



Closing the Gap: Addressing Disability and HIV



WORKSHOP BRIEF JUNE 2013

Introduction and Background

South Africa is one of the few countries that includes disability extensively within its National Strategic Plan on HIV [1, 2]. It acknowledges that people with disabilities (PWD) are at increased risk of exposure to HIV as well as, more recently, that people living with HIV are at risk of developing disabilities (including mental health conditions) related to HIV, its opportunistic infections or treatment.

Disability as well as HIV are also public health challenges of endemic proportions in South Africa [3]. The South African health system has to deal with this double burden. However, health care workers (HCW) as well as PWDs still lack knowledge in regards to the interrelationship of disability and HIV as well as skills to address this challenge. Consequently, HEARD, UKZN, in conjunction with its partners (DOH, QAK, DPSA) developed and piloted an intervention that aims to train and sensitise HCW as well as PWD.

Training on Disability and HIV

HEARD's pilot workshop on 'Closing the Gap' Training Health Care Workers and People with Disabilities on the Interrelationship of Disability and HIV was funded by the Regional AIDS Training Network (RATN). The project provided 60 participants with an overview and ideas in regards to the following areas.

- Understanding "disability" terminology
- Identifying the vulnerability of PWD to HIV
- Understanding HIV-related disabilities
- Relating issues to National Strategic Frameworks and legal obligations
- Identifying implications for HIV services
- Identifying opportunities within rehabilitation services
- Sharing challenges and good practice examples
- Developing a personal action plan.

The project used formative evaluation tools to assess the participants' needs, and perceptions; and the long term outcomes of the training. It used a health care service checklist to assess participants' perceptions of health care facilities. The assessment revealed, for

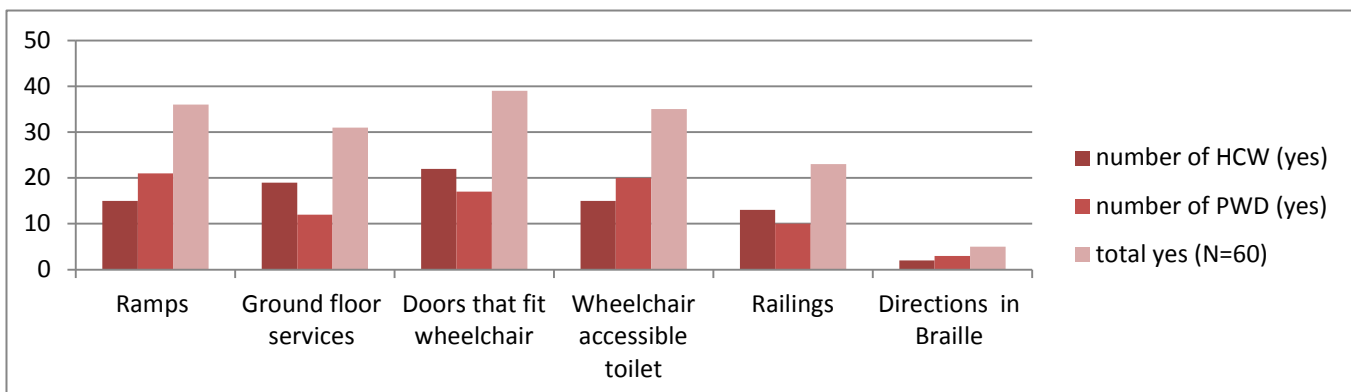


Figure 1 Number of participants identifying elements of universal design

instance, that only half of the participants identified their facilities as accessible because of structures such as ramps or accessible toilets (figure 1). Other disability accommodations such as railings, Braille, accessible formats (simplified, pictures or Braille) were mainly perceived as absent. Less than half of the participants indicated that their health service would make use of referrals. Even fewer participants indicated that their local health facility used screening tools for disability or mental health (see figure 2).

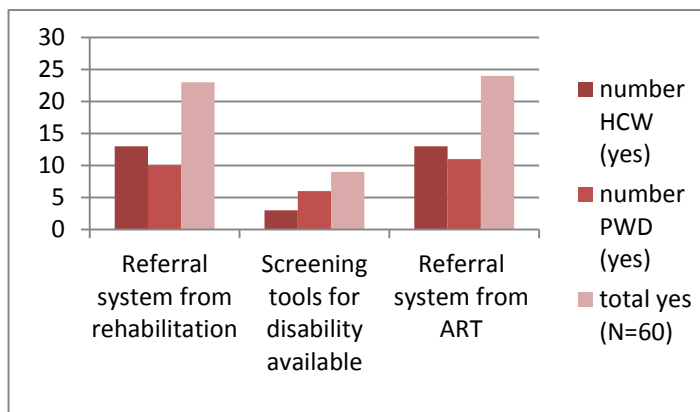


Figure 2 Number of participants indicating usage of referrals or screening tools

This raises the question of how well the referral system is developed and functional and if people living with HIV are accessing rehabilitative services.

Experiences from the Training

The workshop exposed participants to disability-inclusive good practices and approaches, some of which needed no extra resources and some which needed additional resources. Based on this knowledge, participants developed their personal action plans and engaged with, as well as initiated, change at their local health care facility. Participants revealed enabling and challenging experiences while trying to integrate disability within their local HIV services. They indicated that “being a person with disability”, “knowledge from the workshops”, and “support from management” helped to raise awareness at health facility level. Participants reported the

implementation of disability help desks, preferable treatment, change in attitudes, and building of ramps and toilets. However, participants also encountered misconceptions about PWD and environmental barriers (transport). In some cases they were successful in addressing these challenges while in others they needed more support.

“I asked for a sign language interpreter and to change the attitudes of nurses when testing for HIV. They became surprised at how you can become HIV positive and pregnant in this condition. Currently, I’m visiting clinics to tell them about HIV, nurses’ attitudes and we have formed a support group to look at issues faced by the disabled.” (PWD)

Participants also experienced challenges in relation to financial and time constraints. This highlighted the need for budget allocations towards disability inclusion, particularly in regards to specialised services such as sign interpretation, Braille, simplified material or rehabilitation. HCW also indicated further training needs. The formative evaluation indicates that the two day sensitisation workshop should be extended with a two day training workshop for HCW to provide more time to practice with the tools from the workshop.

Next Steps

HEARD would like to engage with other health care providers and further develop the ‘Closing the Gap’ training manual and toolkit. The intervention is also available via HEARD. For training needs, please contact Dr. Jill Hanass-Hancock: hanasshj@ukzn.ac.za

Resources

HEARD’s online good practice collections at: <http://www.heard.org.za/african-leadership/disability/good-practice-overview>

- 1.SANAC, National Strategic Plan on HIV, STIs and TB. 2012-2016. Summary. 2011, SANAC,; Johannesburg.
- 2.Hanass-Hancock, J., Strobe, A and Grant, K., Inclusion of disability within national strategic responses to HIV and AIDS in Eastern and Southern Africa. *Disability and Rehabilitation*, 2011. 33(23-24): p. 2389-2396.
- 3.Hanass-Hancock, J., Regondi, I. and Naidoo, K., 'Disability and HIV: What drives this relationship in Eastern and Southern Africa?' *AJOD*, 2013. 2(1): p. 1-6.