

**REPORT ON THE FIRST  
CONTINENTAL-WIDE  
HIV/AIDS SENSITIZATION WORKSHOP  
FOR DEAF POPULATION IN AFRICA.**

# REPORT ON THE CONTINENTAL-WIDE HIV/AIDS SENSITIZATION WORKSHOP FOR DEAF POPULATION IN AFRICA.

**VENUE: PEACOCK HOTEL DAR ES SALAAM**

**DATES: 24<sup>TH</sup> – 30<sup>TH</sup> AUGUST 2005**

**THEME: OUR FUTURE-OUR RIGHTS TO HIV/AIDS INFORMATION,  
CARE AND SUPPORT**

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The objectives of the workshop were as follows:

- To provide HIV/AIDS awareness and life skills training to the representatives from the Deaf community in Africa.
  - To sensitise the Deaf on their rights to HIV/AIDS information and to care and support when infected by HIV/AIDS.
  - To provide a forum for the Deaf to exchange inter-country experience on HIV/AIDS among the Deaf population in Africa.
  - To educate and raise awareness among the government officials, UN agencies and participants from institutions working on HIV/AIDS, on the specific problems face by Deaf people in accessing HIV/AIDS information, care and support.
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## **PART ONE: PROCEEDING OF THE THREE DAYS WORKSHOP**

The workshop drew participants from different regions in Africa, namely: Kenya, Uganda, Tanzania, Rwanda, Ethiopia, Cameroon, Zambia, South Africa. Also in attendance there were representatives from SHIA/SDR (funding the workshop) as well as the African Decade Secretariat. Hon. Shamim Khan, Deputy Minister for Community Development, Gender and children, also graced the workshop. Hon. Alex Ndeezi MP from Uganda also graced the occasion.

### **OPENING REMARKS**

Mr. Dickson Mveyange the Executive Director of CHAVITA opened the session by giving an opportunity to all the participants to introduce themselves by citing their names, their positions in the associations they are from and their country of origin. He mentioned that CHAVITA had acquired much in terms of raising awareness on sign language, research, psychology and advocacy for the Deaf people. He further added to say that it was a centre where the Deaf people had utilized their potential to improve their standard of living.

**Ms. Lupi Maswanya**, who is also a member of CHAVITA and (Regional Secretariat for Eastern and Southern Africa (RSESA) acting chairperson welcomed all those present. She highlighted some roles of RSESA since its inception in 1990 and its achievements. RSESA, she said, was established to promote and conduct research on sign language and to sensitise member countries on human rights of the Deaf, education and equality. HIV/AIDS was a special mention because the Deaf have always been ignored in issues pertaining to HIV/AIDS. Access to information on

HIV/AIDS to the Deaf has been a major obstacle. She saluted RSESA for having conducted two workshops that targeted the Deaf women from the region, where they were able to learn about management and leadership skills, reproductive health and HIV/AIDS. She also hinted on the proposed establishment of the African Deaf Union (ADU) that would cater widely for the needs of the Deaf persons all over Africa unlike the RSESA, which specifically targeted the Eastern and Southern Africa region.

**The Chairperson of CHAVITA, Mr. Nidrosy Mlawa** mentioned that the HIV/AIDS workshop was very significant to the Deaf and was a very good avenue to explore the challenges that affect the Deaf people in Africa. He noted that the Deaf people have been marginalized in the fight against HIV/AIDS because of lack of access to communication.

**Hon. Alex Ndeezi (MP Uganda)** noted that the Deaf have been ignored literally from the family set-up where their family members are unable to communicate with them, thereby denying them a lot of information. Regarding HIV/AIDS, he said a lot of information was not targeting the Deaf and it is a pity that Deaf persons have not been involved in these programs. To overcome this, he stated that the Deaf should be more vigilante by accepting themselves the way they are, embracing sign language and culture, sharing information and interacting and above all freedom of isolation to rid isolation.

**SHIA representative Mr. Barry Hampshire** informed the participants the SIDA was the first organization to be in the forefront in mainstreaming HIV/AIDS in their projects. After analysing the idea it was later taken up by individual organizations, which would support the cause of HIV/AIDS fully. Eventually, embraced the idea and it is the first time that it has been fully involved in HIV/AIDS and also involving other organizations. He also stated that within the Eastern African region they have other organizations that are working with HIV/AIDS and have involved disabled persons in their standard programs and are still continuing to involve disabled people in their normal programs. So far he said, SHIA has two projects that are dealing with the HIV/AIDS. He further stated that in the Deaf community their needs to be more focus to help improve the situation of the Deaf persons. He ended by saying that there is a small grant that has been set aside for individual projects in the home country's that can be used eventually to form larger projects.

**Ms. Kerstin Kjellberg (SDR representative)**, asked the associations of the Deaf to continue working with the society and seize the opportunities that arose. She asked the Deaf to create more awareness about their work and to get as much information from the majority groups, and eventually whatever information was gathered would benefit the Deaf community without bias.

**The Guest of Honour Hon. Shamim Khan, Deputy Minister for Community Development, Gender and Children** was welcomed to officially grace the occasion. The Hon. Minister was very impressed with the theme of the conference and stated that it did not only touch on the Deaf persons only but everyone. She said that HIV/AIDS affected all of us including the Deaf, therefore becomes everyone's responsibility, hence effective measures must be taken both individually and collectively to contain this pandemic. She reported that in Tanzania, the first

three HIV/AIDS cases were reported in 1983 and has doubled countrywide since the first diagnosis in 1983. HIV/AIDS was declared a national disaster in Tanzania each and everyone must take drastic measures on the war against AIDS.

The biggest challenge has been poverty, hence poor education, lack of access to health facilities and lack of resources has been a major drawback. The government has stepped in and ranked HIV/AIDS as a top priority in its agenda, by empowering families, communities and individuals to respond to the challenges and threats posed by the epidemic. This has broadened the scope of the national response which is based on the national policy on HIV/AIDS of November 2001. She went further on to state that an act of parliament of 2001 established the Tanzanian Commission for AIDS (TACAIDS) to strengthen the expanded response to the epidemic. It provides strategies, leadership and coordination, monitoring and evaluation of the national response. The government is safeguarding disabled persons rights to include the establishment of specific policies for the Deaf and increased the number of disabled persons representatives to two. Therefore, the need to involve NGO's, development agencies is very vital to enable them develop programs that are Deaf friendly.

She also stated that the successes of the Deaf people will entirely depend on their performance from the national level of their associations by addressing issues and networking to combat HIV/AIDS. She called upon the governments to address the needs of the Deaf in particularly sign language. She wished the workshop a success and officially opened it.

**Issues and challenges addressed:**

- There is no effective cure or vaccine for HIV/AIDS, effective measures must be taken by all to contain the epidemic.
- The biological and cultural/economic vulnerability of girls/women and women with disabilities limit their possibilities to defend themselves.
- Poverty in African countries makes disabled persons unable to access better health services and information.
- Lack of resources, hence low or no education at all.
- Misconception of disabled persons who are seen as outcasts or curse. Awareness is still lacking about the rights of disabled persons.

**Recommended Action and Way Forward:**

- More lobbying and raising awareness with the government, NGO's, development partners to intensify collaboration,
- Governments should establish specific policies for disabled persons and recognize the needs of Deaf people especially in the use of sign language.
- National associations of the Deaf should effectively lobby, advocate and network against the fight of HIV/AIDS.
- Coordinate activities and share information and experience.

**0.1.1. LINGUSITC AND ATTITUDINAL OBSTACLES FACED BY THE DEAF PEOPLE IN ACCESSING HIV/AIDS INFORMATION IN AFRICAN COUNTRIES: THE CASE OF TANZANIA.**

*By: Dr. Mary Mboya, Lecturer Department of Education Psychology-University of Dar es Salaam.*

**Introduction:**

Tanzania has 120 different communities each with its own distinct language. English and Kiswahili are equally important, which they need to learn due to their importance in the community. The effectiveness of dissemination of HIV/AIDS prevention information is highly dependent on the community's ability to understand the language used. HIV/AIDS was first identified in Kagera in 1983 and efforts to curb its spread have not been successful in some communities. Factors that hinder its prevention include linguistic and attitudinal barriers. The Deaf are more disadvantaged due to linguistic barriers.

**Multilingualism in Tanzania:**

Most Tanzania live in the rural areas and therefore acquire ethnic community languages as their first language. Kiswahili is also highly regarded as the country's national and official language. English is introduced as a subject at primary level and later used as the medium of instruction in secondary schools and tertiary level. It is also used for important official and communication matters.

Tanzania sign language is used as a language for the Deaf and is optional. It is learnt at schools for the Deaf

**Language problems experienced by the Deaf in this multilingual community:**

The community requires students to be multilingual; therefore language proficiency is a problem for most students especially in the use of English especially in secondary and tertiary level. If the situation is so critical in the hearing community, once cannot expect the Deaf to be any better because they are disadvantaged in

communication. Therefore, understanding the educational status of people with disability is essential in understanding the current situation in access to HIV/AIDS information and the lack of relevant skills and knowledge amongst the Deaf.

### **Educational status of people with disability in Tanzania:**

Hardly do disabled people go beyond the primary school level. About 93% of PWD's have less than secondary level education and less than 1% has post secondary and university education. A very small percentage of children with disability have access to education.

### **Academic achievement problems:**

Most children with hearing impairment have severe deficits in academic achievements. Reading relies on spoken language and is an important area in academic achievement and is most affected. The reading achievement of Deaf is said to be 1/3 of that of hearing students. There is no data that exists on the reading level of the Deaf in Tanzania, we can assume that it can be very low considering the demerits they face in education.

### **Communication in schools for the Deaf:**

The problem has been made more complex by the mode of teaching used for the Deaf. Historically, education for disabled persons was run by religious and charitable organizations. They contribute funds and personnel and bring with them preferred methods of instruction. The government of Tanzania did not have a policy on the communication mode to be used. The schools decided the type of signs and/or oral methods to be used. The problem still persisted even after the introduction of sign language in schools for the Deaf, though it is still not used exclusively, they used 'total communication' which is combination of signs and oral language.

Inclusive education is bound to lead to further communication problems for the Deaf pupils. There are few teachers in Tanzania with the knowledge and training in hearing impairment and sign language to provide appropriate services to Deaf children.

### **Limitations of sign language:**

Sign language uses concepts as opposed to spoken language which uses words and expressions. This can be a major hindrance in accessing HIV/AIDS prevention information. The language used especially for issues of sexuality and substance abuse may not be meaningful for a sign language user even when they are interpreted.

Adequacy in the number and ability of sign language interpreters may also hinder prevention efforts. Interpreters need to be well versed in issues and terminologies pertaining to HIV/AIDS and the most appropriate way to present the information to the Deaf.

Deaf children and adolescents have little chance of acquiring information on HIV/AIDS and sexuality. It is complicated by the modes used to disseminate information on HIV/AIDS.

### **HIV/AIDS information dissemination in Tanzania:**

Due to the magnitude of HIV/AIDS, there have been numerous programs on prevention. The programs have educated members of the society on the nature of HIV/AIDS, how its acquired, prevention and treatment. The mass and electronic media e.g. Radio, TV and Internet, videocassettes. Public advertisements, public talks and seminars and health centres and HIV/AIDS counselling centres have been used to disseminate information on HIV/AIDS. However, the Deaf people have been unable to access the information effectively due to low education, low reading ability and low economic level.

### **Attitudinal Barriers to effective dissemination of HIV/AIDS information:**

There has been improvement in the Tanzanian attitude towards PWD's but there are still a lot of people who are ignorant about the Deaf and have negative attitudes towards them. Most communities have misconceptions about PWD's especially in terms of their sexuality which leads to their exclusion from situations which offer appropriate information and experience. There is a tendency to look at PWDs as either asexual or sex objects.

This predisposes them to sexual abuse and the risk of HIV/AIDS infection. PWD's are excluded from cultural activities that offer the relevant socialization to their peers. The exclusion is either due to negative attitudes and superstition that exist in Tanzania. Also, very few services accommodate PWD's.

The major cause of negative attitudes is the prevalence of misconceptions about disability especially deafness. This can be eradicated by giving disability awareness trainings. Issues of confidentiality may act as a barrier hindering prevention of HIV infection among the Deaf community.

### **Confidentiality:**

Prevention efforts can be hindered by the perceived threat to confidentiality. A Deaf person may decide to go to a testing clinic alone and risk the threat of misunderstanding the information in communication with a non-signer user rather than risk loss of confidentiality by going with an interpreter or to a special program for Deaf people.

### **Recommendations of methods to be used for better understanding of the information and prevention of the HIV infection:**

They include:

- (a) Training health workers on the provision of appropriate services and education on sensitive issues to the Deaf community.
- (b) Use of mobile prevention clinics to target the Deaf.
- (c) Appropriate public advertisements.
- (d) Clinics should have people who are proficient in Tanzanian sign language.
- (e) Interpreters should be equipped with appropriate skills in Deafness, sign language and HIV/AIDS information.

### **Recommendations necessary for effective and efficient dissemination of information on issues of sexuality and HIV/AIDS:**

- (a) Countries need to introduce comprehensive educational and outreach programs for children and youth.
- (b) All schools providing education to the Deaf students should provide education in sexuality and substance abuse.
- (c) Public advertisements to clearly portray the information.
- (d) Multi-sensory methods should be used in teaching sensitive topics.

### **Conclusion:**

The society still has negative attitudes towards the Deaf people, because of complex linguistic problems caused by multilingualism in Tanzania. The problem of access to education and educational achievement, especially in reading ability, lower the ability of the Deaf to understand the benefit from the HIV prevention in society, as well the dissemination of HIV/AIDS materials.

### **0.1.2. THE ROLES OF RSESA IN ADVOCATING THE LINGUISTIC RIGHTS OF THE DEAF PEOPLE IN EASTERN AND SOUTHERN AFRICA AND INITIATIVE TO ESTABLISH THE AFRICAN DEAF UNION.**

*By Dominic Majiwa-Regional Director, World Federation of the Deaf, Regional*

The overall overview of this paper is to address RSESA's roles *vis a vis* HIV/AIDS and the proposed establishment of the Africa Deaf Union (ADU). RSESA was established in 1990 to cater for the (social, political, economic) needs of the Deaf people within the Eastern and Southern African region and to advocate for the use of sign language as a natural language of the Deaf people and equalization of opportunities.

Since its inception, several seminars/conferences have been conducted to address issues affecting both Deaf men and women. These conferences have created forums where HIV/AIDS has also been top on the agenda. RSESA has also assisted in the establishment of national associations of the Deaf where they have been non-existent. Consequently, Uganda and South-Africa, to name but a few, have been role models in the national associations of the Deaf and have seen their sign language entrenched in their constitution as the official language of the Deaf.

RSESA has also bridged the gap by conducting leadership and management training, capacity building and human rights, resulting into stronger associations. Cooperation between the government, development agencies and NGO's has been cordial.

### **HIV/AIDS**

The epidemic has spread widely in Africa and has not spared the Deaf either. Poverty and culture practices have also led to the spread of HIV/AIDS amongst the Deaf. It has crept into the associations of the Deaf and declared many a number redundant, because Deaf people have been excluded from the mainstream programs that address the issues on HIV/AIDS.

In essence, the associations should derive suitable network to enhance the flow of information. Kenya, Uganda, Tanzania and South Africa are perfect examples that have embraced HIV/AIDS in their programs and liase with the government.

### **AFRICAN DEAF UNION (ADU)**

The idea of establishing the ADU was prompted during the African Decade of Persons with disabilities meeting in South Africa. It was a welcome idea that would, if established, see ADU represent all the regions of Africa viz: North, West and Central Africa which have been excluded from the RSESA region. An interim committee has been instituted to support this cause, which will see a good network amongst the Deaf and consequently find better avenues to address the needs of the Deaf in the continent.

### **Recommended Way forward:**

To establish the proposed African Deaf Union (ADU) and to strengthen the existing associations of the Deaf.

### **GROUP DISCUSSIONS**

The answers to the group discussions were more or less the same and were summarised as follows:

1. Drawing from the Tanzanian example presented, discuss linguistic barriers in other African countries.
  - (a) Training programs in most countries have not been tailored to suit the needs of the Deaf people.
  - (b) Sign language has not been recognized from as low as the family level though to the national level.
  - (c) Lack of awareness on the importance of sign language to Deaf people as well as hearing people to bridge the gap in language.
  - (d) The language used by the media is not easily understood by the Deaf.
2. Discuss experiences in the Education system which disadvantage the Deaf community by reducing their chances of acquiring information.
  - (a) No clearly defined policies in education for the Deaf.
  - (b) Sign language is not used as a medium of instruction in schools hence denying the Deaf communication
  - (c) Lack of trained teachers who are conversant in sign language.
  - (d) Lack of qualified sign language interpreters in schools for the Deaf.
  - (e) The introduction of integrated education for the Deaf where the Deaf are forced to use oralism.
3. Drawing from your experience in the hearing community. Discuss incidences, which have caused frustration due to linguistic and attitudinal barriers.

- (a) Multilingualism where you are expected to learn your first language as well as English, makes it difficult for the Deaf people.
  - (b) Misconception of the Deaf by society, they are seen as outcasts.
  - (c) Limitation of sign language. Very few people understand sign language.
  - (d) There is no respect for sign language and society thinks it is not a language.
  - (e) Very few services accommodate people with disabilities.
4. Identify some sources of HIV/AIDS prevention programs which present data in a manner which discriminates against the Deaf community.
- (a) Most facilitators running the programs neither know sign language nor use sign language interpreters, hence a lot of information is lost.
  - (b) Wrong impression that Deaf are not sexually active.
  - (c) Materials developed are not Deaf friendly and is difficult for the Deaf to understand the terminologies used because of their low education level.
  - (d) It is difficult to identify a Deaf person because the disability is invisible, hence Deaf are left out.

## **WAY FORWARD**

- (a) To create more awareness of Deaf people
- (b) Sensitize the government, NGO's, and development partners about sign language and Deafness.
- (c) Training of sign language interpreters.
- (d) Advocate for the formation of a well-defined policy on the Deaf and Deafness.
- (e) Teaching sign language to collaborating partners e.g. the government and NGO's.
- (f) Deaf to take leadership roles and develop strong networks with all collaborating partners.

### **0.1.3. BARRIERS FACED BY DEAF WOMEN IN AFRICA THAT CONTRIBUTE TO VULNERABILITY TO HIV/AIDS**

*By Euphrasia Mbewe – Deaf Women Activist, Zambia.*

The major problems that affect Deaf women are:

- (a) Barrier to information: The methods used are not accessible to the Deaf e.g. TV and radio. Hence, they have no information on how HIV/AIDS is transmitted and how you can protect yourself against Hiv/AIDS.
- (b) Poverty: The level of poverty is alarming, therefore most women are forced to offer sex for cash to make ends meet. They cannot access food, shelter, clothing, medicine etc.
- (c) Gender violence: Is very rampant in the African society and disabled people are taken advantage of. Some men also believe that if they indulge in sex with Deaf women they cannot be infected with the HIV/AIDS virus. Therefore, many Deaf women are raped and the cases are not reported.
- (d) Funding: Money intended for Deaf women projects does not reach the beneficiaries because of inappropriate channels of disbursing funds.
- (e) Lack of strong database: Statistics of Deaf women with HIV/AIDS is unknown because neither aware of the existence of HIV/AIDS nor access the VCTs.
- (f) Health: Due to low or lack of education, many Deaf women are not aware of health status, thus, making them more vulnerable to HIV/AIDS.

There should be support programs that should cater for the needs of the Deaf women. Family as well as society should be fully involved in these programs.

# **UGANDA NATIONAL ASSOCIATION OF THE DEAF STRUGGLE TO FIGHT HIV/AIDS AMONGST THE DEAF PEOPLE.**

*By Florence N. Mukasa – Gender and Theatre Coordinator, Uganda National Association of the Deaf.*

## **Introduction:**

The Uganda National Association of the Deaf (UNAD) consists of 56 Deaf members from 56 districts. UNAD ensures that the Deaf people in Uganda enjoy their rights as human beings as enshrined in the Ugandan constitution which states that ‘persons with disabilities have a right to respect, and human dignity and the state and society shall take appropriate measures to realize their full mental and physical potential. In addition Article 32(1) the state shall take affirmative action in favour of all groups marginalized on the basis of age, gender and disability.

## **HIV/AIDS Prevalence:**

Majority of services providers have excluded the Deaf people in their mainstream programs. The Deaf women and girls are more vulnerable and are not involved in matters pertaining to HIV/AIDS and reproductive health policies. Despite the existence of strong policies and structures and an umbrella body of women living with HIV/AIDS Deaf women have been unable to overcome the challenge of discrimination.

## **Vulnerability of Deaf men, women and HIV/AIDS:**

While statistics indicate that the HIV/AIDS prevalence has reduced to 6%, the number is rising amongst the Deaf, because raising awareness never targets the Deaf persons owing to communication breakdown.

Barriers faced by Deaf women/girls:

- (a) They lack self-esteem because of negative influence and cultural practices.
- (b) Neglect by parents once they discover their children are Deaf.
- (c) Lack of education, hence, lack of awareness about HIV/AIDS.
- (d) Exclusion from HIV/AIDS programs.
- (e) The girl child has been denied her child rights and are discriminated upon.

What UNAD has done to reduce HIV/AIDS amongst the Deaf:

- (a) Integrating HIV/AIDS into all activities and programs.
- (b) Encouraging those who are infected to accept their status.
- (c) Working with NGO’s to promote voluntary counselling and testing.
- (d) Using information, education and communication technology (IEC) to include drama, songs and video shows.
- (e) Training programs have been tailored to meet the needs of the youth and Deaf adults. It also includes those in and out of schools.

Solutions to protect Deaf Women from HIV/AIDS:

- (a) Unite and have one voice to fight HIV/AIDS.
- (b) Raising awareness about HIV/AIDS, empowerment and human rights issues.
- (c) Cooperating between Deaf from developed countries financially and technically.
- (d) Training medical personnel sign language, which is very important for communication.
- (e) Production and distribution of IEC materials.
- (f) Designing programs that promote voluntary counselling and testing among the Deaf community especially for Deaf women.
- (g) Empowering Deaf women economically to reduce unemployment.
- (h) Advocacy and representation in social, economic and cultural aspects and make them responsive to the needs of the Deaf.
- (i) Government to put in place laws and bills that ensure that Deaf women/girls enjoy the same rights and to promote recognition and acceptance of persons with disabilities.

#### 0.1.4. SOURCES OF INFORMATION ABOUT HIV/AIDS

*By Meena H. A. – UNAIDS Country Office – Dar~es~salaam.*

Marginalized groups suffer because of their continued risk, vulnerability and lack of access to HIV/AIDS information and services that can be used to impart knowledge and skills to protect themselves and their partners and to prevent further infections and ensure further treatment if infected.

There's little information that reach the Deaf because majority can neither read nor write. This is a big challenge, therefore the need to ensure that the Deaf get access to user-friendly HIV/AIDS information and services. It is also important to note that information or knowledge alone is not enough to influence behaviour change. It must be combined with education training to provide skills required to be able to act.

Sources include Print (newspapers, magazines, newsletters, pamphlets etc.), electronic (Radio, TV, Internet, Telephone (sms) etc) and traditional/cultural (theatre, drama shows, sport etc) sources. Therefore, knowledge and skills to read and write and access to sign language interpreters is required

These sources of information have contributed significantly to the higher level of HIV/AIDS awareness in the general population. However, the level of awareness in the Deaf community is unclear.

#### **GROUP DISCUSSION**

From the experience presented by Ms. Euphrasia Mbewe, Ms. Florence Mukasa and Dr. Meena of UNAIDS, identify priority for HIV/AIDS advocacy strategies which can assist the participants to develop a plan to fight HIV/AIDS epidemic among the Deaf community in our respective countries, through development cooperation with partner organizations.

The participants came up with the following:

<b>Broad objective</b>	<b>Activities</b>	<b>Partners</b>
1. Conduct capacity building and awareness raising on HIV/AIDS and preventive measures.	(a) Establish database and VCT centres in Deaf community and identify those that are infected. (b) Identify and train peer educators. (c) Sensitization on voluntary counselling and importance of HIV/AIDS test. (d) Conduct forums and workshops to sensitize government and NGO's and the general public.	(a) Ministry of Health (b) Development Agencies (c) Government (d) SHIA/SDR

#### 0.1.2. THE AFRICAN DECADE AND VISION TO COMBAT HIV/AIDS AMONG THE PEOPLE WITH DISABILITIES IN AFRICA

*By Thomas Ongolo – The Secretariat of African Decade of Disabled Persons in South Africa.*

The decade is a 10-year period declared by the African Union (AU) to mainstream and integrate disability issues in all sectors of government and within development aid programs to benefit the region.

The ten-year framework will serve as a useful tool to bring about collaboration among diverse partners towards a common goal through agreed priorities.

### **Goals and objectives:**

- (a) Raise awareness about the situation of people with disabilities.
- (b) Identify solutions to enhance full participation, equality and empowerment.
- (c) Increase inclusion of disabled Africans in all poverty reduction programs.
- (d) Increase the number of disabled children and youth in educational programs.
- (e) Increase number of disabled Africans receiving health services.

All these will be made possible by building effective partnership amongst the Decade stakeholders, capacity and awareness building. The secretariat is in Cape Town and is comprised of both disabled and non-disabled staff.

### **Disability and HIV/AIDS**

The vulnerability of people with disabilities to HIV/AIDS is soaring because AIDS programs both at national and international levels don't include the needs of People with Disabilities. Therefore, they are more vulnerable because:

- (a) People with Disabilities (PWD's) have limited access to HIV/AIDS information.
- (b) PWD's have limited access to HIV/AIDS testing and treatment services.
- (c) PWD's especially women and other minority groups are socially vulnerable. Many people with disability are unable to negotiate safe sex.

Much is being done by Disabled People's Organizations (DPO'S) e.g. SAFOD, WAFOD, AFUB, WFD/RSESA to reduce the vulnerability amongst members by making prevention messages accessible to the Deaf and Blind citizens. Through this, a lot of conferences and seminars in Africa and the world over to share experiences and good practice.

### **Role of the Decade:**

It ensures that:

- (a) Disability is mainstreamed into existing HIV/AIDS programs in Africa and has targeted Ethiopia, Senegal, Mozambique, Rwanda and Kenya.
- (b) There is a comprehensive strategy for inclusion of disability in mainstream HIV/AIDS programs which outlines the essential accessibility targets in relation to different disability categories.
- (c) The strategies involved in these countries will call for action, lobby with governments and awareness.

There's also a coalition on disability and HIV/AIDS that is being unveiled. It has the following principles: Advocacy, raising awareness at the continental and regional level, produce guidelines on how to integrate disability, highlight positive experience and good practice and serve as a central point for information gathering and dissemination.

### **0.1.6. LOBBYING AND ADVOCACY STRATEGIES FOR HIV/AIDS AND HEARING DISABILITY INFORMATION, CARE AND SUPPORT.**

*By Ananilea Nkya – Tanzania Women Media Association (TAMWA)*

#### **Introduction:**

According to UN population statistics (2000) there are 335 million people in the world with moderate or severe disabilities with 70% living in developing countries most in Africa. In Tanzania, the estimate of people with disabilities accounts for 10% of the total population that is 3.4 million. The country has national policy on HIV/AIDS, which contains no specific components concerning people with disabilities. Therefore, there is a need for people with hearing disability/Deafness to take action to initiate a campaign that will raise public awareness on HIV/AIDS and disabilities.

**The objectives include:**

- (a) To highlight key concepts of lobbying and advocacy.
- (b) To share techniques of lobbying and advocacy.

Lobbying and advocacy refer to activities by individuals and/or organizations to exert pressure for change in specific policies.

Concepts related to lobbying and advocacy include:

- (a) Persuading your agenda on what you want so it can be accepted.
- (b) Aiming at changing or influencing the thinking, understanding and interpretation of issues.
- (c) Influencing what others believe, think so that change can take place the way you want it. E.g. people think that disabled people are asexual, the public should be made aware that they are also sexually active and vulnerable to HIV/AIDS.

Concepts related to coalition building and networking involve:

- (a) Bringing the strengths of different actors towards a common/collective goal.
- (b) Addressing issues of HIV/AIDS and disability/deafness and the need to come together to pressurize the concerned authorities.
- (c) Networking by involving members and other actors to work together in sourcing information, experiences and resource sharing.

How to organise lobbying and advocacy:

- (a) Set an agenda on the situation and prevalence of e.g. HIV/AIDS among people with disabilities, identify if there is a need for disabled persons to benefit from HIV/AIDS interventions etc.
- (b) Coalition building by identifying the actors for collective action.
- (c) Networking for a broader collective action by identifying networks, allies and opponents.
- (d) Negotiating by knowing the details of what you want to negotiate, making good arguments, creating room for discussion and elaboration and always ask for a follow-up.
- (e) Draw a plan of action by identifying the activities you want, the persons involved, indicating the time frame for each activity indicating whether it will be short term or long term and the persons that will be involved. The issue of funding should also be cited.
- (f) Using the media and engage the public to understand what you are demanding and understand your cause. This should be a continuous activity to ensure that the public is informed of new developments.

The following strategies can also be used by NGOs, CBOs, networks and coalitions to disseminate information through the media:

- (a) Press releases/statement/conferences
- (b) Seminars/workshops/meetings/interviews
- (c) Special programmes via TV or radio

And also involve other communication strategies like, posters, newsletters, cartoons, photographs, pamphlets and theatre to give the intended message.

**0.1.7. EVALUATION AND CLOSING OF WORKSHOP**

**By Hon. Alex Ndeezi**

Hon. Alex Ndeezi (MP Uganda) urged the delegates to make use of the information and knowledge that they have obtained from the workshop, make good plan of action and strategies in their respective countries. He thanked the RSESA and lauded Mr. D. Mveyange for the efforts they have put towards the proposed establishment of the Africa Deaf Union (ADU).

In his closing remarks, he thanked all the participants/ interpreters and extended his thanks to CHAVITA, the hosts of the conference for the good work they put up to make this workshop a success. He also lauded the Swedish partners Mr. Barry Hampshire (SHIA) and Ms. Kerstin Kjellberg (SDR) for funding the event, not forgetting the African Decade secretariat for accepting the invitation and for the good presentation and believes that Deaf issues will be brought on board.

## **PART 11 :**

### **0.2.1. TRAINING OF THE DEAF PARTICIPANTS.**

The interim committee of the Africa Deaf Union (ADU) in collaboration with CHAVITA was the coordinating committee of the training: Three experts were identified to help in the organization and facilitation of the training. One expert who is also the Director for workplace HIV/AIDS intervention at the Africa Medical Research Foundation hired to coordinate the training, the other, one was a deaf himself who was trained in reproductive health and life skills by UNICEF and the another one is senior Sign language interpreter who was also trained on HIV/AIDS education at Milwaukee International health institute - Wisconsin in the United States of America.

The three experts co-ordinated and advised on the training plan and designed and developed the training contents and programme of the activities. The three experts together facilitated the training and developed a report.

### **0.2.2. TRAINING METHODOLOGY.**

The training methodology applied was mainly participative. To facilitate utmost learning, visual aids used to support the presentation and discussions in most parts of the training. This included Power Point and overhead projection, interactive method, especially theatre arts used to portray real life situation. Close interactive discussions took place in break out sessions that centered around key theme of the training. These sessions enabled the participants to engage with others more closely and share experience and learn from one another. A team of Three Sign Language Interpreters helped in the interpretation of the proceedings and in the breakout sessions of the workshop.

### **0.2.3. PROCEEDING OF THE TRAINING AND OUTCOME.**

The training was of a practical character and focus on how to spread information on HIV/ AIDS when participants go back to their home countries and how they can advocate for inclusion in HIV / AIDS work carried out by government, NGO's and others. Professionals who are familiar with Deaf people and their way of communicating carried out the training. Also the advocacy trainer had shared how to influence different actors during the first 3 days of the workshop.

### **0.2.4. DAY ONE.**

By the end of the day the participants were able to-

- ❑ Define the following terms HIV and AIDS
- ❑ Explain the relation between HIV/ AIDS.
- ❑ Outline the symptoms of HIV and AIDS.
- ❑ Explain the cause of HIV/AIDS.

- ❑ Understand that HIV virus are found in different parts of human body e.g. vaginal secretion etc.
- ❑ Understand the role of white blood cell in the human body
- ❑ Know the connection of white blood cell and definition of HIV.

### **0.2.5. DAY TWO.**

By the end of the day, the participants were able to.

- ❑ Explain the meaning of life skills.
- ❑ Understand the effect of stigma in relation to HIV/ AIDS
- ❑ Understand that alcohol weakens both mental and physical defence system
- ❑ Understand the importance of voluntary testing
- ❑ Understand nutrition and balanced diet when infected by HIV/ AIDS.
- ❑ Know the skills to protect themselves against sexual harassments or abuse.
- ❑ Acquired sufficient knowledge on sexual health and sexuality as can be translated to change in life style and behaviour.

### **0.2.6. DAY THREE.**

By the end of the day, the participants were able to-

- ❑ Explain who should use condom and for what purpose.
- ❑ Choose the right kind of condom.
- ❑ Interpret date on the condom package.
- ❑ How to restore condom and how to use it.
- ❑ Understand that condom are not strong enough for anal intercourse.
- ❑ Realize that AIDS is like flood which rise inexorable and in order to be safe they have to board on boats namely fidelity, abstinence and preservative.
- ❑ Understand that if needed, they can switch from one boat to another but not drop into water.

### **0.2.7. PARTICIPANTS OBSERVATIONS.**

The participants thanked the efforts done by the African Deaf Union in collaboration with CHAVITA, SDR and SHIA for providing such kind of information to Deaf people in Africa, who have been missing such good and very important information in their life, as a result many Deaf people have lost their lives because many agencies and organizations working on HIV/ AIDS have ignored the way that Deaf people learn ( which is through the use of Sign language and technical aspect in educating the Deaf)

Apart from that, they had the following suggestions.

- The effort done was very good and should be satisfactory to the majority of Deaf people living in the rural areas, when the participants get back to their respective countries.
- ADU should sustain the HIV/AIDS out reach for Deaf population in Africa HAODEPA to conduct survey in order to determine the number of Deaf people living with HIV and assist them with care and support.
- Such training should continue to entire African Deaf community.

### **0.2.8. FACILITATION EVALUATION AND RECOMMENDATION.**

The training was very meaningful and educative to the target group because the participants-

- Admitted that most of the things in the training were new to them.
- Asked relevant questions.
- Demanded more time for training.
- Showed desire of changing their behaviour (they wanted to board on boats) and train their fellow in their respective countries on this important caes.
- Most of the participants promised to go for Voluntary testing

There is ample evidence that the program has been quite effective and has adequately raised awareness, on advocacy strategies and reproductive health as well as HIV/AIDS for the Deaf trainees in Africa as well as for individual participants. What remain to be done now, is the preparation of concrete plan to reach more Deaf people at grass-root level. The participants have amply and willing pledged to spearhead this endeavour.

### PREPARED AND APPROVED BY

FOR: ORGNAIZING COMMITTEE.

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*Mr. Nidrosy N. Mlawa*  
Chairman

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*Dickson Mveyange*  
Training Coordinator

### CONTINENTAL WIDE HIV/AIDS SENZITIZATION WORKSHOP FOR DEAF POPULATION IN AFRICA 24<sup>TH</sup> AUGUST 2005 PEACOCK HOTEL, DAR ES SALAAM – TANZANIA

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