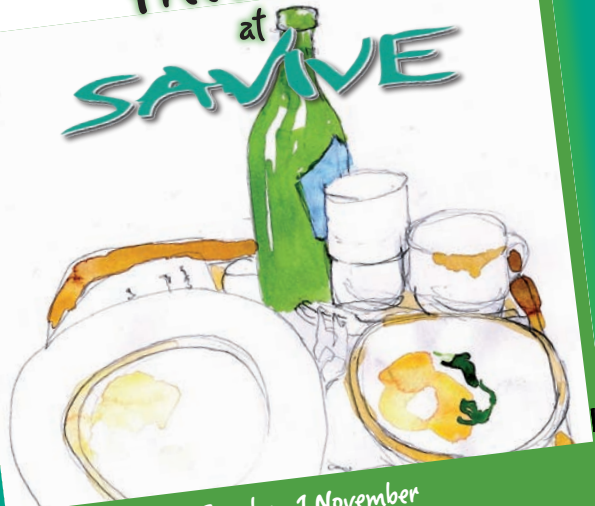




Free Lunch at SAVIVE



Tuesday, 1 November
SAVIVE • 26 Richmond Rd, Keswick
12pm to 2pm

Come along to have lunch and a chance to catch up with peer educators
from SAVIVE and the HEPATITIS C COUNCIL OF SA.
Enquiries: Maggie • 8362 8443

HEPATITIS C is HIGH PRIORITY for PEOPLE WHO INJECT DRUGS

Are you looking for...

- access to sterile injecting equipment?
- contacts for free and non-judgmental hep C services, including where to get Hep B vaccination?
- information about hepatitis C disclosure and discrimination?
- someone who has experienced hep C who can provide answers to your questions about hep C?

LOOK NO FURTHER!

SIN's fantastic hep C peer educator
Anya is available to discuss up-to-date
hep C information with you.

Anya's Outreach times:
• Wednesday: 7:30-11pm
• Friday: 8pm-midnight
or phone 8334 1671

SIN Norwood • 64 Fullarton Rd • NORWOOD SA

WOMEN'S CIRCLE of HEALTH

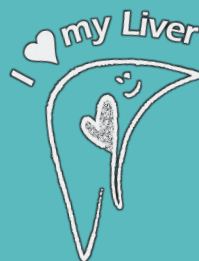


BROUGHT TO YOU BY



Government of South Australia
SA Health

Come and Try



FOOD TASTINGS

11 AM-1.30 PM
Thursday, 22 July

For more information on liver health:

1300 437 222

K3myLiver.org.au



Hepatitis C Council of South Australia
Tel: 8362 8443 or 1300 437 222 — www.hepcouncilsa.asn.au

Know how to protect yourself and friends when getting a tattoo, piercing
or any other form of body art, as well as safe injecting practices.
Come along to learn and do...

JEWELRY MAKING • TIE-DYING • TATTOO DESIGNS • HENNA TATTOOING
SCULPTURE • MASK-MAKING • PAINTING AND DRAWING • PHOTOGRAPHY

Art workshops are organised by the Hepatitis C Council's peer education program.
Work with artists and peer educators.
Have fun while making artworks, but also get the facts about hep C.
If someone you know has hep C or is at risk,
you can learn hep C facts to help them too.

Every Tuesday afternoon from 2pm to 4pm at STREETLINK,
LEVEL 1, 27 GRESHAM STREET, ADELAIDE
Phone 8231 4844

STARTING OCTOBER 19 2010

To attend leave your mobile number with reception and they will text you,
or just show up on the day

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Chairperson's Report

Board members of the Hepatitis C Council of SA (HCCSA) had a variety of strategic and governance issues to keep us busy throughout the 2010–2011 year. In the latter part of the year, the HCCSA Board worked on developing the *HCCSA Strategic Plan 2011–2014* to guide our work over the next 3-year period. The development of the plan included discussions and consultation with staff, volunteers and members about a range of issues. These include a change of name for our organisation, both to demonstrate our inclusion of people with hepatitis B as we take on more service delivery for those affected by HBV (despite a lack of funding to date), as well as align our name with hepatitis organisations in other jurisdictions.

Another issue back on the agenda was for HCCSA to operate a Clean Needle Program (CNP) now that SAVIVE had moved out of the inner eastern suburbs area in early 2011. Both the above items were included in the plan, with the change of name to be decided at the 2011 Annual General Meeting of HCCSA, and the Clean Needle Program beginning on 1 September 2011.

The HCCSA Board was kept updated throughout the year on strategic issues affecting the response to hepatitis C in South Australia, largely through HCCSA's representatives on the South Australian Health Steering Committee on HIV/AIDS and Hepatitis C (SAHSCHAH), and the work of its sub-committees, such as the SA Hepatitis C Treatment Model of Care Sub-committee.

This was formed to develop a statewide hepatitis C treatment model using the 9 Clinical Practice Consultant (CPC) positions which SA Health committed to fund over the life of the *SA Hepatitis C Action Plan 2009–2012*, to implement the priority action of increasing access to hepatitis C treatment.

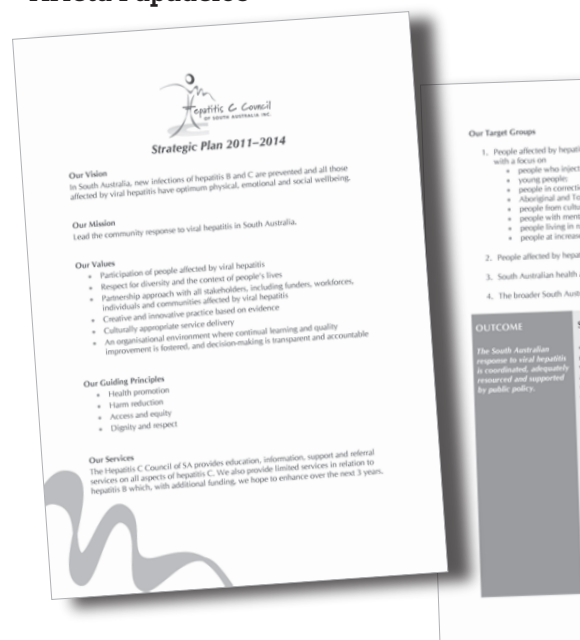
Some of these strategic issues included HCCSA joining the advocacy effort to hold SA Health to account for their commitment to fund 3 CPC positions in the 2010–2011 year, as well as the outcomes of the mid-term stocktake of the *SA Hepatitis C Action Plan 2009–2012*, which was undertaken this year. This stocktake process showed that while there was good progress in some activities—such as the establishment of the prisoner peer education program and the trial of needle and syringe vending machines—in the priority action area of prevention, and that 4 CPC positions had been established in the priority action area of increasing access to treatment, there were other action areas still requiring much greater effort. In particular, improved outcomes across all action areas are needed for Aboriginal and Torres Strait Islander communities. The establishment of a BBV Coordinator position at the Aboriginal Health Council of SA at the end of the year will, we hope, see much improvement in hepatitis C service delivery for these communities over the next 12-month period.

In the first half of the financial year, governance issues for the Board were dominated by learning about and supporting

the Executive Officer with the application of the new industrial legislation of Fair Work Australia and modern awards, with the negotiation of a new Enterprise Bargaining Agreement with HCCSA staff being one of the main areas of our work until the EBA was finalised in February 2011. I would particularly like to thank Catherine Ferguson for the extra work she took on in these negotiations, as the employer representative on behalf of the Board.

I would also like to take this opportunity to thank all Board members for their commitment to HCCSA and in particular to acknowledge the valued contribution of Kristy Schirmer, who left us this year due to a rather pressing personal commitment: her new baby son! I would also like to thank all the staff and volunteers at HCCSA for the wonderful work they do, as well as our many partner agencies who supported us in this work throughout the year.

Arieta Papadelos



Executive Officer's Report

The Hepatitis C Council of SA (HCCSA) again had a focus on working with the hepatitis C priority populations during the 2010-11 year, and I would like to highlight some of this work in this report.

HCCSA's work in correctional settings expanded, with the hepatitis C prisoner peer education project, successfully trialled at the Adelaide Women's Prison, being rolled out to two rural prisons: Port Augusta and Port Lincoln.

Another project undertaken in a correctional setting this year was the Digital Stories Project with participants at James Nash House, which aimed to increase their knowledge of hepatitis C and to develop the necessary skills to tell their hepatitis C stories in a digital format. These digital stories were then screened for other patients during the launch of the project in Drug Action Week 2011. These projects added to the regular visits HCCSA educators and peer

educators made to Cadell, Mobilong and the Adelaide Women's Prison throughout the year.

A range of other projects were implemented during the year, including 'C Health Inspirations', which involved a series of self-management health workshops for people who live with hepatitis C. These were run once a week over 6 weeks by a HCCSA educator in partnership with a Do It for Life worker.

A very enjoyable project for the HCCSA Information and Resources and the Peer Education coordinators was working with the Grannies Group at the Parks, the Sophia Aunties' group and the Taoundi artists, as well as a number of individuals, to redevelop the text and images of the very popular *Little Book of Hep C Facts* so that it would be culturally appropriate for Aboriginal communities.

The 2010-11 year was the third year in the development of the Outreach Hepatitis C Peer Education and Support Project

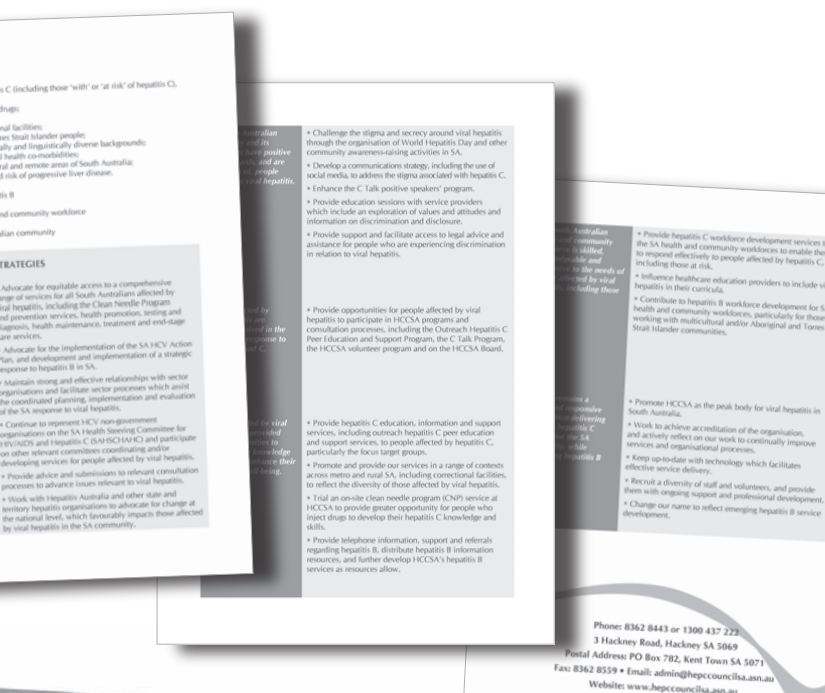
and the external evaluation of the project by Dr Paul Aylward from Adelaide University was finalised in June. Dr Aylward, in his summary of findings about the project, stated that:

"The project has raised knowledge and awareness of hepatitis C, its treatment and prevention among clients, many of whom openly asserted having little information about the virus prior to meeting the peer educator."

"There were many examples provided by clients, peer educators and partnering stakeholders of hepatitis C myths (some of which were potentially harmful) being addressed through the project..."

"The peer educators were broadly applauded by partnering stakeholders in two respects. As a specific pedagogic approach with a marginalised target group, peer education was considered a highly appropriate means by which to engage clients 'on their level' and address myths and misconceptions through a more informal and non-threatening means, using educators whose own lived experiences of having hep C enhance the likelihood of information exchange free from the limitations of stigma and its associated suspicions."

"Additionally, this specific team of peer educators was applauded in terms of their skills, knowledge, demeanour, approachability and reliability. These two broad factors have combined to facilitate the integration of the project with the partnering stakeholders, who champion the project and its expansion."



I would like to congratulate Maggie McCabe, Fred Robertson and all the peer educators for the success of the project, and thank all the host agencies involved for their support.

As noted in the extract from Dr Aylward's report, skilled and knowledgeable staff are vital to successful service delivery. HCCSA staff, including volunteers, undertook a range of professional development activities during the year, including African cross-cultural training, a hepatitis B webinar, and attendance at the Australasian Viral Hepatitis Conference.

Many staff also undertook OH&S training during the year, including first-aid training, fire training and safe food-

handling, ensuring HCCSA provides a safe workplace for both staff and those who use our services.

I would particularly like to congratulate the six Telephone Information and Support (TIS) volunteers who this year completed their Certificate IV in Community Services—Information, Advice and Referral, and also to say a big thank-you to all the guest presenters at the monthly debrief meetings organised for the TIS team for generously providing their time and expertise to keep us updated about their services and the issues faced by people with hepatitis C.

During the year we farewelled Kirsten Kennington and John McKiernan from the

education team and Yvonne Dooley, Phil Mooney and Anya Attenborough from the peer education team; and we welcomed Kam Richter to the administration team, Michelle Spudic and Nicole Taylor to the education team, and three new peer educators: Will Lulham, Penni Moore and Krystal Hayden.

I would like to thank all our staff and particularly our volunteers Debra, Fred, Michele, Will, Karan, Louise, Steve, Janette, Antoin, Phil M and Phil I, Mark J, Yvonne, Gauri, Dayna, Kathryn, Mark C and our C Talk speakers Penni, Steve, Justin and Jim for their excellent contributions to HCCSA's work during the past year.

Kerry Paterson



HCCSA mascot Oliver spreading the word at NAIDOC Week, 2011

Education Report

2010-11 has been a busy year for the education team, and we would like to extend our thanks to all who supported and worked with us. We would also like to say a very special thankyou to our C Talk positive speakers, who continue to enrich our education sessions with their powerful and provocative stories. We look forward to continuing to work with you all in 2012.

The Numbers

In the past year, in metropolitan settings, the education team delivered 25 education sessions for 322 **workers** who work with the hepatitis C priority populations.

For community education in the metropolitan area, a total of 376 education sessions were provided to 578 priority population group members, of which 29 were group sessions and 347 were individual sessions provided to male prisoners.

In rural areas, we delivered 36 education sessions to 403 **rural** workers and 14 sessions for 326 prisoners, and 1 session for 9 community members.

The Places

Rural: Pt Lincoln, Whyalla, Pt Augusta, Naracoorte, Mt Gambier, Barmera, Berri, Pinnaroo, Karoonda, Lamerook, Meningie,

Murray Bridge, Tailem Bend, Maitland, Wallaroo, Gumeracha, Mt Barker, Stirling, Angaston, Gawler, Cadell, Pt Lincoln, Mount Pleasant and Strathalbyn.

Community: Vietnamese community, Burundian community, Woolshed community, Kuitpo community, Red Cross, Adelaide Women's Prison, Uniting Care Wesley, Magill Training Centre, Yatala Labour Prison, Remand Centre, Pre-Release Centre, Workskill Youth Service and Adelaide Training Centre,

Workforce: Teen Challenge SA, Centacare, Regency, Gilles Plains and Salisbury TAFE, Migrant Resource Centre, Uniting Care Wesley, Women's and Children's Hospital, Unity Housing, Sefton Park Primary Health Care, Bedford Industries, HIV and Hepatitis C Policy and Programs, PEACE Multicultural Services and Australian Workplace Training.

We also delivered hepatitis C training to workforce members at five DASSA Clean Needle Program training sessions, and one Introduction to HIV and HCV workshop in collaboration with RASA.

C Talk

C Talk speakers were involved in 60 sessions, 18 of which were in

rural locations, 18 with workforce groups, and 24 sessions with community groups. All participants from these sessions reported that hearing a personal perspective of hepatitis C was very useful.

Other events and projects

HepLink SA FORUM: A total 36 participants attended the HepLinkSA forum in December 2010.

HepLinkSA NEWS (e-news): In the past year, a total of 52 e-news emails were sent to approximately 300 HepLinkSA members.

Prisons: In partnership with Relationships Australia SA, our Rural Educator, Michelle, and Peer Educator Fred ran two very successful Prisoner Peer Education Programs within Port Augusta and Port Lincoln prisons.

The Education Team

In 2010 the Education team welcomed two new staff—Michelle Spudic and Nicole Taylor—to join John McKiernan and Mahdi Nor. In 2011, John McKiernan moved on to the position of BBV Coordinator at Aboriginal Health Council of SA. We thank John for his contribution to the Council and look forward to continuing to work with him in his new role.



Burundian community education session, June 2011

Info & Resources Report

2010-2011 has been a busy but smooth year for the Information and Resources team, with fruitful results in many areas of our diverse program. Highlights include our monthly liver friendly food-tasting gigs at Community Food SA, the completion of our new resources and orders database, and the production of great new publications: *Fact or Crap*, *Hep C Risks for Sex Workers* and the redeveloped *Little Book of Hep C Facts*.

From 1/7/10 to 30/6/11 a total of **63,835 items** were distributed. This represents a **33% drop** on last year's total distribution. This can be largely accounted for by the fact that there was no Awareness Week in this financial year as the date had been moved to the end of July, 2011. After adjusting for the previous year's Awareness Week distribution (**-38750**) for a more realistic comparison, this year's figure represents a **12.8% increase** on 2009-10 non-Awareness Week distribution. Organisations receiving the most resources in 2010-11 were hospitals and health services and drug and alcohol services. Distribution to rural communities as a proportion of total distribution increased from 24% in 2009-10 to 33%.

At 30/6/11 we had **320 individual members** and **340 organisations** on our mailing list. Of the 320 individual members, **24 joined** in the previous 12 months. On balance, there was an **increase of 10 organisations** on the mailing list over the last 12 months. In this period, members and organisations on the mailing list received five mailouts.

In the midst of another four interesting issues of the Hepatitis C Community News, we marked the fiftieth edition of the magazine in December with the launch of our digital publications. All issues of the *Hepatitis C Community News*, from the first issue in October 1997 to the current one, are now all available electronically at <http://www.issuu.com/hepcsa>, and can be easily downloaded onto e-readers and computers.

Our program works closely with the Education and Peer Education programs and the outstanding results were there for all to see. There were:

- *Hep C Risks for Sex Workers*: this visually attractive booklet fills a gap in information for sex workers. It was developed by HCCSA peer educators with design and layout by Information and Resources.
- *Fact or Crap* is another Peer Education-Information Resources production. This booklet is humorous and a useful tool for educators.
- *The Little Book of Hep C Facts* was redeveloped in close consultation with

Aboriginal communities where the Peer Education program helped to develop the artwork with Aboriginal artists while the Information Resources program worked on the text with Aboriginal community groups and individuals.

- Our food-tasting gigs at the Community Food SA Centre are staffed by Information and Resources staff and volunteers, together with a peer educator.
- Information and Resources staff also worked with the Education team to produce a newly illustrated Bahasa version of the *What is Hep C?* booklet, which will serve as a basis for translation into other languages other than English further down the track.

Visitors to our website continue to grow, and our other web presence, **K3myLiver.org.au** and the online Hep C Self-Assessment Tool (**hepccheck.info**) are also receiving more visitors. We had over 12,770 visitors to our main website, and there were 15,271 downloads of resources compared to 11,712 the year before.



Phil and Philip on a resource drop



The Truth about

The website promoted our ongoing services such as the telephone line, education services, resources and peer education. It was also used to highlight 14 other events and services, recruit participants and promote upcoming Awareness Week activities.

A Twitter account was set up to test the waters with social media and we continue to upload videos and digital stories to our YouTube and Vimeo channels.

We continue to receive resource orders via the online form, with 30% of all client-initiated orders

coming through the website.

The Information and Resources program continues to support other program areas in building, maintaining and upgrading data collection and evaluation tools—as required for our ever-changing reporting requirements. A feedback webpage for all Council services had also been set up for access via our website.

Our library membership continues to grow slowly alongside HCCSA membership. We currently have 395 members. In 2010-11 we began sending electronic library updates to members and quarterly printed updates with regular mailouts to over 660 recipients. As part of a strategy to make the library more relevant to the way people work today, we are in the process of building a catalogue of electronic resources that forms part of the library collection but which can be accessed instantly online.

Once again, we are indebted to our committed volunteers for helping to provide an efficient information and resources distribution service to the community.

Information and Resources volunteers contributed a total of 1121.55 hours to the program. Volunteers undertook **four**

resource drops to **metropolitan regions** and over **25** resource drops to the **Royal Adelaide Hospital**.

We would like to thank Phil, Philip, Mark, Eve, Gauri, Dayna, Mark C, Kathryn and Adil for their contribution during 2010-11.

Information and Resources Team:

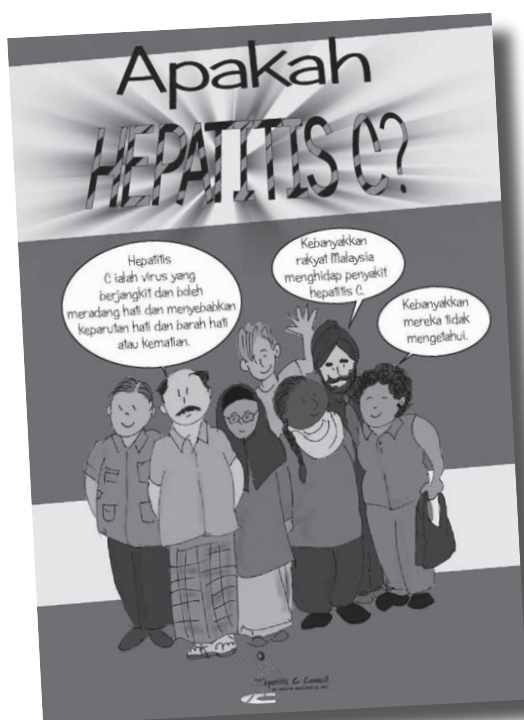
Cecilia Lim (Coordinator)

Rose Magdalene (Information and Resources Officer)

James Morrison (Publications Officer)

Joy Sims (Librarian)

Bryan Soh-Lim (IT Support Officer)



Info & Support Report

The Information and Support Program provides a confidential telephone info and support service (TIS) from Monday to Friday between 9am and 5pm, information via email on request, a free-call prison line, and face-to-face information sessions for individuals and couples, as well as a fortnightly support group called 'Calming the C'.

The TIS service is staffed by a coordinator and a team of eight dedicated volunteers. The role of the Information and Support Program is to provide clients with high-quality, accurate and up-to-date information on hepatitis C and related issues, with a component of emotional support as needed. We aim for clients to be able to make their own decisions on health issues with all of the facts in hand.

Although basic counselling can be provided through our Info and Support Line, it is *not* a counselling service. Clients requiring counselling are referred to MOSAIC (which provides free counselling for

people affected by HIV or hepatitis C).

The primary target groups for the program's services include people living with, affected by or at risk of hepatitis C, their partners, family or friends, and health or community workers who make contact on their behalf. Basic information and resources are also available, though the coordinator, for people affected by hepatitis B.

Volunteers form an integral part of the Hepatitis C Council of SA (HCCSA). The Info and Support Line volunteers demonstrate a similar level of commitment to their work roles, as that expected of paid staff. Our volunteers are resolute in providing a high-quality, accurate and affable information and support service that is sensitive to the needs of our callers.

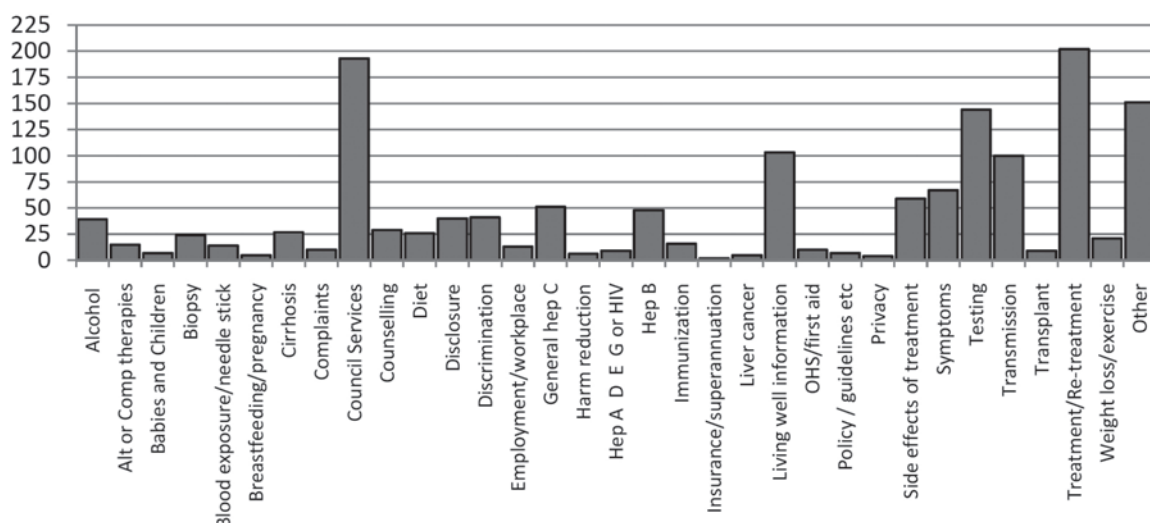
In the last year, volunteers have given the Info and Support Line 1,109 hours of dedicated service, not including the many hours undertaken in training. The Council sincerely thanks Fred, Will, Debra and Michele for

their contribution over the past years. We also welcome to the team Karan, Steve, Louise, and Janette, who have all completed their training this year, and have achieved Certificate IV in Community Services: Information, Advice & Referral.

In the last financial year, there were 700 occasions of service. The majority of people (423, or 60%) who used the four services were living with hepatitis C; and 2.5% were living with hepatitis B or coinfections (HIV or hep B). Seventy health and community workers also contacted the service on behalf of clients. People awaiting test results accounted for 30 of the contacts; 79 were partners, family and friends; and 27 were people who had cleared the virus. The remainder of contacts were from the general public, employers, students and general enquiries for other health and community workers.

Overall, 85% of service users were residing in the metro area, 13% were from rural SA and 2% were from interstate.

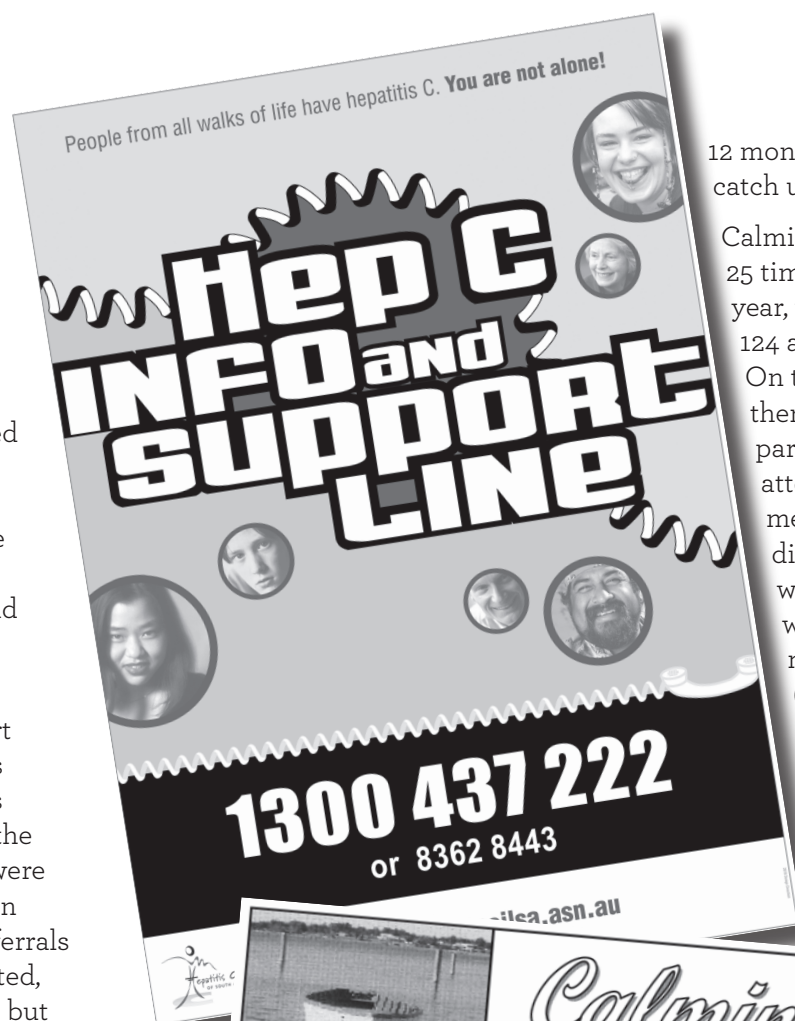
Figure 1



Again this year, a higher proportion of calls to the prison line (55%) were from the rural prisons, with 45% of these callers identifying as Aboriginal or Torres Strait Islander, compared to only 3% through the general phonenumber. All callers to the prison line were either living with hepatitis C, or at risk and awaiting a test result.

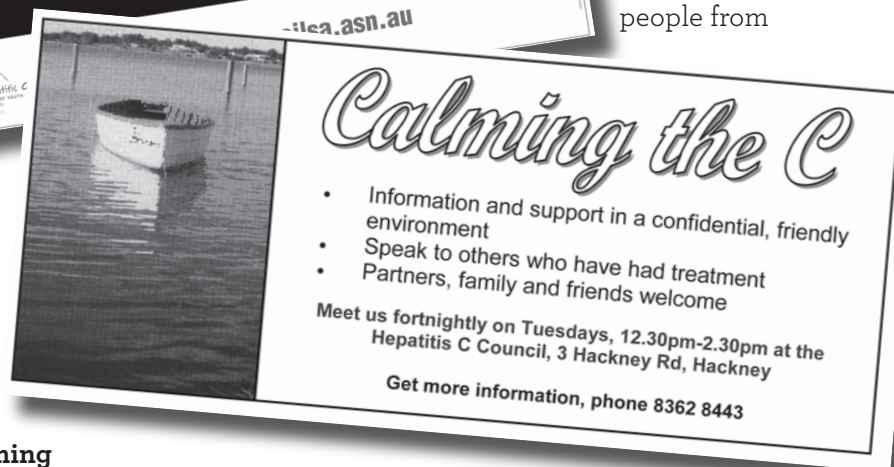
We are not just an information and support service; this program is a hub to connect clients to other services. Over the past year, 375 referrals were provided to clients. As in previous years, most referrals (68.5%) were health related, including dental health, but people using the service were also referred to mental health, anti-discrimination, social and welfare services.

Clients most made contact to gain detailed information on treatment, testing, transmission risks and information on how to live well with viral hepatitis. During these contacts, HCCSA services are always promoted where appropriate (see graph). However, the information requested was extremely diverse, and the chart shows topics discussed through the TIS, email, prison line and face-to-face sessions. 140 clients were also followed up with written information targeted towards their individual needs posted out to them.



12 months or so to catch up.

Calming the C met 25 times over the year, with a total of 124 attendances. On two occasions there were no participants attending the meeting. Gender distribution was very even, with 63 (50.8%) men and 61 (49.2%) women attending. 23 people came for the first time and there were three people from



Calming the C Support Group

Calming the C is an informal support group that meets fortnightly at the Council's offices. Conversation is varied and self-directed by the participants. There is always someone attending who is on treatment, considering treatment or who has had treatment in the past. Participants are very welcoming and supportive of new people joining the group. We still have previous rural and metropolitan participants who drop in every

rural areas who attended on five occasions. Participants were aged mostly over 40, but ranged from 19 to 70.

The overwhelming majority of conversations at the group were about treatment. They included how to access treatment, waiting lists, preparing for treatment, side-effects management, discontinuation of treatment, the chance of sustained response, and emotional support while on treatment.

Deborah Warneke-Arnold

Peer Education Report



*Peer educators
at Community Foodies SA*

The Outreach Hepatitis C Peer Education Project employs hepatitis C peer educators to provide current hepatitis C information, education, support and referral services to people who inject drugs, people at risk of initiating drug injecting behaviors, and their families and communities.

This year, the program completed the final year of its initial three-year funding, provided through the NGO Treatment Grants Program of the Department of Health and Ageing. An additional year's funding will be provided to continue this service into 2012.

Peer Educators have continued to be made welcome by a variety of host agencies which provide services to the hepatitis C priority population groups, with the frequency of agency visits ranging from weekly to quarterly, depending upon the needs of the clients of the host agency. Peer educators provide education to clients, either individually or in groups, on the full range of hepatitis C related topics, including testing, treatment, health maintenance, etc. During the year, 137 group sessions were provided by the peer educators to a total of 1,056 participants and 633 sessions were provided to individuals.

Peer educators have been working with clients accessing Drug and Alcohol Services SA (DASSA) Eastern, Northern and Southern sites, the Archway Rehabilitation Service, UnitingCare Wesley Kuitpo Community and Streetlink Youth Health Services, the Sex Industry Network (SIN), the SA Voice of Intravenous Education (SAVIVE) and the Vietnamese Community in Australia SA Chapter (VCASA).

The program has been incorporated into the hepatitis C treatment clinics which have been set up by DASSA at two of their sites in conjunction

with the hepatitis C treatment nurses from the Flinders Medical Centre. A peer educator who has successfully completed hepatitis C treatment provides additional information and support and shares his experiences with DASSA clients undergoing treatment.

Peer educators also continued their work in prisons this year, attending Cadell, Mobilong and the Adelaide Women's Prison on a regular basis, as well as, for the first time, working with the HCCSA education team, attending Port Lincoln Prison, Port Augusta Prison and James Nash House. This year peer educators provided peer education and support to prisoners participating in various programs such as the Prisoner Peer Support Training Program, Prison Health Expos and the Women's Circle of

Health Program in partnership with Shine SA and Women's Health Statewide HIV Women's Project.

In addition to the regular sites, the team continued to participate in community events this year attending such events as the Aboriginal Women's Gathering at West Beach, the Homeless Health and Housing Expo in Whitmore Square, Northern Men's Night Out, James Nash House during Drug Action Week, and the Community Food SA site at both Kilburn and Gepps Cross.

Working with their clients, two excellent peer led hepatitis C information resources were produced by this program in conjunction with the HCCSA Information and Resources Team: *Hep C Risks for Sex Workers* and the *Hep C Fact or Crap* resource, based on a

quiz game developed during the project to bust some of the myths about hepatitis C that peer educators had heard during the course of their work.

An external evaluation of the program was completed this year by Dr Paul Aylward of the GP Department, University of Adelaide. The evaluation included interviews with the peer educators, host agency staff and clients of the service. The evaluation concludes by stating that the program has met its objectives and its goal to establish and deliver a best-practice hepatitis C peer education and support model to targeted people in South Australia.

In summarising comments about the program from host agency staff, the evaluator notes that as well as peer education being considered a highly appropriate means by which to engage clients through more informal and non-threatening means, 'this specific team of peer educators was applauded in terms of their skills, knowledge, demeanor, approachability and reliability.'

Thanks to all the peer educators who have been involved over the past three years. A special thanks this year goes to those who have moved on during this 12-month period (Yvonne, Phil and Anya), and we welcome new peer educators Penni, Will and Krystal, who join Fred, Mark and Karan in carrying on the great work being achieved by this program.



Treasurer's Report

Total income from grants for the Hepatitis C Council of SA (HCCSA) in the 2010–11 Income and Expenditure Statement is \$1,030,008. Grant income is the net result of 12 months' recurrent funding for the financial year of \$707,587 for the SA Hepatitis C Prevention and Health Promotion Program, and \$96,710 for the Hepatitis C Education and Prevention Expansion Program from the SA Department of Health; \$216,620 for the Hepatitis C Peer Education Program from the NGO Treatment Grants Program funded by the Australian Government Department of Health and Ageing; and a small one-off grant of 9,091 from Hepatitis Australia to adapt the *Little Book of Hep C Facts* for Aboriginals and Torres Strait Islanders.

Other sources of income for the year were a total of \$64,018. This consisted of interest (\$7,198), memberships (\$175), reimbursements (\$3,532, being mainly cost recovery of information resources produced), sundry income (\$2,260, being a speaker fee of \$600 from the Pharmacy Guild and an insurance payment of \$1,660 for three stolen laptops), loss on disposal of an asset (motor vehicle) (\$147), and consultant income (\$51,000, income from a partnership in the SA HIV/Hepatitis C Workforce Development Program with Relationships Australia South Australia (RASA)). Total Income for 2010–2011 was \$1,094,025, which is \$51,177 greater than the previous year.

Total expenditure for the year was \$1,087,815. The major expense was salaries and on-costs for staff, totalling \$779,490. Other large expenses included premises rent and on-costs of \$76,871, and consultants costs of \$62,506. The largest components of this last category were payments of \$40,800 for partnership with Partners of Prisoners Program in delivering hepatitis C education to remandees in the SA Hepatitis C Prevention and Health Promotion Program; \$18,000 for the

external evaluation components of the Outreach Hepatitis C Peer Education Program by Adelaide University; \$2,491 for a peer educator from the Sex Industry Network to work with the Outreach Hepatitis C Peer Education Program; \$640 for volunteer mediation; \$455 for the facilitator of the mid-term stocktake of the SA Hepatitis C Action Plan; and \$120 for a physical trainer at a hepatitis C self-management education course.

Salaries and on-costs accounted for the greatest increase in expenses from the previous year at \$73,276. Part of this increase in staffing costs was to develop in-house expertise in two staff positions of financial administration and IT support. These staffing costs were offset by savings in external providers for these services. Accounts and bookkeeping, this year costing \$2,620, was a saving of \$9,515 from last year; and IT support, this year costing \$5,272, was a saving of \$7,608 from the previous year.

Some of the remaining expenses varied both up and down from the previous year; for example, while motor vehicle running costs of \$22,352 were higher by \$2,869, travel and accommodation costs of \$14,952 were slightly down on last year by \$832. While printing costs of \$25,539 were up on last year by \$2,786, and resource purchase costs of \$13,306 were also up by \$4,318, telephone costs of \$11,912 were down by \$1,086.

For the 2010–11 financial year, HCCSA had a surplus of \$6,211, resulting in total equity of \$90,130 as at 30 June, 2011.

HCCSA would like to thank the HIV, Hepatitis C Policy and Programs at the SA Department of Health and the SA Branch of the Australian Government Department of Health and Ageing for administering HCCSA's major recurrent funding during the 2010–11 financial year.

Darrien Bromley



INDEPENDENT AUDITOR'S REPORT

Hepatitis C Council of South Australia Inc

We have audited the accompanying financial report of the **Hepatitis C Council of South Australia Inc**, which comprises the Balance Sheet as at 30 June 2011, and the Income and Expenditure Statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

The **Hepatitis C Council of South Australia Inc** are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

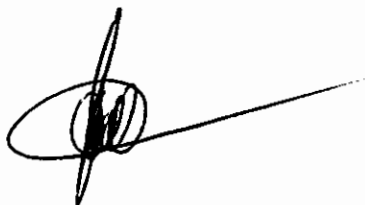
Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the **Hepatitis C Council of South Australia Inc**, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis C Council of South Australia Inc** as of 30 June 2011, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).

A handwritten signature in black ink, consisting of a stylized 'P' and 'H' followed by a long horizontal stroke.

Peter Hall Chartered Accountant

Dated 21st Aug. 2011

**HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011**

BOARD REPORT

The Board members submit the financial report of the **Hepatitis C Council of South Australia Inc** for the financial year ended 30 June 2011.

The name of the Board members at the date of this report are:

Arieta Papadelos
Catherine Freguson
Darrien Bromley
Carol Holly
Lisa Carter
Kerry Paterson
Justine Price
Stefan Parsons
Shabeena Laundry
William Gaston

In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the **Hepatitis C Council of South Australia Inc** hereby states that during the financial year ended 30 June 2011.

- (a) (i) No officer of the association;
(ii) No firm of which the officer is a member;
(iii) No body corporate in which an officer has a substantial financial interest;

Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.

- (b) No officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.

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


BOARD MEMBER


BOARD MEMBER

Dated this 30th day of August 2011

**HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2011**

STATEMENT BY MEMBERS OF THE BOARD OF MANAGEMENT

The Board have determined that the association is not a reporting entity.

The Board have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial report.

In the opinion of the Board, the financial report:

1. Presents fairly position of the **Hepatitis C Council of South Australia Inc** for the year ended 30th June 2011 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the **Hepatitis C Council of South Australia 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 and is signed for and on behalf of the Board by:



BOARD MEMBER



BOARD MEMBER

Dated this 30th day of August 2011

**HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC
INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2011**

2010 \$		2011 \$
	INCOME	
971,510	Grants Recurrent	924,207
-	Other Grants	105,801
120	Donations	-
13,884	Interest Received	7,198
50	Membership	175
-	Profit/(Loss) on Disposal of Asset	- 147
6,684	Reimbursements	3,532
600	Sundry Income	2,260
50,000	Consultant Income - RASA	51,000
<u>1,042,848</u>		<u>1,094,025</u>
	OPERATIONS	
	Administration	
6,027	Advertising	3,218
1,900	Audit Fees	2,500
930	Bank Charges	640
12,135	Accounting & Bookkeeping	2,620
73,062	Consultants	62,506
14,769	Depreciation	19,192
2,601	Equipment Purchased < \$300	1,715
2,766	Hire Fees	1,210
12,880	Information Technology Support	5,272
3,200	Insurance	4,100
74	Legal & Filing fees	77
1,550	Memberships & Fees	2,259
19,483	Motor Vehicle Running Costs	22,352
3,289	Office Maintenance & Repairs	2,921
9,222	Postage & Freight	8,665
72,307	Premises Rent and On Costs	76,871
22,753	Printing	25,539
8,988	Resource purchase	13,306
943	Security	719
3,511	Staff Amenities	3,651
2,160	Staff Training	3,439
4,053	Stationery	4,648
1,224	Sundries	118
12,998	Telephone	11,912
15,784	Travel & Accommodation	14,952
5,006	Volunteer Expense	6,731
<u>313,615</u>	TOTAL OPERATIONS	<u>301,130</u>

**HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC
INCOME & EXPENDITURE STATEMENT**

FOR THE YEAR ENDED 30TH JUNE 2011

2010		2011
\$		\$
	Employment Expenses	
607,020	Wages	680,354
62	Other Wage Costs	890
52,484	Superannuation	60,109
11,667	WorkCover	11,919
34,981	Provisions for Staff Entitlements	26,218
<u>706,214</u>	TOTAL EMPLOYMENT EXPENSES	<u>779,490</u>
	Programs Expenses	
11,682	Program Expenses	7,195
<u>11,682</u>		<u>7,195</u>
<u>11,682</u>	TOTAL PROGRAM EXPENSES	<u>7,195</u>
<u>1,031,511</u>	TOTAL EXPENDITURE	<u>1,087,815</u>
<u>11,337</u>	NET SURPLUS (DEFICIT) FOR THE YEAR	<u>6,211</u>

HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC
BALANCE SHEET
FOR THE YEAR ENDED 30TH JUNE 2011

2010 \$			2011 \$
	ACCUMULATED FUNDS		
72,582	Opening Balance		83,919
11,337	Net Surplus/(Deficit) for the Year		6,211
<u>83,919</u>	TOTAL FUNDS		<u>90,130</u>
	Represented by:-		
	ASSETS		
	Current Assets		
18617	Cash at Bank - Current Account	14,276	
327,344	On Line Saver	285,388	
675	Gift Fund Account	675	
750	Petty Cash	750	
866	Receivables	26	
-	Deposit Paid	25	
4,686	Prepayment	<u>5,199</u>	
<u>352,938</u>			306,339
	Non-Current Assets		
139,290	Plant & Equipment - at cost	164,757	
(91,995)	Less Accumulated Depreciation	- 97,164	67,592
<u>47,295</u>			
<u>400,233</u>	TOTAL ASSETS		<u>373,931</u>
	CURRENT LIABILITIES		
16,199	Creditors	30,194	
48,844	Employee Entitlements	53,994	
108,937	Grants in Advance	29,234	
20,921	Net GST Payable	<u>17,899</u>	
<u>194,901</u>			131,321
	NON-CURRENT LIABILITIES		
-	Provision for Asset Replacement	10,000	
53,722	Provision for Long Service Leave	61,657	
67,691	Provision for Redundancy (Employees)	80,823	
<u>121,413</u>			152,480
<u>316,314</u>	TOTAL LIABILITIES		<u>283,801</u>
<u>83,919</u>	NET ASSETS		<u>90,130</u>

HEPATITIS C COUNCIL OF SOUTH AUSTRALIA INC

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

The Association is not a reporting entity because in the Council's opinion, there is unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs and these Financial Statements are therefore "Special Purpose Financial Reports" that have been prepared solely to fulfil the requirements of the constitution of the Association.

The Association has applied the provisions of Miscellaneous Professional Statement APS 1 "Conformity with Statements of Accounting Concepts and Accounting Standards" relevant to Special Purpose Financial Reports. On this basis no Accounting Standards are applicable. Accounting Standards have only been applied to the extent that they coincide with the accounting policies set out below.

(a) Basis of Accounting

The accounts have been prepared on the basis of historical costs and except where stated do not take into account current valuations of non-current assets.

(b) Non-Current Assets

All assets held by the Association with an original cost exceeding \$300 have been capitalised.

(c) Depreciation of Plant, Equipment and Buildings

Depreciation is calculated on a diminishing value basis so as to write off the cost of each depreciable non-current asset over its expected useful life.

(d) Income Tax

The Association is a non-profit organisation and is exempt from income tax pursuant to Section 23(ea) of the Income Tax Assessment Act.

HEPATITIS B FORUM

Ever wanted to know more about... HEPATITIS B?

As part of a hepatitis information calendar series in 2011, the Hepatitis C Council of SA will be holding a hepatitis B education forum.

Through experienced and engaging speakers, this forum will aim to develop participant's knowledge and practical skills to work with clients in the context of hepatitis B.

An opportunity not to be missed!

More information to follow.

"Save the date"
Mon 21 March, 2011
9.30-12.30pm TBC
SACOSS (Majorie Black House)

If you have any questions or are interested in being involved as a speaker, please contact Nicole Taylor at nicole@hepcouncilsa.asn.au or 08 8362 8443.



Image CC Center for Disease Control

Considering Hep C Treatment?

Find out all you need to know from Rosalie (Hep C treatment nurse), Fred (Hep C peer educator) and others who have been on treatment.

Tuesday 9 November, 2010
11AM-1PM
Seminar Room
Warinilla

MORNING TEA PROVIDED: for catering, please let Fred know if you want to come along, or ring 8362 8443 to RSVP.



C-CHAT

**A Hep C peer educator to answer
all your questions about Hep C**
Free and confidential

**Second Friday morning of every month
at DASSA, Elizabeth**

Find Fred for a C-Chat!

If you want so make sure you see Fred, please ask the staff.



For free, confidential info about hep C, phone the Hepatitis C Council of SA on **1300 437 222** or check out www.hepcouncilsa.asn.au.



1 in 100 people in Australia have Hepatitis C

John McKiernan from the Hepatitis C Council will be providing an education session about the latest information on...

**HEP C TRANSMISSION, PREVENTION, EDUCATION,
TREATMENT, SERVICES & SOCIAL/EMOTIONAL IMPACT**



Tanunda Transportable Meeting Room
Time: 5-7pm

Date: Thursday, 23 September 2010

FREE

For further enquiries/bookings,
please contact John McKiernan
on **83628443**

C Health Inspirations

A new 6-week course for people living with hep C starts at the Council on Thursday, 4 November, from 5.30pm-7.30pm.

This course will provide you with opportunities to share your experiences of hep C, while learning practical skills and strategies to manage the virus in your life.

Experienced facilitators Mahdi and Victoria will lead you through a range of topics, which include:

- Setting the ground rules – confidentiality
- Symptoms – some tips for management
- Diet and exercise
- Managing stress, thoughts and emotions
- Alcohol
- Considering treatment

PLACES are limited. To book your place or to find out more, contact Mahdi on 8362 8443 or Mahdi@hepcouncilsa.asn.au.

The course will be held at the Hepatitis C Council of SA,
3 Hackney Rd, Hackney.

A light meal will be provided at each session.



