

Central to the Council's work  
is the commitment to working  
**working together**  
with individuals, communities  
**to achieve change**  
and organisations to achieve  
change rather than impose  
solutions.

**Hepatitis C Council of Victoria**

**Annual Report 2003/4**



The Hepatitis C Council of Victoria is a state wide organisation representing and catering to the needs of people with hepatitis C, their carers, partners, family and friends.

The Council works to achieve this through support, advocacy, education and consultation.

### **Our Mission:**

Is to contribute to our broad vision by providing support, advocacy, information, education and training to Victorians affected by hepatitis C and the general Victorian community.

### **Our Vision:**

- that hepatitis C is recognised as a health and social issue requiring understanding and appropriate resources;
- that stigmatisation of and discrimination against people with hepatitis C no longer occurs;
- that people affected by hepatitis C receive appropriate and accessible services, support, health and social care in order to maximise their quality of life;
- that there are no new hepatitis infections.

Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates the attainment of health by all its members.

# Building for the future

## Alliances and networks with others help prevent fragmentation and promote a unified response.

The hepatitis C epidemic continues to be a cause for significant concern in our community. There are approximately 170 million people infected worldwide, and in 2002 it was estimated that 210,000 Australians were antibody positive. In Victoria approximately 63,000 people have hepatitis C, with nearly 4,000 notifications to the Department of Human Services in 2003/2004. While the notification statistics must be interpreted with care because they do not identify the number of new hepatitis C infections that have occurred in the last 12 months, these figures certainly indicate that hepatitis C is a significant and ongoing public health issue for Victoria.

Working in the face of an epidemic of this proportion is extremely challenging. I am proud to report that the Hepatitis C Council of Victoria has continued to contribute significantly to the Victorian response in the last 12 months, with new and innovative programs and increased human resources. There has also been a specific commitment made by the Council to working collaboratively with Indigenous Australians and people from culturally diverse backgrounds as a component of our core business. While there is still much to be done, significant steps have been taken to ensure that our program delivery models and internal work practices are culturally sensitive.

A common theme that has emerged in all aspects of the Council's work over the past 12 months is the importance of partnerships. Partnerships with individuals, organisations, service providers, researchers and government have ensured the success of many of the projects managed by the Council. Each partnership is unique and encourages expertise to be shared resulting in a broader, more comprehensive and inclusive response to hepatitis C.

- At an individual level the Council has partnered with members to discuss issues, listen to and inform each other. This ensures that the voice of people with hepatitis C is heard in a

variety of forums. The Members Advisory Group, the support group, community representation on the Committee of Management, and the annual member's survey are all valuable ways that this partnership is achieved.

- Organisational partnerships are different from each other. Many have been established in order to work collaboratively to build organisational capacity to respond to hepatitis C issues. Others have involved the amalgamation of organisational expertise, in order to deliver education and training programs. Partnerships with organisations such as the



Victorian Aboriginal Community Controlled Health Service Inc and Open Family in the last 12 months have ensured that the Council's resources, skills and expertise reached priority populations such as aboriginal communities and young people.

- The Council supports research into hepatitis C by ensuring members are kept informed about opportunities to participate in research projects and by disseminating the findings of key research studies.
- Working in partnership with Government is important to the Council's ability to achieve its organisational

aims and objectives. The Council works closely with the Department of Human Services to implement components of the Victorian Hepatitis C Strategy. The Council is also represented on a number of government committees such as the Ministerial Advisory Committee on Blood Borne and Sexually Transmissible Infections.

The partnership approach is also implemented internally with a wealth of experience represented in the Committee of Management. I would like to warmly acknowledge my fellow Committee of Management members. Each member of the Committee has generously given his or her

time and expertise during the last 12 months to ensure that the Hepatitis C Council of Victoria is strategically positioned for the future. On behalf of the Committee of Management I would also like to acknowledge and thank, Helen McNeill, the Executive Officer. Helen has provided inspirational leadership, passion, honesty and commitment to hepatitis C that has benefited not only the organisation but I believe the sector as a whole. Helen's proactive management style has created many opportunities for the Council, which will ensure the Council is well positioned as the peak organisation for hepatitis C in Victoria. The Committee of

Management would also like to acknowledge and thank the tireless commitment of the staff, their passion directly equates to the achievements the Council.

The challenges associated with tackling the hepatitis C epidemic in our community will continue into the future. It is vital that the Hepatitis C Council of Victoria nurtures its partnerships, to ensure that the organisation is well positioned to enable a strong contribution to tackling this significant public health issue.

*Ms Jacqui Richmond  
Chair  
Committee of Management*

# Developing trust

...by working collaboratively, we are able to ensure that our services are more relevant & coordinated.

What a difference 12 months can make! At this time last year I reported that there was grave concern about the future of several of our programs and staff, as there had been no confirmation of ongoing funding from the Federal Budget Initiative: Hepatitis C Education and Prevention. Under the 2003/04 Federal budget the treasurer announced that the Hepatitis C education/ prevention program funding will be maintained for a further 4 years. The state has received confirmation of the 4 year funding, and I am delighted to report that delivery of our rural program, custodial settings program and Hepatitis C

Awareness Week will continue.

The Council has been well supported by the Department of Human Services during this time of funding uncertainty. The Department was able to arrange gap funding to ensure continuity of staffing and service delivery while the matter was resolved. We are extremely grateful to the Department for this support. While the funding allowed us to maintain our services in the last 12 months, we are now well positioned to strengthen and expand our work in the future.

There have been a number of exciting new developments

this year, which have allowed the Council to expand its work in partnership with other organisations. A pilot project focusing on hepatitis C and young people experiencing homelessness has given us the opportunity to work with Open Family, Melbourne Citymission and the University of Melbourne. It also enables us to work with a group of young people who are particularly at risk of contracting hepatitis C.

The Workforce Development Initiative has also enabled us to work collaboratively with a large number of other organisations to build their capacity to respond to the needs of people with hepatitis C.

Both of these new projects and all of our ongoing work are reported on fully in this annual report.

Another successful initiative this year was to offer free membership during March as a part of Hepatitis C Awareness Week. Over 100 people took advantage of the offer, significantly increasing our membership. As the peak community body representing people with hepatitis C, we can only offer effective representation if we have a strong membership, so the Council warmly welcomed this increase.

Finally I would like to thank the staff of the Hepatitis C



Council of Victoria for their work in the last 12 months. I am constantly inspired by their passion, energy and commitment to making a difference for people with hepatitis C.

I look forward to working with our many partners, Committee of Management and staff in the next 12 months to ensure that we continue to deliver services that make a real impact on the lives of people with hepatitis C in our community.

*Helen McNeill,  
Executive Officer*

## Committee of Management

A big thank you for the hard work, commitment, advice and support provided by the members of our Committee of Management.

### **Sandy Breit**

Haemophilia Foundation

### **Rodger Brough**

Australian Rural Centre for Addictive Behaviours (*from Feb 04*)

### **Danielle Croall**

Austin Repatriation Hospital

### **Danielle Elston**

Public Affairs Consultant

### **Mark Farmer**

HCCV Member

### **Andrea Khan**

Victorian Aboriginal Health Service (*resigned Feb 04*)

### **Cathy Mead**

Victorian Public Health Research and Education Council

### **Jill Meade**

VIVAIDS (*resigned July 04*)

### **Jacqui Richmond** (Chair)

St Vincent's Hospital

### **Mark Stoové** (Vice Chair)

Deakin University

### **Michelle Thompson**

Youth Projects (Foot Patrol)

### **Mark Young**

Open Family

## Staff Team

The ability of an organisation to achieve its goals depends almost entirely on the skills and commitment of its people. There is a diverse blend of skills and experiences present in our team.

### **Helen McNeill**

Executive Officer

### **Venetia Brissenden**

Community Development and Education Officer - Custodial Settings (*to May 04*); Project Coordinator - Project Blood Oath (*from April 03*)

### **David Clements**

Project Coordinator Workforce Development Initiative (*from Oct 03*)

### **Linda Connor**

Community Development and Education Officer (Rural)

### **Genevieve Dickson**

Office Coordinator

### **Barb Healy**

Community Development and Education Officer (Rural)

### **Piergiorgio Moro**

Community Development and Education Officer (Metro)

### **David Samson**

Community Development and Education Officer - Custodial Settings (*from May 04*)

### **Heather Smith**

Communications and Publications

# Access and Equity

## Sentencing prisoners to hepatitis infection as well as to loss of liberty is a violation of human rights

People affected by hepatitis C come from many different communities, locations, age groups and social and economic circumstances. The Council is committed to ensuring access to services for all people affected by hepatitis C.

### **Custodial Settings**

The past twelve months has seen the Custodial Settings Project consolidate and expand its program of education sessions within all prisons in Victoria, to prisoners, peer educators and prison staff. There has been an increased demand from both private and public prison authorities, as well as from the individual prisons themselves, for hepatitis C education. This is particularly positive given that a recent report showed a hepatitis C prevalence of 57.5% in the male prison population, and even higher amongst female prisoners. It also acknowledged that the work we are doing within prisons is useful, professional and appropriate

to the particular circumstances of that environment.

During the year the Council was pleased to participate in a number of forums held by the Department of Human Services seeking input from government agencies and community organisations working within prisons on blood borne virus issues. These important forums identified some of the problem areas within prisons, such as access to hepatitis C treatment and the lack of adequate harm reduction measures. Importantly, the need for prison based needle and syringe programs was highlighted, though at present the issue still appears insurmountable. The forums are set to continue next year and we look forward to

contributing towards efforts to minimise hepatitis C transmission in custodial settings and to better support the needs of those prisoners living with hepatitis C.

### **Workforce Development Initiative**

The Workforce Development Initiative was funded by DHS to reduce levels of discrimination experienced by people with hepatitis C when accessing health and community services. Beginning in October 2003, the project aimed to strengthen the capacity of health and community organisations to provide non-discriminatory services to people with hepatitis C. Following



David Samson Venetta Brissenden



Linda Connor David Clements Barb Healy not pictured

consultation, it was decided to focus on the Northern Metro and Barwon Region for this year. The project adopted a multi-pronged approach to inform and support quality improvement processes at organisational and individual practitioner levels. A total of 140 health care workers participated in forums to explore opportunities for workplace change.

Feedback received from project participants has indicated that awareness of hepatitis C, and in particular the impact stigma and discrimination has on individuals, has increased and that many organisations are implementing strategies to make their service more accessible to people with

hepatitis C. A significant aspect of the project has been the development of relationships with organisations such as the Equal Opportunity Commission and the Health Services Commission.

### **Rural communities**

For many, a lack of access to appropriate services and information makes living with hepatitis C in a rural community very difficult. The discrimination and stigma often associated with the virus also causes many people to experience a severe sense of isolation.

During 2003/4 the Council's rural team have been working in collaboration with both regional and local organisations

to create an environment where people living in rural communities have access to quality information and support.

This year the two rural workers have delivered 54 training and education sessions. They have also provided secondary support, consultation and advocacy to a large number of health care workers and a diverse range of organisations and communities across Victoria. Many collaborative partnerships have been formed and the rural workers now sit on a number of committees, and are members of networks that allow the incorporation of hepatitis C into rural policy and practice.

### **Young People**

One in five new hepatitis C infections are in young people aged 15 - 19 years and notifications in this age group have increased by 50% since 1994. There is ample evidence that young people who are homeless are at particular risk of contracting hepatitis C.

Project Blood Oath, a ten month youth specific pilot project, is designed both to increase the knowledge of hepatitis C among young people experiencing homelessness and to reduce the risk of these young people acquiring the virus. Initiated in May 2004, the project is being coordinated by the Hepatitis C Council of Victoria, working in

...the task of improving Aboriginal people's health should not be seen as a task solely for the Aboriginal community controlled health sector. Mainstream services need to take a greater responsibility and make meaningful changes to the way they operate.

partnership with Open Family Australia, Melbourne Citymission and Project i Key Centre for Women's Health in Society, The University of Melbourne.

Research shows that if an intervention with young people involves information provision, the most effective way to do this is via people with whom the young person has an established relationship. An important aspect of Project Blood Oath therefore, is the design and delivery of hepatitis C training for workers in the field. Another important aspect of the Project will be engaging directly with young people via an outreach bus and developing appropriate referral

pathways for them if they are experiencing issues related to hepatitis C. Both aspects of the project will be evaluated and recommendations will be made for sustaining the outcomes of the Project long term.

### **Indigenous communities**

Throughout 2003/04 the Victorian Aboriginal Community Controlled Health Service Inc (VACCHO), the Hepatitis C Council Victoria Inc and the Aids Hepatitis Sexual Health Line Inc have been working in partnership under a memorandum of understanding to provide training in indigenous communities about

blood borne viruses and injecting drug use issues. The partners of the project are also members of the Sexual Health/BBV sub committee of the Victorian Advisory Committee on Koori Health.

The partnership members worked collaboratively with the Victorian Aboriginal Health Service and VIVAIDS to facilitate the two three-day training forums which were attended by 27 Indigenous workers from all over rural Victoria and Wentworth, NSW.

This project has allowed the Hepatitis C Council of Victoria to develop a high quality, sustainable relationship with VACCHO, the benefits of which will go beyond the

timeframe and limits of this current project.

This process has enriched us as an organisation and has created the beginnings of a new and sustainable way of working that takes into account the impact of colonisation and racism on Aboriginal people, and our obligations and responsibilities as a mainstream organisation. Hepatitis C in the Aboriginal community is proportionate with rates in other communities and the Council is committed to working together in a culturally aware and appropriate manner to address this.



Heather Smith Plergiorgio Moro Genevieve Dickson

# Partnerships and external committees

## Culturally and Linguistically Diverse Communities

Australian society is comprised of people from many different cultural, linguistic and religious backgrounds and, as such, the Council strives to make sure that our services are as inclusive as possible.

While hepatitis C transcends cultural and linguistic boundaries, the main modes of transmission and the way that people understand the virus vary from culture to culture. The Council has a commitment to this diversity and to working to increase knowledge about hepatitis C

amongst Culturally and Linguistically Diverse Communities.

One such project that the Council has worked with in 2003/04 has been the Multicultural Health Support Service, which is currently targeting the Vietnamese, Arabic, Horn of Africa and Thai communities.

The Council has an ongoing and strong commitment to developing quality partnerships in all areas of its work.

Throughout this annual report we have named a number of our partners that the Council has actively worked with in the last 12 months, however there are many more. To all of our partners we offer our heartfelt thanks, and we look forward to opportunities to continue to work with you.

# Health Promotion

My main aim of producing this body of work was to bring into light the impact of hepatitis C on the individual, and how it impacts our whole community.

## Awareness Week

The Hepatitis C Awareness Week has been growing steadily since 1999 and the partnerships we have been forging over this time really came to our aid this year. With a decrease in funding for the Awareness Week, we had to rely very heavily on our organising committee, HAPPE, their networks and our own statewide alliances. They were all unstinting in their support.

The theme for the Awareness Week was discrimination and close to 210 organisations participated by facilitating an awareness week activity or event. A collaboration that burned bright for the Council was with artist Fern Smith whose hard work, in the shape

of the *disEaseHCV* exhibition, allowed the Council a memorable focus for the launch. It is hoped that this association will continue with the 'Touring *disEaseHCV*' Project.

Our other allies of course were our sponsors who gave generously, in money, time and their expertise.

Without any of these links, we could not have reached as many people and organisations as we did. Thanks to you all. Next year will bring further dimensions to these connections as we reach out to and work in collaboration with our interstate colleagues on a National Awareness Week.

## HepChat

As part of a comprehensive media strategy, the Council continues to produce its weekly radio program, HepChat, which can be heard every Thursday morning on 3CR Community Radio.

HepChat has been on air for over three years, raising the profile of hepatitis C, and giving people who live with the virus a safe forum to speak and tell their stories.

By being at a community radio station such as 3CR, the Council has many unique opportunities to build links and alliances with over 80 different community organisations that broadcast at 3CR in 24 different languages.

## Education and Training

One of the main activities of the Council is the provision of education and training to both the general community and workers in the community and health sectors. One of the key aims of the training is to build the knowledge and expertise of workers in the field, and the Council continues to do this by meeting the strong demand for individually tailored education and training sessions.

While hepatitis C has now been identified for over 15 years, there is still a lot of misunderstanding within communities about the virus, its routes of transmission, its



Minister for Health, Hon. Bronwyn Pike with Artist Fern Smith

# Support groups, MAG & volunteers

severity and how to manage it. The Council's education programs serve not only to educate people about the facts of hepatitis C but also to counter some of the attitudes that give rise to the stigma and discrimination that many people living with hepatitis C still experience.

For the current financial year, 182 education and training sessions were delivered, which included:

- 38 training sessions for Health and Drug & Alcohol workers;
- 27 education sessions in schools;
- 25 Community education sessions;
- 32 sessions delivered in a custodial setting;
- 4 sessions with people who are currently injecting;
- 2 General Practitioner training sessions;
- 54 sessions delivered in rural communities.

For a lot of people living with hepatitis C, one of the most disempowering aspects is the isolation they feel. They are not able to talk freely about their condition or concerns for fear of being misunderstood, of being discriminated against or being ostracised by their family, friends or community.

The Council has for many years provided a safe space for people to come on a regular basis and share their views and experiences without fear of being judged or misunderstood. Our support group meets monthly, with an average of 12 people attending.

In 2002, the Council established the Members Advisory Group (MAG) as a way for members to have greater participation in the activities of the Council. This collaborative process has continued, providing good feedback and a chance for the Council to truly represent its community through this alliance.

As a Council we value very highly the effort, skills and input that our small dedicated team of volunteers puts in when we are in need, especially during our mail outs and Awareness Week activities.

# Resources, Information & Support

## There is less fear and stigma if people know the facts

### Resources

When developing new material, the Council chooses its topic or target audience carefully, endeavouring to fill a perceived gap or to complement existing resources. This process has been taken a step further this year with the formation of the National Resources Network. With participants from all state Hepatitis Councils (including TASCAHRD and NT AIDS & Hepatitis Council), the AHC and AIVL, its aims are to share experience and ideas for new resources and to develop a consistent message. This cooperative initiative could possibly lead to sharing resources nationally, which

may mean that each Council needn't stretch their resource budgets to cover all targets and all costs.

Over the last year, Good Liver has continued to provide information, news and issues of interest to our individual, organisational and health professional members with currently over 1,500 copies being distributed across Victoria each quarter. In contrast to previous years, 2003/4 has seen more resource work done within the Council to support our various projects, these being:

- 'This is Bloody Serious - Hepatitis C Training Manual for Prison Peer Educators' to

be used in Victorian prisons and other correctional facilities;

- 'Hepatitis C + Body Art', an educators' kit for secondary school teachers and launched in November 2003 at the National State School Educators Conference in Melbourne;
- logo, promotional materials and an education kit developed for the Victorian Indigenous BBV/IDU Training Project;
- promotional materials for the Workforce Development Project: 'Hepatitis C: Celebrating good practice - a work in progress'.

### Information and Support

The Council has continued to receive requests for information and support from the general public. Over the last year the Council has responded to over 1150 telephone calls, with about 650 from individuals and 400 from health care workers. Approximately 30 people have visited the Council in person, seeking information or support, with a significant increase in the number of requests for information via email and through our web site.

## Advocacy Policy

The Council has continued to expand its work in the area of advocacy in the last 12 months. As a peak community organisation our main focus continues to be on systems advocacy. Collaborative work with the Health Services Commissioner and Equal Opportunity Commission has assisted greatly in our advocacy efforts. Staff at the Council also sit on a number of senior committees such as the Ministerial Advisory Committee on Blood Borne and Sexually Transmissible Infections, and the Victorian Advisory Committee on Koori Health. These committees have provided important opportunities to ensure that the issues for people with hepatitis C are heard at all levels. Many requests were also received for individual advocacy on a wide range of issues, primarily discrimination, and the Council has been active in assisting individuals to resolve them.

The primary focus in the area of policy development in the last 12 months has been the Council's internal policies. There has been a complete review of all internal policies, including those related to the Committee of Management, human resources management and day-to-day operation of the Council. The Council now has a complete set of policies that ensure that it is working to best practice principles in all areas.

## Research

Partnerships between researchers, the community sector and people with hepatitis C are vitally important for a number of reasons. The body of knowledge about hepatitis C needs to expand, researchers need to understand the needs of people with hepatitis C, individuals with hepatitis C need to be aware of opportunities to participate in research and any important findings that may influence the future. In the last 12 months the Council has contributed to research into hepatitis C in several ways:

- advising members of research that is being conducted, and opportunities to participate in research;
- disseminating the findings of research to members through Good Liver, HepChat and research related sessions at forums;
- council staff have sat on several research working parties and acted as key informants;
- council staff have participated in several research projects as participants.

I don't want to be treated any different to anyone else. All I want is to be treated the same.

# Financial Report

It is absolutely critical to ensure that our financial resources are always used to further the best interest of people living with hepatitis C

## INDEPENDENT AUDIT REPORT

To the Members of Hepatitis C Council of Victoria Inc.

### Scope

I have audited the attached financial statements, being a special purpose financial report, of Hepatitis C Council of Victoria Inc. for the year ended 30th June, 2004. The Committee of Management is responsible for the financial statements and have determined that the accounting policies used and described in Note 1 to the financial statements are appropriate to meet the requirements of the Associations Incorporation Act 1981 and the needs of the members. I have conducted an independent audit of the financial statements in order to express an opinion on them to the members of Hepatitis C Council of Victoria Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial statements have been prepared for distribution to the members for the purpose of meeting the requirements of the constitution. I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the members, or for any purpose other than for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements and the evaluation of

significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with the accounting policies described in Note 1 to the financial statements. (These policies do not require the application of all Accounting Standards and UIG Consensus Views).

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

### Audit Opinion

In my opinion the financial statements give a true and fair view, in accordance with the accounting policies described in the Notes to the financial statements and the requirements of the Associations Incorporation Act 1981, of the financial position of Hepatitis C Council of Victoria Inc. as at 30th June, 2004, and the results from operations for the year then ended.

Dated this 3rd day of September, 2004  
POBJOY MULHALL & ASSOCIATES:  
CERTIFIED PRACTISING ACCOUNTANTS



JOHN MULHALL, CPA  
Registered Company Auditor  
19-21 Argyle Place South, Carlton 3053

**STATEMENT OF  
FINANCIAL  
PERFORMANCE  
FOR THE YEAR ENDED  
30 JUNE 2004**

	\$ 2004	\$ 2003
<b>INCOME:</b>		
Grant - Department of Human Services	568,566	639,095
Membership Fees	2,712	3,842
Donations	3,005	1,679
Reimbursement & Project Administration	-	788
Other Income	5,108	1,047
Interest Received	5,398	4,538
Fee for Service	1,016	914
Grants - Internet Project	4,593	-
Awareness Week (DHS Grant & Sponsorship)	23,421	12,477
	<hr/> 613,819	<hr/> 664,380
<b>LESS EXPENDITURE:</b> (as per statement attached)	608,909	659,342
<b>SURPLUS (DEFICIT) FOR THE YEAR:</b>	<b>\$ 4,910</b>	<b>\$ 5,038</b>

**STATEMENT OF  
FINANCIAL  
POSITION  
FOR THE YEAR ENDED  
30 JUNE 2004**

	\$ 2004	\$ 2003
<b>ACCUMULATED FUNDS</b>		
Balance as at 30th June, 2003	63,792	58,754
Surplus/(Deficit) for the Year	4,910	5,038
<b>BALANCE AS AT 30TH JUNE, 2004</b>	<b>\$ 68,702</b>	<b>\$ 63,792</b>
Represented by:		
<b>CURRENT ASSETS</b>		
Cash at Fitzroy Carlton Credit Co-op	327,863	340,295
<b>LESS LIABILITIES</b>		
Creditors	24,575	13,696
Provision for: Expansion	74,525	129,500
Audit Fees	1,300	1,320
Holiday Pay	33,775	17,532
F.B.T.	4,768	-
Grants in Advance: DHS	155,762	294,705
	<hr/> 33,158	<hr/> 144,470
<b>WORKING CAPITAL</b>	<b>33,158</b>	<b>33,777</b>
<b>NON CURRENT ASSETS</b>		
Furniture & Equipment	90,392	68,888
Less Provision for Depreciation	54,848	35,544
<b>NET ASSET</b>	<b>\$68,702</b>	<b>\$ 63,792</b>

**STATEMENT OF  
FINANCIAL  
PERFORMANCE  
FOR THE YEAR ENDED  
30 JUNE 2004**

NOTES TO AND FORMING PART  
OF THE SPECIAL PURPOSE  
FINANCIAL STATEMENTS FOR  
THE YEAR ENDED 30 JUNE 2004

NOTE 1 - STATEMENT OF  
ACCOUNTING POLICIES

These financial statements are special purpose financial reports prepared for use by the Committee and members of Hepatitis C Council of Victoria Inc. The Committee has determined that the Association is not a reporting entity and there is no requirement to apply Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) in the preparation and presentation of these statements.

These statements are prepared on an accrual basis from the records of the Association. They are based on historic costs and do not take into account changing money value or except where stated, current valuations of non current assets. Accounting policies have been consistently applied, unless otherwise stated.

<b>EXPENDITURE:</b>	<b>\$ 2004</b>	<b>\$ 2003</b>
Advertising & Promotions	3,237	4,668
AGM Costs	3,229	1,343
Amenities	987	1,188
Audit	1,300	1,320
Awareness Week Costs	19,054	21,434
Car Leasing/running Costs	20,154	23,234
Catering	876	-
Cleaning	3,651	3,689
Computer Software & Maintenance	16,536	2,017
Consultancy	4,585	-
Database Development	-	5,000
Depreciation	15,976	7,500
Equipment (Minor)	2,715	194
F.B.T.	5,514	962
Financial Services	5,179	4,311
Homeless Youth Program Costs	20,020	-
Information Costs	25,113	21,771
Insurance	6,691	4,466
Internet Costs	1,788	537
Meeting Costs	700	468
Metro Support Meetings	643	228
Petty Cash	1,052	(40)
Photocopier Service and Printing	5,562	5,724
Postage & Courier	6,860	10,149
Projects - Strategic Planning	22	3,153
Provision for Expansion	(54,975)	90,000
Provision for Annual Leave	16,243	5,868
Publications & Subscriptions	3,401	1,854
Rent	29,900	29,760
Repairs & Maintenance	1,327	2,376
Rural Com. Dev. & Education	18,520	20,230
Salaries (and Superannuation & Workcover)	383,264	354,980
Staff Development	6,530	2,485
Stationery	6,841	5,209
Sundry Expenses	2,401	2,193
Supervision	-	340
Telephone & Fax	9,947	7,280
Travel & Accommodation	664	925
Utilities	3,637	4,057
Volunteer Costs	456	-
Website Upgrade	-	6,501
Workforce Development Costs	8,516	-
Workshops & Conferences	793	1,968
<b>TOTAL EXPENDITURE:</b>	<b>\$ 608,909</b>	<b>\$ 659,342</b>

# So important and helpful. **Hepatitis C Council of Victoria** You don't feel alone in dealing with the hep C.

## Support

For a community organisation such as the Hepatitis C Council of Victoria, donations are the 'bit extra' that help our activities flourish. Donations to the Council are tax deductible.

## Join

To advocate on behalf of the hepatitis C community with a strong and relevant voice at State and Federal levels, the Council must be representative of that community. To this end, a strong membership base is essential. Become a member and let's work together for hepatitis C education, advocacy, support and consultation.

## Contact

For more information about the Hepatitis C Council of Victoria, about becoming a member or volunteer, or to find out more about our resources please contact the Council.

### Hepatitis C Council of Victoria Inc

Suite 5/200 Sydney Road  
Brunswick Victoria 3056  
Telephone: 03 9380 4644  
Country Callers: 1800 703 003  
Email: [hepcvic@vicnet.net.au](mailto:hepcvic@vicnet.net.au)  
Web: [www.hepcvic.org.au](http://www.hepcvic.org.au)

**QUOTES** Inside front cover: *A Rapid Assessment of Hepatitis C Prevention in NESB Communities, Multicultural HIV/AIDS and Hepatitis C Service, NSW 2001.* Page one: *Ottawa Charter.* Page two/inside back cover: *HCCV 2003 Member Survey response.* Page four: *Theory in a Nutshell, Don Nutbeam and Elizabeth Harris.* Page six: Professor *Nick Crofts, MJA 1997.* Page eight: *Tony McCartney, NACCHO Chairman, NACCHO Media Release 24/4/04.* Page 10: *Fern Smith Artist.* Page twelve/thirteen: *A Sense of Belonging: National Hepatitis C Needs Assessment, June 2003.* Page fourteen: *Helen McNeill.*

