



Dublin AIDS Alliance

ANNUAL REPORT 2009



Background

Dublin AIDS Alliance (DAA) is a registered charity operating at local, national and European level. The principal aim of the organisation is to improve, through a range of support services, conditions for people living with HIV and AIDS and/or hepatitis, their families and their 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 practices. While supporting service users on the choices available, DAA's approach broadly reflects a harm reduction 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 is a voluntary, non-profit organisation, linked to various local and national networks. DAA is the non-governmental organisation (NGO) representative for the eastern region on the National AIDS Strategy Committee (NASC) and its Education and Prevention Subcommittee. DAA is a member of the HIV Services Network (HSN), the Prevention and Education Committee of the National Advisory Committee on Drugs (NACD), the Irish Association of Alcohol and Addiction Counsellors (IAAAC), the Gay Health Network (GHN), the Drugs Education Workers' Forum (DEWF), Sex Workers Alliance Ireland (SWAI), and the Prevention and Education Subcommittee and the Treatment and Rehabilitation Subcommittee of the North Inner City Drugs Task Force (NICDTF).

DAA is also a FETAC registered provider, and is affiliated to the Irish National Organisation of the Unemployed (INO) and the Inner City Organisations Network (ICON). Other initiatives supported by DAA include Narcotics Anonymous (NA) and the Union for Improved Services, Communication and Education (UISCE).



Our Mission

Working to improve conditions for people living with HIV and AIDS, their families and their 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 or affected by HIV and AIDS;
- To confront the stigma and discrimination associated with HIV and 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

On behalf of the Board of DAA I am pleased to present the Annual Report for 2009.

Despite the difficulties experienced in our funding allocation, DAA has remained faithful to its mission of working to improve conditions for people living with HIV and AIDS, as well as actively promoting HIV and sexual health awareness. The management and staff are to be congratulated on their endeavours. Consolidating our achievements to date and preparing for our next strategic plan will enable us to address any challenges in the years ahead.

As the Executive Director's report indicates, HIV infection is on the increase, and those living with HIV continue to experience stigma and discrimination. DAA has ensured that HIV remains on the public and political agenda by continuing its work in influencing both regional and national policy, and the Executive Director is to be commended for her work on various national and local committees.

The need for organisations such as DAA is evident from the continued demand for our services. The Community Support (CS) Programme has seen a significant rise in the number of people accessing its services, from a total of 4,187 in 2008 to 5,264 in 2009, representing an increase of over 25%. A total of 310 of those accessing services were HIV positive, of whom 174 were first-time clients. A significant increase was seen in the number of the general public accessing the service in 2009. This 'walk-in' service is vital for easy access for those seeking HIV services and sexual health information. An increase was also seen in the number engaged through our innovative outreach service.

Demand for training programmes continued to grow in 2009, in addition to demand for our education and prevention work in schools, colleges and health fairs, as detailed in this report. Throughout 2009 the Prevention Education and Training (PET) team delivered 45 various training programmes to 535 participants representing 99 organisations. These programmes included FETAC-accredited training for trainers, tailored modules of safer sex negotiation skills training for clients of organisations,

once-off training for staff of organisations and one-day sexual health workshops. In addition to the training programmes delivered, the PET team coordinated 15 HIV prevention and sexual health awareness initiatives, including events in colleges, at community health fairs and conferences, and during Durex National Condom Week.

All of these figures reflect positively on DAA staff's ongoing commitment to maintaining relevant and accessible services for our client groups.

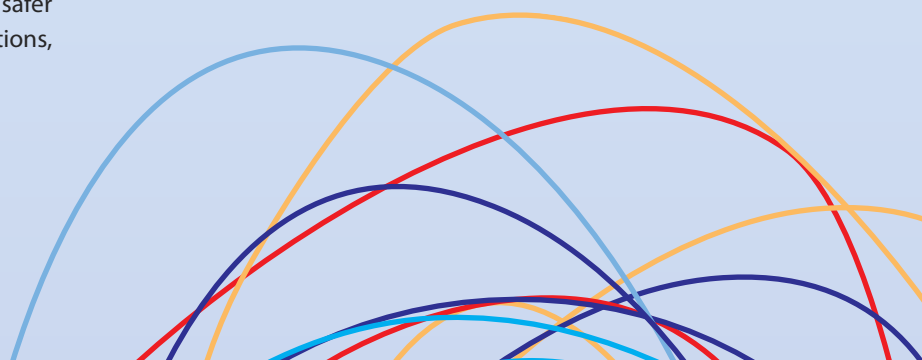
None of this work would be possible without the continued support of our funders. We are increasingly dependent on fundraising and donations from the general public to meet the shortfall in our budget, and we would like to thank all those who have helped either directly or indirectly in this regard, and look forward to their continued support.

On behalf of all of the board members, I would like to express our heartfelt thanks to each and every one of the DAA staff for their ongoing commitment to the organisation and its many service users, particularly at these times of decreased resources. This report outlines in greater detail all of their achievements during 2009.

I would also like to thank board members for their contribution throughout the year and their ongoing support for the essential work of DAA. Finally, on behalf of the staff and Board of Directors of DAA, I would like to extend our thanks and sincere appreciation to all those who have supported the work of DAA in various capacities throughout 2009.

Maeve Foreman

Chairperson



Executive Director's Foreword

The year 2009 saw an increased demand for our services, but, despite the economic downturn and a reduction in our core funding, the delivery of our services was not compromised.

Figures published by the Health Protection Surveillance Centre for 2009 reported 395 newly diagnosed cases of HIV in Ireland. Additionally, figures released in 2009 for notifications of sexually transmitted infections (STIs) in 2007 showed an increase of 20% on 2006 figures.

Raising awareness of HIV and sexual health remains a challenge. In 2009 we continued to call on the government to prioritise the introduction of a sexual health strategy.

DAA welcomed the judgement of the Equality Tribunal in 2009 confirming that a man living with HIV experienced discrimination as a result of being refused primary care treatment solely because of his HIV status. The case highlighted the irrationality of HIV related discrimination. Taking such a case was a long and protracted process for the man involved, and we salute him for his courage and tenacity. The Tribunal acknowledged the seriousness of the discrimination experienced by the complainant and emphasised the importance of a person's right to receive health care in a non-discriminatory manner.

This case also highlights, yet again, the need to address stigma and discrimination for people living with or affected by HIV in Ireland. In previous years the government launched the 'Stamp Out Stigma' campaign and invested in it for one year; however, due to financial constraints, the campaign has not received continued funding. Despite the Taoiseach's commitment in 2006 that 'additional resources will be made available throughout consecutive years until such time as it may be reasonably assessed that Ireland has been successful in eliminating all forms of discrimination', the case clearly demonstrates that we are far from this target. Continued investment in tackling stigma and discrimination is essential if the government is committed to this issue.

DAA was honoured to be asked to chair an international conference on HIV in November 2009, attended by 350 delegates from Ireland, Denmark, Finland, Iceland,

Belgium, the Netherlands and Norway. The conference was successful in bringing together HIV positive people, medical personnel and professionals from the voluntary and statutory sector to address many issues relating to HIV in Ireland and globally. The keynote address was given by President Mary McAleese, and this was followed by contributions from Áine Brady, Minister of State with responsibility for Older People and Health Promotion, and papers from many HIV and sexual health organisations in Ireland, both urban and rural, including DAA.

In last year's report we referred to the *HIV and AIDS Education and Prevention Plan 2008–2012*, and we have called for its implementation on many occasions in the media. This report warrants mention again: it states that 'Political will and leadership are necessary to support sustainable, comprehensive and effective HIV prevention', in addition to tackling HIV related stigma. However, despite this recommendation, HIV remains low on the political agenda. If we fail to invest and put in place the recommendations of this report, we will have failed in our endeavours to reach agreed targets. A 2008 report by the United Nations Joint Programme on HIV/AIDS suggested that in countries where there has been significant expansion of services it is 'evident that there is a clear political will from the very highest level of government'.

One of the Millennium Development Goals is 'to halt and begin to reverse the spread of HIV and AIDS' by 2015. The United Nations Political Declaration, which was approved in 2006, committed world leaders, including Ireland, to work 'towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010'. As we are now in 2010, we urge the government again to place HIV and sexual health on the political agenda as we enter this critical phase of reaching the goals already signed up to by world leaders.

Mary O'Shea
Executive Director

Community Support Programme

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

A statistical analysis of services provided by this programme between January and December 2009 is outlined below.

Numbers Accessing Community Support Services

A total of 5,264 clients accessed the services of CS in 2009, an increase of 1,077 on the previous year. Of these, 310 were known to be HIV positive (see Table 1.0), a slight increase of 27 people from 2008, and there were 1,760 interventions in total, averaging 5.6 per HIV positive client (see Table 1.1). Overall, interventions recorded with carers, street outreach, the general public and professionals totalled 5,055 (see Table 1.1 and 1.2).

These figures contrast with those from 2008 where there were 1,601 interventions for 283 HIV positive clients.

HIV Client Profile

Table 1.0—Number of service users, 2008 and 2009

	<i>Male 2008</i>	<i>Female 2008</i>	<i>Total 2008</i>	<i>Male 2009</i>	<i>Female 2009</i>	<i>Total 2009</i>
HIV positive clients	175	108	283	205	105	310
Carers/significant others	9	18	27	12	18	30
General public	963	415	1,378	1,885	280	2,165 ¹
Outreach	1,524	899	2,423	2,102	597	2,699
Professionals	n/a	n/a	76	n/a	n/a	60
Total			4,187			5,264

Table 1.1—Number and category of interventions for HIV positive clients, 2009

	<i>Adv/Med</i>	<i>H/HV</i>	<i>Welf</i>	<i>Fin</i>	<i>Leg</i>	<i>1-2-1</i>	<i>Couns</i>	<i>Health</i>	<i>Train</i>	<i>Drop-In</i>	<i>Total</i>
Female	246	22	69	35	24	183	26	53	11	18	687
Male	372	38	66	31	32	220	121	53	29	111	1,073
Total	618	60	135	66	56	403	147	106	40	129	1,760

Adv/Med = Advocacy and mediation; **H/HV** = Home and hospital visits; **Welf** = Welfare information; **Fin** = Financial requests and issues relating to finances; **Leg** = Legal; **1-2-1** = One-to-one support; **Couns** = Counselling; **Health** = Health information; **Train** = Training and education; **Drop-in** = Informal visits. Average number of interventions per HIV positive client = 5.6.

¹ Includes those accessing sexual health and drug-use information, pre-test counselling/support and in-house condom provision.

Table 1.2—Number of interventions per ‘other’ category of clients, 2009

	<i>Female</i>	<i>Male</i>	<i>Total</i>
Carers	48	59	107
Outreach	597	2,102	2,699
General public	280	1,885	2,165
Professionals	n/a	n/a	84
Total			5,055

Type of Service

In relation to services, the most frequently used service for HIV positive clients continued to be that of **Advocacy and Mediation**. Of the total 1,760 interventions made on behalf of HIV positive clients in 2009, 35.1% (n = 618) were in this category, compared to 42.6% (n = 683) in 2008. As in 2008, the vast majority of these interventions centred on homelessness or housing difficulties and complaints made about both statutory and non-statutory agencies. A prominent Equality Authority case figured highly in this category.

The second most frequently used service was **One-to-One Support**. In 2008 29.7% (n = 203) of total interventions were one-to-one. In 2009 the number of interventions in this category rose by 200, representing 23% (n = 403) of overall interventions. This reflects the number of individuals seeking specific, informal emotional support over particular intimate issues, and does not include those seeking formal counselling. Issues that arose in 2009 did not deviate much from those in 2008 and included disclosure to family, friends, and employers; concerns around filling in medical forms or mortgage applications; returning to work or education; and gender identity. The interventions also represent the general support given to those moving forward with their Equality Authority cases and those experiencing more long-term difficulties such as homelessness.

With 147 interventions, up 41 from 2008, **Counselling** was the third most frequently used service. These numbers represent HIV positive individuals. However, it should be noted that counselling is also offered to their partners and families. Individuals who present anxiously whilst awaiting test results (for example, those relating to rape or needle-stick injuries) are also offered counselling. These figures are noted under interventions for the general public.

The fourth most frequently used service was that of **Welfare Information**. There were a total of 135 interventions, up slightly from 121 interventions in 2008. The vast majority of questions centred on entitlements, especially those relating to disability. Over half (n = 72) related to non-Irish nationals.

HIV positive Client Profile

This year 310 HIV positive people availed of CS services, an increase of 27 people from 2008. 67% (n = 205) were male and 33% (n = 105) were female, with one of these identifying also as transgendered. 56% (n = 174) of these clients were first-time clients.

52.6% of the total number of clients (n = 163) were self-referrals, the majority of which were returning clients. 12.6% (n = 39) were directly referred by an NGO, and 2.6% (n = 8) by a hospital. 3.9% (n = 12) were referred to DAA by family or friends, and 5.2% (n = 16) were referred by a statutory agency. 1.9% (n = 6) were referred by other agents. Referral information on 21.3% of clients (n = 66) could not be ascertained.

Table 1.3—HIV positive clients by gender and sexual orientation, 2009*

	Gay	Bisex	Hetero	Orientation not described	Total
Female	0	1	56	48	105
Male	68	5	62	70	205
Total	68	6	118	118	310
	(22%)	(2%)	(38%)	(38%)	(100%)

*Self-identified

Table 1.4—HIV positive clients by gender and age band, 2009

Years	0-16	17-20	21-25	26-30	31-35	36-40	41-46	47-52	53+	Unknown	Total
Female	0	1	3	12	15	12	10	10	0	42	105
Male	0	1	5	7	11	24	30	22	12	93	205
Total	0	2	8	19	26	36	40	32	12	135	310

48% (n = 150) of clients were from Co. Dublin, with Dublin 1 and 8 being the most highly represented areas (n = 33 and n = 20, respectively). 11.6% (n = 36) of clients were homeless at the time of their data entry, up slightly from last year (10%).

Of the 310 HIV positive individuals using the services of CS, 22% (n = 68) identified themselves as gay, 2% (n = 6) identified themselves as bisexual (up from 0.4% in 2008), 38% (n = 118) identified themselves as heterosexual, and 38% (n = 118) did not identify their sexual orientation (see Table 1.3).

Of the 310 HIV positive clients with a *known* age bracket (n = 175), 22.8% (n = 40) were aged between 41 and 46 years, with the second highest age group being 36–40 years (20.5%, n = 36). 14.8% (n = 26) were aged between 31 and 35 years old. 16.5% (n = 29) were under the age of 30, the youngest being 17 years old. The oldest client was aged 72 years. 43.5% (n = 135) of the total number of clients did not identify their age range (see Table 1.4).

The number of *known* HIV positive non-Irish nationals using the services of DAA increased from 90 in 2008 to 107 in 2009. The vast majority of this year's non-Irish national group were new clients (74.7%, n = 80), mirroring 2008's statistics. Many of these clients presented with issues relating to asylum seeking or locating/relocating to Ireland.

Carers/Significant Others

The number of carers/significant others using services slightly increased, from 27 in 2008 to 30 in 2009, with just under half (n = 13) being new clients. Previous clients continued to seek support around caring for their partners, (adult) children or other family members. As in 2008, issues that arose for this group included welfare entitlements, housing difficulties, legal concerns and homecare/sheltered housing for family members experiencing AIDS related dementia. On top of these issues, several carers were also seeking help in dealing with legal and non-legal money lenders.

Client Profile—Other

In 2008 there were 3,364 interventions for the *other* category of clients (those whose status is unknown, including the general public, those met on street outreach and professionals accessing information or support services). This year, that number rose to 5,055, a significant rise of 39%.

The number of the *general public* using DAA in-house services rose significantly, from 1,378 in 2008 to 2,165 in 2009, an increase of 57%. This reflects a major increase in walk-ins—that is, those accessing condoms and/or sexual health and testing information. As with previous years, this statistic would also represent individuals who seek information on drug-related harm reduction or those requesting pre-test counselling or support.

The number of individuals engaged through *outreach* rose from 2,423 in 2008 to 2,699 in 2009. While this was not a significant rise, CS still maintained this high number through the work of our volunteers.

The number of *professionals* seeking advice or support from CS (n = 60) decreased by 16 in 2009. This category does not include interactions with professionals in the field in relation to mutual clients (which would be logged under 'interventions'). Rather, it includes field-related professionals seeking personal support/advice or non-field-related professionals such as teachers, social workers, and community leaders needing information or advice about HIV/sexual health/drugs-related policies or situations. Professionals who seek field experience in street outreach are also included in this category.



Prevention Education and Training Department

The PET Department provides targeted HIV prevention and sexual health promotion initiatives, while combating the prejudice, stigma and discrimination associated with HIV and AIDS through informational and experiential workshops.

Raising public awareness about issues of social exclusion, marginalisation, HIV, hepatitis, 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 PET programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practices. Individual and group interventions are, at all times, age appropriate and sensitive to the psychosocial needs, learning abilities and life experiences of our clients.

Training Summary 2009

ONE-DAY SEXUAL HEALTH WORKSHOP

A total of five one-day sexual health workshops were delivered in 2009 to a total of 50 participants representing 29 organisations. These workshops are delivered internally in DAA.

CLIENT AND STAFF TRAINING

A total of 16 various sexual health training programmes were delivered to 131 clients and staff of 13 organisations. Training programmes included HIV and AIDS training, hepatitis training (A, B and C), STIs and condom use training, safer sex negotiation skills training for young people, and contraception workshops.

EDUCATION SESSIONS

Five education sessions of approximately one hour's duration were delivered in 2009 in four schools, to a total of 189 students. These education sessions are lecture style, consisting of information on HIV, STIs and general sexual health.

INFORMATION STANDS

A total of 15 information stands were held at colleges and events in 2009, including events for Sexual Health Awareness and Guidance (SHAG) week in colleges, health fairs organised by community organisations and colleges, conferences, and Durex National Condom Week.

NICDTF-funded Programmes

SEXUAL HEALTH AND DRUG AWARENESS TRAINING PROGRAMME

This is a multidisciplinary 'train the trainers' course, funded by the NICDTF, that aims to provide youth and community leaders/workers with the skills necessary to engage young people in their care in sexual health and drug awareness education, and to deliver this training to at-risk client groups in their care in order to enable these groups to make informed choices in relation to sexual health and drug use. The course is FETAC Level 5 accredited. Two eight-week programmes were delivered in 2009 to a total of 21 participants representing 15 organisations. 18 participants completed the FETAC requirements for accreditation.

SAFER SEX NEGOTIATION SKILLS

Funded by the NICDTF, this programme primarily aims, through capacity building measures, to raise awareness of HIV and sexual health among vulnerable and at-risk groups located in the NICDTF area in order to enable safer sex negotiation within these groups and modify and/or facilitate behaviour change, thereby reducing primary and secondary HIV and STI transmission. 15 various modules of this training programme were delivered to a total of 126 participants representing 26 organisations.

The 'training for trainers' course is FETAC Level 5 accredited. The primary aim of the programme is to train youth and community leaders/workers, develop and enhance their skills, and provide them with relevant information and resources to deliver sexual health and negotiation skills training to the client group in their care. Two seven-week programmes were delivered in 2009 to a total of 18 participants representing 12 organisations. 14 participants completed the FETAC requirements for accreditation.

Resource Library

The Resource Library continued to be a valuable source of information throughout 2009 for schools, colleges, NGOs, statutory agencies, youth and community organisations, and the general public. The number of leaflets, postcards, information booklets, posters, condoms, red ribbons, and videos/DVDs distributed in 2009 totalled 68,470.

FÁS and FÁS AIDS Special Needs Education and Training Scheme (FASNET) Employment Initiatives

In November 2009 approval was secured from FÁS for the renewal of the 17th Community Employment (CE) Scheme. The scheme continues to operate on-the-job skills and appropriate training, which facilitates, over a period of time, access to the mainstream labour market.

Participation

At DAA 50% of our participants were seconded to external amalgamated organisations, including Cairde, Outhouse, St Vincent de Paul, Integrating Ireland and New Communities Partnership. Our participants come from many different countries, including Sierra Leone, Kosovo, Azerbaijan, Lithuania, Nigeria, Kenya, Russia, France, the United Kingdom and, of course, the Republic of Ireland, representing the multiculturalism within the scheme.

Progression

In 2009 one participant secured full-time employment, one progressed to full-time education, while a third secured part-time employment. Three participants transferred to other projects. In relation to training, two participants were awarded European Computer Driving Licence certification, while others achieved certification in 13 FETAC Level 5 modules, including clerical/reception skills, social studies, software applications, childcare and computer skills. Other certifications included the Pitman Certificate in Bookkeeping and the Irish Computer Society's EqualSkills Certificate in Computers. One participant successfully completed two Association of Chartered Certified Accountants modules. Another achieved certified payroll technician status with the Irish Payroll Association and is currently on a third-level (Higher Education and Training Awards Council (HETAC) Level 7) course in accountancy at the Blanchardstown Institute of Technology. Two others are

currently on part-time third-level (HETAC Level 7) courses at NUI Maynooth, and one successfully completed a HETAC Level 8 course in health promotion at the Dublin City University (DCU). Twelve participants now hold a valid certificate in manual handling. Overall, it was a very successful year for accredited certifications, and there was 100% internal progression of participants.

FASNET

The FASNET programme completed its three-year cycle in 2009. The programme, which is endorsed by the NICDTF, seeks to support marginalised and educationally disadvantaged people affected by drug use and/or HIV and AIDS. Twelve participants commenced the three-year programme in 2006, and five completed the entire programme in 2009. Four participants were successful in sitting Junior Certificate English, and one participant sat Leaving Certificate English. They also participated in a number of additional courses, some of which were FETAC Level 3 accredited, including the following: communication skills, CV preparation, life skills, computers, first aid, art and drama.

The Board of Directors of DAA, in consultation with FÁS and the NICDTF, discontinued the FASNET programme in 2009. The rationale for this decision was based on the fact that many day programmes in the inner city were providing similar, though not identical, programmes. It was also felt that participants would benefit more positively from being in a more drug-specific project.

Highlights—Additional DAA Activities in 2009

Irish AIDS Day, 15 June 2009

DAA highlighted in the media the 3.6% increase in newly diagnosed cases of HIV in Ireland in 2008 and called on the government to:

- resource and implement the *HIV and AIDS Education and Prevention Plan 2008–2012*;
- prioritise investment in sexual health and HIV prevention strategies;
- develop and implement a national sexual health strategy.

DAA held an information stand at the GPO and a street collection in the city centre, with the objective of raising awareness of HIV and sexual health, in addition to raising funds.

Presentation of Certificates to Volunteers

Prior to Irish AIDS Day (11 June), John Curran, Minister of State with responsibility for the National Drugs Strategy, Community Affairs and Integration, presented certificates of completion to eight volunteers who had completed volunteer training in 2008. The event was held in the Irish Aid Volunteer Centre on O'Connell Street, Dublin 1, and was the culmination of a four-year project aimed at engaging people from ethnic minority communities. The volunteers have continued to participate in a number of outreach events with the team since completion of the training. Their effectiveness in engaging new communities and identifying specific languages and cultural nuances is a very positive step for this aspect of the future work of DAA.

Presentation of Certificates to Volunteers, June 2009



Fundraising and Media

Three fundraising events were held in 2009:

- the Flora Women's Mini Marathon;
- Street Collection on Irish AIDS Day;
- Christmas Card Sales.

All events were successful in raising funds and awareness of HIV and DAA.

Four press releases were issued by DAA in 2009, in the months of June, October and December, coinciding with events such as Irish AIDS Day and World AIDS Day. Additionally, DAA issued a press release welcoming the judgement of the Equality Tribunal confirming that a HIV positive man experienced discrimination as a result of being refused primary health-care treatment solely because of his HIV status. All releases received extensive media coverage in the national and regional newspapers. In addition, the Executive Director was interviewed for a number of radio and TV programmes, including Morning Ireland, Newstalk, RTE 1, Today FM and a number of local and regional stations.

8th Nordic HIV Conference

DAA was asked to chair the 8th Nordic HIV Conference, which was held in Croke Park on 4–5 November 2009. Attended by 350 delegates from Ireland, Denmark, Finland, Iceland, Belgium, the Netherlands and Norway, the conference had the theme 'Positive Living—Healthy Body, Healthy Mind', and addressed the broader policy issue of ensuring that HIV remains on the social and political agenda. The keynote address was given by President Mary McAlesse, and this was followed by contributions from Áine Brady, Minister of State with responsibility for Older People and Health Promotion, and papers from many HIV and sexual health organisations (including DAA) in Ireland, both urban and rural. The conference was successful in bringing together HIV positive people, medical personnel and professionals from the voluntary and statutory sector in addressing issues of HIV in Ireland and overseas.



8th Nordic HIV Conference, Croke Park, Dublin, November 2009

Publication of *Gettin' It On*—a comprehensive guide to using condoms

DAA designed and published a new comprehensive guide to using condoms. *Gettin' It On* is distributed at all events and activities and is included with all sexual health packs. The publication aims to:

- dispel the many myths surrounding the use of condoms;
- be all inclusive of 'everything you ever need to know about using condoms';
- be user friendly—small enough to put in a pocket/wallet, and large enough to read.

Gay Health Network

DAA continues to support and promote sexual health initiatives within the gay community through our participation on the GHN. Projects completed as part of

our work with the GHN in 2009 included publication of a new information booklet, *Living with HIV+ Sex*, promoting healthy and fulfilling sex lives for HIV positive men who have sex with men (MSM); publication of *Real Lives 2*, a data report on the findings from the All-Ireland Gay Men's Sex Surveys 2005 and 2006 (Gay Men's Health Service and GHN); and a syphilis awareness campaign, entitled 'Syph-Test and Syph-Action', which aimed to promote awareness of syphilis and to encourage regular testing for MSM. DAA was also actively involved in the 7th All-Ireland Gay Health Forum in June 2009.

Dublin Pride Festival

DAA continued to support the annual Dublin Pride Festival and entered its first ever float in June. The float was designed in support of the Dublin Pride theme, 'Pride and Prejudice', and sported 'Dublin AIDS Alliance, Proud to Challenge Prejudice' banners. The staff and volunteer team wore themed t-shirts challenging people's attitudes to HIV and those living with HIV.

DAA float for Pride Parade, June 2009



Sex Workers Alliance Ireland

DAA is an active member of SWAI. The Alliance aims to promote the health, safety, civil rights and the right to self-determination of female, male and transgender sex workers. SWAI held a conference on 19 November in Dublin Castle that aimed to open the discussion on issues relating to sex work in Ireland. The newly developed SWAI website was also launched at the conference: www.sexworkersalliance.ie.

Durex National Condom Week

Durex National Condom Week 2009 took place on 2–6 November 2009, with sponsorship of 20,000 condoms from Durex. This year DAA sought to increase activities in colleges and throughout Dublin city and county to build on the success of previous years. Activities throughout the week included three information stands, condom sampling in colleges, and street outreach. Local and national partnerships were established with 19 organisations, including youth projects, drugs projects, new community projects and other HIV and sexual health organisations, who promoted the event within their organisations and their locality. In total, 20,925 condoms, leaflets and postcards were distributed at all events.

World AIDS Day

For World AIDS Day, on 1 December 2009, DAA held an open-day event in our offices. The aim of the event was to provide youth and community groups, and other individuals, with an opportunity to visit our offices to learn more about the services provided by DAA, and to increase their knowledge and awareness of HIV and other STIs, sexual health and condom use. Approximately 85 people attended on the day: five youth and community groups consisting of 48 people, with the remainder being individuals who walked in on the day, including politicians, people from local businesses and representatives from government departments. Information tables and activities organised on the day included:

- information on HIV and AIDS, including interactive games;
- information on STIs, hepatitis and sexual health;
- 'The Wonderful World of Condoms', including condom demonstrations;
- information on services provided by DAA;
- and a DVD screening of *Positive Youth*, providing an insight into HIV and AIDS in Ireland and Zambia, and covering a range of topics, from personal sexual behaviour to issues of stigma and discrimination, and access to treatment.

Approximately 1,200 information booklets, leaflets and condoms were distributed on the day.



Information stands at DAA Open Day on World AIDS Day 2009

Acknowledgements

DAA would like to express sincere thanks and appreciation to all who worked with and supported our organisation throughout 2009.

The staff in the **Director's** holding office during the year were: Colin Fallon (from June 2009), Maurice Fines, Maeve Foreman (Chairperson from February 2009), Seamus Kennedy (from June 2009), Mairéad Lyons, Anna Quigley (Chairperson until January 2009), Paul Quigley and Stephen Rourke.

Executive Director: Mary O'Shea.

Administration: Peig Dunne (Office Manager from April 2009), Martin Ade-Onojobi (CE Supervisor), Niamh Fingleton (CE Assistant Supervisor from January 2009), Patricia Dillon-Killeen, Angela Sanfey, Angela Ryan (from January 2009), Nazhat Ali Ryan (until April 2009), Alice Laffin and Pauline Igiehon (June–December 2009).

Prevention Education and Training Programme: Susan Donlon (PET Coordinator), Sue Carter, Jane Toolan, Danielle Taliercio and Jeffrey Nilsen.

FASNET Programme: Bernadette Black (FASNET Supervisor until July 2009) and Brian O'Shaughnessy (until April 2009).

Community Support Programme: Erin Nugent (CS Coordinator), Lily Hyland, Richard Boyle and Rebecca Seery.

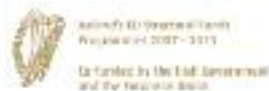
Our volunteers: Christian Betu, Joel Biongo, Ismael Khudri, Guylaine Mbaki, Zoleka Mtonjana, Evonne Mushonga, Marthe Mutanda and Dimitri Shelia.

OUR EXPRESS THANKS TO OUR PRINCIPLE FUNDERS...

Health Service Executive, Northern Area; FÁS, Jervis St. and Parnell St.; NICDTF.

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This report is dedicated to ...

Mr Jimmy Goulding, who was successful in winning a case of discrimination as a result of being refused primary care treatment solely because of his HIV status. In its ruling, the Equality Tribunal highlighted the issue of misconceptions regarding persons living with HIV and stated that *'it is clear to this tribunal that it is precisely because of these incorrect and outdated perceptions that resulted in the complainant as being viewed and treated less favourably than a person who is without HIV (or not known to have the infection) would be treated in similar circumstances.'*

The tribunal acknowledged the seriousness of the discrimination experienced by Mr Goulding and emphasised the importance of a person's right to receive health care in a non-discriminatory manner.

DAA salute this man for his courage and tenacity in taking this case, which is a landmark decision for all people living with HIV in Ireland.



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