



ACET

EDUCATING AND CARING

Our Annual Report

2021



CEO's Report

Some of you may know my interest in the work of Yale professor Willie Jennings. His magnum opus on the origins of race - *The Christian Imagination* - includes the story of a 19th-Century Anglican Bishop, John William Colenso. Colenso is best known for his translating of the Bible into Zulu and for how he spent an incredible amount of time with the Zulu people in Natal, connecting with their way of life and being present in their places and spaces, in contrast to many other colonial translators. However, Jennings still believes there was something missing from Colenso's 'translation'. While he was consistently present with Zulu communities, the Bishop assumed that his goal was to make them into respectable Victorian British Christians. The idea that a new encounter of faith might open up a new 'joining' of the many, marked by mutuality and love, was far removed from Colenso's imagination.

Translation was a major theme of our work in 2021. Whether it was Covid itself, the ever-changing restrictions, the vaccine, the opening of health services, fundraising for changing circumstances in Zimbabwe or much more, a significant amount of our time was being with people 'translating' the complex challenges and realities of 2021.

This work was not just about language (though sometimes it was) nor the finer points of what was allowed, advised, open or closed. It was not even about presence with communities. Rather it was about this 'joining', what Jennings describes as "a sharing in the pain, plight and life of one another." Each of the thousands of encounters you can read about in this Annual Report seek to demonstrate this life together where anything that may be understood as impactful or effective can only emerge from such shared and patient pathos. Translation without it is no translation at all. As a result some of the reports make for difficult and challenging reading. But our wish is that you will join us in encountering the hope that resides within each story. As we move towards our 30th Anniversary we continue to demonstrate this hope in each of our projects and we hope that you will join us in 2022 as we celebrate and reflect.



— Richard Carson

"No one else knows our family, our story, like you, like ACET. I know I could trust you with anything — it means so much to me."

It is important to us to give the clients' voice in this annual report: you will see quotes from them throughout these pages.



Care Work

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

While we had established a rhythm of care work through the early months of the pandemic, starting in to another year with heightened restrictions was definitely challenging and exhausting. Early January calls, by phone, revealed how much Covid was in client homes, how many were close contacts and how levels of isolation seemed to be at an all time high. Many clients were fearful of rising Covid numbers and there were unknown expectations of how long the current lockdown would last. These hardships came in tandem with high levels of Christmas and other accrued debt, lots of family and community tensions and a notable decline of mental health. Our response was practical: where appropriate we delivered essential items and medications, made applications to community welfare officers, provided practical and emotional support over the phone and continued care plans remotely. On many occasions literacy support needs presented themselves with medical letters, form filling and supplementing the ever-changing guidance on Covid updates, again while time-consuming we did this over the phone or at doorsteps, in the knowledge of how critical these needs were for client families.



There were also notable increases in cocaine, crack cocaine, street tablets and alcohol use. Many clients discussed how isolation and the stress of their ongoing living circumstances brought feelings of hopelessness and triggered historic addiction issues. The monotony of life with no routine and limited supports brought new habitual poly-drug use to fill the void and cope with life. Some families also experienced unexpected early prison releases due to Covid numbers, meaning in the midst of lockdown homes became more overcrowded and chaotic, with limited supports in place to deal with this. Many talked about the financial burden and pressure this placed on family dynamics, particularly when there were multiple

“I just feel as if I’m stuck, stuck in my room, looking out at the drug dealing on the road. It’s brought me to a really dark place and only for the family that I’ve lost – they give me strength to get through one more day. I know that sounds mad but you understand because you know my story.”



generations living in one home, some more compliant with public health advice than others. With limited respite options we provided some available resources and worked hard with families around boundary setting but it remained challenging.

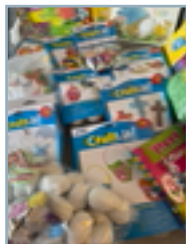
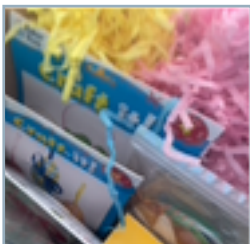
By the springtime mental health seemed to be at an all time low for many who were struggling to cope and seeing no end in sight.

Resources were low both practically and personally and many continued to face health, housing and family crises. During this time we made doorstep visits, sent cards and tried to offer some hope in the situation. It was also at this stage many clients started receiving appointments for Covid vaccines; a few clients talked about vaccine hesitancy or refusal but the majority were relieved to get their vaccine and felt optimistic it would offer some health protection. This time also

“This is worse than the AIDS epidemic in the 80’s and I’m terrified... when I’m in the supermarket now I can’t even talk or stand beside people. I never thought my life would be like this.”

brought talk of the similarities of Covid to the early days of HIV and the necessity for people to ‘learn to live with it’, educate themselves about it and accept it as part of our ongoing lives. As part of our work this also gave many an opportunity to talk about and reflect on their past diagnosis, bereavement of family and friends and stigma experienced.

As shops remained closed there were several instances where clients could not access basic necessities for themselves or their children. We tried to fill this gap, where appropriate, but it was discouraging to see what little consideration had gone into ensuring those who could not access online retail or use cards and bank accounts would not be marginalised to the point of going without everyday essentials. We also saw this with access to food for clients who had to restrict movements or who were too medically vulnerable



Easter activity care packages were sent to client homes, containing family-friendly activities, crafts, books, treats and some grocery vouchers for Easter dinner. One fun way to stay connected while apart!



to go out and therefore dependant on others to buy food in a corner shop resulting in debts or going without.

Summer months again brought a lot of issues relating to increased drug and alcohol use. We worked with a couple of clients on pending legal cases and supported them with this process. A lot of time was also spent assisting with healthcare needs and interventions, including access to addiction treatment and sexual health testing, as services remained open but limited. We continued to encourage clients to prioritise their health and not ignore symptoms in light of Covid restrictions. This also included promoting continued interactions with GPs when many clients were having prescriptions directly faxed to pharmacies without consultations or check ups. Covid symptom checking also remained very central to the work, helping with boundary setting and updated guidance on best practice with multiple family members in and out of many client homes. There was also lots of time invested into working more intensively with a couple of clients who had stopped taking medication and attending hospital appointments and had become very unwell. Staff helped them re-engage with their clinic, encouraging continued medication adherence as well as supporting them on a more regular basis at home and linking them with other local services.



“My anxiety has been through the roof non-stop but today I felt like I could breathe again.”

In the autumn there were some very serious health issues with several clients and client family members. This was a very difficult time as hospital visitation remained restrictive and phone contact was not always possible. Most hospitals, however, had designated places to drop in practical items and we liaised with medical social work teams to continue care for clients and maintain contact. There were also a couple of instances where clients experienced very significant levels of drug related intimidation and threats impacting their whole family units. This caused further isolation and feuding within the community. Supporting families living in these circumstances is particularly difficult and we engaged with other support agencies to ensure client safety and support. The in-person care visits that took place in the late autumn



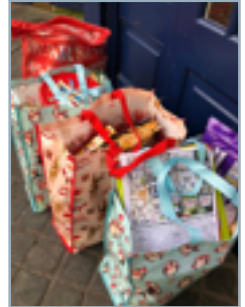
Helping a client keep in touch during a hospital stay with little outside contact.



ACET Care

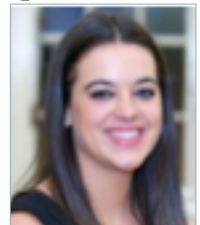
and winter were exceptionally difficult: the trauma that had been experienced by the majority of clients was undeniable, with surmounting pressures to pay back debt and keep up with ever increasing living costs, mental health at a detrimental point for many, bereavements that had taken place in isolated and unsupported spaces, addiction issues and family crises.

Delivering the Christmas hampers was as always a welcomed practical support at the end of the year. However, it didn't have its usual feel of closing out the year and wishing client families well. It was tough: it felt raw and the year felt unfinished because the trauma was unfinished. Our tailored hampers still included masks and sanitiser but were given with the hope that next year we could share safe spaces together in a new way.



The public discourse was consistently reiterating that things were finally getting back to normality while what we were hearing and feeling was anything but normal. **Finding a balance between offering hope and acknowledging pain became the space we were working in.** To an extent this has always been the space we've worked in but the perspective seems to have become clearer in 2021.

| | | | |
|--|--|--|--|
| ACET 2021 Care Work | | We work to improve the lives of those living with and affected by HIV who, as a result of profound stigma and health exclusion, require our approach of <i>mutuality, patience and presence.</i> | |
|  | 917 adult care visits + 82 volunteer-led visits |  | 84 clients Eldest 80 years, youngest 3 months |
|  | 321 family sessions + 26 youth sessions |  | 75 counselling sessions |
|  | Many small gifts & cards sent to clients + 27 Christmas hampers |  | 40 times of respite, including 1/2 day outings and family camp |



ACET care team are **Olivia Corbett** (top) and **Hansi Chisnall** (below).



ACET Care: Quilt Group and Counselling

2021: another year when our quilt group could not meet to sew. Once again we had to make do with connecting by phone or the occasional cup of coffee whilst walking or standing on doorsteps. Probably the most important thing to take into account is that the desire to be together and continue our quilting has never waned. This is contrary to so many projects which just fell away through lack of contact. The vision to create a piece of work remembering loss in the community is as strong now as when we first took up our sewing needles in 1993. Each member feels that it is important within our community never to forget, and so we hope that before 2022 is out we will all meet again to sew, share stories and remember.

— Terrie Colman-Black

Counselling

In the past year, 'lonely', 'afraid', 'very depressed', 'suicidal', and 'hopeless' were words we regularly heard clients use. We encouraged them to be honest in how they were doing, what they were needing, missing or grieving, and to explore any slivers of hope. We also helped clients practice self-compassion with themselves as much as possible.

ACET counsellor Vivienne Morrow-Murtagh works with some of our clients, from ages 18 up to mid 60s. In the spring, care worker Hansi Chisnall became fully accredited with the Irish Association for Counselling and Psychotherapy and now also has counselling sessions with clients.

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



Respite

Our physical spaces and places within respite have shown us that a change of scenery and a bit more privacy can really offer someone the opportunity to access a different mindset and allow some safe time to reflect and process what has been going on. In 2021, respite and summer activities took more of a self-supported or semi-supported shape, utilising outdoor spaces and adapting to Covid-friendly risk navigation.

In July, 12 clients were supported in accessing respite through partnership with Dublin Family Outreach, which was a most welcome change of scenery, and wonderful opportunity for memory-making with family members and friends.

"We couldn't have had a break away like that without ACET's help - you don't know what it means to me and to us, we'll remember it forever. Thank you for giving us this special time."





Matilda Project

In June the World Bank reported that as of 2020, 49% of Zimbabweans were in “Extreme poverty”, defined as living on less than \$29.80 per month.



The first four months of 2021 were very hungry months for many. Severe drought and crop failure in 2020, combined with reduced/failed incomes due to lockdowns, and loss of remittances from family members working abroad, meant that the elderly were particularly badly hit. Village heads came to Willard to ask for help. In both February and March 167 elderly people, identified by their village committees, were given a food pack by ACET CCP. All of these have grandchildren in their care, whether their parents are migrant workers or have passed away.

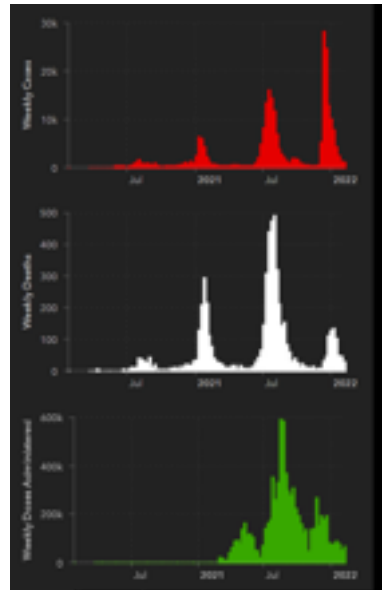
This elderly couple, with Willard on the left, are too old to grow their own food yet are the guardians of all these children.

One example is Simangele (79) who has a son and a daughter. Her son has his own family and is unemployed. Her daughter, who is deaf, and her two children live with Simangele, who helps to care for the

This graph taken from the Johns Hopkins Covid-19 dashboard in February 2022 shows the best information available of how Zimbabwe has fared through Covid.

As in Ireland, during wintertime Zimbabwe has had surges in Covid infections and deaths, except that winter is June and July. The Christmas time surges are because migrant workers (to cities in Zimbabwe or abroad) get annual leave for the month of December, so arrive home after long journeys on public transport and bring new variants with them.

The first deaths from Covid began in July 2021 in ACET CCP’s 11 villages, at the rate of 2-3 daily for less than a month, mostly elderly. One child, a double orphan due to HIV, lost her guardian grandfather to Covid. So much taken from one child by disease.



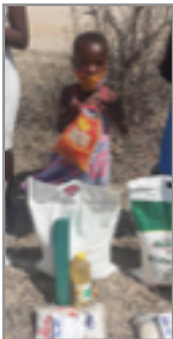
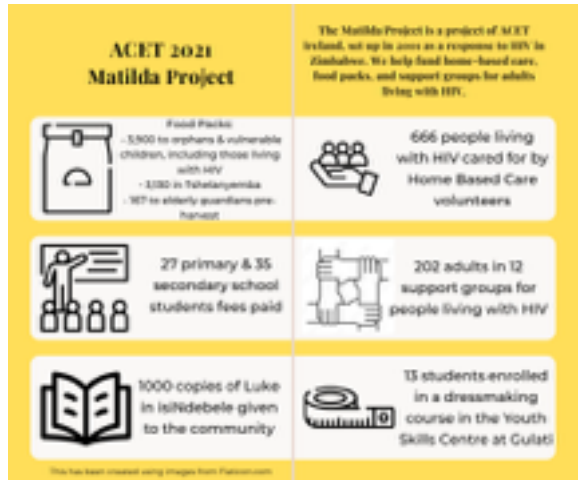


Matilda Project

children. "The only survival is when the rains are ok and she can plough in the field." Her neighbours help her during ploughing. She is too weak to do much work on the farm.

Relief all round at a bumper harvest at the end of April: 130% of the national average, with the dams at 90% capacity.

Schools reopened after another lockdown in March but closed again the first week of June for a month's holiday during which another lockdown was imposed, so they didn't reopen till 6 September. Education has been seriously impacted by Covid. Online learning isn't available to the village children: no electricity, no internet, schools and teachers without power or computers or Zoom.



With national inflation at 95% for 2021, school fees rocketed too. We paid fees for 27 primary and 35 secondary students. In 2021, term 1 cost an average of \$15 for primary students and \$44 for secondary students. In less than a year this had risen to \$35 for primary, and \$60 for secondary students. Unaffordable for many, sadly.

All through 2021 Willard continued monthly food packs to all the 126 Under 18s who have lost both parents, and 100 living with HIV, as well as food and blankets to other vulnerable children when possible.

The big change of 2021 was the end of our 17 year-partnership with Tshelanyemba AIDS Care and Prevention Programme, started and led by Gift Moyo. Due to travel restrictions during lockdowns there had been several months in 2020 and 2021 when Gift couldn't buy or distribute food packs. There were also a series of delays in money reaching Gift, and in even getting a reply to messages. Then in September the hospital mistakenly paid money owed to a supplier from their USD account instead of the local currency



Matilda Project

account — with the funds we had sent to buy food packs for more than 500 people. Instead of telling us what had happened, the bursar prevaricated until the money was finally returned about 4 weeks later. This damaged trust in accountability to the extent that we consulted the ACET board about discontinuing our funding of TACPP, and with the board’s approval, broke the news to Gift. He was very disappointed but is close to retirement so his work was coming to an end.

A specific gift in 2020 allowed us to print 1000 copies of Luke in isiNdebele for Willard to make available to volunteers, young people, church leaders. The caption on the cover, below a local homestead, reads, “Blessed are you who are poor – the Kingdom of God is yours”. Luke 6:20. Lots of people have no reading material at home, so this is more of a treat than you might think!



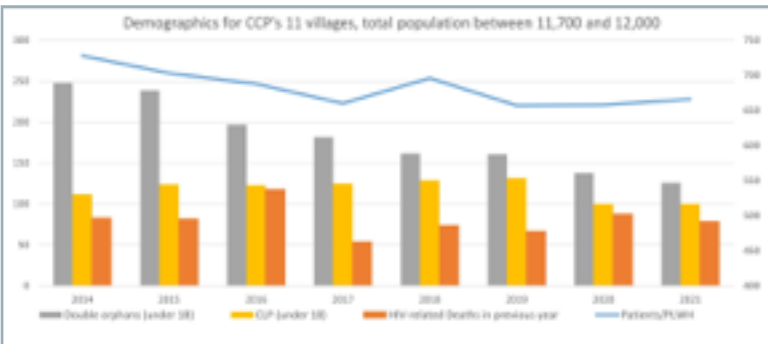
All 193 ACET volunteers were given five kilos of maize seed in the first week of December, a fitting way to thank them for a hard year’s work, and to encourage them in hope for 2022.

— Wendy Phillips



Left: Thubelihle, 19, with her baby in her arms, is guardian to her two younger siblings.

Right: Volunteers with their 5 kg bags of maize seed.



A graph showing clearly that the rate at which children are losing both parents/becoming double orphans has fallen. Only under 18s are included.



Migrant Plus

Healthwise, 2021 was dominated by the Covid-19 pandemic. Because of the magnitude of its impact, the Covid-19 pandemic has mobilised lots of resources, taking precedence over many other important public health issues. Pre-Covid inequalities experienced by marginalised communities remained, and sometimes they were even exacerbated; which resulted in the deepening of the pandemic impact on already vulnerable people.

General overview

Overall, Covid-19 uncertainty marked people's lives in 2021. Nobody could figure out exactly what the future would be like. The news of the wide availability of effective Covid-19 vaccines was a big relief. The subsequent rollout of the Covid-19 vaccine campaign was a source of hope for better days ahead.

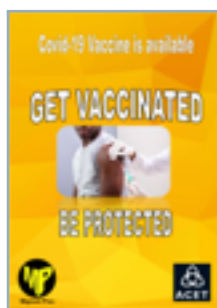
Unfortunately, for various reasons this did not fully materialise.

There were early concerns about the public acceptance of the vaccines. The worries were fuelled by factors such as the exposure in public of dissensions among scientists, concerns about the lack of sufficient safety data, conspiracy theories with their widespread misinformation campaigns, or the fact that people from migrant background were more vulnerable to the risk of being misled by that misinformation. Another cause of public concern came because implemented public health restrictions applied to both the vaccinated and the unvaccinated. This confused many people and diluted, in some ways, the advantage of being vaccinated. When cultural barriers are added on top, we had all the ingredients that inevitably led in a low vaccine uptake among

migrants. **At the end of 2021, vaccine hesitancy was still significant within migrant communities.**

Migrant Plus continued to work with individuals and leaders of migrant communities, particularly faith leaders. Information provision remained a key tool to addressing Covid-related issues facing migrants. There was need to provide information that was accurate, linguistically understandable, and presented in a format that was culturally acceptable. Covid-related public health messages were provided in a two-way communication model that encouraged interaction with recipients.

The Covid-19 pandemic has showed how misinformation can slowly erode trust in messages coming from health authorities. Interaction with the target audience is needed to ensure that the message is correctly received, understood





Migrant Plus

and accepted. One of our roles was to help that interaction, not only by relaying the official public messages, but also by acting as a resource person to facilitate the understanding and acceptability of the messages.

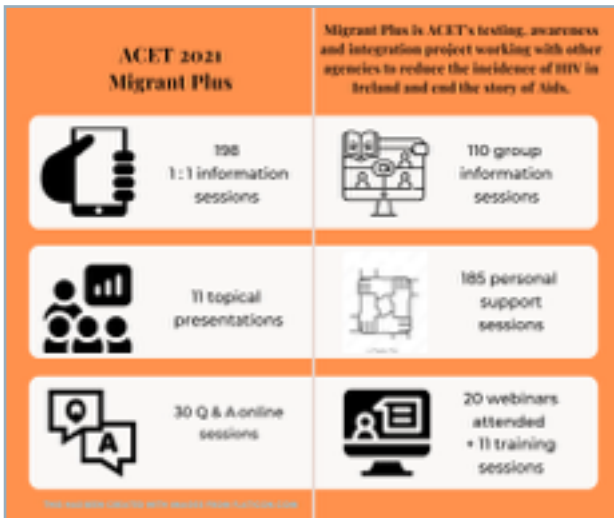
Key Activities

Information Provision and Support:

Due to the persisting pandemic, public health restrictions remained throughout 2021. Therefore, the essential Migrant Plus activities took place remotely (phone, social media, Zoom, WhatsApp). The scope of our activities included information provision, providing one-to-one or group support on matters affecting health, attending various meetings to voice migrant issues or concerns that constitute barriers to their health, mobilising migrant communities through their leaders, engaging with individuals and structured groups of people from migrant backgrounds, and linking networking with organisations interested in migrant health.

Tackling Misinformation on Health

Addressing misinformation on the vaccine was another key activity. Numbers of migrants have been particularly exposed to misinformation, essentially through social media, and this has significantly influenced their decisions on health. Due mainly to language and cultural barriers, official public news channels are not the main source of information for some people from migrant backgrounds. To try to tackle the issue at community level, we endeavoured to provide accurate, checked Covid-related information using official or reliable sources; we also worked to dispel intentionally misleading fake news, explaining things in a very simple language and in a culturally acceptable way.





HIV Testing

Work on HIV infection has significantly been slowed down by the superseding focus on Covid-19. The reality is that HIV infection is still an issue among migrants and stigma against people living with HIV is still significant among people from migrant backgrounds. In 2021 the two pandemics continued to co-exist but, because of the speed of the propagation of Covid-19, it was perceived by many migrants as a more tangible threat than HIV & AIDS. The fight against HIV & AIDS was practically pushed into the background and due to public health restrictions usual HIV community testing activities couldn't be organised. We used every opportunity to raise the awareness on the sad reality of HIV infection being a real threat that needed to be averted.

The theme of 2021 World AIDS Day was "End inequalities. End AIDS". This was a good reminder of the necessity to actively work with communities to tackle stigma and eradicate HIV, but also broadly to tackle inequality affecting marginalised communities. Unfortunately, because of the restrictions linked to Covid, this global AIDS Day couldn't be celebrated as it should.

Outcomes Summary

We assess the project outcome through feedback from the beneficiaries of our activities:

- Tackling misinformation has had a positive impact in equipping people from migrant background to make the right decision on covid-19 related challenges;
- We received information or support requests from a broader range of people from a migrant background;
- The project is perceived by the targeted communities as a knowledgeable and reliable source of information on health;
- A greater number of faith and community leaders consider the project as a trustworthy source of information they can share with their members;
- The project is strengthening its position as one the voices of migrant communities, particularly on matters affecting their health. This translates into more opportunities to share our views and experience.

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





Partnerships



Acts of Compassion Projects:

Amos Ngugi provides 1-to-1 and group supports to migrants out of his base in north east inner city Dublin. Whether homeless or resident in direct provision centres, many migrants have been positively impacted by his peer-led approach. This HSE-funded partnership formally ceased at the end of 2021 as Acts of Compassion now has capacity to receive funding directly. However, we will continue to work with Amos on many local initiatives.



Talbot Centre:

Our partnership with the Talbot Centre continued in 2021 and included a change of staff. After many years as the Education Worker, Abbie Carrick moved on and Bernie McDonnell took her place in capacity building the education responses to drugs in the local area.



Dublin City Interfaith Forum

Also based in the North East Inner City is our partnership with Dublin City Interfaith Forum. This includes supporting leaders of local faith communities through the challenges of Covid where health information, advice on restrictions and even the sustainability of the communities themselves were all contexts for challenge.



North East Inner City

All of the partnerships above have some connection to the Department of the Taoiseach's NEIC initiative. Richard Carson sits on the Enhancing Policing Sub Group as a representative of the North Inner City Community Coalition.

Staff Training

Two staff members returned to part-time postgraduate education in 2021. Hansi Chisnall began an M.A. in Pluralistic Counselling and Psychotherapy with IICP College and Richard Carson began postgraduate study in Theology, Mission and Ministry as part of the Common Awards of Durham University at St Hild College in England.



Financial Report

Income and Expenditure

Year Ending 31 December 2021

| | | 2021 | 2020 | 2019 |
|--|---------|------------------|------------------|------------------|
| | | € | € | € |
| Income | ACET | 276,079 | 487,383 | 503,029 |
| | Matilda | <u>134,605</u> | <u>146,272</u> | <u>147,501</u> |
| | Total. | 410,684 | 633,655 | 650,530 |
| Expenditure | ACET | (276,931) | (452,757) | (507,590) |
| | Matilda | <u>(128,754)</u> | <u>(132,852)</u> | <u>(140,653)</u> |
| | Total | (405,685) | (585,609) | (648,243) |
| Surplus/ Deficit | ACET | (852) | 34,626 | (4,561) |
| | Matilda | <u>5,851</u> | <u>13,420</u> | <u>6,848</u> |
| | Total | 4,999 | 48,046 | 2,287 |
| Accumulated surplus brought forward | | 95,556 | 47,510 | 45,223 |
| Accumulated surplus carried forward | | 100,555 | 95,556 | 47,510 |

ACET and Matilda Project Balance Sheet 31 December 2021

| | 2021 | 2020 |
|---|----------------|----------------|
| | € | € |
| Current Assets | | |
| Debtors | 1,171 | 1,285 |
| Cash at bank and in hand | <u>127,375</u> | <u>124,324</u> |
| | 128,546 | 125,609 |
| Creditors: amounts falling due within one year | (27,991) | (30,053) |
| Net Current Assets | <u>100,555</u> | <u>95,556</u> |
| Total Assets less current liabilities | <u>100,555</u> | <u>95,556</u> |
| Reserves | <u>100,555</u> | <u>95,556</u> |

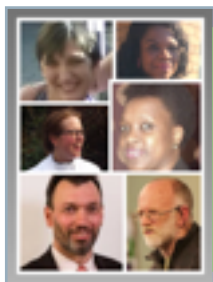


Director's Report: Prof Sam Mc Conkey

I want to acknowledge the work of the staff and volunteers in ACET during 2021. There are many fascinating reports to read here with many important outcomes and all in deeply challenging circumstances. The team's ability to carry out their activities while empathising with pain and finding hope should be an example to all. 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.

As 2022 points to some new beginnings we know that these challenges will continue and 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 acknowledge the **ACET Board of Trustees:**

Samuel McConkey - Chair

Juliet Amamure

Dr Eburn Joseph

Antoin MacCarthaigh

Rev. Abigail Sines

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 HSE Social Inclusion in CHO 9; North Inner City Drugs and Alcohol Task Force; MAC AIDS Fund; Gilead Science; Allchurches Trust/Benefact Trust; RTE Does Comic Relief; the HSE National Lottery Fund; Tusla, Child & Family Agency; Dublin City Council; the North East Inner City Initiative; 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; the Drugs/HIV Helpline; Acts of Compassion Projects; Recovery Academy Ireland; Talbot Centre; Depaul; Dublin City Interfaith Forum; Praise Tabernacle Church; Trinity Church Network; Redeemed Christian Church of God; Dundrum Methodist Church; Mercy Christian Fellowship; Christ City Church; Connections Church Dublin; 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.

"You've been in my life years now and you've really helped me so much along the way, I'd be lost without you. I'm forever grateful."



This annual report has been created using images from Freepik on
Flaticon.com.

ACET (AIDS Care Education & Training) Ireland CLG

50 Lower Gardiner Street

Dublin 1

Registered Charity No 20027810 — CHY 10732 — CRO 216398

Tel: 01 878 7700

Email: dublin@acet.ie

www.acet.ie

www.facebook.com/ACETIreland

Bank details:

Bank of Ireland O'Connell St.

Account # 60959790

Sort code: 90 00 33

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