



Dublin AIDS Alliance (DAA) Ltd. Annual Report 2005



do you wear... beer goggles?

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 (INOUE); 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); Gay Health Network (GHN), and the Outreach Workers Forum (OWF).

Our Mission

Working to improve conditions for people living with HIV/AIDS, their families and caregivers, while actively promoting HIV and sexual health awareness in the general population.

Our Vision

To contribute to a reduction in the prevalence of HIV in Ireland.

Organisational Objectives

- To support those living with and affected by HIV/AIDS.
- To confront the stigma and discrimination associated with HIV/AIDS.
- To increase public awareness through the promotion of HIV and sexual health education.
- To influence policy through partnership and active campaigning.



Chairperson's Foreword

The Board of DAA is pleased to present its Annual Report for 2005. 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, 2005 saw a significant increase of 42% from the previous year in the number of clients accessing services, with a total of 1,088 clients through 2,734 interventions. With the help of the MACAIDS Fund, the Community Support Programme commenced a unique initiative which seeks to engage ethnic minority communities living in Ireland in the development of culturally specific safer sex and HIV prevention messages. This programme will continue into 2006. Prevention, Education & Training (PET) experienced an even greater increase of 280% on 2004 figures, with a total of 171 workshops delivered to 2,416 individuals. PET continued to develop new and innovative approaches to HIV prevention and sexual health promotion throughout 2005 including a unique initiative we've called Dalliance that engages young people in a peer education process using forum theatre techniques. Through Dalliance and other innovative participatory initiatives, PET continued to work for maximum awareness of HIV among both target populations and the general public.

Overall, the number of individuals accessing the services of DAA in 2005 increased by 98%, from 1,774 in 2004 to 3,513 in 2005 and the number of interventions increased by 152% from 65,652 to 165,634 in 2005. These figures indicate the extent of need for the range of services provided by DAA and also reflects positively on DAA's ongoing commitment to maintaining relevant and accessible services for all of its client groups.

During 2005 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, the Dormant Accounts Fund, the MAC AIDS Fund and Durex 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 2005. 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

Executive Director's Foreword

In 2005, Dublin AIDS Alliance made young people the focus of our Irish AIDS Day and World AIDS Day campaigns. We know through our work with young people that a high level of complacency characterises their attitudes to HIV/AIDS as they have grown up post the huge media visibility of the eighties and early nineties; consequently according to the recent UNAIDS/WHO Global Report 2005, there are clear signs in many European countries of a resurgence in risky sexual behaviour. Throughout Europe, youth vulnerability to HIV and other Sexually Transmitted Infections (STI's) is a major cause for concern, and globally almost 50% of the 14,000 new cases of HIV reported daily are diagnosed in persons aged between 15 and 24 years. Between 1994 and 2004 there has been a 313% increase in the number of STI's reported annually in Ireland, and the most recent report from the Health Protection Surveillance Centre showed a 12% increase between 2003 and 2004; 67% of cases were below the age of 30 years. It is widely accepted that increases in STI's in any given society can herald a future increase in HIV, and sexual transmission of HIV is now the most dominant mode of transmission in Ireland and throughout Central Europe. Studies conducted among young people in Ireland reveal however that perception of risk for either HIV or STIs is low and concern remains largely focused on fear of unplanned pregnancy, while condom use is inconsistent if at all.

The World Health Organisation has recently defined sexual health as, "...a state of physical, emotional, mental and social well-being...Sexual health requires a positive and respectful approach to sexuality and sexual relationships; as well as the possibility of having pleasurable and safe sexual experiences..." As a result of funding made available by the HSE under the National AIDS Strategy, Dublin AIDS Alliance and the Red Ribbon Project posited that concept at the core of our "Do you choose it?" World AIDS Day campaign. This initiative posed questions about sexual pleasure to enable open discourse about sex and ultimately safer sex among the target 18 to 35 year old sexually active population. The subsequent evaluation revealed a high level of support and appeal for our approach which shifted the focus from traditional "disease prevention" towards promotion of the positive aspects of sexual health in the context of sexual pleasure and overall wellbeing.

"Do you choose it?" was however just one small step towards ensuring more positive sexual health outcomes for everybody in Ireland. Reflecting the call by UNAIDS and the World Health Organisation, Dublin AIDS Alliance lobbied the Irish Government on both Irish AIDS Day and World AIDS Day to intensify prevention efforts nationally. Furthermore, we are not alone in

acknowledging that the absence of a National Sexual Health Strategy stymies any real progress in terms of sexual health in Ireland. Aspects of sexual health are covered by so many strategies including, the National AIDS Strategy, the Crisis Pregnancy Strategy, "Youth as a Resource" and the National Health Promotion Strategy, a review of which in early 2005 highlighted the need for an increased emphasis on sexual health in the next five year phase. Because the focus of many of the aforementioned strategies is not specifically sexual health, programme development tends to fall between the cracks of too many agendas. The result is a piecemeal response to an aspect of health of increasing concern in an Irish context. We have a responsibility to ensure positive sexual health outcomes for young people and we won't achieve that unless we intensify prevention efforts and enable a comprehensive response to sexual health in Ireland. The Dublin AIDS Alliance Strategic Plan 2006-2008 recognises that success in the fight against HIV/AIDS is linked to the challenges posed by other sexually transmitted infections; consequently, our strategic direction reflects our commitment to sexual health promotion and the advancement of positive sexual health outcomes over the next three years.

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 2005 is outlined below.

Numbers Accessing Community Support Services

A total of 1,088 clients accessed the services of Community Support in 2005, an increase of 42% on the previous year. 314 were HIV positive (see Table 1.0), with 1,345 interventions in total, averaging at just over 4 per HIV positive client (see Table 1.1). Overall interventions recorded with carers, street outreach, the general public and professionals totalled 2,734 (see Tables 1.1 and 1.2).

Table 1.0 – Number of Service Users 2004 & 2005

	Male 2004	Female 2004	Total 2004	Male 2005	Female 2005	TOTAL 2005
HIV+ Clients	256	124	380	202	112	314
Carers/Significant others	19	35	54	11	22	33
General Public	48	68	116	146	53	199
Street Outreach	70	72	142	189	271	460
Professionals ¹	n/a	n/a	72	n/a	n/a	82
TOTAL			764			1,088

Table 1.1 – Number and Category of Interventions for HIV+ Clients 2005

Category of Interventions ²	Adv/ Med	H/HV	Welf	Pris	Fin	Leg	1-2-1	Coun	Health	Train	Drop -In	TOTAL
Female	150	58	64	6	64	45	62	4	64	32	38	587
Male	181	70	84	4	59	31	92	109	47	30	51	758
TOTAL	331	128	148	10	123	76	154	113	111	62	89	1,345

Average Number of Interventions per HIV+ Client = 4.28

Table 1.2 – Number of Interventions per Other Category of Clients 2005

	Female	Male	TOTAL
Carers	56	30	86
Street Outreach	314	597	911
General Public	76	224	300
Professionals	n/a	n/a	92
TOTAL			1,389

Type of Service

Specifically in relation to support services, the Advocacy/Mediation strand was the most frequently utilised. Of the 1,345 interventions made on behalf of HIV+ clients, 25% (n=331) 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 2005, accounting for 11.4% (n=154) of all client interventions.

There were a total of 148 individual interventions in relation to requests for information on welfare and entitlements in 2005. This number reflected an increasing number of people living abroad who wish to return, or emigrate, to Ireland.

Hospital and home visits facilitate the needs of clients who may be unable to access the services of Community Support. In 2005, 128 visits were undertaken, which frequently resulted in client requests for practical, advocacy/mediation, or legal assistance.

HIV+ Client Profile

Of the 314 HIV+ persons accessing the services of Community Support in 2005, 64.3% were male, and 35.7% were female. 21% identified as Gay or Bisexual and 18.8% identified as Heterosexual (see Table 1.3). 188 HIV+ clients did not disclose their sexual orientation. In 2004, 37.8% of Community Support's client base identified as Drug Users (DUs), while in 2005 47.7% identified as DUs (see Table 1.4).

Table 1.3 – HIV+ Clients by Gender and Sexual Orientation³ 2005

	Gay	Bi-sex	Hetero	Orientation Not Disclosed	TOTAL
Female	0	0	36	76	112
Male	66	1	23	112	202
TOTAL	66 (21%)	1 (0.3%)	59 (18.8%)	188 (59.9%)	314 (100%)

Table 1.4 - HIV+ Clients by Drug Use⁴ 2005

	Non Drug Use	Cocaine	Meth	Meth And Heroin	Meth and Cocaine/ Crack	Other Amphet	Not Known	TOTAL
Female	31	1	17	6	9	1	47	112
Male	26	1	26	13	14	5	117	202
TOTAL	57	2	43	19	23	6	164	314

The majority of HIV+ clients attending services were aged between 36 and 40 years (14%), however a significant proportion, 57.3% (n=180) did not disclose their age (see Table 1.5).

Table 1.5 – HIV+ Clients by Gender and Age Band 2005

Years	0-16	17-20	21-25	26-30	31-35	36-40	41-46	47+	Unknown	TOTAL
Female	0	0	1	9	15	15	11	3	58	112
Male	1	0	3	7	9	29	26	5	122	202
TOTAL	1	0	4	16	24	44	37	8	180	314

Reflecting the overall decrease in the number of people testing HIV+ from areas of the world where HIV is endemic, HIV+ non-Irish Nationals accessing Community Support services decreased from 129 in 2004 to 109 in 2005. This group represents 34.7% of overall client access in 2005. Awareness of DAA's services is increasing among minority ethnic 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 2006.

Client Profile - Other

The number of carers/significant others accessing support and information services decreased from 54 in 2004 to 33 in 2005. However, there was a significant increase in the numbers engaged in services through the street outreach programme from 142 in 2004 to 460 in 2005 (see Table 1.0). This was due to increased outreach services among minority ethnic groups throughout the year by the Community Support team.

Interventions with the general public, which range from queries regarding HIV risk factors and harm reduction to requests for testing information and pre-test counselling increased from 187 in 2004 to 300 in 2005 (see Table 1.2). Forty-two per cent of these interventions relate to in-house condom distribution of which 69% were requests from minority ethnic groups.

The number of professionals accessing Community Support services increased from 72 in 2004 to 82 in 2005 (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.

¹ Gender breakdown not available for this category of service user.

² 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 Info.

³ Self Identified

⁴ Self Identified

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 informational and 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 2005

There was a significant increase in delivery of workshops by the PET Programme, from 45 workshops in 2004 to 171 workshops in 2005, an increase of 280%. These workshops were delivered to a total of 2,416 individuals (see Tables 2.0 & 2.1).

Table 2.0 – Prevention, Education & Training Sessions 2005

	Schools	Colleges	NGOs	Statutory	Total
January	1	-	3	-	4
February	-	-	14	-	14
March	1	2	6	-	9
April	3	-	11	6	20
May	1	1	10	14	26
June	-	-	7	-	7
July	-	-	5	2	7
August	-	-	4	-	4
September	-	1	14	2	17
October	1	3	20	2	26
November	1	-	18	7	26
December	-	1	8	2	11
TOTAL	8	8	120	35	171

Table 2.1 – Number of Individual Participants 2005

	Schools	Colleges	NGOs	Statutory	Total
January	55	-	29	-	84
February	-	-	149	-	149
March	55	150	64	-	269
April	83	-	89	72	244
May	25	12	124	157	318
June	-	-	76	-	76
July	-	-	35	45	80
August	-	-	46	-	46
September	-	100	138	37	275
October	37	79	212	19	347
November	45	-	214	72	331
December	-	100	89	8	197
TOTAL	300	441	1265	410	2,416

NGO's including Merchants Quay, Ana Liffey Project, Saol Project and Finglas Youth Resource Centre, constituted the highest category, 70% (n=120), availing of HIV, HCV, Sexual Health Awareness, Safer Sex Negotiations and Drug Awareness workshops. Training requirements in these agencies focused primarily on staff information needs as part of continuous learning and professional development.

21% (n=35) of training sessions were delivered to Statutory organisations including The Homeless Agency, CDYSB and the CYC, availing of HIV, STI (Sexually Transmitted Infections) and Sexual Health & Drug Use Training workshops. Nine per cent of sessions were delivered to schools and colleges availing primarily of HIV and STI awareness training.

The gender breakdown of participants engaging in sessions with DAA is demonstrated in Table 2.2; 66% (n = 1592) were female and 34% (n = 824) were male, which is similar to data recorded in both 2003 and 2004.

Table 2.2 – Individual Participants by Gender 2005

	Schools	Colleges	NGOs	Statutory	Total
Female	141 (6%)	267 (11%)	917 (38%)	267 (11%)	1,592 (66%)
Male	159 (7%)	174 (7%)	348 (14%)	143 (6%)	824 (34%)
TOTAL	300 (13%)	441 (18%)	1,265 (52%)	410 (17%)	2,416 (100%)

A total of 160,484 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, an increase of 160% when compared with 2004. These interventions include individuals who accessed the Specialist Resource Library at DAA during 2005, which houses a vast range of information and epidemiological data on HIV/AIDS, STIs, HBV/HCV, drug use, and related issues.

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. Four courses were completed in 2005 and our application for FETAC Level 5 accreditation in 2005 was successful.

One new part-time position was created in PET on receipt of funding from the Dormant Accounts Fund to facilitate a peer education programme. DAlliance is a youth peer education programme using forum theatre techniques to engage young people in HIV, sexual health and drug awareness (for further details see Highlights of Additional DAA Activities 2005).

A Safer Sexual Negotiation Skills training initiative funded by the NICDTF was successfully piloted in 2004 and various levels of the course were completed with eight community and youth groups during 2005. The course targets vulnerable groups in the NIC area, and primarily aims to provide 'at risk' individuals/groups with the skills necessary to make safer sexual choices, reducing primary and secondary HIV and STI transmission. A 'training-for-trainers' course was successfully piloted in 2005 and will be rolled-out to the wider community in 2006.

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 three-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 9 participants involved in the programme in 2005, 3 (33.3%) were female and 6 (66.6%) 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 9 participants engaged in the programme in 2005, five completed the Junior Certificate English with one participant completing the Leaving Certificate Maths & English with the Dublin Adult Learning Centre (DALC). Other training focused on personal and skills development through capacity building measures including communications training, drama, holistic therapy and creative writing. On completion, participants will gain FETAC accreditation in communications training. Seven participants remain on the FASNET programme for additional support/mentoring provided by the FASNET Supervisor and support team. One participant completed the scheme and progressed to further education.

Highlights - Additional DAA Activities 2005

On Irish AIDS Day, 15th June 2005, Dublin AIDS Alliance called on the Irish Government to put sexual health on the political agenda, to develop a National Health Strategy, while reinvesting in prevention and making condoms freely available in places where young people congregate. Campaign activities organised to mark the day included:

- Red Ribbons on sale in outlets in Dublin's city centre.
- A march from the Garden of Remembrance to Dáil Éireann.
- Political endorsement from Finian McGrath, T.D., Catherine Murphy, T.D., Michael D. Higgins, T.D., Liz McManus, T.D., Trevor Sargent, T.D., John Gormley, T.D., Fiona O'Malley, T.D., Joe Costello, T.D.
- Distribution of condoms, sponsored by Durex.

For World AIDS Day 2005, DAA launched a joint sexual health campaign with Red Ribbon Project Limerick, which aimed to enable safer sexual negotiation among 18 to 35 year olds. "Do you choose it?" posed questions to promote dialogue and increase awareness of HIV and other Sexually Transmitted Infections (STIs). The campaign was kindly funded by the HSE under the National AIDS Strategy and evaluation revealed a high level of support and appeal for our approach which shifted the focus from traditional "disease prevention" towards promotion of the positive aspects of sexual health in the context of sexual pleasure and overall wellbeing.

A new project commenced in November 2005 to develop an understanding of the sexual health/drug use information needs and HIV prevention messages most accessible and appropriate to ethnic minorities living in Ireland. The information acquired through this process will shape service development targeted at new communities living in Ireland. This project is kindly funded by the MAC AIDS Fund and will be ongoing throughout 2006.

Following an extensive review of DAA services by Farrell, Grant, Sparks in late 2004, the final report was completed and submitted in March 2005. One of the key recommendations arising from the review was the requirement for future strategic direction. In light of this, a Strategic Plan was completed in 2005 which includes annual work programmes for 2006 – 2008.

The Dublin AIDS Alliance Peer Education Project ('DAlliance') commenced in June 2005 and aims to introduce young people to sexual health issues through drama. The project will last for sixteen months and is kindly funded by the Dormant Accounts Fund. Thirty three workshops will be delivered and an outreach programme for the participants to engage their peers through drama and dialogue around safer practices in the context of HIV, sexual health and drug use.

As the Dublin-based NGO representative on NASC, DAA is involved in the subcommittee review group exploring the proposal to make HIV a notifiable disease in Ireland. The work of this group is ongoing.

Acknowledgements

Dublin AIDS Alliance would like to express sincere thanks and appreciation to all who worked with and supported our organisation throughout 2005.

The Director's holding office during the year were: Anna Quigley (Chairperson), Mairéad Lyons, Stephen Rourke, David Ellis, Paul Quigley, Tendai Madondo, Maeve Foreman, Declan Montgomery, and John Eardly.

Executive Director: Ann Nolan

Administration: Susan Donlon (Office Manager), Martin Ade-Onojobi (CE Supervisor), Patricia Dillon-Killeen, Leanne Smithers, Jessica Bruton, Deborah Eustace, Eunice Macken Ellen Conway

Community Support Programme: Erin Nugent (Co-ordinator), Lara Gallagher, Lily Hyland, Richard Boyle, Edwina Fitzpatrick

Prevention Education & Training Programme: Derek McDonnell (Co-ordinator), Nicola Gill, Melanie Cunningham, Vanessa Fielding, Celine Griffin, Danielle Taliencio

FASNET Programme: Bernadette Black (Supervisor), Edel Purdy

Our express thanks to our principle funders...

Health Service Executive, Northern Area and FÁS, Jervis St.

...and additional organisations and individuals for their support in 2005

North Inner City Drugs Task Force, Pobal (Dormant Accounts), MAC AIDS Fund, Health Promotion Unit, Department of Health & Children, Durex/Myriad Public Relations Ltd., Robert Chambers, FBD Insurance plc., Civil Service Charities Fund, The Arts Council, Royal College of Surgeons Dublin Airport, DCU Students Union, NUI Maynooth, Colaiste Choilm, Swords, Jobstown Assisting Drug Dependency, St. Declan's Community College, Waterford, St. Dominic's High School, Sutton, J. Doyle, J. McGillycuddy, O. Kelly, N. Hill, J. Nilsen, C. O'Neill, C. Johnston, E. Rooney, Eddie McGuinness, Frances Keane, Finian McGrath, T.D., Catherine Murphy, T.D., Michael D. Higgins, T.D., Liz McManus, T.D., Trevor Sargent, T.D., John Gormley, T.D., Fiona O'Malley, T.D., Joe Costello, T.D., Form, for their commitment to the WAD campaign, Montague Communications.

DAA would like to extend a special thanks to Mary Coughlan and Gráinne Seoige for launching DAA initiatives during 2005 and for supporting our work.

Dublin AIDS Alliance (DAA) Ltd. 53 Parnell Square West, Dublin 1.

T: 353 1 873 3799 **F:** 353 1 873 3174

E: info@dublinaidalliance.com **W:** www.dublinaidalliance.com