

A total of 8 information stands were positioned at a variety of locations throughout the year, including third level colleges, shopping centres and street locations. A total of 61,733 interventions were recorded via leaflet, postcards, condom and red ribbon distribution, and one-to-one information/advice sought by the general public from on-site professional staff (for further details see Highlights of Additional DAA Activities 2004).

The Specialist Resource Library at DAA houses a vast range of information and epidemiological data on HIV/AIDS, Sexually Transmitted Infections (STI's), HBV/HCV, drug use, and related issues. A total of 109 individuals accessed this facility in 2004.

A HIV and Hepatitis C (HCV) training initiative funded by the North Inner City Drugs Task Force (NICDTF) commenced at Dublin AIDS Alliance in September 2004. This programme trains youth leaders primarily working in the NIC area and aims to update their skills and knowledge of HIV, HCV and STI prevention, while enabling them to promote safer sexual practises among young people in their communities.

One new full-time position was created in PET on receipt of funding from the NICDTF to provide a safer sexual negotiation skills course to vulnerable groups in the NIC area. The programme was successfully piloted in-house with the FASNET group in 2004, and will be rolled-out to the wider community in 2005.

To facilitate the growing demand for education around sexual health for young people, DAA successfully applied to the Dormant Accounts Fund to develop a peer education initiative. Dalliance is a youth peer education programme using forum theatre technique to engage young people in HIV, sexual health and drug awareness. This programme will commence in 2005.

FÁS AIDS Special Needs Education & Training Scheme

(FASNET)

FASNET is a pre-vocational training initiative that is sponsored by FÁS under the Community Employment Programme, and endorsed by the North Inner City Drugs Task Force (NICDTF). FASNET aims to support marginalised and educationally disadvantaged people who are living with or affected by HIV/AIDS and/or drug use. Operating from principles of empowerment and equality, the programme seeks to address social exclusion by affording participants the opportunity to avail of capacity building training and development opportunities that enable the expansion of life choices and facilitate access to positive social and community experiences.

Each participant attends for 19.5 hours per week over a two-year period, and learns from a broad-based syllabus with an emphasis on life skills. The programme has been successful in enabling progression through drug treatment, recovery, and/or the impact of living with a HIV+ diagnosis.

Participant Profile

While the vast majority of participants are resident in the north inner city, a smaller number are referred from drug treatment services citywide including Dublin 7, 8, and 11. Of the 12 participants involved in the programme in 2004, 3 (25%) were female and 9 (75%) were male. The age range was between 30 and 45 years.

The majority of participants experience difficulties with concentration, and have poor social, communication, and literacy skills. Low levels of self-esteem, poor self-image, low levels of educational attainment, lack of family support and compromised physical and mental health frequently impact to affect participants in terms of both their attendance and progression. In order to operate effectively, FASNET must be flexible enough to accommodate regular hospital visits and clinic appointments while coping with participant relapses into drug use.

Progression

Of the twelve participants engaged in the programme in 2004, four completed the Junior Certificate English and Maths with the Dublin Adult Learning Centre (DALC). The remaining eight participants studied the Junior Certificate syllabus for 2005. Two participants are working towards accessing further education at third level and one participant is working towards an apprenticeship. The remaining nine are focusing on personal and skills development through capacity building measures and on successful completion participants will gain FETAC accreditation in communication, drama, personal and interpersonal skills. Participants also completed a one year introductory course in computers. All 12 participants remain on the FASNET programme for additional support/mentoring provided by the FASNET Supervisor and support team. One new participant was recruited in January 2004 and integrated into the existing group.

Highlights - Additional DAA Activities 2004

In February 2004, DAA was the Irish civil society representative at the Ministerial Conference, **Breaking the Barriers – Partnership to Fight HIV/AIDS in Europe and Central Asia**. DAA was appointed and funded by Development Co-operation Ireland, Department of Foreign Affairs, to co-ordinate Irish NGO involvement in the consultation process for drafting the Dublin Declaration, while also co-ordinating NGO involvement in Ireland and throughout Europe in the conference and associated events. DAA delivered a paper outlining Ireland's partnership approach to strategy and services development at the Partnership Workshop, which may be viewed on our website, www.dublinaidalliance.com.

On **Irish AIDS Day, 15th June 2004**, DAA in partnership with Concern launched **Positive Youth**, a peer education video and information pack, which engaged young people in Ireland and Zambia in the national and global HIV/AIDS debate. Young people from throughout Ireland, North and South, and young people in Zambia talk openly and frankly about HIV and associated issues. An Taoiseach, Bertie Ahern endorsed the initiative at an assembly at Government Buildings on 14th June where he met some of the young people involved in the initiative (see front cover). This programme has been greeted with considerable interest from the Department of Education & Science, who has invited schools to adopt the programme for students within the appropriate age range. Furthermore, both Concern and DAA have distributed the video and information pack to a wide range of youth groups, schools and colleges nationwide. The initiative was sponsored by Development Co-operation Ireland, and is available from both DAA and Concern.

A number of initiatives were organised to mark **Irish AIDS Day on June 15th** that included a media campaign aimed at national and local media, the distribution of 10,000 postcards (designed specifically to promote Irish AIDS Day), the redesign and launch of the DAA website, and information stands on O'Connell Street and Grafton Street. An **Art4AIDS** auction held later that evening raised €16,000 for DAA.

On **1st December 2004, World AIDS Day**, DAA teamed up with Dochas and involved the Tanaiste and Minister for Health & Children, Mary Harney, Nora Owen, and Grainne Seoige from SKY News among others, in an event to raise awareness of twenty million women worldwide living with HIV/AIDS. In order to heighten awareness, the campaign was extended to the streets where 15,000 promotional postcards, condoms, red ribbons and sexual health information was distributed. Furthermore, DAA was requested by Development Co-operation Ireland to submit an article focusing on the factors rendering women more vulnerable to HIV in Ireland for a nationwide publication distributed by Independent Newspapers on 1st December 2004, which may be viewed at www.dublinaidalliance.com.

Following seventeen years in operation, DAA conducted an extensive review of its services, the operating environment and changes in HIV both nationally and globally in September 2004. Following an extensive request for tender and selection process, Farrell, Grant, Sparks (FGS) was hired to conduct the review. This process was kindly funded by the HSE Northern Region, and will form the basis of DAA's strategic plan 2006-2008.

Acknowledgements

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Executive Director: Ann Nolan

Administration: Susan Donlon (Office Manager from December 2004), Terry Taylor (Administrator & Senior FAS Supervisor up to November 2004), Patricia Dillon-Killeen, Ailish McCarthy, Leanne Smithers, Jessica Bruton, Deborah Eustace, Michelle McCormack, Eunice Macken, Ellen Conway, Rachel Proudfoot

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DAA would like to dedicate Annual Report 2004 to our colleague, friend and Director, Tommy Larkin who died on 19th January 2004.

Front Cover Photograph: Danny Rowan, Concern.

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Dublin AIDS Alliance (DAA) Ltd.
Annual Report 2004

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Background

Dublin AIDS Alliance (DAA) is a registered charity operating at local, national and European level. The principal aims of the organisation are to improve, through a range of support services, conditions for people living with HIV/AIDS and/or Hepatitis, their families and caregivers, while further promoting sexual health in the general population. Since 1987, DAA has been pioneering services in sexual health education and promotion, and has consistently engaged in lobbying and campaigning in the promotion of human rights.

DAA is acutely aware of the cultural and economic barriers that can affect life choices, rendering both men and women more vulnerable to HIV. Our support, prevention, education and training programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practises. While supporting service users around the choices available, DAA's approach broadly reflects a harm minimisation model, which emphasises practical rather than idealised goals.

DAA's individual and group interventions are at all times age appropriate, and sensitive to the psychosocial needs, learning abilities and life experiences of our clients. We operate under an ethos of equality and are committed to making a positive contribution towards a humane and just society. DAA strives to ensure an environment that promotes equal opportunity and prohibits discrimination, while further enabling our staff, volunteers and service users to experience dignity and respect at all times.

DAA represents voluntary sector organisations operating in the Dublin region on the National AIDS Strategy Committee (NASC), and is affiliated to the Irish National Organisation of the Unemployed (INO); the Irish Social Policy Association (ISPA); the European Council of AIDS Service Organisations (ECASO); the Irish AIDS and Mobility Network (IAMN); the HIV Services Network (HSN); the Gay Health Network (GHN), and the Outreach Workers Forum (OWF).

Dublin AIDS Alliance objectives include:

- Through a range of outreach and in-house services, to support those living with and affected by HIV/AIDS.
- To confront the irrationality of stigma and discrimination associated with HIV/AIDS.
- To increase public awareness through the promotion and provision of HIV prevention, drug use and sexual health education.
- To influence policy through partnership and active campaigning for the development of sexual health services in Ireland.
- To work in partnership to achieve the aims and objectives of our organisation, while maximising positive outcomes for our service users.

Service Category	Number of Individuals Accessing Services 2004	Number of Interventions 2004
Community Support Programme	764	2,921
Prevention, Education & Training Programme	889	889
Library Users	109	109
Public Access Information Stands 2004 (Total: 8)	-	61,733
FASNET – Prevocational Training Initiative	12	-
TOTAL	1,774	65,652

Foreword

The Board of DAA is pleased to present its Annual Report for 2004. During the year, DAA has continued its longstanding commitment to delivering relevant quality services to our clients, both through direct support to people living with HIV and through raising awareness of HIV and related issues. In the Community Support Programme, a total of 764 clients accessed services in 2004 through 2,921 interventions. Prevention, Education & Training, through innovative participatory initiatives, ensured maximum awareness of HIV among both target populations and the general public, recording a 127% increase in the number of interventions when compared with 2003.

During 2004 DAA has also continued its work in influencing both regional and national policy in relation to HIV and in highlighting and campaigning on key issues. It continues to be a key part of DAA's brief to ensure that the issue of HIV/AIDS is kept on the public and political agenda.

Our work would not be possible without the continued support of our funders in the HSE Northern Area and FÁS. Funding from the North Inner City Drugs Task Force and the Dormant Accounts Fund has enabled us to develop pilot initiatives, which will continue to enhance our services to clients into the future.

On behalf of the Board, I would like to express our sincere thanks to all the staff of DAA for their ongoing commitment to our work and this Annual Report outlines their achievements during 2004. The report also highlights some of the key issues and ongoing challenges that face all of us in our work in the area of HIV. I would also like to thank my fellow Board members for their contributions during the year and their ongoing dedication and enthusiasm for the work of DAA.

ANNA QUIGLEY
Chairperson

Our work at Dublin AIDS Alliance was shaped by a number of key events and debates that emerged in 2004. Ireland's presidency of the E.U. sought to place HIV/AIDS firmly on the political agenda in Europe through the signing of the Dublin Declaration at the "Breaking the Barriers – Partnership to Fight HIV/AIDS in Europe and Central Asia". As the Irish civil society delegate to the conference, Dublin AIDS Alliance delivered a presentation on civil society's collaborative initiatives with the State in the development of HIV/AIDS strategies and services in Ireland. We believe that despite the challenges, it has been our experience that partnership initiatives are infinitely preferable to proscribed measures and civil society in Ireland has both contributed to and benefited from working in partnership with the State. However, managing and maintaining that relationship requires commitment from both sectors, and we serve to undermine the principle when participation becomes synonymous with mere consultation.

We share a mutual vision; that of reducing the number of people testing HIV+ in Ireland, and for the first time in many years the number of people testing HIV+ decreased by 11% in 2004. While welcome, any downward trend should be interpreted with caution given that there has been a 174% increase in reported Sexually Transmitted Infections (STIs) between 1994 and 2003 and 73% of those were reported among people below the age of thirty years. Furthermore, sexually transmitted HIV accounted for 67% of all cases reported in 2004 and 74% of cases in the previous year, underscoring the relationship between rising incidences of STIs and HIV. If we are to continue to reduce the number of people testing HIV+ in Ireland in subsequent years, we need to interpret the signals that suggest a future increase in HIV, concentrate our resources and share our skills. Dublin AIDS Alliance will neither reduce nor eliminate HIV as a stand alone agency; we can however deliver something better through meaningful partnerships with other NGOs and the state, and this approach is central to our ethos.

There has never been a more critical time to work together; the criminalisation of HIV in the UK and throughout Europe renders HIV+ people responsible for transmission even in cases where both parties have consented to participate in unprotected and therefore risky sex. In such an environment, the pressure to disclose one's status is paramount but how is that possible when the stigma and discrimination experienced by HIV+ people continues unabated? How are we to tackle the reality that in Ireland and throughout Europe, HIV+ people are being deported back to areas of the world where HIV is endemic and where treatment options are limited at best? How can we ensure that our Government responds to the call from UNAIDS to redirect investment in prevention strategies and meets its commitments under the Dublin Declaration? The solutions exist, and Dublin AIDS Alliance is committed to finding them through dialogue and participation in 2005 and beyond.

ANN NOLAN
Executive Director

Community Support Programme

The Community Support Programme at DAA provides for the information and support needs of HIV+ people, their families and caregivers. Additionally, this programme facilitates access via Street Outreach to testing and treatment for those who may be at risk of HIV or Hepatitis transmission. Experienced and highly qualified staff, with whom both health care and other professionals seek consultation and advice relating to HIV, deliver this long established programme.

Statistical analysis of services provided by this programme between January and December 2004 is outlined below.

Numbers Accessing Community Support Services

A total of 764 clients accessed the services of Community Support in 2004, of which 380 were HIV positive (see Table 1.0). Notwithstanding staff shortages in the Community Support department, there was an overall increase in the number of interventions recorded in 2004 when compared with the previous year. Interventions increased by 9.2% when compared with 2003, averaging 6 per HIV positive client, while overall interventions recorded with carers, street outreach, the general public and professionals totalled 2,921 (see Tables 1.1 and 1.2).

Table 1.0 – Number of Service Users 2003 & 2004

	Male 2003	Female 2003	Total 2003	Male 2004	Female 2004	Total 2004
HIV + Clients	275	137	412	256	124	380
Carer's/Significant others	17	31	48	19	35	54
General Public	87	84	171	48	68	116
Street Outreach	207	128	335	70	72	142
Professionals ¹	n/a	n/a	158	n/a	n/a	72
TOTAL	-	-	1,124	-	-	764

¹Gender breakdown not available for this category of service user

Table 1.1 – Number and Category of Interventions for HIV+ Clients 2004

Category of Interventions ²	Adv/Med	H/HV	Welf	Pris	Fin	Legl	1-2-1	Coun	Health	Train	Drop in	TOTAL
Female	202	72	122	0	85	79	183	8	147	59	51	1,008
Male	280	78	187	13	62	35	179	103	182	69	73	1,261
TOTAL	482	150	309	13	147	114	362	111	329	128	124	2,269

² Average Number of Interventions per HIV+ Client = 5.97

³ Adv/Med = Advocacy & Mediation; H/HV = Hospital/Home Visits; Welf = Welfare Information; Pris = Prison Visits; Fin = Financial Assistance; Leg = Legal Assistance; 1-2-1 = One-to-One Support; Couns = Counselling Services; Health=Health Information; Train=Training or Employment Information.

Table 1.2 – Number of Interventions per Other Category of Clients 2004

	Female	Male	TOTAL
Carers	91	56	147
Street Outreach	72	70	142
General Public	83	104	187
Professionals	n/a	n/a	176
TOTAL	-	-	652

Type of Service

Specifically in relation to support services, the Advocacy/Mediation strand was the most frequently utilised. Of the 2,269 interventions made on behalf of HIV+ clients, 21.2% (n=482) were in this category (see Table 1.1), with the majority of these in relation to housing needs.

One-to-One support constituted the second most utilised service in 2004, accounting for 16% (n=362) of all client interventions. Hospital and home visits facilitate the needs of clients who may be unable to access the services of Community Support. In 2004, 150 visits were undertaken, which frequently resulted in client requests for practical, advocacy/mediation, or legal assistance.

In 2004 Community Support staff were pro-active in ensuring that HIV+ clients had access to appropriate health information including safer injecting practices, sexual health and a working knowledge of HIV and/or HBV/HCV as appropriate. A total of 329 HIV+ clients availed of this service.

Requests for information on welfare and entitlements increased by 86% (n=309) in 2004, from 166 in 2003. Almost one third of welfare interventions were as a result of HIV+ clients accessing the service abroad by e-mail or telephone.

HIV+ Client Profile

Of the 380 HIV+ persons accessing the services of Community Support in 2004, 67% were male, and 33% were female. Almost 23% identified as Lesbian, Gay or Bisexual and 26% identified as Heterosexual (see Table 1.3). One hundred and ninety four HIV+ clients did not disclose their sexual orientation. In 2003, 40.2% of Community Support client base identified as Drug Users (DUs), while in 2004 only 37.8% identified as DUs (see Table 1.4).

Table 1.3 – HIV+ Clients by Gender and Sexual Orientation³ 2004

	Lesbian	Gay	Bi-sex	Hetero	Orientation Not Disclosed	TOTAL
Female	1	-	1	45	77	124
Male	-	82	4	53	117	256
TOTAL	1 (0.2%)	82 (21.5%)	5 (1.3%)	98 (26%)	194 (51%)	380 (100%)

³Self Identified

Table 1.4 - HIV+ Clients by Drug Use⁴ 2004

	Non Drug Use	Heroin	Meth	Meth and Heroin	Meth and Cocaine	Crack	Meth and Crack	Meth Heroin Cocaine/ Crack	Other Amphet	Not Known	TOTAL
Female	42	2	17	7	14	1	1	2	-	38	124
Male	74	3	39	27	23	1	3	1	3	82	256
TOTAL	116	5	56	34	37	2	4	3	3	120	380

⁴Self-identified

The majority of HIV+ clients attending services were aged between 26 and 46 years (47.6%), however a significant proportion, 46.5% (n=177) did not disclose their age (see Table 1.5).

Table 1.5 – HIV+ Clients by Gender and Age Band 2004

Years	0-16	17-20	21-25	26-30	31-35	36-40	41-46	47+	Unknown	TOTAL
Female	-	-	8	14	20	15	10	1	56	124
Male	1	-	4	8	27	47	40	8	121	256
TOTAL	1	-	12	22	47	62	50	9	177	380

The number of Injecting Drug Users living with Hepatitis C (HCV) is thought to be in the region of 85 to 90% (Smyth, R et al 1995,1998,1999, Alwright et al 2000). In 2004, 115 or 30.2% of HIV+ clients accessing DAA services were co-infected with HCV (see Table 1.6).

Table 1.6 – Number of HIV+ Clients Known to be Co-infected with Hepatitis C 2004

	Female	Male	TOTAL
HIV+ & HCV+	33	82	115 (30.2%)

¹TOTAL = Accumulated Male & Female HIV+ Clients. % figure is calculated against 380 HIV+ Clients in 2004.

The number of HIV+ non-Irish Nationals accessing Community Support services increased from 104 in 2003 to 129 in 2004, representing 33.9% of overall client access in 2004. Awareness of DAA's services is increasing among ethnic minority communities living with or affected by HIV through street outreach programmes or inter-agency referral. The Community Support team have developed innovative ways of engaging diverse communities in HIV secondary prevention and sexual health promotion, which will be further developed in 2005.

Client Profile - Other

The number of carers/significant others accessing support and information services increased significantly from 48 in 2003 to 54 in 2004. However, there was a drop in the numbers engaged in services through the street outreach programme from 335 in 2003 to 142 in 2004 (see Table 1.0). This was largely resulting from decreased resource capacity in the Community Support department for five months of the year.

Interventions with the general public, which range from queries regarding HIV risk factors and harm reduction to requests for pre-test counselling decreased from 213 in 2003 to 187 in 2004 (see Table 1.2). The number of professionals accessing Community Support services decreased from 158 in 2003 to 72 in 2004 (see Table 1.0). These interventions do not include mutual client consultations but rather sector professionals seeking personal support or non-sector professionals e.g. teachers, social workers, community leaders etc. requiring information or advice about particular HIV/drugs related situations.

Prevention, Education & Training (PET) Programme

The Prevention, Education and Training (PET) Programme provides targeted HIV prevention and sexual health promotion initiatives, while combating the prejudice, stigma and discrimination associated with HIV/AIDS through experiential workshops.

Raising public awareness about issues of social exclusion, marginalisation, HIV, HBV/HCV, sexual health and drug user prejudice is an important part of our work. Consequently, training and education initiatives, while focusing particularly on HIV/Hepatitis prevention and sexual health promotion further encompass a broad range of issues that endeavour to facilitate attitudinal and behavioural change among participants. Our prevention, education and training programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practises. PET's individual and group interventions are at all times age appropriate, and sensitive to the psychosocial needs, learning abilities and life experiences of our clients.

Client Profile 2004

Notwithstanding reduced capacity in 2004, resulting from staff changeover and the length of time involved in both the recruitment and induction processes, the PET Programme delivered a total of 45 workshops to 889 individuals (see Tables 2.0 & 2.1).

Table 2.0 – Prevention, Education & Training Sessions 2004

	Schools	Colleges	NGO's	Statutory	Private	TOTAL
January	-	-	1	-	-	1
February	-	1	2	-	2	5
March	-	-	4	1	-	5
April	-	-	3	-	-	3
May	-	-	2	1	-	3
June	-	-	-	-	-	0
July	-	-	2	-	-	2
August	-	-	4	-	-	4
September	-	1	7	-	-	8
October	-	1	5	2	-	8
November	1	-	3	2	-	6
December	-	-	-	-	-	0
TOTAL	1	3	33	6	2	45

Table 2.1 – Number of Individual Participants 2004

	Schools	Colleges	NGO's	Statutory	Private	TOTAL
January	-	-	24	-	-	24
February	-	5	38	-	54	97
March	-	-	104	16	-	120
April	-	-	26	-	-	26
May	-	-	25	20	-	45
June	-	-	-	-	-	-
July	-	-	38	-	-	38
August	-	-	55	-	-	55
September	-	100	114	-	-	214
October	-	40	63	25	-	128
November	60	-	62	20	-	142
December	-	-	-	-	-	0
TOTAL	60	145	549	81	54	889

NGO's including Merchants Quay, Open Heart House and Cabra Resource Centre constituted the highest category, 73% (n=33), availing of HIV, HCV, Sexual Health and Drug Awareness workshops. Training requirements in these agencies focused primarily on staff information needs as part of continuous learning and professional development.

Eighteen per cent of training sessions were delivered to Statutory and Private Sector organisations including the VHI, North Inner City Partnership and the City of Dublin Youth Services Board, availing primarily of HIV awareness training.

The gender breakdown of participants engaging in sessions with DAA is demonstrated in Table 2.2; 65% (n =575) were female and 35% (n = 314) were male, which is similar to data recorded in both 2003 and 2002.

Table 2.2 – Individual Participants by Gender 2004

	Schools	Colleges	NGO's	Statutory	Private	TOTAL
Female	-	77 (9%)	417 (47%)	54 (6%)	27 (3%)	575 (65%)
Male	60 (6%)	68 (8%)	132 (15%)	27 (3%)	27 (3%)	314 (35%)
TOTAL	60	145	549	81	54	889