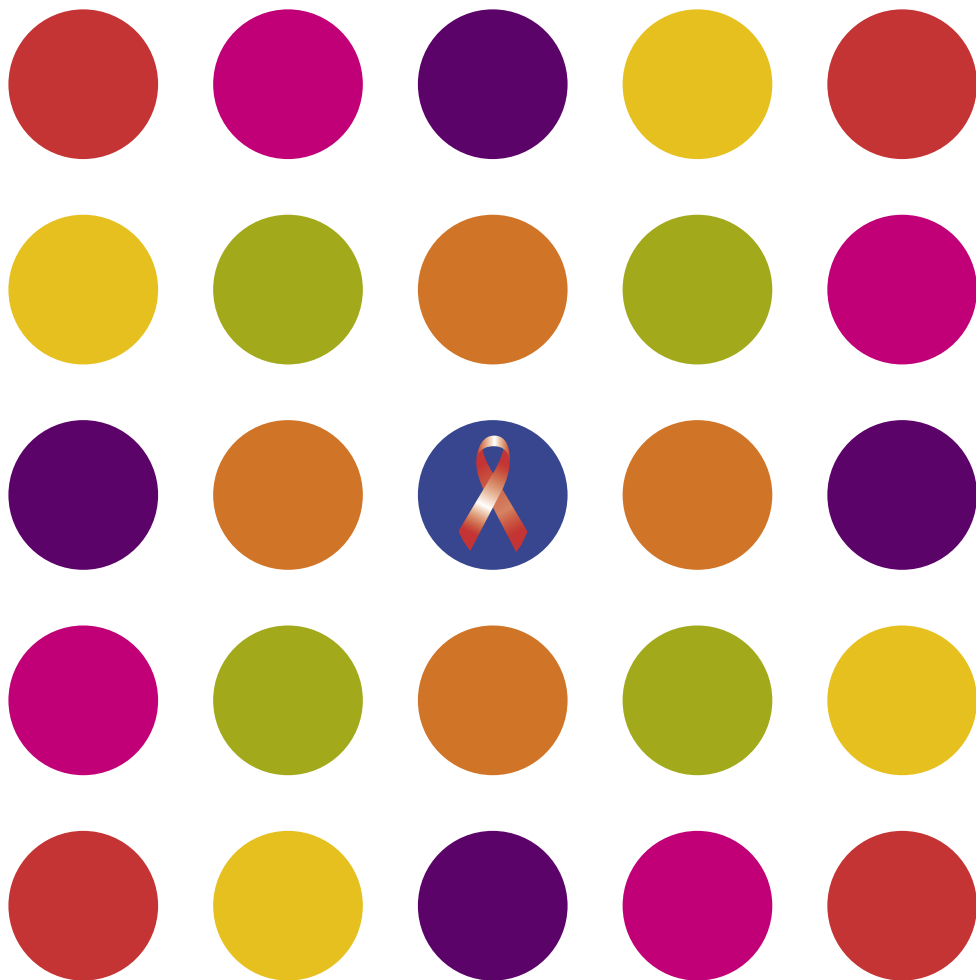
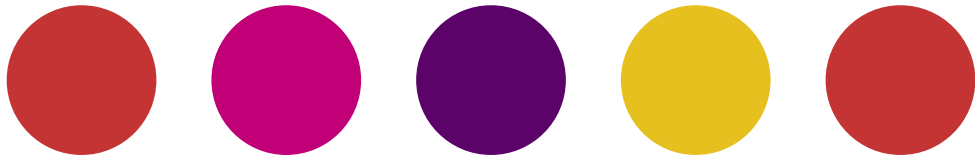


Dublin AIDS Alliance (DAA) Ltd.

Summary Strategic Plan 2006-2008

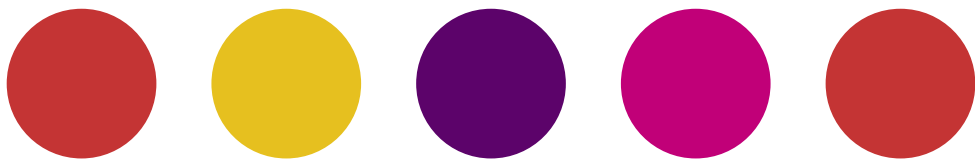


Prepared by Ann Nolan, Executive Director
30th August 2005



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● Introduction

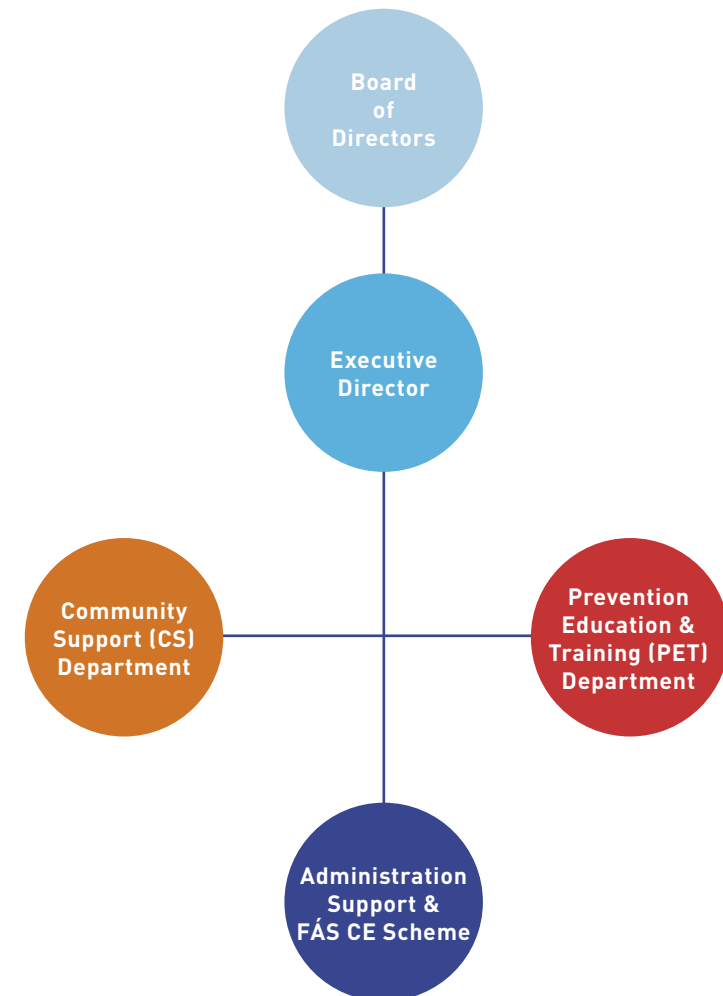
Dublin AIDS Alliance Ltd. is a registered charity operating at local, national and European level. The principal aims of the organisation are to improve, through a range of support services, conditions for people living with HIV/AIDS and/or Hepatitis, their families and caregivers, while further promoting sexual health in the general population. Since 1987, DAA has been pioneering services in sexual health education and promotion, and has consistently engaged in policy development while 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 AIDS and Mobility Network (IAMN); the HIV Services Network (HSN); the Gay Health Network (GHN), and the Outreach Workers Forum (OWF).

● Organisation Structure



● 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.

● Background

Following a tendering process, the Board of Directors of DAA awarded Farrell Grant Sparks (FGS) the contract to conduct a review of our organisation and its services in late 2004. A key component of this piece of work was to ensure that clients, funders and relevant stakeholders were comprehensively engaged and consulted throughout the process. The emerging results and feedback was extremely positive from all perspectives with stakeholders reporting a high level of satisfaction with our work.

Strategic direction for DAA is created in the context of the FGS review, but other factors have been central to the development and will impact on the implementation of our strategy. These include HIV and Sexually Transmitted Infection (STI) prevalence in Ireland, financial and social factors, and the policy context affecting HIV and sexual health over the next three years. These factors are briefly summarised below.

HIV & STI Prevalence

- A cumulative total of 3,764 were diagnosed living with HIV up to the end of December 2004.
- Of the 356 cases of HIV reported in Ireland in 2004, 178 were heterosexually acquired. 122 were born in sub-Saharan Africa, while 35 were born in Ireland.
- There were 62 new cases of HIV diagnosed among MSM in 2004.
- There were 71 new cases diagnosed among IDU's in 2004.
- MTC transmission occurred in three cases in 2004.
- Sexually transmitted HIV accounted for 74% of all diagnosed cases in 2003 and 67% of cases in 2004.
- A cumulative total of 813 AIDS cases were reported in Ireland between 1983 and 2004.
- Since the introduction of HAART in 1996, AIDS cases have dropped significantly to approximately 24 cases per year.
- A total of 388 AIDS-related deaths have been reported between 1983 and 2004.
- There was a 174% increase in the number of STI's reported between 1994 and 2003.

Financial Context

- Securing the funding necessary to realise the aims of the strategy from the HSE Northern Region.
- Fundraising initiatives to meet the shortfall from HSE Northern Region.
- Resourcing of existing national strategies still not realised.

Social Context

- The changing needs of HIV+ people.
- Results of the ISSHR study due to be released in 2006.
- Changing patterns of drug use.
- Migration inwards from HIV endemic areas.
- Deportation of migrants to areas where treatment may not be available.
- Disclosure and criminalisation of HIV.
- Presenting late for testing & being diagnosed with AIDS.
- Treatment resistant strains.
- HIV & HCV co-infection.
- Post exposure prophylaxis.
- Lack of awareness about HIV/poor perceptions of risk.
- Decreased age at first sexual encounter.
- Multiple sexual partners/serial monogamy.
- STI increase, so that HIV may be more easily transmitted.
- Absence of social and cultural capital among many of DAA's client group.
- Under-resourcing of sexual health services in Ireland.

Policy Context

- National AIDS Strategy
- National Health Strategy
- National Health Promotion Strategy
- National Drugs Strategy
- Sexual Health Strategy (HSE Eastern Region)
- Ethnic Minority Strategy (HSE Eastern Region)

DAA's orientation is described in terms of strategic objectives and goals. The goals are designed to support the strategic objectives.

Please note: “**” indicates actions that in order to be realised are entirely dependent on additional funding.

● Strategic Objectives

Strategic Objective One

Through a range of outreach and in-house services, to support those living with and affected by HIV/AIDS.

Strategic Objective Two

To increase public awareness and challenge the irrationality of stigma through the promotion of HIV prevention, sexual health, sexuality and drug use education.

Strategic Objective Three

To influence policy through partnership while actively campaigning for improved HIV and sexual health services and government investment in prevention strategies.

Strategic Objective Four – delivery mechanism

Through the maintenance and development of appropriate systems, procedures and processes to ensure that DAA is well positioned to provide the highest possible quality of service.

● Strategic Objective One

Through a range of outreach and in-house services, to support those living with and affected by HIV/AIDS.

HIV is transmitted as a result of risk behaviours and transcends the boundaries of ethnicity, gender, religion or social class. Some communities may be more vulnerable to HIV than others for a range of reasons, including poverty, social exclusion or unequal power relationships. In addition, the stigma still associated with living with an HIV+ diagnosis, coupled with the emerging significance of status disclosure and criminalisation of HIV, compound the need to maintain and expand comprehensive support programmes.

Goal To engage migrant communities and those from parts of the world where HIV is endemic in culturally appropriate HIV support and prevention.

- How
- * 1. Produce DAA, HIV & safer sex awareness materials in a number of different languages.
 - 2. In liaison with existing services, recruit & train peer volunteers to enable increased outreach to ethnic minority communities.
 - 3. Lobby HSE for appropriate services for ethnic minority communities.
 - 4. Target migrant workers & other hard to reach ethnic groups through innovative partnerships with unions, clubs, support/integration agencies etc.

Goal To maintain and develop through in-house and outreach harm reduction services a comprehensive programme of support, prevention and interagency referral to clients

- How
- 1. Maintain existing levels of support and build on relationships with Social Workers in specialist centres.
 - *2. Design & launch a social contact interactive website for HIV+ people in Ireland.
 - *3. Develop an outreach-based needle exchange programme in partnership with MQI & Ana Liffey.

Goal To support and promote sexual health initiatives developed by the Gay community & initiate safer sexual awareness for Women who have sex with Women (WSW)

- How
- * 1. Develop a safer sex resource for WSW.
 - *2. Support & enable a WSW's group to self facilitate safer sexual workshops at DAA.
 - 3. Continue to support & promote sexual health initiatives run by the Gay community while ensuring active participation at all key events.

Goal Through existing networks and partnerships to continue to work with clinics & other NGO's in the provision of support to people living with and affected by HIV/AIDS, while challenging the stigma that continues to affect their lives

- How
- * 1. Disseminate programme expertise through the production of booklets & recommended guidelines.
 - 2. Design and roll-out a newly diagnosed course based on THT model & in partnership with 'Chronic Disease Self-Management', GUIDE Clinic & others.

Please note: "*" indicates actions that in order to be realised are entirely dependent on additional funding.

● Strategic Objective Two

To increase public awareness and challenge the irrationality of stigma through the promotion of HIV prevention, sexual health, sexuality and drug use education

Since 1987, DAA has been working to improve conditions for people living with HIV/AIDS, while promoting HIV awareness and sexual health in the general population. Young people in Ireland and across Europe have grown up post the huge media exposure that characterised HIV/AIDS in the eighties and early nineties. It is our experience that younger generations have become complacent about HIV with limited perception of their own risk behaviours.

Sexually transmitted infections reported in Ireland have increased by 174% between 1994 and 2003, and increases in STIs can facilitate and signal a future increase in HIV. Furthermore, sexually acquired HIV accounted for 74% of cases reported in 2003 and 67% of cases in 2004. Strategic Objective Two prioritises the need to raise awareness of HIV/AIDS while raising the profile of sexual health in Ireland.

Goal To engage the Irish media in issues pertaining to HIV & sexual health

- How
1. Maximise media interest in Irish AIDS Day and World AIDS Day Events.
 2. Recruit a high profile person to become a spokesperson for DAA & HIV/AIDS in Ireland.
 3. Engage print & broadcast journalists in the HIV/AIDS debate.
 4. Prepare media packs for regular distribution to broadcast & print media journalists.
 - *5. Outsource PR for key events to external professionals.

Goal To form strategic partnerships with private sector enterprise with an interest in the promotion of sexual health

- How
1. Seek to partner with festival, sport and concert promotion companies.
 2. Recruit young volunteers to assist with information & condom distribution at key DAA & other events.
 - *3. Identify opportunities to promote sexual health through a range of new technologies.

Goal To work in partnership with the HSE and other stakeholders in the region to deliver HIV and sexual health training & education in a co-ordinated way

- How
1. Agree a partnership with the HSE.
 2. Develop strategic partnerships with stakeholders and associations to expand 'training for trainers' approach.
 3. Continue to develop innovative educational material to complement training & for agency, client & public distribution.

Goal To extend and enhance the delivery of training to ensure that participants experience the highest possible standard

- How
1. Expand accreditation across all PET training programmes.
 2. Seek to increase training output from the PET department by 25% annually.
 3. Expand the development of prevention & peer education from a knowledge base & in line with Government policy
 - *4. Brand PET as a high quality training & education service.

Please note: "*" indicates actions that in order to be realised are entirely dependent on additional funding.

● Strategic Objective Three

To influence policy through partnership while actively campaigning for improved HIV and sexual health services and government investment in prevention strategies

DAA is currently one of the few organisations raising awareness of HIV/AIDS in Ireland, and as such is in a key position to influence Government policy in the area of HIV and sexual health. DAA has a long history of campaigning for the rights of HIV+ people, and while the growing emergence of partnership models has provided a platform for greater dialogue between statutory and voluntary agencies, the need for active lobbying remains crucial.

Goal Leverage DAA's unique position to form strategic partnerships with stakeholders to lobby for increased resources in HIV and sexual health services

- How
1. Forge partnerships with key NGO & other stakeholders to maximise potential campaign outcomes.
 2. Leverage position on NASC to enable the development of a National HIV & Sexual Health Strategy, and engage relevant NGO's in the process of raising issues at NASC.
 3. Ensure DAA representation on all committees/groups with a focus on HIV &/or sexual health.
 4. Support & enable the expansion of the HIV Services Network (HSN) to increase its role in policy & HIV rights development.

Goal Ensure that HIV and sexual health is prioritised on the public and political agenda

- How
1. Lobby Government & utilise key calendar events (IAD/WAD) to campaign for increased public awareness & acceptance of HIV, sexual health & the reduction of HIV related stigma.
 2. Engage political parties & local representatives in the HIV/AIDS debate.
 3. Forge links with the Oireachtas Subcommittee on sexual & reproductive health.

4. Work with clients to build capacity around self advocacy.
5. Lobby Government to invest in a large scale public awareness campaign that challenges the stigma associated with HIV.

Goal Ensure that international best practise guidelines are operational at national level; that the recommendations resulting from reviews of the National Health Promotion Strategy and National Drugs Strategy are met; that the National AIDS Strategy is fully implemented and that a National Sexual Health Strategy is developed, resourced and implemented.

- How
- * 1. Increase DAA's knowledge base to inform & better influence policy.
 - 2. Incorporate UNAIDS & WHO recommendations/ policies at local level.
 - * 3. Track policy developments & implementation at national level.

Please note: "*" indicates actions that in order to be realised are entirely dependent on additional funding.

● Strategic Objective Four – delivery mechanism

Through the maintenance and development of appropriate systems, procedures and processes to ensure that DAA is well positioned to provide the highest possible quality of service

After a tendering process in 2004, the Board of Directors of DAA appointed Farrell Grant Sparks (FGS) to conduct a review of the organisation and its services. Funders and relevant stakeholders were also consulted as a key part of this process. While the emerging results were positive in terms of our funders, other agencies and client satisfaction with our work, the review did highlight a number of areas within the organisation that required restructuring in order to ensure more focused and effective delivery of key services.

We very much appreciate the ongoing support of the HSE, FÁS, and the NICDTF, but our current annual income will not enable the expansion of our service or any future development. Our 2006-2008 strategic plan will not be fully realised without increased buy-in from the HSE, independent fundraising and other creative initiatives on our part. We are confident however, that we can work in partnership with our funders, to deliver the range of mutually beneficial strategic objectives set out above.

Goal Ensure that DAA has the organisational and staffing complement necessary to progress its objectives in a professional and effective way

- How
1. Streamline primary services while maintaining key support functions in the organisation.
 2. Identify skills deficit within the organisation, and recruit new BOD members to reflect the strategic aims & needs of the organisation.
 3. Review & revise DAA's membership structure.
 4. Monitor & evaluate training & support short & long term outcomes.
 - *5. Recruit research/information officer to support policy development.

Goal Ensure that systems are in place to regularly review and evaluate our work

- How
1. Facilitate BOD participation in end of year reviews and annual work plan development.
 2. Facilitate half yearly assessment of strategic target progress with management team to be reported to the BOD.
 - *3. Commission an external evaluation following the life cycle of the plan.

Goal Ensure that all staff have access to regular training and development opportunities

- How
1. Up-skill management team in project management skills & ensure that all staff training needs are met annually.

Goal Ensure, by a range of measures, that funding is available to realise the goals of our three year strategic plan 2006-2008

- How
1. Lobby HSE Northern Region to increase core funding to €600,000.
 2. Organise one key fundraising event per annum, hosted by DAA 'high profile' spokesperson to cover overhead/running costs not met by HSE.
 3. Sublet and/or hire areas of the building, to agencies with a shared ethos.
 4. Generate income by inviting groups to train in-house as well as externally.
 5. Enable PET department to work towards self funding by 2008.
 6. Explore the possibility of purchasing 53 Parnell Square, Dublin 1.
 7. Continue to access small grants to enable project specific aims of the Strategic Plan.

Goal Promote the work & achievements of DAA

- How
- *1. Seek financial support to archive & publish DAA historical material.
 - *2. Plan a series of events to mark DAA's 20th anniversary in 2007.

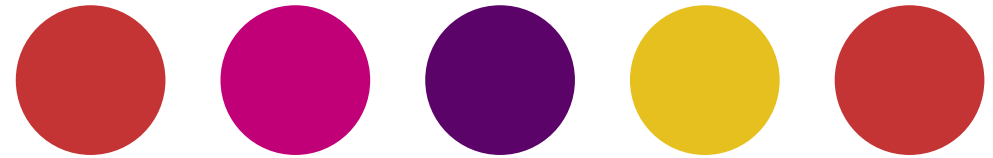
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● Implementation Process / Monitoring & Evaluation

A strategic planning paradigm can sometimes operate like a strait jacket for organisations operating in highly dynamic and open environments. The problems of HIV/AIDS in Ireland are subject to rapid and unpredictable change, and the lives of HIV positive people are oftentimes characterised by uncertainty in relation to treatment, disclosure and stigma. Our strategy is a responsive process that permeates all aspects of organisational life. In defining our strategic direction, we have set clear targets, assigned responsibilities and calculated expected timeframes, but our strategic ethos will provide that we remain open to change and innovation in line with our mission.

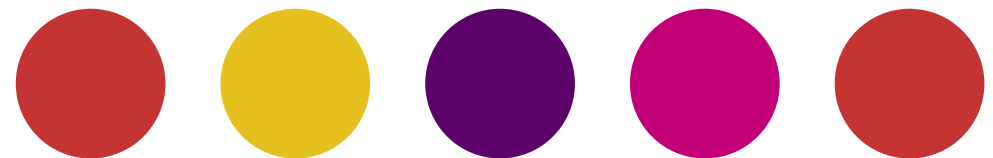
The Board of Director's and Management Team at DAA will meet annually to review and evaluate our progress using the Context Input Process Product – CIPP - evaluation model. In general these four parts respectively ask Is it being done? Is it succeeding? What needs to be done? How should it be done? In reviewing context, we will explore our operating environment under the factors outlined earlier (see page 2). These included the FGS review, HIV & STI prevalence, financial and social factors, and policy context. Changes in context will naturally impact on our implementation plan, as will an evaluation of effectiveness, sustainability, client, funders and key stakeholder satisfaction. The implementation process will be driven by action, reflection, and reaction to maximise learning.

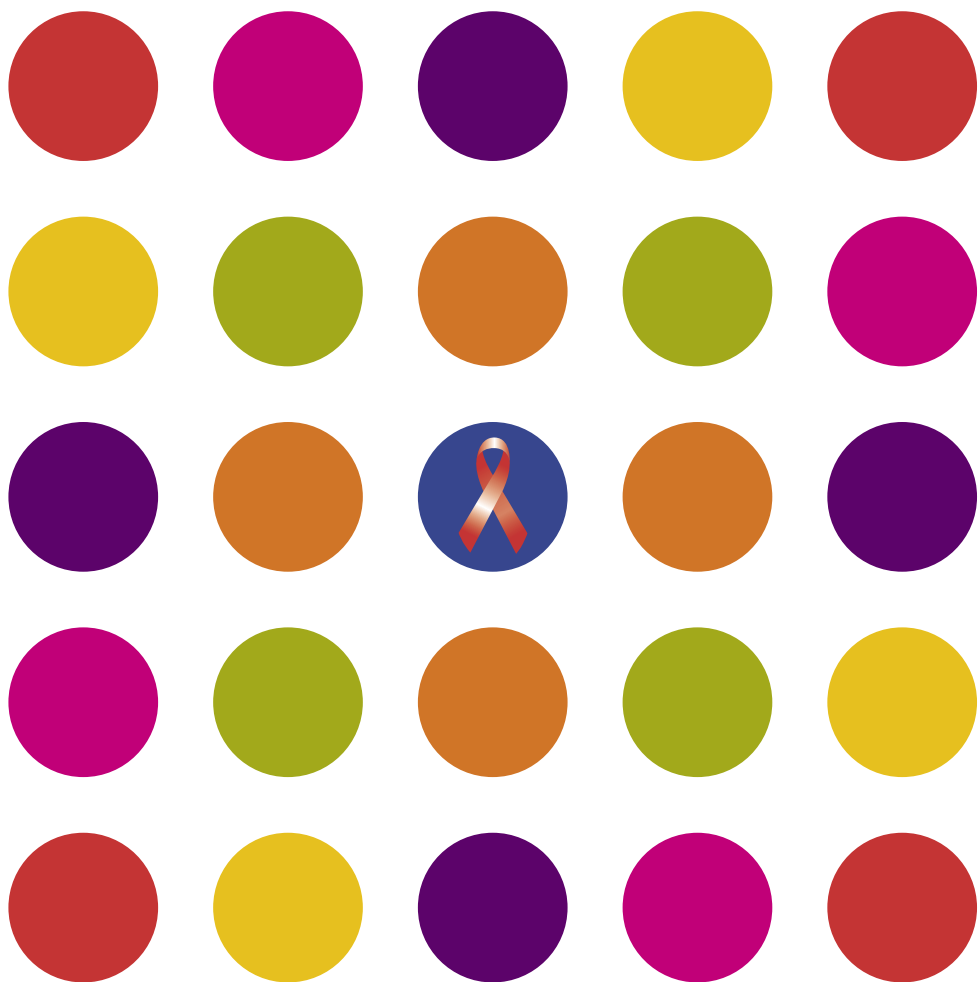
Strategic Plan 2006-2008 seeks to actualise our mission, while focusing our resources on our strengths; it is a vision that seeks to enable the best possible outcomes for our HIV+ clients, while realising our key role of prevention education and its potential to reduce the number of people carrying the burden of HIV+ in Ireland for the future.



Dublin AIDS Alliance

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.





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