



Mainstreaming of disability and HIV/AIDS

- A double challenge -

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Acknowledgements

This publication is a product from Platform Disability and Development Co-operation (Abbreviated as PHOS in Dutch).

The editor, Anja De Greve, thanks everybody who has acted as a peer reviewer.

Nora Groce, Professor at Yale University, is active in research on persons with disabilities and HIV/AIDS. She wrote the introduction to this brochure and revised the content and linguistics of the English translation.

Handicap International France pays attention towards AIDS in the context of projects. This organization provided some examples of good practice and some guidelines to enrich the content.

Herman Janssens took care of the layout and contributed to the content of this brochure.

Jean-Luc Destoop translated the original version (Dutch) into English and French. Jan Melkenbeek revised the French translation.

Thanks to all for their fruitful collaboration!

About PHOS

PHOS is a Belgium-based NGO whose objective is to enhance the opportunities of people with disabilities from the South to make their voice heard and to improve their living conditions. Our strategy is to facilitate the mainstreaming of disability in the programmes and activities of NGO's and their partners in developing countries. We support the mainstreaming of disability in NGOs by research, publications, training and consultation.

Abstract

This brochure describes how organizations can take disability and/or AIDS into account at different levels and aspects of their work. In this context, we speak about the mainstreaming of disability and/or HIV/AIDS.

To introduce the brochure, guest writer Nora Groce specifies the link between disability and HIV/AIDS and the similarities between both topics. This clears out why both themes are central in this brochure.

In the next chapters we examine the different forms of mainstreaming, and then we discuss the pro- and counterarguments within the scope of mainstreaming disability and/or HIV/AIDS. In Chapter 3 we deal with the basic principles of the mainstreaming process. In the two last chapters, we go into the two most pushed through forms of mainstreaming.

Chapter 4 discusses the integration of the disability and/or HIV/AIDS factor in development activities. Here, it's about activities of/with partners in the South, i.e. socio-economic projects, but also awareness raising and training activities in the South. Furthermore, mainstreaming implies that persons with a disability and/or HIV/AIDS and the interested organizations representing both groups, are involved in the initial phase of the project as well as in the implementation phase.

Chapter 5 deals with mainstreaming at the level of the organization's policy. Northern NGOs too, have to actively adapt their policy according to disability and/or HIV/AIDS. Both themes should preferably be integrated into the whole organizational structure. And here, one always has to ask the question whether disability and/or HIV/AIDS are sufficiently taken into account when setting up activities and in the workplace policy.

Introduction

The link between disability and HIV/AIDS

By Nora Groce

The HIV/AIDS epidemic has left no country untouched and no group of people unaffected. While all are at-risk, the epidemic has disproportionately had an impact on populations that are poor and marginalized. The need to address HIV/AIDS has thus become a key concern for those advocates, professionals and organizations which work with marginalized communities. This is nowhere more truly than in the case of the link between HIV/AIDS and disability.

This brochure provides a starting point for addressing the links between development activities and disability – links which have, for too long, been overlooked. It bridges the fields of development and health, providing practical approaches and important steps that can be taken to ensure the support and inclusion of individuals and groups who are HIV+, disabled or both. Importantly, it simultaneously addresses two groups.

The first group includes those individuals who become disabled as a result of exposure to the AIDS virus. As is now well known, the AIDS virus itself can be disabling, creating a series of functional limitations in individuals which not only impacts their day to day health status, but severely limits their ability to participate in society, earn a living and care for their families. The stigma associated with becoming HIV+ and with the visible manifestations of the virus, only serves to further compound the social implications of being HIV+.

While the implications of HIV/AIDS on previously healthy individuals have received attention, there is another large group of individuals who are usually not included in the discussion. These are individuals with pre-existing disabilities – those who may have a physical, sensory (blindness, deafness, etc.), intellectual or mental health impairment. Recent work, such as the World Bank Global Survey on HIV/AIDS and Disability and a growing number of field studies, clearly show that the millions of individuals with pre-existing disabilities are at least at equal, and often at greatly increased risk for acquiring the AIDS virus because of lack of appropriate outreach, poverty and illiteracy. While there are a number of reasons why this large group of individuals – estimated by WHO to be perhaps 10% of the world's population – has not been included in AIDS education and outreach efforts, the basic reason is simple. There is often no awareness that, like all members of the population, individuals with disability may be sexually active or at risk for rape, substance abuse and those other risk-factors that increase the risk of exposure to the AIDS virus.

The stigma against HIV/AIDS is often compounded by the stigma against disability. The result is that individuals with pre-existing disabilities not only receive far less attention in AIDS prevention efforts, but, should they become HIV+, are also far less likely to receive services that provide social support or medical care. Just as importantly, they are usually excluded from programs for HIV+ individuals who foster income generation or that combat stigma, as if their lives were of less importance or their need to support themselves and their families was less pressing.

As this brochure clearly states, the needs of individuals who have been disabled as a result of the AIDS virus itself, or those who have had a pre-existing impairment, are much the same. Moreover, many of the existing programs, projects and outreach efforts that seek to combat the stigma and foster social inclusion, economic development and the right to personal choice, can reach both groups. Often such inclusion can be done with little additional expense and only minor moderation of existing development programs for the general population. The key is to address stigma, to demystify disability and HIV/AIDS and to ensure that those with a disability and/or HIV/AIDS themselves are empowered. At the same time, programs must ensure

that the communities in which those who are disabled, HIV+ or both live, are made aware of the needs, the potential and the rights of this large group of fellow citizens. Building programs that will develop their abilities while at the same time addressing the stigma that currently limits their participation, is not only the right thing, but it is also the wise thing to do.

To conclude, I would like to stress that millions of individuals are now both disabled and HIV+. They have the potential to live full and meaningful lives and to continue to contribute to their families and their communities. The ideas and suggestions outlined in this brochure on changes and adaptations that can be made to existing social, economic and legal frameworks will help to allow this large and growing group to do just that.

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3 December 05

1. Different approaches of the work done in the field of disability and HIV/AIDS

'Mainstreaming' is a word that has been used more and more frequently in recent years. As many other new words, it is not always easy to understand what it is precisely intended to mean in a specific context. Mainstreaming can also be used in subjects and in fields that are quite varied. In this brochure, we'll have a closer look at the mainstreaming of disability and HIV/AIDS. As we have already explained in the introduction, many parallels can be drawn between these two subjects. Within development work, we can work on these themes in different ways. We distinguish four approaches:

- 1.1. Working specifically on HIV/AIDS and disability
- 1.2. To work in an integrated way on HIV/AIDS and disability
- 1.3. The mainstreaming of disability and HIV/AIDS in programmes
- 1.4. Organizational mainstreaming of disability and HIV/AIDS.

We briefly sketch the particularities of each of these approaches. Further in the brochure, we will go into the programming of mainstreaming (we will call it the mainstreaming of activities), and organizational mainstreaming (called mainstreaming at the organizational level). This does not mean that specific or integrated work on disability and HIV/AIDS is not important¹, or that it must be suppressed. But because these methods can more easily bring short-term results, it is argued that we should go on combining them with the aspiration towards mainstreaming.

1.1. Working specifically on HIV/AIDS and disability

When, within its activities, an organization has to deal with HIV/AIDS or disability, a common reaction is to develop specific activities on disability or HIV/AIDS. NGOs working on income acquisition through the support of agricultural activities, often find that people with disabilities or people living with AIDS are no longer in condition to work on their lands. If an NGO does not pay particular attention to these persons, they risk the possibility of being automatically excluded from participating in projects in the future. This exclusion will add to the exclusion already caused by the community's attitudes towards those with a disability.

Many organizations that want to prevent this from occurring, develop less physically demanding alternative activities that generate income for these persons. These people can, for example, receive training in ICT (Information & Communication Technology). We can then help them to earn a living by opening an 'internet café'. The problem is that NGOs involved are rarely specialized in ICT. It requires a lot of time and money to acquire this expertise. This is why a small NGO usually cannot afford such an investment. Collaborating with an organization that effectively has this expertise might then be a solution.

Thus, people who cannot work in agriculture anymore, receive a valuable alternative. We must, however, emphasize that this new income creating activity does not isolate them from their community life, but rather that it contributes to their social integration. In our example of setting up an internet café, this activity only makes sense when the local community wants to use this service.

Another example would be to help a newly disabled man (for instance after a stroke), who will not be able to work on the fields anymore as a daily labourer, to set up a small shop, where he can sell basic goods. This type of business has often been successful in Bangladesh for example, as the investment required is small (only a few materials and manpower to build a small hut as a shop) and little cash is needed to start the activity (cash flow to buy the first goods to be sold later). The community based NGOs

supporting this kind of income generating activities have the necessary expertise to help the person starting the business. In some cases, the business run by the disabled father has become the main income source for the whole family. These organisations could also develop programmes to raise awareness of HIV/AIDS or of disability.

1.2. To work in an integrated way on HIV/AIDS and disability

Instead of setting up separate activities for people with disabilities or HIV/AIDS, one can also integrate the work around these themes in the existing main activities of the organization. An NGO working in the frame of an educational project with adolescents can thus integrate a specific module on AIDS prevention in the offered curriculum.

For disabled children or adolescents, 'integrated working' means, when one is in favour of inclusive education, that one cares to put them as much as possible in the same classrooms as other children.

The difference with the former approach is that here, the NGO stands by its main activity, i.e. education, and does not develop other activities for persons with a disability or HIV/AIDS. This approach demands less time and financial means because no new type of activities is being set up. Moreover, concerning content also, there's a continuing and closer commitment to the NGO's main activity.

It's been established that an inclusive education means some adaptation, as well as additional work for the supporting NGOs. NGOs that have developed inclusive education programmes, such as BRAC in Bangladesh have trained their education personnel on disability and, more specifically, on an integrated approach to mainstream disability. Because the mainstreaming process brought along quite a few things for the organization and its personnel, since the theme was new to them, they had to train a great part of their people. It was difficult to introduce changes to carry through in the field. This was mainly due to the insurmountable barriers arising from the teachers' and parents' idea that disabled children could not be taught. That's why a programme on inclusive education requires not only changes within the organization but also support from the local community, something which is often even more difficult to obtain.

That's the reason why Handicap International favours the 'CAHD-approach' (Community Approaches to Handicap in Development). This approach wants to promote the mainstreaming of disability in community-oriented organizations, while at the same time working at getting rid of the barriers to the inclusion of disabled persons. It's mainly about views and attitudes, and more specifically the negative ones, as well as the local leaders' refusal to integrate persons with disabilities.

Organizations which occupy themselves with mainstreaming HIV/AIDS can also expand their awareness raising activities specifically towards persons with disabilities. If the message and the utilized media are adapted to the target group, this constitutes an essential difference for disabled persons. The activities can also be extended towards raising the disability awareness of people with AIDS or HIV-positive.

1.3. The mainstreaming of disability and HIV/AIDS in programmes

When we speak about mainstreaming, we aim especially at the integration of disability and HIV/AIDS within the organization. The first level at which an organization can give concrete expression to this, is at the level of activities aimed at the target group. For example, when an organization has projects on the empowerment of women, it concretely means that, at each stage of the project, it will pay particular attention to women with disabilities and women affected by HIV/AIDS. It is also important to take into account the fact that some women face double discrimination because they have a disability and/or are infected with HIV/AIDS, and because they are women.

A series of questions should be raised during the planning and the implementation, as well as during the evaluation of the project:

- Does the project reach women with disabilities and/or HIV/AIDS? Why? Why not?
- How can we, within the structure of the organization, include factors that would positively influence the involvement of women with disabilities and/or HIV/AIDS; and can negative influences be avoided?
- Are the target group and the different sub-target groups involved in every step of the project?
- Which factors are essential in order to guarantee or to increase the involvement of people with disabilities and/or HIV/AIDS? How can we integrate these persons in the structure of the organization and how can we avoid negative influences?
- Does the project have the same effect on women with disabilities and/or HIV/AIDS, as on women in general?
- Study the differences found. Are they positive or negative, and what are their causes?
- In the case of negative or unwanted differences, must the project cycle be adapted in order to remove them?
- Have the adaptations of the project cycle brought the expected result? Why? Why not?

Once these questions have been studied at the organisational level, we would then have to look into the community and how the community itself, consciously or not, prevents the participation of disabled people in community life. Those two levels (organisational and communal) need to be worked on simultaneously if we want inclusion to happen. At the community level, the organization would have to develop active lobbying, targeting the community members (men and women, young girls and boys) and community leaders, to raise awareness on HIV/AIDS and disability. Only then can mainstreaming in the organization also have effect on mainstreaming within the community.

In chapter 4, we will deal more in detail with mainstreaming in development activities.

1.4. Organizational mainstreaming of disability and HIV/AIDS

Organizational mainstreaming also occurs on the level of the organization, but it goes a step further. The question we ask here is to know how factors such as disability or HIV/AIDS influence the staff policy, the structure and the functioning of the organization.

Some questions are raised:

- Which influence can social factors, such as disability and HIV/AIDS, have on the organization?
- Does the organization take these factors enough into account today? How? Why? Why not?
- If the organization took these factors more into account, would it be better able to reach its goals?
- Does the organization practice what it preaches? Are the organization's activities internally consistent with the principles it promotes?
- Do people who become disabled remain in their post and is their private life respected?
- How can we structurally integrate attention towards disability and/or HIV/AIDS in the structure and the culture of the organization?

- Do we conceive a staff policy, an organizational structure and processes that take disability and/or HIV/AIDS into account, and do we adapt the existing policies?
- Does the organization have better contacts than before with disability and/or HIV/AIDS? Why? Why not?

Chapter 5 goes in greater depth into organisational mainstreaming.

2. The pros and cons of the 'integrated' approaches

2.1. Why mainstreaming?

Mainstreaming is essentially a process of change and thus it raises questions and concerns. In order to go along with the process, we have to know the advantages and the risks posed, and be able to explain them to all parties involved.

First, we will sum up two misuses of the classical development work that can be repaired thanks to mainstreaming, and then we will discuss some advantages of mainstreaming.

2.1.1. Classical development work excludes households with disability and/or HIV/AIDS.

Here, we can make a distinction between:

- People with a disability: they are not sick, nor do they create an extra workload for the family except in certain cases when the person is not independent.
- People living with AIDS: they have a disease, their productivity is reduced, and they require expensive treatments.
- People who are HIV-positive: they are not ill, but have been infected with a virus that may develop at some point into AIDS. They are subject to specific types of discrimination because of their infection status.

Although the condition of these people is very different, they face similar forms of discrimination. This is especially true for people who are already suffering from AIDS and those who have a disability as illustrated below. For people who are HIV+ discrimination is less important, but may become stronger over time.

There are two main reasons for this: *when time goes by, more people around them become aware of their condition* and there is a risk that they will begin to show symptoms of AIDS.

People with disabilities and/or AIDS are most often among the poorest in the world. Because of their disability, or disease, people with disabilities and/or living with AIDS are not as productive as before, or as people who have no limitation. Moreover, their disability, or disease status imposes extra costs because of which the already low household income becomes even smaller. Besides, one member of the family cannot go to work, because the person, most of the time a woman, is in charge of taking care of the family member who has a disability or a disease. Both factors can, for that matter, occur at the same time. A person with disabilities may get HIV/AIDS, or the mother of a child with disabilities may not be able to care for her child, if she gets AIDS. If a woman with a disability is infected with the HIV, then the discrimination she is facing in her everyday life will be multiplied, as people will start excluding her more, because of incorrect beliefs (for instance: that this AIDS virus can be transmitted orally) or negative attitudes (she is disabled anyway, we can just as well quarantine her and she will cause no harm...). Such attitudes can be extremely harmful to the person and the community, as the community is being deprived of a person who could participate and contribute to the activities of the community.

In this way, we see how HIV/AIDS and disability, and certainly the combination of both factors can increase poverty. But the relationship is also manifesting itself in the other way. Poverty is often a cause of disability and/or HIV/AIDS. For example, 40% of the visual impairments are caused by a lack in vitamin A, a consequence of malnutrition. Poor living and working conditions can increase the risk of accidents at work or at home. Moreover, an HIV infected body weakened by malnutrition is less resistant to AIDS, and this in turn makes people more vulnerable to other diseases.

If development work takes the challenge of reducing poverty in the world seriously, we must take the related factors into account, such as disability and HIV/AIDS. That is why AIDS has been included in the Millennium Development Goals, and the same thing should occur for disability. James Wolfensohn, then President of the World Bank, addressed a speech specifically linking development, and the Millennium Development Goals with disability on the occasion of the United Nations Day of Persons with Disabilities on 3 December 2002.

“If Development spinning on mainstreaming of groups excluded of society, people with disabilities must be recognized as full citizens by the law in the job process and in public places, such as schools, buses, theatres, and everywhere else where persons with disabilities have difficulties gaining access.. We must recognize that disability is an important factor in every economy, for the rich and the poor.”

While many types of disabilities can be prevented, disability continues to be a normal part of life. Therefore, once a disability has occurred it is important to keep the individual with a disability as healthy and active as possible and to ensure that he or she is allowed to remain a full participant in the social, cultural and economic life of their community.

2.1.2. Development work can increase the vulnerability towards disability and/or HIV/AIDS

As explained in the preceding paragraph, the prevention of disability is, when possible, also extremely important. We must pay attention to it in the framework of projects launched by NGOs. The working and living conditions within a project that could cause an additional and avoidable disability must be considered. For example, a project that employs women outside has a positive effect on the financial situation of the family. The project must, however, see to it that young children are not left home alone by their mothers who work outside. Accidents of children playing and falling in the fire often occur with children who stay too long without supervision of an adult. This can cause serious injuries, and this is of course an unwanted effect of an employment project for women. To avoid this, women from the local community could be encouraged and supported to organize collective child care services.

It is also the case for HIV/AIDS. Research for example has shown that when the income of a family increases thanks to development cooperation, men more often visit prostitutes, which increases the risk of getting HIV/AIDS. Their legal wives then also run a bigger risk of developing sexually transmitted infections. That is why every project aiming at increasing the income should pay attention to the influence of the project on the relationship between men and women.

We see a bigger risk of sexual abuse, particularly for women and children with disabilities. Women with disabilities have sexual desires like everybody else, although in many cultures, this subject remains taboo. An even more sensitive topic is the fact that some women with disabilities view prostitution as one possible welcome source of revenue in order to escape poverty. All these factors make women with disabilities highly vulnerable towards sexually transmitted infections in general and particularly HIV/AIDS.

2.1.3. Mainstreaming often means that little changes make a big difference

A counterargument often used against mainstreaming is the following: “We have neither the expertise, nor the time or the means to work both on disability and/or HIV/AIDS”. As we said before, the essence of mainstreaming is that the attention paid towards disability and/or HIV/AIDS is part of the development activities without suppressing the main activity of the organization. In order to guarantee the necessary expertise, it is possible to collaborate with other organizations that can be charged with a part of the extra work. Moreover, it seems that a large part of the work that must be done in the field of mainstreaming disability and/or HIV/AIDS is mainly preventive. It is easier to integrate preventive than medical measures in already existing activities. Efforts to train the organizations’ staff as well as to motivate the community to include disabled persons are useful. A one time effort can make a big difference within the organisation, which can finally target extremely vulnerable people (such as those living with AIDS and/or people with disabilities). Little changes in the organization can also trigger changes in attitudes within the community: adding a component on disability to group meetings on nutrition or promotion of health care. This will help the community understand the real causes of disability, and how disabled people can participate and contribute.

In paragraph 2.1.2, we already noted the fact that young mothers working outside have to leave their young children without supervision. This is an important cause of the appearance of disabilities during childhood, due to domestic accidents. This can be managed by the creation of a collective supervision system within the local community. Other mothers and grandmothers could look after the children of women working outside. This demands few extra means and time to an NGO, because it is possible to call for the community’s responsibility. This requires only a limited expertise in the field of disability. First, the caretakers must be able to anticipate when to intervene in the everyday life of children, in case of dangerous situations, which may cause permanent injuries. Then, a system needs to be developed to provide child care, which should permit the inclusion of disabled children whose mothers work outside. The knowledge and skills therefore are usually already present within the community. You will only have to see to it that they will be informally and systematically extended within the community.

In the case of mainstreaming of HIV/AIDS, small measures can also make a big difference. The biggest obstacle to mainstreaming of disability and/or HIV/AIDS issues is usually not the lack of knowledge or financial means, but rather the prejudices and taboos. Once the problem of raising awareness towards HIV/AIDS among disabled people is addressed, a key aspect is to promote the inclusion of people living with AIDS or who are HIV positive.

2.2. Hindering factors

The strong arguments for mainstreaming notwithstanding, there are arguments used against it. Here we’ll refute the most common ones.

2.2.1. Mainstreaming is an excuse for doing nothing

As we have seen already, sometimes mainstreaming only requires small changes that are relatively easy to implement. This represents a huge advantage but can also become a disadvantage. Small interventions are not visible from the outside. An organization can easily pretend that it is mainstreaming disability and HIV/AIDS, while in fact there is little or no change. Disability and/or HIV/AIDS are phenomena every development organization has to cope with. These two social phenomena are widespread in developing countries. Moreover, being aimed at less privileged social groups, it helps an organization's image-building to do something for these groups.

Mainstreaming must be more concrete than a mere statement of principles, it requires an effective commitment. Monitoring and evaluation mechanisms should be set up, that can actually show the extent of mainstreaming and inclusion of disabled people and/or people living with HIV/AIDS in the project area.

2.2.2. Mainstreaming is not necessary

Many organizations believe that mainstreaming disability and HIV/AIDS is not necessary. Their argument is that development cooperation should concentrate on the fight against poverty. Eradication of poverty, they believe, should be the sole area of concentration, as this will be the most beneficial track to take for the poorest peoples in the South, a group which includes people with disabilities and/or HIV/AIDS.

However, several studies have proved that this is not true. The World Bank led a study asking its project managers whether they think that it would be useful to take people with disabilities specifically into account within their projects. Out of the 34 project managers who took part, 13 acknowledged that it would be necessary to take special steps in order to guarantee that people with disabilities are reached. But none of those surveyed were able to prove that real adaptations had been brought to the different steps of the project cycle in order to make it possible for those people to enjoy the project too. Even more seriously, disabled people are often explicitly excluded from the target group under the pretext that they are not productive. Thus, people with disabilities are often excluded from micro-credit systems, because it is supposed that they will not be able to pay their loan back, because their economic activity will not be profitable enough. It is with the same logic by which some children with disabilities are being kept out of school. In these cases, teachers and parents believe that including a disabled child in the class will prevent the class from studying properly. If people with disabilities risk being excluded in advance from participation to such projects, then exclusion will only become more widespread. To set up a mainstreaming process will then be a real challenge.

In the case of HIV/AIDS too, specific problems exist for those infected by the AIDS virus or HIV-positive and their families. There is a strong taboo around HIV/AIDS that prevents people from talking of their illness and of the problems it brings to development workers. Moreover, HIV/AIDS is tightly linked with issues of personal privacy. Talking about this subject requires a good deal of tact and many skills, qualities that every development worker or member of the community does not have. Another aspect is that when trying to assess the community's needs in a participative way, it sometimes appears that the community members feel that they do not need to receive any specific information on HIV/AIDS, because they believe that they are not at risk of becoming infected. Such beliefs can become dangerous as no individual is protected from being infected. Special information about HIV/AIDS for the NGOs' staff and members of the local community are recommended, especially in regions where the infection rate is very high.

2.2.3. Mainstreaming is not a priority

An argument that is often heard is that mainstreaming of disability and/or HIV/AIDS in countries or regions where poverty is prominent, is not a priority. It is much more important to fulfil basic needs like food supply and sanitary facilities. As noted above, the question is not to choose between one and the other. An efficient preventive policy against HIV/AIDS is only possible if we have enough health education and prevention resources. If it is not the case, the spread of diseases that can cause disability and/or HIV/AIDS will only be favoured.

The importance of prevention is also in opposition with the thinking that the group concerned by disability and/or HIV/AIDS is too small to draw a systematic attention. According to the figures of the WHO, in developing countries, one family out of five would have someone with a disability as a member. For the HIV/AIDS infection the figures are even higher in some regions. These proportions only threaten to rise without preventive measures in the coming years.

Another important objection that is often heard, is that local authorities and communities themselves do not consider disability and/or HIV/AIDS as a priority. It is a dangerous reasoning because minority social groups are often in a weak position, and moreover, their ability to defend themselves is limited by their disability or their HIV status. This leads to many forms of discrimination. For that matter we remark that people have a less discriminatory attitude towards people who are close to them or in whom they trust, than to strangers. This does not mean that people with disabilities and/or HIV/AIDS are always a victim of discrimination or abandonment by their families. Family support is important everywhere in the world, and families are often in the best position to provide their support, and the ones most ready to do so. Therefore it is important to promote the mainstreaming of disability and/or HIV/AIDS on a community basis, and to work in a participative way.

In chapter 3, we will go deeper into the needed strategies to foster mainstreaming, and into the basic principles of this process.

3. Strategies and basic principles

Mainstreaming disability and/or HIV/AIDS implies that an NGO reviews every aspect of its functioning, whether it has internal or external effects. As we have explained in chapter 1, it is not only an issue about behaving differently with the target group of people from developing countries. The structure and culture of the organization must also fulfil a certain number of conditions and basic principles in order to be able to carry out the ambitious mainstreaming mission. The principles that we explain in this chapter are at the basis of every mainstreaming process. Whether it is about disability, HIV/AIDS or another theme, the underlying attitude remains the same. In the examples provided throughout this chapter, we will illustrate this point clearly by drawing parallels and links between disability on the one hand, and HIV/AIDS on the other.

3.1. Process with staff

A mainstreaming process of disability and/or HIV/AIDS cannot succeed without the support of the whole staff of the NGO. It requires a change in attitude that does not take place overnight.

A person or group in a key position should first introduce the concept of mainstreaming disability and/or HIV/AIDS in the organization. This person or group plays a pioneering role by launching the idea, and encouraging other to take interest in it and to improve their understanding and attitudes. In the second phase, an informal working group can be set up. It would be composed of people wanting to get involved in order to establish the formal procedure for the following steps of the process. (See also Chapters 4 and 5)

Therefore, it is possible to follow different strategies. We can continue to plead for a mainstreaming process with the management, possibly with the help of specialists experienced in the field of disability and/or HIV/AIDS. An alternative strategy could consist of approaching influential people who may be open to mainstreaming. In order to know whom best to contact, we must know the organization from within and also know attitudes of the various key persons in charge. Whatever the tactics chosen, we must persist and support the arguments with facts and proposals for action.

The result of these internal lobbying activities must be felt on three levels:

3.1.1. Identification

Key people in the organization must acknowledge that the theme of disability and/or HIV/AIDS is important and is linked to under-development and to poverty.

3.1.2. Belief that it is important

Then, they must consider this subject as their subject, i.e. they must believe that it is important for the work of their organization.

3.1.3. Ready to act

The key persons acknowledge mainstreaming of disability and/or HIV/AIDS as an active way to work on these themes, and are ready to act concretely.

These three elements are essential to guarantee the involvement of the persons responsible of the organization. It is only when they feel concerned enough that means will be allocated to put the mainstreaming process into practice.

Beside this awareness process, we can distinguish two other categories for the means that are needed: the financial and material means on the one hand, and the involvement of the staff on the other.

Financial and material means

The financial and material means should be divided so that mainstreaming will be favoured, for example, by providing a training budget on disability and/or HIV/AIDS for the pursuit of the training outside or inside the organization itself.

Personal commitment

The personal commitment of the staff members is also essential. If nobody takes responsibility for the initiative, the mainstreaming process cannot succeed. In larger organizations, it is possible to recruit someone in order to hold this function. However, in smaller organizations there should also be contact persons. They have the final responsibility of stimulating and supporting the idea during the whole process. These contact people must be chosen in a strategic way and must be recognized and formally assigned to the task within the organization. These persons must have a good view on their own role and a realistic plan for the means and time they need to accomplish it. They must also have the motivation and the personal skills needed to promote mainstreaming. On the management level, it is also advised that one of the people in leadership be assigned responsibility for overseeing mainstreaming initiatives.

3.2. Basic principles

We distinguish seven basic principles to which attention must be paid in every mainstreaming process:

3.2.1. Mainstreaming as a learning process

Mainstreaming is not achieved overnight. We must first experiment, think and draw lessons from our mistakes. Organizations working on medical issues have to follow the evolution of the themes we are trying to mainstream. Those working on education or income acquisition, follow the evolution of the social images and the behaviour towards disability and/or HIV/AIDS, to see to it that they are reflected in the organization's policy.

3.2.2. Involvement of the personnel as active participants

It is particularly important in the mainstreaming of disability and/or HIV/AIDS within the organization's structure. But, on the other hand, mainstreaming on the level of activities can only succeed if the staff supports it. People commit themselves more easily when they are closely involved in the projects and in the implementation of the changes, than when they are imposed from above. It is especially important that the staff achieves a common vision of the meaning and the effects of mainstreaming.

3.2.3 Involvement of people with disabilities and HIV/AIDS

The participation of the target group in the mainstreaming process is necessary because people with disabilities and/or HIV/AIDS understand their situations best. Thanks to their experiences, they know what it means to live with a disability and/or

HIV/AIDS. Besides, each of them is also part of a household and a local community. Therefore, these persons must be involved in the planning, the realization and the follow-up of the changes towards mainstreaming. They can see and indicate more easily the positive and negative effects of the measures taken, because they are experiencing them directly. In addition, this method allows them to begin to address the social stigma around disability and/or HIV/AIDS.

3.2.4. Steady attention to interaction with gender

Women are more vulnerable to disabilities and HIV/AIDS because they are hit harder by poverty. As we have already seen, poverty increases the risks of disabilities and/or HIV/AIDS infection. Moreover, women live with double discrimination once they have a disability and/or HIV/AIDS. The stigma is stronger than for men, and women face more difficulties in being able to access and afford treatment as well as to be integrated in the society once disabled or HIV+. This gender aspect must be kept in mind throughout the whole project cycle.

3.2.5. Learning from the others and networking with them

Organizations may exchange, among other things, their figures, their experience, and their training methods. In the field of disability and/or HIV/AIDS, they can do it in the structure of the organization itself as well as on the level of activities. So, we can learn faster and even transfer one's own experience to the others. To call for external experts can also be a useful contribution, for example, in order to give a training, to forecast future changes or to evaluate the effects.

3.2.6 Practical and feasible changes

The changes must be feasible and practical. To shift the whole internal and external policy of the organization at once can be a sign of lack of realism, and can even be dangerous at times. These changes may be met by serious resistance within, as well as outside the organization. People need time to become accustomed to the changes. In order to avoid situations in which resistance might destabilize the organization, changes must be put into place progressively. Mainstream first disability and/or HIV/AIDS in only one project or recruit only one person with a disability. It is only after having learned from first experiences that structural changes can be achieved. For example, the adaptation of application and field studies' procedures for the identification of the target group of the new project might prove to be a good place to start.

3.2.7. Active observance

Of course, the institution of policy choices and new plans that are implemented need to be done carefully and attention needs to be paid to detecting and addressing oppositions. The need to identify areas of extra training and to evaluate the effects will also exist. This makes it possible eventually, to revise the choices about the policies to be followed as well as the activities. This process is not a one-shot deal but a continuing process, whereby instruments must be developed for monitoring, follow-up and evaluation of the changes that will be discussed over time within the organization.

If you pay attention to these seven aspects, then mainstreaming, within your organization will be come a stimulating process rather than a heavy handed activity causing many to object.

In chapters 4 and 5 we will respectively discuss more in detail the mainstreaming on the level of activities and on the level of the organization.

4. Mainstreaming of disability and/or HIV/AIDS at the level of activities

In the field of mainstreaming of disability and/or HIV/AIDS in development cooperation activities, the aim is to adapt activities in order to take into account the impact of these two issues, as well as other factors that increase the vulnerability towards disability and/or HIV/AIDS. In other words, we must react to social context changes that cause phenomena like disability and HIV/AIDS. We have already evoked most of these contextual issues elsewhere in this publication: the close link between poverty on the one hand, and disability and HIV/AIDS on the other; the importance of prevention; the vulnerability of people with disabilities, and particularly women, towards the AIDS virus. As we said in Chapter 2, these contextual data are the most important arguments in favour of the mainstreaming of disability and/or HIV/AIDS on the level of activities.

In this chapter, we will describe some essential steps that must be continuously enforced. Mainstreaming on the level of activities is a continuous process along which we pass through every phase of the project cycle. A concrete activity or project includes a planning phase, an implementation phase, regular evaluations and adjustments. After each change of activity or orientation the cycle begins again. Throughout the process, attention must be paid to the basic principles and to the general strategy, which we deal with in Chapter 3.

Here, we'll go into further details on the different steps advised to give a place to disability and/or HIV/AIDS within the organization. More precisely, the next phases are also important when mainstreaming other diversity factors:

- 4.1. Training and capacity building
- 4.2. View on the local situation
- 4.3. Project with indirect attention towards disability and/or HIV/AIDS
- 4.4. Fitting in the project cycle and procedures

4.1. Training and capacity building

Although throughout the South, disability and HIV/AIDS are clearly visible in the communities, few NGO workers are familiar with it. They are often medical experts within the organization itself who have only limited knowledge about disability and HIV/AIDS. Their knowledge is confined largely to the medical aspects. In other cases, social workers have a good knowledge of the social factors, but lack the knowledge to address disability and/or AIDS from a medical perspective.

In order to evaluate the social impact of disability and/or HIV/AIDS, it is also necessary to have a global view on the general impact of disability and/or HIV/AIDS on the personal, social and economic well-being of people with disabilities and/or HIV/AIDS. Therefore, we must understand how disability and/or HIV/AIDS influence the development opportunities of a person and of the household he/she belongs to. In the South, this insight is often lacking to the leaders of organizations as well as to people active on the field.

For these reasons it is advised that all NGO workers receive a basic training on:

- Factors increasing vulnerability to disability and/or HIV/AIDS
- The intensifying role of poverty in the appearance as well as in the consequences of disability and/or HIV/AIDS.
- The link between disability and/or HIV/AIDS on the one hand, and the gender factor on the other.
- Other social influences that hinder or favour disability and/or HIV/AIDS or that are caused by it

- The meaning of mainstreaming on the level of activities and how this relates to disability and/or HIV/AIDS (see Chapter 1).

Besides these general basic trainings, we must study the concrete meaning of mainstreaming in each field of activity of the NGO, as well as the steps to follow, in order to be able to work at it. In this phase, a different training should be given to the different departments of the organization, focusing on their field of activity. Mainstreaming of disability and/or HIV/AIDS does not have the same consequences on education projects as on income generating projects. Similarly, mainstreaming at the project level differs from mainstreaming at the policy level of the organization itself. (See chapter 5).

The following steps that we'll be dealing with in this chapter are specific to the application of mainstreaming of disability and/or HIV/AIDS at the project level.

4.2. A view on the local situation

If we want to mainstream disability and HIV/AIDS in a concrete project, it is absolutely necessary to have a global view on the local situation. In order to have a good idea of the situation, we can adopt different strategies. It is important to know who are the key persons in the local community, not only in general, but also specifically in the field of disability and/or HIV/AIDS. In a community, everybody does not have the same knowledge of these subjects, and is not open to think about mainstreaming.

People with disabilities and/or HIV/AIDS themselves, or their relatives, may be good contact persons and must, in every case, be involved in this exploration. It is possible that, because of the taboo, these people are difficult to reach. An efficient, but time consuming method would be to try to establish personal contact with families by going from door to door in order to informally collect information on the following aspects:

- Behaviours towards men, women, adolescents and children with disabilities and/or HIV/AIDS
- The proportion of households with individuals with disability and/or HIV/AIDS
- The effects of disability and/or HIV/AIDS in the different kinds of households, on individual members of the family and on food provision
- The impact of disability and/or HIV/AIDS on the household and the community levels
- The changes in behaviour of the larger community towards men, women and children with disabilities and/or HIV/AIDS

We must also have an idea about the experiences of men, women, and children with disabilities and/or HIV/AIDS:

- How do they experience the evolution of their disabilities and/or disease?
- According to them, what is the impact of their disability and/or disease on themselves and on the different members of their household?
- What do they consider as being the cause of their disability and/or disease?
- What are their conceptions of how to prevent disability and/or HIV/AIDS?

We do not get answers to such questions in only one home visit. Therefore, it is advised to set up discussion groups through participative methods. For the formation of the different discussion groups, it is possible to use already existing informal groups or organizations of persons with disabilities or HIV/AIDS. However, because of the stigma and of the practical difficulties people with disabilities and/or HIV/AIDS have to cope with in order to get organized, such groups generally do not exist and must be created.

Because of the sensitivity of themes like disability and HIV/AIDS, we must pay attention to the following aspects:

- Are all disabilities present in the communities represented in the discussion group? Are people at different stages of HIV/AIDS represented?
- Is there a balance in the number of men and women, the division by age groups, and the social positions in the community?
- Who are the main figures in the group and how can we guarantee that the opinion of the others will also be considered?
- It would be good if the facilitator asked the participants, what they would like to see happening at the beginning of the discussion. At the end it is important to check whether everyone is satisfied. A good way to do this is by asking the following question: "What have I failed to bring up that is important to you about this issue?"

It may be interesting to complete the group discussions by a few individual interviews in order to consider personal aspects that people do not want to talk about with the group.

If we want to work on disability as well as on HIV/AIDS, it is better to work with two distinct groups, because there are many differences between disability and HIV/AIDS. Moreover, people are generally more open to discussion in groups where everybody lives with more or less the same situation.

It is also advisable to launch a separate discussion group with key figures in the community, as well as with other interested people who are not directly involved in these themes of disability and/or HIV/AIDS. This would involve people who are not themselves, nor through their families, directly affected by disabilities and/or AIDS. It is also possible to discuss the following subjects with them:

- How do they behave with people with disabilities and/or HIV/AIDS within their communities?
- What do they know about the prevention of disability and/or HIV/AIDS, and what do they do concretely about it?
- Which do they themselves see as the cause of the different disabilities and/or HIV/AIDS?
- According to them, what is the impact of disability and/or HIV/AIDS on the community?

Here also, it is important to have a balance between men and women, between different ages and between individuals with different social positions. Once we have a global view on the visions and attitudes existing around disability and/or HIV/AIDS among people directly concerned, as well as in the community at large, we can bring the two groups together. In this joint discussion group, the following questions could be raised:

- Do the activities and projects set up by the community take disability and HIV/AIDS into account?
 - If yes, how? What does work? What doesn't work? How can these things be improved?
 - If no, set up a plan of the steps to be taken towards disability and/or HIV/AIDS that is supported by everybody, and designate who will take responsibility for what.

In order for a project to have a real impact on the inclusion of people with disabilities and/or people living with HIV/AIDS, the project should address the inclusion of disabled people and/or people living with HIV/AIDS within the community at large. Only when the general public is targeted and included can a difference be made on the community level.

This aspect has been tested in Bangladesh, where Handicap international, with its partner CDD (Centre for Disability in Development) have implemented a project to include disabled people in the development projects, as well as in the community. The concept of Community Approaches to Handicap in Development (CAHD) stems from the idea that people with disabilities are trapped in a vicious circle that links poverty and disability, and can't get out of this cycle. CDD and Handicap International mainstreamed disability within the projects of development NGOs. In the context of Bangladesh, where over 20,000 NGOs are working in the communities in various areas such as education, income acquisition and health care, it seemed appropriate to persuade these development NGOs to mainstream disability not only in their projects, but also in their project areas. The idea behind this was that mainstreaming disability within the development projects was a necessary component, but was not sufficient to promote the inclusion of disabled people. Therefore, the CAHD included another component, namely: advocacy to ensure that not only committed NGOs, but also other key actors (school teachers, health workers, political and religious leaders mainstream disability.

The CAHD activities started in 1997, when CDD started training social workers, specialists in social communication as well as managers of community based NGOs. Once trained, the NGO's staff would go back to their field, and start mainstreaming disability, while being supported by CDD in the background. In 2004, over 200 organisations had been trained and were mainstreaming disability in their work, as well as encouraging the local communities to include disabled people. This approach has proved to be successful, according to the monitoring reports. Children with disabilities are being accepted in schools, adults with disabilities are starting to have access to income generating activities. Disability is starting to be better understood in the communities where the project has been initiated.

One of the lessons learned from the projects in the field is that mainstreaming in one project only is not enough. It needs to be linked to efforts to encourage the community to include disabled people in society in order to actually see people with disabilities being included. Monitoring and evaluating the impact of the approach in the field is a key to provide evidence to encourage further similar projects to be implemented in other countries.

4.3. Project with indirect attention towards disability and/or HIV/AIDS

Once we have received, via the discussion groups, an initial understanding of the changes to be made and of the community members who should play a role, we must study existing activity and projects in the community, as the way in which general elements of a plan can be implemented. It can be done within the common discussion group but, for large scale and complex activities, it is better to create a project group that makes concrete propositions and transfers them to the discussion group.

The content of these concrete propositions depends on the nature of the project or the activity and of the evaluation of the local situation, as we already told it in point B. However, we can give some general guidelines:

1. Describe the project with the following questions in mind:

- How do disability and/or HIV/AIDS influence the living conditions of people who are confronted with it?
- How does that influence their chances to avoid poverty?
- How does an NGO's work contribute to the prevention of disability and/or HIV/AIDS?
- How does an NGO's work help people directly concerned and, more generally, the community, to behave differently towards those with disability and/or HIV/AIDS?

2. Reinforce the security net on which households can call by:
 - targeting a general increase in the revenues of the household
 - stimulating savings and the growth of the finances of the families
 - avoiding the need for people to sell their means of production, (for example, machines or cattle), in order to buy the food they need.

3. Build or reinforce the security nets at the community level by :
 - supporting families in educating and caring for their children
 - bringing food to people or supporting them in their capacity to get food on their own
 - putting other needed resources at their disposal such as clothes and soap.

Concrete examples of measures or points of attention:

- In the framework of an agricultural project: to adapt the tools and techniques for old people with disabilities or diseases, for example, by using donkeys instead of people to plough.

- In the framework of micro credit projects: to adapt lending conditions so that people with a disease or a disability are not excluded in advance. The caretakers should not be excluded from micro credit because of the care they provide. We must show tolerance towards people with disabilities when they are absent at meetings, as long as they bring their contribution to the micro-credit system set up by the community. Apart from that, meeting other people is also important for people with disabilities and/or HIV/AIDS. Putting objective criteria in place to approve credit can help to include all the people who are able to conduct a successful income generating activity and reimburse the loan. Criteria should include: experience in managing such a business before and a marketing study showing that the business can be profitable. But the criteria should not be discriminatory on the basis of one's disease or physical condition.

- In the field of healthcare, we must draw special attention towards prevention. Sufficient sanitation services and basic hygiene are essential. Sanitation services have to be adapted to the needs of people with disabilities. They should be wheelchair accessible, and not so far away that individuals who are in poor health or cannot walk far, must decide not to attend because the walk is too far or the hillside too steep. It is essential however for health care professionals to be aware that many of the health issues that individuals with a disability have to face are the same as for the rest of the population. In the context of campaigns about basic hygiene or the prevention of HIV/AIDS, one must stay attentive to the need for people with different disabilities to also be reached by this kind of information. To be more able to produce promotional materials which are accessible to people with a visual or hearing impairment as well as a learning impairment, it is good to contact local organizations that are representing those people. Beside, local disabled people organizations (DPOs) are the right channels to spread the message among people with disabilities. Many persons with disabilities, also those with a physical impairment are not reached by traditional ways of communication. But training and information on those medical treatments and therapies which make the lives of people with certain conditions more pleasant, are also an important component of an inclusive development project. Health services should be accessible for all, including disabled people. People affected by HIV/AIDS should be confident enough to visit the appropriate services to investigate the evolution of their illness.

- In projects on education and training, it is possible to systematically foresee the prevention of aspects of disability and HIV/AIDS. We must also see to it that children, youngsters and adults with disabilities and/or HIV/AIDS have enough training opportunities, in order to reinforce their social position. Efforts should be made to include disabled children in schools.

In all these fields, we must not only pay attention to the most vulnerable and most affected persons, but also to the gender factor, the age factor and to other diversity factors that change the vulnerability towards disability

4.4. Fitting in the project cycle and procedures

The way in which we can anchor the measures that contribute to the mainstreaming of disability and/or HIV/AIDS, within the project cycle and within the procedures of the organization depends on the type of activity and on the local context.

It is however possible to give some advice :

- Pay attention to the mainstreaming of disability and/or HIV/AIDS in the job descriptions for the staff, in the evaluation mechanisms and in the vision and mission statements of the organization.
- Establish standard procedures on the non-discriminatory treatment of people with disabilities and/or HIV/AIDS.
- Determine what measures will be taken should collaborators, at different levels have discriminatory attitudes and practices
- Provide concrete action points for the mainstreaming of disability and/or HIV/AIDS in each phase of the project cycle (Examples : see paragraph C)

Because mainstreaming is a long process, the follow-up and adjustments needed to the existing measures and procedures must be feasible. Sanctioning measures to be taken should there be breaches of agreements to assure inclusion is useful, but this should not create a negative atmosphere, in which mainstreaming would be considered a straitjacket imposed from above. As we've already emphasized, a mainstreaming process on the level of activities, particularly in the field of disability and/or HIV/AIDS, cannot succeed without an active participation of all the people concerned. In the first place, these are the persons with disabilities and/or HIV/AIDS themselves, their family members and the caretakers, people committed individually, the local leaders in the community and, finally, members of the general community. When it comes to HIV/AIDS, this should also be done while respecting confidentiality.

Of course, it is utopian to believe that it is possible to convince all the members of the community to contribute to mainstreaming of disability and/or HIV/AIDS. But it cannot be an argument used in order not to begin or not to persevere after the first little steps. As we already mentioned in the preceding chapters, the essence of mainstreaming often lies in small, incremental adaptations and not in great structural changes.

Another issue that can make an important contribution to mainstreaming of disability and/or HIV/AIDS is the structure and the culture of the NGO. Mainstreaming on the organizational level is discussed in Chapter 5. This form of mainstreaming is not totally independent from mainstreaming on the activities level, but requires other points of attention and methods that build the link with diversity in the management of the organization in general.

5. Mainstreaming of disability and/or HIV/AIDS in the organisations policy

5.1. Composition of a preparatory working group

A working group is set up. The tasks of this group can be the following:

- Setting up a code for the promotion of diversity.
- Process management : to develop, stimulate, follow up, evaluate and adjust

The working group can take different forms:

- Temporary working group (with attention towards different function levels or departments within the organization).
- Setting up a code for the promotion of diversity.
- Process management : to develop, stimulate, follow up, evaluate and adjust
- Permanent working group for staff, management, diversity,...
- Think-tank within the general assembly or team meetings.

It is important to mark out a number of cases and to make arrangements for :

- The mission of the working group.
- The skills and decision making role of the working group.
- Time investment and terms of the working group, attention to the financial level of commitment and possible exemptions of other tasks.
- Possibilities of education and training in connection with the theme.

5.2. Collection of internal and external information

Once a working group has been set up, its first mission should be to collect information. It is important therefore, to collect information first on a large scale, e.g.:

- Mapping the legislation
- Looking for examples of other provisions
- Collecting some examples of previous experiences with disability and/or HIV/AIDS, or other forms of diversity
- Following education and training
- Scrutinizing current labour legislation and/or internal regulations
- Interviewing specialists: both legal experts as well as experienced specialist
- Interviewing vulnerable groups
- Collecting scientific research and figures
- Surveying within one's own organization
- Large brainstorming sessions etc.

It is important for every participant of the working group to receive the assignment to collect information, and that a number of arrangements are made about who searches where. It is evident that there will be some overlap, but this is not a problem. On the contrary information that repeats findings from other sources is often important information.

5.3. Prospecting arguments in favour of diversity within the staff

An important task of the working group is to show all levels and departments the advantages of a general diversity policy within the staff. This is applicable to for-profit as well as non-profit organizations. This applies to all diversity factors, including disability and HIV/AIDS.

A) Talents and skills

1. New talents for the staff of the organization:

Diversity is an important characteristic of every society since everyone knows someone with a disability and/or HIV/AIDS. This could be a family member, a neighbour, a schoolmate, a colleague at work, a friend etc. The thing is that people often forget the experiences they already have with diversity because homogeneity is the norm and not diversity. But there is also a more positive reason why diversity has always been overlooked. If you know people very well, they become just like everyone else, and they are no longer seen as a person with a disability or HIV/AIDS. If this is the case, people just need to be reminded of this.

Therefore, a society with more systematic attention towards diversity offers possibilities to discover and to explore new talents.

2. Increasing one's skills and creativity

Diversity management with attention towards disability and HIV/AIDS can lead to diversity in knowledge, ideas, perspectives and creativity. It is a plus when developing working processes, the products and solutions. It also improves relations with clients and with the general public.

B) Internal processes

1. Better collaboration between the staff members

Diversity management leads to a better understanding of the differences and consequently, to better communication, more collaboration and an increased effectiveness.

2. Involvement of the staff in the organization

The employer plays an important role in keeping a competent and concerned staff. Such involvement can be increased if the working atmosphere favours the existence of different ideas, habits and ways of live.

3. Improvement of the working atmosphere

The development of mutual links between the employees is useful to overcome prejudices and to discover the added value of differences in cultural experiences, backgrounds, faiths, habits, and physical and intellectual variations.

C) Marketing and innovation

1. Improvement of the organization development:

Diversity encourages learning processes in the organization. This offers opportunities for new ideas and new fields of activity.

2. A broader view on disability and HIV/AIDS

By expanding the understanding and awareness of employers, employees can help them acquire a better understanding of how they can fulfil the needs of diverse social

groups. This is very important for NGOs which, in the North as well as in the South, have to reach different social groups with, among others, people with disabilities and/or HIV/AIDS, and which have to deal with them in a participative way.

3. Increasing the potential for a better target group management:

The possibilities for manufacturing products, providing services and offering solutions for diverse target groups, among who are people with disabilities and HIV/AIDS, are increasing. Within this process, each staff member should be invited to bring in new ideas and approaches.

D) The public image

1. Improvement of the public image of the organization:

An organization that is well known for its successful diversity management is able to create a better public image.

E) International perspectives

1. Wider vision on the field surrounding disability and HIV/AIDS:

Employees with disabilities and/or HIV have easier access to persons with disabilities and/or HIV/AIDS, their environment and their organizations. When they belong to the staff, the whole organization is more able to provide products and services that fulfil the needs and wishes of people with disabilities and/or HIV/AIDS in countries where the NGO is active.

2. Improvement of the international communication:

Organizations can take advantage of diversity management when they have to cope with target groups that are difficult to reach in other cultures in a world that's becoming increasingly globalized.

3. Development of global capacity

An organization that is known for its "diversity culture" with attention towards disability and HIV/AIDS, is in a better position to attract specialists on disability and HIV/AIDS from throughout the world, and to integrate them into the staff in order to collaborate.

5.4. The process of organizational mainstreaming

The implementation of diversity in the management does not have to follow any fixed steps. Its application can respond to the specific requirements of each organization. At the same time, a minimum number of components have to be present. In this paragraph, we'll describe a blueprint for the implementation of diversity in the management within non-profit organizations and, consequently, also NGOs. We have concentrated on the specific steps of the inclusion of disability and HIV/AIDS within a diversity policy.

1. Involvement of the management

It is very important for the top level of the organization to radiate a positive approach towards the diversity policy. In addition, it should take the initiative to integrate attitudes, approaches and individuals with disability and HIV/AIDS into the senior levels of the organization. In this way, the higher levels of the organization determine the framework within which all the managers in the organization should work. Besides, it provides a positive message for the employees.

2. Analysis of the current situation and definition of the objective

The application of diversity with management raises consequences for everybody. A diversity scan can clearly show which adaptations within the culture of a specific organization are needed in order to integrate disability and HIV/AIDS. The essential points of such analysis are the following:

- Do people with disabilities and/or HIV/AIDS work in the organization? Don't only mention those with visible impairments but also those whose disabilities are hidden, or less marked.
- Do people who become disabled or HIV+ keep their jobs and is their private life respected ?
- Do people with disabilities experience inequalities that are directly linked to their disability or condition?
- Do these inequalities affect the working process?
- What can we do to solve existing problems?

The necessary steps and pursued goals have to be formulated in a measurable and quantifiable way. After having analysed the place of disability and HIV/AIDS within the organization and the changes that are produced, it is possible to choose several strategies to cope with these differences in order to strengthen the overall potential of the organization.

3. Attention towards disability and/or HIV/AIDS, without singling them out

When persons with disabilities and/or HIV receive extra attention, this can lead to frictions with other employees. This must absolutely be avoided because it only causes additional stigmas. For these reasons, it is also important to keep contact with all the employees and to pay attention to the experiences and feelings of all.

4. Introduction of forms of collaboration in the workplace with attention towards the diversity culture pursued within the business

It is advisable to set up a working party composed of representatives of several levels of employees within the organization under the supervision of one person who is officially placed in charge. Recommendation from employees who are knowledgeable about and experienced with disability and/or HIV/AIDS among the members of the working party is a priority.

Examples for this are:

- How do I make my organization accessible for people with disabilities ?
- How do I deal with functional limitations among people with disabilities and/or HIV/AIDS ?
- How do I learn, in my practice but also in my attitudes, to deal with feelings of opposition among people with disabilities and/or HIV themselves and their colleagues?

5. Targeted information provision for management and employees

It can be useful to bring together the employees of the department concerned when somebody with a disability and/or HIV is recruited, in order to discuss what support and adaptations are necessary to the recruit in order to create the optimal work environment. This process can also be applied when somebody already employed acquires a disability and/or HIV. The most important goal is that everybody must feel at ease, people with disabilities and/or HIV, as well as their colleagues. In order to break the ice, discussion about these issues can be initiated by concrete anecdotes on disability or disease told in an informal atmosphere. During such discussions, it is important that the privacy of every person involved is respected. Openness does not mean that everything is told to everybody.

In some cases, the provision of formal information about disability can be advised, e.g. information on how to adapt training packages for people with a visual or hearing impairment. Employees with disabilities can often give this basic information themselves but sometimes it is difficult for them to speak of their own situation and disability. It can be useful to perform training on a disability, with which the organization has never been confronted. Such trainings raise the awareness of possible blunders and pitfalls.

6. Mentors for (new) employees with a disability and/or HIV

A mentor could counsel new employees and when a mentor is used they should meet regularly with the employee. Aiming at a relationship based on trust (with all employees in the immediate environment), the problems should be taken seriously at all times. Such a mentor has to be trained for this task. Preferably, the same person should be trained to deal with the different factors of diversity. Only under this condition will this person be able to perceive the differences and similarities of each individual's situation. Besides examining cases in which persons with HIV are treated similarly or differently compared with persons with a disability, the impact of a combination of different diversity factors should be assessed as well. The condition of women with a disability differs from that of women or men with HIV. The diversity mentor should also be dealing with complaints, both on behalf of persons with a disability and on behalf of the other employees. Not every person with a disability and/or HIV feels the need for such a mentor. This should be looked at on an individual basis. Persons with a disability and/or HIV could also act themselves as mentor for others.

7. Career planning for people with disabilities and/or HIV

From the beginning, the employees with disabilities and/or HIV have to be embedded in the existing training policy of the organization. After the recruitment, and as soon as the employee has settled in, a plan should be set up for further development and training. This work reduces the risk of problems with the employee and serves as a motivating factor. It also complies with the European principles of permanent learning, which were formulated in Lisbon in 2000.

It is advisable to send announcements to people with disabilities via their special organizations, when new jobs are posted, specifically noting that the persons with disabilities are encouraged to apply, should they have the necessary qualifications.

8. A number of concrete adaptations for employees with disabilities and/or HIV

It is important to underscore the fact that most of these recommendations are beneficial to every employee. Below we cite a few, but this list is not exhaustive:

- Training in specific tasks linked with the function.

- Training courses in “Being assertive” and ‘Standing up for yourself’ for each employee who wants it. See to it that all important information is accessible and that everyone can consult it. What this means for disabled people will depend on the disability. For blind people it means that information is available in electronic format or in Braille, for wheelchair users, it means that important information is not stored out of reach high up in cupboards.
- Meetings and/or informal discussions about the situation of people with disabilities and/or HIV within the organization, their needs and rights, and possible measures to will add to wider discussions of diversity.
- Measures for the promotion of skills., for example : training on the workplace for people without formal training will benefit all
- Control and improvement of the access to training for everybody.
- To allow sick leave for medical controls that are connected to the disability or long-lasting diseases.
- The possibility of taking longer holidays or leaves without pay when performances such as travels abroad, require longer recovering periods because of disability or other limitations, such as old age.

9. Evaluation of the implementation process

In order to correctly judge the measures taken on a regular basis, an annual structured evaluation is needed. This may well lead to a renewed formulation of goals and steps.

CONCLUSION: MAINSTREAMING AS A POSITIVE CHALLENGE

The publication is not intended to:

- Present mainstreaming as the only possible solution. Targeted work on disability and/or HIV/AIDS is valuable and has to keep on existing in addition to mainstreaming.
- Impose mainstreaming once again as an additional requirement, which an organization has to fulfil. After all, mainstreaming cannot be dictated from outside, but has to grow up within your organization. It is a gradual process in which we must first learn from our own positive experiences and mistakes.
- Bring disability and/or HIV/AIDS forward as the only theme to which mainstreaming can be applied, to the detriment of other themes. We would however, like to indicate that mainstreaming is suitable for the various group of diversity issues that we find in all organizations. This brochure dealt with the mainstreaming of disability and AIDS, but we can also mainstream other things, e.g. gender or age. It is important not to see these different 'branches' as competitors, but rather as fields that can complement each other in the management of a diversity that is as wide and inclusive as possible
- Diversity within an organisation is a first step towards promoting diversity within activities and programmes. In order to have a greater impact and to make a difference in the life of disabled people, actions can be taken within the whole community to promote the inclusion of people with disability.

This brochure does want to:

- Help you in your thinking about mainstreaming of disability and AIDS in your own organization. The tips and different steps indicated are not rigid schemes but orientated guidelines, with which you can work out in a creative way.
- Emphasize that each organization has the capacity to mainstream. Mainstreaming doesn't necessarily require extra financial means or staff. It primarily requires a change of mentality as well as a commitment.
- Encourage you to start from the strong points of your organization. Start from a positive experience with the theme you want to mainstream. You probably already have people with disabilities or HIV/AIDS in the target group of one of your projects. Maybe you don't know it, because people with disabilities or HIV/AIDS who are well integrated do not attract attention.

PHOS : Your partner in the mainstreaming of disability

PHOS pleads for mainstreaming of disability within the Belgian development cooperation since its recognition as an NGO in 1998. With this brochure, we want to give a leg up to NGOs that want to mainstream disability in their activities and/or staff. We have always drawn the link with the mainstreaming of HIV/AIDS, in order to show that the mainstreaming of disability goes through the same process as the mainstreaming of other factors. Yet the mainstreaming of disability is our core activity. With this brochure we want to encourage Belgian NGO's to take the first step to mainstream disability in their activities and/or their workplace policy.

After having read this brochure, would you like to think further about mainstreaming of disability in your organization? Would you need support in this sense, because disability is still an unknown field?

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RESOURCES AND USEFUL LITERATURE

AIDSNET. Synergising HIV/AIDS and Sexual and Reproductive Health and Rights: A Manual for NGOs .Copenhagen: Aidsnet, 2005.
<http://www.aidsnet.dk/Default.asp?ID=1493>

CADRE. *Making HIV/AIDS our Problem: Young People and the Development Challenge in South Africa*. London: Save the Children, 2002.
http://www.savethechildren.org.uk/temp/scuk/cache/cmsattach/1115_MakingAIDSourProblem.pdf

Dudzik P. & McLeod D. Including the Most Vulnerable: Social Funds and People with Disabilities. Social Protection Unit of the World Bank September 2002.
[http://wbln0018.worldbank.org/HDNet/hddocs.nsf/0/d4aa91b91969a3c285256966005a0a21/\\$FILE/0023.pdf](http://wbln0018.worldbank.org/HDNet/hddocs.nsf/0/d4aa91b91969a3c285256966005a0a21/$FILE/0023.pdf)

GROCE, N. *Adolescents and Youth with Disability Issues and Challenges*. New Haven: Yale University, 2003.
<http://www.aifo.it/english/resources/online/apdrj/apdrj204/adolescent.pdf>

GROCE N. HIV/AIDS and Persons with Disability: Overlooked and at Grave Risk. *The Lancet* 2003;361:April 26:1401-1402

GROCE, N. HIV/AIDS and People With Disability In: *GMHC Treatment Issues*, Volume 17, Number 6, June 2003. Reprinted from the Lancet.
<http://www.thebody.com/gmhc/issues/jun03/disability.html>

GROCE, N. *HIV/AIDS and disability: Capturing Hidden Voices*. New Haven: Yale University, 2004.
<http://cira.med.yale.edu/globalsurvey/Capturing%20hidden%20voices-1.pdf>

GROCE, N.& TRASI, R. Rape of Individuals with Disability: AIDS and the Folk Belief of Virgin Cleansing. In: *The Lancet*, Vol. 363, No 9422, 2004, pp 1663-1664.
<http://cira.med.yale.edu/research/virginrape.pdf>

HOLDEN, SUE. *Mainstreaming HIV/AIDS in Development and Humanitarian Programmes*. Oxford: Oxfam, 2004.

INSTITUTE OF CHILD HEALTH. *A Double Burden: A Situation Analysis of HIV/AIDS and Young People with Disabilities in Uganda and Rwanda*. London: Save the Children, 2004.
http://www.savethechildren.org.uk/temp/scuk/cache/cmsattach/1600_DoubleBurden.pdf

INTERNATIONALE WERKGROEP ARBEIDSMARKT. *Diversiteit wint. Diversiteit onder het personeel: Uitdagingen en toegevoegde waarde ten behoeve van het management in bedrijven en instellingen*. Zeist: Ithaka, 2004.

KREFTING, D. *Understanding Community Approaches to Handicap in Development (CAHD)*. Lyon: Handicap International France, 2001.
http://www.handicap-international.org.uk/pdfs/Understanding_CAHD.pdf

LAMBORAY, J. & LEGASTELOIS J. *Sida, la bataille peut-être gagnée*. Ed L'atelier, 2004.

MUNTHALI A., MVULA, P. & ALI, S. Effective HIV/AIDS and Reproductive Health Information to People with Disabilities: A Final Report. Zomba: University of Malawi, October 2004.

<http://www.dpi.org/en/resources/documents/FinalReportforFedomaStudyOctober2004.doc>

NATIONAL FEDERATION OF PEOPLE WITH DISABILITIES IN NAMIBIA. *HIV & AIDS and Disability*. Pretoria:VSO-RAISA, 2003.

STIENSTRA, D., FRICKE, Y., D'AUBIN, A. & RESEARCH TEAM. *Baseline Assessment Inclusion And Disability In World Bank Activities*. Washington DC: World Bank, June 2002.

http://siteresources.worldbank.org/DISABILITY/Resources/Overview/Baseline_Assessment_Inclusion_and_Disability_in_World_Bank_Activities.pdf

VANNESTE, G. *The Impact of HIV/AIDS and Disability in Africa*. Dar Es Salaam: Council on Community Based Rehabilitation Training, 2002

<http://www.rehab-international.org/publications/Vanneste.htm>

VAN OYEN, E. *Aids-preventie bij personen met een handicap in ontwikkelingslanden*. Unpublished masterthesis, September 2005.

VLAAMS INSTITUUT VOOR VORMING EN OPLEIDING IN DE SOCIAL PROFIT (VIVO) - Steunpunt Diversiteit Social Profit. *Handleiding non-discriminatiecode*. Brussel: VIVO.

WARTHLING, D. & LÓPEZ, S. *Me HIV+... What Do? A Guide for Deaf People Living with HIV Disease*. Austin: AIDS Service, 1997.

<http://cira.med.yale.edu/globalsurvey/women.html#deaf>

WORLD BANK. *Disability and HIV/AIDS: at a Glance*. Washington DC: World Bank, November 2004.

<http://wbln0018.worldbank.org/HDNet/hddocs.nsf/c840b59b6982d2498525670c004def60/4fb28f8537d87c2a85256f56005b8a4c?OpenDocument>