



# ACET

EDUCATING AND CARING

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## Annual Report 2014

**AIDS Care Education  
and Training**

# ACET Ireland 2014

## CEO's Report



### 2014 SUMMARY & HIGHLIGHTS

Welcome to our Annual Report. 2014 was a year of transition in which we brought new clarity to many of our projects, turned a funding corner as new partnerships began and, most importantly, positively impacted many lives.

On World AIDS Day Michel Sidibé, the Executive Director of UNAIDS, stated that “we have bent the trajectory of the AIDS Epidemic, now we have five years to break the epidemic or risk it springing back even stronger.” Whether that is true or not is debatable but what is clear is that our focus must reside on what UNAIDS call the “gaps” - those key populations who are disproportionately affected and require a clear focus for the coming years. The fact that the background of each of these populations is rooted in diverse forms of marginalisation is no coincidence. Therefore our work with families from an injecting drug use background in Dublin, or Sub-Saharan African migrants to Ireland or rurally-isolated Zimbabweans is as much about addressing the societal injustices that prevail as it is about tackling the tiny virus in which our work takes its origins.

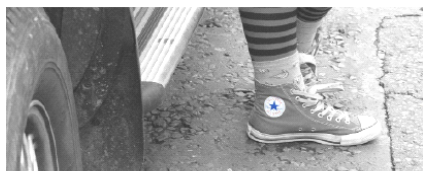
While much has changed and continues to change, our model of working with a strong emphasis on relationship has not. Throughout this Annual Report you will read of projects which, in their own gentle and counter-cultural way, are delivering hope in the midst of despair. The incredibly talented and gifted team that work alongside me are embodying this hope in homes, hospitals, training centres, churches and other community settings every day. With the support of our Board and a wide range of funders we continue to make this hope a reality.

— **Richard Carson, CEO, [richard.c@aect.ie](mailto:richard.c@aect.ie)**

#### **Board:**

Peter Bryans (Chair) (resigned 03/03/2015)  
Samuel McConkey  
Moyra O'Neill

Tony MacCarthaigh  
Rev. Dr. Trevor Morrow  
Richard Phillips



## ACET CARE Update

2014 brought many opportunities to respond to client care needs throughout Dublin. Early in the year, ACET care staff, **Olivia Corbett and Hansi Chisnall**, received new client referrals with diverse care support needs. The subsequent relationships built from these referrals involved support around stigma, addiction, HIV disclosure, social inclusion and parent-child dynamics. During the same pe-

riod, there were notable health challenges with many existing clients. While overall health remains a focus within our care work, increasingly compromised medical conditions at this point in the year required flexibility in our approach. This meant more in-home and hospital care visits and phone support preventing further marginalisation and vulnerability.

In early spring we hosted a women's event specifically focusing on self-care and holistic support. These events are intentionally created through care planning and expressed needs by clients for personal development, peer support and positive mental health. Additionally, we held a pilot youth afternoon during mid-term break as a response to family referrals where parent and youth clients required respite and individualised mentorship. We followed up with youth activities during the Easter holidays which continued to build key relationships with the youth clients and their families and helped to initiate more summer plans.



A highlight during the summer was a residential respite trip to the Cavan Centre for five families, which was a time of positive relationship-building and a break from chaotic living circumstances. Our Youth Summer Project ranged from outings to Bray seafront, the National Aquatic Centre, adventure golf, cinema, go-karting, canoeing and art projects. At the end of the summer we

linked in with families to help prepare for back to school measures and other family support needs.

Post-summer, considerable time was spent supporting clients and family members accessing health checks and HIV testing. There were a number of hospital-related care visits and supports offered to clients. In accordance with our family model, this meant extended support to family members during these hospital stays. Practically, ACET support through this time addressed a range of hardship

issues for clients, including clothing, food, providing advocacy towards welfare entitlements, and addressing needs for respite following extended in-patient hospitalisation. Subsequently, an interagency approach was key for liaising with and referring clients to relevant supports, including residential respite with a medical focus.



During the autumn there was an increase in gang-related feuds, disturbances and intimidation within communities in some areas of Dublin where we work. Many clients became deeply isolated, which prohibited their access to local services and resources. Care staff worked with clients - in their homes - who experienced deterioration of mental health due to rising levels of anxiety, fear and lack of self-confidence. In part, this meant resourcing clients to report issues when appropriate and empowering them within their homes and communities.

For many of those ACET work with, there are a number of bereavement anniversaries that occur in the winter months and the care team allocated specific time and space for vital emotional support. Another key challenge during this time was preparing clients for the financial and social pressures of the weeks approaching Christmas. The Christmas hampers are an important part of our response to this challenge. We are always grateful for the groups and individuals who take the time to donate personalised hampers for each of our client families. Deliveries were integrated into care visits when further issues could be explored such as financial planning on food and energy costs, health issues, addiction, and family dynamics. This is a positive way to close the year, reflecting on ongoing care work.

—**Hansi Chisnall and Olivia Corbett, [hansi@acet.ie](mailto:hansi@acet.ie); [olivia@acet.ie](mailto:olivia@acet.ie)**

### **ACET Care 2014 highlights:**

- a multi-family residential **respite to the Cavan Centre over 3 days for 21 clients**, including a newly integrated family to ACET's family work.
- a number of new clients referred to us who have had quite a range of diverse care plans through choosing to regularly engage with ACET's care model.
- **excellent adherence to HIV medication** with specific clients and therefore moving to quarterly appointments, as well as moving to new & easier medications.
- engagement with clients experiencing isolation when other services and resources weren't necessarily available to them.
- a self-care focus on various types of respite days including women's events, therapeutic space and residential opportunities.

## Counselling & Therapy:

In the past year I have regularly seen a number of clients for counselling and therapy. Our clients present with a range of issues: trauma, complicated grief, family difficulties, racism, and suicidal ideation are just a few. This is not markedly different from the rest of the population but it also carries the underlying story of HIV and all the concurrent problems that brings, not least stigma and its corrosive effects. Also, as a rule, our clients are poorly resourced to deal with their problems. Part of the therapy process is to collaborate with them around personal growth and expansion by looking at resources and resilience, emotionally, psychologically, spiritually, somatically, and relationally.

The therapeutic relationship in tandem with the relationships established with Olivia and Hansi have particularly helped a client with suicidal ideation and another client with complicated grief that has been compounded by violence.

— Vivienne Morrow Murtagh

### About ACET:

*“I wouldn’t let anyone else take me [to Glasnevin cemetery to visit family graves]. ACET have been there from the beginning, its a special thing just for us.”*

*“I really want to thank you all for all the help I have received over the years and at times I would not have got through things without ACET.”*



### ACET Care, the numbers:

We had **28 families** and **67 clients** needing intensive support. We also supported a number of individuals and extended client family members with one-off specific HIV support, resourcing, or referrals.

- **225** family care visits
- **84** youth care visits
- **501** adult home care visits (381 by staff; 120 by volunteers)
- **67** clinic/medical accompaniments
- Numerous respite days including residential provision for 21 adult & youth clients
- **67** counselling/bereavement sessions



## Matilda Project

**The Matilda Project is a project of ACET Ireland, set up in 2001 as a response to people dying of AIDS in Zimbabwe. We help fund school breakfasts, home-based care, food packs, and support groups for adults living with HIV. Other organisations—ACET UK and Golder Trust for Orphans— also help fund breakfasts, food packs, school fees, and the support groups.**

The year began with us in Zimbabwe, with plenty of surprises. The first good rains for years were in progress and the Matopas area was green. People were thrilled with the prospect of healthy crops and wells full of water again.

Despite the huge benefit of a good harvest for the majority of families, our stay at Tshelanyemba highlighted that there are significant numbers of people who are barely surviving and that these families remain in desperate need of help simply to eat. A combination of factors — deaths of parents of young children and wage earners, an inability to farm, mental illness or disability in a family member — all stack up to extreme vulnerability. On average we supplied \$3000 per month for food packs.



Waiting for food packs.

At Willard's **Community Care Programme** there were several big developments, mostly funded by **Golder Trust for Orphans** (GTO), from its South African office:

- CD4 counter donated to the clinic, so patients don't have to travel to a hospital for CD4 counts,
- the Youth Skills Centre finally began its first training course in dress-making and design,
- an Early Childhood Development school started in Gulati for first two grades of primary,
- egg project established, with 2000 layers in an enclosure at Gulati.

The revenue generated by the sales of eggs is an encouragement, in that some of it will be fed back into CCP's budget.

Matilda sent €34,038 to CCP and **ACET UK** sent £25,094 in 2014. This funding paid for school breakfasts, food packs to double orphans and children who have AIDS and one parent still alive, school fees to school drop-outs, supplies for Home Based Care of AIDS patients. GTO funded one term of school breakfasts.

Willard and Gloria of CCP continue to be inspiring partners to work with. In Tshelanyemba, Gift is well-respected in the community and is "delivering" what no one else in the area is providing: food aid to the destitute. We have a good working relationship with him.

**Nehemiah Project** is growing in its impact and recognition. ACET UK sourced a grant of \$10,000 for their work among women involved in prostitution, to implement a HIV prevention programme. Matilda funds its support groups for adults who live with HIV, by \$2000 per quarter, which includes an allowance to the support group liaison worker. The groups have moved towards income generation, literacy, savings clubs and leadership development. HIV is no longer the biggest thing in their lives.



—Wendy Phillips, [matildaproject@gmail.com](mailto:matildaproject@gmail.com)



Obedience is one of the patients cared for by Tshelanyemba AIDS Care and Prevention Programme. He has been on ART for several years, and needs a food pack each month. He's 16 and his brother's wife and children now live with him on the family homestead. No one else left, except his brother who works in South Africa. He was infected with HIV through mother to child transmission.

### **Zimbabwe, the nation:**

Zimbabwe remains stuck, with a 91 year old dictator, unable to grow enough food to feed its own people. Its economic policies are anti-foreign investment and opposition parties so far don't look strong enough to challenge the ruling party. Unemployment is estimated at 85%.

### **Matilda Project, the Numbers:**

- **1,364** primary school kids eat porridge every day in school - **265,980** breakfasts each year!
- **124** children orphaned by AIDS got a food pack each school holiday to attempt to make up for loss of school breakfasts
- **201** home-based care volunteers cared for **728** patients suffering as a result of HIV infection with about 20 terminally ill at any given time
- **300** food packs distributed each month at Tshelanyemba to highly impoverished families
- **147** clients in **9** Support Groups run by Nehemiah Project, **133** of whom received medicines for opportunistic infections during the year





Our Education and Training work essentially revolves around two projects, one strong and emerging and one fledgling and fascinating:

## Project Hope

Since 2009 we have been working with a range of migrant communities on HIV. Through accommodation centres for asylum seekers and local chaplaincy services we have had a significant impact and have built a wealth of experience. However it is our work with migrant-led and multiethnic churches that has flourished during 2014. During the year we enhanced our partnership with the **Albert Einstein College of Medicine** and in particular with Prof. Adebola Adedimeji, formerly of Trinity College Dublin. Our work led to a published paper in the *Journal of Immigrant and Minority Health*, with co-authors from the Mater Hospital and UCD. We also conducted primary research with church leaders on barriers to inclusion across the country and hope to publish another paper in 2015.

The **MAC AIDS Fund**, the largest non-pharmaceutical corporate HIV fund in the world, became a welcome new partner in July and this allowed us to initiate our new **Healthy Church** training. Church leaders from around the country gathered in Dublin to receive training from a highly-skilled and diverse team. The training originates in the story of HIV and the challenge for those living with HIV in our local churches. However, in addressing this, a wide range of related issues must be discussed including health in general and integration. The goal of this training is to improve the health outcomes of members of the congregations, including highlighting the role of HIV testing. Check out the featured case study for an example of the journey a church leader took with us during 2014. We have also been able to fund our work in providing practical and emotional support to those living with HIV within these churches. This is all part of the organic model of health promotion that we are seeking to build.

Other funders for this project include the **Social Inclusion Unit of the HSE**, **Community Foundation of Ireland**, the **PA Foundation** and **Dublin City Council**. This project now runs in an annual cycle that is completed mid-summer so look out for more news in 2015.

## LGBT & Faith project

Being a faith-based organisation with 23 years of experience in engaging on sexual health inevitably brings one's focus to the complex interactions of faith and homosexuality. During 2014, with the support of the **Community Foundation of Ireland**, we began our **LGBT & Faith Project**. Spurred on by the processing



of our own story and some bizarrely serendipitous global meetings we engaged with LGBT Christians in Ireland, gathering stories and experiences of bravery and courage in the midst of exclusion. We held two film events, showing the provocative documentary *God Loves Uganda* to a group of international development faith-based organisation leaders and to a public audience at Dublin Pride. We also held catalytic conversations with groups of evangelical students, parents and leaders. In a context in which the voices of LGBT Christians are marginalised within local churches in Ireland, our goal was to "bring the margins to the centre and the centre to the margins." Funding has also been secured for 2015, when we will create gathered spaces for LGBT Christians and church leaders.

— Richard Carson, ACET Education Director, [richard.c@acet.ie](mailto:richard.c@acet.ie)

### Case Study:

Just before Christmas we attended an anniversary celebration of a small migrant-led parish in the outer suburbs of Dublin. This parish is led by a pastor who had received 15 hours of ACET training as part of Project Hope. We were invited to give a presentation on HIV, testing and health. The event was the culmination of four months of monthly evening events focussing on health in general which the leader had initiated following our training. Following our presentation which integrated themes of self-care, challenging stigma and the role of HIV testing, the lead pastor took the microphone and informed his congregation that he had, a month earlier, tested for HIV, that the testing was free and confidential and that he now knew his HIV status. He delivered this with all the confidence and sensitivity that we had trained him to, never veering into sensationalism or flippancy. It was a wonderfully vulnerable and powerful statement. A visiting pastor then took the microphone and encouraged our project leader to take to the stage and remind the congregation, again, how they could go about receiving a HIV test. This visiting pastor also committed to attend our future training events.

### Education & Training, the Numbers:

- **1** peer-reviewed paper published
- **2** film events hosted
- **3** LGBT & faith catalytic conversations
- **2** training modules developed
- **10** hours of oral research gathered from leaders of migrant-led churches
- **316** hours of training received by leaders of migrant-led and multi-ethnic churches



# Financial Report and Thanks

We are grateful to all those who gave regularly or through one-off donations or fundraising events, to both ACET and the Matilda Project. Many thanks, also, to all our volunteers, trustees, and members for their valuable contributions throughout the year.

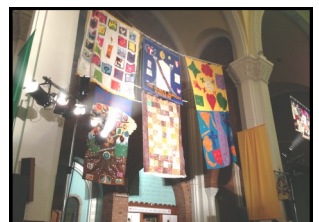
We appreciate the support of the North Inner City Drugs and Alcohol Task Force; MAC AIDS Fund; the HSE Lottery Fund; Community Foundation of Ireland; PA Foundation; Tusla, Child & Family Agency; Dublin City Council; CDYSB; Crosscare; Ormond Quay & Scots Presbyterian Endowments; ACET UK and ACET NI; Albert Einstein College of Medicine, New York; Google; Cognitive Solutions Clinic; Pricewaterhouse Coopers; Third Space; Vox Magazine; Rialto Community Drugs Team; the GUIDE Clinic; the Mater Misericordiae clinic; HIV Ireland; Open Heart House; Positive Now and all those in the Irish Sexual Health & HIV Services Network; Acts of Compassion Projects; Taylor Univeristy; the Corrymeela Community; Notre Dame School; Trinity Church Network; Cairde Christian Fellowship; Redeemed Christian Church of God; Dundrum Methodist Church; Adelaide Road Presbyterian Church and all the other churches that we have had the opportunity to collaborate and work with; and Maureen Gatharia; Joanne Mahon and Swords Baptist Church; and Discovery Gospel Choir.



*"Thank you for everything - you're a blessing in my life and my family's lives."*

*"ACET have always been there- you guys are the ones who show up when you say you're going to. We really appreciate that."*

*"The emphasis on building a culture of empathetic listening was the best part. I really benefitted from the listening skills." - a Healthy Church participant*



<b>Income and Expenditure sheet</b>		<b>2014</b>	<b>2013</b>	<b>2012</b>
<b>Year ending 31<sup>st</sup> December 2014</b>				
		€	€	€
<b>Income</b>	(ACET)	151,352	127,570	122,524
	(Matilda)	<u>78,684</u>	<u>77,222</u>	<u>70,427</u>
	<b>(Total)</b>	<b>230,036</b>	<b>204,792</b>	<b>192,951</b>
<b>Expenditure</b>	(ACET)	-147,164	-127,886	-139,839
	(Matilda)	<u>-67,216</u>	<u>-78,163</u>	<u>-82,283</u>
	<b>(Total)</b>	<b>-214,380</b>	<b>-206,049</b>	<b>-222,122</b>
<b>Surplus</b>	(ACET)	4,188	-316	-17,315
	(Matilda)	<u>11,468</u>	<u>-941</u>	<u>-11,806</u>
	<b>(Total)</b>	<b>15,656</b>	<b>-1,257</b>	<b>-11,172</b>
<b>Accumulated surplus brought forward</b>	(ACET)	-4,198	-3,882	13,433
	(Matilda)	<u>8,370</u>	<u>9,311</u>	<u>21,117</u>
	<b>(Total)</b>	<b>4,172</b>	<b>5,429</b>	<b>34,550</b>
<b>Accumulated surplus carried forward</b>	(ACET)	-10	-4,198	-3,882
	(Matilda)	<u>19,838</u>	<u>8,370</u>	<u>9,311</u>
	<b>(Total)</b>	<b>19,828</b>	<b>4,172</b>	<b>5,429</b>

### Balance Sheet (ACET & Matilda Project)

<b>As at December 31 2014</b>	<b>2014</b>	<b>2013</b>
	€	€
<b>Fixed Assets</b>		
Tangible Assets	--	65
<b>Current Assets</b>		
Debtors	2,564	9,294
Cash at bank and in hand	<u>57,200</u>	<u>11,497</u>
	59,764	20,791
<b>Creditors:</b> amounts falling due within one year	<u>(39,936)</u>	<u>(16,684)</u>
<b>Net Current Assets</b>	<u>19,828</u>	<u>4,107</u>
<b>Total Assets less current liabilities</b>	<u>19,828</u>	<u>4,172</u>
<b>Reserves</b>	<u>19,828</u>	<u>4,172</u>



**ACET (AIDS Care Education & Training) Ireland Ltd**  
14-15 Lower O'Connell Street  
Dublin 1  
CHY 10732

Tel: 01 878 7700  
Fax: 01 8788601  
Email: [dublin@acet.ie](mailto:dublin@acet.ie)  
[www.acet.ie](http://www.acet.ie)  
[www.facebook.com/ACETIreland](https://www.facebook.com/ACETIreland)

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O'Connell St. branch  
Account # 60959790  
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