ALIGHT BOTSWANA

Framework to increase participation of women and girls with disabilities in programmes addressing violence and HIV in Botswana

Jill Hanass-Hancock, Malebogo Molefhe, Dorcas Taukobong, Nomfundo Mthethwa, Tshiamo Keakabetse, Agisanyang Pitsane

Acknowledgement

We would like to thank the Batswana women and men with and without disabilities, who provided us with their insight, knowledge and personal experiences during the study that informed this framework. We are deeply grateful for their time, honesty and courage to talk about violence against women and girls with disabilities.
We would also like to acknowledge the support and contributions of the advisor to this framework Mussa Chiwaula, Dr Godisang B Mookodi, Dr Boitumelo Mangope, Dr. Alice Welbourn, Dr. Andrew Gibbs, Norma Xoliso Msebele, Moffat Louis, Jacques Lloyd, Dr. Ingrid van der Heijden, Thapelo Moalusi, Agisanyang Pitsane, Lerato Moalusi Sakufiwa, Pearl Shamkuni, Omphemetse Ramabokwa, Seanokeng Ngwako and Sokwe Monametsi who reviewed and commented on this framework.
We would also like to acknowledge the generous support of the American people through the United States Agency for International Development (USAID) as well as their representative staff in the Botswana office, who made this project possible. The authors' views expressed in this report do not necessarily reflect the views of USAID or the United States Government.

List of Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ALIGHT	-	Actions Linking Inclusive Development, GBV, and HIV Together
ALIV[H]E	-	Action Linking Initiatives on Violence Against Women and HIV Everywhere
ART	-	Antiretroviral Therapy
ASRH	-	Adolescent Sexual Reproductive Health
BCD	-	Botswana Council for the Disabled
CSE	-	Comprehensive Sexuality Education
CSO	-	Civil Society Organisation
DPO	-	Disabled Peoples Organisations
GBV	-	Gender-Based Violence
HIV	-	Human Immunodeficiency Virus
IDM	-	Institute of Development Management
IEC	-	Information Education and Communication
MDG	-	Millennium Development Goals
NDP	-	National Development Plan
NGO	-	None-Government Organisation
NSF	-	National Strategic Framework
PVT	-	Prevention of Vertical Transmission
PrEP	-	Pre-exposure Prophylaxis
SAMRC	-	South African Medical Research Council
SDG	-	Sustainable Development Goals
SRH	-	Sexual and Reproductive Health
SRHR	-	Sexual and Reproductive Health and Rights
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis
USAID	-	United States Agency for International Development
UNCRPD	-	United Nation Convention on the Rights of Persons with Disabilities
UNFPA	-	United Nations Population Fund
VAWG	-	Violence against Women and Girls
VCT	-	Voluntary HIV Counselling and Testing

Table of Contents

Translating Results into Actions linking Inclusion, Gender-based Violence and HIV programmes Together (ALIGHT)

Overview of the ALIGHT framework development

The ALIGHT Botswana framework has been developed in conjunction with the ALIGHT Botswana main study report "From Understanding the Context of Violence against Women and Girls with Disabilities to Actions'. It contextualises the study findings, provides a framework for actions and provides ideas for interventions that can be implemented by different actors in Botswana.

In order to develop the ALIGHT Botswana framework, we used the tools provided by the ALIV[H]E framework (Actions Linking Initiatives on Violence against Women and HIV Everywhere), in particular its change matrix (figure 1) and the WHO 16 Ideas of Change Wheel (Appendix 1). The change matrix identified four areas for potential transformation to prevent violence, which were also used to shape the ALIGHT Botswana research approach and framework development. These four areas include change in:

- Internalised attitudes, values and practices
- Socio-cultural norms, beliefs and practices
- Access to and control over public and private resources and services
- Laws, policies and resource allocation (programmes/strategic plans)

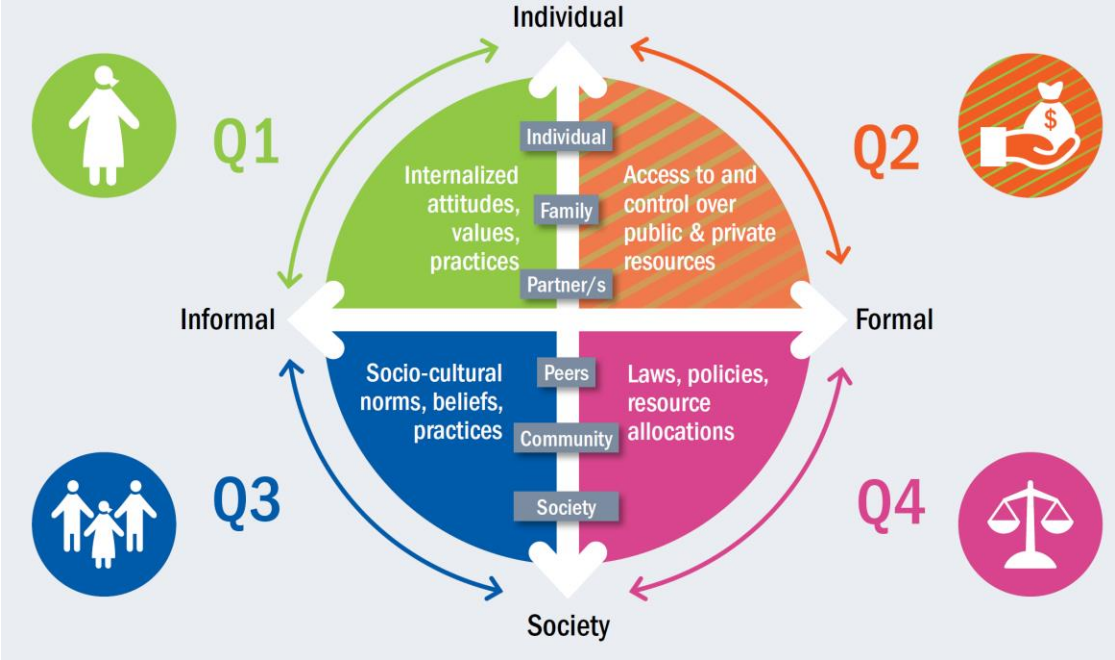


Figure 1 Original ALIV[H]E Framework Change Matric to address Violence against Women and Girls in all their Diversities

Inclusion of women and girls with disabilities in all four areas is key to increasing their participation in society as well as programmes addressing violence, sexual reproductive health and rights (SRHR) or HIV. The ALIV[H]E framework promotes integration of key programmes focusing on HIV, GBV and SRHR to develop more comprehensive services and approaches. The ALIGHT framework brought into this process the element of inclusion and 'leaving not one behind'.

Furthermore, the ALIGHT framework provided a process on how to increase inclusion of and address violence against women and girls with disabilities in Botswana. In order to inform this process, the ALIGHT framework took four steps:

1) contextualising the change matrix for the specific vulnerabilities and needs of women and girls with disabilities
2) summarising the context of violence against women and girls with disabilities identifying facilitators of violence
3) identifying actions that can be taken to increase inclusion in programmes addressing violence, SRHR or HIV
4) providing a step by step approach to develop an organisational strategy to increase participation of and violence against women and girls with disabilities.

The development of this framework was directly informed by the evidence collected and analyzed during the ALIGHT Botswana project in 2018.

Contextualizing the change matrix to describe vulnerabilities and priorities of women and girls with disabilities

The following section describes the four areas of the change matrix and how these contextualize the causes and context of violence against women and girls with disabilities.

Internalised attitudes, values and practices

The ALIV[H]E framework describes that personal "beliefs and values and how these are expressed through the attitudes, practices and behaviours of people, between couples and within families" provides the individual context in which violence can prevail. For instance, in Botswana patriarchal beliefs and individual behaviour are an underlying factor driving the incidence of violence against women and girls [1]. Acts of violence therefore are a manifestation of unequal power relations between men and women in relationships, with men using violent behaviour to establish power and control over women through fear and intimidation [2].

Additional disability stigma and lack of knowledge about rights are seen as increasing the vulnerability of women and girls with disabilities [3]. Stigma and lack of knowledge may lead to low self-esteem, compromised psychological wellbeing, and lower ability to uphold rights and form equal relationships with others. Negative attitudes also facilitate exclusion, isolation and denial of access to participate in the family, community and economic environment. It also affects family life, partnerships and safer sexual practice [4, 5].

Our evidence also revealed that discrimination and violence often occurred in the family, at work or in intimate partner relationships. Participants highlighted that the low knowledge of people with disabilities about their bodies and rights contributed towards them being easy targets of exploitation and violence. This context created specific challenges for caregivers and parents whose intention to protect their children and relatives with disabilities may have led to denial of the rights to participation and self-determination.

Socio-cultural norms, beliefs and practice

The ALIV[H]E framework explains that socio-cultural norms, beliefs, and practices constitute the larger social context in which violence against women and girls can prevail. In Botswana the 2012 GBV Indicator study revealed that "violence against women in Botswana has its roots in culturally-based perceptions which subordinate women to men as well as gender stereotyped roles that perpetuate and tolerate the use of violence against women" [1]. For instance, culturally, a man may be seen as superior to his wife or partner and physical violence against his partner/wife may be seen as exercising his authority or even as an expression of love [1, 6].

Gender-related cultural stereotypes often overlap with misconceptions about disability (also known as intersectionality). Such misconceptions can include the belief that people with disability are a curse of god, are incapable of fending for themselves, cannot report a crime, are less worthy to be a partner or are asexual or oversexed. These beliefs and misconceptions will increase isolation and, through this, the risk of violence against people with disabilities. Women and girls with disabilities may also experience double marginalisation based on gender and disability and therefore be at increased risk.

"Socially we view disability as inability" (women with disability)

Our evidence also revealed that misconceptions about disability isolated people with disabilities and their families, who may have tried to hide the person with disabilities. Isolation itself could be seen as emotional or psychological violence. It also led to lack of experience and situations in which the person with disabilities became an easy target of violence.

Access and control over public and private resources

The ALIV[H]E Framework states that individuals or families need to access and use resources including access to food, land, money, employment or services (healthcare, education or legal). The framework emphasizes that it is important to look at both the availability and accessibility of resources for diverse groups of people. People with disabilities often lack access to public and private services and resources [7-11]. Evidence already highlights that people with disabilities lack access to economic resources and are excluded from employment. This increases their dependency on others and, with this, opens pathways to accept exploitation or violence. Depending on the disability type and severity, people may experience attitudinal, physical or communication barriers. They may also lack access to specialised services and goods (such as rehabilitation, assistive devices), that are needed for them to participate in society on an equal basis with others.

"We don't really view them as people who have sexual rights, so they [health care workers, educators] don't even discuss pregnancy issues with them when they are teenagers" *(NGO staff member)*

Our evidence also suggested that women and girls with disabilities also lacked access to sexual and reproductive health and rights services, information and sexuality education, denying them access to information about their bodies hindering them to develop an understanding about how to claim their rights. This can also be viewed as structural violence.

Accessibility issues were not only described for public or private services but also among the organisations focusing on violence, HIV or disability. Our work with NGOs working on violence, GBV or HIV programmes as well as DPOs revealed that most of these organisations were not accessible to people with disabilities. This included

physical access as well as accommodation of communication or other disability-related needs. Even DPOs were often specialised on one disability type and lacked resources to accommodate other disabilities.

Laws, policies and resource allocation

Lastly the ALIV[H]E framework fourth area in the change matrix includes a focus on policies, laws and programmes. The framework explains that in order to protect the rights of vulnerable populations, such as people with disabilities, a country's legal framework and programmatic plans need to specifically ensure that these groups' rights are protected and promoted. This involves specific legislation and procedures that include vulnerable populations, such as people with disabilities, as well as disability-specific acts, policies and programmes. In addition, inclusion in mainstream legislation needs to go beyond the lip-service of mentioning people with disabilities and identify prevalence and causes (evidence), describe causes of vulnerability, list the rights of vulnerable groups including people with disabilities, identify specific accommodation measures, provide specific guidance implementation and guide the monitoring and evaluation of inclusion.

The comprehensive ALIGHT Botswana policy and literature analysis (2018) revealed that "in Botswana policies and programmes addressing violence (incl. SRHR, HIV and GBV) are not interlinked with policies or programmes focusing on disability. In fact, policies and strategic programmes related to disability are silent on the issues of SRHR, HIV and violence. In contrast, some policies and programmes on SRHR, HIV and GBV recognise the vulnerability of people with disabilities and a few recognise specific vulnerability to violence of women and girls with disabilities. However, they do not provide data on people with disabilities or information on their vulnerabilities, needs and desires. They also do not include specific measures to protect or promote the rights of people with disabilities and fail to provide guidance on how services need to be adapted so that they are accessible to people with disabilities. Disability inclusive monitoring and surveillance is also lacking." (Source: Hanass-Hancock, Jill, Taukobong Dorcas, Keakabetse Tshiamo, Mthethwa, Nomfundo: Preventing Violence against Women and Girls with Disabilities in Botswana. A Situation Analysis. SAMRC report 2018)[12].

Describing the context of violence against women and girls with disabilities

Understanding the context in which women and girls with disabilities experienced violence in Botswana is key to increasing their participation and addressing violence against them. The original ALIV[H]E framework identified the general context that perpetuated violence against women and girls (table 3 column 2). The ALIGHT evidence described additional contextual factors that may facilitate the continued occurrence of violence against women and girls with disabilities (table 3 column 3). These factors are summarized and aligned with the change matrix in table 3. The identified factors may facilitate violence in one context but may not be present in another. The table is thought to prompt discussions about which factors facilitate violence and which can be addressed in a particular area or setting.

Table 3. Contextual factors of Violence against Women and Girls with Disabilities in Botswana

Change matrix area	**General context of violence against women and girls (ALIV[H]E)**	**Specific context of violence against women and girls with disabilities (ALIGHT)**
Q1: Addressing individualised attitudes, beliefs and practices and empowering women and girls including those with disabilities	Holding women and girls in unequal and subordinate positions	Exclusion of women with disabilities in economic and gender empowerment programmes
	Denying women ownership and access to property	Lack of knowledge among women and girls with disabilities about their rights and inequality to access properties and resources
	Stigmatising and exclusion of vulnerable and key populations (sex workers, adolescents, women living with HIV, women with disabilities)	Exclusion of women and girls with disabilities in programmes that address key, vulnerable or priority populations
		Lack of self-esteem and independence and perception of perpetrators that women and girls with disabilities are easy targets
		Labelling of disability as inability and overprotection and denial of self-representation and decision making, in particular through parents or caregivers
Q2: Access to and control over public and private resources for women and girls including those with disabilities	Lack of integration of key priority programmes such as HIV counselling and violence prevention	Lack of universal design and access to SRHR, GBV and HIV services (e.g. lack of physical access) and health care staff lack skills to provide reasonable accommodation for communication needs (e.g. sign language, simplified information material) and may hold negative attitudes towards people with disabilities. Related services (e.g. transport, assistance to get to clinic) are not accessible or available and people with disabilities may not even get to health facilities and services.
	Lack of integration of SRHR services and violence prevention (e.g. pre-natal care, post abortion care)	
	Inadequate access to post rape care including access to PEP	
	Lack of integration of HIV and other SRHR services for survivors of violence	
	Economic dependency and lack of income generating opportunities	Increased cost of disability and increased dependency on others (support, disability related assistance and financial resources)
		Lack of universal design and reasonable accommodation to access education and employment
		Lack of access to support and assistive devices
		Lack of inclusion of people with disabilities in NGO programmes that address violence, HIV, SRHR or GBV
Q3: Transforming cultural and social norms related to gender and disability	Patriarchal socio-cultural structures and gender inequalities	Negative attitudes and beliefs about people with disabilities
	Harmful gender norms and practices (violence as socially acceptable)	Misconceptions about sexuality and disability and its intersection with harmful practices (violence against women and girls with disabilities as not important enough)
	Suppressing gender norms and roles (culture seeing women as subordinate to men)	Lack of inclusion of women with disabilities in activities that address gender norms

	Inadequate sexuality and life skills education	Lack of access to sexuality education in accessible formats (educators lack training, tools and confidence)
		Lack of access to community spaces and activities (lack of universal design and reasonable accommodation)
Q4:Promoting and implementing policies, laws and strategic plans addressing violence against women including GBV, SRHR, HIV and disability policies and frameworks	Inadequate implementation of laws that address violence against women and girls	Lack of inclusion of people with disabilities in laws and policies that address violence (lack of protection and promotion of rights)
	Inadequate access to justice (attitudinal and financial)	Lack of universal design and reasonable accommodation to enable access to justice on an equal basis with others
	Inadequate implementation of policies and strategic plans on violence in SRHR or HIV	Lack of allocation of resources to access existing violence, GBV, SRHR and HIV services for people with disabilities
	Inadequate integration of violence and HIV/SRHR programmes	Lack of inclusion of people with disabilities in existing polices and strategic plans
		Lack of disability legislation and policies that recognise risk and causes of, and address violence against, women and girls with disabilities

Identifying Actions linking Inclusion, Gender-Based Violence, SRHR and HIV Programmes Together (ALIGHT)

The ALIV[H]E framework discussed the WHO 16 Ideas wheel [13] as a guiding tool to address violence against women and girls in all their diversities and to link HIV and violence prevention programmes (Appendix 1 and table 4 middle column). The WHO 16 ideas wheel does not provide any evidence if the suggested ideas will work. They are also not specific to people with disabilities.

Using the ALIGHT literature review and primary data we have specified how these ideas could be adapted to ensure that they also address violence against women and girls with disabilities and increase their participation in violence prevention, GBV, SRHR or HIV programmes. Furthermore we have used the evidence arising from our qualitative study to identify what ideas need to be added to serve women with disabilities in Botswana. These are summarised in table 4 as well (right column).

Table 4: WHO 16 Ideas of Change Wheel extended to better Include Women and Girls in all their Diversities

Change matrix Quadrant	**WHO 16 Ideas Wheel to integrate HIV and violence against women programmes**	**ALIGHT Botswana strategies to increase participation and address violence against women and girls with disabilities**
Q1: Addressing individualised attitudes beliefs and practices and empowering women and girls including those with disabilities	Integrate economic and gender empowerment strategies	Mainstream disability across economic and gender empowerment strategies
	Increase women's ownership of property, assets and secure their inheritance rights	Ensure women with disabilities property rights and rights to access home and community
	Integrate vulnerable-group-led into community empowerment programmes	Ensure women and girls with disabilities are considered in all key and vulnerable populations activities and programmes
		Develop educational programmes to increase self-esteem, knowledge and independence of women with disabilities
		Develop support programmes for caregivers of people with disabilities
Q2: Access to and control over public and private resources for women and girls including those with disabilities	Include violence counselling in HIV risk-reduction counselling	Apply universal design and reasonable accommodation in all services so that people with diverse disabilities can access the same services – this will require service assessment and training of educators, nurses etc.
	Include screening for violence in HIV testing and counselling and PMTCT treatment and care services	
	Providing comprehensive rape care including HIV post-exposure prophylaxis (PEP)	
	Addressing HIV in survivors of violence	
	Cash transfer conditional and unconditional	Provide Cash transfer to compensate for additional costs of disability to persons with disabilities and caregivers of children with disabilities (this may need research into the costs first)
		Ensure access to and support of education and employment opportunities
		Provide needed support and assistive devices to enable participation
		Ensure disability inclusion in NGO and Civil Society strategies and programme activities that address SRHR, HIV or Violence
Q3: Transforming cultural and social norms related to gender and disability	Work with men and boys to promote gender equitable attitudes and behaviours	Work with men and boys to promote gender and disability equitable attitudes and behaviours
	Change unequal and harmful norms through community mobilization	Address misconceptions about sexuality of people with disabilities and their ability to work, participate and be an equal partner or parent
	Conduct social norms meeting/ edutainment or behavioural change communication campaigns	Conduct disability sensitisation in communities and promote inclusion of people with disabilities in key community activities and institutions

	Implement school-based interventions (e.g. Sexuality education, Life orientation)	Ensure access to comprehensive sexuality education that accommodates diverse learners with disabilities
		Transform community spaces and practice to be disability inclusive and accessible
Q4: Promoting and implementing policies, laws and strategic plans related to violence against women, GBV, gender equality, HIV and disability	Promote laws to address violence against women and gender equality	Promote SRHR, HIV, GBV and Violence-prevention laws and policies that are inclusive of people with disabilities
	Improve women's access to justice	Ensure people with disabilities have access to justice through social support and reasonable accommodation in law enforcement institutions
	Develop and implement national plans and policies that address violence against women and HIV	Ensure disability inclusion in all levels of national strategic plans and policies related to SRHR, HIV and GBV
	Address the intersections of violence against women, harmful alcohol abuse and HIV risk	Address the intersection of violence, disability and risk of HIV, STIs or unwanted pregnancies
		Promote development and implementation of disability legislation, polices and strategic plans
		Increase the evidence base through conducting research on causes of violence against women and girls with disabilities and evaluations of what works to address violence against this group

Providing a step by step guide

Furthermore, the ALIV[H]E framework identified seven steps to prepare an organisation to address violence against women and girls[13]. Using the evidence from the ALIGHT Botswana project, we have adapted these seven steps so that they clearly reflect which actions an organization needs to take to improve their policies and activities so that they increase participation and reduce violence against women and girls with disabilities.

1. *Baseline:* Develop a **network** relevant to violence and disability inclusion work and agree on core and shared values
2. Understand **links** between violence against women and girls with disabilities and HIV and other SRHR issues using evidence
    - Identify **who** are the most vulnerable to violence and HIV in your community – pay specific attention to women and girls with disabilities
    - Identify **misconceptions** about disability and gender norms that are contributing to this vulnerability in your community
    - Identify the underlying **causes** of vulnerability to violence and HIV for women and girls with disabilities in your community
3. Identify what you are **already** doing and where your current response to the intersection of violence and HIV is focused. Then assess how these efforts **include** women and girls with disabilities.

- Assess country and local policies and strategic plans with regards to their level of **integration** of violence and HIV work and their level of disability inclusion
- Understand the change matrix and 16 ideas wheel to identify current application of ideas, which populations are reached and which once are still left out and how integration can be **advanced**

4. Identify strategies to **strengthen** the response to violence and HIV as it affects women with disabilities
5. Identify potential **change** in strategies for programmatic activities using the change matrix and table 3&4
6. Identify priority **gaps** in the implementation of ALIV[H]E core values and strategies for addressing them
   - Identify priority gaps in the implementation of **values** using the ALIV[H]E checklist (will be available as attachment)
   - Assess your organisational level of inclusions and accessibility and identify areas for structural **change** using the ALIGHT disability inclusion checklist (will be available as attachment)
7. Expand and strengthen the **evidence** base through developing organisational monitoring processes
   - Use cross-checking **processes** list from ALIV[H}E framework
   - Identify disability **indicators** to monitor and evaluate your work
8. Establish an **M&E** framework and apply while implementing
   - Prioritise strategic areas of **change** to increase participation in strategic plan
   - Develop your **own** M&E framework for these strategic changes using the result matrix (all four quadrants in table form)
9. Develop your own M&E **plan**
   - Identify **activities** to implement inclusion approaches and strategies using the result matrix
   - List which data you already collect and decide which **data** to collect to monitor disability inclusion
   - Decide when, how and **who** collects data and how to capture this data for easy analysis

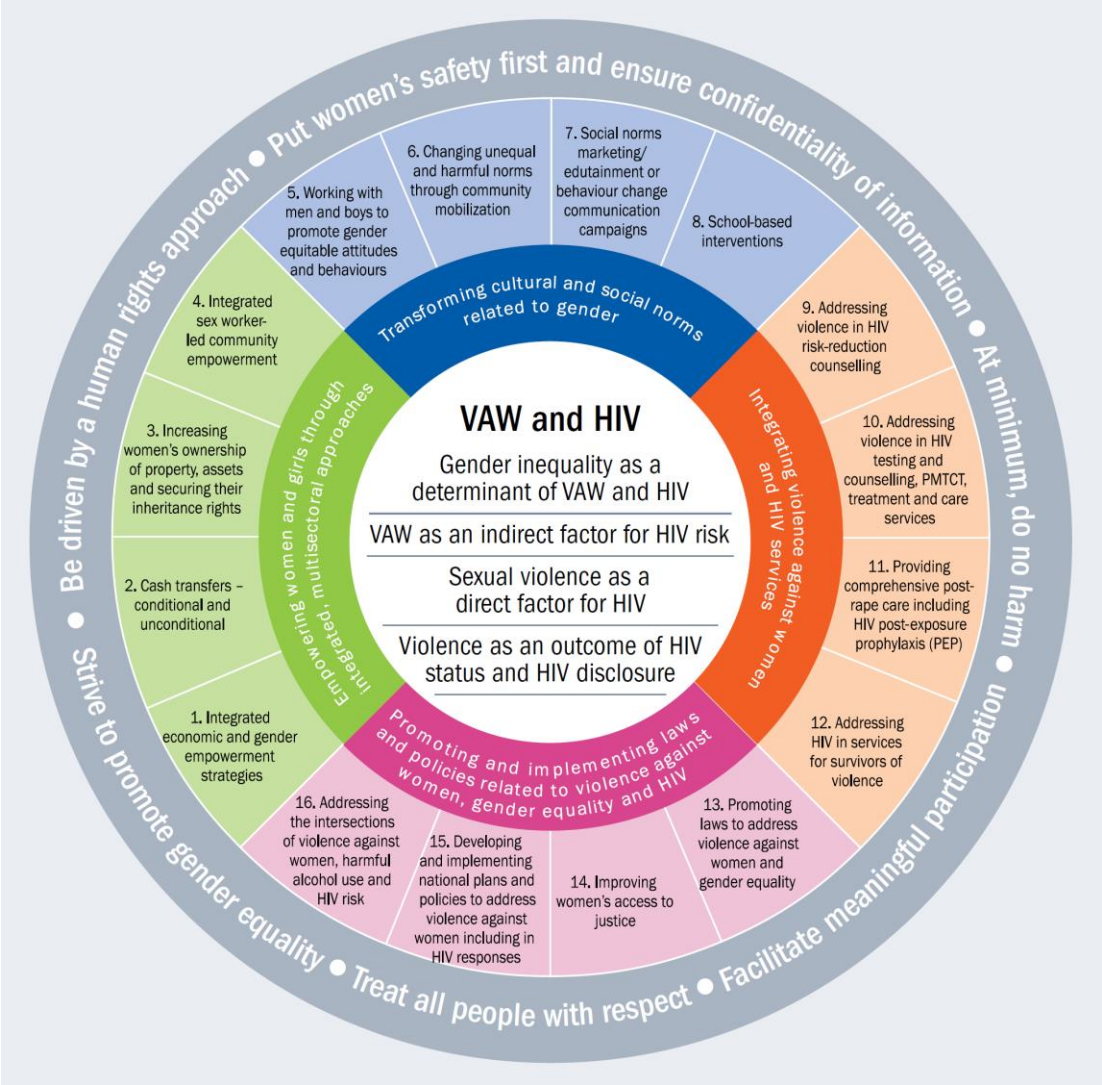
Once an organisation has undergone this process it is ready to implement an evidence informed intervention and will be able to monitor and report on progress while extending the evidence base of ‘what works’.

References

1. Machisa, M. and R. van Drop, *The Gender Based Violence Indicators Study Botswana*. 2012, Ministry of Labour and Home Affairs, Women's Affairs Department: Gaborone.
2. Mookodi, G., *"The dynamics of Domestic Violence against Women in Botswana'. .* Pula: Botswana Journal of African Studies,, 2004. **18**(1): p. 55–64.
3. UNAIDS, *Disability and HIV Reference Report*. 2017, UNAIDS: Geneva.
4. Rohleder, P. and L. Swartz, *Disability, sexuality and sexual health.*, in*,Understanding global sexualities: New frontiers*, P. Aggleton, et al., Editors. 2012, Routledge: London. p. 138-152.
5. Yousafzai, A. and K. Edwards, *Double Burden: A situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda*, in *Centre for International Child Health* 2004, Save the children London. p. 1-76.
6. Chappell, P., *Dangerous girls and cheating boys: Zulu-speaking disabled young peoples' constructs of heterosexual relationships in KwaZulu-Natal, South Africa.* Culture, Health & Sexuality, 2016. **19**(5): p. 587-600.
7. Banks, L.M. and S. Polack, *The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilties*. 2013, London School of Hygiene and Tropical Medicine.
8. World Health Organisation and World Bank, *World disability report*. 2011, WHO: Malta.
9. South African Department of Social Development, *Elements of the financial and economic costs of disability to households in South Africa. Results from a pilot study*. 2016, DSD, UNICEF: Johannesburg.
10. Filmer, D., *Disabilty, Poverty, and Schooling in Developing Countries: Results from 14 Household Surveys.* The World Bank Economic Review, 2008. **22**(1): p. 141-163.
11. Mitra, S., A. Posarac, and B. Vick, *Disability and Poverty in Developing Countries: A Multidimensional Study.* World Development, 2013. **41**: p. 1-18.
12. Hanass-Hancock, J., et al., *Preventing Violence against Women and Girls with Disabilities in Botswana. Situation Analysis*. 2018, SAMRC: Durban.
13. Salamanda Trust, et al., *Actions linking initiatives on violence Aagainst women and HIV Eeverywhere, ALIV[H]E framework*. 2017, UNAIDS: Geneva.

Appendix

App 1 The WHO 16 ideas change wheel



App 2 ALIGHT organisational disability inclusion checklist

Disability Inclusion Checklist

The following checklist can be used as a sensitization tool to stimulate discussions around accessibility and disability inclusion of your local sexual and reproductive health and rights (SRHR) services or interventions including those focusing on violence (such as Gender-Based violence) and HIV and AIDS. Please identify the name and location of the programme/intervention you like to assess:

Name : _____ *Location:* _____

Thereafter answer 'yes/ no/ not sure' for each question. Please tick in the last column "things I can change/influence" if you feel that you can influence or change these aspects. Otherwise leave this column blank and discuss with your colleagues thereafter what you can change.

Do your organizational strategies and polices include people with disabilities?				
Do your organisations policies and strategies:	Yes	No	Not sure	Things I can change/influence
Identify disability as a risk for GBV, violence, HIV or SRHR				
Identifies barriers to access the programmes services				
Mainstream disability into its programmatic areas/objectives				
Identifies measures to overcome disability related access barriers				
Provides targeted interventions for people with disabilities				
Include disability indicators in your monitoring and evaluation				

Are your facilities designed universal?				
Do your facilities/buildings have the following:	Yes	No	Not sure	Things I can change/influence
Ramps to all doors and outside areas (or are all one level)				
Crucial services on the ground floors and otherwise lifts				
All doors wide enough to fit a wheelchair				
Wheelchair accessible toilet (wide enough doors, space and railings)				
Directions on key areas in Braille (e.g. lifts, signposts)				

Do your programmes/activities provide reasonable accommodation where needed?				
Does your organisation/service provide the following:	Yes	No	Not sure	Things I can change/influence
A disability/accessibility desk or focal person where people can raise their need for disability related support?				
Furniture that accommodate physical disabilities through height adjustments (etc. delivery bed)				
Sign language interpretation to participate in services or activities				
Information about services and events in Braille or in audio format				
Simplified information for people with intellectual disabilities (e.g pictures)				
Staff who have a disability				

Is your staff trained to identify disability and address violence, HIV and/or SRHR?				
Have your staff been trained with the following:	Yes	No	Not sure	Things I can change/influence
Screening and identification of impairments and disability				
Disability inclusive development				
Basic sign language interpretation				
Disability inclusive education or health services				
Adaptations to provide comprehensive sexuality education or sexuality information				
Disability related adaptations to provide HIV, STI or violence counselling				

Can your organization link people with disabilities to poverty alleviation programmes?				
Are your programmes/ activities linked to the following:	Yes	No	Not sure	Things I can change/influence
Employment programmes that cater for people with disability				
Food security programs that include people with disabilities				
Sheltered employment for people with disabilities				
Social workers who can assist with grants or business loans				
Support programmes for caregivers/parents of people with disabilities				

Can your organisation link people with disabilities to disability and rehabilitation services?				
Does your organization have the following:	Yes	No	Not sure	Things I can change/influence
Tools to screen and identify disability (mental, physical, intellectual, sensory …)				
A referral system to link to disability specific services in your area				
A referral system to acquire assistive devices				
Referral system to judicial services that can support people with disabilities				
Referral system to peer support e.g. DPOs or NGOs targeting people with disabilities				

Is your organization linked to other community services and civil society?				
Are your services/interventions linked to the following:	Yes	No	Not sure	Things I can change/influence
Women crisis centers				
Community Based Rehabilitation				
Food security programs				
Livelihood programs that focus on people with disabilities				
Disabled Peoples Organisations				
NGOs that focus or include people with disabilities				
Police				
Social worker				
Traditional authorities				

USAID
FROM THE AMERICAN PEOPLE

Advocacy and Action
BOTSWANA COUNCIL
FOR THE DISABLED

IDM
INSTITUTE OF
DEVELOPMENT
MANAGEMENT
Botswana · Lesotho · Swaziland

saMRC
advancinglife