

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

**HIV&AIDS AWARENESS AND TRAINING  
PROJECT FOR BLIND AND PARTIALLY  
SIGHTED PERSONS IN AFRICA**

**END OF PROJECT REPORT**

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## List of Abbreviations

AIDS- Acquired Immuno-Deficiency Syndrome  
AFUB- African Union of the Blind  
ANAC- Association Nationale des Aveugles du Cameroun (Cameroon National Association of the Blind)  
CBO- Community Based Organisation  
CIDA- Canadian International Development Agency  
CNIB- Canadian National Institute for the Blind  
CNPLWHA -Cameroon Network of People Living with AIDS  
EDAN- Ecumenical Disability Advocates Network  
FBO- Faith Based Organisation  
GAB-Ghana Association of the Blind  
HIV- Human Immuno-Deficiency Virus  
KANCO- Kenya AIDS NGO Consortium  
KUB- Kenya Union of the Blind  
MACRO- Malawi AIDS Counseling and Resource Organisation  
MANET plus- Malawi Network of People Living with HIV&AIDS  
MUB- Malawi Union of the Blind  
NAC-National AIDS Commission  
NACC-National AIDS Control Council  
NAPHAM-National Association for People Living with HIV&AIDS in Malawi  
NGO-Non-Governmental Organisation  
NAFSTDH-National network for the Fight against Sexually Transmitted Diseases and HIV&AIDS  
NOPE-National Organisation of Peer Educators  
RUB-Rwanda Union of the Blind  
SHIA-Swedish Organisations' of Disabled Persons International Aid Association  
TLB-Tanzania League of the Blind  
SWAK- Society for Women and AIDS in Kenya  
VSO-Voluntary Service Overseas  
WAPCAS-West Africa Program on the Control of AIDS and Sexually Transmitted Infections

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## 1. Executive Summary

This is the final report for the Awareness and Training Project for Blind and partially sighted persons in Africa. This report will highlight the different activities that took place during the entire project period. Achievements of the project will also be mentioned in reference to the project objectives. At the end several recommendations have been arrived at.

During the duration of the project 6 Trainer of Trainer workshops have been conducted in Cameroon, Ghana, Kenya, Malawi, Rwanda and Tanzania. 119 blind and partially sighted persons have been trained to become Peer Educators. A total of 4,019 visually impaired persons have been trained at the grassroots. 5 National Lobby Committees have been established in 5 countries. Rwandese Union of the Blind; member organisation in Rwanda decided not to form a Lobby Committee since they are members of an umbrella organisation of disabled persons championing for access of disabled persons into mainstream HIV&AIDS programs. National Lobby Committees have developed a plan for their continued work. A training model has been developed. This model includes; a TOT Manual for training Peer Educators. This manual includes methods of training that are suitable for visually impaired persons. 20 different HIV&AIDS resource materials have been developed and adapted into accessible formats for blind and partially sighted persons. A guide for Peer Educators to use during the grassroots training has been developed. Also a training programme for the 'Trainer of Trainer' workshops is available. Throughout the project a number of Non-governmental Organisations, Community Based Organisations and National AIDS Commissions in all the countries have worked with our member organisations involved in the implementation of this project to begin to address the issue of access of visually impaired persons to HIV&AIDS programs. In order to sensitise the society and visually impaired persons about HIV&AIDS and visual impairment a number public education programs have been implemented. First, AFUB's HIV&AIDS Project Coordinator and the Contact Persons in 3 countries have held radio and newspaper interviews. There have also been newspaper articles about this project with in Malawi. There are also articles about this project in AFUBNEWS and WBU newsletter.

In the month of October 2007 a Summative Evaluation was conducted in two countries; Rwanda to represent AFUB's Francophone region and Kenya to represent the Anglophone region. The evaluation report will be attached to this final report.

## **2. Introduction**

### **2.1 Problem Analysis: The Reality of HIV&AIDS to Blind and Partially Sighted Persons in Africa**

Many programs and campaigns to create awareness on how to prevent, manage and live positively with HIV&AIDS have been set up by governments, international agencies, Non Governmental Organisations (NGOs), Faith-Based Organisations (FBOs) and Community Based Organisations (CBOs); unfortunately, these programs and campaigns are rarely made accessible to blind and partially sighted persons. Information is not provided in accessible formats like Braille or large print while demonstrations are visual using posters and other visual oriented methods to convey information to the public. Lack of information on HIV&AIDS and Sexually Transmitted Diseases in accessible formats implies that blind and partially sighted persons are a high risk category. Further, lack of information also means that blind and partially sighted persons have no knowledge of how to live with HIV&AIDS or how to care for others with the disease. A further challenge is the incidence of illiteracy among blind persons, particularly those who live in rural settings, where it is estimated that 90% of blind children do not attend school. (ICEVI 2006)

Health practitioners also lack skills necessary in dealing with blind and partially sighted persons. Therefore, counseling and support services are not modified to suit the needs of visually impaired persons. And if a blind person contracts HIV there is little support from the community due to social stigma which may accelerate immunity deficiency thus shortening the life of the individual. Discrimination further compels blind persons to seek acceptance from fellow peers and therefore one infected person may infect so many other blind persons.

In some circumstances, the vulnerability of blind and partially sighted persons to HIV is exacerbated by traditional beliefs and myths that presume visually impaired people to be at no risk of contracting HIV and as a result they are excluded from Voluntary Counseling, Testing and treatment facilities. On the other hand, there are myths and superstition which often lead to the perception that it is "safe" to engage sexually with blind persons, as they are free of diseases, and this perception put them at extra risk of actually getting infected.

Blind women are particularly vulnerable to sexual abuse, which is common in many communities and is aggravated by poverty, illiteracy and low self esteem.

## **2.2 Overall Goal**

This is the reality for many visually impaired persons all over Africa. However, it must be acknowledged that some steps are being taken towards achieving inclusion and participation of visually impaired persons into HIV&AIDS programs. The level of Knowledge among visually impaired persons is slowly beginning to rise. African Union of the Blind is very proud to be part of a project whose goal is to reduce the incidence of HIV&AIDS among blind and partially sighted persons in Africa by increasing their participation in HIV awareness and control programmes in their communities.

## **2.3 Project Objectives**

In order to work towards achieving this goal the following objectives were set out at the inception of the project.

1. Facilitate access by blind and partially sighted persons to mainstream HIV&AIDS awareness and control programs.
2. Establish National Lobby Committees to raise awareness about the reality of HIV&AIDS among visually impaired persons and to advocate for mainstream HIV&AIDS service providers to adapt their programs so as to enable visually impaired people to access these services and programs.
3. Provide HIV&AIDS awareness and peer education training to 120 blind and partially sighted persons in six countries. Each of the 120 Peer Educators to further train 500 visually impaired persons at the grassroots level.
4. Establish a "best practice" model that can be exported to other countries in Africa.
5. Ensure that blind and partially sighted women participate equally as Advocates, Trainers/Peer Educators/Counselors and beneficiaries and that training and resource materials reflect the specific issues faced by and the needs of blind and partially sighted women.

## **2.4 Project Activities**

The following activities have been undertaken during the project to achieve the above objectives:

1. Establishment of National Lobby Committees to include national organizations of the blind, health care practitioners and community based service providers.
2. Development of training and resource materials both for blind and partially sighted persons and for mainstream HIV&AIDS service providers.
3. Translation of training and resource materials into French.
4. Adaptation of training and resource materials into accessible formats (Braille, audio and large print.)
5. Recruitment and training of blind and partially sighted peer trainers and counselors—at least 60% of which must be blind and partially sighted women.
6. Conducting grassroots training workshops for blind and partially sighted persons.
7. Provision of information and training to mainstream service organizations regarding the issues faced by blind and partially sighted persons that increase their vulnerability to HIV&AIDS; and adaptation techniques to raise their awareness, training and treatment programs accessible to them.
8. Implementation of public education programs in the media and by other means to raise awareness of HIV&AIDS as a problem facing blind and partially sighted persons, and to encourage blind persons and their families to access the services and programs available to them.

## **2.5 Immediate outputs of the Project**

- 1) Six National Lobby Committees will be established to advocate for access to HIV related services by visually impaired persons in their respective countries
- 2) Training of Trainers workshops for blind and partially sighted Peer Educators/trainers will be conducted in three countries each year of the project, thus increasing the skills and employability of that group as well as creating a resource for ongoing training and networking.
- 3) At least 3,000 blind and partially sighted persons in Africa will directly receive training on the causes, prevention and management of HIV&AIDS related conditions within a period of two years (2005-2007).
- 4) AFUB will develop a comprehensive blind-friendly training model and resource materials for conducting training and advocacy about HIV&AIDS.
- 5) An average of 20 peer counselors/trainers in each country will acquire new skills in training, advocacy, networking and counseling that should enhance their employability and increase their status in the community.

The project will provide a source of income and livelihood for 120 visually impaired persons who will participate as peer counselors/trainers and transcribers of training materials.

### **3. Project Achievements**

Memorandum of Understanding (MOU) between AFUB and her 6 member organisations was signed. The MOUs define the roles and obligations of AFUB and the member organisations.

The following is the progress made against the expected outputs of the project.

**Output 1:** Six National Lobby Committees will be established to advocate for access to HIV related services by visually impaired persons in their respective countries.

5 National Lobby Committees have been established in Cameroon, Ghana, Kenya, Malawi and Tanzania. They have held all their three meetings as was originally planned. The committees have made arrangements to continue to meet often. Minutes of the meetings of individual committees and actions taken are available for reference.

Rwanda Union of the Blind (RUB) is a member of an umbrella organization for all categories of disabilities who work on advocacy for inclusion in mainstream programs. In October RUB Executive Director was appointed as Secretary General to the Ministerial Commission relating to disability.

**Output 2:** TOT workshops for blind and partially sighted trainers/ Peer Educators will be conducted in six countries thus increasing the skills and employability of that group as well as creating a resource for ongoing training and networking.

6 Trainer of Trainer workshops have been held in Cameroon (8<sup>th</sup>-12<sup>th</sup> May 2006), Ghana (19<sup>th</sup> -23<sup>rd</sup> February 2007), Kenya (20<sup>th</sup> -24<sup>th</sup> February 2006), Malawi (20<sup>th</sup>-24<sup>th</sup> March 2006), Rwanda (16<sup>th</sup> -20<sup>th</sup> April 2007) and Tanzania (28<sup>th</sup> May- 1<sup>st</sup> June 2007).

As a result of these workshops 120 blind and partially sighted women and men were trained on HI&AIDS and certified to be Peer Educators. (71 women 49 men). Key personal testimonies from blind and partially sighted Peer Educators and grassroots beneficiaries are documented in the Summative Evaluation Report attached together with this report.

**Output 3:** At least 3,000 blind and partially sighted persons will directly receive training on the causes, prevention and management of HIV&AIDS related conditions.

All grassroots trainings were completed within the six countries. At least 4,019 visually impaired women and men were trained in the course of the project. Last year the project was able to reach 1,245 visually impaired women and men and this year we have reached 2,774. Out of this number at least 145 were sighted relatives or friends and persons with other disabilities.

**Output 4:** AFUB will develop a comprehensive blind-friendly training model and resource materials for conducting training and advocacy about HIV&AIDS.

An HIV&AIDS training model is now ready. This model consists of:

- 'Train the trainers' (TOT) manual: -For training Peer Educators.
- Grassroots training guide: -for Peer Educators to use for their grassroots training.
- Organizational manual that aims at training and sensitizing mainstream AIDS service organisations on how they can make their awareness and education programs accessible to visually impaired persons.

**Output 5:** An average of 20 peer counselors/trainers in each country will acquire new skills in training, advocacy, networking and counseling that should enhance their employability and increase their status in the community.

120 Peer Educators have been trained in Cameroon (20), Ghana (20), Kenya (19), Malawi (20), Rwanda (21) and Tanzania (19). 1 woman in Kenya did not attend the workshop because she was not allowed by her parents at the last minute.

**Output 6:** The project will provide a source of income and livelihood for 120 visually impaired persons who will participate as peer counselors/trainers and transcribers of training materials. In addition to this they received amounts from their organisations to support their grassroots training activities.

The 120 Peer Educators have received their allowance of \$ 100 each to motivate them in their training work. A process was developed to ensure delivery of required number of training sessions before full payment is provided.

## **4. Networking and Partnerships**

During the project period AFUB has participated in several conferences and meetings advocating for the inclusion and participation of visually impaired persons into HIV&AIDS programs. These conferences include; National Peer Educators Conference (2006), Disability and HIV&AIDS Consultative meeting organized by SHIA (2006), Launch of the African Campaign on Disability and HIV&AIDS (2007), Member of the Kenya AIDS NGO Consortium (KANCO). Members also involved in the implementation of this project have also worked with mainstream organisations to ensure that blindness issues are brought to the discussion table. Kindly refer to the Summative Evaluation Report conducted in October 2007 attached here in; for the comprehensive list of the mainstream organisations/ government bodies that the 6 member organisations have been able to partner with.

## **5. Budget Follow-Up**

During the entire project the expenditure was in line with the budget. We have received the whole amount due for the project from CNIB. Accounts and receipts have been received from all organisations that were implementing this project and submitted to CNIB.

Financial accountability statements have been prepared and submitted on a quarterly basis. Final accounts will be submitted together with this report on December 20, 2007.

## **6. Conclusion and Recommendations**

This project has achieved most of its objectives many of its objectives. It is hoped that the 6 member organisations of the blind involved in its implementation will follow up to ensure that the work that they have already initiated with AFUB does not end with the conclusion of the project.

The following are some of the recommendations that have been derived out of implementing this project. These will contribute towards taking the campaign towards access and inclusion to another level.

### **1. Integrate an HIV& AIDS component in ongoing projects activities in countries with a high prevalence or a high incidence.**

AFUB has attempted to include HIV&AIDS into ongoing projects but a lot more needs to be done. For example during the project life the Project Coordinator made a presentation

and conducted a mini-workshop during the AFUB Youth project-“Knowledge on democracy and development training project for visually impaired youth in Eastern Africa” (July-September 2007). The aim was to sensitise visually impaired youth on development and governance issues and also about HIV&AIDS as a development concern. This is to ensure that they participate in the ongoing HIV&AIDS activities and other projects in their organisations and communities at large.

**2. Organisations of the Blind are encouraged to promote and strengthen Peer Educators on their HIV prevention activities.**

In this project a number of Peer Educators have been engaged in prevention activities in their communities, some even before the commencement of this project. It would be important to strengthen their activities through continuous linkages with other organisations and mainstream AIDS Service Organisations.

**3. Collect data on HIV&AIDS**

AFUB will continue to request her member organisations to start to systematically document the incidence of HIV&AIDS among blind and partially sighted persons in their countries. It would be also important to capture the specific risk factors and vulnerability that visually impaired persons find themselves in regarding their risk for infection. This information will be useful when planning and implementing prevention, care and treatment programs for visually impaired persons.

**4. Intensify the fight against stigma and discrimination of visually impaired persons.**

National Lobby Committees in the countries involved in the Summative Evaluation in October 2007, promised to ensure they meet once in a while to ensure that the campaign for access to HIV&AIDS prevention and education services does not with stop after the current project comes to an end.