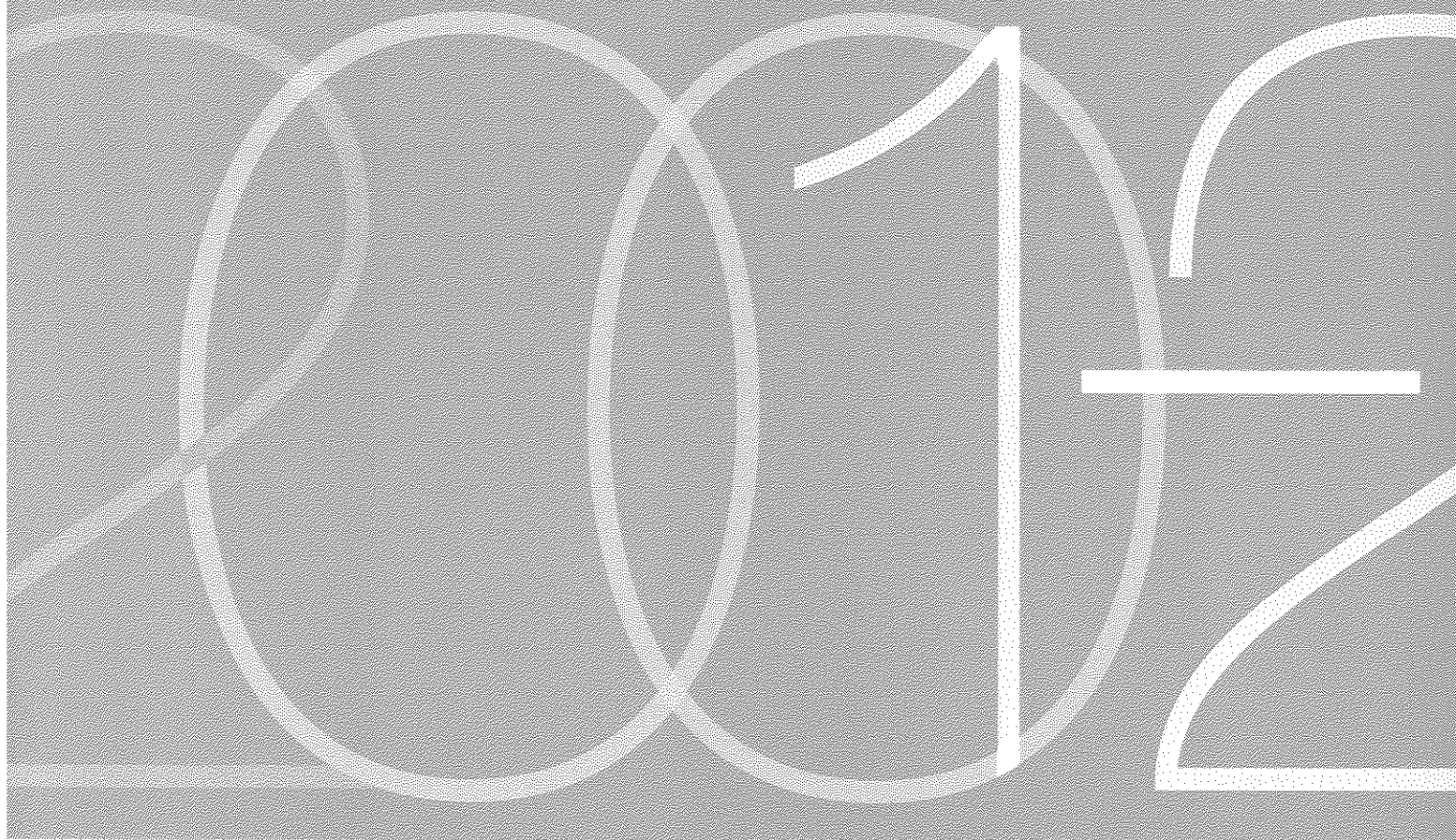


VICTORIAN AIDS COUNCIL
GAY MEN'S HEALTH CENTRE
ANNUAL REPORT



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STATEMENT OF PURPOSE

VAC/GMHC

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.

PRESIDENT'S REPORT

Darren Russell
PRESIDENT
VAC/GMHC

We do indeed live in challenging times, with change occurring rapidly all around us. The field of HIV is no different, with knowledge about the virus and its treatments surging ahead at a dizzying rate. This is exciting for those of us affected by the HIV epidemic, and holds out the promise of more effective treatments and vaccines in the future. For those suffering the side-effects of current treatments, however, change is occurring at too slow a pace. Change is occurring, too, in the dynamics of transmission. Over the last two years there has been an increase in the number of people in Victoria who have contracted HIV. There would seem to be a variety of reasons for this, and we are still learning how to put the pieces of the jigsaw puzzle together. There would seem to be an increase in the amount of anal sex occurring between gay men, and there would seem to be more unprotected anal sex occurring, though some of this is happening in the context of relationships where both partners know their own HIV status and that of their partner. There is an epidemic of gonorrhoea in Melbourne's gay community, and this has been present since 1997. There is also more chlamydia—another sexually transmissible infection—than was present in the past, and both of these bacteria can make it easier for HIV to be transmitted.

We are also seeing gay men using new technology to meet each other, with the rise of the internet and chat rooms to find sexual partners. This presents new challenges to our health promotion team, as they now have to find novel ways to get the safer sex message across to at-risk men. The 'Barebacking' (unprotected anal sex) culture, so prevalent in the USA, seems to have made much less of an impact in Australia, but is nonetheless present, and needs to be dealt with. The old days of saying, "Just use a condom every time" are well and truly gone, and education messages—based on the latest social research—need to be more complex and targeted to high-risk individuals. Overly simplistic messages, while appealing, do not take into account the complexities of people and their relationships.

The old days of saying, Just use a condom every time are well and truly gone...

Overly simplistic messages, while appealing, do not take into account the complexities of people and their relationships

The Minister for Health, Mr John Thwaites, released the "Victorian HIV/AIDS Strategy 2002-2004" at our new Positive Living Centre on 31 July. The launch was well-attended and provided an opportunity to show off our magnificent new centre, which provides services for HIV-positive individuals and also houses many of our care and support staff. The Strategy itself is an impressive document, which VAC/GMHC had an important role in helping to produce. It provides a sound basis for moving forward on our response to the epidemic over the coming years.

The changing nature of the HIV epidemic overseas sounds warning bells to us here in Victoria, too. The rapid rise in transmission associated with injecting drug use and heterosexual sexual intercourse in the USA and Europe shows how quickly HIV can adapt and take advantage. In Victoria we are still seeing relatively low numbers of these populations becoming infected with HIV, but there are indications that these low numbers could be increasing. The possibility of truly meteoric rises in infection rates among injecting drug users means that we must be ever vigilant. However, whilst the overwhelming number of new cases of HIV is occurring in gay men in Australia, this is the community to which we must continue to direct the majority of our education and support resources.

Lastly, the changing nature of treatments for HIV means that many people living with HIV/AIDS continue to return to the workforce, and have a chance to re-establish their working lives. This presents many opportunities, and also many challenges. We have been lobbying the Federal Government about their proposed changes to the Disability Support Pension, which would lead to financial hardship for many positive people. Most people who are able to return to work are keen to do so, but the nature of their illness may mean that they have periods of wellness interspersed with periods of illness. This makes it difficult to hold down a regular job, and consideration needs to be given to this by the Federal Government. We will continue to lobby hard to ensure a fair go for our clients, and for all HIV-positive individuals. And so your AIDS Council continues with its core tasks of education, support, and care. These core tasks will persist, but will necessarily change as the virus, treatments, personal relationships and political situations change. We thank you for your support through these times that are a-changing.



EXECUTIVE DIRECTOR'S REPORT

Mike Kennedy
EXECUTIVE DIRECTOR
VAC/GMHC

The Annual Report provides the opportunity each year to reflect on the organisation's achievements over the past twelve months, but this year seems just to have flown by.

I have the advantage, before writing my contribution, of reading the rest of the report, which gives me a good overview of the issues and themes that run through the program reports. Over the past few years, our Annual Report has mentioned a number of the ways in which we have worked to ensure that our work remains relevant to the changing HIV/AIDS epidemic and the evolving needs of the communities with which we work. This year, we have chosen to focus our report on the ways in which living in a changing epidemic impacts on our paid and unpaid workers, and those organisations and individuals with whom we work cooperatively on service delivery. I have also talked in past Annual Reports about the variety in our work and the new challenges we are called upon to meet. This year has been no different. It has been a time of change, as two programs moved into new accommodation, and of consolidation as reviews of our services were conducted and implemented. I would urge you to read the reports from our program areas to get a better sense of these challenges and how we are evolving to meet them.

I get the chance regularly to talk with overseas delegations and visitors to VAC/GMHC. While these are most often from the Asia Pacific region, a broad range of overseas visitors comes each year to look at how our organisation works. What strikes them most strongly is the high level of engagement of our volunteers and the extent to which we rely on these unpaid workers to extend the reach of our services. Whether it is a support volunteer caring for a client's emotional health, a peer facilitator running a workshop, a sessional counsellor working with a counselling client, a fundraising volunteer shaking a can for the David Williams Fund, or a night manager staffing the reception desk out of hours, our partnership with our volunteers is an important part of our culture and one that astounds many overseas visitors. We have also worked closely this year, as in the past, in partnership with a broad range of community organisations. Some of these have a particular focus on health and/or HIV/AIDS, including PLWHA Victoria, Positive Women, Straight Arrows, ANEX, VIVAIDS, RhED, the Royal District Nursing Service, Country AIDS Network, the Hepatitis C Council, The Alfred and Royal Melbourne Hospitals, the AIDS Hepatitis and Sexual Health Line, the Chronic Illness Alliance and the Quilt Project. Others have a broader GLBT community focus, including the ALSO Foundation, the Victorian Gay and Lesbian Rights Lobby, Midsumma, Switchboard and PFLAG. All of them have been part of building a stronger community coalition to address areas of mutual concern.

With the move of HIV Services from South Yarra to Prahran, ALSO, Queer Film, Gay and Lesbian Switchboard, PFLAG, and Minus 18 moved into Claremont Street to join the existing tenants PLWHA Victoria, the Quilt Project and the Gay and Lesbian Archives. VAC/GMHC's Strategic Development and Allied Services, Health Promotion and Counselling programs remain at Claremont Street. While these relocations initially caused some good natured joking in the gay media about the "Pink Palace" (which, I hasten to add, is not how the tenants in the building see it), the co-location of these organisations reinforces and adds to our attachment to the communities from which we draw our major support.

This year has been a very tight one financially for the organisation. After passing on the CPI increase contained in the Public Health Outcomes Funding Agreement last year and building that amount into the base price of our contract, the Department of Human Services did not pass on the CPI amount this year and did not make an annual round of capital grants to community based organisations funded from the Blood Borne Viruses Program.

We were also unable to obtain any government funding to assist with the fit out and removal costs for the Braille Library and the Centre Clinic or the replacement of the airconditioning at Claremont Street. As a consequence, the Board has had to draw down on the organisation's reserves to undertake this work with the result that we posted a substantial deficit for the year. A more detailed explanation of this deficit and more information about the new premises appear later in this report.

Finally I would like to thank the Board for their high level of engagement with their governance role over the past year. Community organisations, in general, demand a lot from their Boards, and this is even more the case in the HIV/AIDS sector. As the report on the Board's work reveals, their deliberations cover a broad range of topics, and require them to familiarise themselves with issues ranging from large public policy issues such as welfare reform, to very localised issues such as the replacement of the Claremont Street airconditioning. In addition to their participation in Board meetings, Board members are also involved with the work of Board Committees where an even broader set of issues needs to be addressed. The talent and commitment we are able to harness in our volunteers, our staff, our partners and our Board places VAC/GMHC in a very strong position as we continue our work, within the framework of the Strategic Vision, to ensure that our services remain relevant to the needs of the changing epidemic. Thank you for your great work this year, and I look forward to continuing to work with you in 2002-03.

BOARD REPORT

The 2001/2002 year has been a very busy one for the Board.



This was the first year in which we moved to two year terms for the Board, with Darren Russell, John Daye and Brian Price being elected for two year terms and Kevin Guiney, Jon Willis and Kim Glover being elected for one year terms. In 2002, the three Board positions occupied by Board members with one year terms come up for re-election and those elected will serve a two year term. From 2003 onwards, half of the Board will come up for election each year, and election will be for a two year term.

Paul Clarkson was co-opted to the Board for a one year term. David Menadue was appointed as the PLWHA Victoria representative on the Board and Kenton Miller was the staff representative. Elections of office bearers will continue to happen annually once the make up of the Boards is known. This year Darren Russell was elected President, Kevin Guiney Vice President/Secretary, and Paul Clarkson Treasurer.



Board Planning

The Board retreat this year was somewhat different from previous years because all Board members had served on the Board previously, and because the Strategic Vision process had undertaken some of the strategic work which previously had been done during this retreat. However, the retreat gave the Board the opportunity to review their own work priorities for the year and identify the key work for the Board committees. The retreat also commenced the discussion, which continued throughout the Board's term, about a marketing strategy for the organisation.

The Board decided to establish or continue a number of committees to progress its work, and these are reported on in more detail below.



Board Committees

Strategic Vision Implementation Committee

The Strategic Vision Implementation Committee was chaired by Kim Glover. The committee's purpose was to monitor the progress of the Annual Operating Plan and ensure that this plan was progressively 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.

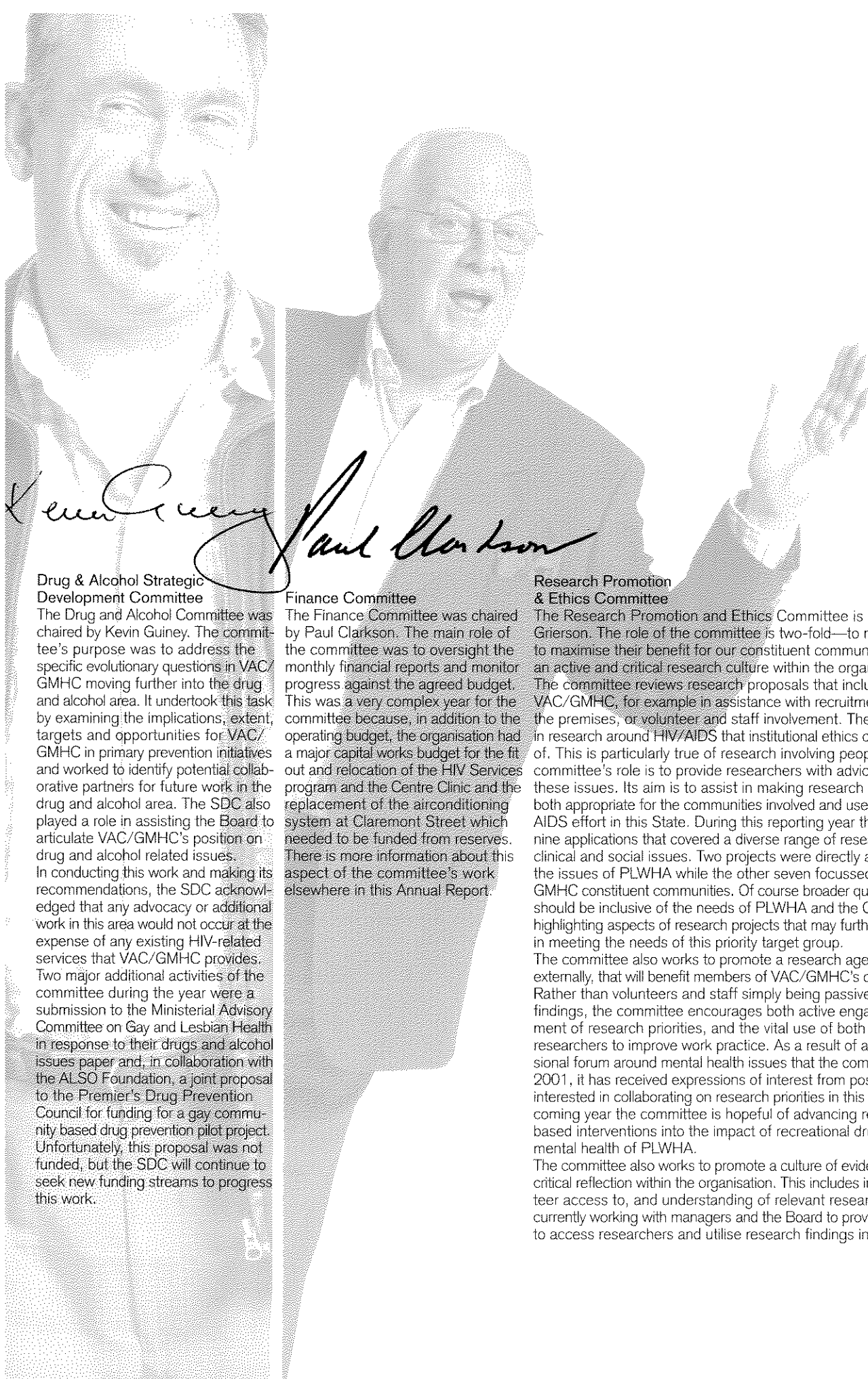
In addition, the committee undertook the oversight of some specific tasks in the Annual Operating Plan which were also in the Board Plan and acted as a reference point for Managers on those cross program issues contained in the Annual Operating Plan and Program Plans.



Fundraising & Marketing Strategic Development Committee

The Fundraising and Marketing Committee was chaired by Brian Price. This committee continued the work of previous committees in developing a fundraising strategy for the organisation and, in addition, following the marketing discussion at the Board retreat, commenced work on a marketing plan for the organisation.

A major challenge that has faced this committee and the Board is how to expand the fundraising capacity of the organisation in a tight and competitive fundraising market when government funds that might finance such an expansion are not available. Following the draw down on the organisation's reserves in 2002, the incoming committee and Board will need to re-examine the options for resolving this dilemma of how to fund a program that can raise significant funds for VAC/GMHC.



Drug & Alcohol Strategic Development Committee

The Drug and Alcohol Committee was chaired by Kevin Guiney. The committee's purpose was to address the specific evolutionary questions in VAC/GMHC moving further into the drug and alcohol area. It undertook this task by examining the implications, extent, targets and opportunities for VAC/GMHC in primary prevention initiatives and worked to identify potential collaborative partners for future work in the drug and alcohol area. The SDC also played a role in assisting the Board to articulate VAC/GMHC's position on drug and alcohol related issues.

In conducting this work and making its recommendations, the SDC acknowledged that any advocacy or additional work in this area would not occur at the expense of any existing HIV-related services that VAC/GMHC provides.

Two major additional activities of the committee during the year were a submission to the Ministerial Advisory Committee on Gay and Lesbian Health in response to their drugs and alcohol issues paper and, in collaboration with the ALSO Foundation, a joint proposal to the Premier's Drug Prevention Council for funding for a gay community based drug prevention pilot project. Unfortunately, this proposal was not funded, but the SDC will continue to seek new funding streams to progress this work.

Finance Committee

The Finance Committee was chaired by Paul Clarkson. The main role of the committee was to oversee the monthly financial reports and monitor progress against the agreed budget. This was a very complex year for the committee because, in addition to the operating budget, the organisation had a major capital works budget for the fit out and relocation of the HIV Services program and the Centre Clinic and the replacement of the airconditioning system at Claremont Street which needed to be funded from reserves. There is more information about this aspect of the committee's work elsewhere in this Annual Report.

Research Promotion & Ethics Committee

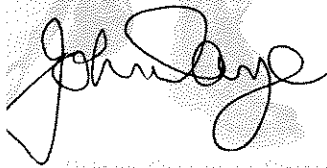
The Research Promotion and Ethics Committee is chaired by Dr Jeffrey Grierson. The role of the committee is two-fold—to review research projects to maximise their benefit for our constituent communities and to encourage an active and critical research culture within the organisation.

The committee reviews research proposals that include any involvement of VAC/GMHC, for example in assistance with recruitment or promotion, use of the premises, or volunteer and staff involvement. There are often sensitivities in research around HIV/AIDS that institutional ethics committees are unaware of. This is particularly true of research involving people living with HIV. The committee's role is to provide researchers with advice and support around these issues. Its aim is to assist in making research undertaken in this field both appropriate for the communities involved and useful for the ongoing HIV/AIDS effort in this State. During this reporting year the committee reviewed nine applications that covered a diverse range of research proposals into both clinical and social issues. Two projects were directly aimed at research into the issues of PLWHA while the other seven focussed on the broader VAC/GMHC constituent communities. Of course broader queer community research should be inclusive of the needs of PLWHA and the Committee is proactive in highlighting aspects of research projects that may further assist the organisation in meeting the needs of this priority target group.

The committee also works to promote a research agenda, both internally and externally, that will benefit members of VAC/GMHC's constituent communities. Rather than volunteers and staff simply being passive recipients of research findings, the committee encourages both active engagement in the development of research priorities, and the vital use of both research findings and researchers to improve work practice. As a result of a community and professional forum around mental health issues that the committee facilitated in May 2001, it has received expressions of interest from possible research partners interested in collaborating on research priorities in this area. In particular, in the coming year the committee is hopeful of advancing research and evidenced based interventions into the impact of recreational drugs and alcohol on the mental health of PLWHA.

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 is currently working with managers and the Board to provide opportunities for staff to access researchers and utilise research findings in their day-to-day work.

BOARD REPORT CONTINUED



Political Organising Strategic Development Committee

The Political Organising Strategic Development Committee was chaired by John Daye. 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. This SDC operates slightly differently from other committees in that it draws on external expertise for particular issues to supplement the regular membership of the committee. There were three key issues addressed by the SDC during the year, with a larger range of secondary issues on which the committee gave advice.

The pre-budget leaks and the announcement in the Commonwealth budget of changes to the Disability Support Pension (DSP) had the potential to significantly disadvantage many of the organisation's clients and, in collaboration with PLWHA Victoria, the Political Organising SDC developed the organisation's response to this issue. In undertaking this work, the committee worked closely with external organisations such as AFAO and NAPWA, VCOSS and ACOSS and the Chronic Illness Alliance. The SDC also coordinated the VAC/GMHC campaign to lobby government ministers, opposition shadow ministers and Australian Democrats and Greens Senators in relation to these proposed changes. The community alliance against these changes has been successful in having the changes withdrawn once the government realised that it could not get its proposed changes through the Senate. However, there are still a number of changes that could be made administratively without the need for legislative changes, so the SDC is keeping a watching brief on how the DSP is being administered in practice.

The SDC, together with the HIV Services program and PLWHA Victoria organised a very successful community meeting to allow people living with HIV/AIDS to address their concerns about these changes to Centrelink staff.

The budget also flagged changes to the Pharmaceutical Benefits Scheme (PBS) which also had the potential to incur significantly higher costs for people living with HIV/AIDS. A similar community coalition to the one that was addressing the DSP changes was formed to oppose the PBS changes, and the Political Organising SDC coordinated the VAC/GMHC input to this coalition. These changes are also on hold as the government has been unable to gain Senate support for them.

Finally, the SDC has been working on a review of HIV-related housing needs in preparation for a review of housing flagged for early implementation in the Victorian HIV/AIDS Strategy. This work is being undertaken in partnership with PLWHA Victoria and the AIDS Housing Action Group.



Australian Federation of AIDS Organisations

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 in October/November. The VAC/GMHC delegates to AFAO were Darren Russell and Kevin Guiney and several VAC/GMHC staff usually attend as well.

Ministerial Advisory Committees

The Ministerial Advisory Committee on AIDS, Hepatitis and Related Diseases (MACAHRD) is continuing to function effectively with its two subcommittees (HIV and Hepatitis C) completing work this year on the State Strategies. The Victorian HIV/AIDS Strategy was launched by the Health Minister in July 2002 and the Victorian Hepatitis C Strategy will be launched by the end of 2002.

A working group established by the Department of Human Services is examining the Victorian legislation and policy and practice in relation to reckless endangerment. Victoria has had more prosecutions for knowing and reckless endangerment with HIV than all other Australian jurisdictions combined. The working group report is due by the end of 2002, and the MACAHRD will consider the reports of the working group.

The Ministerial Advisory Committee on Gay and Lesbian Health is in the final stages of drafting a Victorian Gay and Lesbian Health Strategy. It is hoped the Strategy will be launched by the end of 2002.

The Attorney-General's Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Law Reform has seen both sets of legislation for the recognition of same sex relationships passed and proclaimed. A community education program based on the legislation is under way. The issues of access to reproductive technologies for lesbians and adoption and parenting are being referred to the Law Reform Commission for advice on any necessary legislative changes. Several Board members sit as individuals on these committees.

ABSENT: KENTON MILLER

FLIGHT HIV 02 NOT ON AUTO PILOT... YET!

David Menadue

When Executive Director Mike Kennedy rang to ask me to write this piece, I was sitting at Canberra airport, about to be bundled onto a tiny Dash 8 plane to Melbourne, in the midst of a fairly ferocious storm. It struck me as the journey progressed that it was not unlike the experience of having HIV for the past two decades. Here I was, in a tiny vulnerable object, being buffeted about by some very strong headwinds and enduring an extremely bumpy ride.

The analogy was also pressed home for me when I was seated in row 1B at the front of the plane. The flight attendant gave me a card that asked all people sitting in the row if they could say that they were "able-bodied individuals who could help the crew in the event of a crash landing"! Apparently the crew needed help to open the door and help the passengers out. Was I "able-bodied"? I asked myself? HIV (and more recently its treatments) have done their bit to disable me, giving me HIV wasting, lipodystrophy, diabetes, hyperlipidemia and a range of other nasties which have hardly made me the fittest specimen around. But, I decided, the experience of living with the virus has taught me a lot about how to cope with a crisis and, if we had a crash landing, I'd be as good as the next person at dealing with the situation!

The sense of crisis, which has been associated with the HIV epidemic since the mid eighties in Australia, has certainly subsided over the past few years. The era of HAART (Highly Active Antiretroviral Therapy) has had profound changes on mortality and morbidity for people with HIV/AIDS. We are now taking much longer to develop AIDS-defining illnesses and those of us with AIDS already are living much longer lives often with fewer periods of hospitalisation.

Some of us are now well enough to go back to work or be involved in society (in volunteer work or the like) and to appear as if we are living relatively normal lives.

There is no doubt that life is better, but to go back to my aeroplane analogy, we are not on auto-pilot quite yet! For many people with HIV, I would argue, it is not really possible to put your life on "coast" and forget about possible problems, or even perils ahead. Effective management of HIV, whether you are on treatments or not, does involve a hands-on approach to watching your clinical markers: viral loads and T-cell counts. Those of us who are on treatments have learnt that we have to monitor a range of new things now. With the discovery that the HAART therapies contribute to lipodystrophy and other related disorders, we now have to monitor our triglycerides, cholesterol levels, blood sugar and lactic acid levels. People are more likely to be hospitalised for conditions like lactic acidosis, cardiac irregularities or liver and kidney problems—all related to treatment side-effects—than because of HIV-related conditions.

As someone who has been on fifteen different antiviral regimens since therapies became available, I am also at high risk of treatment failure. While my current lot are keeping me very well, I am constantly on the look-out for news of new therapies coming on line, just in case drug resistance stops my current drugs from working. I feel that I have to be my own doctor in some respects, closely monitoring the opportunities and threats around me. Should I go on the new immune-system boosting Interleukin-2 (or will the side-effects be too much for me to bear)? Should I ask to go on the fusion inhibitor T-20 (or can I cope with the idea of injecting myself in sterile conditions twice a day)? Looking at the big picture, will a treatments vaccine arrive in time to give people like me a chance to avoid the likely eventual failure of current classes of drugs? For all this though, I feel quite happy and confident now. I knew that my flight on the Dash 8 was likely to result in a safe landing despite the rough weather and likewise, I feel reasonably sure that things will be fine with my health for well ... the next little while, anyway. As someone who has lived with a prognosis of two years to live in 1989 (after my first AIDS-defining illness) I have learnt to expand my horizons more and more as the years roll by, in defiance of this killer virus. At my fortieth birthday party in 1992,

I made extravagant promises to a group of people about funding a trip to Paris for them if I made fifty. As my fiftieth birthday approaches this October, I am having to eat my words and fortunately my friends have not insisted I keep my promise! Like me, they did not think I was going to make the distance, given the odds as they were back then.

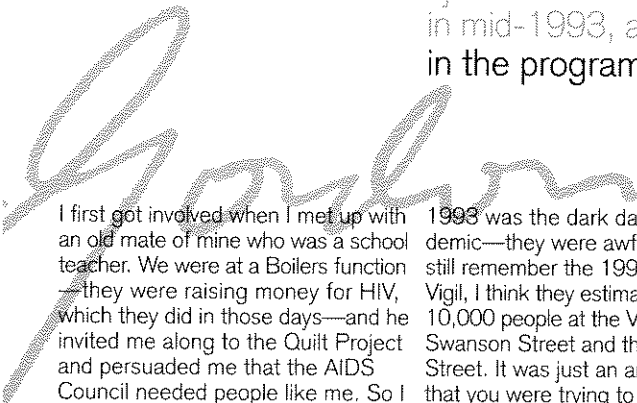
We have learnt that it is possible to live with HIV for a long time: there are a number of people who have been infected with the virus since the early eighties and who still have not developed AIDS. Most of them now are taking treatments but the point is, they are still alive, with a good or reasonable quality of life. Even some like myself who have developed AIDS are doing well too. People who are newly diagnosed with HIV can look at these examples and realise that HIV, properly monitored and managed, can now allow you to live a reasonable life span, maybe even a normal one. You can take out a mortgage, you can plan on a career, you can look to forming a long-term relationship.

No one can promise you a smooth ride, though. It will be likely to have its stormy moments when treatments don't work or cause you troubling side-effects. You will have to keep your hands on the wheel about issues like when to start treatments, how to remember to take them and whether you can take a break from them or not. Older experienced flyers like me know what fears and insecurities HIV can bring into your life but be confident that you can make it, relatively unscathed, through the difficult bits of the journey.


REFLECTIONS OF A SUPPORT VOLUNTEER

Gordon Wilson

I joined the VAC/GMHC Support Program as a volunteer with South group in mid-1993, and I have been with them ever since. It was a very busy time in the program, so not long after I started I was put onto a care team.



I first got involved when I met up with an old mate of mine who was a school teacher. We were at a Boilers function—they were raising money for HIV, which they did in those days—and he invited me along to the Quilt Project and persuaded me that the AIDS Council needed people like me. So I went with him to the 1993 Candlelight Vigil and Quilt, which was an amazing experience for me. From there, I went along to the next meeting, did the orientation, and the support training, and then joined the program as a support volunteer. And almost ten years later I'm still involved with the program. My strongest memory of when I first became involved was the huge feeling in the volunteers of doing something for people who were less fortunate than you were. I was also motivated by wanting to do something for the community. I had thought about doing this for a number of years but had never had the opportunity, and when this came up I knew now was the right time. There was a huge feeling amongst the people I was working with at South Support Group that they were all there to do something to help someone, and that was their main reason for being involved. That was how I felt too and I was very pleased to be able to be a part of it.



1993 was the dark days of the epidemic—they were awful times. I can still remember the 1993 Candlelight Vigil, I think they estimated there were 10,000 people at the Vigil, walking up Swanson Street and then up Collins Street. It was just an amazing feeling, that you were trying to make people aware of what was going on, even though the cars were tooting and hollering at us because we were blocking the roadway. The sheer number of people who had been affected by the epidemic and had come out to show their support was a bit overwhelming but you still had the feeling that you could help somehow, and that was the main thing.

Back in those days, care teams didn't last for very long in lots of cases, often only a few months. I was a bit unusual in that my first care team with a client lasted for almost five years, which was quite amazing. While I was doing that I was also the Care Team Coordinator for four other care teams and I was watching those people die and trying to organise things for them and for their teams.

As a Care Team Coordinator, part of my role was providing support for the volunteers, and this was particularly important when they were looking after people who died at home.

They were pretty traumatic times with people dying at home and in hospital. It was very hard on the volunteers. A lot of volunteers were really quite emotionally touched by the whole thing—you hated seeing people dying. You really did need to go into the debriefing afterwards and talk about how it had affected you and try to get it out of your system.

The arrival of combination antiretroviral therapy in 1996 was a huge watershed. I still have records on my computer of the hours I worked in 1994, and for several months I was doing 40 hours a month of volunteer work, so it was pretty full on. It was a very big commitment for most of us who were also working full time. But I didn't mind—I was there to do a job so I did it. Then in 1996, when antiretrovirals came in, you started to see people living longer, which was great. And now of course, it has improved so much that I'm still seeing people that I've known for quite a number of years, and they're still going well.

When I think back to the pre-1996 years, the biggest change is the kind of work we now do in Support. These days there are still a few clients who are quite sick, but most of our clients are quite healthy, so its more about providing social support rather than medical support. In the old days, you were washing people and shopping and cleaning for them. Well that doesn't happen much these days. Usually now they can do that for themselves. It's now mostly social and moral support and emotional support that you are providing, rather than the hands on physical support.

I have also changed the kind of work I am doing in the program. I've moved away from care team coordination and I'm on the Exec—I'm the Treasurer and the letter writer, so that's a change for me. I've personally changed too. I know that when my client died after five years, I was in a bit of an emotional heap because we had become friends, and that broke me up a bit. So I pulled back from doing all that. That was 1998 or 99. It was about then that volunteers also started to drop off because AIDS stopped being the "disease of the month". It was not the thing that everybody was talking about any more.

There was also the sense that there was no longer this huge wave that was about to break over the community because you also weren't getting all those deaths. There were still deaths, of course, people were still dying. But it wasn't like it was earlier. Every day, back then, you would hear of someone dying. And then when the new drugs came onto the market, the deaths slowed right down and now you are quite surprised when someone dies. There are people who have lived right through it all. It's amazing really how some of them have survived.

I still get enormous satisfaction out of volunteering. I'm now also a volunteer down at the PLC every Tuesday. I do the Foodbank run, pick up the food at Foodbank and bring it back to the pantry. I still love seeing the people that I have known for so many years, and I get a great sense of satisfaction at still seeing them there, and still being able to do things for them.



COUNSELLING SERVICES

Nicci Rossel
MANAGER
Counselling Services

Working Towards Creating Positive Change

Writing for the Annual Report provides a time for reflecting on the past 12 months and recognising that it has been an extremely busy year for the Counselling Services' team. Counselling Services has been run over the past 12 months by 2.5 paid workers, 14 sessional counsellors (two counsellors left during the year), five interns and four students on placement for psychology and social work. The three main areas of work over the past 12 months have been client work, project work, and students on placement.

Counselling

Over the past year we have seen HIV positive clients with a broad range of issues including changed sexual behaviour, fear, shame, decision-making, relationship issues, disclosure, fear of medication, anxiety, depression, and recent diagnosis.

The newly diagnosed clients have often sought short term counselling. At times a single session visit is all that a newly diagnosed client desires. Many of these clients, however re-present at a later date for ongoing counselling.

In addition to our normal intake and ongoing counselling process we have provided one-off face-to-face appointments to meet with urgent doctor referrals, new diagnoses and interagency referrals. We have also spoken to many HIV positive clients on the phone, particularly rurally located clients.

We have done an increased amount of work on prevention issues with clients who are at risk of infection with HIV. These risks can be due to a poor sense of self, self-loathing, and isolation. As such, much of the therapeutic work being done is about building a strong sense of self-worth with clients.

In addition to our preventive work we also work with many clients who are affected by HIV. We have seen family members who are in need of information and education, and partners and friends of gay men, in particular, who seek support. We have seen individuals who are grieving and have suffered the death of a lover, family member or friend. More recently we have noticed an increased demand for counselling from men who are in sero-discordant relationships. These couples presented with a variety of issues relating to finances, improving communication skills within the relationship, education and support. In addition, on a more extreme, but very real level we have also seen clients who have such a fear of contracting HIV that they live in a constant state of anxiety.

Project work

Project work has been an essential component to Counselling Services as a way of improving service delivery, as well as promoting Counselling Services to wider communities. Projects over the past 12 months have included the:

- Development of brochures on the Counselling Service, for HIV positive clients, Recruitment of Volunteer Counsellors, Internship Program and Students on Placements
- Documentation of changes and developments in Counselling Services from 2000-2002 as a way of reflecting on the service development, practice and for future planning
- Continuation of general policy development
- Development of client evaluations of Counselling Services
- Ongoing partnership of Counselling Services with the Health Promotion Team, which has enabled us jointly to offer a Negative Partners (of HIV positive men) Group.

Student placements

Over the past two years, Counselling Services has developed a strong reputation with many of the universities including Latrobe (Social Work), Melbourne (Social Work), RMIT (Social Work and Masters of Applied Science), Ballarat (Psychology), Deakin (Psychology) and the Australian Catholic University (Psychology and Bachelor of Family Studies), working in the education and training of students.

Our aim in providing these placements is that in the future there will be a range of workers with positive and informed experiences of working with the HIV/AIDS and GLBTI communities, who also have a thorough understanding of and sensitivity to the needs of our communities. We hope that this experience will create a ripple effect when these graduates go out into the workforce, particularly if they are working within agencies that may be inadequately resourced to deal with these issues. We envisage that the graduates will be skilled to work with HIV/AIDS and GLBTI communities, and will be able to contribute to future policy development. By offering these placements we are also developing a unique model of practice relating to supervision and project work that has been acknowledged as valuable by the Universities.

In addition to the provision of counselling, projects and students on placement, over the past 12 months Counselling Services has been active in many other areas. For example, Counselling Services has received an increase in requests for guest speaking and the training of professionals and other service providers. To this end we are delivering a program aimed at educating workers in other services on appropriate HIV/AIDS and GLBTI concerns.

Currently we are preparing to begin the annual process for a new intake of Volunteer Counsellors and Interns. This is a lengthy process of interviews and selection to ensure that we provide the best counselling to our clients for the next 12 months and beyond. Overall, the Counselling Services' team has provided another year of support to the community we proudly serve and I take this opportunity to warmly thank everyone involved for their continued support.

HEALTH PROMOTION TEAM

Colin Batrouney
MANAGER
Health Promotion Team

The past year has been one of intense activity within the Health Promotion Team as we sought to introduce a number of novel education programs in response to the sustained increase in HIV notifications in Victoria as well as fully implementing the restructure of the program that was embarked upon by the review process begun in 2001.

The role of volunteers remains central to the activities of the Team and the past year has seen renewed vigour and commitment from our volunteer base across a broad range of health promotion activities. From Lifeblood Guards distributing over 30,000 safe packs during Midsumma events (and a further 10,000 during the year) to party and venue outreach and volunteer facilitation of ongoing peer education programs, the volunteers of the program have remained a creative, committed, engaged and highly motivated part of our response and continue to strengthen and shape the work of the Team. Community engagement has been a very active issue for the team in continuing to frame a response to the HIV/AIDS epidemic in Victoria. One of the many challenges we face in 2002 is a constant reappraisal of the state of the epidemic, the impact on communities and the changing nature of community involvement and perception of HIV as an active and ongoing health issue.

One of the ways we address these issues within the Team is to maintain support for and contact with a range of culturally and linguistically diverse groups resourced by the program. These include the Arab Gay Group, Greek and Gay, The Italian Gay Group and Gay Asian and Proud. The past year has seen a consolidation of our core activities (the workshop program MoMEntum, Relationships, Young and Gay, Gay Asian and Proud, resource distribution, Positive Education) as well as the development of education initiatives which have seen us broaden our scope and enhance the work of the Team and the organisation.

Activities

As well as maintaining a presence at community events such as the Midsumma Carnival and the Street Party, the Team have been involved in outreach to dance parties and special events throughout the year as well as supporting the Melbourne Sexual Health Centre in its ongoing sexual health screening program at sex-on-premises venues. In addition, the Team have engaged in a number of activities around the completion of the HIV Action Plan.

These have included the production of a range of safe sex videos. These videos were produced as short community service announcements which dealt with issues relating to assumptions of HIV status, HIV transmission risk in primary relationships, transmission risk in beat sex environments and the particular risks associated with sex-on-premises venues. These videos have been distributed to sex-on-premises venues as part of our ongoing commitment to providing these venues with safe sex educational resources and to support the newly implemented Victorian Guidelines for the Prevention of Sexually Transmissible Infections at Sex on Premises Venues that have been developed by the Health Department, the venues, VAC/GMHC and the Ministerial Advisory Committee on AIDS, Hepatitis C and Related Diseases.

In addition to the videos, we have also designed a workshop program for Negative Partners of HIV Positive Men in collaboration with the Counselling Services Program of the VAC/GMHC to address the many issues related to sero-discordant relationships.

With the placement of two full-time workers in the revamped Outreach Project, the Team has been able to strengthen our efforts in relation to outreach, specifically to sex-on-premises venues (SOPV), beats, bars and clubs as well as working in the area of online cruising on the internet. The outreach workers are also actively involved in the ongoing training of SOPV management and staff on HIV, other sexually transmissible infections and the maintenance of safe sex practices in a variety of sexual environments.



One of the recurring themes to emerge from the 2001 Community Education Program Restructure Report was the need for issues relating to HIV to be framed within a context of how people live in our varied target populations.

This need arises from the recognition that for many people, HIV is not an issue that is central to their lives.

As a way of addressing this reality we developed *Lifeblood*, a 12 page tabloid insert published in the gay press every eight weeks for a pilot period of 12 months.

Within a broad range of articles we were able to imbed core messages in relation to risk and HIV transmission within a complex and ongoing discussion about how gay men live, how we construct our relationships and how gay sexuality finds expression in a variety of ways and settings. The project was subject to external evaluation which reported that:

"Overall, *Lifeblood* is a highly successful health promotion intervention in terms of its stated aims and objectives. In particular, *Lifeblood* is providing a valuable information mechanism to readers who may not already be accessing information and services through VAC/GMHC. *Lifeblood* has been widely discussed by readers within their peer networks. *Lifeblood* is viewed as an easy to read and easy to understand publication. It is also seen as being a reliable source of information, a useful resource, and a publication that covers a wide variety of issues. The design and layout of *Lifeblood* is also seen to make the publication easy to read."

Pending ongoing funding *Lifeblood* will continue to play a major role in maintaining community awareness and debate across a broad range of psycho-social and sexual health issues. Issues relating to drug and alcohol use and injecting drug use remain core content areas for health promotion. The major focus of our work in this area in the past 12 months has been the development of strategic partnerships with key service providers. There was an online chat forum about co-infection co-hosted with the Hepatitis C Council of Victoria and a Pills and Partying forum in collaboration with PLWHA Victoria. These forums employed the expertise of medicos and related service providers from The Alfred Hospital, Prahran Market Clinic, The Centre Clinic and Bouverie Centre as well as the experience of the coordinator of the AUSCO online bulletin board for co-infected PLWHA. Closer ties have been cemented with VIVAIDS through membership of their Committee of Management.

Ensuring the professional development of the Team is a vitally important part of ensuring that our analysis, initiative and practice is kept at the highest possible level. The implementation of the National Training Agenda project by AFAO highlighted the need for increasing the capacity of educators to better respond to a changing and complex epidemic now approaching its third decade. Six VAC/GMHC and PLWHA Victoria workers involved in gay men's education were awarded Diplomas in Community Service in recognition of the skills, knowledge and attributes that they have developed in promoting the health and well being of HIV positive and HIV negative gay men. Currently we are examining ways to sustain this important work in the years to come.

Why change the name?

Finally, after careful deliberation the Team decided that it would move away from the label of 'Community Education' in recognition of the fact that our education strategies target many communities and cover a broad raft of issues that seek to promote health rather than impose education. We believe that 'Health Promotion' allows us a framework to develop strategies and deliver a program that is more in line with the complexities and realities of the epidemic we face today.

LIVING & WORKING IN A CHANGING EPIDEMIC: HEALTH PROMOTION TEAM PERSPECTIVE

Colin Batrouney
Health Promotion Team

Chris Clementson
Health Promotion Team

DP Tex McKenzie
Health Promotion Team

The changing nature of community engagement has been a constant dynamic in education interventions since the beginning of this epidemic.

Over the course of the last year I have had many discussions with individuals who are passionate about the role of gay education and the ways in which it might work in gay communities. They speak about a lack of community involvement and engagement and hark back to periods in the mid 80s when community mobilisation and activism were widespread. They talk about the need for gay men to once again 'own' the epidemic as central to their lives and live with a continuous vigilance against transmission. While I agree that if this were so we may not be seeing a rise in HIV notifications, I am also aware that the broad community engagement that occurred as the epidemic was being established in this country was a particular moment in time that can't be replicated. We need, as educators, to engender a renewed enthusiasm around prevention and the strategies gay men engage in around risk reduction.

We need to do now what we did at the beginning of the epidemic, we need to find ways to make safe sex live in the culture as an ongoing behavioural dynamic and not as a set of dull prescriptions. And we need to do this within a sexual culture which is vastly different to that of the early days of the epidemic. Negotiated safety, strategic positioning, viral load, and disclosure of HIV status are all factors that play a part in the decisions gay men make in 2002 when engaging in sex. This refinement of the safe sex culture of the past is not an expression of complacency but rather a recognition of complexity.

These issues lie at the core of the work of the Health Promotion Team at VAC/GMHC, as we seek to frame health promotion strategies to reduce or eliminate new HIV infections and take into account the pragmatic realities and complexities of the epidemic we face today.

In these pages the Health Promotion Team talk about the work we are engaged in as a dynamic and constant process of engagement and re-evaluation of communities within a shifting epidemic.

Twenty years into the epidemic there are a variety of people (both positive and negative) with different levels of experience of HIV/AIDS. There are those who knew the world before the epidemic's initial onslaught (many negative and the few positive people who are long-term survivors); those who have grown up only knowing how to relate sexually in the shadow of disease; those who experienced the before and after of the protease moment of the mid 90s. There's always a new group who are just becoming homosexually active whether they are young, middle or mature aged. As time and context have changed, the place of relevance for HIV continually fluctuates for gay men. *Lifeblood* is one of our principal attempts to find a place of relevance for HIV amongst the other significant issues in the full lives of our target populations. *Lifeblood* endeavours not only to build each individual's capacity to use health information effectively but also to encourage community discussion that can promote the dynamic safe sex cultures of gay men that have and continue to minimise the impact of HIV on our community. Working on a project such as this, that appears to be well received by our communities and is a catalyst for enhancing our team's understanding of and response to the epidemic, provides a great deal of work satisfaction.

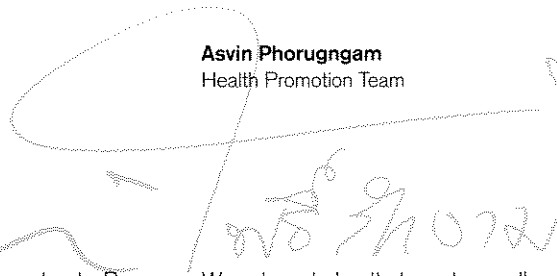
The past year has seen great change within the Health Promotion Team. With a new manager and new members of the team we have faced some new and exciting directions. In acknowledging change it's important to note that whilst new directions and interventions have happened, we continue to provide the excellent services and groups that those we seek to inform have come to expect of us. We have striven for, and I believe, have experienced greater cooperation within the team and in our networking within the other programs of the organisation and in our work with outside agencies and organisations. Last Midsumma, our fantastic volunteers packed and distributed over 40,000 safe sex packs for distribution at community events and parties. We continue to be a contact point for a wide variety of educational and other institutions and supply a complex range of resources to assist in making HIV/AIDS and other sexually transmitted infections less frightening and more understandable.

Vic Perri
Health Promotion Team



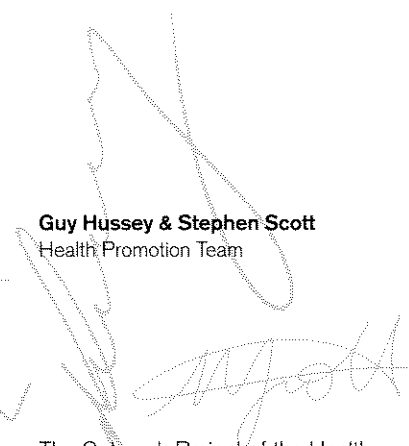
The epidemic has changed so much over the years on so many levels. Because of this roller coaster ride our response in terms of health promotion and how we deal with this has had to constantly change as well. A challenge? You betcha! While research has improved our understanding of how HIV works, making it easier to fight it and improving the health and well being of those already living with HIV, the job of health promotion for those already infected and those affected has become increasingly difficult. Why? The population group that we are working with is constantly changing. Basically it is becoming increasingly fragmented for all sorts of reasons (mainly for the better) making it harder for us to reach them. More and more gay men are living lives that are less 'gay' focused. The sense of community and need for community that existed many years ago has changed for many. Because societal discrimination against gays and lesbians has decreased over the years people are finding it easier to deal with their sexuality and no longer feel that they have to belong to any special community in order to feel safe or just to be themselves. Another very real challenge is the relevance of health promotion particularly in the area of sexual health. "Why give a toss about HIV now that it can be treated?", many people now say. Unfortunately they do not know the full story. How do we make our messages relevant in people's lives? It's a challenge we need to meet.

Asvin Phorugngam
Health Promotion Team



We acknowledge that most sexually active gay men use condoms most of the time when having anal intercourse. Unprotected sex is an increasing trend among some gay men, both positive and negative. Both positive and negative men adapt different methods when having sex in order to prevent passing on or catching HIV. Some positive men adopt the receptive position while some negative men take an insertive role. As a health educator, having an understanding of this risk reduction strategy is vital to my work. I have reflected on all the strategies gay men are adopting to reduce the risk of transmission in the design of our workshop programs such as Young & Gay, Gay Asian Proud, MoMENTum and Relationships. These workshops provide participants a space to express, reflect, discuss and question these strategies amongst gay men.

Guy Hussey & Stephen Scott
Health Promotion Team



The Outreach Project of the Health Promotion Program has devoted itself to redesigning the way outreach to 'hard to reach' groups of men who have sex with men is conducted. Important elements of this redevelopment have included broad consultation with the research community, a commitment to a form of non-invasive outreach which acknowledges the resources already existing amongst networks of men who have who sex with men and most crucially, the involvement of men who use beats, sex on premises venues and online chat rooms in the project's design, delivery and evaluation—proven strategies that underpinned Australia's successful early AIDS response. The Project has proceeded under a difficult environment of political and moral panic and increasing stigmatisation of PLWHA over increased HIV diagnoses, which has occurred despite extensive evidence of both positive and negative men's continuing and innovative efforts to contain and minimise the spread of HIV. The Project has achieved much through endorsing proven, more progressive risk reduction strategies, especially to other service providers likely to have contact with men from these groups. We endeavour to adhere to processes of education that provide real points of community participation, increase the Project's relevance and responsiveness to men's needs and value social cohesion, understanding and compassion over reaction, divisiveness and scapegoating.

HIV SERVICES UNIT

Vikki King
MANAGER
HIV Services Unit

HIV Services Unit Relocation

By December 18 the new centre had been handed over and we spent the lead up to Christmas bumping truck-loads of office furniture and stores into the new centre.

Over the next month the doors remained closed while we purchased additional furniture and equipment to fit out the centre, and engaged in extensive discussion and debate while developing the new activities and services. We also got used to being under the one roof as the HIV Services Unit has always been spread over two or three sites. All but one, Peter Doyle, work from the new site. Peter holds the north office and HALC together but visits the new PLC regularly.

PLC Review

In the months leading up to the move the VAC/GMHC Board commissioned a review of the PLC to enable us to have in place a reinvigorated service plan in time for the opening of the new centre in 2002. Clare Keating and John Walker of Effective Change Consultancy Services were engaged to undertake the review and to develop a service plan for the new PLC. The review allowed for an extensive consultation process with clients and internal and external stakeholders. A series of recommendations was developed that identified a range of areas that required change, and the Board, with the exception a couple of minor amendments, adopted the recommendations in total. It is these recommendations that we have been working to implement over the past eight months. We still have many more things to do but we are well on our way to fully implementing the recommendations.

A lot can happen between one annual report and the next. At this time last year we were in the final stages of the refurbishment of what would become the new PLC.

As part of the implementation plan following the review we have:

- Revised the food service and we are working on further developments in this area
- Introduced a 'Pantry' service to provide practical assistance to PLWHAs in the form of dried, tinned and packaged food/goods that we purchase via Foodbank-Victoria
- Introduced a new service and activities program that is changed each season. We continue to try and test new activities and services. The program has been expanded four-fold since we relocated
- Begun developing a program for outings
- Introduced free brunch five days a week
- Established an improved cyber room where we provide access to six computers with a range of software packages, free access to the Internet and regular computer training programs
- Increased the range and type of fitness and relaxation programs
- Reviewed and adapted the volunteer roles available at the PLC, and we have provided new orientation and induction sessions for the volunteers who chose to continue working with us. We have also recruited additional volunteers to work with us over this time
- Revised and improved our PLC client intake mechanisms
- Revamped our publicity materials
- Introduced twice weekly access to emergency food vouchers
- Established improved working relationships with sections of The Alfred Hospital, including OT, Social Work, Access Information Centre and Fairfield House, and with RMH, RDNS, AHAG, PLWHA (Vic) and IHSP. The relocation has also allowed us to build a closer working relationship with Positive Women and Straight Arrows by way of offering space for meetings, groups, massage and some office space at certain times of the week
- We hope, increased the friendliness of the PLC to a broader range of clients including women and children
- Increased PLC attendances by 30%.

The relocation has offered us an opportunity unlikely ever to be repeated, in that it allows us a second chance to establish a reinvigorated service in premises far more suited to the purpose. The feedback has been overwhelmingly positive. There has certainly been some criticism, and we have and will continue to address these issues as they arise. We have tried to take the positive things from the old centre and marry them with the new, the aim being to provide a service that is responsive to the needs of the majority of PLWHAs, especially those most disadvantaged, and one that is also able to meet its funding and organisational responsibilities.

If we were going to take a bite of the review apple we decided it might as well be a big bite and commenced an internal review of the Community Support Program model and structure. It is always challenging to review any service but the Community Support Program hadn't undergone any major review since its establishment, mainly because it had been able to adapt to the changes in the epidemic along the way.

In 2002 we reached a point where we felt we needed to look at the program given the changes in the epidemic, the reduced client load, reduced volunteer levels and opportunities, and the need for staff and the organisation to feel confident that we know why we exist, what we are here to do and that we are using AIDS funding responsibly. The review will be finalised in the next month and we will have a blueprint with which to go forward. Thanks must go to the staff, volunteers and clients for participating but most of all to Helen Carr who was engaged to conduct the review.

Treatments

The HIV Treatments Officer position has not been filled since Tony Maynard left. After failing to recruit a suitable person to the position we then experienced budget problems across the organisation and the position was frozen for six months. A couple of meetings have been held to determine whether we need a full or half time position and if there are any other creative ways to establish such a position, as we may be able to add value to PLWHA (Vic) as well as the PLC service depending on the requirements of the position. Hopefully we will progress the matter soon.

Volunteers

You will find reports on all the program areas in the HIV Services Unit in the sections that follow. Staff and volunteers have worked incredibly hard over the past year to revamp the services and activities with a keen focus on client needs. We are incredibly lucky to have recruited and retained such a talented and committed group of volunteers and on behalf of the VAC/GMHC and the HIV Services Unit take this opportunity to thank them for their hard work and commitment over the past year.

Staff

This year more than any other the staff have been taken out of their comfort zone and have had to pitch in and undertake work not necessarily part of their normal routine. We have also had to adjust to new working arrangements that are quite different to what we have had previously. It has certainly allowed all but one of the Unit's staff to work under one roof but the nature of the work and the design of the building have changed the working relationship considerably. For some it has been exhilarating and for others quite disconcerting but we will adapt and make the necessary adjustments once we can get on top of the work outlined above. The staff deserve thanks for their commitment and endurance over the past 12 months.

Other Issues

There have been many other issues and activities that we have been involved in this year however space does not allow them to be covered in this section of the report. These will be covered elsewhere in the Annual Report.

Lastly, I would like to thank everyone who has supported us over the past 12 months. We receive support in many ways. Sometimes it will be a donation, big or small, or taking the time to provide some constructive feedback, a supportive letter or it will be through some specific assistance such as participating in a review or survey. It doesn't matter what form it takes it all helps and is very much appreciated.

Michele Roberts
DAVID WILLIAMS FUND
Officer

David Williams Fund

During the past 12 months, the David Williams Fund (DWF) has received 1,240 requests from 720 clients for items such as food, rent, electricity and fridges. Of these requests 97, or 60 clients, were not approved because they failed to meet DWF guidelines, for example requests for parking fines or credit card payments, or because requests far exceeded disbursement monies for a particular week.

As evident below, the highest requests fall into categories essential to everyday living such as food, utilities and health expenses. In financial terms, the DWF fund received \$151,798.85 worth of requests in the past year, \$111,155.23 of which were approved.

The highest four categories of expenditure include white goods, followed by household items, food and medical expenses. In the past financial year the fund has approved 53 requests for white goods, which include dryers, fridges, washing machines and microwaves totalling \$20,029. Sixty-four household item requests were approved which totalled \$18,527.21 and included beds, furniture, electrical items and household appliances. There were 640 requests for food including vouchers and meals-on-wheels and \$14,402 was distributed. Finally 90 requests for health expenses such as dental, optical, prescriptions, vitamins, and physiotherapy were approved totalling \$13,820.43.

In the past 12 months 84 requests were also approved for a number of miscellaneous items such as clothing, travel expenses, course fees, home help or RDNS, removalists, gym membership and vet bills. This totalled \$13,571.41. Sixty-six requests for housing costs including body corporate fees and mortgage repayments were approved, totalling \$12,261.95. Requests for assistance with household services such as gas, power, water, phone service charges and rates remained high with 109 approved totalling \$9,737.87. Finally 37 requests for car expenses, including repairs, registration and insurance costs were approved totalling \$8,805.36.

There have been three major changes to the fund in the past financial year. Firstly the change of location to the PLC. This has resulted in an increase in the number of applications lodged to the DWF, including the number of new registrations. This may be attributable to the number of new people using the PLC, the increase in written communication with DWF clients over the past financial year or because there are a number of PLC staff available to help clients with completing and lodging applications.

Secondly DWF clients are now able to access food vouchers monthly rather than once every two months. This decision was based on increased demand by clients for food vouchers (and diminishing ability of other agencies to supply them) and a general consensus by the DWF committee that, consistent with the principle on which the fund was founded, preference should be given for items essential for basic living needs. Thirdly, the DWF committee has found a distributor, and competitive price, for the purchase of all new whitegoods, heaters, televisions, videos and beds. This was in response to feedback from clients who reported that the previous requirement of obtaining two quotes was sometimes a difficult and stressful experience if they were sick, or reliant on public transport. Furthermore many reported that the second-hand goods purchased with financial assistance from the DWF often broke down. While clients have received this new system very favourably, the first few months of its inception were difficult as requests far exceeded monies available.

These changes illustrate that the fund is continuing to respond to the needs presented by its client base. While this has the potential to create a strain on the financial resources of the fund, to date the DWF committee has been able to accommodate these within the existing budget.

Peter Doyle
HALC
Co-ordinator

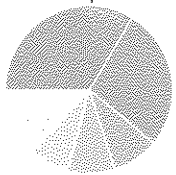


HIV/AIDS Legal Centre Victoria (HALC)

The HIV/AIDS Legal Centre [Vic] (HALC) provides a free legal advice, information and referral service to all people living with HIV/AIDS and their partners, carers and family members where their problems relate to HIV/AIDS. This year has seen HALC move from Claremont Street, South Yarra to the new Positive Living Centre in Prahran. The move has been of great benefit to the service. HALC now has its own well appointed office with a designated computer. The service now operates for two hours every Thursday fortnight. This coincides with the Thursday evening meal provided at the Positive Living Centre and HALC clients appreciate that they can now visit the Centre, have a meal with their friends and see a solicitor in the one visit.

The last 12 months have shown that there has been a noticeable increase in the need for advice around immigration matters while the requests for advice on Wills and Powers of Attorney remains strong.

The following is a percentage breakdown of the types of matters dealt with over the past 12 months:



- Wills/Powers of Attorney/Probate 33%
- Immigration 29%
- Criminal 9%
- Superannuation 9%
- Property matters 7.5%
- General advice 6.5%
- Discrimination 6%

HALC presently has eleven volunteer solicitors rostered for duty throughout the year. They are supported by six volunteer co-ordinators. We owe these people our thanks for their tireless work over the past twelve months. Thanks are due also to the solicitors on HALC's referral list and to Bruce Arthur, the Administrative Assistant at the Positive Living Centre, for making sure the service runs smoothly.

Mary Gianevsky
VOLUNTEER RECRUITMENT & CO-ORDINATION
Co-ordinator



Volunteer Recruitment & Co-ordination

This last year tested the strength and flexibility of the Volunteer program, which had to bend, stretch and expand in many directions, with the move to the new PLC having a major impact on all aspects of our work. To accommodate the different organisation and structure of the new PLC, new volunteer positions had to be created to meet the needs of our clients. This required much time and energy in retraining current volunteers and recruiting new volunteers. The opening of the PLC was met with a fresh eagerness from new volunteers, keen to commence working in a very dynamic and friendly environment. Volunteer positions under the Strategic Development and Allied Services and Health Promotion programs were also reviewed to clarify the volunteer roles and responsibilities. The volunteer brochure then received a 'face lift' to reflect the updated volunteer positions across all VAC/GMHC programs. The brochure continues to be our most important tool for advertising and promoting our volunteer needs to both the GLBT and wider community. Word of mouth is also a very powerful means of attracting volunteers to the organisation.

This year we have also seen an increasing demand for volunteers across all programs. New projects and events requiring the work of volunteers have continued to put pressure on the need for volunteers. Fortunately, the number of volunteers coming into the organisation also continues to steadily increase year by year showing that the HIV/AIDS area is still attracting attention and assistance from the GLBT and wider communities.

The Orientation Sessions are at the forefront of the recruitment process. The orientation working group who organise and run these sessions is made up of highly skilled, passionate and dedicated presenters and administration volunteers whose hard work, sense of humour and commitment over the last year has been largely responsible for the increasing numbers of volunteers coming into the organisation. This year they have focused their energy on introducing the latest technology to ensure a more professional, fun and clearer presentation of the materials to new volunteers. To a very special team of volunteers who truly love what they do, Greg, Shane, Derreck, Matthew-Paul, John, Philip, Ian and Meegan, a very big thank-you for an incredible year.

I would like to extend this thank-you to all our volunteers in all areas of work for hanging in there with us during this time of change and transition. Without you the VAC/GMHC could not have achieved what we have this year.

Don Hay

Don Hay
CO-ORDINATOR
Community Support

If I didn't go to the Drop-In I would probably be sitting at home feeling depressed. The Drop-In is more important to me than other services as I can talk comfortably with others about my condition and they understand what I am feeling.

It was great to have time to just relax and to get to know other people within Community Support and to share our experiences.

Community Support Program

As always, when I sit down to write this report it amazes me how much has happened in a 12-month period. The major change has been the move to Commercial Road. When staff initially visited the completed building we could not believe the first class quality of the renovation.

Again, Community Support volunteers have worked hard this year to ensure that our clients receive best quality care. We have supported an average of 120 clients per day and in addition to care teamwork have provided an extra 1,407 transports to medical appointments. The average length of support for a client is now 39.5 months compared to 9 months in 1994. The dedication of our volunteers in providing this service is admirable.

The work they do has become more demanding as the years have progressed, and they are always there to meet new challenges.

Drop-in Groups

The fortnightly North (Northcote) and South (Frankston) Drop-Ins continue to be very popular. Both attract a growing number of attendees. South has grown from an initial group of four to now regularly attracting up to 20 participants. North had 60 attend its second anniversary and averages 35 attendances per fortnight.

Support Area Groups from across Melbourne have contributed funds to support both Drop-Ins.

Client comments relating to the Drop-Ins include:


My saving grace! My income supports a positive partner, a child and myself. Once essentials are paid for there is no extra for treats eg theatre. These treats make life a little rosier especially at times when the virus seems to dominate life and bring gloom. It was great to have time to just relax and to get to know other people within Community Support and to share our experiences.

If I didn't go to the Drop-In I would probably be sitting at home feeling depressed. The Drop-In is more important to me than other services as I can talk comfortably with others about my condition and they understand what I am feeling.

Drop-In gives me the impetus to get off my backside and out of the house. Also the foodbank is extremely helpful as my weekly shopping bill is reduced and sometimes there are special treats which I normally couldn't buy for myself.

Volunteer Retreat

Community Support has maintained a strong commitment to caring for volunteers. An example of this was the Volunteer Retreat at Hepburn Springs during the year. The AIDS Trust of Australia provided a \$5000 grant while a Community Support Development and Advisory Committee (CSDAC) working group planned and ran the retreat. It was attended by 43 mainly long-term volunteers. The written and verbal feedback indicates it was a great success.



My saving grace! My income supports a positive partner, a child and myself. Once essentials are paid for there is no extra for treats eg theatre. These treats make life a little rosier especially at times when the virus seems to dominate life and bring gloom.

Drop-In gives me the impetus to get off my backside and out of the house. Also the foodbank is extremely helpful as my weekly shopping bill is reduced and sometimes there are special treats which I normally couldn't buy for myself.

Following on from the success of the Volunteer Retreat a CSDAC working group is currently planning a holiday break for Community Support clients. The vast majority of our clients have been unable to afford a holiday for years. This year they will have the opportunity to spend four days at beachside Balnarring. This was an initiative of Central Support Group. Central and North funds raised through the generosity of the Laird Hotel are largely funding it. Again, it is great to see Area Groups taking responsibility for Community Support clients beyond their own geographical areas.

PK TIX

The PK Tix project aims to assist people living with HIV/AIDS who live below the poverty line by providing them with free entertainment and social outings to address the issues of poverty, depression and isolation.

This year over 3000 tickets have been distributed to the 98 PK Tix clients, members of the PLC and other HIV positive community groups. Events include musicals, theatre, dance, trips and movies.

The PK Tix project evaluation (July 2002) resulted in a 74% response rate. 90% of the respondents stated PK Tix provided them with opportunities to socialise, 81% believed it had improved their mental health and 90% stated PK Tix had improved the quality of their lives. Client feedback has been overwhelmingly positive.

The focus for the next 12 months is to secure recurrent funding for the project.

Community Support Review

The Community Support Program has now been operating for 18 years.

During that time we have seen incredible changes in the HIV/AIDS epidemic. Over the years Community Support has adjusted to meet new client needs. However it is the introduction of Combination Therapies in 1996, which has impacted significantly on nearly every aspect of Community Support. Helen Carr of Helen Carr Consulting was employed to conduct a review of the program.

The review was to

- Evaluate the current service model in terms of meeting the changed needs of Community Support clients, and
- Consider the role of Community Support over the next three to five years, clearly identifying the role and purpose of the program, the service model, staffing roles and the role of volunteers within the program.

Helen has been extremely rigorous, interviewing clients, volunteers, staff and stakeholders such as RDNS, The Alfred Hospital and AHAG. The process has been quite challenging but also extremely beneficial. We await Helen's report with interest.

Again I have been fortunate to work with such dedicated staff. The Regional Support Officers, Sue Robinson, Peter Doyle, Chris Ellard, John Hall and Campbell Smith have continued to ensure our volunteers are supported and that our clients receive the optimum service. Alex Nikolovski and Jim Arachne (Training Officers) and Lynda Horn (PK Tix) complete this excellent team. During the year Chris Ellard left the program to take up other opportunities. I want to thank Chris for his years of dedicated hard work. Alex Nikolovski also moved on and I thank Alex for his professional contribution.

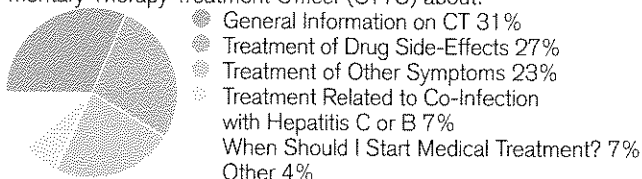
Jim ArachneCOMPLEMENTARY THERAPY
Treatments Officer

Complementary Therapy Information & Support Service

The move to the new Positive Living Centre in Commercial Rd has seen a considerable increase in people seeking information on Complementary Therapies (CT). Over the last two years enquiries have averaged 51 per quarter but, for the first quarter in the new premises, this increased to 88 client contacts—an increase of 73%.

This increase came largely from more phone contacts—up by 38% compared to the previous two year period.

People with HIV have a wide range of issues that they contact the Complementary Therapy Treatment Officer (CTTO) about:



'General Information on CT' ranged from questions such as; "I'm interested in natural therapies—where do I start?" or "Are these vitamins I'm taking the right ones?" to "Are there any particular practitioners who know how to treat HIV?" Drug side effects that were major problems for people included peripheral neuropathy (the most commonly asked about symptom), exhaustion (a close second along with diarrhoea), lipodystrophy, high cholesterol and 'generally feeling toxic'.

People had a range of other symptoms that had not responded to medical treatment or for which there was no medical treatment available. Typical problems were neuralgia after a bout of shingles, headache, diarrhoea, exhaustion, pain, *Cryptosporidium*, weight loss, persistent cough, stress and chronic sinus infection.

Various professional agencies and workers have also increased their contact with the CTTO. These have included the Melbourne College of Natural Medicine and the Southern School of Natural Therapies (the two largest naturopathic training colleges in Melbourne), the Royal District Nursing Service, University of Melbourne, the AIDSline phone service, the Access Information Centre at The Alfred Hospital and many others. Workers from nine other AIDS Councils plus AFAO and the New Zealand AIDS Foundation have also accessed the CTTO for specialist information—unfortunately, there are only two CTTOs employed in the whole of Australia.

Several important new developments have surfaced as this report was being prepared. One has been the Chinese Herbal Trial for people with HIV being conducted by the Postgraduate Integrative Medicine School at Swinburne University which is seeking to enrol 150 people. This is the first time such a large, professionally conducted complementary therapy trial for people with HIV has been run in Australia.

Two other developments have been the apparent 'break-throughs' in herbal treatment of HIV announced independently at the 14th International AIDS Conference in Barcelona this year by a Traditional Healers association in Senegal and by a large medicinal herbal company in India. More information is slowly coming to hand. Another advance has been the invitation by the editor of *Positive Living* for the CTTO to contribute a regular column to this nationally distributed publication. With virtually all national HIV treatment education programs closed to Complementary Therapies this has been an important 'break-through' of a different kind.

Gina Greco
Youth Access Project



FRESH

Now in its second year Fresh continues to grow, more than doubling in membership since the move to the Commercial Road premises earlier this year. Fresh currently has over 50 members, averaging one new member per week. As the group grows new initiatives are put in place to meet the changing needs of positive youth in Victoria, such as newsletters, online programs, youth only peer support groups and training.

Due to the growing number of members Fresh has re-established the Fresh Project Steering Committee to take on some of the responsibilities of running the project. Committee members have each been assigned portfolios covering areas such as Positive Young Women, Transition Group (for those nearing 30 years of age), Movie Club and Media/Public Relations.

Over the last year Fresh members have represented the group at international conferences, local government forums, youth week events and at media interviews with JJJ, JOY FM (Positive Life and Generation Q), MCV, Kiss FM and DNA magazine.

Fresh is continually working on new ways to access and support HIV positive young people. The main aim of Fresh is to provide an avenue where positive youth can meet other young people in the same situation. In order to make this process less intimidating Fresh provides regular social activities such as movies, BBQs, lazer force, disco bowling, ballet, theatre, and day trips to places like Phillip Island. Fresh also provides an optional Buddy System aimed at introducing new members to the group, providing extra support and a familiar face at group activities.

In February 2002 the City of Port Phillip Connecting Program funded the first Fresh retreat. Fresh spent the weekend in Daylesford. The participants were introduced to meditation, yoga, breathing and relaxation techniques as well as spas, swimming and lots of other pampering. This was a successful time away together and is hoped to be the first of many retreats for Fresh.

The annual Fresh Photo Competition was held on the 3 July at the Positive Living Centre. This year the competition was called Positive Dreams—The Future of HIV. The young people were asked to submit photographs of their dreams for the future. The images were judged on their level of impact and whether they best represented the theme. Once again the images were very powerful, as was the poetry that was submitted. Dr Suzanne Crowe from The Alfred Hospital judged the competition, MC for the evening was Fonda Cox, DJ Kell supplied the musical entertainment and Katheryn Cole provided a floorshow.

Fresh has also begun conducting informal research aimed at trying to ascertain the experiences positive youth face when accessing services. The outcomes from this research will enable us to get a clearer picture of the types of training and resources that need to be developed for services that deal with positive youth.

Marcus Younger
HIV PEER SUPPORT
Officer



Peer Support Program

The Peer Support program is a half time project. The service has continued to increase the provision of peer support to the HIV community through telephone contacts, one to one meetings and the Peer Support discussion groups.

Feedback about the program suggests that the Peer Support program provides participants with:

- A chance to connect for the first time with other HIV positive people
- A chance to reconnect, discuss and explore the many changes that have occurred in people's lives
- The ability to talk openly about issues in a safe and friendly environment, and
- The ability to make social connections that decrease the sense of isolation.

Over the past year we have developed new workshops, established a cycle of Peer Support dinners and gone on the odd outing—the most memorable being to Hanging Rock.

The relocation to Commercial Road has seen the program expand significantly for a part time project. Prior to the relocation one to one client contacts averaged three per week. Since the move the average is now three to four people per day. The demand for discussion groups has also increased from four per annum to eight per annum.

The atmosphere of the new building and the fact that the entire HIV Services Unit is located on site has greatly improved service access and delivery. The relocation has also seen an increase in the number of participants in the program wanting to become more involved with Peer Support and with the PLC.

In the next 12 months we will be developing some groups in conjunction with Fresh, targeted to young HIV positive people—18-26 year olds. Many more activities like social get togethers, an on-line peer support chat line, and one off workshops are planned for the program. We are considering the idea of a peer support discussion group to be held in the suburbs, if feasible, so hopefully many more people will be able to access the support this would provide. In conclusion a very large thank you must go to all those connected with the program. Your continued support is greatly appreciated.

IN HOME SUPPORT PROGRAM

Madeleine Berry

CO-ORDINATOR

In Home Support Program



The Program

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 whilst 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 other accommodation in the community. The co-ordinator 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 them, service providers and other significant people. The co-ordinator 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 service providers who may be involved in their care.

Work with other agencies

The Co-ordinator 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 Communitique, Royal District Nursing Service, Victorian AIDS Council (Positive Living Centre, Regional Support Programs, David Williams Fund, Centre Clinic), Supported Housing Limited, The Alfred Hospital and Fairfield House, Royal Melbourne Hospital, Melbourne Sexual Health Centre, Prahran Market Clinic and Carlton Clinic.

The year gone by

The move for HIV Services to the new PLC site on Commercial Road also brought changes for the In Home Support Program. In early February, the Program moved to a lovely bright new office upstairs at the PLC. This move has been highly beneficial both for myself, as co-ordinator, and clients of the Program. Clients are able to visit me when they are here for brunch or a class, and I have easier access to all the information and services that the PLC provides. This has vastly improved communication between myself and other services for positive people and helped to raise the profile of the In Home Support Program. Whilst altering the contact details on our stationery we took the opportunity to give it a revamp, resulting in a more 'defined' look.

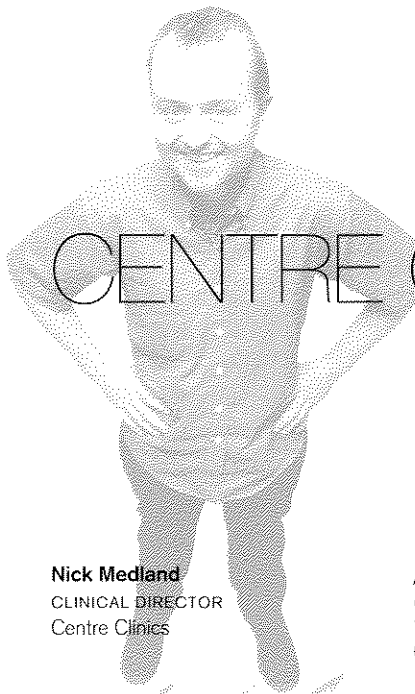
The outreach support provided by the Program has really taken off during the past year. We now have a number of clients who are receiving a range of supports, with hours varying from two per fortnight to four a week. This provides a valuable addition to other services and supports and has proved to be very popular. We are still waiting for our eighth property to be completed but this is scheduled to be soon, so I am looking forward to the expansion of the core service of In Home Support. The In Home Support Program continues to use Communitique as our attendant care agency. Thanks are due to Paris Kottias at Communitique for her cheerful response to my many phone calls.

In Home Support Committee of Management

Peter Doyle (Chair)
Victorian AIDS Council
David Menadue
PLWHA Victoria
Lawrence Cameron
Royal District Nursing Service
Cindy Jeffrey
Social Worker,
Royal Melbourne Hospital
Angelo Morelli
Social Worker,
Alfred Hospital
Lorraine Green
AIDS Housing Action Group
Madeleine Berry
Co-ordinator

Thanks

Thanks to the In Home Support Committee of Management, especially to Lawrence Cameron for his practical advice and support and Peter Doyle for his support as chairperson. Many thanks also to Victorian AIDS Council for their auspice support and making the new accommodation available at the PLC.



CENTRE CLINICS

Nick Medland
CLINICAL DIRECTOR
Centre Clinics

A new era began for the Centre Clinics on May 27th 2002, when the St Kilda clinic opened its doors at its new premises.

After spending eight years under the Positive Living Centre in St Kilda with very limited space, the clinic now finds itself in a fresh and bright new location at the rear of 77 Fitzroy Street, St Kilda.

The demand on our service for HIV health, gay health and lesbian health have steadily grown over the past five years. Our ability to meet this demand was hampered by lack of space. The larger size of our new clinic has allowed an increase in service delivery, which means that we can see more clients and spend more time with each client.

The first two months of operation at the new premises saw a 15% increase in client numbers, with an overall decrease in the situations where the clinic has been fully-booked and time is limited. Our observation has been that there has been a corresponding increase in client satisfaction. However, the process of establishing a client satisfaction survey in this coming year will allow us to test this objectively.

The Centre Clinics took over a site that had housed a medical centre in the past. It was extensively renovated and totally refitted. Andrew Parr of SJB Interior Design, an award winning Melbourne designer, kindly donated his time and the services of his company to undertake this task. The outcome is stunning. Light and colour and space make the environment a pleasure for clients and staff alike. The relocation itself was a major focus of the work of the clinic through most of the year. Daryl Sandlant, practice administrator, and Sandra Mounsey, Manager of Strategic Development and Allied Services, were the major players in the ongoing hard work of the project and Paul Rees established the new state-of-the-art computer system.

Our clients have always shared a sense of ownership of the clinic and its services and they have shared with us the sense of pride and achievement at the successful relocation. The clinic and its clients are looking forward to the future of the new service in the new location.

Our clinical and community work has not taken a back seat during this period. Our commitment to community health care is as strong as ever: compassionate, empowering, unhurried health care measured by quality and efficiency rather than profit. The clinics' psychiatric assessment, adherence support and clinical research each blend into an innovative and unique approach to community-based HIV and GLBTI health.

HIV medicine is becoming more complex and more challenging to PLWHA and care providers alike. The funding structure of a community clinic uniquely allows longer consultation times with clients with complex medical needs. The multi-disciplinary team approach is used successfully in managing clients in the longer term.

However new challenges are with us and more are on the horizon. Most developed countries have now observed epidemics of curable bacterial sexually transmitted infections in men who have sex with men. First gonorrhoea, then chlamydia and thirdly syphilis. This pattern has been observed through most of Europe, UK and North America. Melbourne has seen rates of gonorrhoea more than double in the past five years, and chlamydia rates are also rising.

VAC/GMHC Centre Clinics have been leading the investigations into the gonorrhoea and chlamydia epidemic through original research. This research has revealed strikingly high rates of gonorrhoea and chlamydia infection in sexually active men without any symptoms to suggest that they are carrying an STI. This points to a large pool of individuals who are carrying these infections unawares.

To date, the connection between STIs other than HIV and unprotected anal intercourse has not been as strong as expected. Other research has observed rises in UAI in MSM in Victoria, and undoubtedly this is a contributing factor.

Bacterial STIs like chlamydia, gonorrhoea and syphilis are known to facilitate the transmission of HIV. Melbourne can probably expect outbreaks of syphilis to occur, if we are to follow the same trends that have been observed elsewhere.

Taken as a whole, this research strongly suggests the need for large-scale STI testing campaigns, which would compliment and support health promotion and behaviour change campaigns. Further proposed research, led by the Centre Clinics over the coming year, will examine the feasibility of different approaches to expanded testing and treatment. Innovative programs to improve access and cost-efficiency will be required if we are to bring these epidemics under control. The Centre Clinics look forward to leading this process.

NEW HOMES FOR HIV SERVICES & THE CENTRE CLINIC

This year marked a period of major change for the organisation as we terminated our lease on premises in Acland Street, St Kilda, which had housed the Positive Living Centre and the Centre Clinic.

The Positive Living Centre moved into the Braille Library in Commercial Road, Prahran, together with the HIV Services Program that had been located at Claremont Street South Yarra. The Centre Clinic moved to Fitzroy Street in St Kilda.

The program reports from HIV Services and the Centre Clinic contain information about the moves and the opportunities for improved service delivery which are flowing from them. The financial implications for the organisation are dealt with in more detail immediately before the financial reports, where we explain the background and circumstances that led to the organisation posting a deficit of almost \$312,000.

Those of you who have been able to visit the new premises can see what we have been able to achieve from this expenditure. While we have been very economical in our spending, fitting out and furnishing two newly renovated buildings was not an inexpensive exercise. The feedback from the users of the buildings—clients, volunteers and staff—has been overwhelmingly positive, with comments focusing on how welcoming and bright the new premises are in comparison to Acland Street.

What follows is a brief background to the new premises.

Centre Clinic

The search for new premises for the Centre Clinic was at times a difficult and complex process. Our lease on Acland Street was due to expire in June 2002 and, while we wanted to minimise the time for which we paid rent on two sets of premises, we were aware that it was unlikely that we would be able to dovetail exactly the exit from Acland Street and the move into new premises.

We were also concerned about whether we could find a building that would suit our need for larger premises while meeting the town planning requirements for a medical clinic. We looked at a number of premises in the St Kilda area but they were either too expensive to rent, needed too much renovation work to turn them into consulting rooms, or would have required a substantial time to negotiate with the Port Phillip Council about rezoning, particularly in relation to the parking requirements for a medical clinic.

We were finally lucky to find a large, empty space on the first floor of 77 Fitzroy Street, above a chemist shop. The premises were zoned as a medical clinic and had a substantial amount of off street parking at the rear of the site. We were also fortunate in obtaining the services of Andrew Parr of SJB Design who undertook the design and management of the renovation and refitting of the premises for us on a pro bono basis.

The question of access for people with a disability presented us with one challenge, which was resolved with a stair walker. However, this required us to replace the external rear stairs and awning and construct a new main entrance in the rear wall, one of the major cost components of the project. The new premises have meant that we have been able to increase the number of sessions available, with the result that we are seeing more clients and spending more time with clients who need longer consultations.



Braille Library

The dome-capped octagonal building facing Commercial Road was constructed in 1918-19 as a Braille Library for the Victorian Association of Braille Writers from the designs of architects Anketell and K Henderson and financed mainly by the Edward Wilson (Argus) Trust. The decision to build the Library at this time was strongly influenced by the needs of soldiers blinded by mustard gas in the first World War. At the time it was built, the building was described in the *Argus* (28 April 1919) as a "dome capped octagonal space of large dimensions, lofty and lighted from a cupola at the summit, which has a circular row of windows". The octagonal design is thought to be based on the reading room at the State Library of Victoria, erected seven years earlier.

Externally, the building utilises classical and Federation motifs in the unusual octagonal design. A parapet wall clearly defines the octagonal two storey section, with the hipped central "lantern" appearing in the centre. The central entrance block has a Queen Anne stylistic influence which creates an interesting juxtaposition of styles.

Land in Tyrone Street at the rear of the library was purchased in 1923. Work on the Braille Hall, an extension to the library to serve as a entertainment hall, began in August, 1926 and the new building was officially opened on 14 May, 1927. Externally the hall is similar in style to the earlier library building but has a large rectangular plan with two hip roofed sections at the front and rear of the building. The front section has an Edwardian parapet above the entrance.

A garden, the Millicent Ritchie Memorial Garden, which was established in 1939, is an important aspect of the site, with large established trees.

The Braille Library grew to house the largest braille collection of its kind in the Commonwealth and the third largest in the world. From May 1980, it was established as a free Public Library, providing library services not just to the blind, but to all print handicapped persons in Victoria. In addition, it provided a free postal service for braille readers throughout Australia, the Pacific region and Africa.

Once the Braille Library moved to new premises, a twelve month project commenced to refurbish and redevelop the buildings in keeping with their original design. Two matching extensions were constructed to match the central entrance to the octagonal building fronting Commercial Road. A commercial kitchen and food storage areas, a multi purpose dining room, a reception area, treatments rooms and offices were incorporated into this front building. The Positive Living Centre moved into this area. The stage was left intact in the hall at the rear, with offices and multi-use training/meeting rooms and a cyber lounge being fitted into this area. Most of the remaining HIV Services staff moved into this building.

The result is a modern and useable building which retains the essential elements of the original buildings and has been sympathetic to the original design. The key members of the project team: Williams Ross Architects, Connell Wagner the project managers, Padgham & Partners the quantity surveyors, and Meinhardt (Vic) Pty Ltd consulting engineers, worked closely with the HIV Services staff to ensure that the end result would both look great and be a building which would meet the day to day needs of clients, volunteers and staff.

This report has drawn information from *Conservation Review*, City of Prahran, December 1993; Beverley Johnson, "The Braille and Talking Book Library", *Braille Library Historical Papers*, 1980; and Miles Lewis, *Australian Architectural Index*, University of Melbourne, 1990.

STRATEGIC DEVELOPMENT + ALLIED SERVICES

Sandra Mounsey
MANAGER
Policy & Corporate Services

This year has seen the further development and consolidation of the corporate services of VAC/GMHC. The individual teams have now developed as a program of the organisation and operate over all sites, having one member permanently placed at the Positive Living Centre, and Finance and Information Technology providing an on-site service as required. This expanded service has led to a change of name, which more clearly reflects the entirety of the services offered to all aspects of the organisation, and recognises the role the program plays in the organisational response to issues, policies and projects

Sixth International Congress on AIDS in Asia & the Pacific (ICAAP)
Every team within the Strategic Development and Allied Services Program had a role in supporting the organisation of ICAAP. Staff played a major role in supporting the ICAAP Secretariat in all facets of their organisation of the conference. Staff found it challenging and interesting to work on a high profile international event and learned a lot from this experience.

4th National HIV/AIDS Strategy Review

The review of the 4th National HIV/AIDS Strategy commenced in 2002 with very short notice and tight timelines for submissions and responses. This was to allow the Commonwealth to consider recommendations in tandem with the report on the quinquennial review of the National HIV/AIDS Research Centres. VAC/GMHC participated in developing the AFAO submission to the review committee. This was further supported by a separate submission made by VAC/GMHC who were then invited to present an oral submission direct to the Committee. The Committee was particularly interested in exploring ways in which the implementation of the strategy impacted at a local level.

Victorian HIV/AIDS Strategy

The Victorian HIV/AIDS Strategy has been developed through the Ministerial Advisory Committee on AIDS, Hepatitis C and Related Diseases (MACAHRD). Through the participation on this Committee VAC/GMHC has been represented and responded to issues as they arise. The Strategy has been developed within the broader framework of the National Strategy and has developed an action plan specific for Victoria.

Housing

The Victorian HIV/AIDS Strategy has acknowledged that improved access to housing is required for people with HIV/AIDS. It plans to develop a response to housing and supported accommodation needs by identifying gaps in the availability of housing and services and by proposing strategies to meet these needs. VAC/GMHC is positioning itself to be able to respond to this inquiry by working in partnership with the AIDS Housing Action Group (AHAG) and PLWHA Victoria and conducting their own research into the housing issues faced by people living with HIV/AIDS.

Welfare Reform

VAC/GMHC has joined with other groups to raise concerns on the proposed changes to the Pharmaceutical Benefits Scheme (PBS) and the Disability Support Pension (DSP)

-----PBS The increase in co-payments for pharmaceuticals and the removal of some drugs from the PBS will place even more people living with HIV/AIDS in financial hardship. Many people take a large number of treatments each month so the additional cost in a short period of time is simply beyond their means. People will be forced to choose between paying for essential medicines, or rent or food.

-----DSP Changes to the DSP mean that all new applicants will be assessed to determine whether they have the capacity to work 15 hours per week as opposed to the current test of 30 hours per week. These changes to the work test may actually create a disincentive to take up work, because people will see that it's going to be much more difficult to return to the DSP should they experience ill-health again. Many people now on the disability support pension could be forced into the government's employment programs with harsh reporting requirements and breaching mechanisms.

Both these changes were proposed without any real understanding of the episodic and cyclical effects of conditions like HIV/AIDS. The financial impact on those with a chronic illness was also underestimated.

These changes caused considerable concern in our client group and a number of media releases were issued. Considerable work was done in the community sector to oppose the changes, including a forum held at the PLC that facilitated talks between people affected by the proposed changes, bureaucrats implementing the changes and politicians proposing the changes.

Privacy Act

The VAC/GMHC is bound by the Commonwealth Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000 and the Health Records Act 2001.

This regulates the way the sector can collect, use, keep secure and disclose personal information. It gives individuals the right to know what information an organisation holds about them and to correct that information if it is wrong.

The VAC/GMHC has been conducting an audit of its record keeping ensuring that they are within the guidelines of the National Privacy Principles. Individual programs have privacy policies which link in to the overall organisational policy. This includes a process for anyone who wishes to access their file, or make a complaint if they believe their privacy has been breached.

Policy Review

There have been many legislative and regulatory changes in workplace practice since the development of the original VAC/GMHC Policy and Procedure manual. Amendments to this document have been made when necessary. However a complete review of policies and procedures will happen over the coming year. This will update existing policies, identify gaps and develop policies in response, and differentiate between policies and procedures.

Michael Thomas
ADMINISTRATION OFFICER



Administration Services

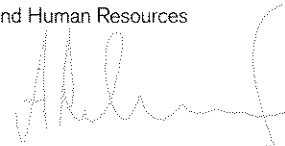
It's not easy to write about a year in the life of the administration team, administration is by nature not that exciting to read about. It's probably something that would be noticed more if it wasn't there.

The Administration Team is made up of a small group of people who answer telephones, take messages, greet clients and visitors to the building and provide referrals. They do mail-outs, photocopying, collating and binding. They order stationery, type letters, take minutes at meetings, arrange catering, manage the organisation's vehicles and arrange child-care.

They co-ordinate the Annual General Meeting and the Board election process, co-ordinate visits by international delegations, assist in event production, manage the organisation's database and process donations and memberships. They are committed staff and volunteers who perform many and varied tasks to support the organisation in achieving its objectives by ensuring that these services are there. We are thankful for our dedicated team of volunteer Night Managers who provide reception services in the evenings and also for our daytime reception volunteer, Louise Naughton-Smith, whose long term and ongoing commitment is nothing less than inspirational.

This year saw the departure of Margaret Collins, the Executive Officer of Administration. Although Margaret will be sorely missed, her hard work and attention to detail and procedure have left the administration area with a very solid foundation on which to grow.

Adrian Marshall
EXECUTIVE OFFICER
Finance and Human Resources



Finance and Human Resources

This financial year has been one of significant change, transition and the coming together of a collective vision for the organisation.

As already mentioned we have seen the successful relocation and launch of the new Positive Living Centre and Medical Clinic, the restructure of the Health Promotion Team, the implementation of the PLC Review, and re-package and re-launch of the Strategic Development and Allied Services unit formally known as Strategy and Support.

All these projects have had an impact on the Finance Team, whether specifically through the reallocation of resources and reserves to cover capital and relocation project costs, reevaluating priorities to facilitate and assist management in meeting project deadlines, or providing financial and HR advice. Specifically the finance team has been responsible for the implementation of the new security system at Claremont Street (special thanks go to Peter Hince) and the completion of the airconditioning project including the registration and decommissioning of the cooling tower in line with recent changes to legislation.

Paul Rees
NETWORK SUPPORT OFFICER



Information Technology

With reference to staffing matters the finance team this year has seen the departure of Robert Hocking, Payroll Officer and Alanna Jones half time Database Officer. The VAC/GMHC now welcomes to the team Carl Forte, Payroll and Human Resources Officer and Brad Law, half time Accounts Payable Officer. Both Carl and Brad bring with them a strong background in finance, human resources and community involvement as well as possessing the necessary skills required of these two very important and demanding positions. Already in their short time with us they have become integral to the functioning of the finance office and the Strategic Development and Allied Services Program as a whole.

This year has also seen the appointment of Board members Paul Clarkson as Treasurer and Jon Willis as Committee Member to the Finance Committee. Both members along with Sandra Mounsey and Mike Kennedy have played an important part in overseeing the finances of the organisation in a year where the extra-ordinary activity of VAC/GMHC has been significant and at times dramatic. Their input and direction is much appreciated.

I believe this year will represent a benchmark in VAC/GMHC's continuing development and the Finance Team, as part of the Strategic Development and Allied Services Program, looks forward to continuing to provide a service that we believe to be both efficient and flexible through this exciting period.

It has been a year of change, development and planning in the IT area. The highlights include:

- Establishment of an independent network for the Clinic in preparation for the relocation of the PLC
 - Relocation of the PLC network from the St Kilda site to the new PLC site in Commercial Road
 - Expanding the PLC network to incorporate the staff of HIV Services relocated from South Yarra
 - Relocation of the Clinic network to the new St Kilda site
 - Most of the network infrastructure at PKC and PLC is now about four years old and is approaching obsolescence. As a result there has been some upgrading and major maintenance done on the two primary servers in order to keep them operational. Additionally, there has been a plan developed for the upgrading of hardware and software across the network. The implementation of this plan is dependent on funding.
- Network security today is more important than ever, therefore our security has been reviewed, and strategies implemented to reduce our exposure to security threats.

Graeme Stephen
EVENTS CO-ORDINATOR



Events

This year has continued to be a busy one for the Events team which incorporates fundraising for the David Williams Fund, red ribbons for World AIDS Day, and special events for VAC/GMHC.

We have been fortunate to have an increase in our committed band of volunteers for the variety of activities we manage. Many of these volunteers are not from our traditional base but are coming through tertiary institutions, particularly from RMIT and Melbourne University. We have had students from these institutions to work on specific projects such as the VAC/David Williams Fund Bequest Program and the World AIDS Day marketing and public relations program.

There has been an increase of support from venues this year and we particularly thank D.T.s, Star Hotel, Peel Hotel, Laird Hotel, Market Hotel and The Greyhound Hotel for their continued regular patron fundraising and venue donations.

World AIDS Day and Red Ribbons continues to be a major activity for the events team. This has seen an increase in sales/donations and collectors, a week of venue sponsored events, production and distribution of both radio and television community service announcements for Victoria and the translation and placement of articles in ethnic papers and radio. Style Aid and Rags4Riches were not held in this financial year, moving to become part of the City of Melbourne sponsored Spring Fashion Week. The production of this event has been outsourced to SPIN Communications as co-producers who have donated their time and energy to us. We look forward to a most successful partnership in the re-positioning of these events to attract both private and public sector sponsorship.

The core activities of fundraising also continue with the shaker tins and till placement tins in commercial venues providing a valuable source of income. None of this work would be possible without the combined efforts of staff and dedicated and committed volunteers making up the events team.

WHY A DEFICIT?

Mike Kennedy
EXECUTIVE DIRECTOR
VAC/GMHC

In recent years, between 80 and 85% of VAC/GMHC's operating revenue has come from our contract with the Department of Human Services (DHS). The remaining 15 to 20% is made up of bequests, fundraising, sales, donations, fees received, interest and other minor items of income.

The organisations have little capacity to generate significant surpluses. There is an expectation that we will expend all or most of the Departmental funds on delivering the services covered by the contract. There is a longstanding commitment that at least \$100,000 each year will be provided to the David Williams Fund for emergency financial assistance for people living with HIV/AIDS. This commitment must be met from fundraised monies. Since the incorporation of PLWHA Victoria, VAC/GMHC have also supplemented the funding for that organisation from VAC/GMHC fundraised monies. Over the last five years, the surpluses have been:

—1997—\$109,000
—1998—\$166,797
—1999—\$58,050
—2000—\$2
—2001—\$49,553

The major asset owned by the organisations is the building at 6 Claremont Street in South Yarra and the associated car parking spaces at 11-17 Daly Street, South Yarra. These properties were independently valued on 25 June 2002 by Charter Keck Cramer in accordance with the organisation's policy of property revaluation every two to three years. The increase in the value of the land, buildings and car-parks is reflected at note 6 in the VAC/GMHC combined financial report. This year the organisation has faced major costs in three areas which could not be covered by the funds from the DHS contract: the fit out of the Braille Library and removal costs, the fit out of new premises for the Centre Clinic and removal costs, and the replacement of failing air conditioning plant at Claremont Street.

The Braille Library is owned by DHS and their original departmental budget allocation covered only the purchase of the building and its restoration. After the election of the Bracks government, additional funds were provided for restoration, but the project contained no funds for the fit out or furnishing of the building beyond the commercial kitchen and some limited built-ins. The relocation of the Positive Living Centre to the Braille Library site also meant that the Centre Clinic, which had been housed in the Acland Street lower floor, had to find new premises. The airconditioning in Claremont Street had been in place when the building was purchased. It was becoming increasingly expensive to repair and maintain and, particularly in summer, parts of the building were unable to be cooled effectively. The Occupational Health and Safety Committee had raised concerns about the heat levels in summer, and the Board resolved to address the issue by commissioning consultants to provide advice on options. In the end, the Board went back to the consultants and a lower cost option was implemented. However, the final cost of that option was still \$116,000.

When the Board realised that it would face significant capital costs that could not be met from 2001-02 income, it sought advice from the auditor about drawing down funds from the organisations' reserves to cover these costs. The auditor's advice was that it was not in line with Australian Accounting Standards to do a transfer from reserves into operating revenue. Rather he advised that the appropriate course of action was to run an operating deficit for 2001-02 and for this deficit to reduce the reserves at the end of the financial year. This is the course that the Board adopted. VAC/GMHC approached the DHS for a capital grant to cover the fit out and removal costs for the Braille Library and the Clinic, and the airconditioning. However we were unsuccessful with this request. In addition, as mentioned in my report earlier in this Annual Report, we did not receive a CPI increase or money for minor capital works this year, a DHS decision that affected all community based organisations in the HIV/AIDS sector. We estimate that the impact on our budget of this decision not to provide CPI or minor capital grants was in the order of \$130,000. The end result has been an operating deficit of \$311,929 for 2001-02 and an increase of \$1,873,656 in non-current assets, which represents the transfer from reserves to capital and the increase in valuation of the building at Claremont Street.

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 2002
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 30 June 2002

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, Guy Hussey, Mathew Jones, Mike Kennedy, Jon Willis, Kim Glover, David Menadue, Kevin Guiney, Paul Clarkson, Brian Price, Philomena Horsley 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 loss from ordinary activities for the year was \$311,929 (2001 \$49,553 profit) and no provision for income tax was required as the associations are exempt from income tax.

STATEMENT BY THE BOARDS OF MANAGEMENT FOR THE YEAR ENDED 30th JUNE, 2002

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 31 to 33:

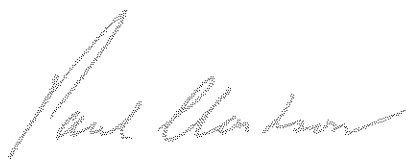
- a) Presents fairly the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30 June 2002 and their performance for the year ended on that date.
- b) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council 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:

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



Darren Russell
President



Paul Clarkson
Treasurer



Darren Russell
President



Paul Clarkson
Treasurer

South Yarra, 6th September 2002

South Yarra, 6th September 2002

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30th JUNE 2002

	NOTE	2002 \$	2001 \$
Operating revenue	2	3,503,489	3,187,145
Profit / (loss) from ordinary activities	3	(311,929)	49,553
Retained profits at the beginning of the financial year		1,757,702	1,708,149
Retained profits at the end of the financial year		1,445,773	1,757,702

The accompanying notes form part of this financial report.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2002

CURRENT ASSETS			
Cash assets	4	825,208	1,425,366
Receivables	5	96,558	150,792
TOTAL CURRENT ASSETS		921,766	1,576,158
NON-CURRENT ASSETS			
Property, plant and equipment	6	3,287,028	1,413,372
TOTAL NON-CURRENT ASSETS		3,287,028	1,413,372
TOTAL ASSETS		4,208,794	2,989,530
CURRENT LIABILITIES			
Payables	7	921,584	1,067,704
Provisions	8	208,881	164,124
TOTAL CURRENT LIABILITIES		1,130,465	1,231,828
TOTAL LIABILITIES		1,130,465	1,231,828
NET ASSETS		3,078,329	1,757,702
EQUITY			
Reserves	9	1,632,556	—
Retained profits		1,445,773	1,757,702
TOTAL EQUITY		3,078,329	1,757,702

The accompanying notes form part of this financial report.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2002

	NOTE	2002 \$	2001 \$
		Inflows	Inflows
		(Outflows)	(Outflows)
CASHFLOWS FROM OPERATING ACTIVITIES			
Receipts from members		8,502	4,957
Core funding grant receipts, donation & bequests		3,109,392	2,884,656
Receipts from sales of publications & services		105,471	220,482
Interest received		21,907	15,841
Payments to suppliers and employees		(3,478,704)	(2,319,706)
Net cash (used in) / provided by operating activities	B	(233,432)	806,228
CASHFLOWS FROM INVESTING ACTIVITIES			
Purchases of fixed assets		(335,627)	(96,953)
Net cash (used in) investing activities		(335,627)	(96,953)
CASHFLOWS FROM FINANCING ACTIVITIES			
Net (decrease) increase in cash held		(569,059)	709,275
Cash at the beginning of the financial year		1,358,733	649,458
Cash at the end of the financial year	A	789,764	1,358,733

NOTES TO STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2002

	2002 \$	2001 \$
--	------------	------------

NOTE A Reconciliation of Cash

For the purposes of the statement of cashflows, 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 cashflows is reconciled to the related items in the statement of assets and liabilities as follows:

Bank Loan—Re Airconditioning Unit (Unsecured)	(35,534)	(43,656)
Bank Overdraft (Unsecured)	—	(22,976)
Cash at Bank	575,536	1,301,643
Cash on Hand	1,250	1,250
Investments	222,863	104,159
Support Group Bank Accounts	25,559	18,313
	789,674	1,358,733

NOTE B Reconciliation of net cash provided by operating activities to loss from ordinary activities

Profit / (Loss) from ordinary activities	(311,929)	49,553
Non-cashflows in profit / (loss) from ordinary activities:		
Depreciation	117,959	92,054
Net profit on disposal of plant and equipment	(455)	—
Changes in Assets & Liabilities:		
(Increase) decrease in receivables	54,234	(89,160)
Increase (decrease) in payables	(137,998)	747,071
Increase (decrease) in provisions	44,757	6,710
	(233,432)	806,228

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 2002

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—Disclosure of Operating Revenue
AAS 17—Accounting for 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 or independent valuation. 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 2002			6. PROPERTY, PLANT AND EQUIPMENT	
	2002	2001	2002	2001
	\$	\$		
2. OPERATING REVENUE				
Bequests, Fundraising & Sales	105,126	220,134	Freehold Land at cost	—
Donations	129,971	151,050	Car Park Spaces – Daly Street at cost	—
Fees Received	258,371	217,985	Building at cost	—
Grants Received	2,959,723	2,576,830	Less Accumulated Depreciation	(169,869)
Interest Received	21,907	15,841		384,239
Membership Fees	8,502	4,957	Freehold Land and Building	
Other Income	19,434	348	Claremont Street at independent valuation 25th June 2002	2,550,000
Profit on disposal of surplus assets	455	—	Car Parking Spaces	
	3,503,489	3,187,145	Daly Street at independent valuation 25th June 2002	268,000
			Plant and Equipment at cost	38,751
			Less Accumulated Depreciation	(33,729)
				5,022
			Office Furniture at cost	524,719
			Less Accumulated Depreciation	(279,779)
				244,940
			Motor Vehicle at cost	29,637
			Less Accumulated Depreciation	(7,628)
				22,009
			Leasehold Improvements at cost	84,174
			Less Accumulated Amortisation	(1,767)
				82,407
			Computer Equipment at cost	491,578
			Less Accumulated Depreciation	(376,928)
				114,650
				3,287,028
				1,413,372
3. PROFIT / (LOSS) FROM ORDINARY ACTIVITIES			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.	
Profit / (loss) from ordinary activities has been determined after:			7. PAYABLES	
Crediting as income:			Bank Loan—Re Air conditioning Unit (Unsecured)	35,534
Interest Received	21,907	15,841	Bank Overdraft (Unsecured)	—
Charging as expenses:			Grants in Advance (Unexpended)	725,669
Depreciation of property, plant and equipment	117,959	92,054	Project Funds in Advance (Unexpended)	32,014
Interest paid	2,456	1,214	Support Group Funds	25,599
Auditors' remuneration			Trade Creditors	102,678
—Auditing the accounts				921,584
This year	13,000	11,001		1,067,704
Last year	1,004	—		
—Other services	—	—		
			8. PROVISIONS	
4. CASH ASSETS			Annual Leave	144,380
Cash at Bank	575,536	1,301,643	Long Service Leave	64,501
Cash on Hand	1,250	1,250		208,881
Interest Bearing Deposits	222,863	104,160		164,124
Support Group Bank Accounts	25,559	18,313		
	825,208	1,425,366		
			9. RESERVES	
5. RECEIVABLES			Asset Revaluation Reserve	1,632,556
Accrued Revenue	9,711	39,264		1,632,556
Grants in Arrears	20,635	22,001	Movements during the year	
Prepayments	16,731	16,609	Opening balance	—
Project Funds in Arrears	48,481	70,291	Revaluation increment on freehold land and building	1,632,556
Sundry Debtors	1,000	2,627	Closing balance	1,632,556
	96,558	150,792		
			10. LEASE COMMITMENTS	
			Operating Leases	
			Rental Properties & Motor Vehicles Payable	
			—not later than one year	87,505
			—later than one year but not later than five years	102,953
			—later than five years	13,762
			Total Lease Liabilities	204,220
				195,845
			11. CONTINGENT LIABILITIES	
			The Victorian AIDS Council Inc has received a claim from the landlord of the Positive Living Centre situated at 46-52 Acland Street St.Kilda, for reinstatement costs and an additional three months rental, following the relocation of the Positive Living Centre and the Medical Centre to their new premises in St.Kilda and Prahran, of \$49,000, in addition to the \$41,000 in bank guarantees already redeemed. The Board of Management does not believe that the claim is valid and have therefore decided to seek further advice.	

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, Income and Expenditure Statement, Statement of Assets and Liabilities, Statement of Cashflows and Notes to the Financial Statements of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. for the year ended 30 June 2002. 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 associations 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 fairly in accordance with the accounting policies described in Note 1 to the financial statements the financial position of the Victorian AIDS Council Inc. and the Gay Men's Health Centre Inc. as at 30 June 2002 and the results of their operations and cashflows for the year then ended.

Lockwood Wehrens.

Lockwood Wehrens
 Chartered Accountants

A. Wehrens.

Andrew Wehrens
 Partner
 Camberwell, 6th September 2002



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GAY MEN'S HEALTH CENTRE INC.

Reg No A0010550F

BOARD OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30th JUNE 2002
Your Board of Management submit the financial report of the Gay Men's Health Centre Inc for the financial year ended 30 June 2002.

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, Guy Hussey, Mathew Jones, Mike Kennedy, Jon Willis, Kim Glover, David Menadue, Kevin Guiney, Paul Clarkson, Brian Price, Philomena Horsley 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 loss from ordinary activities for the year was \$16,632 (2001 - \$28,261 loss) and no provision for income tax was required as the association is exempt from income tax.

STATEMENT BY THE BOARD OF MANAGEMENT FOR THE YEAR ENDED 30th JUNE, 2002

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 35 to 37:

- a) Presents fairly the financial position of the Gay Men's Health Centre Inc. as at 30 June 2002 and its performance and cashflows for the year ended on that date.
- b) 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:

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

Darren Russell
President

Paul Clarkson
Treasurer

Darren Russell
President

Paul Clarkson
Treasurer

South Yarra, 6th September 2002

South Yarra, 6th September 2002

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30th JUNE 2002

	NOTE	2002	2001
		\$	\$
Operating revenue	2	2,022,772	1,739,202
Loss from ordinary activities	3	16,632	28,261
Retained profits the beginning of the financial year		1,095,450	1,123,711
Retained profits at the end of the financial year		1,078,818	1,095,450

The accompanying notes form part of this financial report.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2002

	NOTE	2002	2001
		\$	\$
CURRENT ASSETS			
Cash assets	4	169,291	51,856
Receivables	5	—	193,846
TOTAL CURRENT ASSETS		169,291	245,702
NON-CURRENT ASSETS			
Property, plant and equipment	6	2,823,022	1,112,583
TOTAL NON-CURRENT ASSETS		2,823,022	1,112,583
TOTAL ASSETS		2,992,313	1,358,285
CURRENT LIABILITIES			
Payables	7	72,058	98,711
Provisions	8	208,881	164,124
TOTAL CURRENT LIABILITIES		280,939	262,835
TOTAL LIABILITIES		280,939	262,835
NET ASSETS		2,711,374	1,095,450
EQUITY			
Reserves	9	1,632,556	—
Retained Profits		1,078,818	1,095,450
TOTAL EQUITY		2,711,374	1,095,450

CURRENT LIABILITIES

Payables	7	72,058	98,711
Provisions	8	208,881	164,124
TOTAL CURRENT LIABILITIES		280,939	262,835
TOTAL LIABILITIES		280,939	262,835
NET ASSETS		2,711,374	1,095,450

EQUITY

Reserves	9	1,632,556	—
Retained Profits		1,078,818	1,095,450
TOTAL EQUITY		2,711,374	1,095,450

The accompanying notes form part of this financial report.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2002

	NOTE	2002	2001
		\$	\$
		Inflows	Inflows
		(Outflows)	(Outflows)
CASHFLOWS FROM OPERATING ACTIVITIES			
Interest received		5,325	2,349
Other income		345	348
Receipts from customers		2,267,889	1,675,296
Payments to suppliers & employees		(2,062,000)	(1,732,704)
Net cash provided by / (used in) operating activities	B	211,559	(54,711)
CASHFLOWS FROM INVESTING ACTIVITIES			
Purchase of fixed assets from Victorian AIDS Council Inc		(71,147)	—
Net cash provided by / (used in) financing activities		(71,147)	—
CASHFLOWS FROM FINANCING ACTIVITIES			
Net increase (decrease) in cash held		140,412	(54,711)
Cash at the beginning of the financial year		28,879	83,590
Cash at the end of the financial year	A	169,291	28,879

NOTES TO STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2002

	2002	2001
	\$	\$
NOTE A Reconciliation of Cash	2002	2001
For the purposes of the statement of cashflows, 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 cashflows is reconciled to the related items in the statement of assets and liabilities as follows:		
Bank Overdraft—Unsecured	—	(22,976)
Cash at Bank	111	—
Investments	169,180	51,855
	169,291	28,879

	2002	2001
NOTE B Reconciliation of net cash provided by / (used in) operating activities to loss from ordinary activities		
Loss from ordinary activities	(16,632)	(28,261)
Non-cashflows in profit / (loss) from ordinary activities:		
Depreciation	16,241	17,490
Changes in Assets and Liabilities:		
(Increase) decrease in receivables	193,846	(61,209)
Increase (decrease) in payables	(26,653)	10,559
Increase (decrease) in provisions	44,757	6,710
	211,559	(54,711)

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 2002

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 of Non-Current Assets

AAS 5—Materiality

AAS 8—Events Occurring After Reporting Date

AAS 15—Disclosure of Operating Revenue

AAS 17—Accounting for 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 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 2002

	2002	2001
	\$	\$
2. OPERATING REVENUE		
Interest Received	5,325	2,349
Other Income	345	348
Service Fees Received from Victorian AIDS Council Inc.	2,017,102	1,736,505
	2,022,772	1,739,202

3. LOSS FROM ORDINARY ACTIVITIES

Loss from ordinary activities has been determined after:

Crediting as income:		
Interest Received	5,325	2,349
Charging as expenses:		
Depreciation of property, plant and equipment	16,241	17,490
Interest paid	63	11
Auditors' remuneration		
—Auditing the accounts		
This year	4,000	3,876
Last year	500	—
—Other services	—	—

4. CASH ASSETS

Cash at Bank	111	—
Interest Bearing Deposits	169,180	51,856
	169,291	51,856

5. RECEIVABLES

Unsecured Loan—Victorian AIDS Council Inc.	—	193,846
	—	193,846

	2002	2001
6. PROPERTY, PLANT AND EQUIPMENT		
Freehold Land at cost	—	443,520
Car Parking Spaces at cost	—	278,785
Building at cost	—	554,108
Less Accumulated Depreciation	—	(169,869)
	—	384,239
Freehold Land and Building		
Claremont Street at independent valuation 25th June 2002	2,550,000	—
Car Parking Spaces		
Daly Street at independent valuation 25th June 2002	268,000	—
Plant and Equipment at cost	38,751	38,751
Less Accumulated Depreciation	(33,729)	(32,712)
	5,022	6,039
	2,823,022	1,112,583

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 Overdraft—Unsecured	—	22,976
Unsecured Loan—Victorian AIDS Council Inc.	56,941	—
Trade Creditors	15,117	75,734
	72,058	98,711

8. PROVISIONS

Annual Leave	144,380	117,972
Long Service Leave	64,501	46,152
	208,881	164,124

9. RESERVES

Asset Revaluation Reserve	1,632,556	—
	1,632,556	—
Movements during the year		
Opening balance	—	—
Revaluation increment on freehold land and building	1,632,556	—
Closing balance	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, Income and Expenditure Statement, Statement of Assets and Liabilities, Statement of Cashflows and Notes to the Financial Statement of the Gay Men's Health Centre Inc. for the year ended 30 June 2002. 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 presents fairly in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of the Gay Men's Health Centre Inc. as at 30 June 2002 and the results of its operations and cashflows for the year then ended.



Lockwood Wehrens
Chartered Accountants



Andrew Wehrens
Partner
Camberwell, 6th September 2002



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VICTORIAN AIDS COUNCIL INC.

Reg No A3609

BOARD OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30th JUNE 2002
Your Board of Management submit the financial report of the Victorian AIDS Council Inc. for the financial year ended 30 June 2002.

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, Guy Hussey, Mathew Jones, Mike Kennedy, Jon Willis, Kim Glover, David Menadue, Kevin Guiney, Paul Clarkson, Brian Price, Philomena Horsley 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 loss from ordinary activities for the year was \$295,297 (2001 \$77,814 profit) and no provision for income tax was required as the Association is exempt from income tax.

STATEMENT BY THE BOARD OF MANAGEMENT FOR THE YEAR ENDED 30th JUNE, 2002

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 39 to 41:

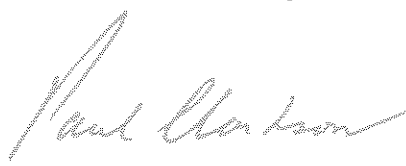
- a) Presents fairly the financial position of the Victorian AIDS Council Inc. as at 30 June 2002 and its performance for the year ended on that date.
- b) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. will be able to pay its debts as and 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:

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



Darren Russell
President



Paul Clarkson
Treasurer



Darren Russell
President



Paul Clarkson
Treasurer

South Yarra, 6th September 2002

South Yarra, 6th September 2002

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30th JUNE 2002

	NOTE	2002	2001
		\$	\$
Operating revenue	2	3,497,819	3,184,448
Profit / (loss) from ordinary activities	3	(295,297)	77,814
Retained profits at the beginning of the financial year		662,252	584,438
Retained profits at the end of the financial year		366,955	662,252

The accompanying notes form part of this financial report.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30 JUNE 2002

	NOTE	2002	2001
		\$	\$
CURRENT ASSETS			
Cash assets	4	655,917	1,373,510
Receivables	5	153,499	150,792
TOTAL CURRENT ASSETS		809,416	1,524,302
NON-CURRENT ASSETS			
Plant and equipment	6	464,006	300,789
TOTAL NON-CURRENT ASSETS		464,006	300,789
TOTAL ASSETS		1,273,422	1,825,091
CURRENT LIABILITIES			
Payables	7	906,467	1,162,839
TOTAL CURRENT LIABILITIES		906,467	1,162,839
TOTAL LIABILITIES		906,467	1,162,839
NET ASSETS		366,955	662,252

EQUITY

Retained Profits		366,955	662,252
TOTAL EQUITY		366,955	662,252

The accompanying notes form part of this financial report.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2002

	NOTE	2002	2001
		\$	\$
CASHFLOWS FROM OPERATING ACTIVITIES			
Receipts from members		8,502	4,957
Core funding grant receipts, donation & bequests		3,109,392	2,884,656
Receipts from sales of publications & services		105,126	220,134
Interest received		16,582	13,492
Payments to suppliers		(3,684,593)	(2,262,300)
Net cash (used in) / provided by operating activities	B	(444,991)	860,939
CASHFLOWS FROM INVESTING ACTIVITIES			
Purchases of fixed assets		(264,480)	(96,953)
Net cash (used in) investing activities		(264,480)	(96,953)
CASHFLOWS FROM FINANCING ACTIVITIES			
Net (decrease) / increase in cash held		(709,471)	763,986
Cash at the beginning of the financial year		1,329,854	565,868
Cash at the end of the financial year	A	620,383	1,329,854

NOTES TO STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30th JUNE 2002

	2002	2001
	\$	\$

NOTE A Reconciliation of Cash

For the purposes of the statement of cashflows, 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 cashflows is reconciled to the related items in the statement of assets and liabilities as follows:

Cash at Bank	575,425	1,301,643
Cash on Hand	1,250	1,250
Interest Bearing Deposits	53,683	52,304
Support Group Bank Accounts	25,559	18,313
Bank Loan Re Airconditioning Unit (Unsecured)	(35,534)	(43,656)
	620,383	1,329,854

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

Profit/(loss) from ordinary activities	(295,297)	77,814
Non-cashflows in profit / (loss) from ordinary activities:		
Depreciation	101,718	74,564
Net profit on disposal of plant and equipment	(455)	—
Changes in Assets and Liabilities:		
(Increase) decrease in receivables	(2,707)	(89,160)
Increase (decrease) in payables	(248,250)	797,721
	(444,991)	860,939

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 2002

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 of Non-Current Assets
- AAS 5—Materiality
- AAS 8—Events Occurring After Reporting Date
- AAS 15—Disclosure of Operating Revenue
- AAS 17—Accounting for 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 basis.

c) Plant and Equipment

Plant and equipment are included at cost. The depreciable amount of all fixed assets 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 2002

	2002	2001		2002	2001
	\$	\$			
2. OPERATING REVENUE					
Bequests, Fundraising & Sales	105,126	220,134			
Donations	129,971	151,050			
Fees Received	258,371	217,985			
Grants Received	2,959,723	2,576,830			
Interest Received	16,582	13,492			
Membership Fees	8,502	4,957			
Other Income	19,089	—			
Profit on disposal of surplus assets	455	—			
	3,497,819	3,184,448			
3. PROFIT / (LOSS) FROM ORDINARY ACTIVITIES					
Profit / (loss) from ordinary activities has been determined after:					
Crediting as income:					
Interest Received	16,582	13,492			
Charging as expenses:					
Interest paid	2,393	1,203			
Depreciation of plant and equipment	101,718	74,564			
Auditors' remuneration					
—Auditing the accounts					
This year	9,000	7,125			
Last year	504	—			
—Other services	—	—			
4. CASH ASSETS					
Cash at Bank	575,425	1,301,643			
Cash on Hand	1,250	1,250			
Interest Bearing Deposits	53,883	52,304			
Support Group Bank Accounts	25,559	18,313			
	655,917	1,373,510			
5. RECEIVABLES					
Accrued Revenue	9,711	39,264			
Grants in Arrears	20,635	22,001			
Prepayments	16,731	16,609			
Project Funds in Arrears	48,481	70,291			
Sundry Debtors	1,000	2,627			
Unsecured Loan—Gay Men's Health Centre Inc.	56,941	—			
	153,499	150,792			
6. PLANT AND EQUIPMENT					
Office Furniture at cost	524,719	405,931			
Less Accumulated Depreciation	(279,779)	(237,784)			
	244,940	168,147			
Motor Vehicle at cost	29,637	29,637			
Less Accumulated Depreciation	(7,628)	(219)			
	22,009	29,418			
Leasehold Improvements at cost	84,174	134,731			
Less Accumulated Amortisation	(1,767)	(129,596)			
	82,407	5,135			
Computer Equipment at cost	491,578	428,609			
Less Accumulated Depreciation	(376,928)	(330,520)			
	114,650	98,089			
	464,006	300,789			
7. PAYABLES					
Bank Loan—Re Airconditioning Unit (Unsecured)	35,534	43,656			
Grants in Advance (Unexpended)	725,669	829,980			
Project Funds in Advance (Unexpended)	32,014	15,164			
Support Group Funds	25,599	18,354			
Trade Creditors	87,651	61,839			
Unsecured Loan—Gay Men's Health Centre Inc.	—	193,846			
	906,467	1,162,839			
8. LEASE COMMITMENTS					
Operating Leases					
Rental Properties & Motor Vehicles					
Payable					
—not later than one year	87,505	155,557			
—later than one year but not later than five years	102,953	40,288			
—later than five years	13,762	—			
Total Lease Liabilities	204,220	195,845			
9. CONTINGENT LIABILITIES					
The Victorian AIDS Council Inc has received a claim from the landlord of the Positive Living Centre situated at 46-52 Acland Street St.Kilda, for reinstatement costs and an additional three months rental, following the relocation of the Positive Living Centre and the Medical Centre to their new premises in St.Kilda and Prahran, of \$49,000, in addition to the \$41,000 in bank guarantees already redeemed. The Board of Management does not believe that the claim is valid and have therefore decided to seek further advice.					

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, Income and Expenditure Statement, Statement of Assets and Liabilities, Statement of Cashflows and Notes to the Financial Statements of the Victorian AIDS Council Inc for the year ended 30 June 2002. 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 presents fairly in accordance with the accounting policies described in Note 1 to the financial statements the financial position of the Victorian AIDS Council Inc. as at 30 June 2002 and the results of its operations and cashflows for the year then ended.

Lockwood Wehrens

Lockwood Wehrens
Chartered Accountants

A Wehrens

Andrew Wehrens
Partner
Camberwell, 6th September 2002



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AWARDS

President's Award

The ALSO Foundation

The ALSO Foundation and VAC/GMHC have worked together closely on a number of projects over the past few years and their work complements ours in several ways.

In recent years, we have jointly organised 'meet the Candidates' meetings at election time, conducted community consultations for the Ministerial Advisory Committee on Gay and Lesbian Health and the Attorney General's Advisory Committee on Gay, Lesbian, Bisexual and Transgender Issues, and submitted a joint proposal to the Premier's Drug Prevention Council for funding for a community based drug prevention pilot project.

Our work is also informed by work undertaken by ALSO. Beyond Perceptions: a review of alcohol and other drug use among gay, lesbian, bisexual and queer populations in Victoria (a joint project of ALSO and the Australian Drug Foundation) provides us with useful data on alcohol and drug use in the GLBTI communities. Alsorts: A Sexuality Awareness Resource contains a wealth of information for GLBTI young people covering topics such as sexuality and gender, common myths, homophobia, family, disability, religion, health (physical and mental) and the law. The Older Person's GLBT Needs Assessment Project, which is nearing completion in collaboration with RMIT, will provide us with valuable data on the needs, issues and concerns of GLBTI people aged over 50 years and enable us to better tailor our service delivery to this group.

We are delighted, in the year when ALSO celebrates their 21st birthday, to make this award to recognise their contribution to creating a better society not only for VAC/GMHC members and clients, but also for the broader gay, lesbian, bisexual, transgender and intersex communities of Victoria.

Gay and Lesbian Community Award

Arab Gay Group

The Arab Gay Group is one of many community organisations who use the VAC/GMHC meeting rooms at Claremont Street, South Yarra for their monthly meetings. Like most of those groups they are not a large organisation, they have no staff and depend on volunteers to keep the organisation functioning. They have no funding and rely on fundraising to meet their financial needs.

Again, like the other groups, the Arab Gay Group provides VAC/GMHC staff with a referral point for clients and a conduit into culturally and linguistically diverse communities for our HIV-related health promotion resources and campaigns.

While all of these groups deserve recognition for their ongoing efforts to build stronger GLBTI communities, we have chosen the Arab Gay Group in recognition of the particular difficulties they have overcome to establish their organisation.

The group was established just before September 11 in 2001 and have supported each other through the difficult times for Arab Australians that followed that event. The group has no restrictions on membership based on gender or political affiliation or religion and includes members from Jewish, Muslim and Christian faiths.

This award salutes their initiative in building stronger communities as a fine example of how our sexuality can be a bridge-building force in a world that focuses more often on what divides us than on what brings us together.

General Community Award

Australian Research Centre in Sex, Health and Society

The Australian Research Centre in Sex, Health and Society was established as the Centre for the Study of Sexually Transmissible Diseases in October 1992 within the Faculty of Health Science at La Trobe University.

ARCSHS is funded by the Victorian Health Promotion Foundation, is a collaborating centre to the National Centre in HIV Social Research and is affiliated with the University of Melbourne.

ARCSHS aims to undertake multidisciplinary research into social and behavioural aspects of sexually transmissible diseases, their prevention and consequences; to focus resources and to provide leadership on both a state and national level in the study of sexually transmissible diseases; and to provide a firm foundation upon which other organisations can draw to assist them in health promotion, STD prevention education and the formulation of public health policies.

Since its inception, ARCSHS has had a demonstrable commitment to working in a collaborative way with the communities it serves. This has been achieved by consultation to ensure its research is relevant and timely, by the formation of steering groups for research projects, by the publication of research outcomes in a relevant and accessible form and by workshops and information sessions to report back to communities and to community groups on research activities.

VAC/GMHC and ARCSHS have established close links and ARCSHS work is an integral part of the evidence base for the work undertaken by the Health Promotion Team. In addition, the ARCSHS work on the HIV Futures studies is relevant across all of the VAC/GMHC program areas. ARCSHS works directly with communities on research projects and makes the skill and expertise at the Centre readily available to the community.

VAC/GMHC and ARCSHS collaborated on the HIGH project (Hepatitis, Injecting and Gay Health) which examined injecting behaviour and practices in the core gay communities. The results of this work were presented by Dr Gary Dowsett at the recent International AIDS Conference in Barcelona.

We are also collaborating with ARCSHS at present on the VINES project—a quantitative study of the social, sexual and information networks of homosexually active men in Melbourne and others who are part of their social and sexual networks. The information from this study will be very useful in helping to frame future health promotion campaigns.

The collaboration between VAC/GMHC and ARCSHS is an excellent example of the HIV/AIDS partnership in practice and we are pleased to be able to acknowledge their ongoing contribution to our work.

Media Award

JOY Melbourne

This year's media award goes to JOY Melbourne to recognise, in particular, the enormous effort they put into demonstrating the community support necessary to achieve a full time broadcasting licence, the first and only Australian broadcasting licence for a dedicated gay and lesbian station. During their time of "test" broadcasting with a temporary licence which commenced on World AIDS Day in 1993, JOY Melbourne established positive relationships with many community groups and organisations serving Melbourne's gay, lesbian, bisexual, transgender and intersex communities. This broad base of community support was mobilised very effectively by JOY Melbourne in the very competitive process for a full time broadcasting licence.

Since being granted a full time licence on 19 December 2001, JOY Melbourne has had an effective increase in airtime of over 200%.

JOY Melbourne has always given space and time to promote the work of VAC/GMHC. Their AIDS Awareness Week broadcasts help to raise the profile of the week and inform the community of VAC/GMHC's work. They have been strong supporters of Positive Life, the weekly program on issues for people living with HIV/AIDS presented by Vic Perri and Guy Hussey from the Health Promotion team, which is approaching its fourth birthday on air. They have demonstrated a continued engagement with HIV/AIDS in the way they pro-actively seek VAC/GMHC input and opinion on matters relating to the epidemic. And finally, they have promoted VAC/GMHC events, broadening the scope of our marketing and promotion.

JOY Melbourne is now one of our most valuable community resources, and this award recognises the vision, commitment and hard work that created that resource.

VAC/GMHC Special Service Award

Events Team volunteers

The VAC/GMHC Special Service Award this year goes to the Events Team volunteers. These volunteers have been a constant presence at Claremont Street over the past year, with their numbers spilling out of the Events office and into surrounding work stations. Some of them have even volunteered virtually full time for several weeks to deliver on a particular project.

The volunteers come from all ages and backgrounds – with students from RMIT on coursework placements, students from other campuses, people who are unemployed or underemployed, people who have volunteered for the program before and those who are in their first year as volunteers. They all share a sense of the fun and excitement that has pervaded the program and a desire to raise money for the David Williams Fund.

The range of tasks they have undertaken in the past year is quite remarkable. They have revised the material for the bequests program, worked on AIDS Awareness Week and the Red Ribbon campaign, staffed Style Aid and Rags4Riches, and rattled collection tins and sold red ribbons at a broad range of events and venues.

As a group they are a great example of how much VAC/GMHC depends on its unpaid workforce. As Graeme Stephen, the Events Coordinator says: "Without them, we just could not get the work done. Their commitment to VAC/GMHC and the David Williams Fund has been remarkable and they deserve all the thanks and recognition we can give them."

Special commendation

Matthew McCarthy and CLEAR

Matthew McCarthy (and CLEAR, his company) have played a major role over the past few years in guiding the way in which VAC/GMHC presents itself to the world. Matthew has designed the last three VAC/GMHC Annual Reports, has designed the VAC/GMHC newsletters for the past 18 months, designed the new VAC/GMHC website and has designed numerous pamphlets and posters which publicise the organisation and its work.

Matthew's vision of how we portray the organisation has been a constant one and there is now a consistent approach that links a range of the organisation's publications. As the organisation focuses more on how it markets itself to its multiple constituencies, Matthew's advice, vision and encouragement have helped the organisation think through the visual aspects of that marketing. Matthew has been extremely generous with his time and his skills and has brokered advantageous relationships for us with printers, paper suppliers and other businesses in the design and print field.

This award is presented to acknowledge that work, which outside a small group of staff, has thus far been unrecognised.

Life memberships

Duane Eaks

This award is presented in recognition of Duane's outstanding contribution to the training of countless volunteers in the Community Support Program. Duane has donated his valuable services for more than 15 years. He has continued to deliver training in an interactive and professional manner. Duane has been involved in the development and delivery of Community Support Training modules that have greatly assisted volunteers to meet the demands of their role.


Louise Naughton-Smith

Louise is one of the organisation's most dedicated and committed volunteers, having turned up every week for more than ten years to staff the front desk of the organisation during working hours. Her efficiency, her friendly manner and her understanding have impressed both staff and volunteers alike, making her a highly valued asset to the organisation.

Louise received a President's Award for her service in 1994 but her continued unstinting dedication to the organisation and her exemplary commitment must be rewarded with the organisation's highest honour—a Life Membership.

THANKS

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