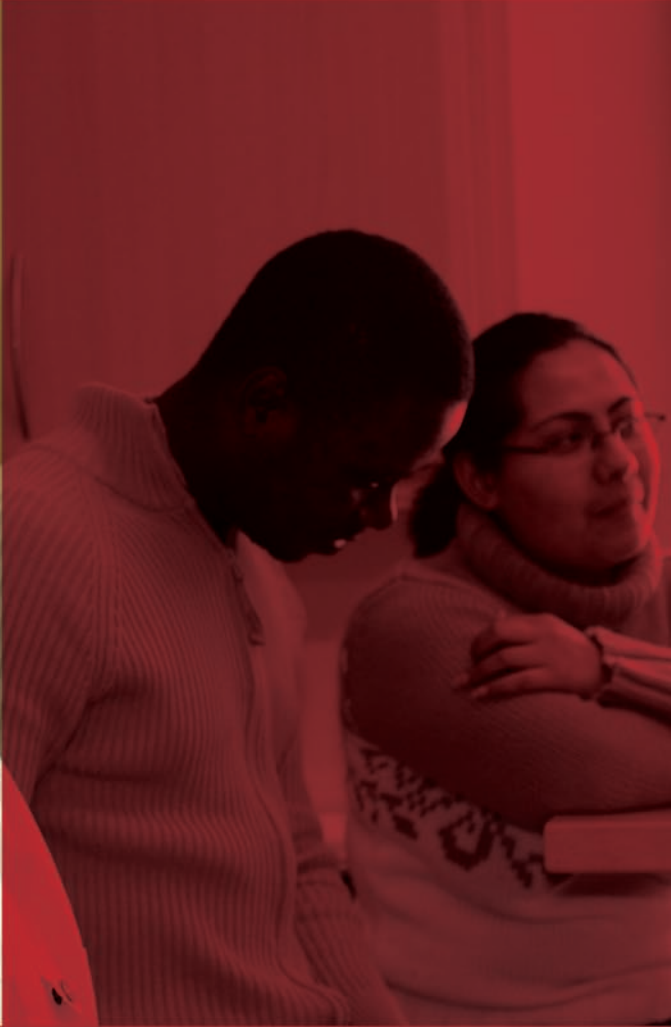




Strategic Plan 2007–2009





Mission Statement



“SPIRASI is a humanitarian, intercultural, non-governmental organisation that works with asylum seekers, refugees and other disadvantaged migrant groups, with special concern for survivors of torture. In partnership with others, SPIRASI enables access to specialist services to promote the well-being of the human person, and encourages self-reliance and integration into Ireland”.

Guiding Values

At SPIRASI, we treasure our inheritance of the resources of the world. In this spirit, we aspire to the liberating values of:

Humanity

as the basis for all our interactions

Equality

in access to services and in working relationships

Integrity

in personal and professional dealings

Respect

for the uniqueness of individuals and the diversity of their cultures

Solidarity

with disadvantaged people given practical expression through our work

SPIRASI Strategic Plan 2007–2009

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Abbreviations

ARCSS	<i>Asylum Seeker and Refugee Counselling Support Service</i>
CCST	<i>Centre for the Care of Survivors of Torture</i>
CEIM	<i>Centre for the Education and Integration of Migrants</i>
CHIP	<i>Centre for Health Information and Promotion</i>
CSO	<i>Central Statistics Office</i>
DPEA	<i>Des Places Education Association</i>
EIDHR	<i>European Initiative for Democracy and Human Rights</i>
ERF	<i>European Refugee Fund</i>
ESOL	<i>English for Speakers of Other Languages</i>
FÁS	<i>Foras Áiseanna Saothair (Training & Employment Authority)</i>
HSE	<i>Health Service Executive</i>
IELTS	<i>International English Language Testing System</i>
KDSC	<i>Kimmage Development Studies Centre</i>
ORAC	<i>Office of the Refugee Applications Commissioner</i>
RIA	<i>Reception and Integration Agency</i>
SDU	<i>Strategy and Development Unit</i>
SPIRASI	<i>Spiritan Asylum Services Initiative</i>
TEAM	<i>Training and Employment Assistance and Mentoring</i>
UNFVT	<i>United Nations Voluntary Fund for Victims of Torture</i>
VEC	<i>Vocational Education Committee</i>

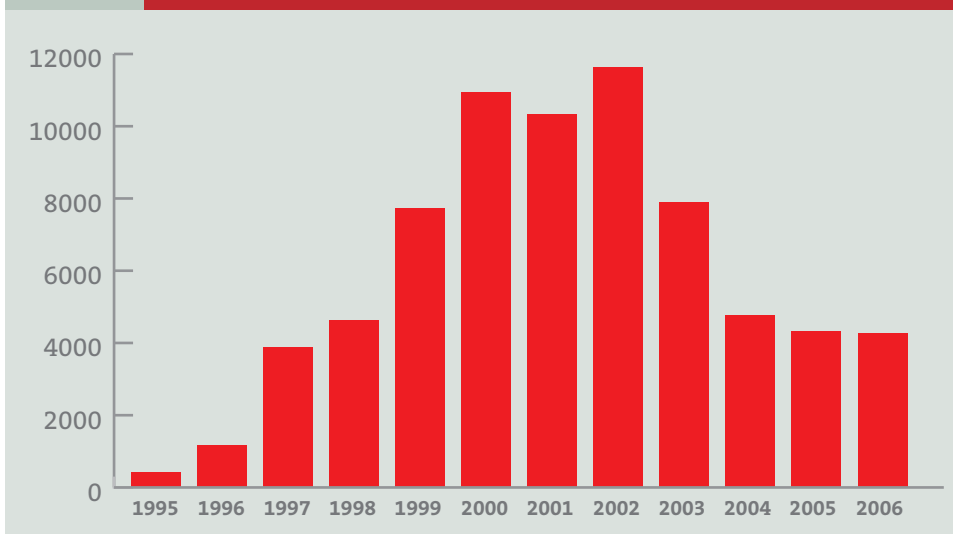


In the late 1990s, the number of asylum seekers in Ireland was growing rapidly but there was a lack of administrative or legislative preparedness. Little was known about their needs and there was limited statutory or voluntary provision of support services. A needs assessment study commissioned by the Congregation of the Holy Spirit (Spiritans) identified the following priorities:

- Resource materials on rights and entitlements of new arrivals
- Independent medical and psychosocial support for vulnerable torture survivors
- Provision of support services, including trained interpreters
- English language and IT training to enable integration
- Public awareness education and promotion of interculturalism

The response was to establish a non-profit organisation, *Spiritan Asylum Services Initiative* (SPIRASI), to work for the benefit and welfare of refugees and asylum seekers, especially in Ireland.

FIGURE 1: Numbers of Asylum Seekers, 1995–2006

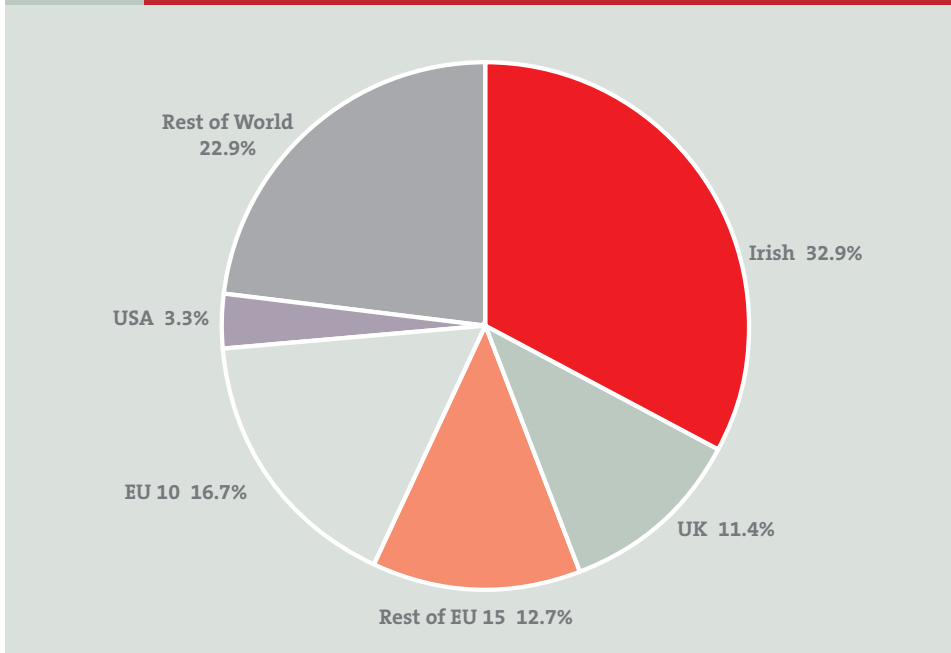


SOURCE: OFFICE OF THE REFUGEE APPLICATIONS COMMISSIONER (ORAC)

As illustrated in Figure 1, the number of asylum seekers¹ peaked in 2002 at almost 12,000, and then fell sharply before stabilising in recent years. To date, less than 10% of applicants have met the criteria for refugee status. In addition, small numbers have been granted Humanitarian Leave to Remain. Unofficial figures suggest that approximately 18,000 people have been granted Temporary Leave to Remain on the basis of having an Irish Born Child in 2005. Overall seeking refuge come from over 100 countries and cover a wide range of cultures and language groups.

Another major influence on the increasing diversity of the Irish population is the number of migrant workers coming into the country. In 2006, the Central Statistics Office estimated that 86,900 immigrants arrived in Ireland². There is an average growth in immigration to Ireland since 2002 of 10.4%. Figure 2 shows the overall composition of nationality of the 383,900 immigrants that arrived in Ireland from 2002 to 2006.

FIGURE 2: Composition of Immigrants by Nationality From 2002–2006



¹In legal terms, an asylum seeker is a person who seeks to be recognised as a refugee in accordance with international conventions, specifically those with a well-founded fear of persecution.

²CSO, Population and Migration Estimates April 2006, Ref 156/2006

Origins:

SPIRASI was established in 1999 under the trusteeship of the Congregation of the Holy Spirit. The Congregation has provided premises, key personnel and ongoing financial support.

Governance:

Under its Constitution, SPIRASI is governed by a Board of Directors, appointed by the Trustees; at least two-thirds of the Board must be other than members of the Congregation.

The Board, which meets at least quarterly, is responsible for the governance of SPIRASI and its remit includes: developing and monitoring policy, directing and approving major changes in programmes, approval of annual budgets and accounts, approval of management structures and rates of remuneration, approval of senior staff appointments and for proposing amendments to the Constitution for the approval of the Trustees. Major changes in the programmes of SPIRASI, which would alter its nature, are subject to the agreement of the Trustees.

The Director, who need not be a member of the Congregation, is appointed by the Trustees but subject to confirmation by the Board; s/he is responsible for the overall management and organisation of SPIRASI.

Programmes:

There are three core programmes –

Care of Survivors of Torture (*started 2001*)

Health Information (*started 2002*)

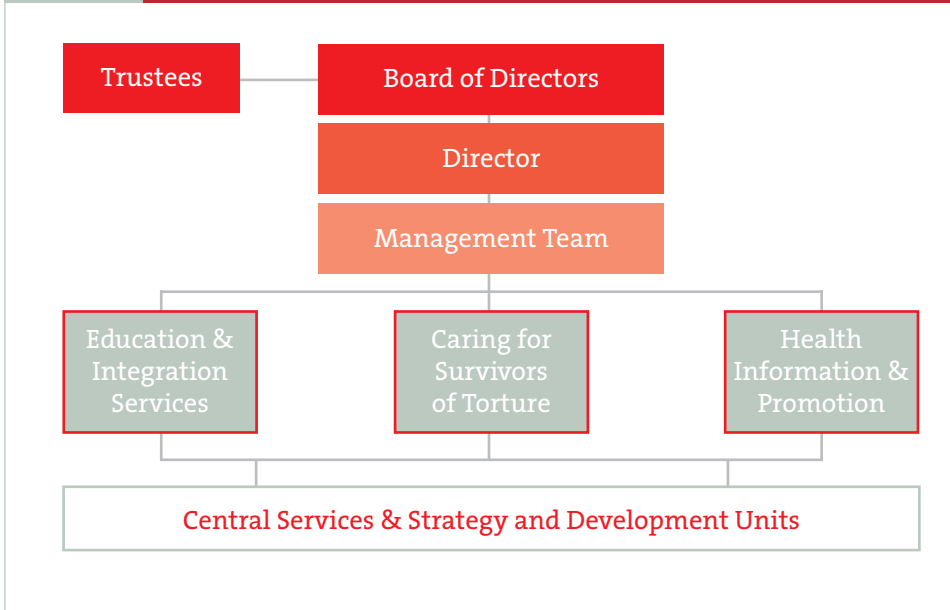
Education & Integration (*started 1999*)

There are also two support sections –

Strategy & Development

Central Services

FIGURE 3: Structure of SPIRASI



Centre for the Care of Survivors of Torture (CCST):

The overall objective is to work with survivors of torture to engage in a healing process to achieve their full potential. The specific objectives are:

- Provision of appropriate and culturally sensitive Medical, Mental Health and Complementary Therapies not provided in the statutory sector
- Improvement of access to statutory health and legal services
- Increased enablement and integration through Psychosocial Services

The programme has evolved from one which was primarily volunteer-led and volunteer-dependent to one managed by a core team with paid sessional staff providing the bulk of the medical and therapeutic input. This is supplemented by voluntary input, especially in relation to psychosocial outreach.

Medical referrals to CCST are mainly from General Practitioners or Health Boards while Medico-Legal referrals are from Refugee Legal Services. The total

number has risen from 84 in 2001 to 377 in 2006. The services have been accessed in the past mainly by asylum seekers rather than those who already have refugee status. The gender breakdown shows a mainly male profile but there is a decreasing proportion of women (27% in 2006).

Centre for Health Information & Promotion (CHIP):

The overall objective is to increase the capacity of minority ethnic communities to make more informed decisions about their health care. The specific objectives are:

- To facilitate asylum seekers access to and use of Irish health services by dissemination of information at point of entry and in accommodation centres
- To improve minority ethnic communities access to and experience of primary care services in health centres by developing and supporting their participation
- To work towards the elimination of barriers to care by improving communication and mediating between service providers and service users at health centres
- To assist other agencies and groups in establishing health information programmes

The health information pilot project was established late in 2002, as a partnership with the health services and the Reception and Integration Agency. Discussions with asylum seekers/refugees identified the need for a peer-led information service. The information service was initially provided at reception centres, reaching over 50% of the adults there in 2006 (39% female, 61% male).

An evaluation in 2003 recommended that the programme provide an information service for users of health centres and work closely with the service providers to assist them in managing the challenges created by cultural and linguistic differences. With the decline in the number of asylum seekers and their dispersal around the country, the Reception and Integration Agency requested the extension of similar services to the regions. At the same time, the Health Service Executive suggested that information services should be provided to the wider ethnic minority community.



Needs have been identified in a number of other areas, including:

- Peer mediated intervention with service providers and service users
- Development of additional training materials as needs change
- Training of peer educators and service providers; development of manuals
- Provision of life and citizenship information to legally resident migrants

The work has since expanded in several directions in 2006:

- Training and establishing a group to provide a peer led information service in accommodation centres in Limerick,
- Implementing a scoping exercise and short term activities in Roselawn Health Centre in the Dublin area,
- Managing a counselling referral service in partnership with the HSE in the Mosney Accomodation Centre (Asylum Seeker & Refugee Counselling Support Service – ARCSS), and
- Providing peer-led life-skills and citizenship classes to legally resident migrants who are accessing the CEIM education programme.

Centre for Education & Integration of Migrants (CEIM):

The overall objective is to promote self reliance and integration by providing educational and employment services.

The Centre currently provides a range of services that include:

- Education Programme – The education programme provides an integrated English Language and Computer Literacy course to asylum seekers and refugees through a range of Part-time and sessional professional trainers. The course is intensive and runs over twelve weeks for twenty hours per week, accommodating 60 students per semester, three times per year.
- Employment – CEIM have partnered with Business in the Community Ireland and others to provide the Employment for Parent of Irish Born Children (EPIC) Programme. The EPIC project aims to place 210 clients into direct employment. SPIRASI offers a 6 week intensive orientation course that will enable Parents of Irish Born Children to be economically viable in Irish society.
- Arts Project – The Art Project has been successfully operating since 2005 with clients from an immigrant background. The project works to include both immigrants and Irish nationals to promote social integration.

Strategy & Development Unit:

This support unit was established in November 2004. It is responsible for funding applications, donor relations and general fund-raising, for accounting and reporting, and also for coordinating information and public awareness. Senior management and different sections/programmes are also involved in public awareness activities.

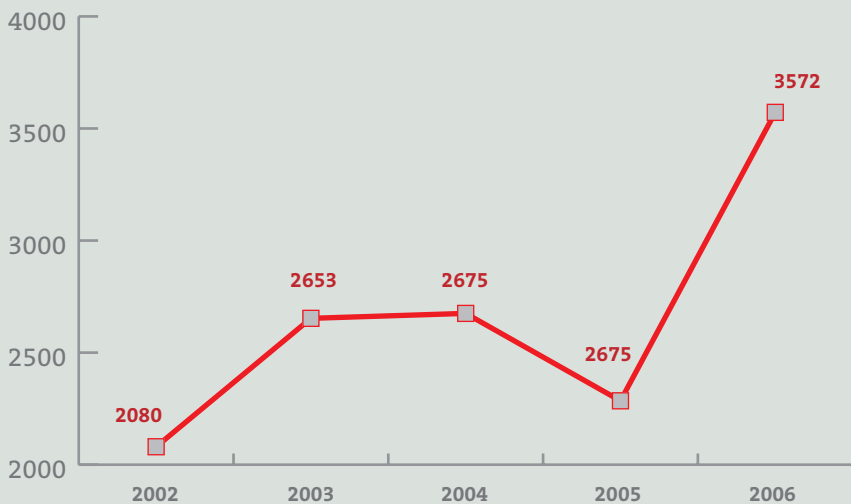
Central Services:

Central Services is responsible for key support services such as reception, buildings and plant maintenance.

Overall Participation:

The numbers of direct beneficiaries of all SPIRASI programmes in recent years are illustrated above; larger numbers benefit indirectly through training, workshops, awareness raising etc.

FIGURE 4: Direct Programme Beneficiaries 2002–2006



The rise in 2006 is attributable to a combination of larger numbers of asylum seekers accessing the health information services and an expansion of the range of services on offer by SPIRASI.

Gender breakdown:

The gender distribution across the range of services is illustrated below; it broadly reflects the breakdown in the numbers of asylum seekers with male applicants accounting for 62% of new applicants and women for 38%. In the case of CCST, only 28% of the clients are female which is in line with international experience.

FIGURE 5: Gender Distribution of Participants 2006

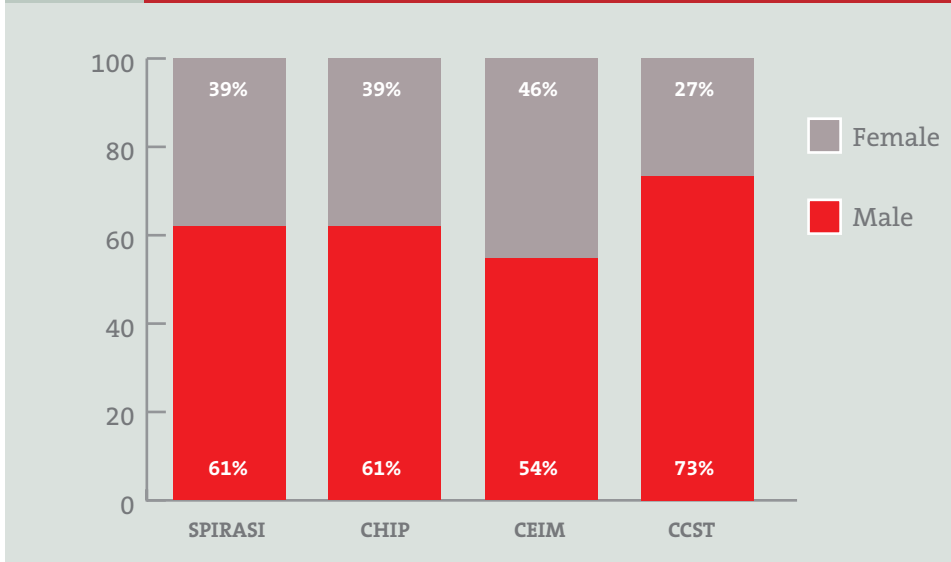
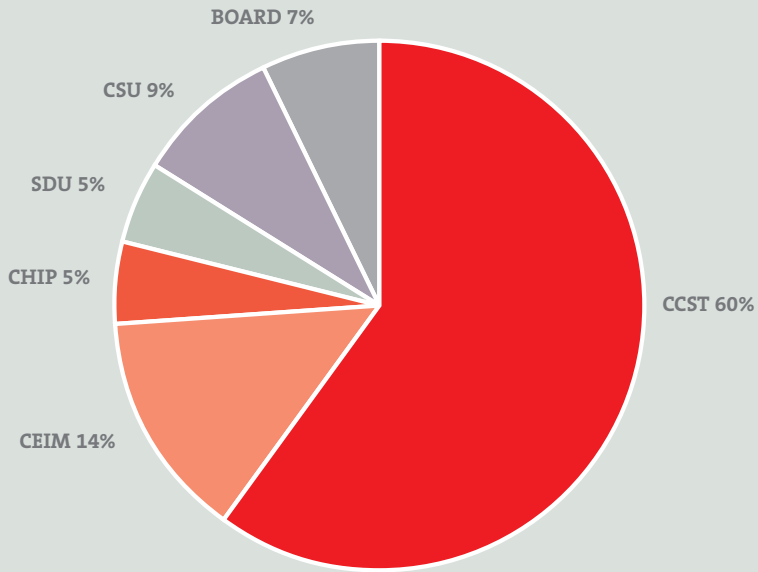




FIGURE 6: Staff Breakdown 2006



There are currently 128 people involved in the work of SPIRASI, of which 28 are full-time, 50+ part-time and almost 40 are volunteers. Core functions are carried out by professional staff (full-time or part-time), complemented by volunteers.

The gender breakdown is 51% female and 49% male.

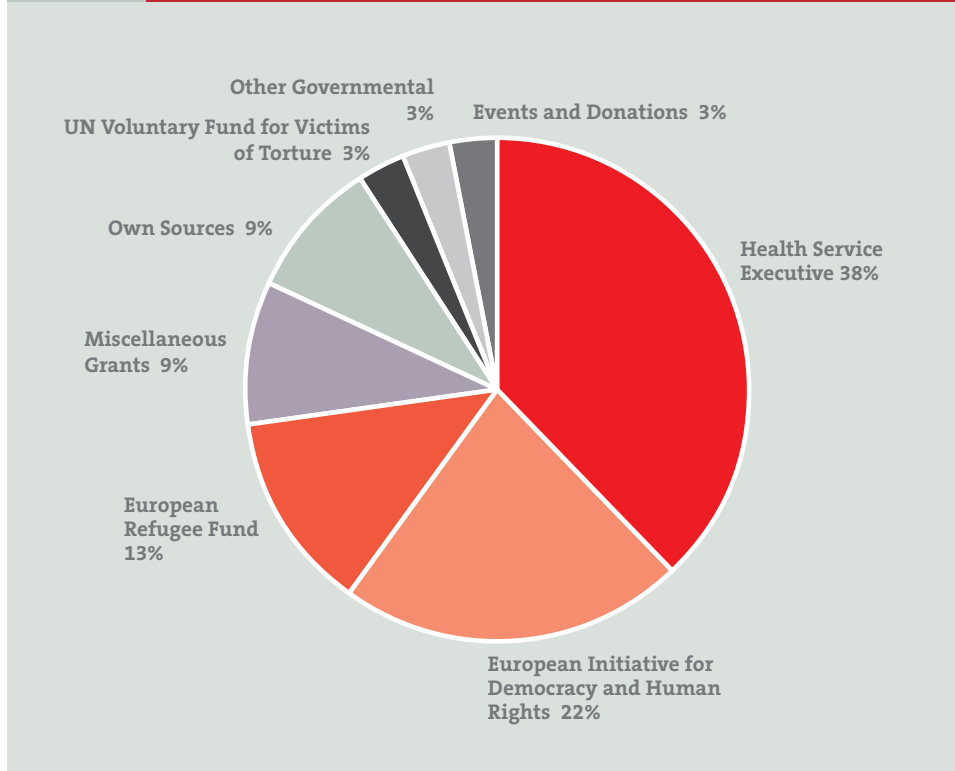
Budget



SOLIDARITY

Total real income for 2006 was €1,263,000; this excludes substantial in-kind contributions (including the use of the buildings) from the Congregation of the Holy Spirit (Spiritans). The principal funding sources were: Health Services Executive 38%, European Initiative for Democracy and Human Rights 22%, European Refugee Fund 13%, and own income 9%; the balance of income came from miscellaneous grants, government sources, UN, other governmental sources and events and Donations.

FIGURE 7: Breakdown of Funding Sources 2006



The principal changes in the external environment to which SPIRASI must respond are:

- Fewer numbers of asylum seekers; this will not necessarily lead to a lesser demand for all services but may permit a deeper response to their needs
- Dispersal of asylum seekers around the country, requiring a corresponding response of services
- Increasing numbers of refuge seekers with resident status who will have different needs and opportunities
- Greater recognition by authorities of need for measures to facilitate integration of ethnic minorities, potentially opening up new sources of funding
- Increased body of legislation and policies/regulations regarding asylum/refugee issues; the operating environment is now much more structured
- Speeding up of the asylum process which has implications for both service provision and advocacy
- Growth in the number and variety of voluntary (and official) organisations working with immigrants, thus requiring organisations to focus increasingly on their areas of strength and to cooperate/network with others
- Rapidly rising numbers of migrant workers – largely from different countries than asylum seekers/refugees; SPIRASI does not have a comparative advantage in working with this group
- Increasing opportunities for multi-annual funding which will facilitate longer-term planning
- Prospect of Charities Act which will impact on governance and operations

Conclusions

from Strategic Planning Process

The planning process started with a review of past experience, and then moved through the analysis of the changing environment to the identification of challenges and options, leading to firm proposals. The process was highly participative, including intensive staff/management/Board/Trustee discussions, consultations with external stakeholders and taking account of client feedback and past evaluations. In addition to the strategic issues, the process identified a range of operational issues which cannot be addressed in the strategic plan but will be taken up by management/staff.

The main conclusions emerging from the process were:

- There is a continuing need for the services and evidence of appreciation from clients, funders and other stakeholders
- The particular strengths of SPIRASI are the combination of professionalism and caring approach (ethos) plus synergies from different programmes
- The principal weakness has been insecurity of funding – short-term and uncertain
- The current physical facilities impose serious constraints on the scale and nature of the services provided
- The organisation has evolved from volunteer-dependent programmes to core groups of full-time staff, supplemented by part-time staff and volunteers
- No fundamental change is proposed in relation to CCST (Care of Survivors of Torture) or CHIP (Health Education), but there will be a broadening and deepening of existing programmes
- Broadening involves further outreach and regionalisation; deepening is enhancing quality, including enhanced interdisciplinarity
- There has been a fundamental rethink on CEIM (Education and Integration) and a refocusing around integration

Issues Specific to Individual Sections



The following are issues/options which are specific to individual sections.

CCST

- The falling number of asylum-seekers is not expected to lead to a decline in demand for services as more of those in need can be reached. There will be better opportunities for in-depth engagement with clients who acquire refugee status; there is also potential for development of regional services and multi-agency collaboration
- The multi-annual funding from EIDHR for the period 2005-2007 will permit the strengthening of professional staff (e.g. towards full-time on-site Physician and Counsellor); there is a need to enhance the interdisciplinary approach and case management, also documentation and research
- Most clients are referred by General Practitioners or Health Boards; there is a continuing need for both Medico-Legal and Medical/Psychosocial avenues but the processes need to be reviewed; currently, Medical Assessment provides the point of reference for treatment but the multi-disciplinary approach needs to be further developed; similarly, a wider range of expertise should be accessed for the Medico-Legal assessments
- A Legal information and mediation service, which is not exclusive to CCST clients, is currently provided on a limited basis; it is intended to explore if there are unmet needs in this area and to expand the service if necessary



CHIP

- The declining number of asylum-seekers is not yet leading to a fall in demand for services as a higher proportion of the client base is reached; there are also requests to work with the wider community of minority ethnic groups/asylum seekers
- There are opportunities for extension of the proven peer-led information service – to community health centres regionally; this would require additional resources
- A more diversified approach is envisaged: continuing orientation and health promotion for asylum-seekers and ethnic minority groups; peer-led mediation service between clients and providers; enhanced work on development of materials, training and research

CEIM

- It is proposed to refocus on Integration, which implies priority to those with defined residency status; this will involve strengthening English Language teaching, introduction of 'Life Skills for Citizenship', an enhanced employment programme; integration of computer applications in literacy/employment courses; and social integration activities (including mentoring)
- This programme has suffered from irregular and inadequate funding, accentuated by past management and staff turnover; continuing VEC support and possible multi-annual funding (ERF) for an integration/employment programme would provide more stability
- An enhanced Arts programme is envisaged as part of the integrated education approach but also with possibilities for separate activities

Strategy & Development

- This unit is funded through a share of programme budgets; half of the staff are on short-term scheme funding which is not conducive to capacity development
- There is a need to enhance public/business fund-raising, to provide flexibility and reserves; a Strategy and Plan for fund-raising will be developed in 2006; serious fund-raising needs resources to get started
- Enhancement of the awareness raising/advocacy role is a priority; this would be based on evidence including documentation of SPIRASI experience; it would require additional resources but some potential sources have been identified

Central Services

- The key issue here is accommodation; facilities are stretched at present and some expansion is proposed in each programme; there are also additional health and safety issues, including disability access & security. A Spatial Development Plan will be prepared in 2007.
- There is an ongoing issue relating to child care – a specific child-minding concern re CCST appointments and lack of child care as a constraint on participation in CEIM programmes; an appropriate solution has not yet been found but further options are being explored

Status and Structures of SPIRASI:

The organisation currently operates under the Spiritan umbrella (including use of their Charity Number); this causes some confusion with donors (and staff) and limits the possibility of claiming tax relief on donations. The relationship with the Trustees is of central importance but different models exist within the Congregation of the Holy Spirit (Spiritans), e.g. Des Places Education Association (DPEA), Kimmage Development Studies Centre (KDSC). The possibility of establishing SPIRASI as a separate Company will be investigated and proposals formulated within the next year.

Primary Constituency:

The focus has been on 'asylum-seekers' but is now shifting in some programmes to those with refugee status, because the comparative advantage of SPIRASI lies in providing specialised services. However, the focus will remain on those from an asylum-seeking background, i.e. not economic migrants. The focus is already clear for CCST (torture survivors, but there is enhanced therapeutic potential for those with refugee status); it is broader for CHIP (asylum-seekers and ethnic minorities), and it is becoming clearer for CEIM (integration of those with status). Potential new needs and opportunities may emerge from the research work envisaged.

Awareness Raising/Advocacy Role:

To date, advocacy has been a combination of quiet diplomacy and limited public education activities. The core work continues to be the provision of educational and healthcare services for asylum seekers, refugees, and survivors of torture.

In addition, SPIRASI will undertake a more active advocacy role in three key areas:

- The prevention of torture at national and international levels
- Public awareness education initiatives on the educational and healthcare needs of clients
- Research and publications to provide a sound foundation for evidence-based advocacy



SPIRASI already has a significant involvement in 21 networks, including transitional partnerships and this will be enhanced.

It is intended to pursue a coherent approach to advocacy. When funding becomes available, a Communications and Advocacy Officer will be appointed to coordinate and implement advocacy endeavours.

External Training:

There is an increasing number of requests for training of service providers and other organisations about asylum seeker/refugee health and mental health issues; staff across the different programmes often link up to provide training activities together. There is a need to move on from current ad hoc responses to a more structured service; this would involve more coordination of training and enhancement of capabilities. There are opportunities to develop resource materials in association with the CHIP team on a wider range of refugee related issues.

Regional Outreach:

The need for outreach arises from the dispersal of asylum-seekers and refugees. An incremental approach is planned, e.g. possible Cork centre for CCST, development of appropriate model for health education in the regions arising out of CHIP's Dublin and Limerick experience. The model of the Asylum and Refugee Counselling Support Service (ARCSS), which is operated in partnership with HSE Northern Eastern Area, may also be of relevance in planning further outreach.

Partnerships:

The concept is already well established and formalised in CCST and CHIP, e.g. stakeholders involved in Management Committees; it is now being extended to CEIM. Possibilities will be explored with other partners in the regions, including regional health bodies. There are also opportunities for expanded international partnerships, including mentoring of emerging centres in Eastern Europe and Africa.

Human Resources:

The expanded programme which is envisaged would require some additional staff in almost all areas. It is also intended to convert short-term externally funded posts to full-time salaried positions as they are central to the operations of the organisation. Volunteers will continue to play a large part in many activities, especially outreach, social integration and teaching. The short-term nature of much funding in the past has constrained staff development but it is recognised that this must be enhanced. A formal staff development programme will be drawn up in the first year of this plan.

Synergies:

The core programmes have developed in parallel over the years but have cooperated on specific activities as required. It is intended to strengthen the synergies between the programmes in order to enhance the services to clients and to develop combined approaches to emerging needs/opportunities, e.g. regionalisation. Appropriate systems and procedures will be put in place to promote cross-programme synergies.

Financial Stability:

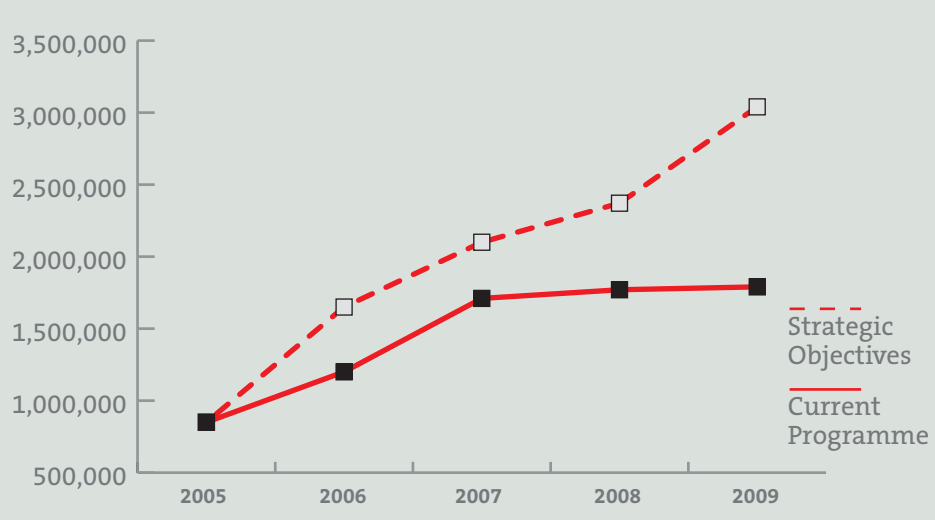
There has been considerable success with funding agencies, including multi-annual funding. However, the total reliance on official agencies has led to problems in the recent past, e.g. delays in funding. A priority now is to increase fund-raising from the private/business sector, to provide flexibility and a reserve fund. A Strategy and Plan will be prepared but seed funding is required.

The current programme already implies almost a 50% increase in the budget, to €1.65 million. The expansions and quality improvements summarised above would lead to a further 80% increase to €3.0 million by 2009. The increased funding requirement would result from: a) additional staff, b) conversion of short-term FAS-funded posts to full salaried positions, c) regional outreach, d) expanded international activities and e) enhanced awareness raising and fund raising. These projections cover programme expenditure only and do not provide for any major capital expenditure which may be required.

Funding has substantially been secured for the existing programme in the short term. Although over half of the funding for the expanded programme has yet to be secured, SPIRASI has identified a number of possible sources (including existing funders) and also intends to expand its fund-raising from the public/corporate sector.

The figure below illustrates the budgets for the current programme and also for a phased expanded programme.

FIGURE 8: Income Required: Current Programmes and Implementation of Strategic Objectives (€000s)



The budget shares of the different programmes are not expected to change significantly, i.e. the expansion would be across all areas of work and not concentrated in one.

Monitoring and Evaluation



The work of SPIRASI is guided by operational values of Accountability, Transparency and Inclusion.

All programmes are monitored in the first instance by Centre management/ staff who report on progress to their Management Committees – already in place for CCST and CHIP, to be established for CEIM. The overall Management Committee for SPIRASI brings together all senior staff to review progress and issues on a weekly basis and there is a full staff meeting each month. The Director reports to the Board on the overall picture and strategic issues. In addition, there is parallel reporting to all funding agencies.

Although Annual Reports were prepared internally in the past, they have not been published. It is now intended to publish a formal Annual Report each year.

Internal and external evaluations have been carried out on each of the major programmes but not on a regular schedule³. The introduction of multi-annual funding both permits and requires the regularisation of evaluation activities. It is intended to undertake an external evaluation of each major programme every three years; reports will be submitted to the Board together with management's response.

³CCST and CHIP in 2003, CEIM in 2004 and the TEAM project in 2005.

SPIRASI is conscious of working in a risky environment and will further strengthen its management practices to cope with these risks.

There is an ongoing political risk in relation to the scale and pattern of migration and related changes in legislation, at both European Union and domestic levels. SPIRASI has demonstrated a capacity to adapt to changing circumstances in the past and will continue to be a responsive organisation.

On the financial side the main problem has been the uncertainty of funding because of the reliance on short-term donor support. This has been alleviated somewhat by the recent success in attracting multi-annual support and additional opportunities are opening up. The key strategy has been to diversify the sources of funding and this will continue. It is also intended to increase the share of the budget raised directly (from earned income and public/corporate fund-raising) to 20% by 2008; this will provide more flexibility and allow for the creation of a contingency fund.

On the expenditure side, the need to report to a range of donors has imposed its own disciplines. Appropriate accounting systems have been developed and will be further strengthened. Although SPIRASI is not yet a separate company, it follows good corporate management practices, including annual audit of accounts. The new Charities legislation and possible changes in status may impose additional requirements.

Of particular concern to a service organisation like SPIRASI which is working with vulnerable people is the issue of reputation risk. Professional staff provide all core services and they operate to professional standards; they have appropriate indemnity insurance. The appointment of on-site professional staff (physician and counsellor) indicates the commitment to strengthening clinical management and systems. The nature of some of the work can lead to a high level of stress, risk and vicarious trauma; there is a need to draw up and implement standard best practice procedures for the caring of the carers.

The changing nature and uncertainty of asylum seeker/refugee trends and issues means that SPIRASI must continue to be a flexible and responsive organisation, listening and responding to the needs of its clients and the concerns of its stakeholders.

SPIRASI is operating in an uncertain environment, both as regards the wider asylum seeker/refugee context and more specifically as regards funding. As it is necessary to put a number of building blocks in place and to identify additional sources of funding, it is not possible to be precise about the time-scale for implementation of specific components of the plan at this stage. However, it is possible to be relatively specific about the preparatory activities which must be undertaken in 2006 to lay the groundwork for programme enhancement and expansion.

The key actions, lead responsibilities and indicative time scales are summarised opposite – these will be incorporated into the annual work plans of the sections involved.

Each of these actions will lead to policy/strategy papers for consideration by the Director and presentation to the Board over the course of the year, with the objective of having the key elements in place by the end of 2007. They will then be incorporated into operational plans for 2008 and 2009.

It is intended that the Strategic Plan will be a living document which will be reviewed by the Board each year and updated as required.



ACTION	LEAD RESPONSIBILITY	COMPLETION DATE
Preparation of Spatial Plan	Central Services	<i>Draft by August 2007</i>
Proposals on Legal Status Governance Structure	Board of Directors	<i>Paper for Board & Trustees by June 2007</i>
Staff Development Plan	Assistant Director	<i>Complete by May 2007</i>
Internal Review of & Medico-Legal Medical Assessments	Senior Physician & CCST Manager	<i>Draft by June 2007</i>
Legal Information & Mediation Service	CCST Manager	<i>Discussion Paper by March 2007</i>
Regionalisation of Services	CCST/CHIP Managers	<i>Draft by April 2007</i>
Employment & Integration Services	CEIM Manager	<i>Detailed Review & Proposal by March 2007</i>
Fund Raising Strategy	SDU Manager	<i>Draft Proposal by February 2007</i>
Research and Advocacy	SDU Manager, & Programme Managers	<i>Draft Proposal by September 2007</i>
External Evaluation of All SPIRASI Programmes	Director & Assistant Director	<i>Draft Evaluation Text by December 2007</i>



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