

victorian AIDS council
gay men's health centre
annual report

02.03



statement of purpose

Victorian AIDS Council/Gay Men's Health Centre ESTABLISHED IN 1983

The Victorian AIDS Council was formed in 1983 as the central part of the Victorian gay community's response to HIV/AIDS. In 1986 the Gay Men's Health Centre was formed to address the broader health needs of the gay community. Together, the Victorian AIDS Council and Gay Men's Health Centre work to confront the continuing challenges of the HIV/AIDS epidemic and, increasingly, the gay community's broader health concerns. Our core work aims to preserve the independence, dignity and health of people with HIV/AIDS and to reduce the transmission of HIV.

We are committed to social justice and social change. Since our inception we have been a strategic partner of government, hospitals and other service providers. Our effectiveness and inspiration come from the hard work and dedication of our volunteers and paid staff, who are men and women of many backgrounds, and from the ongoing support of the communities we serve.

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president's report

Darren Russell PRESIDENT VAC/GMHC

“With regards to the future for HIV/ AIDS, and for the VAC/GMHC, there are ominous rumblings from the Federal Government. There is a creeping conservatism in Federal politics that should ring alarm bells for those of us concerned with the issues surrounding HIV/AIDS.”

01

The last twelve months have been a very interesting and a very busy time for your VAC/GMHC! The increase in new diagnoses of HIV in Victoria continues. The number of new notifications for HIV in Victoria last year was 234, an increase of 7 per cent on the 2001 figures. Once again, the changes are across all age groups, giving lie to the claim of some reporters that it is just the young, dance-club crowd who are at risk. And now, for the first time in many years, the HIV notification rates are rising in New South Wales and Queensland. Our Health Promotion Program will soon commence rolling out an education program encouraging more gay men, and other men who have sex with men but do not identify as gay, to undergo HIV testing, as the recent fall-off in testing rates may be a significant factor in the rising rates of HIV infection. All of us need to double our efforts to prevent the transmission of HIV for which there remains no cure, and for which a cure is most unlikely to be found in the next few years. With regards to our financial position, it was looking as though there would be a large deficit for the 2003/2004 financial year. Some extraordinary costs over the last two years, coupled with increased demands for our services, and a fall in the real value of government funding provided to us, led us into urgent negotiations with the Department of Human Services (DHS), our principal funders. We were successful in obtaining sufficient funding to avoid having to reduce any services, but we will need further negotiations with DHS if we are to bring in a balanced budget in 2003-04. The coming years, however, will remain tight, with no real relief in sight. Nearly all community-based agencies in Victoria are going through similar issues, with increasing demands for services, and a real decline in Government funding and in the ability to effectively fund-raise. Budgetary issues will need to remain foremost in the Board's work. Our Positive Living Centre is a busy place and the Community Support Program is providing care for the many clients who need the support of our staff and volunteers. Last year's review and the subsequent changes to the Program have seen us better focus on the needs of our clients. There are numerous other activities operating out of the Positive Living Centre, all aimed at supporting people living with HIV/AIDS, and the majority of which are operated free of charge. This facility and its services are a tremendous asset to our communities. The David Williams Fund, started in 1986, continues to provide over \$100,000 annually to PLWHAs in financial need. We remain dependent on donations to allow this fund to operate effectively, with the sale of Red Ribbons and the generosity of MAC Cosmetics allowing us to continue this vital work.

Counselling services and The Centre Clinic continue to see clients and to ease the burden of living with HIV/AIDS. They also work to build self-esteem in those at risk of acquiring HIV, and to help prevent transmissions from occurring. More broadly, they serve the health and emotional needs of the gay, lesbian, bisexual and transgender communities. These communities are often not dealt with well by other agencies, and the specialist care we provide is exemplary. Staff and volunteer counsellors work with some of the most marginalised and needy people in our society, and do a magnificent job. With regards to the future for HIV/AIDS, and for the VAC/GMHC, there are ominous rumblings from the Federal Government. There is a creeping conservatism in Federal politics that should ring alarm bells for those of us concerned with the issues surrounding HIV/AIDS. The review of the 4th National Strategy on HIV/AIDS was handed to the federal Health Minister many months ago, and its recommendations are yet to be released. Given the rises in HIV notifications in the three eastern states, a strong response is required from government, yet this seems to be lacking. It is also vital that the harm reduction response to injecting drug usage be maintained. Abstinence based programs have their place, but only alongside a variety of other programs and approaches that have been proven over and over again to be highly effective. We need only look at the experience in the USA where HIV has spread explosively via injecting drug use into the broader heterosexual community. Maintenance of needle and syringe programs and the enhanced provision of pharmacotherapies such as methadone, buprenorphine and naltrexone remain our best defence against this eventuality. On a personal note, I shall be stepping down after three years as President of the VAC/GMHC. It hasn't always been an easy role to fill, but I have always found it interesting and stimulating. I hope that in some small way I have helped the organisation, and the communities' response to HIV/AIDS. The help and support I have received from fellow Board members, staff, volunteers and clients has been immense, and I thank you all. May you keep up the good work, fight the necessary battles, and find fulfilment in helping others.



executive director's report

Mike Kennedy EXECUTIVE DIRECTOR VAC/GMHC

“I am constantly humbled and energised by peoples’ willingness to give their time to assist us with our work... to the multitude of activities which add value to the work that we do, and that give the government and community a far greater return than they could afford if they had to pay commercial rates for all of the services we deliver.”

Twenty years ago, on 12 July 1983, about 70 people packed into the dining room at the Laird Hotel and passed a motion to establish the Victorian AIDS Action Committee (VAAC). This meeting followed a meeting attended by more than 300 people about a month earlier when the health sub-committee of the ALSO Foundation had called a community meeting at the Royal Dental Hospital to provide the gay community with information and to answer questions about AIDS, the disease that had been named by the Center for Disease Control in Atlanta in September of the previous year.

It took another year for the organisation to incorporate and for the Victorian AIDS Council to be born (on 4 December 1984). I am sure that those visionary community members could not have anticipated that, twenty years later, the current VAC/GMHC would continue as a government funded organisation employing 48 staff and relying on the work of several hundred volunteers and with an annual operating revenue of around \$3.8 million.

Yet many of the challenges that confronted our communities in 1983 are still with us today. How do we work with communities at risk of HIV infection to undertake effective HIV prevention work? What are the best ways to provide high quality care and support for people living with HIV/AIDS that improve their quality of life and maximise their independence? How can we get government to recognize the value of our work and fund it adequately?

The review of VAC/GMHC that is being undertaken currently by the Department of Human Services has thrown these questions into even sharper focus as we have worked for the past few months on preparing our submission to the review. Our conclusions about the environment in which we are working are sobering ones – HIV notifications are increasing for the third successive year in Victoria; sexually transmitted infections (gonorrhoea, Chlamydia and syphilis) are also on the increase, particularly amongst gay men; we have more people living with HIV/AIDS than we have ever had in Victoria; demand for our services is increasing; the complexity of the work we are called on to do is increasing; while funding has declined, in real terms, over the past several years.

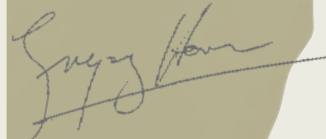
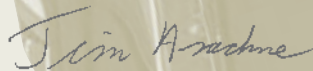
While we maintain good relationships with the government in Victoria, the tensions about the inadequate level at which they are purchasing services from us, and their inadequate response to the issue of cost indexation for the community sector in general, are potential sources of conflict within the next year. At the Commonwealth level, the picture is bleaker. Foreshadowed changes to Medicare, the Pharmaceutical Benefits Scheme, income support for people with illness or disability, the proposed move from harm minimization to harm prevention (abstinence-based programs) in the alcohol and drug area, and the role and definition of charitable organisations have the potential to have a severe impact on our members and clients, and on our future viability as a community based organisation. The delays in releasing the report on the evaluation of the 4th National HIV/AIDS Strategy and commencing work on the development of a 5th National HIV/AIDS Strategy are inexcusable at a time when HIV is on the increase and demand for services is skyrocketing in all States and Territories. The strength of our relationships with other community based organisations, and the coalitions we have formed or participate in at a State and Commonwealth level mean we are not fighting these battles on our own. However, solidarity amongst community organisations may not be enough to prevent undesirable outcomes and we may need to call on our members and supporters in the coming year to join in campaigns to protect our hard won gains over the past two decades.

We ask a lot of our Board, our volunteers and our staff as we attempt to negotiate our way through this complex environment and deliver good outcomes for our communities. I am constantly humbled and energised by peoples’ willingness to give their time to assist us with our work—from preparing a policy submission, to driving clients to medical appointments, to staffing our reception desk, to counseling clients, to providing support to enable clients to live independently in the community, to facilitating our health promotion groups, to the multitude of activities which add value to the work that we do, and that give the government and community a far greater return than they could afford if they had to pay commercial rates for all of the services we deliver.

Thank you all, again, for the fantastic work you have done this year and I look forward to continuing our association in 2003-04. Finally, I would particularly like to acknowledge publicly the personal and professional support I have received from Darren Russell in the past three years during his time as President and thank him for his work on our behalf.



board report



board planning

board's work plan

03

The 2002-03 year has been another busy one for the Board. This was the year in which two-year Board terms became fully operational. Darren Russell, John Daye and Brian Price served the second year of their two-year term, and their positions come up for election in October this year. Doris Beecher, Kevin Guiney and Jon Willis commenced two year terms and their positions will come up for election in October 2004. Kim Glover was co-opted to the Board for another term. Greg Horn was appointed to the Board as the representative of PLWHA (Victoria), replacing David Menadue who had served in that position for several years. David subsequently took up the position of President of the National Association of People Living with HIV/AIDS. Jim Arachne joined the Board part way through the year as staff representative. The Board elected Darren Russell as President, Kevin Guiney as Vice-President/Secretary and Jon Willis as Treasurer.

Each year soon after its election, the Board meets for a day to plan its program for the year. Progress with this work plan then becomes a standing agenda for Board meetings throughout the rest of the Board's term. All substantive matters that go to the Board are accompanied by a Board Briefing Paper and the Board considered 30 such papers this year ranging from internal issues like the finalisation of our lease at Acland Street, St Kilda to big picture external issues like the potential impact of the Australia-United States free trade negotiations on the Pharmaceutical Benefits Scheme. The major issue identified by the Board at its planning day was the inadequacy of the existing funding to cover the costs of delivering our services. The Board decided to bring forward the process of preparing the 2003-04 budget and to enter into early negotiations with the Department of Human Services about our contract. This issue is reported on in more detail later in this report.

As it had done in previous years, the Board decided to establish or continue a range of committees to progress its work plan. This model enables the committees to work through a level of detail that would be impossible at a Board meeting and has the added benefit of enabling the Board to draw on a wider pool of participants to progress its work. Each committee contains at least two Board members, one of whom is usually the Chair, and other members are drawn from staff, volunteers, clients and external members with particular expertise in the work area of the committee. Committee reports are a standing item on Board agendas and any related decisions are made by the Board on the committee's recommendation.



board committees

STRATEGIC VISION IMPLEMENTATION COMMITTEE

Kim Glover chaired the Strategic Vision Implementation Committee. The Committee's purpose was to monitor the progress of the Annual Operating Plan and ensure that this plan was aligned with the Strategic Vision, report regularly to the VAC/GMHC Board and alert it to any key operating or funding issues, and plan for the review of the Strategic Vision during 2003. During the year, the Board accepted a recommendation from the Committee that the review of the Strategic Vision and the development of its next version be postponed until after the DHS review of VAC/ GMHC. This work will now take place early in the life of the new Board and should be completed in the first half of 2004.

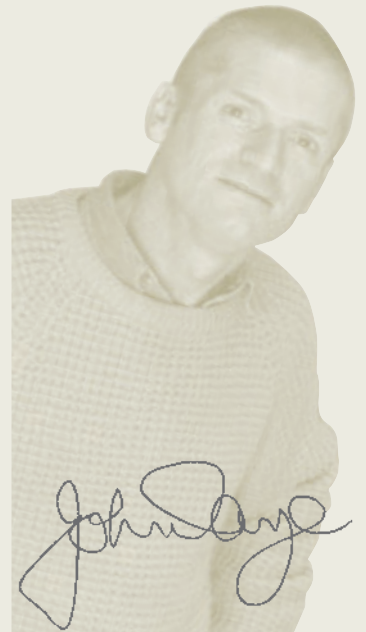


FUNDRAISING & MARKETING STRATEGIC DEVELOPMENT COMMITTEE

Brian Price chaired the Fundraising and Marketing Strategic Development Committee. This continues to be a complex and difficult area of the Board's work as fundraising for charitable purposes becomes more competitive. Several reviews of our fundraising strategies have been conducted over the past decade and all make the point that the organisation will need to invest substantial money in this area if it hopes to see long-term returns—the last of these reviews recommended that three full-time paid positions was a minimum necessary staffing complement, for example. Government funding is not available for such a unit and organisational reserves would face a substantial drain before significant returns could be expected. The Board has also been mindful of the difficulties encountered by other AIDS Councils and the AIDS Trust of Australia in making progress in this area. This will remain an area of focus for the incoming Board.

RESEARCH PROMOTION AND ETHICS COMMITTEE

Dr Jeffrey Grierson chaired the Research Promotion and Ethics Committee. The role of the Committee is two-fold—to review research projects to maximise their benefit for our constituent communities and to encourage an active and critical research culture within the organisation. The committee also works to promote a culture of evidence based practice and critical reflection within the organisation. This includes improving staff and volunteer access to, and understanding of, relevant research. The Committee reviewed eight applications during the year covering a diverse range of research proposals into both clinical and social issues. Seven applications were endorsed, some after enhancements suggested by the Committee were accepted by the researcher.



POLITICAL ORGANISING STRATEGIC DEVELOPMENT COMMITTEE

John Daye chaired the Political Organising Strategic Development Committee. The role of the Committee is to progress those political strategic issues that need more attention and a broader range of input than can occur at monthly Board meetings. As in previous years, the Committee drew on external sources for advice and input on specific issues. The major issues on which the Committee has worked during the year are the review of HIV-related housing, the implementation plan for the Victorian HIV/AIDS Strategy, and the coordination of VAC/GMHC input into the VCOSS campaign for adequate funding of the community sector in Victoria. However, the committee also addressed a number of secondary issues or issues where VAC/GMHC was working in partnership with other organisations at a State or National level including the review of the 4th National HIV/AIDS Strategy and lobbying for a 5th National HIV/AIDS Strategy, medical marijuana, welfare reform, proposed Medicare reforms, proposed PBS reforms and the potential impact on the Pharmaceutical Benefits Scheme of a free trade agreement with the US.



FINANCE COMMITTEE

Jon Willis chaired the Finance Committee. This year, in addition to its main role of overseeing the monthly financial reports and monitoring progress against the agreed budget, the Committee led the Board discussions about the preparation and funding of the 2003-04 budget.

Each year about 85 per cent of our annual operating revenue comes from our contract with the Department of Human Services. Victoria receives this money as part of a block grant from the Commonwealth under the terms of the Public Health Outcomes Funding Agreement (PHOFA) that funds HIV/AIDS programs and eight other health program areas. The PHOFA process commenced in 1997 and replaced the old AIDS Matched Funding Program under which the State and Commonwealth provided matched amounts of dedicated funding for HIV/AIDS programs. Since the implementation of the PHOFAs, it is fair to say that it has been much harder for us to track the money coming from the Commonwealth and where it is being spent by the State.

The annual payment from the Commonwealth to Victoria under the PHOFA contains an indexation increase each year to cover cost increases. However the Department has not passed this increase on to agencies it funds in the HIV/AIDS sector and despite vigorous campaigning by VAC/GMHC, we have been paid an indexation amount only three times since 1997. This has meant that we have had to absorb cost increases and wages increases with no additional funding from the Department. We estimate that we have lost approximately \$500,000 in funding over this period, in real terms.

Our projected budget for 2003-04, to deliver the existing level of services we were providing in 2002-03, revealed that we would have a shortfall of \$347,112. The Board decided that we could not carry this level of deficit given the drain on our reserves in recent years. In 2000-2001 we had to draw on reserves to replace the air conditioning at Claremont Street. In 2001-02 we had to draw on reserves to fit out the Braille Library and the Centre Clinic when they moved to new premises. In 2002-03 we had to draw on reserves to reinstate the old building at Acland Street once the PLC and Centre Clinic moved out.



AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

This has resulted in the organisation drawing more than \$500,000 from reserves in the past three financial years. Our approach to DHS for additional funding resulted in a one-off payment of \$100,000 in June 2003, most of which we were able to roll over into 2003-04. The management team and the Board also reworked the budget to further reduce expenditure and boost projected income. The Board approved an interim budget with a small projected deficit subject to further discussions with DHS following the VAC/GMHC review. However, the Board has indicated to the Department that it is unwilling and unable to run a deficit budget and will need to reduce services if additional funding cannot be provided.

VAC/GMHC is a member of the Australian Federation of AIDS Organisations and Mike Kennedy, the Executive Director, is an elected member of the AFAO Board. AFAO holds general meetings twice a year, in April/May and October/November. The VAC/GMHC delegates to AFAO were Darren Russell and Kevin Guiney.

counselling services

Nicci Rossel MANAGER Counselling Services



Reflecting on the last twelve months elicits themes of an expanding service, a wide range of challenges and a committed team of dedicated paid staff, volunteer counsellors, interns, students and supervisors. Counselling Services continues to run on a very busy schedule. This year has been an eventful and demanding one with highlights that include:

CLIENT EVALUATION SURVEY To ensure that we continue to deliver a service that meets the needs of our clients we have developed a client evaluation survey (CES). While the distribution of this survey is in its infant stage, we have, with permission from willing clients, surveyed a random sample to evaluate their experience of the VAC/GMHC Counselling Service.

The preliminary results of this survey indicate that clients' experience of the counseling service has been positive. The CES, for example, indicates that our clients are either referred by health professionals or by friends who have themselves been clients of our service and access our service because it is gay specific, gay friendly and non-judgmental. This has been very encouraging and confirms that our service is very highly regarded in the community. We expect to have the client evaluations implemented fully in 2004.

INCREASE IN CLIENT NUMBERS There has been a general increase in the number of clients accessing Counselling Services with an increasing number of HIV positive clients. More appointments have been made available to meet the needs of clients who have been diagnosed recently with HIV.

GROUPS COUNSELLING SERVICES As a joint initiative with the Health Promotion Team, we have conducted two groups for negative partners of positive men in 2002-03. The interest and response to such groups has been overwhelmingly positive and due to this success the groups will be offered again in 2004.

INTERNSHIP PROGRAM We have continued to maintain an Intern program with Gestalt Therapy Australia (GTA) and Gestalt Institute Melbourne (GIM). Additionally, this year we have established an Internship program with Williams Road Family Therapy. Building on the success of this initiative, we are presently developing more partnerships and next year we will add trainee counsellors from the Australian College of Contemporary Somatic Psychotherapists to our Internship Program.

STUDENT PLACEMENTS We are continuing to provide placements for students from Victorian Universities. This year we have had six students from several universities including Ballarat, Monash, Melbourne, La Trobe and Deakin. Upon completion of their placement, students are able to take their knowledge and sensitivity for our client groups with them to future employment. This is significant on many levels as it increases sensitivity to gay issues in the broader community and it also contributes to a professional network of GLBT sensitive practitioners.

VOLUNTEER COUNSELLORS This year we have seen an increase, from 15 to 18, in the number of Sessional Counsellors who volunteer their professional counselling services to clients. Our team of counsellors has diverse skills and includes couples therapists, social workers, psychologists and psychotherapists from a range of disciplines.

CHALLENGES Currently Counselling Services has been working toward the DHS Review process and has used this opportunity to reflect on and evaluate our current services and practices. We hope the review will enable us to clarify future directions and provide a more thorough service.

Counselling Services was sad to farewell Charles Veevers who has worked in the service for five years. We would like to take this opportunity to thank Charles for his commitment and contributions to the ongoing development of the service. I would like to this opportunity to thank all the volunteers, students and paid staff for ongoing commitment and we look forward to working with you all in the year to come.

health promotion team

inside-out. the view from health promotion

Colin Batrouney **MANAGER** Health Promotion Team



The process of gathering information for the Health Promotion Program's submission was an opportunity for us to examine our work over the last six years and to look to the future with options for improved service delivery.

07

The past year has seen the Health Promotion Team consolidate our existing program of activities whilst engaging in an active process of developing a dynamic vision for the future. From its inception, peer education has been a core activity for the health promotion program and the past year has seen exciting developments in this area of our work. We continue to refine the curriculum of MoMENTum, Relationships and Young and Gay within the program while maintaining a full training program for volunteer peer facilitators. In addition, this year we have continued the important work begun last year in the area of Negative Partners. This workshop program seeks to provide an environment that supports HIV negative men in sero-discordant relationships. The Negative Partners groups are a collaboration between the Health Promotion Program and Counselling Services of VAC/GMHC and have been very successful in exploring the diverse needs and issues that arise within relationships between HIV positive and HIV negative men.

The workshop program sought to define the ways in which sero-discordance impacts on intimate relationships and included information on HIV transmission and risk assessment. The workshops have been enormously helpful and supportive environments for participants to explore issues raised by their relationships with HIV positive men and to bond with other negative men beyond the ten week period of the group.

ORGANISATIONAL REVIEW This year the VAC/GMHC has been the subject of a review by the Department of Human Services. The process of gathering information for the Health Promotion Program's submission was an opportunity for us to examine our work over the last six years and to look to the future with options for improved service delivery. From peer education and workshop development and delivery to community forums, campaign development and implementation and outreach the activities of the program have been diverse, complex and responsive to a constantly changing epidemic and communities with divergent and shifting needs.

Our submission to the Review details the work we engaged in as part of the HIV Action Plan in response to the increase in HIV notifications in 2000 as well as highlighting innovative projects we piloted that were not part of the HIV Action Plan.

LIFEBLOOD One of these projects was *Lifeblood*, our regular health promotion insert published in the gay press. During the course of its pilot, *Lifeblood* published over sixty articles on a broad range of issues related to health promotion in the community. In spite of the fact that the publication was evaluated to have succeeded in its objectives of promoting safe sex cultures and community discourse around issues related to health, the Department of Human Services have not funded its continued publication. The project remains one of the key components in the way we view our future work and as such has been submitted as an option for improved service delivery in the review process.

TESTING CAMPAIGN On a more positive note, the organization has been successful in a submission to coordinate a statewide sexual health promotion and testing campaign for men who have sex with men.

The submission process, and the campaign implementation and evaluation which will occur through the rest of 2003-04, give us the opportunity to work with a broad range of stakeholders including the Australian Research Centre in Sex, Health and Society, the Australasian Society for HIV Medicine, the Melbourne Sexual Health Centre, the Burnet Institute, The Alfred Hospital, Convenience Advertising and the National Centre in HIV Social Research. Research has shown that a significant proportion of gay men are unaware of their current sexual health status, including their HIV status. The campaign is both a timely response to the increase in HIV and other sexually transmitted diseases in this State and a demonstration of the strengths of the partnership approach that has characterized the response to the epidemic both in Victoria and nationally.

THE FUTURE A significant part of the review process for health promotion has been the development of a vision for the future work of the program. Apart from initiatives like *Lifeblood*, the program has submitted a plan for ongoing and sustained social marketing strategies looking at a range of issues relevant to the current epidemic including risk reduction, assumptions of HIV status in sexual negotiation, non-occupational post-exposure prophylaxis and the need for regular health monitoring.

Finally our vision for the future includes a continuation of the comprehensive program of outreach activities conducted by the team. This work was reinstated within the program by the provision of funds in the HIV Action Plan. At the time of writing, those funds have been expended but the work remains a vital component of our multi-faceted response to HIV in Victoria.

HIV services unit

Vikki King MANAGER HIV Services Unit



positive living centre

STAFF 4 EFT (fulltime equivalent positions)—Julia, Rod, Russell, Anjelica and Gary

VOLUNTEERS 45

TARGET People living with HIV/AIDS in Victoria.

SERVICE REACH 630 PLWHA currently. General Activities, Massage, Yoga, Vitamart, Meals, Pantry, HALC, Naturopath, Admin of PLC, WAD.

OPERATING BUDGET \$128,960.

PROGRAM AIMS

To enhance the health and wellbeing of HIV positive people through the provision of needs-based social, recreational, and skill-based services and activities.

To provide a safe space in which people living with HIV/AIDS can connect and develop mutually beneficial peer based social systems.

To advocate for the needs of HIV positive people.

HIGHLIGHTS

Implementation of redeveloped services and activities. 148 people accessing the general program per week. Over 3,200 meals per annum. Pantry averages 2,000 contacts per annum. Over 30 activities per week.

Client base increased by 60 per cent. Increased diversity of client population accessing services.

Relationships with key agencies renewed and improved.

Improved client outcomes across the board.

CHALLENGES

The funding environment is unlikely to change dramatically. Targeting and prioritising services will become more difficult with demand increasing.

Additional funding will be sought to expand PLC services based on a hub and spoke model to respond to consumer demand and needs.

Obtaining funding for the HIV/AIDS Legal Centre.

fresh (youth service)

(PLC)

STAFF .5 EFT—Gina

VOLUNTEERS 0

TARGET Young HIV positive men and women under 30 years of age living in Victoria. Estimate 110.

SERVICE REACH 57

OPERATING BUDGET \$2,410

PROGRAM AIMS

To respond to the needs of young people living with HIV/AIDS.

To enhance the health and wellbeing of HIV positive youth through the establishment of appropriate services and activities such as social outings, peer based groups and activities developed and driven by participants.

To advocate on behalf of the needs of young HIV positive people.

HIGHLIGHTS

Program is now reaching 57 young HIV positive men and women. High levels of participant, engagement and ownership of the service.

CHALLENGES

Lack of ongoing funding and inability to grow the service to meet demand. Too few mainstream agencies providing appropriate forms of services for young HIV positive people.

Lack of appropriate affordable housing. Client group subject to many of the same challenges as mainstream youth such as poverty, homelessness, family breakdown, but these are compounded by the challenges of managing an HIV diagnosis and the health consequences.

HIV peer support

(PLC)

STAFF .5 EFT—Marcus

VOLUNTEERS 10

TARGET People living with HIV/AIDS in need of peer based social and emotional support and connection.

SERVICE REACH 792 telephone contacts, 340 one to one meetings, 7 discussion groups with a total of 74 participants.

OPERATING BUDGET \$1,400

PROGRAM AIMS

To provide peer based social, emotional and practical support for people living with HIV/AIDS through the establishment of discussion groups, individual support and social activities.

HIGHLIGHTS

Increased participation across the service.
Increased inter-program collaboration between Peer Support and Fresh, Community Support and The Alfred HIV Social Work Team.

CHALLENGES

Half time resourcing limits capacity of the program to increase to meet level of demand.
Funding level also limits capacity to further develop the service or introduce and trial new and innovative service responses.
Remaining relevant and responsive to needs.

HIV complementary therapies

(PLC)

STAFF .3 EFT—Jim

VOLUNTEERS 0

TARGET People living with HIV/AIDS interested in or using complementary therapies solely or in conjunction with mainstream HIV therapies.

SERVICE REACH 600 plus

OPERATING BUDGET \$5,500

PROGRAM AIMS

To provide up to date information on complementary therapies and HIV.
To provide assistance to PLWHA in their treatment decision making.

HIGHLIGHTS

4 forums—total attendance 80, 156 telephone contacts and 92 one to one client consultations.
Increased hours for Naturopath. Service is fully booked on a regular basis.
Increase in Vitamart access.
Established effective product sponsorship arrangements with key herbal provider.
Increase in Complementary Therapies Research bulletin reach on a national basis.
Maintenance of HIV Treatments Bulletin.
Establishment of Complementary Therapies Support Group.

CHALLENGES

The complementary therapy area faces more clinical challenges in working to understand and develop treatments for the growing number and complexity of anti-HIV drug related side effects.
Unfortunately, at the same time, opposition to Complementary Therapies from some quarters is also growing.
How to get complementary therapy treatment information to the people who really need it.

HIV treatments

(PLC)

STAFF 1 EFT—*Currently vacant*

VOLUNTEERS 0

TARGET People living with HIV/AIDS who require information and assistance with their HIV treatments decision making.

SERVICE REACH Service is currently not operating.

OPERATING BUDGET N/A

PROGRAM AIMS

To provide up to date information on HIV treatments.
To provide assistance to PLWHA in their treatment decision making.

HIGHLIGHTS AND CHALLENGES

Service has been frozen due to inability to recruit suitable candidates and due to budgetary constraints over the past two years.

HIV services unit

community support program

STAFF 4—John, Suellen, Berni and Ravi

VOLUNTEERS 130

TARGET Provide community based support to PLWHA in most need and requiring assistance to maintain independence and choice in daily living.

SERVICE REACH CSP. 65 people spread across the metro, outer metro and provincial areas of Victoria.

OPERATING BUDGET CSP \$52,500

PROGRAM AIMS

To provide a targeted range of flexible needs-based community support services that promote independence, well-being, individual choice and control.
To refer, advocate, access and link with other health and service providers to ensure the provision of appropriate community based care and support.
To monitor changing need and service gaps, develop innovative service responses and demonstrate the social impact of the program.

HIGHLIGHTS

Implementation of service restructure.
Recruitment of skilled staff to all positions.
Maintenance of program through change process.
Service developments that allow greater numbers of people to access the service.
Retention of a significant number of skilled volunteers and the opportunity to consult with volunteers in the development of improved volunteer training and support systems.
Witnessing the outcomes of projects such as PK Tix that provide access to arts and entertainment activities that have a real impact on reducing individuals' day to day social isolation.

CHALLENGES

Change. An ongoing challenge.
Remaining relevant to current needs.
Developing the service in such a way as to adapt to changes in client need and demand without diluting the integrity and history of the program.
Complexity of care has increased significantly.
Obtaining real support for the volunteer infrastructure i.e. training development, database, etc.

volunteer training

(CSP)

STAFF .4 EFT—Sherry

VOLUNTEERS 6

TARGET All CSP volunteers.

SERVICE REACH All CSP volunteers.

OPERATING BUDGET: \$4,510

PROJECT AIMS

To ensure all prospective volunteers entering the program are suitably skilled and trained to perform the tasks required.
To identify, develop and deliver a needs-based volunteer training program that supports the work of the service.
To work with CSP staff to ensure suitable volunteer maintenance practices and systems are in place.

HIGHLIGHTS

Recruitment of experienced staff member to the position.
Volunteer training needs identification process underway.
Training module development underway.

CHALLENGES

Funding to develop training packages remains a challenge. Budget remains inadequate.
Development of new training packages and new delivery models provides a real opportunity for renewal and some concrete volunteer support.

pk tix project

(CSP)

STAFF .1 EFT—Lynda

VOLUNTEERS 3

TARGET CSP clients experiencing social isolation due to ill health.

SERVICE REACH target audience is being reached on a regular basis.

OPERATING BUDGET \$3,300

PROGRAM AIMS

Through the provision of access to a range of social, cultural and arts-based events and activities, decrease the social isolation experienced by clients of the Community Support Program. Build and maintain effective and mutually beneficial relationships with key individuals and industry representatives to obtain free or heavily subsidized access to a range of activities and events.

HIGHLIGHTS

Very popular program. Strong client attachment to the service.
Maintaining the service without a consistent budget.
The difference the program makes to the quality of life for many people.

CHALLENGES

Lack of dedicated funding remains a challenge.

david williams fund

STAFF .1.5 EFT—Michele

VOLUNTEERS 1

TARGET Victorian PLWHA, living on a pension, benefit or low income experiencing financial hardship due to HIV/AIDS. Est. 1,000 in Vic.

SERVICE REACH 652 active clients. 1236 requests, 716 clients.

OPERATING BUDGET All monies must be fundraised. Total disbursement in 02/03 was \$116,600.

PROGRAM AIMS

To provide financial assistance to people living with HIV/AIDS experiencing financial hardship due to HIV/AIDS.

HIGHLIGHTS

Reviewing and adjusting funding guidelines.
Management of 1236 requests from 716 clients.
Disbursement of \$116,600 dollars.
Continued support from M.A.C Cosmetics and VAC/GMHC supporters.
The continued support of the DWF Advisory Committee members.

CHALLENGES

Fundraising \$120,000 per annum to maintain the fund.
Increasing the funding available to keep pace with the increasing number of PLWHA living in the community and experiencing financial hardship.
Expanding the program to manage systemic issues that require early intervention i.e. financial counselling, retirement planning.
Obtaining funding to establish a low-income loans scheme.

volunteer recruitment & co-ordination

(VAC/GMHC wide)

STAFF 1 EFT—Mary

VOLUNTEERS 8

TARGET Community members willing to volunteer their time and effort to the VAC/GMHC.

SERVICE REACH 200 volunteers.

OPERATING BUDGET \$7,225

PROGRAM AIMS

To market the VAC/GMHC as a preferred organisation for people wishing to volunteer their services.
To meet the annual demand for volunteers in the VAC/GMHC through the development and implementation of best practice volunteer recruitment, screening, selection and maintenance.
To provide rewarding volunteer experiences that aid in the de-stigmatisation of HIV/AIDS.

HIGHLIGHTS

Volunteer recruitment level increased and aligned with service demand for volunteers.
Redevelopment of the Volunteer Orientation program.
Improved volunteer intake and training systems in key areas such as PLC and Community Support Program.
Maintenance of the Orientation Working Group and introduction of new members.
Consistently high satisfaction levels from volunteers undertaking orientation.

CHALLENGES

Maintaining a high standard.
Lack of program development funds to improve the volunteer recruitment, intake and training process.

IN HOME SUPPORT PROGRAM COMMITTEE OF MANAGEMENT
Peter Doyle (Chair to January 2003) VICTORIAN AIDS COUNCIL
David Menadue (Chair from March 2003) PLWHA VICTORIA
Lawrence Cameron ROYAL DISTRICT NURSING SERVICE
Cindy Jeffrey ROYAL MELBOURNE HOSPITAL
Angelo Morelli THE ALFRED HOSPITAL
Brian Price AIDS HOUSING ACTION GROUP
Don Hay COORDINATOR

inhome support program

Don Hay COORDINATOR In Home Support

A handwritten signature in brown ink that reads "Don Hay". The signature is written in a cursive style and is underlined with a long horizontal stroke that extends to the right.

The In Home Support Program is auspiced by VAC/GMHC and a Memorandum of Understanding has been signed between the two organisations. The In Home Support Program is designed to expand the options available for people living with HIV/ AIDS. The Program aims to assist people affected by HIV/AIDS-related cognitive and/or physical impairment to continue living in the community while maintaining their health and independence.

The Program has access to a limited number of properties, which are individually located within easy reach of The Alfred Hospital, and provides long-term, supported accommodation to clients in these properties. The Program provides case management to clients and focuses on identifying their unmet needs and addressing them by complementing existing supports and services through the provision of paid attendant care services. In some cases the Program also provides short-term attendant care support to eligible clients living in the community. The Coordinator of the Program provides case management to clients in the properties. A comprehensive care plan is developed in close consultation with the client and is regularly reviewed with the client, service providers and other significant people. The Coordinator is the first point of contact in relation to any of the clients' care needs and relieves clients of the burden of liaising between the many services who may be involved in their care.

WORK WITH OTHER AGENCIES The Coordinator of the In Home Support Program maintains close working relationships with other care providers to clients in the Program in order to provide as seamless a service as possible. These providers include Dassi/Communitique, Royal District Nursing Service, Victorian AIDS Council (Positive Living Centre, Support Program, David Williams Fund, Centre Clinic), Supported Housing Limited, The Alfred Hospital including Fairfield House, Melbourne Sexual Health Centre, Prahran Market Clinic and Carlton Clinic.

THE YEAR GONE BY This past year has seen a number of changes in the In Home Support Program. In January 2003 Peter Doyle resigned as Chairperson of the In Home Support Program Committee of Management. Peter has been involved since the early planning stages of the Program. He was the inaugural chair and had been instrumental in guiding the Program for six years. Peter's commitment to the In Home Support Program was second to none and we acknowledge the day-to-day work he put in to ensure that the Program ran efficiently and effectively. We also acknowledge the invaluable contribution he made to the Program's ongoing evolution and further development. Finally, the support that Peter gave to each Coordinator of the Program cannot be underestimated. We wish Peter well in his retirement. We are pleased that David Menadue, who has also been involved with the Program from its beginning, has agreed to take on the role of chair

Madeleine Berry, who had been the Coordinator for the previous 18 months, moved to a new position. We would like to thank Madeleine for her time as Coordinator and for the work she did to ensure that the clients of the Program continued to receive the best possible support. We wish her well in her new role. David Anderson acted as locum until Don Hay took up the Coordinator role in January. Thanks go to David for maintaining the Program so well in the intervening period.

The core service, support to clients in the Program's properties, continues to be the focus of our work. The much awaited eighth property has just come on-line and we are in the process of tenanting it. The outreach component of the Program further expanded in the past 12 months and provides a useful service to individuals who wish to remain in their own homes. Overall there was an increase from 4037 to 4956 hours of delivered attendant care in the past 12 months.

Attendant care has been provided by Dassi/Communitique. Thanks go to Cath Cairns, Paris Kottias and Kirstyn Kalender for their support. Thanks also go to the many committed attendant carers who have worked with our clients. Currently we are looking at the delivery of training packages to carers which are directly relevant to the issues faced when dealing with our client base.

centre clinics

greater numbers & greater complexity

Nick Medland CLINIC DIRECTOR Centre Clinics



The Centre Clinics, as a program of VAC/GMHC, have responded to the changing patterns of HIV notifications and sexually transmitted infections in men who have sex with men with an extensive remodelling and expansion of our service with a concentration on complex-needs HIV positive clients and on large scale testing and treatment for sexually transmitted infections and HIV. In the year to March 31 2003, 238 individuals were receiving HIV viral load monitoring (i.e. primary and specialist health care) at the Centre Clinics (about 8 per cent of PLWHA in Victoria), an increase of nearly 150 per cent in six years. Approximately 100 other PLWHA were involved in shared care with other centres, 681 individuals had an HIV test and 884 individuals were tested for gonorrhoea or Chlamydia.

Antiretroviral therapy has led to a dramatic change in the lives of PLWHA in Victoria. Death and serious illness are much reduced, life expectancy has increased, the demand for inpatient care is reduced, the demand for outpatient care is increased, antiretroviral therapy toxicities have increased, the demand for medical care (monitoring and treatment) has increased, moderate or mild chronic illness (and all their sequelae) has increased; and total numbers of PLWHA are increasing (reduced deaths plus increased diagnoses).

In short, there are more HIV positive Victorians who are required to visit the doctor more often and their needs are more complex than at any previous time in the epidemic. The level of expertise required to manage their treatment and care has also increased.

Our overall service delivery at the Centre Clinics has more than doubled in the past six years, from an average of 300 consultations per month to more than 700 per month.

Preliminary data, presented by Dr Nick Medland at the Australasian Society of HIV Medicine Conference in Sydney in October 2002, suggest that current testing patterns for Chlamydia and gonorrhoea are inadequate and have led to a widespread under-diagnosis of these infections in gay men. Our research also found that 15 per cent of asymptomatic men who have sex with men presenting at the Centre Clinics were carrying gonorrhoea or Chlamydia.

There would appear to be a massive pool of undiagnosed and untreated bacterial sexually transmitted infections which are almost certainly contributing to the high rate of notifications of symptomatic infection and the high rate of HIV notifications.

Between 2000 and 2003, the numbers of consultations at the Centre Clinics increased by 25 per cent. During this time, the numbers of persons being tested for HIV increased by 59 per cent and the numbers of persons being tested for gonorrhoea or chlamydia increased by 141 per cent.

A COMMUNITY SERVICE It is a source of pride to any community to have ownership and control over its own health care services. The Centre Clinics' continued success and growth demonstrate the maturity of a community, which has developed and is educated enough to own and provide responsive community focussed health care services that are not driven by any motive other than community service and service provision.

This culture has been at the core of the clinics' success. PLWHA, in particular, are empowered to feel in control and to retain ownership of as much of their health care as possible. In combination with bulk billing, this encourages frequent visits, which support management of complex health care needs.

There is no comparable HIV, sexual health and HIV health care service in Victoria. The success of the Centre Clinics in promoting access to services, through our culture, community placement and excellence of care, is evident in our remarkable and continued expansion. We play a significant role in the quality of life of many PLWHA, in the development of the gay communities, in the prevention of HIV infections and the control of sexual transmitted infections. The Centre Clinics have never been busier and their services have never been more needed.

strategic development & allied services program

Sandra Mounsey MANAGER Strategic Development & Allied Services

Once again there has been no shortage of issues, policies and projects for the SDASP to address and respond to. Some have been on the agenda for some time.

In many cases VAC/GMHC has supported peak bodies such as AFAO, NAPWA, ACOSS and VCOSS in their submissions.

4TH NATIONAL HIV/AIDS STRATEGY The review of the National HIV/AIDS Strategy was commenced 12 months ago. This report went to the Health Minister in December 2002. It is understood that an implementation plan has gone to Cabinet and, while no formal announcement has yet been made, we expect that a 5th National Strategy will be developed before July 2004 when the current Strategy is due to expire.

VICTORIAN HIV/AIDS STRATEGY The Minister for Health launched the Victorian HIV/AIDS Strategy in June 2002. The Blood Borne Viruses section of the Department of Human Services is currently drafting an implementation plan for the Strategy.

VAC/GMHC REVIEW The Department of Human Services is undertaking a review of VAC/GMHC and its services. Preparations for the Review and coordination of the VAC/GMHC submission have been a major task for the program in the first half of 2003. The outcomes of the Review should be known by the end of 2003 and will be incorporated into the new Strategic Vision for the organisation that will be developed in the first part of 2004.

HOUSING The provision of affordable and appropriate housing is becoming a major issue for PLWHA. A review of housing and supported accommodation needs is to happen in line with the Victorian HIV/AIDS Strategy. To inform this review, VAC/GMHC joined with the AIDS Housing Action Group and PLWHA (Vic) to complete a preliminary needs analysis—the PLWHA Public Housing Needs Project.

INDEXATION The VCOSS Price Indexation Working Group has been meeting with the Department of Human Services after it was indicated that wage rises would have to be covered by indexation (without any additional supplementation if wage rises were more than the indexation figure) and that a productivity dividend would be applied to the indexation formula. VAC/GMHC has participated in the VCOSS campaign around this issue.

WELFARE REFORM There have been many facets to this broad political agenda:

- Proposed Medicare reforms (participation through AFAO/NAPWA).
- PBS Reforms (participation through AFAO/NAPWA).
- Building a Simpler System (participation through AFAO/NAPWA and VCOSS). VAC/GMHC also put in a submission on its own behalf.
- Free Trade Agreement with US and its impact on the PBS (participation through AFAO/NAPWA).

OCCUPATIONAL HEALTH & SAFETY This year has seen the development and implementation of a range of policies and procedures to ensure our compliance with Worksafe legislation. This has included Fire and Emergency procedures for all sites with the development of Emergency Response teams. Those who have particular roles and functions have received appropriate training from either the Metropolitan Fire Brigade or accredited first aid providers, while staff are in the process of completing general fire and emergency procedure training.

ADMINISTRATION The Administration team has been kept busy over the past year with their myriad of duties. A survey held on the number of contacts at reception proved our anecdotal evidence of how busy this area is. The membership database forms a large component of the administrative work, as does building maintenance and the security system. We continue to acknowledge our reliance on the reception volunteers. Without their dedication and reliability VAC/GMHC would not be able to provide the extended service it does.

INFORMATION TECHNOLOGY Information Technology enhancement and upgrading has been limited due to a lack of funds. However in the past year the following work has been completed:

- Installation of a new server at Claremont Street,
- Upgrading of network security, and
- Development and implementation of I.T. policies.

FINANCE & HUMAN RESOURCES Finance and Human Resources have continued to ensure that both VAC and GMHC are compliant with all relevant legislation. Strict management of cash flow and budgets has ensured the ongoing viability of the organisation and has enabled us to generate a modest surplus for the year.

EVENTS The Events office has continued its work of raising funds for the David Williams Fund, which supports Victorians living with HIV/AIDS experiencing financial hardship. All money raised from events goes directly to clients. Events can only be financially viable with the support of volunteers. In the past year the VAC/GMHC Events office received 3202 volunteer hours. We thank all these volunteers for their support of a worthwhile cause. By drawing on a wide pool of volunteers and targeting the general community as well as the gay community, the Events office has had the opportunity to train and educate many sections of the community who may not be related to the GLBTI community on issues relating to HIV/AIDS, as well as supporting related organisations in new ventures.

consolidated financial report

victorian AIDS council inc. Reg No A3609
gay men's health centre inc. Reg No A0010550F

BOARDS OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30th JUNE 2003

Your Boards of Management submit the consolidated financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc for the financial year ended 30th June 2003.

Boards of Management

The names of the Boards of Management members throughout the year and at the date of this report are:

Darren Russell, John Daye, Mike Kennedy, Jon Willis, Kim Glover, David Menadue, Kevin Guiney, Paul Clarkson, Brian Price, Doris Beecher, Greg Horn, Jim Arachne and Kenton Miller.

Principal Activities

The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by AIDS, especially gay and bisexual men and promoting the health and well being of gay and bisexual men.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Financial Results

The profit / (loss) from ordinary activities for the year was \$5,603 (2002 \$311,929 loss) and no provision for income tax was required as the associations are exempt from income tax.

Signed in accordance with a resolution of the Boards of Management.



Darren Russell
President



Jon Willis
Treasurer

STATEMENT BY THE BOARDS OF MANAGEMENT FOR THE YEAR ENDED 30th JUNE, 2003

The Boards of Management have determined that the associations are not reporting entities and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Boards of Management the financial report as set out on pages 1 to 11:

- a) Presents a true and fair view of the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30th June 2003 and their performance for the year ended on that date.
- b) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. will be able to pay their debts as and when they fall due.

This statement is made in accordance with a resolution of the Boards of Management and is signed for and on behalf of the Boards of Management by:



Darren Russell
President



Jon Willis
Treasurer

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30th JUNE 2003

	NOTE	2003 \$	2002 \$
Operating revenue	2	3,862,674	3,503,489
Profit / (loss) from ordinary activities	3	5,603	(311,929)
Retained profits at the beginning of the financial year		1,445,773	1,757,702
Retained profits at the end of the financial year		1,451,376	1,445,773

The accompanying notes form part of this financial report.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2003

CURRENT ASSETS			
Cash assets	4	560,288	825,208
Receivables	5	138,162	96,558
TOTAL CURRENT ASSETS		698,450	921,766
NON-CURRENT ASSETS			
Property, plant and equipment	6	3,246,670	3,287,028
TOTAL NON-CURRENT ASSETS		3,246,670	3,287,028
TOTAL ASSETS		3,945,120	4,208,794
CURRENT LIABILITIES			
Payables	7	644,449	921,584
Provisions	8	216,739	208,881
TOTAL CURRENT LIABILITIES		861,188	1,130,465
TOTAL LIABILITIES		861,188	1,130,465
NET ASSETS		3,083,932	3,078,329

MEMBERS' FUNDS

Reserves	9	1,632,556	1,632,556
Retained profits		1,451,376	1,445,773
TOTAL MEMBERS' FUNDS		3,083,932	3,078,329

The accompanying notes form part of this financial report.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2003

	NOTE	2003 \$ Inflows (Outflows)	2002 \$ Inflows (Outflows)
CASHFLOWS FROM OPERATING ACTIVITIES			
Receipts from members		6,042	8,502
Core funding grant receipts, donation & bequests		3,239,841	3,109,392
Receipts from sales of publications & services		267,784	105,471
Interest received		33,942	21,907
Payments to suppliers		(3,735,141)	(3,478,704)
Net cash (used in) / provided by operating activities	B	(187,532)	(233,432)
Cash flows from Investing Activities			
Purchases of fixed assets		(67,958)	(335,627)
Net cash (used in) investing activities		(67,958)	(335,627)
Cash flows from Financing Activities			
Net (decrease) increase in cash held		(255,490)	(569,059)
Cash at the beginning of the financial year		789,674	1,358,733
Cash at the end of the financial year	A	534,184	789,674

NOTES TO STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2003

	2003 \$	2002 \$
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NOTE A Reconciliation of Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Bank Loan—Re Airconditioning Unit (Unsecured)	(26,104)	(35,534)
Cash at Bank	270,918	575,536
Cash on Hand	1,103	1,250
Investments	272,491	222,863
Support Group Bank Accounts	15,776	25,559
	534,184	789,674

NOTE B Reconciliation of net cash provided by operating activities to profit / (loss) from ordinary activities

Profit / (Loss) from ordinary activities	5,603	(311,929)
Non-cash flows in loss from ordinary activities:		
Depreciation	108,316	117,959
Net (profit) / loss on disposal of plant and equipment-	—	(455)
Changes in Assets & Liabilities:		
(Increase) decrease in receivables	(41,604)	54,234
Increase (decrease) in payables	(267,705)	(137,998)
Increase (decrease) in provisions	7,858	44,757
	(187,532)	(233,432)

The association has no credit stand-by or financing facilities in place.
There were no non-cash financing or investing activities during the period.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2003

1. Statement of significant accounting policies

This consolidated financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Boards of Management have determined that the associations are not reporting entities.

The consolidated financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 4—Depreciation of Non-Current Assets
AAS 5—Materiality
AAS 8—Events Occurring After Reporting Date
AAS 15—Revenue
AAS 17—Leases
AAS 28—Statement of Cashflows

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The consolidated financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

a) Principles of consolidation

The combined financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. comprises the consolidated financial reports of both Associations. Any transactions between the two Associations or any monies owing or owed have been eliminated so as to present a report as if the two Associations were one entity.

b) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

c) Membership Subscriptions Income

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

d) Property, Plant and Equipment

Property, plant and equipment are included at cost. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Associations commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

e) Income Tax

The Victorian AIDS Council Inc. has been granted exemption from income tax and it is believed that the Gay Men's Health Centre Inc. is exempt from income tax under Section 50-15 of the Income Tax Assessment Act 1997.

f) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

g) Employee Benefits

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2003

	2003	2002
	\$	\$
2. OPERATING REVENUE		
Bequests, Fundraising & Sales	267,784	105,126
Donations	102,925	129,971
Fees Received	315,065	258,371
Grants Received	3,108,756	2,959,723
Interest Received	33,942	21,907
Membership Fees	6,042	8,502
Other Income	28,160	19,434
Profit on disposal of surplus assets	—	455
	3,862,674	3,503,489

3. PROFIT / (LOSS) FROM ORDINARY ACTIVITIES

Profit / (Loss) from ordinary activities has been determined after:

Crediting as income:		
Interest Received	33,942	21,907
Charging as expenses:		
Depreciation of property, plant and equipment	108,316	117,959
Interest paid	2,189	2,456
Auditors' remuneration		
—Auditing the accounts		
This year	15,000	13,000
Last year	—	1,004
—Other services	—	—

4. CASH ASSETS

Cash at Bank	270,918	575,536
Cash on Hand	1,103	1,250
Interest Bearing Deposits	272,491	222,863
Support Group Bank Accounts	15,776	25,559
	560,288	825,208

5. RECEIVABLES

Accrued Revenue	47,806	9,711
Grants in Arrears	—	20,635
Prepayments	10,032	16,731
Project Funds in Arrears	76,454	48,481
Sundry Debtors	3,870	1,000
	138,162	96,558

6. PROPERTY, PLANT AND EQUIPMENT

	2003	2002
Freehold Land and Building		
Claremont Street at independent valuation 25th June 2002	2,550,000	2,550,000
Car Parking Spaces		
Daly Street at independent valuation 25th June 2002	268,000	268,000
Plant and Equipment	38,751	38,751
Less Accumulated Depreciation	(34,695)	(33,729)
	4,056	5,022
Office Furniture at cost	559,932	524,719
Less Accumulated Depreciation	(319,795)	(279,779)
	240,137	244,940
Motor Vehicle at cost	29,637	29,637
Less Accumulated Depreciation	(12,628)	(7,628)
	17,009	22,009
Leasehold Improvements at cost	90,870	84,174
Less Accumulated Amortisation	(12,101)	(1,767)
	78,769	82,407
Computer Equipment at cost	517,627	491,578
Less Accumulated Depreciation	(428,928)	(376,928)
	88,699	114,650
	3,246,670	3,287,028

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines and not have been used in the purchase of the land, buildings or car parking spaces.

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were independently valued on 25th June 2002 by Mr Chris J Holroyd, BA(Hons), Pg.Dip, ARICS AAPI of Charter Keck Cramer in accordance with a new policy of property revaluation every two to three years.

7. PAYABLES

Bank Loan – Re Air conditioning Unit (Unsecured)	26,104	35,534
Bank Overdraft (Unsecured)	—	—
Grants in Advance (Unexpended)	143,546	725,669
Project Funds in Advance (Unexpended)	354,111	32,014
Support Group Funds	—	25,599
Trade Creditors	75,143	102,678
Capital Grant in Advance	45,545	—
	644,449	921,584

8. PROVISIONS

Annual Leave	143,478	144,380
Long Service Leave	73,261	64,501
	216,739	208,881

9. RESERVES

Asset Revaluation Reserve	1,632,556	1,632,556
	1,632,556	1,632,556
Movements during the year		
Opening balance	1,632,556	—
Revaluation increment on freehold land and building	—	1,632,556
Closing balance	1,632,556	1,632,556

10. LEASE COMMITMENTS

Operating Leases		
Rental Properties & Motor Vehicles		
Payable		
—not later than one year	89,962	87,505
—later than one year but not later than five years	113,741	102,953
—later than five years	—	13,762
Total Lease Liabilities	203,703	204,220

The association has three property leases and ten motor vehicle leases.

Two of the property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

The remaining property lease is a non-cancellable lease with a one year term, with rent payable monthly in advance. No option exists to renew each lease at the end of the one year term. The lease allows for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

independent audit report

to the members of
victorian AIDS council inc.
gay men's health centre inc.

Scope

We have audited the consolidated financial report, being a special purpose financial report comprising the Boards of Management's Report, Statement by Members of the Boards of Management, Statement of Income and Expenditure, Statement Assets and Liabilities, Statement of Cash Flows and Notes to the Financial Statements of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. for the year ended 30th June 2003. The Boards of Management are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the requirements of the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Associations' financial position, and performance as represented by the results of its operations and cashflows. These policies do not require the application of all Australian Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

Qualification

As is common for organisations of this type, it is not practicable for the association to maintain an effective system of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

Qualified Audit Opinion

In our opinion, except for the effects on the consolidated financial report of the matters referred to in the qualification paragraph, the consolidated financial report presents a true and fair view of the financial position of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. as at 30th June 2003 and the results of their operations and cashflows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.



LOCKWOOD WEHRENS
Chartered Accountants



Andrew Wehrens
Partner

Camberwell, 11th September 2003



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victorian AIDS council inc.

Reg No A3609

19

BOARDS OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30th JUNE 2003

Your Board of Management submit the financial report of the Victorian AIDS Council Inc. for the financial year ended 30 June 2003.

Board of Management

The names of Board of Management members throughout the year and at the date of this report are:

Darren Russell, John Daye, Mike Kennedy, Jon Willis, Kim Glover, David Menadue, Kevin Guiney, Paul Clarkson, Brian Price, Doris Beecher, Greg Horn, Jim Arachne and Kenton Miller.

Principal Activities

The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by AIDS, especially gay and bisexual men.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Financial Results

The profit from ordinary activities for the year was \$3,553 (2002: \$295,297 loss) and no provision for income tax was required as the Association is exempt from income tax.

Signed in accordance with a resolution of the Board of Management.

STATEMENT BY THE BOARDS OF MANAGEMENT FOR THE YEAR ENDED 30th JUNE, 2003

The Board of Management has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Management the financial report as set out on pages 1 to 11:

a) Presents a true and fair view of the financial position of the Victorian AIDS Council Inc. as at 30 June 2003 and its performance for the year ended on that date.

b) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Management and is signed for and on behalf of the Board of Management by:



Darren Russell
President



Jon Willis
Treasurer



Darren Russell
President



Jon Willis
Treasurer

South Yarra, 11th September 2003

South Yarra, 11th September 2003

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30th JUNE 2003

	NOTE	2003 \$	2002 \$
Operating revenue	2	3,852,840	3,497,819
Profit / (loss) from ordinary activities	3	3,553	(295,297)
Retained profits at the beginning of the financial year		366,955	662,252
Retained profits at the end of the financial year		370,508	366,955

The accompanying notes form part of this financial report.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2003

	NOTE	2003 \$	2002 \$
CURRENT ASSETS			
Cash assets	4	338,591	655,917
Receivables	5	233,846	153,499
TOTAL CURRENT ASSETS		572,437	809,416

NON-CURRENT ASSETS

Plant and equipment	6	424,614	464,006
TOTAL NON-CURRENT ASSETS		424,614	464,006
TOTAL ASSETS		997,051	1,273,422

CURRENT LIABILITIES

Payables	7	626,543	906,467
TOTAL CURRENT LIABILITIES		626,543	906,467
TOTAL LIABILITIES		626,543	906,467
NET ASSETS		370,508	366,955

MEMBERS' FUNDS

Retained Profits		370,508	366,955
TOTAL MEMBERS' FUNDS		370,508	366,955

The accompanying notes form part of this financial report.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2003

	NOTE	2003 \$ Inflows (Outflows)	2002 \$ Inflows (Outflows)
CASHFLOWS FROM OPERATING ACTIVITIES			
Receipts from members		6,042	8,502
Core funding grant receipts, donation & bequests		3,239,841	3,109,392
Receipts from sales of publications & services		267,784	105,126
Interest received		24,108	16,582
Payments to suppliers		(3,777,713)	(3,684,593)
Net cash (used in) operating activities	B	(239,938)	(444,991)

Cash flows from Investing Activities

Purchases of fixed assets		(67,598)	(264,480)
Net cash (used in) investing activities		(67,598)	(264,480)

Cash flows from Financing Activities

Net (decrease) in cash held		(307,536)	(709,471)
Cash at the beginning of the financial year		620,383	1,329,854
Cash at the end of the financial year	A	312,847	620,383

NOTES TO STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2003

	2003 \$	2002 \$
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NOTE A Reconciliation of Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash at Bank	265,244	575,425
Cash on Hand	1,103	1,250
Interest Bearing Deposits	56,468	53,683
Support Group Bank Accounts	15,776	25,559
Bank Loan—Re Airconditioning Unit (Unsecured)	(26,104)	(35,534)
	312,487	620,383

NOTE B Reconciliation of net cash provided by operating activities to profit / (loss) from ordinary activities

Profit/(loss) from ordinary activities	3,553	(295,297)
Non-cashflows in profit / (loss) from ordinary activities:		
Depreciation	107,350	101,718
Net profit on disposal of plant and equipment	—	(455)
Changes in Assets and Liabilities:		
(Increase) decrease in receivables	(80,347)	(2,707)
Increase (decrease) in payables	(270,494)	(248,250)
	(239,938)	(444,991)

The association has no credit stand-by or financing facilities in place. There were no non-cash financing or investing activities during the period.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2003

1. Statement of significant accounting policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

- AAS 4—Depreciation
- AAS 5—Materiality
- AAS 8—Events Occurring After Reporting Date
- AAS 15—Revenue
- AAS 17—Leases
- AAS 28—Statement of Cashflows

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

a) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

b) Membership Subscriptions Income

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

c) Plant and Equipment

Plant and equipment are included at cost. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

d) Income Tax

The association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997.

e) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2003

	2003	2002
	\$	\$
2. OPERATING REVENUE		
Bequests, Fundraising & Sales	267,784	105,126
Donations	102,925	129,971
Fees Received	315,065	258,371
Grants Received	3,108,756	2,959,723
Interest Received	24,108	16,582
Membership Fees	6,042	8,502
Other Income	28,160	19,089
Profit on disposal of surplus assets	—	455
	3,852,840	3,497,819

3. PROFIT / (LOSS) FROM ORDINARY ACTIVITIES

Profit / (loss) from ordinary activities has been determined after:

Crediting as income:		
Interest Received	24,108	16,582
Charging as expenses:		
Interest paid	2,180	2,393
Depreciation of plant and equipment	107,350	101,718
Auditors' remuneration		
—Auditing the accounts		
This year	10,200	9,000
Last year	—	504
—Other services	—	—

4. CASH AT BANK AND ON HAND

Cash at Bank	265,244	575,425
Cash on Hand	1,103	1,250
Interest Bearing Deposits	56,468	53,683
Support Group Bank Accounts	15,776	25,559
	338,591	655,917

5. RECEIVABLES

Accrued Revenue	47,806	9,711
Grants in Arrears	—	20,635
Prepayments	10,032	16,731
Project Funds in Arrears	76,454	48,481
Sundry Debtors	3,870	1,000
Unsecured Loan—Gay Men's Health Centre Inc.	95,684	56,941
	233,846	153,499

	2003	2002
6. PLANT AND EQUIPMENT		
Office Furniture at cost	559,932	524,719
Less Accumulated Depreciation	(319,795)	(279,779)
	240,137	244,940
Motor Vehicle at cost	29,637	29,637
Less Accumulated Depreciation	(12,628)	(7,628)
	17,009	22,009
Leasehold Improvements at cost	90,870	84,174
Less Accumulated Amortisation	(12,101)	(1,767)
	78,769	82,407
Computer Equipment at cost	517,627	491,578
Less Accumulated Depreciation	(428,928)	(376,928)
	88,699	114,650
	424,614	464,006

7. PAYABLES

Bank Loan – Re Airconditioning Unit (Unsecured)	26,104	35,534
Grants in Advance (Unexpended)	143,546	725,669
Project Funds in Advance (Unexpended)	354,111	32,014
Support Group Funds	—	25,599
Trade Creditors	57,237	87,651
Capital Grant in Advance	45,545	—
	626,543	906,467

8. LEASE COMMITMENTS

Operating Leases		
Rental Properties & Motor Vehicles Payable		
—not later than one year	89,962	87,505
—later than one year but not later than five years	113,741	102,953
—later than five years	—	13,762
Total Lease Liabilities	203,703	204,220

The association has three property leases and ten motor vehicle leases. Two of the property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas. The remaining property lease is a non-cancellable lease with a one year term, with rent payable monthly in advance. No option exists to renew each lease at the end of the one year term. The lease allows for the sub-letting of all lease areas. Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

independent audit report

to the members of
victorian AIDS council inc.

Scope

We have audited the financial report, being a special purpose financial report comprising the Board of Management's Report, Statement by Members of the Board of Management, Statement of Income and Expenditure, Statement of Assets and Liabilities, Statement of Cash Flows and Notes to the Financial Statements of the Victorian AIDS Council Inc for the year ended 30th June 2003. The Board of Management is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Victorian AIDS Council Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the requirements of the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Association's financial position, and performance as represented by the results of its operations and its cashflows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

Qualification

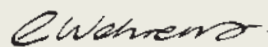
As is common for organisations of this type, it is not practicable for the association to maintain an effective system of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

Qualified Audit Opinion

In our opinion, except for the effects on the financial report of the matters referred to in the qualification paragraph, the financial report of the Victorian AIDS Council Inc. presents a true and fair view of the financial position of the Victorian AIDS Council Inc. as at 30th June 2003 and the results of its operations and cashflows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.



LOCKWOOD WEHRENS
Chartered Accountants



Andrew Wehrens
Partner

Camberwell, 11th September 2003



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gay men's health centre inc.

Reg No A0010550F

21

BOARDS OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30th JUNE 2003

Your Board of Management submit the financial report of the Gay Men's Health Centre Inc for the financial year ended 30 June 2003.

Board of Management

The names of Board of Management members throughout the year and at the date of this report are:

Darren Russell, John Daye, Mike Kennedy, Jon Willis, Kim Glover, David Menadue, Kevin Guiney, Paul Clarkson, Brian Price, Doris Beecher, Greg Horn, Jim Arachne and Kenton Miller.

Principal Activities

The principal activities of the association during the financial year was that of promoting the health and well being of gay and bisexual men.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

The profit from ordinary activities for the year was \$2,050 (2002: \$16,632 loss) and no provision for income tax was required as the association is exempt from income tax.

Signed in accordance with a resolution of the Board of Management.

STATEMENT BY THE BOARDS OF MANAGEMENT FOR THE YEAR ENDED 30th JUNE, 2003

The Board of Management has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Management the financial report as set out on pages 1 to 11:

- Presents a true and fair view of the financial position of the Gay Men's Health Centre Inc. as at 30 June 2003 and its performance and cashflows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Gay Men's Health Centre Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Management and is signed for and on behalf of the Board of Management by:



Darren Russell
President



Jon Willis
Treasurer



Darren Russell
President



Jon Willis
Treasurer

South Yarra, 11th September 2003

South Yarra, 11th September 2003

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30th JUNE 2003

	NOTE	2003 \$	2002 \$
Operating revenue	2	2,138,929	2,022,772
Profit / (Loss) from ordinary activities	3	2,050	(16,632)
Retained profits the beginning of the financial year		1,078,818	1,095,450
Retained profits at the end of the financial year		1,080,868	1,078,818

The accompanying notes form part of this financial report.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2003

	NOTE	2003 \$	2002 \$
CURRENT ASSETS			
Cash assets	4	221,697	169,291
TOTAL CURRENT ASSETS		221,697	169,291
NON-CURRENT ASSETS			
Property, plant and equipment	5	2,822,056	2,823,022
TOTAL NON-CURRENT ASSETS		2,822,056	2,823,022
TOTAL ASSETS		3,043,753	2,992,313

CURRENT LIABILITIES

Payables	6	113,590	72,058
Provisions	7	216,739	208,881
TOTAL CURRENT LIABILITIES		330,329	280,939
TOTAL LIABILITIES		330,329	280,939
NET ASSETS		2,713,424	2,711,374

MEMBERS' FUNDS

Reserves	8	1,632,556	1,632,556
Retained Profits		1,080,868	1,078,818
TOTAL MEMBERS' FUNDS		2,713,424	2,711,374

The accompanying notes form part of this financial report.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2003

	NOTE	2003 \$ Inflows (Outflows)	2002 \$ Inflows (Outflows)
CASHFLOWS FROM OPERATING ACTIVITIES			
Interest received		9,834	5,325
Other income		—	345
Receipts from customers		2,129,095	2,267,889
Payments to suppliers & employees		(2,086,523)	(2,062,000)
Net cash provided by operating activities	B	52,406	211,559

CASHFLOWS FROM INVESTING ACTIVITIES

Purchase of fixed assets from Victorian AIDS Council Inc		—	(71,147)
Net cash (used in) financing activities		—	(71,147)

CASHFLOWS FROM FINANCING ACTIVITIES

Net increase in cash held		52,406	140,412
Cash at the beginning of the financial year		169,291	28,879
Cash at the end of the financial year	A	221,697	169,291

NOTES TO STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2003

	2003 \$	2002 \$
--	------------	------------

NOTE A Reconciliation of Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash at Bank	5,674	111
Investments	216,023	169,180
	221,697	169,291

NOTE B Reconciliation of net cash provided by / (used in) operating activities to profit / (loss) from ordinary activities

Profit / (Loss) from ordinary activities	2,050	(16,632)
Non-cashflows in profit / (loss) from ordinary activities:		
Depreciation	966	16,241
Changes in Assets and Liabilities:		
(Increase) decrease in receivables	—	193,846
Increase (decrease) in payables	41,532	(26,653)
Increase (decrease) in provisions	7,858	44,757
	52,406	211,559

The association has no credit stand-by or financing facilities in place. There were no non-cash financing or investing activities during the period.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2003

1. Statement of significant accounting policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 4—Depreciation
AAS 5—Materiality
AAS 8—Events Occurring After Reporting Date
AAS 15—Revenue
AAS 17—Leases
AAS 28—Statement of Cashflows

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

a) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

b) Employee Benefits

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

c) Property, Plant and Equipment

Property, plant and equipment are included at cost or at independent valuation. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

d) Income Tax

It is believed that the association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2003

	2003	2002
	\$	\$
2. OPERATING REVENUE		
Interest Received	9,834	5,325
Other Income	—	345
Service Fees Received from Victorian AIDS Council Inc.	2,129,095	2,017,102
	2,138,929	2,022,772
3. PROFIT / (LOSS) FROM ORDINARY ACTIVITIES		
Profit / (Loss) from ordinary activities has been determined after:		
Crediting as income:		
Interest Received	9,834	5,325
Charging as expenses:		
Depreciation of property, plant and equipment	966	16,241
Interest paid	9	63
Auditors' remuneration		
—Auditing the accounts		
This year	4,800	4,000
Last year	—	500
—Other services	—	—
4. CASH AT BANK		
Cash at Bank	5,674	111
Interest Bearing Deposits	216,023	169,180
	221,697	169,291

	2003	2002
5. PROPERTY, PLANT AND EQUIPMENT		
Freehold Land and Building		
Claremont Street at independent valuation 25th June 2002	2,550,000	2,550,000
Car Parking Spaces		
Daly Street at independent valuation 25th June 2002	268,000	268,000
Plant and Equipment at cost	38,751	38,751
Less Accumulated Depreciation	(34,695)	(33,729)
	4,056	5,022
	2,822,056	2,823,022
The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines, and have not been used in the purchase of the land, buildings or car parking spaces. The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were independently valued on 25th June 2002 by Mr Chris J Holroyd, BA(Hons), Pg.Dip, ARICS AAPI of Charter Keck Cramer in accordance with a new policy of property revaluation every two to three years.		
6. PAYABLES		
Unsecured Loan—Victorian AIDS Council Inc.	95,684	56,941
Trade Creditors	17,906	15,117
	113,590	72,058
7. PROVISIONS		
Annual Leave	143,478	144,380
Long Service Leave	73,261	64,501
	216,739	208,881
8. RESERVES		
Asset Revaluation Reserve	1,632,556	1,632,556
	1,632,556	1,632,556
Movements during the year		
Opening balance	1,632,556	—
Revaluation increment on freehold land and building	—	1,632,556
Closing balance	1,632,556	1,632,556

independent audit report

to the members of
gay men's health centre inc.

Scope

We have audited the financial report, being a special purpose financial report comprising the Board of Management's Report, Statement by Members of the Board of Management, Statement of Income and Expenditure, Statement of Assets and Liabilities, Statement of Cash Flows and Notes to the Financial Statement of the Gay Men's Health Centre Inc for the year ended 30 June 2003. The Board of Management is responsible for the financial report and has determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the needs of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Gay Men's Health Centre Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the requirements of the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures include examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Association's financial position, and performance as represented by the results of its operations and its cashflows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In our opinion, the financial report of the Gay Men's Health Centre Inc. presents a true and fair view of the financial position of the Gay Men's Health Centre Inc. as at 30 June 2003 and the results of its operations and cashflows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.



LOCKWOOD WEHRENS
Chartered Accountants



Andrew Wehrens
Partner
Camberwell, 11th September 2003



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additional statistical information

for the five years ended 30th june 2003

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FOR THE YEAR ENDED	2003	2002	2001	2000	1999
INCOME AND EXPENDITURE					
Total Income	3,862,674	3,503,489	3,187,145	3,035,752	3,039,467
Government Funding	3,108,756	2,959,723	2,576,830	2,516,926	2,474,610
Members Fees	6,042	8,502	4,957	8,021	4,825
Interest	33,942	21,907	15,841	12,079	7,621
Other Income	713,934	513,357	589,517	498,726	552,411
Total Expenditure	3,857,071	3,815,418	3,137,592	3,035,750	2,981,417
Profit / (Loss)	5,603	(311,929)	49,553	2	58,050
ASSETS AND LIABILITIES					
Current Assets	698,450	921,766	1,576,158	711,090	705,767
Property, Plant and Equipment (1)	3,246,670	3,287,028	1,413,372	1,498,473	1,464,546
Total Assets	3,945,120	4,208,794	2,989,530	2,119,563	2,170,313
Creditors	644,449	921,584	1,067,704	253,999	332,714
Provisions	216,739	208,881	164,124	157,414	129,451
Total Liabilities	851,188	1,130,465	1,231,828	411,413	462,165
Reserves (1)	1,632,556	1,632,556	—	—	—
Members' Funds	1,451,376	1,445,773	1,757,702	1,708,150	1,708,148
FINANCIAL RATIOS					
Current Ratio	0.818	0.815	1.278	1.728	1.527
Gearing Ratio	0.276	0.367	0.700	0.240	0.270
Govt. Funding/Total Income Ratio	0.805	0.845	0.809	0.829	0.814
Total Salaries / Total Expenditure Ratio	0.541	0.540	0.572	0.792	0.704
Revenue Concentration Ratio	0.660	0.721	0.665	0.698	0.647
GENERAL PERFORMANCE					
Full Time and Part Time Employees	26 (F) 22 (P)	26 (F) 25 (P)	23 (F) 19 (P)	26 (F) 37 (P)	31 (F) 38 (P)
New Volunteers	147	157	129	83	n/a
Members	443	404	411	396	276

(1) All Business Real Estate Property owned by the Gay Men's Health Centre Inc was revalued as at 25th June 2002

awards

PRESIDENT'S AWARD

MINISTERIAL ADVISORY COMMITTEE ON GAY AND LESBIAN HEALTH

This year's President's Award goes to the Ministerial Advisory Committee on Gay and Lesbian Health (MACGLH) in recognition of their work since their establishment in April 2000, that culminated, in July 2003, in the launch by the Victorian Health Minister of *Sex and Diversity: a health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*. Under the leadership of Tony Keenan as chair and Anne Mitchell as deputy chair, the committee commissioned a range of papers on GLBTI health issues, undertook a State-wide consultation process, conducted a series of focused consultations on the draft action plan and finalised the plan—the first of its kind in Australia. The committee also lobbied the Victorian government to fund the implementation of the plan, resulting in a commitment, prior to the 2002 State election, of \$1 million over four years to establish a gay and lesbian health and wellbeing resource unit. This award recognises this ground-breaking work of the committee, celebrates their achievement in developing the plan and securing resources to begin implementing it, and acknowledges the community development model that underpinned its development.

GAY AND LESBIAN COMMUNITY AWARD

OUTBLACK

OUTBLACK, the Victorian Koorie Gay and Transgender Sister Girls Social and Support Group was founded in 1997–98. Since then the group has worked to improve the health and well-being of its communities, provided health promotion information about HIV/AIDS and sexual health, represented the interests of Koorie gay men and Sister Girls to the Koorie and wider communities and conducted regular social and cultural events for members. OUTBLACK has worked closely with the Health Promotion Team at VAC/GMHC to inform the work of the team around Indigenous HIV and Sexual Health issues. This award recognises the group's commitment over more than five years to working in partnership with other groups to improve the health and well being of Victoria's Koorie gay men and Sister Girls.

GENERAL COMMUNITY AWARD

SPIN COMMUNICATIONS

For many years, a volunteer committee had very successfully run StyleAid. In 2002, the committee decided it could no longer continue this work and Spin Communications stepped into the breach. Spin were looking for an event to round off the Melbourne Spring Fashion Week. The fact that this was a charity event was a further attraction to them. Spin brought in all facets of their organisation including both Spin Communications and Spin Events. Spin donated staffing time from the initial concept, through to staging, sourcing prizes and contra sponsorship and providing advertising through the Melbourne Spring Fashion Week partnership. Spin donated a total of 1219 staff hours to a value of more than \$113,000. Without Spin Communications, StyleAid would not have been held successfully in 2002 and the money raised would not have supported the David Williams Fund.

MEDIA AWARD

DAVID MENADUE

This award is presented to David Menadue, OAM. David is an HIV-positive gay man with a huge involvement in activism with HIV-positive people and had served as a long-standing Board Member of VAC/GMHC. Many will be acquainted with David. He has for many years written on issues related to HIV/AIDS in countless articles, journals, newspapers and publications. This year his book *Positive* was published by Allen and Unwin and it is for this work he has been nominated for the Media Award. *Positive* is David's autobiographical and personal story of HIV/AIDS. This insightful work gives the community a greater understanding of the issues that confront gay men and HIV-positive people. But, most importantly his book is a personal story that inspires hope in the face of adversity and we are privileged to share his tale of his life's journey. Thank you David!

MEDIA AWARD

MX

Over the past 12 months, the publishers of MX have consistently given VAC/GMHC free press coverage, especially in support of StyleAid and World AIDS Day. We were given five full back pages advertising both these events at no cost to us. The value of this support was approximately \$30,000. Further to this, MX have continued their support by providing similar free advertising for The AIDS Ball and World AIDS Day 2003. MX is a mainstream, commercial paper, which is distributed to commuters on the public transport system. Their support provides us with invaluable access to this previously untapped section of the community. This award records our gratitude for their support in helping to raise funds for the David Williams Fund and in highlighting our HIV/AIDS campaigns.

VAC/GMHC SPECIAL SERVICE AWARD

GEOFF TATE

Geoff has been a volunteer Night Manager with VAC/GMHC for more than five years. He has turned up on Wednesday evenings, come rain, hail or shine, to staff the front desk at Claremont Street from 6.00pm until 9.00pm. The role of Night Manager can be a demanding one, but it is one at which Geoff has excelled, thanks to his professionalism, his friendly welcoming approach and his willingness to get involved and help VAC/GMHC and the people we aim to serve. Geoff's friendliness, helpfulness and smiling face have made him a firm favorite with staff, volunteers and clients. It is only through the commitment of our Night Managers that the Claremont Street office is able to stay open outside normal business hours to provide an extended service to our clients and to provide a space for evening meetings for both the VAC/GMHC and the wider GLBTI community. A long-term commitment to the role of Night Manager, such as the one shown by Geoff, supports both VAC/GMHC and the wider Melbourne GLBTI communities.

GREG CARTER AND DERECK COLLINS

The Orientation Working Group (OWG) is a group of highly skilled volunteers who run VAC/GMHC's orientation sessions. These volunteers are at the forefront of the volunteer recruitment process and the first crucial face-to-face contact potential volunteers have with VAC/GMHC. The Orientation sessions are critical in marketing our work to potential volunteers and Greg and Dereck, as the main presenters, have worked tirelessly as a team in the last three years to ensure that the volunteer intake has close to tripled. We compete for volunteers with over 100 organisations in the immediate municipalities and the incredible dedication and hard work of these two volunteers has ensured we maintain a competitive edge in the community. Along with their professionalism and skill they also bring warmth, caring, passion and humour to complete a very successful Orientation package. They have given their time and energy far beyond the expectations of a volunteer and are both truly deserving of this award.

LIFE MEMBERSHIP

DARREN RUSSELL

Darren Russell this year ends a three-year term as President of VAC/GMHC. Darren has worked for more than a decade with the HIV positive and GLBTI communities as a general practitioner at the Carlton Clinic and then the Prahran Market Clinic, at Melbourne Sexual Health Centre and at Royal Melbourne Hospital. Prior to taking up the VAC/GMHC presidency, he was well known in our communities as a strong advocate for the rights of PLWHA, taking a leading role in the fight for access to new HIV treatments, in the euthanasia debate and in the public debate about the right of PLWHA to play contact sports.

Darren brought that commitment and passion to his leadership role in VAC/GMHC. During his presidency, the organisation engaged in a broad consultative process to develop and implement its Strategic Vision, undertook and implemented reviews of all its major program areas, relocated the PLC and HIV Services to new premises in Commercial Road and the Centre Clinic to new premises in St Kilda, and managed an increasingly complex political and funding environment. His calm, good humoured, compassionate approach helped the Board and the organisation negotiate through a range of difficult issues with beneficial outcomes for clients, volunteers and staff. His legacy is an organisation which is stronger and more integrated than it was when he came into the job, and has close and mature relationships with PLWHA (Victoria) and the other organisations with whom we work in the Victorian GLBTI sector.

victorian AIDS council gay men's health centre



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The VAC/GMHC gratefully acknowledge the support of ... ~ography 55 Porter Street Adrian Jones AIDS Housing Action Group Alen Bajric All Souls Opportunity Shop ALSO Foundation Amnesty International Andrew Milnes Andrew Timmins Andrew Wheatland ANEX Anne Mitchell Anne Phelan Anti-Cancer Council of Victoria Arts Access—EASE Ashcombe Maze and Water Gardens Australian Chamber Orchestra Australian Open Australian Research Centre in Sex, Health and Society Ballarat Wildlife Park Bambra Press Bay City Caulfield Bay City Seaford Bayview on the Park Beat Bookshop Bell Shakespeare Company Bent TV Beyond Blackbird Productions Blu After-Glow Bnews Boehringer Ingelheim P/L Boite Festival Bridget Haire Brown Nose Publicity Builders Arms Hotel Burnley Horticulture College C.O.R.E. Capers Cabaret Carlo Campora Channel 31 Chapel off Chapel Charles Nodrum Gallery Chris English Circus Oz City of Melbourne City of Port Phillip City of Stonnington City of Yarra CLEAR Clint Whyte Club 80 Community Support Area Groups Country AIDS Network Crown Entertainment Dale Cook David Burnett David Menadue David Owen—Frederick Owen & Assoc. Dean Murphy Denise Drysdale Dereck Collins Dermot Ryan DT's Hotel Edwin Pascoe Enda Markey Event Logistics Fish out of Water Catering Flemington Racecourse Ford Communications Frankston Arts Centre Gary and Trish from Two Slices Gay and Lesbian Switchboard Gay Nudists Victoria Association Inc. Geelong Performing Arts Centre Gel-Works Geoff Tate Glasshouse Hotel GlaxoSmithKline GLOBE Go Volunteer Graeme Wingrove Grant Davies Greg Carter Greyhound Hotel Hares & Hyaenas Bookshop Hoyts Cinemas Ian Henson Ian 'Molly' Meldrum International Concert Attractions Intrepid Jackie O Jacqui Schultz Jamie Ayo Jeffrey Grierson Jenny Bannister John Clements JOY Melbourne Judith Lucy Judith Peters—Frederick Owen & Assoc. Kane Race Kate Gollings Kaye Sera Kia-Ora Pacific Trading Kino Cinemas Kristin Tytler Laird Hotel Last Laugh Levis Liberation Music Linda Black Loraine Kent Louise Naughton-Smith Luke Williams Luna Park MAC Cosmetics Magnitude Productions Majestic Productions Margaret Collins Market Hotel Martin Fruin Mathew-Paul Fowler Matthew McCarthy MCV Meegan Marshall Melbourne Aquarium Melbourne Chorale Melbourne Comedy Festival Melbourne Festival Melbourne Film Festival Melbourne Inter Flower and Garden show Melbourne International Comedy Festival Melbourne Leather Festival Melbourne Leather Men Inc. Melbourne Museum Melbourne Queer Film Festival Melbourne Star Melbourne Symphony Orchestra Melbourne Theatre Company Melbourne Zoo Melissa Thompson Metropolitan Community Church of Melbourne MG Presents Pty Ltd Michael Kempton Mike Downes Musica Viva MVD Holdings P/L MX Advertising Nando's Australia Nathan Chant National Health Foundation Nick Ward Open Channel Opera Australia Options Enterprises Orientation Working Group Outblack OZ Showbiz Cares/Equity Fights AIDS Pam Anstee Paul Evans Peel Hotel People to People Computer Services PLWHA (Victoria) Polly Woodside Positive Women Pranee Mitchell Public Domain Communications Puffing Billy Rachel Berger Red Bull Redemption Ree Izett Publicity Ritchies Super Stores RMIT School of Business Ross Davy Ross Jacobs Ross Mollison Productions Royal Melbourne Show Sandra Gregson SAX Health Care Sessional Counsellors Shem McDonald Silvers Grand Magic Circus Site Management Spin Communications Spress Sprintquip SSL Australia STA Travel Stage Two Lighting Star Hotel Steamworks Subway Sunday Herald Sun Sweta Ghelani Swinburne University Tearaway Travel Ten Plus Terry Ryan The AIDS Trust of Australia The Australian Ballet The Australian Grand Prix The Australian Pops Orchestra The Australian Shakespeare Company The Events Team The Lido Cabaret The Victorian Climbing Centre Tim Woods Entertainment Token Trade Bar Trapped/Eclipse Triple R FM United We Dance Committee VAC/GMHC Night Managers Victoria Police Westgarth Cinema Wet on Wellington Working Dog World Orchestras Xchange Hotel