



**ACET**

EDUCATING AND CARING

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**Our Annual Report**

**2020**



## CEO's Report

2020 began like most other years. Our ongoing work with individuals, families and communities carried through the challenging winter months and the hope of spring was emerging. As always we embraced the role of 'reflective practitioners', considering the bigger picture of working on a pandemic and its 30-plus years' story.

And then another one came along. Covid both radically changed our work and reminded us of why and how we work. Pandemics do not create a 'level playing field' equally impacting all. They exacerbate existing inequalities and inequities. They make life far more challenging for those that society has marginalised and this is the case at the beginning, middle and end of a pandemic.

The urgency of spring 2020 was summed up with the preposition "to": we had to ensure that groceries and medication were effectively getting "to" care clients, that staff had access "to" Wifi and hardware to ensure appropriate communications, that we could get reassurance "to" communities, including churches of migrant background, as to what Covid restrictions did and did not mean. We are all now trying to get Covid vaccines "to" those who need them most as quickly as possible.

But another preposition became more important during the year. Rev. Dr. Sam Wells has said that "with" is the most powerful word in theology. Through 2020 we found that what really mattered was that we were able to be with those we serve. Whether at a front gate, for a socially distanced walk in a park or for yet another Zoom or phone call, presence was paramount. It was here that we could listen to the challenging and often very complex circumstances that so many were going through. It was here that we could offer the sort of supports that sustained and provided comfort and hope.

Our goal is never to eliminate vulnerability with impact but rather to enter into relationships of shared vulnerability where we are with one another. This is how change can occur.

"Take more time, cover less ground" is the adage by the Trappist monk Thomas Merton. It became all the more real in 2020 and puts us in a good place to face whatever 2021 and beyond brings.

— Richard Carson



## Care Work

*We in ACET work with people affected by HIV. We are supervised, funded and monitored by the North Inner City Drugs and Alcohol Task Force.*

### 2020 ACET Care Work, the Numbers

611 adult care sessions ~ plus another 84 volunteer-led outreach home visits ~ 5 adult support group meetings before lockdown ~ 41 counselling sessions ~ 226 family sessions ~ and 38 youth sessions ~ 37 small gifts & cards sent to clients ~ youngest client 5 months ~ oldest client 79 years ~ for a total of 85 people  
**TOTAL: 1,042 Interventions**

#### Overview

2020 began as usual with many clients motivated to re-engage with services and personal care plans. ACET staff were busy accompanying people to clinics and medical appointments, arranging sexual health tests, working on plans for medication adherence, helping arrange manageable debt repayment plans and supporting housing, health and financial applications.

**February** also brought some new engagements with family support workers and counselling as clients were willing to link with these supports. The beginning of **March** saw additional work supporting some clients with addiction issues and drug-related intimidation at a community level. This is a sensitive, complex area that requires engaging with appropriate agencies while also prioritising client safety.

As March progressed the beginning of the **Covid-19 pandemic** brought a completely new working model: to protect and support clients, care work transitioned to working remotely. Priority was placed on ensuring each client had access to essential items including medication, food, phone credit and utilities. Early on we recognised that for some of our more marginalised clients, ACET was the only service

ACET care team are **Hansi Chisnall** (right) and **Olivia Corbett** (left).

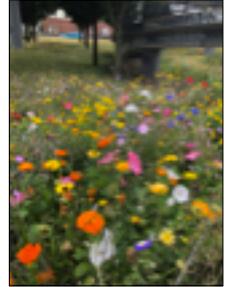




## ACET Care: *continued*

they were engaged with; our response to the evolving situation provided a vital link to available supports. Subsequently our collaboration with other services allowed us to ensure clients were supported in a holistic way. Keeping up to date with restrictions and best practice models was critical to getting information to client families and ensuring isolation did not prohibit community inclusion.

As days and weeks passed we encountered first-hand the injustices within the narrative that governed public restrictions. Statements including ‘*Stay home, stay safe*’ did not align with the relationship challenges, increased poly-drug use and reported violence many clients were experiencing. **Public discourse that ‘*We are all in this together*’ was talked about by several clients as a painful contradiction while they felt increasingly alone, unsupported and isolated.** Care work took place through phone and online forms of contact, letters and some outdoor work; ensuring that all clients had a point of connection remained a priority for staff.



Finances continued to be a source of stress for many clients and by early summer several clients reported a loss of income; restrictions had curtailed many sources of income that previously existed. There were also barriers for clients who didn’t have access to debit cards, wifi or struggled with technological literacy. Change to social welfare payments being made every two weeks resulted in budgeting issues, particularly for families with several people at home, with addiction issues or where limited access to regular shops and services meant they were forced to accrue debt to get by on a day-to-day basis.

With an easing of restrictions during **July and August** more care visits took place. This offered a greater opportunity to assess client needs and emotionally support people in the beginning stages of processing the previous months. The trauma experienced, lack of supports, loss and isolation were all part of these reflections. Being present in this space consumed the in-person care work.

From the beginning of the pandemic to the end of the summer most clients had received their HIV medications but had not attended the hospital for an appointment with a doctor; attendance at other clinics was primarily for medication dispensing, many hospital appointments were postponed and appointments with GPs were taking place over the phone. With most clients living with underlying health conditions, health promotion and managing this sudden change in medical supports was a critical need. This included helping clients manage longer prescriptions, supporting new routines for taking medications and continued advocacy work with doctors, clinicians and medical social





## ACET Care: *continued*

workers. Given the public health concerns for individuals with compromised immune systems, we also prioritised linking clients who were not taking their antiretroviral medications to re-engage with the hospital and develop a health-focused plan to protect themselves. All of this work also took on a Covid lens, with additional focus on symptom awareness, testing and public health protocols.

The **Autumn months** brought great struggles with mental health and hopelessness. Covid fatigue was expressed by many and there was great frustration with further restrictions. Consistency of contact, connection and practical support was the focus for this time. Care plans for this period were structured around small, achievable goals to support clients get through each day.

As always, our **Christmas hampers** were delivered in **December** to each client family. The coordination of the hampers was different this year: without access to the spaces traditionally used for donations and organisation, staff shopped and assembled tailored hampers for families which included more non-perishable items, hand sanitisers, reusable and disposable masks and some clothing that had been hard to source for clients who were isolating. The delivery of hampers was particularly poignant as it was the first face-to-face contact staff had had with some clients in several months and revealed to a greater level the hardship and trauma many had faced.



2020 marked a year greatly different to any before, a year full of unknown challenges, separation and restriction. The pandemic has highlighted and accentuated many of the injustices and traumas we have historically experienced with clients and has undoubtedly added additional challenges to the work. In the midst of this we were incredibly grateful for the deep level of relationships shared with clients and for the quality of work that could be achieved through creative channels.

*"I didn't realise how much I could miss going out. We'll really enjoy that cuppa next time, won't we?!"*

*"I've never felt so lonely in my life."*

*"I can't wait for this to be over and I will give you a big, big hug!"*

*"You've got to find something to hold on to, don't you? This is too hard some days though. It's hard to hope — I just fear this will never end ..."*

*"I can't wait until we can drive down to Wicklow again, like we always do, to see the leaves change colour and get out of Dublin. I miss that, I do. I'll look forward to that time again — I'll kiss the ground when I get there!"*



## Grief within Grief: Reflections on Care in 2020

*“Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape.”*  
- CS Lewis

Grief and its unique landscape has been a constant within ACET care work but the year 2020 introduced the most complex grief layer of all: a pandemic that brought us into such familiar yet unfamiliar territory, where ‘*drinking from the same cup*’ was not even an option. It introduced masks, hugs and smile scarcity, and asked us to re-imagine what presence means in the care world. Care work shifted suddenly from home and community visits or respite into the world of

Zoom, phone calls and texts. The familiarity of loss became a daily reality for both client and care worker.

The grief story from 2020 for our clients has been woven with the loss of:

- loved ones; the chance to mourn with others
- familiarity, routine and certainty
- physical touch, comfort
- privacy and boundaries
- simple tasks: going to the shops or Bingo
- mental and/or physical health
- school experiences: exams and socialising
- safety and sense of security
- milestones: seeing children or grandchildren
- motivation, hope, joy, and celebrations
- services, resources, housing

It has been marked by:

- anticipatory grief: what if it doesn’t get better?
- memories of loss during the AIDS pandemic;
- isolation from loved ones or the community.

Our grief is also part of this story. We grieve the ability to be present in the way we know best: in person, holding hands, sharing physical space, through hugs, cups at the kitchen table, laughs in a cafe, singing together in a car, sharing popcorn in the cinema, daydreaming on a bench by the sea. We grieve what should have been - the respite trips, the youth activities, providing comforting physical touch when grief was at its loudest. We acknowledge that there is a collective ache for clients and for us as we mourn the loss of those shared physical spaces and times.

We had to learn and remember that our presence is not gone but has adapted within this new landscape. Our adaptations have taught us to accept, embrace, process and honour what the care work is. Often, we bear witness to memory of loved ones lost in the past. That is something we have been able to do still, as we acknowledge all shapes of loss through our Zoom cameras, phones or cards in the post, saying, “I’m still here with you.” To continue recognising opportunities for hope has always been part of our work. This new landscape just looks and feels a bit different for everyone.





## ACET Care: Quilt Group and Counselling

Memorial Quilts were born during the HIV/AIDS Pandemic out of the necessity to remember: our group has been quilting together for 28 years, running as a bereavement support group in the south inner city. This year has been challenging which sums up the year worldwide. As we meet in a community setting which was closed for safety, it meant we couldn't do any work. However, we kept in touch by phone, post and some doorstep interactions. As always we took part in the annual Friends Remembering Friends, which was virtual. We have talked endlessly about what it would be like to be together again and the loss has become more apparent as time goes on. We continue to try to look forward to better days when once again we will meet and continue the work which is so vital in the community.

However, the year which seemed so strange had moments which brought something unique. One such moment was when I decided to make masks enabling people to comply with the government guidelines, finding the much-needed material in the store of surplus quilting cotton. These masks (*right*) were issued to the members of the group, the ACET staff, the wider community and they also found their way into our Christmas hampers. But the



Terrie participating in the virtual San Francisco AIDS walk in July.

unique moment came when I discovered my counterpart in the US who works on the largest gathering of quilts in the world happened to be doing the same. It was a work in tandem which spanned thousands of miles and most certainly brought us full circle to be working in two pandemics in exactly the same manner. So as we do look forward we are assured that there are many who share the same vision and so against all the odds the work goes on.

### Counselling

ACET counsellor Vivienne Morrow-Murtagh works with some of our clients and supervises staff from ACET and our partner Suaimhneas (Depaul). Those she meets with are from ages 18 up to 60, working with adults processing childhood trauma which dramatically interferes with their ability to self-regulate and function normally in life. Addictive behaviours as a survival strategy have become more exaggerated throughout Covid as a sense of safety has been eroded. The issues have been exacerbated for people who live along the faultlines, as the pandemic has widened these fissures.

Before lockdown, Vivienne delivered some trauma training; following on from that, she and Richard Carson recorded three videos with practical help in that area (*see page 13*).

Terrie Colman-Black (*right*) and Vivienne Morrow-Murtagh (*left*) are founders of ACET Ireland.





## Matilda Project

2020 started with Matobo District in its most severe food crisis in Matilda's 20 years, caused by several drought years. Modester, Willard's wife, had several patients coming to the clinic with pellagra, a malnutrition-induced condition. We made plans to feed the secondary school students school lunches twice a week to boost their nutrition. Willard was sourcing supplements and buying extra-nutritious food for those with pellagra.

And then came Covid! Lockdown was announced on 24 March, with immediate effect. No chance to buy supplies, even if a family did happen to have cash to hand. We were fearful of what would happen if Covid swept through the villages where 5.5% of the population are known to be living with HIV and few people have had good nutrition for years.



Distribution of masks, hand sanitiser and thermometers.

The police, well aware of the severity of the food shortages, gave Willard permission to travel to town to buy food and then deliver it round the villages. In desperation to do anything we could to give them a fighting chance in the case of an outbreak, we sent funds for masks, hand sanitiser, paracetamol, and infrared thermometers to enable screening of patients as they arrive at the three local clinics. Both at Tshelanyemba and Gulati seamstresses churned out homemade masks for volunteers, children

(below right) and the elderly who receive food packs.

Tshelanyemba Hospital set up an outreach team. Any possible case they heard of resulted in a visit from the team to the homestead, and a briefing about isolating, hand-washing, etc. Despite several cases, most from workers returning from South Africa because their work had vanished, no major outbreak happened.

Willard replaced the school feeding programme with a food pack each month to all children either living with HIV or who have lost both parents. In November an extra 140 Other





## Matilda Project

Vulnerable Children (OVCs) were added to the list for food packs. Included are children living in the care of a grandparent with a parent alive, who is working in the city or abroad. Schools have not fully re-opened yet. Exam classes had some time in school during late 2020.

Added to the low numbers of Covid cases, another massive blessing in late 2020 was the start of the best rainy season since 2014! And then there's the gratitude for the funds to make this all happen.  
— Wendy Phillips



*Left:* Volunteers in September with “a token of appreciation” for their service.



*Right:* Some of the ‘Other Vulnerable Children’ with food packs, November.

### Matilda Project 2020, the Numbers

**4,000 food packs** distributed over 6 months at Tshelanyemba  
~ **204** adults in 12 support groups for people living with HIV ~ **41**  
primary & **34** secondary school students fees paid (1 term only) ~  
**2,276 children** in 7 schools ate **116,076 breakfasts**  
served by **178 volunteers** until lockdown in March\* ~ **671**  
secondary students had a meal of sadza & beans 2x/week for a month until  
lockdown = **5,368 school lunches** to teenagers\* ~ **138** double  
orphans and 100 children on ART received **2,380 food packs**  
from March ~ **14 dressmakers** graduated from the Youth Skills  
Centre at Gulati

\* School feeding programme replaced by monthly food packs



# Migrant Plus Report

## Context

The Covid-19 pandemic has led to deep changes in the plans made for year 2020. The urgency of the situation has led to priority being given to public measures and other initiatives to protect migrant community members. With the application of social distancing, face covering and all other restrictions, the way we work with communities completely changed; we moved to a more virtual world, where we mostly communicated through telephone, internet, Zoom, WhatsApp, and social media. Migrant Plus started 2020 with the aim of building networks and strengthening community HIV testing activities, but soon, as Covid-19 kept on spreading widely, almost all conversations within migrant communities focused on the pandemic, with related needs arising. The project had to shift its plans to address the pressing issues linked to Covid-19.



## Approach

Our approach is to work with migrant-led faith groups and other community organisations. Even though this approach is time consuming, it is nevertheless more efficient if we want to ensure positive and sustainable outcomes. By collaborating with communities, we encourage community involvement and make sure any of our interventions fit within the community operating frame. All activities are conducted in a culturally sensitive way, taking into account the diversity within the target population. Because we see integration as a two-way process (where both incomers and the host society work together, adjusting where necessary to create the conducive context which is key to a harmonious integration), we promote and encourage it as we do believe that successful integration has a positive impact on migrant general health.

## Activities

The project has adopted the name MIGRANT Plus, which highlights the specific nature of its work and target, and also underscores that its work extends to all people of migrant background, including those born in Ireland. Due to the pandemic context, with all the restrictions implemented (social distancing, face covering, hand washing), it became obvious from early in 2020 that community HIV testing could no longer safely be organised as planned. This was unfortunate because we had two pandemics at the same time, and if Covid-19 was spreading fast, this didn't stop HIV from affecting



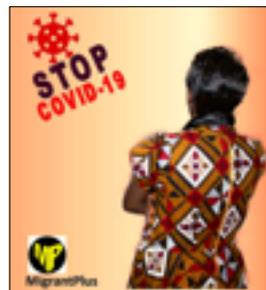


## Migrant Plus



people. So, despite HIV infection still being an issue of concern among migrants, anti-Covid activities took precedence. The scope of our activities shifted to include things like dissemination of public health information, design of tailored information material, responding to information requests, updating and explaining government anti-Covid measures, mobilising migrant communities through their leaders, speaking at meetings or giving talks, running social media activities targeting migrants, attending various meetings to voice concerns of migrant communities etc. This, we hope, helped mitigate the impact of some health inequities migrants are facing.

Because migrants have been a target of choice for Covid-19 misinformation campaigns, the project helped build the capacity of community leaders to critically analyse information they receive through social media before trusting and sharing it. Where we had the opportunity, we raised the awareness of public service providers on the fact that the migrant communities sometimes need a particular approach that takes into account, not only their linguistic needs, but also their cultural specificity. In a number of instances, Migrant Plus helped to bridge the gap between public services provision and the migrant community. We hope all this contributed to a more effective migrant integration, with a positive impact on their general health and wellbeing.



### Impact

The feedback received so far gives a general idea of the impact the project is having:

- An increasing number of migrants consider Migrant Plus as a reliable source of information;
- Many faith and community leaders find that information received from Migrant Plus has been helpful and enabled them to confidently respond to requests from their members ;
- The project is increasingly being perceived by public services providers and policy makers as one of the voices of migrant communities, particularly on issues impacting their health.

So, despite the fact that 2020 has been a challenging year due to the Covid-19 pandemic, Migrant Plus has managed to integrate into the circle of active organisations working with migrants in Ireland.

Yvon Luky is ACET's Faith and Ethnic Communities Worker.





## Partnerships

Our various formal partnerships had undergone significant change by the end of 2020. In all cases the activity is linked to our own charitable purposes as we provided administration, employment, therapeutic or practical supports. The following 5 partnerships were part of our story in 2020:



### **Acts of Compassion Projects:**

We were delighted to begin new funding partnerships with Acts of Compassion particularly from the Comic Relief Fund of Community Foundation Ireland. However our formal HSE partnership, which included employing the Project Leader Amos Nguigi, finished at the end of 2020. This is an important development as it demonstrates how a small, migrant-led charity can build to become directly funded by the HSE in their own right.



### **Talbot Centre:**

We continued our partnership with the Talbot Centre - HSE. Abigail Carrick continued her important task of capacity building drug education in the North Inner City by joining various teachers, community workers, parents and children in working and delivering training remotely through the Covid pandemic.



### **Suaimhneas and Recovery Academy Ireland:**

Suaimhneas (Depaul) and Recovery Academy Ireland continued into the first half of 2020. While now finished we continue to offer off-line therapeutic support to the staff in their important role of supporting women in recovery. We also keep in touch with RAI coordinator Paul Duff, particularly through networking opportunities in the north inner city.



### **SMART Recovery:**

We also completed our partnership with SMART Recovery Ireland at the end of 2020. This was to necessitate SMART's ongoing relationship with the HSE and we are delighted that Amanda Quigley, the Project Coordinator, continues this important national work.





## Partnerships



With our office on Lower Gardiner Street and much of our work and partnerships focused in the local area, we have been active in the Department of the Taoiseach's NEIC (North East Inner City) initiative. Richard Carson sits on the **Enhancing Policing Sub Group** with senior Gardaí and community workers. **The Drug Related Intimidation Initiative** led by **Ana Liffey Drug Project** was a highlight of 2020 in addressing some profound local challenges. During the year we also accessed funding for and began a new work with the **Dublin City Interfaith Forum**. Covid-19 had generated a number of emerging needs for faith communities in the local area and we began by connecting the leaders of these communities together for discussion. Mental health, racism and the impact of Covid-19 and the restrictions on these vibrant communities are among the issues being addressed.

## Migrant Plus & Education, the Numbers

82 requests for information ~ 45 phone consultations ~ 67 WhatsApp consultations ~ 216 talks given ~ 300 flyers distributed ~ 15 webinars attended ~ 3 video chats on trauma produced ~ 2 webinars hosted ~ 1 international conference presentation



# Education

Richard and Luky were guests at the **HIV Prevention England Conference** in London in February. Richard presented on some of our work (*right*) and it was a great opportunity to connect with peers from across England with similar projects and initiatives.



England is, unlike Ireland, witnessing a significant drop in the incidence of HIV. “We are doing something remarkable. We are seeing the epidemic fall away,” commented Valerie Delpech of Public Health England in an impressive presentation.

Targets were set to end new diagnoses by 2030 and the discussions centred on what it means to “leave no one behind.”

We hosted two webinars during the year: the first, *Still Vanilla? Racism and the Irish Church* was a discussion between Pastor Gerard Chimbanga, Joy Eniola, Pastor Yvon Luky, and Richard Carson in June.



For World AIDS Day in December, we hosted *Two Epidemics, One Century*, a conversation around HIV and Covid, solidarity and hope in this season featuring ACET co-founder Terrie Colman-Black; ACET chair Prof Sam McConkey; Yvon Luky, Faith Communities Coordinator; and CEO Richard Carson who together have a century of experience working with a pandemic. They brought the audience on a journey from the streets of Dublin, to war in Sierra Leone, to hospital wards in Kinshasa, to Covid-19 in Ireland.

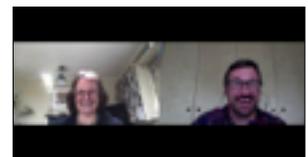


Also, Richard and ACET counsellor Vivienne Morrow-Murtagh recorded a series of

chats about trauma, covering shame, resources available to us, and ways to help our own or others’ comfort levels. We hope these videos help resource and inform during this time that has had the potential to be traumatic for so many of us.



All of the recordings can be found on ACET’s Youtube channel, <https://bit.ly/3elz9WL>





# Financial Report

## Income and Expenditure

### Year Ending 31 December 2019

		2020	2019	2018
		€	€	€
Income	ACET	487,383	503,029	397,326
	Matilda	<u>146,272</u>	<u>147,501</u>	<u>126,380</u>
	Total	633,655	650,530	523,706
Expenditure	ACET	(452,757)	(507,590)	(383,008)
	Matilda	<u>(132,852)</u>	<u>(140,653)</u>	<u>(116,302)</u>
	Total	(585,609)	(648,243)	(499,310)
Surplus/ Deficit	ACET	34,626	(4,561)	14,318
	Matilda	<u>13,420</u>	<u>6,848</u>	<u>10,078</u>
	Total	48,046	2,287	24,396
Accumulated surplus brought forward		47,510	45,223	20,827
Accumulated surplus carried forward		95,556	47,510	45,223

## ACET and Matilda Project Balance Sheet 31 December 2019

	2020	2019
	€	€
<b>Current Assets</b>		
Debtors	1,285	2,545
Cash at bank and in hand	<u>124,324</u>	<u>126,742</u>
	125,609	129,287
<b>Creditors:</b> amounts falling due within one year	(30,053)	(81,777)
<b>Net Current Assets</b>	<u>95,556</u>	<u>47,510</u>
<b>Total Assets less current liabilities</b>	<u>95,556</u>	<u>47,510</u>
<b>Reserves</b>	<u>95,556</u>	<u>47,510</u>



## Director's Report: Prof Sam McConkey

I want to acknowledge the work of the staff and volunteers in ACET during 2020. There are many fascinating reports to read here with many important outcomes, yet the strength of this Annual Report is the continuity of relationships shown across the projects. Whether in caring for those living with HIV, fundraising for the important work in Zimbabwe, providing health advice and support to communities of migrant background or facing the various challenges of COVID, in all cases the values of ACET, rooted in our shared Christian faith, shine through.

The future is indeed uncertain. We cannot be sure how 2021 and beyond will play out. But we know that the ACET team have the presence in place to continue to make a difference in the lives of those they serve.

— Prof Sam McConkey, chairperson

We would like to thank the **ACET Board of Trustees:**

Samuel McConkey — Chair  
Dr Eburn Joseph  
Rev. Abigail Sines

Juliet Amamure — 9/06/2020  
Antoin MacCarthaigh  
Karen Thompson — Secretary

**ACET's purpose:** the advancement of community welfare including the relief of those in need because of youth, age, ill-health, or disability and the promotion of health, including the prevention or relief of sickness, disease or human suffering.

We do this by providing care support to those affected by HIV and training, awareness and testing work to those that have been marginalised by society, including through partnerships responding to addiction and social exclusion.

We offer this to individuals, families and communities both here in Ireland and with fundraising and capacity building support to Zimbabwe.

ACET Ireland is fully compliant with the Charities Governance Code.



# Thank You

We are very grateful, as always, 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; Gilead Science; the HSE Lottery Fund; HSE Addiction Services; GlaxoSmithKline; Tusla, Child & Family Agency; Dublin City Council; North East Inner City Network; CDYSB; acet UK and ACET NI; Google; Hayden Brown; Pricewaterhouse Coopers; Vox; Rialto Community Drugs Team; the GUIDE Clinic; the Mater Misericordiae clinic; Beaumont Hospital; HIV Ireland; Positive Now; Sexual Health Centre Cork; Sexual Health West; GOSHH Limerick; European AIDS Treatment Group; Concern; the Drugs/HIV Helpline; Acts of Compassion Projects; SMART Recovery; Recovery Academy Ireland; Talbot Centre; Depaul; Praise Tabernacle Church; Trinity Church Network; Redeemed Christian Church of God; Dundrum Methodist Church; Christ Apostolic Church; Mercy Christian Fellowship; Christ City Church; South City Church; Adelaide Road Presbyterian Church; Lucan Presbyterian Church plus all the other churches that we have had the opportunity to collaborate & work with; Discovery Gospel Choir.





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Donations can be made directly from our website or through bank transfer.