

Change agents with a disability

Youth with a disability in action and collaboration for improved SRHR



Visuals: De Beeldvormers

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A project of Leonard Cheshire Disability Zimbabwe, partner of Liliane Foundation

In Zimbabwe, the prevalence of disability is estimated to be 7%. Adolescents' sexual and reproductive health is particularly topical in Zimbabwe's fight against HIV. The first national strategy to address this topic was developed in 2011, emphasizing the need to reach out to marginalised people. However, very few children and youth with a disability have been reached. To improve the sexual and reproductive health status of youth with a disability in both rural and urban areas, in 2015, Leonard Cheshire Disability Zimbabwe (LCDZ) implemented an SRHR project called Youth Action for Better Health. The purpose of our project was to enhance accessible and inclusive SRHR information and services by youths with a disability to their peers. Leonard Cheshire Disability Zimbabwe is a non-profit organisation that works with children and youth with a disability in creating and improving awareness, access, participation and inclusion in their communities.

The practice: peer-to-peer training and complementary activities

The project is aimed at engaging SRHR and HIV issues in disability specific programmes and approaches. The project involved a variety of activities: training for adolescents with a disability, peer education, safe spaces, school activities and providing information in accessible formats. All activities reinforce and complement each other, covering a wide range of disabilities, including physical, intellectual, visual and hearing impairments. We involved 21 local partner organisations working for people with a disability throughout the country: special schools, health centers, disability service organisations, and community based rehabilitation partners. Those disability-specific organisations were linked to SRHR and HIV-specific organisations for collaboration. Additionally, regular schools, policy makers, parents and caregivers were also involved. The project targeted young men and women equally, ensuring a sound interaction between gender and disability. The following components were executed:

Sexuality education for change agents with a disability

We partnered with HIV/AIDS organisations to give comprehensive training on SRHR to 357 adolescents with a disability. The aim of the training was to empower them to become change agents. As such, apart from SRHR, they also learnt about effective lobbying and advocacy. The disability-customized training package was drawn from the Standard National Adolescent Sexual and Reproductive Health (ASRH) Training Manual⁴⁷ with emphasis on the Life Skills Approach.

Peer education

The 357 trained change agents became peer-to-peer trainers in SRHR for other adolescents with a disability. Some youth became treatment buddies for their peers whilst HIV-positive young women with a disability became community based female facilitators, meeting periodically with peers to discuss issues such as SRHR, HIV/AIDS, sexual violence and child marriage. Peer-to-peer education had a multiplying effect.

"I am now confident enough to talk about HIV and AIDS and I can teach others about transmission and protection" Young woman with a physical disability, peer educator.

Awareness campaigns and lobbying

Through meetings, flyers, pamphlets, a video documentary and a radio programme, our campaign on raising awareness of SRHR and disability at the community and service provision level. In addition, we

held panel discussions and dialogues with the National Aids Council (NAC) and government bodies to address the SRHR needs of people with a disability in national HIV programming. As a result, there was an improved government responsiveness to sexual and reproductive health and rights of adolescents with a disability, especially towards women who are infected with and affected by HIV/AIDS. The current Zimbabwe National HIV/AIDS Strategy Plan (ZNASP) III now recognizes disability and the National Aids Council is allocating support to people with a disability through various partners.

Safe spaces

Safe spaces in schools acted as meeting points for youth with and without a disability, where issues of sex and sexuality could be openly discussed. This has proven to be particularly useful in reaching girls with information and services on SRHR.

Sexuality education at special schools

The project built on the use of existing school curricula to give further SRHR information to youth with a disability. In collaboration with special schools and institutions, we developed and adapted information, education and communication materials in braille, sign language and other formats. Teachers explained that learning materials with graphic illustrations were the best kind of learning aids for youth with an intellectual disability. Youth with a visual impairment preferred to touch contraceptive items. Information was tailored to suit the level of comprehension specifically for children and youth with an intellectual disability, using repetitive learning and methods such as drama, roleplay, visualization, art forms and field trips. Additionally, some schools held percussion and traditional dance competitions at which information on sexual and reproductive health and rights was disseminated. The competitions were also part of further raising awareness about the SRHR needs of people with a disability. One of the teachers noted that sexuality education helped youths to protect themselves and improved their attitudes and behavior towards SRHR issues. He reported that, unlike in previous years, in the year of implementation, there had not been a single case of (unwanted) pregnancy among pupils with a disability.

Lessons learnt: involving youth with a disability and their parents is essential

All our activities helped in mainstreaming SRHR/HIV in the existing programmes of disability-specific partner organisations. As a result, we noted a reduction in teenage pregnancies in some instances, as well as a lower number of cases of sexually transmitted diseases, which indicates improved autonomy and use of contraception. Youth with a disability reported that they now practice abstinence or use contraceptives. We also saw improved access to treatment information, knowledge and awareness for youth with a disability infected by HIV/AIDS. Special counselling teachers played an essential role in addressing SRHR issues and partner disability-organisations established collaborations with centers specializing in HIV counselling, testing and treatment. Consequently, adolescents with a disability are frequently tested and treatment is initiated in the case of infection.

Furthermore, lobby and (self-) advocacy turned out to be essential. For this, SRHR and HIV organisations must be involved, as they have the resources and experience which can benefit people with a disability, provided that the services and information are accessible and disability friendly. Whilst the project scored highly on educating youth with a disability about what constitutes sexual abuse and how to protect themselves from it, perpetrators of the crime could often still escape prosecution and conviction. In view of this, we recommend partnerships with justice service providers in SRHR programming. The lack of skilled personnel in SRHR for people with a disability was a challenge. Training SRHR service providers in disability inclusion was indirectly part of the project through the trainer-to-trainer activity. However, negative attitudes towards people with a disability and their sexuality were sometimes very severe and difficult to tackle. Attention therefore needs to be paid to enabling factors. The involvement of youth with a disability and their parents from the beginning of the project affected the outcomes positively.

Through Leonard Cheshire, I have managed to go to America to represent Zimbabwe on sexual and reproductive rights and HIV and AIDS. That was quite an experience for me!" Young man with cerebral palsy, peer educator.



Leonard Cheshire Disability Zimbabwe is a disability organisation focusing on equal opportunities and choices.

Programme highlights:

- Training youngsters with disabilities in SRHR to educate their peers
- Partnering with special schools, local disability-organisations, and SRH and HIV service providers
- Awareness campaigns and lobbying together with all stakeholders
- Sexuality education in special schools using adapted formats

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