



Including disability in HIV policy and programming: Good practices drawn from country-based evidence

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HANDICAP INTERNATIONAL

About Handicap International

Handicap International is an independent and impartial international aid organisation working in situations of poverty and exclusion, conflict and disaster.

Working alongside people with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights.

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About this brief

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This brief is an introduction to the lessons learned document on good practices about the inclusion of disability in HIV policy and programming.

The full version of the document is available on Skillweb:

www.hiproweb.org/uploads/tx_hidrtdocs/DisabilityAndHIV_LL07.pdf



Key messages

Handicap International has been involved in the global HIV response since 1994. It was one of the first organisations to highlight the interrelation between HIV and disability in developing countries, spearheading the Africa Campaign on Disability and HIV and AIDS¹. This campaign's major achievement was the Kampala Declaration which alerted on the strategic importance of including disability in HIV and AIDS policies and programming.

The main reason for Handicap International's operational focus on HIV and AIDS is the high vulnerability to HIV of people with disabilities who constitute approximately 15.6% (11.8–18.0%) of the world's population². Based on a recent meta-analysis of HIV prevalence among adults with disabilities in Sub-Saharan Africa³, data shows there to be a gradient in the risk of HIV infection according to gender and disability status, with risk increasing from 1.48 in men with disabilities to 2.21 in women with disabilities when compared to non-disabled men.

Hence, over time, Handicap International has gained significant experience and developed good practices with regard to including disability in HIV policy and programming. Indeed, the organisation had learned important lessons about programmatic and political processes and dynamics, which some are presented in this document: **1)** Disability inclusion in the national AIDS strategic plan in Senegal; **2)** Inclusion of disability by mainstream AIDS organisations and implementing partners in Ethiopia; **3)** Capacity-building of disabled people's organisations for increased organisational development in Rwanda; **4)** Disability inclusion at HIV services level in Kenya; **5)** A specific initiative for deaf women and the integration of sexual violence protection in Cambodia; and **6)** Inclusive international AIDS conferences.

¹ <http://www.africacampaign.info/>

² World Health Organization and World Bank. The world report on disability. WHO, 2011.

³ De Beudrap P., Mac-Seing M., Pasquier E. Disability and HIV: a systematic review and a meta-analysis of the risk of HIV infection among adults with disabilities in Sub-Saharan Africa, in AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, 2014, Volume 26, Issue 12.

Six initiatives were analysed



Selection criteria for good practice

Initiatives showing demonstrable impact: Clearly achieving expected results and recording positive impact among project stakeholders and partners, corroborated by feedback describing positive changes.

Nature of replicability: A specific action, approach or technique which Handicap International and others could feasibly replicate, adapt or scale up in other contexts and programmes.

Efficiency: A practice which is efficient in terms of time, finances and human resources.

Sustainability: Potential for local actors to be able to develop or sustain an action, approach or technique in the future.

People-centred: Practices related to service provision which respect the concept of individual users being actively involved in any decisions which concern them.

Initiatives that conform to a broader set of guiding principles and shared values such as non-discrimination, full and effective participation in society, equality of opportunity and accessibility.

Initiative 1 - Inclusion of disability in the National AIDS Strategic Plan in Senegal

This good practice concerns a project which had as main objectives to promote access to HIV prevention, treatment, care and support services for people with disabilities and to encourage their participation in HIV/AIDS programming. Thanks to a combination of key programmatic and advocacy activities and epidemiological evidence, more than a thousand people, including people with disabilities, were counselled and tested for HIV in Senegal; 100 local initiatives on accessibility and social participation were put in place to improve access to HIV prevention and care services for people with disabilities; health/HIV-related personnel were trained on disability inclusion and basic sign language; and a Platform on Disability and HIV was set up. One of the key successes of the project was the inclusion of disability in Senegal's 2011-2015 National AIDS Strategic Plan (NSP). This Plan foresees specific HIV prevention services and allocates resources for women and men with disabilities. The government of Senegal has thus added people with disabilities to its official list of populations vulnerable to HIV infection. This represents a major breakthrough and has sent a strong message: failure to address the vulnerability to HIV and AIDS of people with disabilities is no longer acceptable.

Initiative 2 - Inclusion of disability by mainstream US-funded AIDS organisations and implementing partners in Ethiopia

This good practice concerns a pilot project which aimed to increase the understanding and inclusiveness of disability issues by mainstream AIDS organisations. It considered that working directly with the mainstream US-funded AIDS organisations that had been delivering the majority of AIDS programming in the country was crucial, as a collaborative approach that would provide the potential to reach a much larger number of people. The first stage of the project consisted in organising a disability accessibility audit with the organisations' top managers. The results allowed all the key stakeholders to be aware of the absence of disability inclusion. Consequently other activities were implemented in a logical order so as to reinforce disability mainstreaming (joint action plan, training of trainers, adaptation of IEC material to make it accessible to people with different disabilities, advocacy...). One of the key successes of the project concerns Population Council which, following their participation in the training of trainers and a series of awareness-raising activities, decided to revise its training manual for mentors to include a specific section on "Women and Disability", calling on the technical support of Handicap International. This training manual, covering various topics such as life skills, HIV prevention and gender-based violence, was thereafter used by more than 200 mentors to reach 10,000 vulnerable girls in 18 cities and towns.

Initiative 3 - Strengthening the role of disabled people's organisations in the HIV response in Rwanda

This good practice concerns a key component of a project which main objective was to reinforce the organisational, managerial and technical capacity of local communities to provide quality HIV prevention and care services to people with disabilities. By the end



Initiative 6 - Disability-inclusive international AIDS conferences from 2008 to 2014

This good practice of disability-inclusive international AIDS conferences is the result of years of joint collaborative advocacy by members of the International Disability and Development Consortium's (IDDC) Task Group on HIV and Disability.

At events such as these, thousands of practitioners, clinicians, academics, researchers, activists, decision-makers and donors, convene to share their HIV-related know-how and learn from the wider community about emerging trends, knowledge and skills. This therefore offers a great opportunity to reach large numbers of AIDS decision-makers and implementers and stress the importance of including people with disabilities.

Over the years, one of the main objectives of the IDDC HIV/Disability Task Group, of which Handicap International is an active member and was co-chair from 2010-2012, has been to ensure that disability is visible and included in AIDS conferences' mainstream programming.

The following conference activities were undertaken to push for more disability inclusive agendas: special and satellite sessions (ICASA 2008 and IAC 2010), forum (IAC 2008 and 2012), non-abstract driven sessions (ICASA 2011 and 2013), skills building workshop (IAC 2012 and 2014), symposium (ICASA 2013), disability networking zone (IAC 2010, ICASA 2011, IAC 2012, ICASA 2013 and IAC 2014), and promotion of disabled speakers living with HIV in plenary sessions (ICASA 2013).

of the project, 93,393 people with disabilities and 246,100 community members received awareness-raising on HIV prevention; 2,090 people with disabilities living with HIV had received care and treatment services; 4,903 people with disabilities; 8,715 community members had been sensitized on sexual and gender-based violence (SGBV); 53 people with disabilities received SGBV care and treatment services; and nine disabled people's organisations (DPOs) and community-based organisations (CBOs) benefited from organisational development strengthening. This strengthening helped DPOs and CBOs to mobilise financial resources and increase their institutional credibility; and to promote and defend the rights and needs of people with disabilities and other highly marginalised populations. The funding obtained from the Global Fund for UPHLS' and AGHR's projects on HIV prevention for people with disabilities was one of the project's biggest success stories given that only a few years previously these two local organisations did not know how to write a proposal and did not have the funding they needed to meet their organizational objectives.

Initiative 4 - Disability-sensitive HIV information and services for people with visual impairments in Kenya

This good practice concerns a project that focused on increasing access to HIV information and services for people with visual impairments in Kenya. The main objectives of the project were to: 1) adapt, produce and disseminate patient education/literacy and awareness materials on sexually transmitted infection (STIs), tuberculosis and HIV care and treatment in accessible formats for, and 2) create awareness on STIs and HIV related information, knowledge and services among people with visual impairments in Nairobi, Kiambu and Machakos. Handicap International learned from this project experience that packaging health/HIV-related communication messages in accessible and user-friendly formats for people with visual impairments and then disseminating them through peer education significantly improved the uptake of HIV services. As a result, 8,796 people with visual impairments were reached with HIV information on prevention, treatment and care; 23 community discussion sessions were organised; and 3,064 people with visual impairments went for counselling and testing.

Initiative 5 - Specific initiative for deaf women and the integration of sexual violence protection in rural areas of Cambodia

This good practice concerns a project which main objective was to improve access to prevention, care, protection and support systems relating to HIV/AIDS and sexual violence protection for people with disabilities, and notably for deaf women in Kampong Cham and Battambang provinces, by strengthening the capacities of disabled people's organisations. One of the key successes of the project was to develop a common set of Cambodian signs for discussing issues such as HIV prevention, human rights, sexual violence and disability rights, through awareness-raising activities. The Deaf Development Programme (DDP) of Maryknoll took over the delivery of training on HIV and sexual and reproductive health rights for deaf women and men in their language/life skills centres. This transfer of skills to one of the closest partners was a clear sign of project ownership and sustainability.

Key lessons learned from these good practices



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The key lessons learned from these good practices across diverse countries and contexts are as follows:

- **Investing in and collecting epidemiological and behavioural data** among people with disabilities are powerful technical and advocacy tools for policy improvement and change towards more inclusiveness of all. Visible data on disability can convince policy-makers and programme managers to change course and stop excluding people with disabilities from the HIV response.
- **The importance of buy-in by top managers and decision-makers** should not be underestimated, as they play a crucial role in improving programmatic access for people with disabilities to HIV prevention, treatment, care and support services through resources commitment and political engagement.
- **Building the capacity** of all HIV prevention and response service providers is essential to ensure the provision of accessible disability- and gender-sensitive information and services.
- **Universal design and/or reasonable accommodation** are key aspects of disability mainstreaming at all levels of health/HIV-related development for people with disabilities.
- **The institutional development of disabled people's organisations** is pivotal for strengthening the promotion and defence of disability rights in the global HIV response.
- **Directly involving women, men and children with disabilities and representatives of disabled people's organisations** in the design, implementation, monitoring and evaluation of HIV prevention and response services increases the quality of interventions and the relevance of actions.
- **Partnerships between AIDS-related research and academic institutions and disability-focused NGOs / disabled people's organisations** is necessary to build meaningful alliances for disability inclusion in HIV and AIDS programming.

Given the heterogeneity of the world's vulnerable populations, general solutions to HIV and AIDS are no longer sufficient. It is essential to know what works for the key and vulnerable groups that are often left behind, such as people with disabilities who encounter specific structural, attitudinal and environmental barriers. People with disabilities constitute the world's biggest minority, i.e. 15% of the population worldwide and this rate is closer to 19% among the world's female population. So, their inclusion constitutes an urgent need.

Handicap International has already begun to integrate these lessons learned into new practices, such as in Senegal as part of a new project (2013-2016) funded by the 5% Initiative and aimed at improving the Global Fund's mechanism, and in Mali (2014-2016) where a special focus will be put on disability inclusion via the governance processes of community-based AIDS organisations.

Handicap International encourages other international development, government and health actors to review, use and especially to act upon these good practices in future disability-inclusive policy and programming initiatives.