



ACET News

Spring 2025



Migrant Plus project: supporting the integration of people from migrant backgrounds living in the Republic of Ireland for better health outcomes

A number of factors have a significant negative impact on the health of people from migrant backgrounds and our core work helps address some of them. We work with migrants (both individuals and groups or communities), providing information, including relaying public service messages, raising awareness, and equipping and empowering migrants towards better health. We interact with the target individual or groups through either physical or virtual meetings, whichever is considered practical and suitable in specific circumstances.

We also connect and attend meetings with service providers and policy makers (e.g. the Social Inclusion Working Group), speak at conferences, such as the Refugee and Migrant Network and Knowledge Exchange Seminar, to share our experience and views and voice our concerns related to the health of people from migrant backgrounds.

The project is also helping run a drug prevention initiative in conjunction with faith groups. While striving to integrate into the host society, migrant youths are adversely exposed to the risk of drugs abuse: there are even stories of some of them being involved in drug trafficking. This phenomenon needs to be tackled to mitigate its impact, otherwise the health and well-being of migrant youth may increasingly be compromised. The aforementioned initiative

Thank you for being part of our work!

We invite you to learn more about the work of Migrant Plus here and on page three. You can also read about the system for new referrals to our care work, an invitation from Positive Youth Project (*both page 2*) and some trustee news (*page 3*). A Matilda Project update on HIV medication, food packs and beautiful rain follows on page four.

is made up of a series of drug prevention workshops run by the Clondalkin Local Drug and Alcohol Drug Task Force to raise awareness and equip the target communities. The initiative is going well; Migrant Plus presented a case study related to it during the second Refugee and Migrant Health Networking and Knowledge Exchange Seminar at the University of Limerick.

— **Yvon Luky, Migrant Plus**



Yvon Luky, right, presenting the case study in Limerick' and (left) participants in a drug prevention workshop in Clondalkin.





New Referrals: ACET Care Work

This first quarter we have been engaging with new referrals for the care work, something that we spent time redefining and reflecting on last year, assessing how our service offers support to those living with HIV in Dublin.

Often referrals come from medical settings, such as a medical social worker, or community-based organisations like a respite service. Other times people self-refer. There is a continued need for ACET's care support, including amongst these clinic and community services — highlighting the importance of making services aware of our existence and what we have to offer, especially to individuals who have very little to no support in managing their health and HIV-related needs.

Specific supports from the ACET care team include:

- assisting an individual with HIV medication adherence
- clinic and hospital appointment accompaniment
- helping to navigate personal health concerns within medical and community links
- offering emotional support for the whole self

The care team will typically arrange to meet the new individual in their home or a safe, private place like a cafe or community space. This gives the team a chance to put a face to the name on the form, see if ACET is the right service for them at this time and start to build a relationship of safety and trust. Collaboratively, a care plan is put in place and if they are happy to continue engaging, the practical and emotional supports can begin. **Each new relationship works dynamically, with a different starting point for each individual, allowing for flexibility and an organically grown relationship of mutuality.**

Some of the current issues for people we support include:

- health inclusion and management
- ageing with HIV
- concerns around HIV stigma
- accommodation challenges
- addiction recovery
- medication adherence and access
- engagement with further community supports
- isolation



One of the most valuable supports we can offer is a non-judgemental listening space whether it is on the phone, over a cup of tea at their table, or the accompaniment to a hospital appointment.

To find out more about what our Care Team offers or how to make a referral, click here for referral information and the referral form.

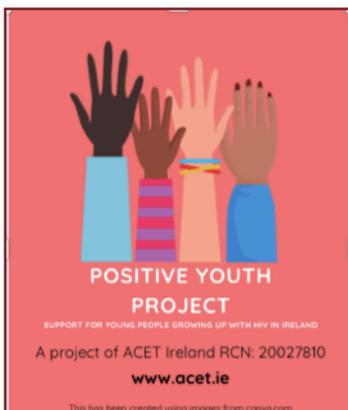
— **Hansi Chisnall, family support worker**

Hands Up! Who Wants to Join the Positive Youth Project as a Volunteer Befriender?

We are on the lookout for enthusiastic individuals from all walks of life. While it's not a requirement, we encourage and support those with lived experience or who have been affected by HIV to apply. Your unique perspective could inspire and empower young people while also shaping the future of our project.

Volunteers will be expected to meet with young people monthly and participate in peer meet-up events two to three times a year.

For more information or an application form, please contact Aishling on 083 372 4025 or email aishling@acet.ie.



Welcome to our Spring newsletter: Here you will find stories of how our work is impacting people at home and abroad. They illustrate how your support is making a difference in the lives of hundreds of people across our projects.

As many of our readers will know, HIV medication has made extraordinary advances over the past couple of decades. It can reduce the viral load in the body to a place where it is undetectable. That means the virus will also be untransmittable and we can start talking in terms of the “end of HIV.” However, as Wendy Phillips’ Matilda Project update on page four starkly reminds us, that reality is deeply precarious. One political decision can profoundly change the availability of the medication. Even if that does not come to pass in Zimbabwe, the prevailing uncertainty and the cuts of USAID funding to public health initiatives across many countries will have an indirect impact on HIV-related health.

Closer to home, similar principles apply. Systemic and structural realities such as poor housing, racism and poverty can all impact medication adherence. **Just like the USAID cuts, a single decision by an individual, a government or a local body can profoundly change circumstances and impact health.** In each of our projects our staff and volunteers are providing the sort of support that anticipates and adapts to this reality. By centring our work on the relationships we form with people rather than the impact we bring to them, we paradoxically get to witness the difference such support can make.

— *Richard Carson, ACET CEO*

Trustee News

At the end of 2024, we said goodbye to Dr. Sam McConkey who served as an ACET trustee since 2007 and faithfully chaired our board since 2012. We appreciate Sam’s wisdom, guidance and generous spirit over these years: he gave so much time, energy and expertise to our work, especially through the Covid-19 pandemic when he was a prominent expert voice for not only us, but the nation. He continues his important roles, including with Royal College of Surgeons, where he is head of the Department of International Health and Tropical Medicine, and in Beaumont and Our Lady of Lourdes Hospitals as a consultant in General Medicine, Tropical Medicine and Infectious Diseases.



Dr. Eburn Joseph, who has been a trustee since early 2019, has stepped up as chair of the ACET board. Eburn is an intercultural consultant and lectures on race, migration, social policy and equality. She is director and founder of the Institute of Antiracism and Black Studies

and Special Rapporteur for the National Plan Against Racism. We appreciate Eburn’s wisdom and knowledge, and her willingness to take on this new role on the board.



Peer Support: Putting the Pieces Together

I came across a community puzzle with over a thousand pieces in my local library. It is set out in a space with a table and chair: people can come and do a bit of the puzzle and leave. I have seen young children working at this puzzle; I have seen middle aged and an elderly person add a piece or complete a border of the puzzle. I observed that different nationalities and races at different times have been slowly putting this huge and complex puzzle together.

I believe that it is God's heart for us to build our services making room for everyone and realising that every single contribution is necessary for the complete picture of the puzzle to be realised.

In my peer support work, I have met with clients from different nationalities this quarter. The meetings ranged from group work to one-on-one meetings. I served the clients by being with them, listening, signposting and praying with and for them.

— *Chipso Harper, Migrant Plus*



Matilda Project Update from Zimbabwe

The major concern at the moment is funding for Antiretroviral therapies (ART), with uncertainty about US funding.

Dr. Paul Thistle, a Canadian obstetric surgeon, who has worked all his life in Zimbabwe, says: “The logistics of HIV treatment is a God-sized problem. There are one million people on HIV treatment in Zimbabwe.” It is not simply the cost of the drugs, but the massive network of clinics and transportation to get the medicines to those whose lives depend on it.



In the area of Matobo District where our partner project led by Willard Ndlovu works, there are 642 people known to be Living with HIV taking ART. Sixty seven of these are under 18 years, and receive a food pack each month funded by Matilda.

Martha is 13 and has lived with her grandmother who has been her guardian since her parents died. Nhlanhla is 11, lives with his parents, and with HIV. He also has a heart defect which compounds the impact on his health. Both children collect a food pack each month.

Shelton will be 7 next month. He is a double orphan, another for whom Willard bought formula milk when his mother passed away.



Seventy six women, some of them teenagers, are being given a food pack each month until harvest in April. Both they and their babies were in need of extra nutrition. Their food packs consist of 10kg maize meal, 750ml cooking oil, 12 eggs, a jar of peanut butter, 1kg of dried beans and a head of cabbage. Cost is approximately \$20.



Mothers who are breast-feeding collecting food packs and baby clothes (bought at the street market in town, thanks to a specific gift). The three women kneeling in front are volunteers who are responsible to decide which of the women most needed food. Babies are tied to their mothers' backs with a towel.

Thanks to all who prayed for rains!! They didn't start till New Year but are continuing to date, and water reserves have been replenished, with some crops thriving.



ACET's 2025 AGM will be held on Tuesday, 27 May in The Exchange, Dublin 1 where we will launch our 2024 Annual Report. Contact the office if you would like to receive a copy; it will also be available to read on our website.

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Donations can also be made on www.acet.ie/give/ or through Paypal