

AFRICAN UNION OF THE BLIND (AFUB)
UNION AFRICAINE DES AVEUGLES (UAFA)

**MINIMUM CRITERIA FOR ACCESSIBLE HIV
INFORMATION AND SERVICES FOR BLIND AND
PARTIALLY SIGHTED PERSONS**

INTRODUCTION

The purpose of developing minimum standards for access to information and services to blind and partially sighted persons:

1. To sensitise professionals and health care providers to provide quality care and service to blind and partially sighted persons.
2. To sensitise key players in the HIV and AIDS sector to include blind and partially sighted persons in their service provision.
3. To link blind and partially sighted persons with HIV and AIDS related services with and increase the number of blind and partially sighted persons in service provision.

BLINDNESS

Blindness or visual impairment means that the person's sight or vision is seriously reduced or completely lacking. The lack of sight hinders the normal performance of daily tasks.

The vulnerability of blind and partially sighted persons to HIV infection:

Their reliance on the use of touch places blind people, especially women, in a vulnerable position. Their inability to read makes HIV Information, Education and Communication programmes inaccessible, as most of the material is in print. Although some IEC material is available in Braille, most blind people cannot read Braille. Blind people rely on an assistant to access HIV prevention and treatment services.]

(This definition was derived from the report on HIV, AIDS and Disability in South Africa; written in May 2008)

HIV service:

1. Increasing access to HIV knowledge

- HIV and AIDS awareness information should be put in accessible format e.g. Braille; large print; audio.
- Correct condom use: Proper condom use and awareness training must involve one-to-one demonstration for blind persons.
- Sensitise HIV information providers on how to interact with visually impaired persons.
- Make provision for shared confidentiality in relation to HIV test results.
- Free and voluntary HIV testing and counselling.

2. HIV treatment and care and support

- Establish Peer support that includes visually impaired persons.
- ARV adherence counselling using bold signage and Braille.
- Patient self management guides available in Braille and large print.
- User friendly Health Care provision for visually impaired persons.
- There is an increase in the number of HIV positive people who become blind following HIV infection. Therefore, there is need for

more investigation on the seriousness of this trend. Also include eye-care within the broader HIV and AIDS care and support package e.g. in the same way an HIV positive person is offered a routine TB test, they should also have their eyes tested to detect eye problems.

- Home care management – sensitising parents and carers of visually impaired persons on how they can offer support at home to visually impaired persons who are also living with HIV.
- Sensitize community health workers on issues of persons with visually impairment.
- Home care management – sensitising parents and carers
- Tertiary care – blind people also living with HIV should be equipped with knowledge and skills such as writing a will, keeping a memory book etc in Braille; large print, audio e.t.c.

3. Human Rights issues

- There is a constant breach of confidentiality and privacy for blind and partially sighted people by HIV, AIDS service providers. There is therefore an urgent need to conduct workshops for blind people in our countries including those in special schools, higher education and sheltered employment to empower blind people with information about their rights and to provide life skills orientation to build their confidence levels so they can assert themselves where necessary.

OTHER CROSS CUTTING VULNERABILITY ISSUES FOR ALL DISABILITY SECTORS

1. Lack of IEC material that recognises and responds to the special needs of disabled people and circumstances. Responses and initiatives: For the case of Blind people, AFUB has developed a Trainer of Trainers Manual for Training visually impaired Peer Educators. AFUB has also adapted several HIV&AIDS IEC materials into accessible formats for blind people. These materials also address the needs of blind people.
2. Low level of literacy among disabled people. There is urgent need to advocate for the inclusion of disabled persons into Adult Basic Education programmes.
3. Reduction of poverty within the disability sector: Projects must seek to empower disabled persons to create their own employment or access employment. (AFUB through the HIV&AIDS programme gave a one time stipend to visually impaired Peer Educators in the countries that are engaging in training programs in their communities. These countries are Cameroon, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Rwanda, South Africa, Tanzania and Zambia).
4. Lack of knowledge on HIV and disability among health professionals. There is need for the disability sector to continually share information and sensitize health professionals.
5. In terms of research, monitoring and surveillance; there is a lack of data on the relationship between HIV and disability. The way forward is for each disability sector to determine a priority area for research.
6. The need to establish and strengthen networks and partnerships with other relevant structures and advocacy movements. For example

National AIDS Commissions, Women organisations, Organisations of People living with HIV&AIDS e.t.c.

GENERAL RECOMMENDATIONS, LESSONS LEARNT AND WAY FORWARD

1. Implementation of disability-specific programmes

There is need to implement disability specific programmes to respond to the diverse needs of disabled people. There needs to be a progressive implementation of interventions that work, such as:

- Training and employment of blind and partially sighted persons as service providers, peer educators and counselors. **AFUB has so far trained 283 blind and partially sighted Peer Educators from 10 countries in Africa. More needs to be done to train more blind persons.**
 - Inclusion of HIV and disability in the curriculum of health professionals.
 - Life skills training to build essential skills such as assertiveness and confidence for blind and partially sighted youths.
2. Integration of services for blind and partially sighted persons into traditional services and not establishment of services for blind and partially sighted persons.

3. Monitoring HIV and disability programmes

African countries must participate in the review of their National HIV, AIDS and STI Strategic Plans. The disability sector needs to ensure that disability indicators are included in these Plans. This will obligate governments to role out HIV, AIDS and STI programmes that also address disability in its diversity. Additionally the disability sector must also develop its mechanism to monitor and evaluate these programmes.

4. Documentation and sharing of best practices

It is important to document innovative programmes that respond to the needs of disabled people affected by HIV and AIDS. Best practices identified in field should be shared out.

Sources:

This document has been adapted from the report on HIV, AIDS and Disability in South Africa (May 2008)

It has also borrowed heavily from the work of the "Accessibility Working Group" for the African Campaign on Disability and HIV&AIDS. (March 2008)

This working group also developed minimum criteria for inclusion of disabled people into HIV, AIDS programs and services. For more information about the campaign please go to www.africacampaign.info

The criteria developed by the "Accessibility Working Group" for the Africa Campaign on Disability and HIV&AIDS are based on the World Health Organisation (WHO) Guidelines on "Priority interventions, HIV and AIDS Prevention, treatment and care in the health sector". For more information about World Health Organisation please go to www.who.int