



Disability, HIV and AIDS Trust

Creating an Inclusive Society



Annual Report

April 2013 – March 2014

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List of Acronyms and Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Therapy
ASGF	US Ambassador's HIV/AIDS Small Grants Fund
ASOs	AIDS Service Organizations
BMSF	Bristol Myers Squibb Foundation
CCD	Citizens Centre for Disability
CHAZ	Churches Hospitals Association of Zambia,
CHDG	Chawana Hama Disability Group
DHAT	Disability, HIV and AIDS Trust
DPOs	Disabled Persons Organisations
DRW	Disability Rights Watch
HIV	Human Deficiency Virus
HTC	HIV Testing and Counseling
ICASA	International Conference on AIDS and STIs in Africa
ICDR	International Centre for Disability and Research
IGPs	Income Generating Projects
MCH	Maternal Child Health
MoHCW	Ministry of Health and Child Welfare
MSWMCH	Ministry of Social Welfare and Mother and Child Health
PEPFAR	President's Emergency Plan for AIDS Relief
PLWH	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
SAT	Southern African AIDS Trust
SAYWHAT	Students and Youths Working on Reproductive Health Action team
SFH	Society for Family Health
SMS	Single Management System
STIs	Sexual Transmitted Infections
UN	United Nations
UNAIDS	United Nations Joint Program on HIV and AIDS

Disability, HIV and AIDS Trust [DHAT]

UNFPA	United Nations Fund for Population Activities
UNIDO	United National Industrial Development Organisation
UNZA	University of Zambia
USA	United States of America
USADF	USA Development Fund
VMC	Voluntary Male Circumcision
VSO	Volunteer Service Overseas - Zambia
WHO	World Health Organisation
ZAMBART	Zambia AIDS Related Tuberculosis t
ZPI	Zambia Prevention Initiative

Chairperson`s Statement

I am grateful; to the dedication of members of staff, board members and partners for the hard work demonstrated in implementing the DHAT program during the fiscal year. This contributed a substantial value to the organization. I am delighted to report that under the difficult financial challenges, DHAT continues to engage stakeholders; especially service providers, beneficiaries, policy and legislation actors in delivering the organization`s mandate. This is a remarkable commitment that I am immensely proud of and indeed indebted to all.

The team work underpinned our driving force to enable us contribute to progress in our strategic goal within our available resources. The members of staff were focused and responsibly used the available resources for us to contribute to the yielding of desired results. We created opportunities for greater engagement with our beneficiaries, service providers, policy and legislation actors so that everyone is involved and informed in the advocacy continuum. This engagement requires to be enhanced.

Our management team put in place new strategic frameworks consistent with emerging issues learnt through experience from previous years realizing that we need to adjust and give shape and direction to the way we have been managing our core business – advocacy. The management team must be commended.

As the fiscal year has shown, there is still work to be done. Therefore, we will stick to our strategic frameworks and put resource mobilization at the core of our routine work so that we demonstrate our regional value and purpose for existence.

As a board, we will continue to strengthen our governance systems because it is crucial to our long-term success. During the fiscal year, we were joined by new board of trustee members with skills that will bring in new perspectives in the organization. We remain confident for the year ahead.

Thanks to all!



Isaiah Thapisa
DHAT Board Chairperson

1. Executive Summary

Over the last 12 months the Disability, HIV and AIDS Trust has directed its efforts to scale up its programming and concentrate on activities that can bring about positive impact on the beneficiaries. During this reporting period, our funders were the Southern African AIDS Trust (SAT), Bristol Myers Squibb (BMS) Foundation, American Embassy in Zimbabwe. SAT provided \$135,867, BMS Foundation \$73,093 and American Embassy \$11,486. SAT largely supported our regional program. Towards the conclusion of the financial year, DHAT secured USD50,000 support from the Oxford Committee for Famine Relief (Oxfam) for the Zimbabwe program.

In this fiscal year, we fundamentally employed the Strategic Plan 2008 – 2012 as an interim strategy until the development of the strategic frameworks 2014 – 2019 in the first quarter of 2014. Prior to 2013, we consolidated our acknowledgement that HIV and AIDS are Sexual and Reproductive Health (SRH) issues that require integrating and addressing with other emerging issues such as cervical cancers and Tuberculosis (TB).

The foundation of this initiative was laid by the SRHR mapping exercise of November 2012. An organizational capacity assessment was conducted by SAT after completion of the regional SRHR mapping exercise. The information synthesized during this period was incorporated into the development of the HIV and SRHR integrated strategic frameworks 2014 – 2019 in the last quarter of 2014. Therefore the emphasis of the DHAT program focuses on issues of disability, HIV and AIDS, SRHR, TB and reproductive cancers.

During the later part of the fiscal year, we strengthened our engagement with parliamentarians in the four focus countries in order to improve our lobbying approaches and amplify the visibility of DHAT and its program in the respective countries. This is expected to potentially improve the viability of the collaboration on issues of Disability, HIV and AIDS with respective governments in the focus countries. In addition, this commitment has an objective of supporting parliamentarians with disability focused information that informs them on the issues and rights, and provisions of the UNCRPD

in relation to local legislation, policy and practices. nine 9 groups in 2014. We continued with the existing engagement of Disabled Persons Organizations, (DPOs), Civil Society Organizations (CSOs) and other stakeholders in advocacy for disability inclusive HIV and AIDS and SRHR integrated programing.

Building sustainable partnerships and developing collaborative networks is an essential ingredient of DHAT program. This provides more comprehensive, coordinated and holistic services in mainstreaming disability, SRH and HIV and AIDS. DHAT technical support to networks and communities during this reporting period achieved relative positive results. For example, there was an increase in SRHR knowledge among the respective target groups.

As part of DHAT's approach to addressing HIV and poverty, we support empowerment of persons with disabilities through IGPs. This is an identified approach to mobilize persons with disabilities to address SRHR and HIV and AIDS concerns synchronized with livelihoods programs.

Building capacity for DPOs is important. We conducted a Monitoring and Evaluation training for DPOs in Zimbabwe. The training equipped DPOs with Planning, Monitoring, Evaluation and Reporting concepts and their application focussing on disability. The concepts learnt in training will benefit DPOs in Monitoring, Evaluation work. In addition, two volunteers; from Botswana and Malawi underwent training in advocacy for a rights-based response to HIV and tuberculosis (TB) in east and southern Africa. The training is conducted quarterly for a week in within 12 months period. Upon completion, the participants will cascade the lessons into organizations in their parent countries.

DHAT's core business is advocacy. In order to give thrust to the advocacy momentum, DHAT and SAT conceived an idea of involvement of a think tank that can provide support in advocacy strategies. A think tank meeting was held March, 2014 Johannesburg. The Think Tank meeting provided a forum for input into the DHAT implementation and advocacy strategies of 2014 – 2019.

The 9th Board of Trustees and committee meetings took place in Harare, Zimbabwe, on 24th and 25th February 2014. The inadequacies of financial and human resources for country offices were high on agenda. It was discussed that the board should support the secretariat in mobilizing resources. A new board member, Mr. Wamundila Waliuya of Zambia was inducted to the regional board.

Conferences are forum for communicating about DHAT and its program to various players in the HIV and AIDS sector. DHAT participated in the 20th Canadian Conference on Global Health in Ottawa. The conference provided a forum for learning and action about global health and development challenges. The participation was important for DHAT to attract support for further work in generating evidence for disability and HIV and AIDS advocacy efforts in Zambia.

The 17th International Conference on AIDS and STIs in Africa (ICASA) was held December 2013, in Cape Town, South Africa. The Conference noted that disability is a neglected sector and knowledge is rudimentary and let alone there is no data on HIV prevalence and incidence among persons with disabilities.

In the midst of uncertainty in resource mobilization, we have made some progress to mobilize USD20000 from DRF for Malawi and USD50000 from Oxfam for Zimbabwe programs support. In Malawi this is a significant step that we will potentially use to attract more resource4s into the country program.

2. Introduction

This annual report summarizes our program implementation and subsequent accomplishments in the fiscal year April 2013 to March 2014. It provides an update on progress made on inclusion of SRHR concerns in the newly developed strategic frameworks.

The reporting period April 2013 to March 2014 marks another milestone in the process of building the Disability, HIV and AIDS Trust and the raising the Disability and HIV and AIDS advocacy bar in the region. DHAT has acknowledged that times have changed, resources have become scarce and that granting of financial resources for many funding organizations no longer has the elasticity that existed earlier. We also realized that our advocacy continuum excludes policy makers, legislators and media as vital components for our allied teams and targets to influence change and yield impact in our programming.

In addition, organizations have reviewed their programming in HIV and AIDS to include emergent subjects of concern such as reproductive cancers as Sexual and Reproductive Health and Rights issues. On the other hand information sharing and learning has been strengthened to focus on information that provides evidence on matters that can be raised for advocacy to ensure that results can be demonstrated in our work. In this environment, time, money and results have become precious for yielding impact.

In the backdrop of this environment, DHAT revised its strategic implementation and advocacy frameworks to cover the periods 2014 – 2019. The strategic frameworks have integrated issues of Sexual and Reproductive Health and Rights that will introduce our programming to reproductive cancers and TB, Similarly, we have commenced engagements with legislators to initiate effective advocacy and lobby for disability awareness among legislators and disability inclusive interventions in policy, legislation and practices in the region.

We continued our support to building competence in SRHR awareness raising and programing for the grassroots communities. These grassroots are not members of the Disabled Persons Organizations. Through the IGPs, strategy, we increased knowledge in SRHR among grassroots and Disabled Persons Organizations. Our primary purpose in IGPs groups it to raise SRHR awareness and mobilize our target groups and facilitate access to SRHR services such cervical cancer screening.

This calls for DHAT to double the efforts in resource mobilization, identifying the right people as targets and allies both vertically and laterally that will; focus on results at all levels of programing in our work. Therefore, our participation in every forum we also prioritize our agenda that can mutually benefit the forum and DHAT. This has been the preoccupation of staff and board during the reporting period.

Our regional value has significance to our work. Hence, we continued to use the available scare resources and networks to sustain our presence in other program countries apart from Zimbabwe. We were alive to the financial challenges that we face and managed to mobilize support in Zambia, Malawi and Botswana through networks, For example, In Malawi we mobilized financial resources to support our advocacy for lobbying implementation of the UN Convention of Persons with Disabilities.

In this annual report, 2013 – 2014, we have presented the major activities that we undertook and participated in with our partners and networks. The report summarizes successes recorded and opportunities for raising our efforts to achieve results.

3. Programs

3.1 Information Sharing Meetings

During the period under review DHAT participated in information sharing meetings to ensure that disability was not being left on the HIV and SRHR agenda. From these meetings it has shown that disability is not well understood and that disability advocacy needs to be intensified to have the UNCRPD understood, acknowledged and put into action.

DHAT participated in the UN meeting to update stakeholders on the United Nations Development Assistance Framework (UNDAF) in Zimbabwe. The meeting focused on the review of the 2013 UNDAF support to the National AIDS Response by the UN and Partners. In the meeting, we discussed the mobilizing for support of disability inclusive HIV Treatment, Prevention and Management, and resource mobilization. The discussion focused on prevention of mother-to-child-transmission (PMTCT) and maternal child health (MCH) and condom distribution, voluntary male circumcision (VMC), HIV Testing and Counselling (HTC). The meeting resolved that DHAT should mobilize pregnant women and girls with disabilities to promote early anti-natal and PMTCT. The initiative will be replicated in Botswana, Malawi and Zambia focus countries.

DHAT contributed to the development of the HelpAge Regional Strategic Plan. HelpAge and DHAT share a common understanding about the burden of care for People Living With HIV (PLWH). The burden of HIV care lies on older persons and is compounded by disability in many instances. HelpAge International; requested for the input of DHAT's input into the development of their Regional Strategic Plan for Southern Africa.

3.2 SRHR Network Meetings

In building alliances with communities on Disability, HIV and AIDS, and SRHR, community meetings and workshops were held with various beneficiaries in the rural target communities of Zimbabwe. Disability, HIV and AIDS and SRHR sensitization and learning and sharing meetings were conducted.

In order to strengthen information sharing and community capacity and competence, the involvement of the local leadership and government structures was considered paramount. The involvement of local legislators in these meetings is designed to strengthen local capacity to scale up information sharing and lessons learnt. In the past 12 months we made 15 follow up meetings with the various groups. The meetings conducted increased the knowledge of the target beneficiaries on rehabilitation services offered. Secondly, stakeholders in the target areas were sensitized on matters of disability. Prior to these meetings disability rights and issues were not known.

In addition, Disability Network Meetings were held in Harare, Zimbabwe. The network educates members and surrounding community on disability rights to health and empowerment. Network members build solidarity among themselves by educating one another on HIV and AIDS and SRHR activities that include cervical cancer screening. On the other hand, beneficiaries are supported in livelihood activities. The network is a platform for exploring, sharing knowledge and experiences that promote good practices in life encounters. In order to strengthen the network, youths with disabilities are encouraged to join the network and the participation of health workers in the meeting is encouraged. Through a revolving fund, at alternate turns, the members support each other in livelihoods activities. .

The engagement of the private sector and other non traditional policy actors such as activists is important in our advocacy work. DHAT with the support of the private sector conducted three disability awareness workshops for peer educators in the focus areas of the rural farming communities.

DHAT has explored ways of engaging the media to raise awareness on issues of disability and sexual and reproductive health. Media engagement initiatives were also

followed up in Zambia based on earlier commenced program in collaboration with Zambia Led Prevention Initiative. A proposal prepared for electronic media on Disability, SRHR awareness campaigns was prepared and submitted to the Finnish Embassy in Lusaka for possible support. The program was earmarked to be replicated in Botswana Malawi and Zimbabwe.

The application of radio to propagate and promote disability, HIV and AIDS, and SRHR information has an advantage of increasing the spread of information. During the reporting period, DHAT utilized the national radio in Zimbabwe to discuss the challenges faced by persons with disabilities in the area of HIV and AIDS and SRHR. In addition, service providers were sensitized on the benefits of including persons with disabilities in their programs.

The promotion of HIV prevention and SRH education through sport with the participation of youths yields benefits among the target groups. Sport has been identified as an important resource for reaching youths whose prior concerns and interests are not necessarily how to protect themselves from HIV and AIDS. Sport is loved by youths because it offers active interaction and freedom grounded on expression of youth's values. DHAT considers sports for persons with disabilities as a rights-based tool recognized by the UNCRPD that can facilitate the access of vulnerable youths to HIV and AIDS information, education, care and treatment.

We mainstreamed a program of HIV prevention and SRHR education in the annual national sports event of persons with disabilities event called "Danhiko Annual Paralympic Games" in Zimbabwe. Publicity materials on SRHR, HIV and AIDS and "Life through My Eyes" documentary were distributed.

In Botswana, a meeting was held in February 2014, to discuss the formal registration of a DHAT Network. The purpose of the registration of the network was to revive our programs in Botswana through the establishment of the network. The draft constitution of the network was reviewed for relevance of its purpose. Three amendments relating to the governance structure and processes of the constitution were proposed. The

proposed amendments were: firstly the “Local Executive Committee” was replaced with "Country Board". Secondly, the selection of qualification to serve on the country board must be by application process. This is to allow for diversity and professionalism in the running of the network. Thirdly, it was recommended that the Country Board chairperson shall serve as a member and chairperson of the committee of the organisation,

3.3 Partnership Meetings

SRHR Partnership Development: Partnership development visits in SRHR were conducted to identify and seek collaboration with organizations in Botswana, Zambia Malawi and Zimbabwe. The organizations visited included the Zambia Led Prevention Initiative, Society for Family Health (SFH – Malawi and Zambia), United Nations Fund for Population Activities; The UNFPA contributes to IEC materials for persons with disabilities in SRHR. Volunteer Service, Churches Hospitals Association of Zambia (CHAZ) that ensures that persons with disabilities are included in SRHR information dissemination and practices. Mission hospitals conduct SRHR awareness programs. Others are Youths and Students Working Reproductive Health Action Team (SAYWHAT- Regional Secretariat).

3.4 Regional Program Support

The lack of Program funding in the last two years affected DHAT Program in Malawi, Botswana and Zambia. There is need to find solutions to this challenge. A country program visit was conducted in Malawi. Meetings were held with Progressio and PSI for purposes of exploring areas of collaboration and support. Areas of potential collaboration with Progressio included disability rights, access to HIV services and treatment, and SRHR. At PSI, DHAT would like to introduce a disability component into Behavioural Change and Communication (BCC) and HIV prevention programs. In Zambia, DHAT, SFH and ZNAD has commenced sign language training for family planning and HIV testing health workers. The two health workers completed the sign language course in April 2014. Plans are underway to commence the family planning and HIV testing at ZNAD. Consultations have also been made on how the Coptic

Orthodox Christian Hospital and Churches Health Association of Zambia (CHAZ) can be integrated in the outreach initiative at ZNAD.

In other visits, meetings were conducted in the last quarter of 2013 at the Finnish and Swedish Embassies to consult on areas of support especially in capacity strengthening and of DPOs, Governance and HIV and AIDS programs. The Swedish and Finnish embassies funds the Zambia Governance Foundation on support to rapid responses to emerging policy issues

3.5 Monitoring Visits

Monitoring visits are a significant component of DHAT's programming that are carried out in order to collect feedback, assess progress and outcomes on HIV and AIDS, IGPs and SRHR activities that DHAT has been implementing. The IGPs are intended to promote the economic advancement of women with disabilities, their families and the community. The project is part of DHAT's approach to support persons with disabilities productive activities. The IGPs include poultry, sewing and trading. DHAT networks' purpose is HIV and AIDS and SRHR information sharing and lessons learnt. These IGPs are a platform for information sharing and lessons learnt. The IGPs strengthen the Disability and AIDS activities that are the foundation of engagement with communities.

Some of the project beneficiaries performed well from the funds received. During this period under review DHAT has continued to strengthen its M & E skills and that of partner organizations. At least 18 monitoring and review meetings field were made during the reporting period. Field visits were undertaken to build the capacity of partners in TB, Cancer and HIV Management.

3.6 Partner Capacity Building

DHAT conducted a Monitoring and Evaluation training for DPOs operating in Zimbabwe. The training aimed at equipping DPOs with Planning, Monitoring, Evaluation and Reporting concepts. The concepts will be applied the programs implemented. The training increased knowledge in Planning, Monitoring, Evaluation and Reporting of the participants.

The organizations use the concepts learnt in developing their monitoring and evaluation processes in the organizations. During the training practical examples developed from the participants strategic frameworks were employed. During this reporting period DHAT conducted 12 Disability, HIV and SRHR, skills training, Learning and sharing workshops

DHAT participated in a SAT organized Regional Training Workshop on Good Governance and Anti-Corruption in Johannesburg May 2013. The knowledge acquired from the good governance training equipped to address governance issues effectively. The function of the Board and Appointing Members, duties of board members, statutory obligations, and duties of a chairperson among others were explained. The anti-corruption processes and reporting learnt is used to ensure that resources of the organization are rationalized for program implementation and effectiveness.

ARASA contributes to building and strengthening the capacity of civil society organizations, with a particular focus on people living with HIV (PLHIV) and key populations at higher risk of HIV infection, to effectively advocate for a rights-based response to HIV and tuberculosis (TB) in east and southern Africa. This is done with the objective of ensuring that the rights of PLHIV and those at higher risk of HIV; for example Persons with Disabilities are respected and protected. Currently, country volunteers of Botswana and Malawi are participating in a one year regional training programme that is conducted for one week every quarter.

The current program commenced in January 2014. In the last three years, DHAT has participated in the training through selected individuals involved in program implementation in the focus countries. After training ARASA offers grants to participants on a competitive basis through submission of proposals to implement what participants learnt in their own countries,

3.7 Sepo Study Round II Study

DHAT and partners have identified disability issues among which is stigma and discrimination, and physical barriers that limit persons with disabilities in access to

health services. In addition, emergent issues relating to HIV and disability were identified. The emergent issues require imperative attention to assess the scale of impact. For example, disability and HIV are closely linked and require support data to authenticate assertions that we have around HIV and Disability. DHAT, ICDR and DPOs, University of Zambia (UNZA) and Zambia AIDS Related Tuberculosis (ZAMBART) Project collaborate in conducting studies that generate data to address issues that affect persons with disabilities on access to health services in general and HIV and AIDS services in particular. DHAT collaborates with research institutes such as the ICDR in conducting studies that generate the required data that address issues of disability and HIV advocacy. The studies in Zambia are dubbed Sepo studies. Stigma was the top priority in the 2009-2011 “Sepo Study I: An Investigation into HIV and Disability in Zambia”. The issue is crucial for Zambia where nearly 15% of the population is HIV+, many of whom may experience HIV-related disability throughout their lives. DHAT mobilized the participation of persons with disabilities in the study meetings, collection of data, analysis and dissemination of results.

During the fiscal year ICDR, DHAT and partners focused on the Sepo Study II, entitled “To conceptualize HIV within a rehabilitation paradigm in a hyper-endemic country in order to advance practice, education, policy, advocacy and research that enhance the lives of people living with HIV”. The study examines the disability experiences of men and women on anti-retroviral and the perceived need for and use of health, rehabilitation and social services.

The significance of the involvement of DHAT in these studies other than the mobilization of persons with disabilities is based on the premise of employing the insights from the results in practices relating to policy, legislation and programming.

3.8 Development of Strategic Plan and Advocacy Strategy

At the beginning of the year 2014, DHAT was working to develop a draft strategic plan that is inclusive to all stakeholders' opinions, ideas and proposals. The Strategic Plan and Advocacy Strategy 2014 – 2019 were developed with an input from the regional

board of trustees. DHAT strongly believed in the continuous engagement of all stakeholders in the preparation of the 2014-2019 strategic frameworks. .

The Strategic Plan and Advocacy Strategy 2014 – 2019, underline DHAT`s priorities and efforts to ensure disability inclusive programming in SRHR. In order to accomplish this, DHAT farther consulted for input from other ASOs, parliamentarians and umbrella organizations of Persons with Disabilities and Disability, and HIV and AIDS research organizations. These inputs on the proposed strategic and advocacy frameworks were analyzed for consideration.

3.9 Regional Think Tank Meetings

DHAT`s organizational mainstay is advocacy for disability inclusive HIV and AIDS policies, legislation, programming and practices since inception. In order to strengthen the strategies and approaches employed, DHAT and SAT conceived an idea of involvement of a think tank to enhance the advocacy strategies. The purpose of this body of expertise was to provide advice and ideas on specific issues regarding the way forward on DHAT advocacy based on what DHAT has at hand.

On one hand, the think tank meeting provided an input on the basis of existing information and evidence on disability, HIV and SRHR either from research or lessons learnt from disability, HIV and SRHR programming. The meeting contributed into the implementation and advocacy strategies of 2014 – 2019 through engagement with other authorities in areas of disability, HIV and AIDS and SRHR. In addition, the think tank provided a forum for consolidating available information and intelligence on disability, HIV and SRHR and transforming ideas and problems identified into policy issues

On the other hand, the meeting was a forum for engaging in lessons sharing and building advocacy support systems among key stakeholders in the region. Legislators from the four program countries and representatives of national AIDS councils and ministries of health, umbrella organizations of persons with disabilities from Botswana, Malawi Zambia and Zimbabwe, participated in the meeting

at the close of the think tank meeting, a statement was formulated to guide for the recommendations of the meeting. The highlights of statement include; firstly, the working together of civil society organisations and governments to address issues of policies and legislations that champion disability, HIV and AIDS and SRHR. Secondly, that person with disabilities should be considered as a key population in HIV and AIDS interventions. Thirdly, the provision of evidence-based programing should be practiced to guarantee support and legitimacy.

3.9 Development of IEC Materials

4. Governance

4.1 Board meetings

The 9th Board of Trustees meeting took place in Harare, Zimbabwe, on 24th and 25th February 2014. The Governance, Finance and Administration, and Programs and Resource Mobilization Committees meetings were conducted before the board of trustees meeting.

One of the issues raised during meeting was the concern of lack of financial and human resources for DHAT national offices and Regional office to push forward its advocacy agenda. It was reiterated that the DHAT Board needs to play a pivotal role in support the Secretariat to mobilize resources and the need for DHAT to develop a fundraising strategy to support resource mobilization.

Some of the highlights of the meeting were: Mr. Wamundila Waliuya of Zambia was inducted as a new member of the regional Board. It was noted that there was an improvement in communication between the secretariat and the board. Reports were received timely by the board. Program implementation in Zambia, Malawi and Botswana was hampered by inadequate resources; therefore, there was need to for the secretariat and board to work together in resource mobilization in each country.

DHAT does not have an in-house Income Generating Project (IGP), it was discussed that DHAT should explore ways of ensuring sustainability of the organization in times of external resource support limitation.

The Zimbabwe country executive committee was reconstituted composed of six members that will oversee the governance of the country office. The committee has three ladies and three men. Four of the members' of the country Executive Committee are persons with disabilities.

5. Conferences

5.1 Disability and Climate Change Conference

A conference on disability and climate change was held in November 12th November 2013 in Lagos Nigeria. DHAT and other disability organizations in Africa participated in the conference. Other participants included, Kellogg Foundation, Civil Society Organizations, Trade Unions and business community The objectives of the conference was to raise public awareness on disability and Climate Change, its impacts, mitigation and adaptation processes The purpose of the conference was generated from the fact that the level of public awareness on issues related to disability and climate in Africa is considered extremely zero within most of national and private sector agencies.

Among others, the issues raised include: how climate change has resulted in more disabilities; how climate change affect persons with disabilities; what challenges are peculiar to people with different kinds and varying degrees of disabilities and how organizations can step in to ensure the safety and protection of persons with disabilities during emergencies.

DHAT also held meetings with Centre for Citizens and Disability (CCD) to establish areas of exchange visits and lessons sharing from each other in areas of capacity building, climate change and HIV and AIDS. The conference marked the beginning of sensitization of persons with disabilities on the dangers of climate change and effect on the lives of persons with disabilities in their respective communities.

5.2 Conference on Global Health

DHAT was invited to participate in the 20th Canadian Conference on Global Health in Ottawa. The objective of the conference was to form a forum for learning and action about global health and development challenges. The conference specifically examined the impact of and lessons learnt from the MDGs and other important global health and development initiatives, especially for the poor.

The conference also looked at research needs that require to be supported to improve our capacity to carry proper impact assessment of global health and development initiatives on the poor. The overall outcome of the conference was that the Canadian government agreed to continue supporting research in poor countries.

For example ICDR is leading in disability and HIV and AIDS research work in Zambia. DHAT has an opportunity to work with ICDR on new research projects in Zambia. DHAT's participation in the conference was a result of the collaboration with the ICDR on disability and HIV and AIDS studies in Zambia. Our collaboration with the ICDR focuses on the generating evidence for advocacy on disability inclusive HIV and AIDS interventions. DHAT disseminated the results of the stigma and discrimination collaborative work conducted in Zambia.. The collaborative work was funded by the Canadian Grand Challenge. The participation was important in order to attract support for further work in generating evidence for disability and HIV and AIDS advocacy efforts in Zambia.

5.3 ICASA Conference 2013

The 17th International Conference on AIDS and STIs in Africa (ICASA) was held 7 – 11th December 2013, Cape Town, South Africa. DHAT participated in the conference. The conference served as an advocacy platform to mobilise African leaders, partners and the community to increase ownership, commitment and support to the AIDS response. Secondly, it provided a forum for exchange of knowledge, skills and best practices in Africa and from around the globe. Thirdly, it was a forum to mobilise support to scale up

evidence-based responses to HIV and AIDS, sexually transmitted infections, tuberculosis and Malaria in order to achieve the millennium development goals

DHAT participated in the conference on the premise of: Firstly, contributing to disability inclusive advocacy in HIV and AIDS with the established Disability Network. Secondly, as a way of showcasing some of the works that DHAT is involved in. Thirdly, we participated in Disability, HIV and AIDS discussions and raised the profile of advocacy for disability inclusive policy, legislation programming and service provision.

The Conference noted the challenges that are associated with disability; that it is a neglected area where most people have insufficient knowledge and lacks data on HIV prevalence and incidence among persons with disabilities. DHAT will to continue building partnerships and networks in the region and engage politicians to ensure rights based health care for persons with disabilities in the Southern African Region.

6. Resource Mobilization

DHAT is determined to make progress in the area of resource mobilization. A number of proposals were submitted to various funding organizations to secure funds for various projects in the focus countries. A major concern has been the limitation of resources to support our work in Botswana, Malawi and Zambia. For example we submitted proposals to the US Development Funding (USADF), Robert Carr Civil Society Network Fund, the Disability Rights Fund (DRF) and the Oxfam among others. Our efforts to the Disability Rights Funds yielded a USD20000 for Malawi program and USD50000 from Oxfam for Zimbabwe program.

7. Key Accomplishments

In spite of insufficient resources, we continued to make significant progress towards our rights based strategic goal of enabling Persons with Disabilities claim their rights, to access quality and appropriate information and services on TB, HIV and AIDS, cancers and Sexual and Reproductive Health.

- a) An initiative to commence raising awareness about cancers affecting male reproductive system for deaf youths, The SRHR sensitization campaigns has increased knowledge on HIV and AIDS, Cancers and SRH among persons with disabilities by building competence in communities. A snapshot observation of knowledge levels on cancers on Male deaf youths is either rudimentary or just zero. We expect to strengthen the initiative of youth involvement in SRHR activities that will generate extensive evidence for intensive campaigns towards cancer sensitization. Notwithstanding the skewed country support in funding we will expect to increase coverage and scope of the sensitization programs.
- b) Our program has increased knowledge about HIV and AIDS, Cancers and SRH among persons with disabilities by building competence on disability rights and SRHR in communities. This has resulted in the formation of clusters in communities that will provide impact on the program.
- c) In collaboration with SAT we hosted a think tank meeting to input and strengthen our strategic frameworks of 2014 – 2019.. In order to make the advocacy framework practical, the think tank participants provided suggestions and recommendations for possible inclusion. This has added impetus to advocacy approaches, supported by existing evidence
- d) Our engagement with parliamentarians in the strategic and advocacy frameworks 2014 – 2019 gives a new shape and direction to DHAT regional and local Programing. In previous advocacy engagements, we did not include parliamentarians as key allies in advocacy and lobby to influence government on issues of disability and HIV and AIDS. Preliminary indications on expected impact show that inclusion of legislators can contribute to improving the organizational visibility and program at community and legislative level.
- e) With the collaboration of Society for Family Health (SFH), the training of outreach service providers in Zambia in Sign Language is a commendable. The outreach service providers will commence an HIV counseling and testing, and family planning program at the Zambia National Association of the Deaf premises.

- f) Currently, funding for NGOs from the traditional sources is scarce and therefore, not easy to secure; even for a one off event; let alone for a sustained long-term programme. Fundraising takes time and effort and requires money itself to yield results. In light of this, the sustenance of our funding partnership with SAT was of significance to support almost all core costs of all program operations. After the turbulent year of 2012, where funding uncertainty was more prevalent, we managed to secure USD20,000 and USD50,000, for Malawi and Zimbabwe programs respectively. The Malawi funding will be used to address the UNCRPD domestication and implementation issues by the task team. In Zimbabwe, resources will be used for SRHR activities.
- g) Our participation in conferences, meetings and workshops follow respective objectives of particular gatherings. During the 17th ICASA conference, DHAT was one of the key organizations in panel discussions on disability and HIV and AIDS through the disability networking group. The level of advocacy for disability inclusion in HIV and AIDS interventions was heightened. This was in line with the objectives of raising the profile of advocacy for disability inclusive policy, legislation programming and service provision

8. Challenges and Opportunities

There is need to relatively equalize DHAT programming in Botswana, Malawi and Zambia with Zimbabwe by way of raising resources or finding strategic organizations that DHAT would partner with in disability inclusive programming

A number of studies to collect evidence on various issues that we can raise advocacy for in the realm of disability and HIV and AIDS require to be conducted. Effective advocacy requires research to address policy issues. In the absence of adequate evidence, our advocacy for disability inclusive interventions will not carry legitimacy to hit the priority list of the legislators and policy makers. There is need to strengthen both presentation of evidence through documentation. The unfolding opportunity of building relationship legislators must be utilized with utmost efforts.

Disability being an issue that is multi-faceted, it cannot be addressed .by one stream of study; we need to conduct more studies and collect data that we can use in various disability contexts. Much depends on the approaches that we use for seeking change and the receptiveness of intervention designers, policy makers and legislators. With the new strategy in place we should understand the environment and political dynamics at the heart of our effective advocacy. The engagement of legislators is an opportunity.

9. Conclusion

We should increase our programing towards youth involvement with a perspective of gender in SRHR programs. With our initial observations on zero levels of knowledge on SRHR among deaf youths, we should with available resources intensify our programing targeting youths with disabilities.

Over the years, DHAT has increased understanding of the needs of our advocacy agenda and what is required to facilitate change. During the last period, DHAT made efforts to address the issues other than financial resources. For example, we acknowledge the engagement of grassroots communities as beneficiaries and significance of inclusion of legislators in our advocacy work. This has a potential of increasing the visibility of the organization.

Lessons have been learnt over the years that it is also sustainable to develop a more diversified range of donors who can provide different amounts for various areas of program support and implementation. This has helped our organization sustain the Zimbabwe country program. We should step up for the other three countries. There is need to have more data that can demonstrate evidence and be used to measure results.

DHAT Program has facilitated the increase in knowledge on HIV and AIDS, Cancers and SRH among persons with disabilities by building competence in Disability Rights and SRHR in communities. The competence has resulted in the formation of clusters in communities that will initiate impact of the program.

Active participation in international conferences such as ICASA is important for international solidarity building of our advocacy agenda. The physical presence and active participation in discussions will assist us shape our advocacy agenda at regional and international fora through information sharing and exploring ways on how we can increase our access to data on evidence that may be available with others.

DHAT should continue the collection of evidence on the multifaceted issue of disability in relation to access to health services by exploring and promoting opportunities for new research on disability and HIV and AIDS. To add impetus to this effort, we need to double our efforts for providing the required evidence so that it can be transformed into actionable information on which to base expected sound policies and legislation on disability and HIV and AIDS. This will help us lobby for turning policy and legislation into practice.

The mobilization of persons with disabilities in SRHR through the integration of empowerment activities may not be the best method of ensuring participation of persons with disabilities in programming. However, the strategy presents an opportunity for mobilization of persons with disabilities in order to better understand the groups that we are working with. Therefore, DHAT will pursue this method with grassroots communities and monitor and evaluate each specific IGP to ensure that the primary objectives are met.

10. Financial Report

Statement of Comprehensive Income

Figures in US Dollar	Note(s)	2014	2013
Income from donors	6	288,379	364,486
Other income		3,796	8,663
Operating expenses	12	(345,952)	(335,913)
Operating (deficit)/surplus		(53,777)	37,236
(Deficit)/surplus for the year		(53,777)	37,236
Other comprehensive income		-	-
Total comprehensive (deficit)/surplus for the year		(53,777)	37,236
Total comprehensive (deficit)/surplus attributable to Disability ,HIV/AIDS Trust		(53,777)	37,236

Detailed Income Statement

Figures in US Dollar	Note(s)	2014	2013
Revenue			
American Embassy income		11,486	16,395
Progressio income		-	20,187
ARASA income		-	5,000
BMS income		73,093	73,100
SAT income		203,800	249,804
	6	288,379	364,486
Other income			
General income		3,796	8,663
Expenses (Refer to page 18)		(345,952)	(335,913)
(Loss) profit for the year		(53,777)	37,236

Disability, HIV and AIDS Trust [DHAT]

Detailed Income Statement

Figures in US Dollar	Note(s)	2014	2013
Operating expenses			
ARASA expenses		-	(4,663)
Activities		(21,735)	(27,043)
Awareness programs		(3,745)	-
BMS Expenses		(4,540)	(3,741)
Bank charges		(4,911)	(2,837)
Capacity building		(9,322)	(21,759)
Computer expenses		(496)	(4,565)
Consulting fees		(3,405)	(4,200)
Depreciation		(1,337)	(1,736)
Employee costs		(189,200)	(192,680)
Fuel		-	(132)
General expenses		(19,385)	(27,620)
Impairment expense		-	(1,772)
Other project expenses		(3,043)	-
Perdiem and transport allowances		-	(188)
Printing and stationery		(4,173)	(1,443)
Regional conferences		(6,091)	-
Rental expense		(12,750)	(12,000)
Repairs and maintenance		(1,452)	(541)
Review meetings		(9,483)	-
Security		(699)	(1,360)
Sexual reproductive health rights		(9,221)	-
Staff welfare		(6,227)	(965)
Subscriptions		-	(74)
Telephone and fax		(7,164)	(7,346)
Training		(11,131)	-
Travel		(8,595)	(8,128)
Utilities		(1,588)	(1,571)
Workshop on behaviour change		(6,259)	-
Write off of Kingdom Bank Account		-	(9,549)
		(345,952)	(335,913)

Disability, HIV and AIDS Trust [DHAT]

Statement of Financial Position

Figures in US Dollar	Note(s)	2014	2013
Assets			
Non-Current Assets			
Property, plant and equipment	2	3,058	3,695
Current Assets			
Receivables	3	1,000	5,130
Cash and cash equivalents	4	37,454	73,606
		38,454	78,736
Total Assets		41,512	82,431
Equity and Liabilities			
Equity			
Accumulated (deficit) / surplus		(4,207)	49,570
Liabilities			
Current Liabilities			
Payables	5	20,719	32,861
Deferred income		25,000	-
		45,719	32,861
Total Equity and Liabilities		41,512	82,431

Disability, HIV and AIDS Trust [DHAT]

Statement of Cash Flow

Figures in US Dollar

	Note(s)	2014	2013
Cash flows from operating activities			
Cash (used in)/generated from operations	7	(35,452)	59,475
Cash flows from investing activities			
Purchase of property ,plant and equipment	2	(700)	-
Total cash movement for the year		(36,152)	59,475
Cash at the beginning of the year		73,606	14,131
Total cash at end of the year	4	37,454	73,606

