highlights of the Policy Brief focus on:
- HIV risk behaviours among persons with disabilities.
- High vulnerability of persons with disabilities to sexual violence.
- Low access of persons with disabilities to HIV education, information and prevention services.
- Limited access of persons with disabilities to treatment, care and support.
- Importance of addressing rehabilitation needs among people living with HIV.

Target populations and partnership
Throughout various actions undertaken by Handicap International, the main targets and beneficiaries in HIV prevention, treatment, care and support are persons with physical, vision, hearing, intellectual and mental impairments, along with other vulnerable groups, such as women and girls, youth in and out of school, ethnic minorities, prisoners, people who inject drugs, orphans and vulnerable children and people living with HIV. Furthermore, Handicap International closely partners and works with

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1 Handicap International’s vision.
2 Disability is defined as "an involving concept... Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others." (UNCRPD 2007/WHO ICF 2011).
Disabled People's Organizations (DPOs), AIDS Organizations, Associations of People Living with HIV and National AIDS Authorities alike.

Regions of HIV and AIDS programming
So far, Handicap International is active in the sector of HIV and AIDS in 11 countries throughout the world. More specifically it is present in eight countries in Africa: Kenya, Somalia (Somaliland and Puntland regions), Ethiopia, Rwanda, Burundi, Mozambique, Mali and Senegal. It is also present in South East Asia: Cambodia, Vietnam and Lao PDR.

Current interventions
In many of the countries where Handicap International is working in the sector of HIV and AIDS, an emphasis has been put throughout the years on promoting the inclusion of persons with different impairments and other vulnerable groups within HIV prevention, treatment, care and support services. Various strategies have been chosen to address inclusion and accessibility of services to all. As seen in the following.

Capacity building
One of the main strategies adopted by Handicap International has been the building of the capacity of health facilities and projects personnel to provide inclusive information and services. Training on disability and inclusion is a key means for embracing different views and positive behaviour changes, and imparting new knowledge and skills among health professionals and authorities.

Awareness-raising
Coupled with capacity building and training of health services providers, raising awareness on the intersection of HIV and disability among target groups and populations, as well as their family members and community peers has been pivotal in the implementation of all HIV-related projects. Awareness-raising is usually undertaken in people’s communities, through various methodologies such as education and communication and information (IEC) material, behaviour change and communication (BCC) strategies, peer education, mass sensitization, utilisation of radio and television programmes, magnet theatres and group discussions alike.
Removing barriers and increasing accessibility

Congruent with the social model on disability promoted by the UN Convention on the Rights of Persons with Disabilities, guiding principles of Handicap International’s action have focused on removing the communication, physical and environmental barriers impeding or limiting participation and access of persons with disabilities to basic services. Specifically, efforts and tailored strategies have been put in place so that: representation of persons with disabilities and other vulnerable groups is provided in prevention and information messages; IEC materials are properly adapted to include sign language, Braille or large print; infrastructure and equipment are adapted to allow accessibility for all; and the location of buildings or meeting points are considered for accessibility of persons with impairments, young and older people, sick people as well as others due to reasons of distance, additional costs and lack of assistive devices and conducive factors to get there.

Policy change

By the same token, Handicap International is also working at the national level and with National AIDS Authorities, in order to advocate and lobby for the inclusion of disability in National AIDS Strategic Plans to not only increase accessibility for all, but also to ensure persons with disabilities receive adequate and appropriate services in HIV prevention, treatment, care and support. In addition, collateral efforts have been deployed to influence the inclusion of persons with disabilities in HIV programming not only at regional and international platforms and networks, but among Development Partners and their funding mechanisms as well. Furthermore, promoting the elaboration of national and international policies enabling the inclusion of disability throughout projects has been a driving factor towards scaling up of services at Handicap International.

Significant participation of persons with disabilities

Disability inclusion in the continuum of HIV services cannot be done without the participation, involvement and commitment of women and men with disabilities and Disabled People’s Organizations representing their constituency. Their participation and input have been taken into consideration from the design, implementation and monitoring and evaluation phases of projects. Furthermore, their views in how to best design and implement HIV services catering to their different needs have been integrated in order to keep the promise towards universal access and reassert their ownership of the inclusion process.

Monitoring indicators and evaluation

Monitoring and evaluation indicators have been elaborated to track the number and sex of beneficiaries with disabilities, as well as other vulnerable groups. Furthermore, indicators of change (at beneficiary/community, service and policy levels) have been incorporated to enable the projects to better respond to their needs and determine whether project activities have been successful in reaching them according to set targets. Though specific strategies have been undertaken to improve project monitoring and evaluation systems, more effort is needed to fine tune the way a project addresses HIV-related needs of beneficiaries.

Research and studies

To date, overall, there is still a paucity of research data and reports on disability inclusion at beneficiary, service and policy levels in HIV and AIDS programming. To address this issue, many of Handicap International’s current projects have conducted baselines, Knowledge, Attitudes and Practices assessments, studies and evaluations to increase the knowledge base and skills related to inclusion of disability and other vulnerable groups in HIV and AIDS programming. In-house evidence has shown that while capacity building and awareness-raising are key, working on the policy front in tandem with national stakeholders

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7 Accessibility makes a vital contribution to increasing persons with disabilities social participation (Accessibility Policy Paper, Handicap International, 2009).
and Disabled People’s Organizations is believed necessary to promoting and including disability more effectively and efficiently in HIV-related projects.

Future outlook: Inclusive HIV services integrated with sexual and reproductive health and sexual gender-based violence protection

Integration of inclusive HIV services with sexual and reproductive health

The majority of HIV infections are sexually transmitted or attributed to vertical transmission. The interaction between sexual and reproductive health and HIV is now widely recognised and its integration promoted at policy level. In addition, sexual and reproductive ill-health and HIV share pervasive root causes including gender inequality, poverty, stigmatization and social marginalization of the most vulnerable populations, including women and men with disabilities. The international community agrees that the Millennium Development Goals will not be achieved without ensuring access to sexual and reproductive health services coupled with an effective global response to HIV. The linkage between sexual and reproductive health and HIV and AIDS programmes works in both directions: by integrating HIV-related issues in ongoing sexual and reproductive health programmes, and integrating sexual and reproductive health issues in HIV-related projects. Hence, this should promote and enhance sexual and reproductive health, as well as contribute to the reversal of the AIDS epidemic and mitigate its impact among various vulnerable groups.

Integration of inclusive HIV services with sexual and gender-based violence protection

Based on some of Handicap International’s HIV-related project experience and lessons learned in the field of sexual and gender-based violence (SGBV) protection services, the link between SGBV and HIV, as well as other sexually transmitted infections is increasingly well documented. Similarly, the linkage between SGBV and sexual and reproductive health is also acknowledged. Non-disabled and disabled women and girls, and survivors of SGBV are more likely to experience sexually transmitted infections, including HIV, genital tract infections, unintended pregnancy and unsafe abortion. Gender disparities coupled with social discriminatory practices towards women, be they non-disabled or more so when disabled, there is a renewed importance to advocate for both inclusive and integrated HIV services with sexual and reproductive health and SGBV.

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Figure: Vision of Handicap International on inclusive and integrated HIV and AIDS services

HIV and AIDS at Handicap International: At a glance

Services need to be accessible to people with and without disabilities at project and organizational levels.

- MOBILE/STATIC HTC SERVICES PPTCT
- REFERRAL AND BACK REFERRAL
- HIV SERVICES
- INCLUSIVE AND INTEGRATED SERVICES TOWARDS
  UNIVERSAL ACCESS AND SOCIAL PARTICIPATION

SERVICES ACCESSIBLE TO ALL
- CHBC
- Positive living
- Stigma reduction
- Support groups
- Community mobilization
- Psychological support
- Nutritional support
- Pain management
- Livelihood support
- Different rehabilitation services
  - Access to ARV
  - OIs and STIs treatment
  - Adherence counselling
  - Default tracing

SRH SERVICES
- Family planning
- MNCH
- Safe abortions
- Management of other SRH problems

GBV PROTECTION SERVICES
- Emergency contraception
- STI prevention and management
- Medical
- Psychological
- Legal
- Police
- Safety and security
- Prevention
- Community mobilization

WOMEN/GIRLS AND MEN/BOYS WITH AND WITHOUT DISABILITIES MARPS
- IEC
- BCC
- Awareness-raising
- Condom promotion
- Community mobilization
- Work with leaders
- Stigma reduction

Stay negative and continue prevention

+ Dual protection of gender
- Dual protection of gender
- STI management
- Psychological support
- Physical support

?
**Project title**
Strengthening local AIDS response initiatives in favour of persons with disabilities in Burundi.

**Main donors**
The French Ministry for Foreign Affairs, Big Lottery Fund and Handicap International, with a total budget of 900,000 €.

**Period of implementation**
From March 2008 to June 2011.

**Location**
All 17 provinces in Burundi: Bujumbura City, Bujumbura Rural, Bubanza, Bururi, Cibitoke, Cankuzo, Gitega, Karuzi, Kirundo, Kayanza, Ngozi, Makamba, Muramvya, Mwaro, Muyinga, Rutana and Ruyigi.

**Specific objective**
To promote the access to HIV prevention, treatment, care and support services for persons with disabilities and their participation to HIV and AIDS programming.

**Expected results**
- **Result 1:** Persons with disabilities have access to health facilities, services and HIV prevention information tailored to the needs of different types of impairments.
- **Result 2:** Persons with disabilities are engaged in the search for sustainable AIDS response strategies and actions suited to their specific needs.
- **Result 3:** Capitalization of innovative community-based initiatives enhances the capacities of AIDS actors to work with and for persons with disabilities.

**Main target and beneficiaries**
- 36,000 persons with disabilities from various provinces.
- NGOs working on the AIDS response.
- Disabled People’s Organisations (DPOs).

**Main partners**

**Key partners**
- Ministry of AIDS Response.
- Ministry of National Solidarity.

**Associated partners**
- 300 local associations working on the AIDS response and ABS members.
- 3 major associations in charge of integrated HIV services provision in 9 of the 17 provinces.
- Society for Women against AIDS In Africa (SWAA-Burundi).
- National Association of PLHIV (ANSS).
- Nouvelle Espérance.
- 37 HIV testing centres.
- 50 DPOs.
- 17 specialized centres for persons with disabilities.
- 3 Networks of DPOs.
- Union of DPOs in Burundi (UPHB).
- Network of DPOs in Burundi (RAPHB).
- Network of Special Centres for Persons with Disabilities (RCSPH).
Main achievements

Integration component

- Setting up of a national HIV and Disability platform with responsibilities on advocacy and decision makers’ mobilization.
- Capacity building of AIDS organizations to engage in disability issues.
- Mobilization and sensitization of decision makers for including disability into national AIDS policies and programming.
- Support provided to the Ministry of Public Health and fight against AIDS in its efforts to integrate the needs of persons with disabilities in national documents and management tools, by rendering them more inclusive.
- Implementation of inclusive local initiatives.

Participation component

- Capacity building of DPOs to engage in the AIDS response.
- Creation of a network gathering 516 peer educators with disabilities.
- Participation of persons with disabilities in efforts to adapt and/or produce tools tailored to their specific needs.
- Mobilisation and awareness-raising of persons with disabilities through the AIDS Peer Educators Network.

Access component

- Rehabilitation of health facilities providing integrated services, in order to make them more accessible to persons with disabilities (SWAA, ANSS and Nouvelle Espérance).
- Management of persons with disabilities living with HIV by partner associations.
- Training in sign language for SWAA and ANSS counsellors.
- Training on HIV for sign language interpreters.
- Translation of communication tools in Braille.

Main Documentation

- A baseline study on Knowledge, Beliefs, Attitudes and Practices (KBAP) related to HIV and AIDS amongst persons with disabilities, 2008.
- A post KBAP study, 2010.
- Tools developed: 1 documentary film, 1 DVD/handbook on BCC in sign language, 1 handbook on BCC in Braille, 1 CD on awareness-raising through songs and 1 CD on awareness-raising through drama presentations, from 2008 to 2010.
- Capitalization document on the National Platform on HIV and Disability, 2011.
Project title
Towards mainstreaming the discriminated populations in the AIDS response in Cambodia.

Main donors
A total budget of 293,775 €, with funding from the French Agency for Development (44%) and Handicap International (56%).

Period of implementation
From September 2008 to June 2012.

Location
Seven districts of Kampong Cham province and six districts of Battambang province, Cambodia.

Specific objective
To improve the access of HIV and AIDS prevention, care, protection and support systems of persons with disabilities, especially deaf women in Kampong Cham and Battambang provinces, through the capacity building of existing and emerging disabled peoples’ organizations.

Expected results

- **Result 1**: In 13 districts of Kampong Cham and Battambang provinces, persons with disabilities’ access to HIV prevention and sexual violence protection is enhanced through inclusive approach with the active participation of disabled people's organizations and local stakeholders.

- **Result 2**: The operational and strategic frameworks of main national stakeholders involved into HIV response and/or the promotion of gender become more inclusive.

- **Result 3**: Experiences and innovative practices developed by the project, in relation with cultural minorities and persons with disabilities, are promoted and disseminated among local, national and regional HIV and AIDS and gender organizations.

Main target and beneficiaries

**Direct beneficiaries**
520 persons with disabilities, including 180 deaf women and their relatives: 120 deaf and blind students; and 220 other persons with disabilities (70% women).

**Indirect beneficiaries**
2,236 people and families of direct beneficiaries.
16 local groups of persons with disabilities.
Staff of 6 local NGOs and 7 public actors working on the AIDS response.
100 traditional birth attendants/volunteer support groups.
Heads of villages of 13 districts.
Local government bodies and different relevant ministries.

Main partners

**With state actors**
- Ministry of Health.
- Provincial Health Departments and its offices in Battambang and Kampong Cham provinces.
- Provincial AIDS Offices.
- Provincial Departments of the Ministry of Women’s Affairs.
- Commune Councils of target areas.

**With disability actors**
- Krusar Thmey.
- Battambang DPO.
- Deaf Development Programme (DDP), Maryknoll.
Action for Disability and Development (ADD).
Association of Blinds of Cambodia (ABC).

With HIV and AIDS actors
- Membership under the HIV/AIDS Coordinating Committee (HACC).
- National AIDS Authority (NAA).

With legal, psychosocial and gender actors
- Bantey Srey, gender-based violence organization.
- LICADHO, human rights organization.
- Transcultural Psychosocial Organization (TPO).

Main achievements
- Handicap International has been invited to participate in the development of the five year HIV/AIDS National Strategy Plan-2011-2015. As a result, persons with disabilities are mentioned in the Strategy guiding principle section on human rights.
- Handicap International has been invited by UNAIDS to incorporate the issues of disability into their fact-sheets.

Main documentation
- A study on the access to HIV prevention and sexual violence protection services among women and men with physical, hearing and visual impairments in the provinces of Battambang and Kampong Cham, 2009.
- Three fact sheets and supporting booklets on disability inclusion into the sectors of HIV and AIDS and Gender (in English and Khmer), 2011.
- A capitalization film on the process of working with deaf women at community level (in English, Khmer and Cambodian Sign Language), 2011.
Project title
Pilot project on the access to HIV prevention and services for people with disability in Ethiopia.

Main donors
From PEPFAR and USAID, through World Learning, with a total budget of 339,000 USD.

Period of implementation
From September 2010 to February 2013.

Location
Addis Ababa and neighbouring districts in Ethiopia.

Specific objective
To mainstream disability into selected PEPFAR supported initiatives in Ethiopia.

Expected results

\* **Result 1:** Selected PEPFAR supported partners’ understanding of disability mainstreaming in HIV work is improved.

\* **Result 2:** PEPFAR supported behaviour change communication (BCC) strategy on HIV prevention in Ethiopia is provided in tailored formats for people from different disability groups.

\* **Result 3:** PEPFAR supported mainstream HIV, sexual and reproductive health services provide reasonable accommodation for women, men and children from different disability groups; and if appropriate, mainstream services provide disability-specific services.

\* **Result 4:** ICASA in Addis Ababa is fully accessible to persons with disabilities.

\* **Result 5:** Good practices and lessons learned from this national level pilot mainstreaming initiative are documented and disseminated internationally through HIV and Disability networks.

Main target and beneficiaries
The beneficiaries are selected PEPFAR partners. The end beneficiaries are persons with disabilities and people living with HIV and AIDS.

Main partners
PEPFAR and USAID.
Word Learning.
Addis Ababa HIV and AIDS Prevention and Control Office.
Addis Ababa Bureau of Labour and Social Affairs.
Addis Ababa City Administration Communications and Media Department.
Center for Disease Control.
Equal Opportunity Association.
Federation of National Associations for Persons with Disabilities.

Main achievements

\* A project steering committee is established with the representation from local DPOs, Government’s agencies, NGOs and Development Partners.

\* Handicap International selected as one of the ICASA 2011 Conference Steering Committee and Leadership Committee members.

\* Selection criteria, check list and assessment tools of project sub-grantees produced.

\* Disability inclusion lobbying and advocacy activities undertaken amid national level meetings, such as in the National Health Sector Plan, MARP and Health Social Insurance meetings.

Main documentation

\* A TOT manual on disability inclusive HIV and SRH services for health professionals, 2011.


\* Adapted IEC material in Braille, sign language and in audiovisual support, 2012-2013.

\* DVD on inclusive international AIDS conferences, 2012.

\* Capitalisation document on good practices and lessons learned, 2013.
**Project title**
MULU MARPs Combination Prevention Project

**Main donors**
PSI/USAID with a budget of 598,621 USD.

**Period of implementation**
October 2012 to September 2015.

**Location**
National level as well as eight regions of Ethiopia.

**Specific objective**

- **Specific objective 1:** To prevent new HIV infections by reducing behavioral risk factors among most-at-risk populations (MARPs) and other highly vulnerable populations.
- **Specific objective 2:** To strengthen community level systems and structures to support combination prevention.
- **Specific objective 3:** To increase the capacity of the Government of Ethiopia to lead HIV prevention interventions that are based on the local epidemiology of new infections.

**Expected results**

- **Result 1:** HIV preventive behaviors changed to reduce risk of infection.
- **Result 2:** Community level systems and structures strengthened to support combination prevention.
- **Result 3:** Government of Ethiopia Federal and Regional Systems in partnership with civil society and Prevention response strengthened.

**Main target and beneficiaries**

- MULU MARPs Local Implementing Partners (LIPs).
- MULU MARPs supported Health Service Providers.
- MULU MARPs supported Federal & Regional Health & HAPCO structures.

**Main achievements**

- Disability awareness orientation provided for PSI leadership team.
- Disability awareness training provided to heads of LIPs.
- Disability accessibility audit conducted and feedbacks provided to 12 LIPs, followed by a joint action plan for corrective measures for accessibility.

- Disability accessibility assessment conducted among selected health facilities of eight towns (clinics, pharmacies, drop-in centres which are public, private and NGO-based).
- First round of training of trainers (TOT) on disability inclusion in HIV and sexual and reproductive health conducted among focal people of LIPs.
- Technical assistance provided through supportive supervision to nine LIPs across 15 towns of Ethiopia.

**Main documentation**

- TOT manual on disability inclusion in HIV and sexual and reproductive health for health professionals (revised, 2013).
- First edition of the MULU MARPs project’s newsletter in English and Amharic (2013).

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1. HI is one of the main partners of the MULU project Consortium led by PSI. The other main Consortium partner is the EPHA.
Project title
Promote access to quality, comprehensive HIV and AIDS prevention and care services for persons with disability, youth and people living with HIV in Nairobi, Trans Nzoia, Garissa and West Pokot districts in Kenya.

Main donors
The Academy for Educational Development (AED), with a total budget of 2,158,483 €.

Period of implementation
From April 2006 to June 2010.

Location
Nairobi region: Kibera, Dandora and Dagoretti.
Trans Nzoia.
Machakos.
Thika.
Kiambu.

Specific objective
To improve access to quality and comprehensive HIV and AIDS prevention and care services to people infected and affected by HIV and AIDS and to prevent the spread of the disease among the youth and persons with disabilities.

Expected results
- **Result 1**: Major HIV and AIDS policies, the Ministry of Health guidelines (PMTCT, OVC, adolescent reproductive health, VCT and ART) and interventions have been identified and targeted for more attention to the specific needs of persons with disabilities.
- **Result 2**: The institutional and technical capacity of seven local NGOs and community-based organizations to plan and implement HIV-related activities for persons with disabilities has continued to improve.
- **Result 3**: 15 DPOs have enhanced their capacity to engage HIV and AIDS service providers on disability and HIV and AIDS, reproductive health and sexual gender-based violence issues.
- **Result 4**: Seven local associations of and for persons with disabilities implement revamped and innovative HIV-related activities to reduce the spread of HIV among persons with disabilities.

Main target and beneficiaries
- 90,000 youth (5% youth with disabilities) have access to appropriate information on HIV and AIDS, STIs, sexuality issues and other related health information through outreach activities.
- 8,910 family members of persons with disabilities have access to HIV awareness, BCC and access to VCT services.
- 15 DPOs in Nairobi and Trans Nzoia districts are strengthened in their institutional and technical capacities.
- 60,000 persons reached through HIV awareness messages, BCC and condom distribution.
- Persons with disabilities (hearing, visual, physical and intellectual impairments).
- Disabled Peoples’ Organizations.

Main partners
Academy for Education and Development.
Kenya Association of the Intellectually Handicapped.
Deaf Empowerment Kenya (DEK).
Action Network for the Disabled.
United Disabled Persons of Kenya (UDPK).
Disability Group of Trans Nzoia.
Nairobi Family Support Services (NFSS).
Blind and Low Vision Network (Blink).
Ministry of Health (National AIDS Control Council and National AIDS and STI Control Programme).
Main achievements

- Handicap International, through this project, brought together partners in disability and HIV through the Kenya Campaign on Disability and HIV.
- The Mombasa Declaration was one of the products that came out of this Campaign and has been used to lobby the Government and civil society to include disability in their interventions.
- A framework for disability inclusion in HIV policies was developed, in close collaboration with a working group to review existing HIV policies on existing gaps and giving recommendations on how to go about including disability into the public national policy documents.
- 26,499 persons with disabilities have been reached and referred to HIV services and received information in accessible formats.
- 18,481 persons were counselled and tested through mobile, static (Chanuka VCT), moonlight and door to door VCT (in Garissa) services.
- Disability has been recognized as a cross-cutting issue in the Kenya National AIDS Strategic Plan (KNASP) III, thanks to capacity building of decision-makers and advocacy and lobbying activities.
- Through institutional strengthening, five organizations have developed their strategic plans for 2009-2013; six organizations have mobilized external resources for 2008-2012 and seven organizations have been trained on accounting and financial management.
- Internal control systems training has been conducted and are now operational in seven organizations.

Main documentation

- Research study on “As it is – Research findings on knowledge, attitudes, practice and access to HIV Information and services amongst persons with disability”, 2007.
- DVD on “Keeping the Promise”, focusing on interventions by persons with disabilities in the response to HIV, 2009.
Project title
Youth and special population prevention and service promotion programme in the North Rift.

Main donors
USAID through the AIDS, Population and Health Integrated Assistance (APHIA II), with a total budget of 300,739 USD.

Period of implementation

Location
The larger Trans Nzoia and West Pokot regions of Kenya.

Specific objectives
- To create awareness on prevention on HIV and AIDS, STI, reproductive health and family planning, TB, mother and child health and malaria prevention and promote uptake of services among the population in prison and people with hearing impairments.
- To create awareness on prevention on HIV and AIDS, STI, reproductive health and family planning, TB, mother and child health and malaria prevention and promote uptake of services among youth out of school.
- To create awareness on prevention on HIV and AIDS, STI, reproductive health and family planning, TB, mother and child health and malaria prevention and promote uptake of services among youth in school.

Expected results
- **Result 1:** Increased HIV and AIDS, STI, reproductive health and family planning, TB, mother and child health and malaria awareness among people with hearing impairments.
- **Result 2:** Enhanced life skills and knowledge on HIV and AIDS prevention among youth in school.
- **Result 3:** Improved access to reproductive health services among youth out of school.

Main target and beneficiaries
- 122,000 youth out of school.
- 150,000 youth in school.
- 1,500 people with hearing impairments.

Main partners
- Family Health International (FHI).
- National Organization for Peer Educators (NOPE).
- Ministry of Education.
- Ministry of Health.
- Ministry of Sports and Youth Affairs.
- Chanuka Post Test Club.
- African Inland Church – Deaf Community (in Eldoret).
- Anglican Church – Deaf Community (in Kitale).

Main achievements
- 52,484 youth in school are reached throughout the different project activities.
- 60,849 youth out of school similarly received various project activities and services.
- 2,207 persons with hearing impairments have been reached through the work of peer educators.
- 47,724 condoms have been distributed during project implementation.
- 4,435 people have been counselled and tested.

Main documentation
- IEC material on various HIV-related topics through posters, flyers, banners, etc., 2008-2010.
Project title
Youth and special population prevention and service promotion program in Trans-Nzoia and West Pokot Counties.

Main donor
The USAID through Family Health International (FHI360) with a total budget of 112,716 USD.

Period of implementation
From January to December 2011.

Location
- Trans Nzoia County
- West Pokot County

Specific objective
To increase prevention awareness and service promotion for HIV and AIDS, STI, reproductive health/family planning, TB, maternal child health and malaria among in school youth, out of school youth and most at risk populations, such as people with disability and inmates.

Expected results
- **Result 1**: Increased access to HIV Counselling and Testing, STI diagnosis and treatment services, TB diagnosis and services, maternal child health and family planning services and clinical and legal services for SGBV and malaria treatment and care services for 8,238 (5,591 males and 2,647 females) youth out of school aged 15-34.
- **Result 2**: Improved knowledge and health seeking behaviour and among 1,800 persons in correctional facilities (inmates only), 2,420 informal sector operators (bicycle taxi operators and truck drivers).
- **Result 3**: Increased HIV and AIDS, STI, reproductive health, mother and child health, TB, malaria awareness among 1,624 persons with disabilities.
- **Result 4**: Strengthened health clubs in 30 schools to conduct life skills activities.
- **Result 5**: Increased disclosure, stigma reduction and support on adherence, care and psychosocial support for 140 young PLHIV.

Main target and beneficiaries
- 8,238 (5,591 males and 2,647 females) youth have access to reproductive health, HIV counselling and testing, TB and malaria information and services.
- 1,624 persons in correctional facilities (inmates only), 2,420 informal sector operators reached with comprehensive education prevention and services on reproductive health, HIV and AIDS, TB and malaria.
- 500 persons with disabilities (hearing impairment: 814; physical Impairment: 710; and visual Impairment: 100) provided with comprehensive prevention information and skills on RH, HIV counselling and testing, TB and malaria information and services.
- 30 school-based interventions to implement and report on life skills and peer education activities.
- 140 young people living with HIV access psychosocial support through group therapy sessions at comprehensive care clinics.

Main partners
- FHI360.
- Disabled Group of Trans Nzoia.
- Chanuka Youth Development Programme.
- Municipal Council of Kitale.
- Ministry of Youth Affairs and Sports.
- Ministry of Home Affairs.
- Support Groups of People Living With HIV.
Ministry of Health (National AIDS Control Council and National AIDS and STI Control Programme).

Catholic Diocese of Kitale.

National Organization of Peer Educators (NOPE).

**Main achievements**

- 2,791 youth have been reached with RH/FP and HIV and AIDS information and services.
- 22,828 youth out of school have been reached with prevention information on HIV and AIDS, RH, TB and malaria through peer education.
- 3,007 people reached with information on HIV and AIDS through peer education by persons with disabilities.
- 2,618 prisoners reached with reproductive health and HIV and AIDS information through health education sessions.
- 10,000 copies of the *Teens Talk* Magazines produced and distributed to primary and secondary schools.
- 134 young people living with HIV received psychosocial support through group therapy.
- 1,033 PLHIV and their families reached with information on adherence and stigma reduction through recreational events.
- 83,803 condoms distributed.

**Main documentation**

- Success stories on project activities.
Project title
Strengthening local AIDS response initiatives in favour of persons with disabilities in Mali.

Main donors
The French Agency for Development and National AIDS High Council for a total budget total of 493,721 €.

Period of implementation
From March 2008 to June 2011.

Location
District of Bamako and Koulikoro regions.

Specific objective
To promote access to HIV prevention, treatment, care and support services for persons with disabilities and their participation to HIV and AIDS programming.

Expected results

Result 1: Persons with disabilities have access to health facilities, services and HIV prevention information tailored to the needs of different types of disability.

Result 2: Persons with disabilities are engaged in the search for sustainable AIDS response strategies and actions suited to their specific needs.

Result 3: Capitalization of innovative community-based initiatives enhances the capacities of AIDS actors to work with and for persons with disabilities.

Main target and beneficiaries
8,160 direct beneficiaries with 2,785 persons with disabilities. This includes beneficiaries from groups of persons with disabilities, active members of local and national DPOs, AIDS associations, Associations of PLHIV, Testing, Care and Treatment Centres.

Main partners
- Supreme National AIDS Council (HCNLS).
- ARCAD-SIDA.
- Federation of DPOs of Mali (FEMAPH) and their members.
- Voluntary counselling and testing centres: CESAC of Bamako, USAC of Koulikoro, USAC of Commune IV and Sogoniko’s Youth Centre.
- HIV Care and Treatment Centre: CESAC of Bamako, USAC of Koulikoro and USAC of Commune IV.
- Networks of PLHIV.
- Other NGO members of Groupe Pivot Santé Population and local AIDS NGOs working in the project area.

Main achievements
- Setting up and running of steering committees (National Platform on HIV and Disability, Technical Committee, Local Initiatives Selection Committee).
- Physical rehabilitation of 4 testing centres, 3 care and treatment centres and 2 associations of PLHIV with ramps and toilets accessible to wheelchairs.
- Training of VCT, Care and Treatment staff (15 persons) on the Disability Creation Process and persons with disabilities’ rights.
- Induction and refresher training on sign language to 9 HIV counsellors.
- Training of a pool of national trainers within DPOs in Bamako and Koulikoro.
- Training of 65 peer educators from DPOs and AIDS associations.
- Elaboration and adaptation of 4 IEC tools on HIV and disability.
Support of the implementation of 19 micro projects focusing on local-based initiatives.

The making and broadcasting on the national TV network of a documentary film on the vulnerability to HIV among persons with disabilities.

Support to advocacy initiatives such as the organization of conferences and open days for discussions.

Support of the integration of 25 persons with disabilities living with HIV within existing support networks.

Setting up of a team of 12 facilitators among DPOs with the support of the NGO Constellation.

Main Documentation

- DVD of a documentary film on “We are all concerned”, 2010.
- Image box on Disability and the 3-boats game on HIV, 2009.
- Adaptation of posters on knowledge related to HIV and AIDS, 2010.
- Play based on the ambiguous scenario game, 2010.

- Project external evaluation report, 2011.
Project title
Empowerment of persons with disabilities and strategic partnerships to reduce their vulnerability to HIV and AIDS.

Main donors
A total budget of 730,000 € financed by the Irish Aid - Civil Society Funds from Dublin (60%) and the Swiss Development Agency (40%).

Period of implementation
From January 2008 to December 2010.

Location
- Maputo: Districts 1, 2, 3, 4 and 5.
- Sofala: Districts of Beira, Dondo and Nhamatanda.
- Manica: Districts of Chimoio, Manica, Gondola and Barue.

Specific objective
A coordinated response to HIV and AIDS involving persons with disabilities is underway in Mozambique in order to improve the access to HIV and AIDS information, testing, treatment and care services for persons with disabilities.

Expected results
- Result 1: The National HIV/AIDS Strategic Plan for 2010-2014 (PEN III) and the provincial plans address disability issues, thanks to lobbying efforts developed by the Disabled People's Organizations.
- Result 2: HIV and AIDS issues, including affective life and sexuality, are mainstreamed in the Disabled People's Organization partners’ plans in three provinces, and they have the capacity to identify and use best practices to tackle HIV and AIDS in their communities through the AIDS Competence Process.
- Result 3: A strategic plan, jointly developed by capacitated Disabled People's Organizations and HIV organisations for mainstreaming disability in HIV and AIDS projects, is operational in three provinces.

Main target and beneficiaries
- 30 Disabled People's Organizations (300 persons) benefiting from capacity development on advocacy and lobbying related to HIV prevention.
- At least 500 persons with disabilities have access to services related to HIV and AIDS in each province.
- At least 5,000 persons with disabilities receive adapted HIV and AIDS prevention messages in each province.

Main partners
- Mozambique Network of Disabled People's Organizations.
- Network of Associations of People Living with HIV.
- Mozambique Network of AIDS Services Organizations.

Main achievements
- The most current National HIV Strategic plan mentions persons with disabilities as part of the vulnerable groups and acknowledges their vulnerabilities to HIV infection.
- The national debates on HIV forums have gradually involved persons with disabilities.
- 45 DPOs (600 persons) received diverse trainings on advocacy and HIV prevention.
- 10,500 persons have been reached by 45 DPOs through IEC materials on HIV prevention.
- IEC materials on HIV prevention produced and distributed are inclusive of disability.
More than 200 professionals from Government institutions, members of Parliament, AIDS services actors, UN agencies, Organizations of PLHIV and DPOs participated in three annual meetings focusing on HIV and disability mainstreaming.

30 AIDS Services Organizations received training on disability mainstreaming.

**Main documentation**

- Project baseline report, 2008.
- Film and posters on AIDS Competence Community Approach, 2009.
Project title
Governmental and community capacities reinforcement to design adapted responses to orphans and vulnerable children impacted by HIV and AIDS in Manica Province.

Main donor
The United Nations Children Fund (UNICEF), with a total budget of 652,000 USD.

Period of implementation
From April 2010 to December 2011.

Location
Manica Province: Districts of Guro, Macossa, Machaze and Mussorize.
Sofala Province: Districts of Chibabava, Gorongosa, Marringeue and Buzi.

Specific objective
To improve living conditions of orphans and vulnerable children and family caregivers, through better access to basic services in four districts of Manica Province.

Expected results
Result 1: Governmental response to orphans and vulnerable children’s basic needs improved by a developed community-based “Identification Sensitization Orientation” (ISO) system.

Result 2: Orphans’ and vulnerable children’s and their caregivers’ (families) living conditions improved through community-based organizations projects.

Result 3: Awareness on HIV and AIDS and orphans’ and vulnerable children’s rights, within four districts of Manica increased.

Main target and beneficiaries
13,000 orphans and vulnerable children of 4,334 families.
10,000 teenagers and youth targeted through peer education activities.
480 volunteers and 24 community mobilization agents.
25 CBOs.

Main partners
Ministry of Woman and Social Action – Provincial and District Directions.
Mozambique Forum of AIDS Services Organizations – Provincial Delegations.
Districts Administrations.

Main achievements
480 volunteers and 24 community mobilization agents have developed community activities of ISO for families and orphans and vulnerable children.

10,540 orphans and vulnerable children identified within ISO activities.
2,000 orphans and vulnerable children and their caregivers have received in-kind support (shelter, school material, clothes, food, etc.) from 25 CBOs, though community initiatives.
100 community leaders have been involved in community mobilization activities by promoting children’s rights.
120,000 community people have been reached though theater mobilization, home-based counselling and mass sensitization at community level.
One database on orphans and vulnerable children has been produced and disseminated among project partners.

Main documentation
Reports on important themes related to OVC Community Volunteers, CBOs and Government Multi-Sectoral meetings, 2009.
Manual on training of trainers on care and support to orphans and vulnerable children, 2010.
Orientation guidelines (three booklets) for project stakeholders on how to work with orphans and vulnerable children in the context of HIV and AIDS, 2010.
Annual information bulletin (on project special events, results achieved, partnerships, etc.), 2010.
Project title
Strengthening local AIDS response initiatives in favour of persons with disabilities in Burundi, Mali and Senegal.

Main donors
The project’s main donor is the French Ministry for Foreign Affairs with a total budget of 1,988,291 €, with co-funding that include: 571,113 € from the Big Lottery Fund in Burundi, 71,244 € from the National AIDS Council in Mali and 182,415 USD from the USAID/World learning in Senegal.

Period of implementation
From March 2008 to June 2011.

Location
- Burundi: all 17 provinces of the country.
- Mali: 6 districts in Bamako and Koulikoro town.
- Senegal: 4 departments in Dakar region, Ziguinchor and Kolda towns.

Specific objective
To promote the access to HIV prevention, treatment, care and support services for persons with disabilities and their participation to HIV and AIDS programming.

Expected results
- **Result 1:** Persons with disabilities have access to health facilities, services and HIV prevention information tailored to the needs of different types of disability.
- **Result 2:** Persons with disabilities are engaged in the search for sustainable AIDS response strategies and actions suited to their specific needs.
- **Result 3:** Capitalization of innovative community-based initiatives enhances the capacities of AIDS actors to work with and for persons with disabilities.

Main target and beneficiaries
- 17,080 persons with disabilities and their family members.
- Active members of local and national DPOs.
- Local and National Political Authorities.
- 1,600 local AIDS associations.

Main partners
**At the regional level**
- UNAIDS Regional Office.
- The Regional Office of the African Decade of Persons with Disabilities Secretariat.
AFRICASO Regional Office.
African Network on AIDS Research.
Public and private health facilities providing HIV services.

In Burundi
- Alliance of National Associations working on AIDS response (ABS).
- Society of Women against AIDS/Burundi (SWAA).
- National Association of PLHIV (ANSS).
- National Association of the Deaf in Burundi (ANSB).
- Burundi Union of the Physically Handicapped.
- Burundi National Association of the Blind.
- Support to persons with disabilities initiatives.
- Adopt a Child Association.
- Buganda’s Association for the Development of persons with disabilities.
- Association for the Rehabilitation of persons with disabilities.
- Muyinga’s Association of Physically Handicapped.
- Umubanyi: Association for the Welfare of Persons with Disabilities.
- Jeho Kuki Association.
- Ruyigi’s Association of Physically Handicaped.

In Mali
- Association for Research, Communication and Home-based Care of PLHIV.
- Association for the Deaf and Hearing Impaired of Mali.
- Association for Mental Impairment of Mali.
- Association of Women with Disabilities of Mali.
- Association of the Physically Handicapped of Mali
- Union of the Blind in Mali.
- Mali Federation of DPOs.
- Association for Assistance and Support to PLHIV of Mali.
- Women’s Association For Support To Widows, Orphans And Vulnerable Children.

In Senegal
- The HIV Outpatient Treatment Centre (CTA).
- Federation of DPOs in Senegal.
- Sida Service.
- Society of Women Against AIDS/Senegal (SWAA).

Main achievements
- Establishment of a platform on HIV and Disability in each of the 3 countries.
- Physical accessibility rehabilitation of health facilities providing prevention, treatment and psychosocial support.
- Equipping health facilities of ramps, bars, wheelchairs and crutches in order to make them accessible to persons with physical impairments.
- HIV and disability training of healthcare professionals on local sign language.
- Elaboration of a lexicon on HIV and disability translated in Braille and sign language.
- Training of peer educators and DPOs leaders on HIV and AIDS.
- Sensitization and advocacy activities targeting political and Civil Society leaders, in relation to the vulnerability of persons with disabilities to HIV and the need to mainstream disability in national strategies.
- Organization of regional and national meetings on HIV and disability with actors from international organizations.
- Adaptation of IEC tools for persons with different impairments.

Main Documentation
- List of key documentation found under each specific country section.
Project title
Towards mainstreaming the discriminated populations in the HIV/AIDS struggle in Cambodia, Lao PDR and Vietnam.

Main donors
The project total budget is 1,066,676 €, funded by the French Development agency (44.3%), EIDHR (22.9%) and Handicap International (32.8%).

Period of implementation
From August 2008 to June 2012.

Location
- In Vietnam: 16 villages from Da Krong and Huong Hoa districts and in the city of Dong Ha in the Quang Tri province.
- In Lao PDR: Sepone district of the Savannakhet province.
- In Cambodia: Battambang and Kampong Cham provinces.

Specific Objective
Different discriminated groups of population in Cambodia, Lao PDR and Vietnam have a better access to HIV prevention, care, protection and support systems, through capacity building of existing and emerging organisations.

Expected results
- **Result 1:** The access of deaf people coming from 13 districts of the Cambodian provinces of Kampong Cham and Battambang to HIV prevention and protection against sexual violence is strengthened, thanks to the active participation of organisations and local groups of disabled people in collaboration with AIDS stakeholders.
- **Result 2:** Supported by organisations and groups with reinforced capacities and in collaboration with the government organisations, the sexually active population, aged 12 to 49 from ethnic minorities of the mountainous areas, living along road number 9 in the provinces of Savannakhet in Lao PDR and Quang Tri in Vietnam, are committed to the AIDS response.
- **Result 3:** The experiences and innovating practices developed by the project and, in particular those relating to partnership, are shared with local, national and regional stakeholders of the AIDS response.

Main target and beneficiaries
**In Vietnam/Lao PDR**
- At least 2,000 people from ethnic minorities of 16 villages in Vietnam.
- 400 holders of economic related micro projects (for individuals and groups).
- At least 1,600 people of the target villages.
- 15,000 people of ethnic minority groups of 2 target districts and especially among groups at risk.
- 100 PLHIV.
- At least 2,500 children from 8 schools for ethnic minorities and mixed groups.
- 16 health officers and at least 50 peers educators.

**In Cambodia**
520 people with disabilities, including 180 deaf women and their relatives, 120 deaf and blind students and 220 other persons with disabilities (70% women).

Main partners
**In Vietnam/Lao PDR**
- Quang Tri Provincial HIV/AIDS Prevention Centre.
- District Health Centres of Huong Hao and Dakrong.
- Department of Education and Training in Quang Tri province.
- Advancement of Community Empowerment and Partnership.
- Yeu Thuong Club (group of PLHIV) in Quang Tri.
- Red Cross.
- ACEP.
In Cambodia

- Ministry of Health and Provincial AIDS Offices.
- Provincial Departments of the Ministry of Women’s Affairs.
- Commune Councils of target areas.
- Krusr Thmey.
- Battambang DPO.
- Deaf Development Programme (DDP) - Maryknoll.
- Action for Disability and Development (ADD).
- Association of Blinds of Cambodia (ABC).
- Membership under the HIV Coordinating Committee (HACC).
- National AIDS Authority (NAA).
- Bantey Srey, gender-based violence organization.
- LICADHO, human rights organization.
- Transcultural Psychosocial Organization (TPO)

Main achievements

In Vietnam/Lao PDR

- 2,088 people have benefited so far from project activities implementation.
- 552 people have specifically benefited from HIV group discussions.
- 3 VCT centres have been made operational.
- 2,003 quick tests have been conducted, among which 14 positive cases.
- The Yeu Thuong club of PLHIV created in April 2009 is officially registered and operational.
- 189 sub-projects implemented through ACEP in six areas of activities:
  1) training of trainers
  2) agriculture
  3) livestock
  4) forestry
  5) off-farming activities
  6) sport activities
- 19 loans have been provided to PLHIV through the Red Cross.
- 107 women with disabilities have been referred to support services following cases of sexual violence.

Main documentation

- IEC tools adapted for ethnic minorities, 2010.
- DVD on PLHIV and VCT centre, 2010.

In Cambodia

- 733 persons with disabilities have been reached by the project. Among them are 266 deaf women, 123 deaf and blind students from the schools of Krusr Thmey and 344 other persons with disabilities (50.3% women).
- 184 disabled people members of SHGs (65% women) have received awareness-raising on HIV prevention, promotion of reproductive health and basic psychosocial counselling.
- 226 deaf women have been provided with Cambodian sign language classes and HIV and sexual violence protection awareness-raising in their villages.
Rwanda

**Project title**
Strengthening communities to integrate persons with disabilities in the HIV and AIDS response in Rwanda.

**Main donors**
PEPFAR/Health Resources and Services Administration, with a total budget of 1,963,171 USD.

**Period of implementation**
From June 2008 to May 2013.

**Location**
- Kigali city: districts of Kicukiro, Gasabo and Nyarugenge.
- Eastern province: Nyagatare, Gatsibo, Kayonza, Rwamagana, Ngoma and Bugesera.
- Southern province: Muhanga, Kamonyi, Ruhango, Nyaruguru and Gisagara.
- Northern Province: Gicumbi and Rulindo.

**Specific objective**
To strengthen the organizational, managerial and technical capacity of local communities to provide quality HIV prevention and care services to persons with disabilities in Rwanda.

**Expected results**

- **Result 1:** The national AIDS programme, Umbrella of People with Disabilities in the Fight against HIV and AIDS, seven Disabled Persons Organizations and Community-based Organizations and five health facilities/VCT centres are capacitated and their involvement in the national response to HIV increased.

- **Result 2:** HIV prevention services are scaled up to include at least 65,700 persons with disabilities and 187,570 family members.

- **Result 3:** HIV care and support to people living with HIV is strengthened and scaled up to include at least 2,200 persons with disabilities infected and affected by HIV.

- **Result 4:** Sexual and gender-based violence services are accessible to 6,000 women and men with disabilities and 70 people with disabilities who are SGBV survivors have appropriate care and treatment.

**Main target and beneficiaries**
- 65,700 persons with disabilities and 187,570 family members.
- 2,200 persons with disabilities (adults and children) infected and affected by HIV.

**Main partners**
- The Ministry of Health, National AIDS Control Commission, and Centre for Treatment and Research on AIDS, Malaria, Tuberculosis and other epidemics.
- Umbrella of People with Disabilities in the Fight against HIV and AIDS.
- Organization for the Assistance to Community Groups of People with Disability in Rwanda.
- Rwandan Union of the Blind.
- National Association of Deaf Women.
- Caritas Rwanda.
- Duterimbere Association.

**Main achievements**
- 93,393 persons with disabilities (57% women) have been sensitized on HIV prevention.
- 246,100 community members (69% women) received awareness-raising on HIV prevention.
- 2,090 persons with disabilities living with HIV (61% women) received care and treatment services.
- 4,903 persons with disabilities (54% women) and 8,715 community members were sensitized on sexual and gender-based violence.
53 persons with disabilities (56% women) received sexual and gender-based violence care and treatment services.

Nine disabled people’s and community-based organisations received organisational development strengthening.

Three national forums on HIV and disability have been co-organised with the Rwanda Biomedical Centre and UPHLS.

**Main documentation**

- Documentary movie (DVD) on specific vulnerabilities of persons with disabilities in the HIV response, 2010.
- Peer educators guideline, 2009.
- Guideline on the integration of disability into the community health system, 2010.
- IEC tools adapted to specific impairments (visual, hearing and intellectual), 2008-2010.
- Sketch on persons with disabilities’ rights and HIV and AIDS (validated by the CNLS - National AIDS Authority), 2010.
- Joint training tools with UPHLS on disability inclusion to public health professionals, 2013.
- A report on good practices and lessons learned of the project, 2013.
- A CD of all project adapted IEC materials, 2013.
Project title
ACCESS: “Inclusive HIV and AIDS services for universal access”

Main donors
The Initiative 5% financed by the French Ministry of Foreign and European Affairs, with a total budget of 886,120 €.

Period of implementation
From February 2013 to January 2016.

Location
Region of Ziguinchor.

Specific objective
Specific objective 1: To increase the utilisation of HIV prevention and services among people with disabilities in the region of Ziguinchor.
Specific objective 2: To improve the capacities of HIV and AIDS services providers (prevention, treatment and care) towards people with disabilities.

Expected results
Result 1: Enhanced knowledge and skills among health personnel and HIV-related civil society stakeholders on including disability in quality HIV and AIDS programming for people with disabilities.
Result 2: Improved low risk taking behaviours among people with disabilities.
Result 3: The efficiency of interventions proposed is demonstrated through a shared international based monitoring and evaluation system and integrated into the national M&E system of the National AIDS Council and among project stakeholders.

Main target and beneficiaries
At least 11,000 people with disabilities (6,600 women and 4,400 men) in the region of Ziguinchor.
At least 33 people of top management of the Medical Region of Ziguinchor and district cadres.
At least 7 NGO providing HIV and AIDS services in the region.
At least 20 health professionals are trained on basic sign language related to HIV and AIDS.
At least 40 PLHIV are trained on disability rights principles.

Main partners
Society for Women and AIDS in Africa - SWAA Senegal.
National AIDS Council
Ministry of Health:
• Medical Region of Ziguinchor
• Division of AIDS response

Main achievements
Preparation of a study protocol on seroprevalence and knowledge, attitudes and practices among people with disabilities in the region of Ziguinchor.
Joint workshop on referral and back-referral system for better inclusion and follow-up of PLHIV in the Region of Ziguinchor.
Identification and harmonisation of HIV and AIDS related terminology in local sign language.
Training of health personnel and project staff on basic sign language related to HIV and AIDS.
Introduction of disability sensitive M&E stickers for identifying people with disabilities living with HIV within data collection tools at HIV related facilities (VCT centres, health centres and the regional hospital).

Mhealth for a better follow-up of clientele
An adjunct pilot project to ensure improved monitoring and follow-up of PLHIV in order to increase therapeutic adherence and decrease defaulting.

Main documentation
DVD of key HIV-related words and messages in local sign language.
Somalia (Somaliland/Puntland)

Project title
Integrated Prevention Treatment Care Support (IPTCS) under the Global Fund Round 8 HIV Grant.

Main donor
Global Fund Round 8 through the UNICEF, with a budget of 752,000 USD.

Period of implementation
From January 2010 to December 2011.

Location
Marodi Jeex and Awdal (Somaliland) and Garowe (Puntland) of Somalia.

Specific objectives
- To scale up and adapt HIV prevention efforts towards Universal Access targets, with a focus on most-at-risk populations (MARP), as well as other key affected populations.
- To increase access to quality HIV treatment, care and support in Somalia by 2014, and achieve at least 15% ART coverage for people eligible for treatment by 2014.

Expected results
- **Result 1:** The number of MARP and key affected populations who utilize user-friendly mobile VCT integrating SRH and prevention of mother-to-child transmission and referred to appropriate health facilities is increased by 20% in Somaliland and Puntland.
- **Result 2:** The number of MARP and key affected populations who utilize user-friendly mobile VCT integrating SRH and prevention of mother-to-child transmission and referred to appropriate health facilities is increased by 15% in Somaliland and Puntland.
- **Result 3:** Five PLHIV support groups are established and offer peer social and psychological support services to 50 PLHIV in Somaliland and Puntland.
- **Result 4:** Five NGO-based PLHIV support groups carry out community home-based care services to 50 PLHIV in Somaliland and Puntland.
- **Result 5:** Five partner NGOs have empowered PLHIV, their families, and the community with the knowledge, business skills, and sources of livelihood needed to ensure long-term care and support to 50 PLHIV and 40 OVCs in Somaliland and Puntland.

Main target and beneficiaries
- 1,100 people through mobile VCT activities.
- 400 people benefit from opportunistic infections treatment.
- 160 youth benefit from counselling and referral for testing.
- 100 PLHIV benefit from support groups and community home-based care.
- 50 PLHIV/families benefit from micro-loan support.
- 80 OVCs are supported.

Main partners
- Ministry of Health.
- Somaliland National AIDS Commission (SOLNAC).
- Puntland AIDS Commission (PAC).
- Hargeisa TB Hospital.
- Lawyocado MCH.
- Horn of Africa Voluntary Youth Committee (HAVOYOCO).
- Somaliland Association for Youth Salvation (SAYS).
- SYSA.

Main achievements
- 2,073 people have been counselled and tested through various project partners.
- 74 people received so far treatment for opportunistic infections.
- 150 people were treated for STIs at partnering health facilities.
- 43 OVCs have been supported.
- 40 PLHIV/families have received health education sessions.
- 20 partners’ staffs were trained on basic monitoring and evaluation principles and tools.
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