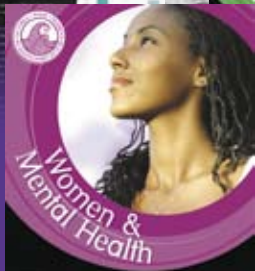


Women's Health Victoria Annual Report



07-08



Our Vision

A society in which there is an accepted approach to health that is empowering and respectful of women and girls; one that recognises the importance of gender in determining health outcomes, and utilises a sound gender analysis in policy making and in health and community service design.

Our Focus

Women's Health Victoria has a statewide role in creating and using women's health knowledge to:

- inform health, social and economic policy;
- inform the design and delivery of better health responses, systems and models of care; and
- support and empower women in their health choices.

About this report

This *Annual Report* in no way attempts to present a picture of the entire year's work for Women's Health Victoria, rather the highlights of 2007–08. Much of our health promotion work is done in collaboration and a significant part of what we do is about influencing policy and helping to change attitudes, practices and cultures. It is difficult to illustrate social change, especially given that it is often incremental. We could list the meetings we've attended, briefing papers we've produced and the numbers of users of the Clearinghouse; but that's only part of the story. This year's *Annual Report* aims to tell stories that represent the highlights of the year for Women's Health Victoria.

This report is also available on our web site at www.whv.org.au

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Contents

Chairperson's message	2
Executive Director's message	2
Meet our Council	3
Meet our staff	4 & 5
Prestigious award recognises BreaCan	6
Violence against women with disabilities framework launch	7
Gender in Health Framework	8 & 9
New era heralds possibilities for women's health	10
Organisational redesign positions WHV for the future	11
The year in review	12, 13, 14 & 15
How Women's Health Victoria works	16 & 17
Meet a Council Member	17 & 19
The work of our Council	18
Membership	20
Meet a Member	20 & 21
Thank you to our donors	21

Financial statements

Summary of Financial Results	22
Income Statement	23
Balance Sheet	23
Cash Flow Statement	24
Statement of Changes in Equity	24
Notes to the Financial Statements	25
Statement by Members of the Council	32
Independent Audit Report to the Members	33





Chairperson's message

This year, the centenary of women's suffrage in Victoria, has brought a renewed commitment from state and federal governments to improve the status of women's health. This political context has provided the backdrop for an exciting and productive year for Women's Health Victoria in policy advocacy and supporting innovations in women's health.

WHV has been active in the Australian Women's Health Network, helping to shape a new national agenda for women's health policy. At state level, abortion has been squarely on the agenda for WHV, which has been tireless in its many activities around law reform. This concerted effort has been rewarded with a commitment from the Brumby Government to decriminalise, modernise and clarify abortion law.

WHV has continued to develop innovative programs to improve health outcomes for women. Steady progress has been made in expanding BreaCan's work with women with a gynaecological cancer and it's no surprise BreaCan won the 2007 Victorian Public Healthcare Award for 'Innovation in Models of Care'.

The Victorian Women with Disability Network continues to grow in capacity, with the appointment of the inaugural Board and an Executive Officer. WHV has delivered capacity building workshops and the effort to build new kinds of partnerships to prevent violence against women, beginning with the project with Linfox which has been recognised with ongoing funding from VicHealth.

WHV has finished the year in a strong position. The organisational redesign is complete, resulting in a more streamlined structure. The organisation was successfully accredited and found to have robust systems and processes. WHV has enjoyed significant funding growth, particularly from successful grant applications. All this provides the basis for the development of our next three-year strategic plan.

I would like to warmly thank volunteers, staff and Council members for their ongoing commitment and hard work, and to all our partner organisations, allies in women's health and WHV members for their continued support. I would like to acknowledge our Executive Director, Marilyn Beaumont, for her drive and passion, and congratulate her on being honoured on the Queen Victoria Women's Centre Shilling Garden and Wall.

Liz Chatham
Chairperson

Executive Director's message

My thanks to the many energetic and talented women who have worked together, in paid and voluntary capacities, throughout the year to deliver on our women's health and wellbeing priorities.

This includes staff, volunteers and Women's Health Victoria members working in different ways across policy and health promotion, breast and gynaecological cancer information and support, women with disabilities advocacy, and in keeping the way we run our business effective and efficient.

During the year we have met the increasing demand on our ongoing, day-to-day services such as responding to information requests, developing and providing group programs, developing and distributing evidence-based information resources, assessing opportunities and risks, and building sector capacity.

In addition, we have completed a wide range of important service development projects such as the Helen McPherson Smith Trust funded 'The Index: Women's Health and Wellbeing Data'; the pilot phase of the VicHealth funded 'Working Together Against Violence' project in partnership with Linfox; expansion of BreaCan to include women with gynaecological cancer; launched the 'Framework for Influencing Change Responding to Violence Against Women with Disabilities'; and reviewed our organisation's structure and ways of working.

Each of these specific pieces of work has now become incorporated into our ongoing service delivery.

We are in a healthy financial position with growth not only in actual funding, but in diversity of sources.

Our membership base has responded well to the membership development and communication processes we have implemented through the year, with a high rate of success in our targeted membership recruiting.

This year we farewelled a number of longer serving staff and Council, and put thought and time into recruiting new positions arising from the organisation review and Council succession planning.

This effort puts WHV in an excellent position to continue our work into the future.

Marilyn Beaumont
Executive Director

Meet our Council



Liz Chatham, Chairperson
Women's Health Advisor,
The Women's



Louise Johnson,
Deputy Chairperson
CEO, Infertility Treatment
Authority



Suzanne Young, Treasurer
Director of Executive
Education, Senior Lecturer
Graduate School of
Management,
La Trobe University



Julie Mulvany
Professor and Deputy
Dean of the Faculty of Life
and Social Sciences,
Swinburne University



Sally Fawkes
Research Fellow,
School of Public Health,
La Trobe University



Verity Newnham
Consultant, General
Practice and Primary
Health Care



Cathy Mead
Adjunct Associate
Professor,
La Trobe University



Annabel Pollard
Clinical Psychologist,
Clinical Research Fellow,
Peter MacCallum
Cancer Centre



Helena Maher
Co-ordinator, Community
Participation, The Women's



Bente Jansen
Manager, Aged Persons
Mental Health, Flemington



Naomi Arentz
Business Banker,
National Australia Bank



Kym Daly
National Ethics Officer,
Australian Association of
Social Workers

Meet our staff



Marilyn Beaumont
Executive Director



Petra Beggell
Policy & Health Promotion
Manager



Trish Bolton
Policy Officer



Jenny Ejlak
Policy Officer



Tracey Hanna
Information Officer



Rebecca Yeats
Health Promotion Officer



Di Missen
BreaCan Manager



Helen Shepherd
BreaCan Services &
Volunteer Co-ordinator



Justine Dalla Riva
BreaCan Project Officer



Nicole Wilton
BreaCan Information &
Support Officer



Jeanette Liebelt
BreaCan Information &
Support Officer



Gabrielle O'Brien
BreaCan Administration
Officer

Absent: Brigitte Gerstl

Meet our staff



Keran Howe
WWDN Executive Officer



Melanie Thomson
WWDN AIS Information
Officer



Rosemary Sexton
Business Manager



Vicki Ayers
Administration Officer



Beverley Murphy
Administration Officer



Katie Cherrington
Administration Officer

We would like to thank staff who left Women's Health Victoria during 2007–08 for their contribution.

Thanks to Elaine Cope, Lisa Hanlon, Sacha L'Huillier, Martinette Miral, Marcela Pasiieczny, Josie Scott and Sarah Thorning.

We would also like to thank casual staff who worked for us during the year:

Bernadette Brennan, Sheree Cartwright, Felicity Julian, Jodie Kline, Giselle Ogues, Karolyne Quinn and Mihaela Radulescu.

Prestigious award recognises BreaCan

BreaCan, and its work, was publicly recognised in the wider health sector when it won a 2007 Victorian Public Healthcare Award.

Winning the award category of 'Innovation in Models of Care', which recognises outstanding achievement in embracing new approaches to care that enhances health and wellbeing, is a huge achievement. The awards attracted more than 200 entries, representing the best in Victoria's healthcare system.

'Making a Difference through Lived Experience, Innovation and Partnership' was the title of BreaCan's award entry and sums up the service. BreaCan's approach is holistic, based on the experience of women living with cancer and complemented by partnerships with clinical service providers.

'It is also a validation of the model we used.'

– BreaCan Manager, Di Missen, on winning the Victorian Public Healthcare Award.

BreaCan provides women with information and support about treatments, health wellbeing and the challenges of living with breast or gynaecological cancer that empowers them to participate in decisions about their care and lives more broadly.

It offers a range of services including free fortnightly sessions with guest speakers, the Feel Good gentle exercise program, reflexology, and the Here and Now eight-week program for women with advanced cancer.

The Resource Centre is open three days a week for people to phone or drop in and talk with a trained peer support volunteer. People can also browse through the library to access current resources.

BreaCan Manager, Di Missen, says the service is 'enormously proud' of winning the Award which is an 'acknowledgement of this journey; of having built the service up from scratch, alongside the volunteers, and building it in a way that has tried to be true to the women's experience.'



Minister for Health, Daniel Andrews, BreaCan volunteer, Janine, BreaCan staff member, Helen Shepherd, Manager, Di Missen, volunteer, Rhonda and staff member, Nicole Wilton with the award BreaCan won for 'Innovation in Models of Care'.

She describes the public acknowledgement of the award as 'a coming of age' for the service, giving it another level of credibility among other services and the cancer sector generally. 'It is also a validation of the model we use.'

BreaCan is run by seven paid staff, who work alongside 25 volunteers, 22 of whom are trained peer support volunteers. 'One of the major strengths of BreaCan is the peer support and the different type of knowledge our volunteers bring,' says Di.

'For the volunteers, winning the Award was especially important,' says Di. 'They have taken their personal cancer experience, which in many ways was distressing for them, and turned it around to contribute to making a difference to other people's lives.'

BreaCan volunteer Rhonda says, 'I felt immensely proud to represent BreaCan and my fellow volunteers at the awards. It was a wonderful acknowledgement of our work and our part in the continuing development of BreaCan and the services we offer to women and their families experiencing breast and gynaecological cancers.'

A woman who visited BreaCan in 2008 was so impressed by the service she felt compelled to write to the Minister for Health praising the service. 'I was immediately made welcome when I visited the centre. A number of the paid and volunteer workers at BreaCan kindly provided me, with what proved to be the most helpful information that I received since my diagnosis to date. I cannot speak highly enough about the assistance, information and support provided during my two visits to BreaCan...'

Violence against women with disabilities framework launch

The Victorian Women with Disabilities Network Advocacy Information Service's (VWDN AIS) new strategy was successfully launched in October 2007.

The strategy, 'A Framework for Influencing Change - Responding to Violence Against Women with Disabilities, 2007–2009' was developed by VWDN Executive Officer, Keran Howe, and provides the basis for the continuing work being undertaken.

Keran describes the framework as a template and says, 'It is a great tool in raising awareness and highlights the issue, which has, up until now, largely been invisible.' The framework has sparked discussion and opportunities to influence change in both the disability and family violence sectors.

The framework was launched by Victoria Police Chief Commissioner, Christine Nixon, who was humbled by what she heard and acknowledged that Victoria Police had not been as thoroughly engaged as it should have been in the past, and pledged greater awareness around the issue.

More than 130 people attended the launch, which was a great opportunity to highlight the issues of concern to a wide audience. This included politicians, the Disability Services Commissioner, the Executive Director Disability Services, ministerial advisors and staff from the Departments of Human Services, Justice and Planning and Community Development. Also present were staff from Victoria Police, the Courts, family violence, sexual assault and disability service providers, advocacy groups and women with disabilities.

At the launch Keran spoke about the incidence of violence against women with disabilities and that for too long it has gone unnoticed. She challenged those present to take up the issue and join with VWDN in recognising that we all have a role and responsibility to take.



The launch of 'A Framework for Influencing Change - Responding to Violence Against Women with Disabilities, 2007–2009,' was a great opportunity to highlight the issues of concern to a wide audience.

'... We have all heard the facts and figures on isolation, discrimination and marginalisation ... It is therefore shocking that as a community we have largely ignored violence against women with disabilities.'

– VWDN Executive Officer, Keran Howe.

'... For people with disabilities, respectful and affirming relationships whether within families, shared houses, workplaces or communities, are by no means guaranteed ... We have all heard the facts and figures on isolation, discrimination and marginalisation ... It is therefore shocking that as a community we have largely ignored violence against women with disabilities,' she said.

The framework was also presented at forums including the Family Planning Victoria Forum at the Royal Women's Hospital and at a national forum for women with disabilities and family violence services from around Australia. It was received positively and congratulations were given for providing leadership to other services and offering a guide to government policy in other states.

Importantly, recurrent funding to implement the framework has been received and a policy officer is due to be appointed.

Following the launch of the framework, the VWDN AIS acquired funds to look at the status of policy and practice in responding to violence against women with disabilities.

The Building the Evidence Project collected evidence on what is being done for women with disabilities within the family violence sector and identifying what gaps there are in services. Launched in September 2008, it is being implemented in collaboration with the University of Melbourne and Domestic Violence Resource Centre Victoria.

Organisations have been very positive about the way VWDN AIS has promoted the issues concerning women with disabilities. As one service provider sums it up: 'I feel privileged to have the opportunity to work with VWDN AIS. Its voice in bringing a gendered perspective to the disability sector is vital.'

Gender in Health Framework

Decriminalisation of abortion edges closer

Women's Health Victoria has had a successful year advocating for abortion to be removed from the Crimes Act and has significantly added to the public debate, with Victoria now on the eve of decriminalisation.

In May 2008 the Victorian Law Reform Commission's report on the Law of Abortion was tabled in Parliament. On that day WHV's Executive Director, Marilyn Beaumont, had an opinion piece published in *The Age's* influential 'Comment & Debate' section. Since a private members bill was introduced into the Victorian Parliament to remove abortion from the Victorian Crimes Act in July 2007, work has continued with the WHV Clearinghouse being in demand for information and resources to inform the debate.

Marilyn says, 'We have been centrally active and known to be – that's been consistent through the private member's bill period and the Law Reform Commission period. How we have been providing knowledge and connection has varied slightly, but what has been consistent has been our ability to respond to a wide range of requests from individual women, health organisations, Members of Parliament and the Law Reform Commission.'

WHV has provided strong evidence-based submissions, information resources, fact sheets and other advocacy tools, both published and through the web, to a variety of audiences including the media.

A letter to state Members of Parliament on decriminalisation of abortion, on behalf of all the eight Victorian women's health services, was developed and distributed in early 2008. WHV was also involved in meetings with Members of Parliament and a Special Members Bulletin 'call to action' was developed and distributed in March 2008.

It is an online gateway to evidence-based health and wellbeing data on Victorian women and girls...

New Index contributes to better health outcomes

Women's Health Victoria has worked to increase understanding and use of a gender and health framework through the development of 'The Index of Women's Health and Wellbeing Data' web site.

It was launched in July 2008 by the Victorian Minister for Women's Affairs, Maxine Morand.

The Index web site, partially funded by the Helen Macpherson Smith Trust, is the redeveloped and updated version of the Victorian Gendered Data Directory.

It is an online gateway to evidence-based health and wellbeing data on Victorian women and girls across a wide variety of indicators relevant to a social model of health.

By facilitating the use of gendered data, The Index assists professionals working in policy development, planning, research and service provision to consider women and gender, resulting in a more detailed picture of Victorian women's lives and better health outcomes for all Victorians.

Where possible The Index includes gendered data sources that also consider a range of diversity lenses including data on Aboriginal and Torres Strait Islander women, women with disabilities, same-sex attracted women, and culturally and linguistically diverse women.

Within each of The Index's indicators various external reports, surveys, and other sources of quantitative data are listed.

Each 'data source' is briefly summarised in regard to the types of data it contains and how it relates to the specific indicator.

The Index web site, www.theindex.org.au, is fully searchable and is regularly updated with new sources of gendered data. Visitors are encouraged to suggest additional resources for future inclusion.



Women's Health Victoria, in conjunction with three other women's health services, called a media conference in August 2007 to highlight support for a bill to remove abortion from the Crimes Act. Pictured are Women's Health Goulburn North East Executive Officer, Susie Reid, WHV's Executive Director, Marilyn Beaumont, Chief Executive Officer of Women's Health in the South East, Tricia Mahon, and Women's Health in the North Executive Director, Kathleen Maltzahn.

'I commend Linfox for its vision, foresight and openness. WHV has developed a strong and trusting relationship with the company.'

– WHV's Policy & Health Promotion Manager,
Petra Beggell.

Violence prevention: taking it to the workplace

Women's Health Victoria has embarked on an exciting new initiative to help prevent violence against women, the 'Working Together Against Violence' project, funded by VicHealth.

During the past 12 months WHV has worked with transport, warehousing and supply chain management company, Linfox, to explore and trial workplace-based strategies that help prevent violence against women.

Linfox has a high public profile in a male dominated workforce. Together, Linfox and WHV, have developed targeted workplace marketing material to raise awareness of the issue among employees as well as piloting a unique workplace training program.

WHV's Policy & Health Promotion Manager, Petra Beggell, says, 'I commend Linfox for its vision, foresight and openness. WHV has developed a strong and trusting relationship with the company.'

The training positively engages participants, highlighting that we all have a role to play in preventing violence against women and develops participants' skills in speaking out against violence. Using a 'bystander approach', it works in an active and positive way with staff members to change cultural norms that contribute to tolerance and the perpetration of violence against women.



The 'Working Together Against Violence' project officer, Kath Deakin, facilitating a workshop at Linfox on 'Harm in the Home'.

Another layer of the project is the work on policy development and implementation, recognising that violence against workers or perpetrated by workers has an impact on the workplace and productivity. The project, branded by Linfox as 'Harm in the Home', is part of Linfox's Vision Zero safety policy.

WHV was successful in securing VicHealth funding over three years to continue the project in partnership with the Victorian Human Rights and Equal Opportunity Commission, Linfox and the Male Family Violence Prevention Association.

Workshops build confidence and skills

Capacity building activities are a priority for Women's Health Victoria as they are integral to developing and improving the quality and effectiveness of health programs and services.

Three Advocacy in Health Promotion workshops were delivered by WHV's Policy & Health Promotion Manager, Petra Beggell, with former Victorian Senator and Democrat leader, Janet Powell, facilitating. Petra says the workshops fill a gap in terms of advocacy training.

Advocacy workshops were run for two Primary Care Partnerships in April and May 2008 and the manual was reviewed to have a focus on advocacy at the local level. 'Janet Powell's background in politics and passion to share her knowledge and experience is a large part of the workshops' success,' says Petra. 'People really respond to her presentation.'

In October 2007 a workshop for the Outer East Primary Care Partnership was run with participants ranging from chief executive officers to consumers. 'The feedback has been overwhelmingly positive and participants feel excited about being part of the political process and are confident to go back into the workplace and implement what they've learnt,' says Petra.

At the request of the Department of Human Services' (DHS) Diversity Unit, WHV has run five free workshops to support the implementation of DHS' Gender and Diversity Lens tool. 'The workshop is aimed at people who have never considered gender before and shows how simple and effective it is to incorporate gender into current practice,' says Petra.

Participants said they could see the potential for improved health outcomes in considering gender and felt confident incorporating it into their work. Practical activities included conducting a gender analysis using examples from workplaces. The workshop was also presented at the Women's Health NSW Conference.

New era heralds possibilities for women's health

A sense of optimism is in the air at Women's Health Victoria given the new Federal Government's more inclusive approach and focus on evidence-based policy. WHV Executive Director, Marilyn Beaumont, says, 'Under the previous Federal Government there was little for us to comment on and now there is plenty and this will continue.'

'In terms of the national agenda there are new possibilities that demand engagement and priority given to resourcing that engagement.'

'The Federal Government has developed new opportunities with a range of bodies being set up such as The National Hospital and Health Reform Commission, the National Prevention Committee, the National Council of Prevention of Violence and more, all of which are consulting and developing national plans. We need to put in submissions, pull together information from the Clearinghouse and be active around them.'

Significant work was done in 2007 towards a new national women's health agenda, mainly through the Australian Women's Health Network (AWHN).

Responses from Victoria to the AWHN 'Women's Health: the New National Agenda' discussion paper were collected by Marilyn as Victorian representative. Marilyn also facilitated the successful National Women's Health Summit at Parliament House in Canberra in September 2007.

The AWHN's position paper and action plan arising from the discussion paper, was finalised in early 2008, with the author, Chris Black, being based at the WHV office and it is being made widely available to Members of Parliament, bureaucrats, decisions makers and opinion leaders.

'In terms of the national agenda there are new possibilities that demand engagement and priority given to resourcing that engagement.'

– WHV Executive Director, Marilyn Beaumont.

Given the new government's approach, 'the AWHN's New National Agenda position paper has put us in a good position,' says Marilyn. 'We have spent the past 12 months consulting and getting conversations going with organisations about high level priorities, not a list of issues.'

The National Agenda outlines five priority issues: women's economic health and wellbeing; women's mental health and wellbeing; preventing violence against women; women's sexual and productive health; and, improving women's access to publicly funded health services.

'There is an increased need,' says Marilyn, 'to make the National Women's Health Policy a reality in light of the Federal Government's announcement in June 2008 to develop a National Men's Health Policy.'

'There is now a huge need to make evidence-based submissions and representations around both the national men and women's policy, with the Clearinghouse playing a significant role as well as being actively involved in the implementation of the National Women's Health Policy.'



Celia Karpfen (SA Australian Women's Health Network's Convenor), Helen Keleher (past Vic AWHN Convenor), Marilyn Beaumont (Vic AWHN Committee), Morven Andrews (Tas AWHN Committee) and Kelly Banister (Tas AWHN Committee Member).

Organisational redesign positions WHV for the future

The past year has seen a significant change in the way Women's Health Victoria conducts its business. The organisation has moved from a 'flat-based' structure to a more 'team-based' structure, to better position itself for the future.

The new organisation design has five key features:

- Acknowledgement of the WHV core or hub.
- BreaCan as an independent program within WHV, reporting to Council through the Executive Director (at least for a pilot period).
- Distinct teams, the Business Services Team and Policy and Health Promotion Team, within the WHV hub led by managers with fully delegated authority.
- Victorian Women with Disabilities Network (VWDN) supported through a direct relationship with the Executive Director in the short to medium term.
- WHV activities and priorities informed by more tightly focused and targeted strategic directions with agreed measures of success.

WHV Executive Director, Marilyn Beaumont, says, 'The organisation redesign was absolutely necessary and stands us in good stead for the next five to 10 years.' Marilyn acknowledges some difficult decisions had to be made, but says, 'if we are genuine about being a change agent organisation then we also have to embrace change.' Marilyn is excited about the new teams, which, she says, have freed up capacity and there is excitement about learning about the different ways we can work. 'Areas that once had significant lack of clarity are now much clearer,' she says. Importantly new teams and manager positions were developed and Internal Agreements with BreaCan and VWDN have been put in place.

The internal partnering approach offers the opportunity to enhance efficiency and contribute to the achievement of shared goals, while acknowledging and providing the flexibility to work with substantive difference including environmental influence and drivers, funder requirements,

'The capacity of staff in this organisation with a wide range of different skills comes together as an amazing whole.'

– WHV Executive Director, Marilyn Beaumont.

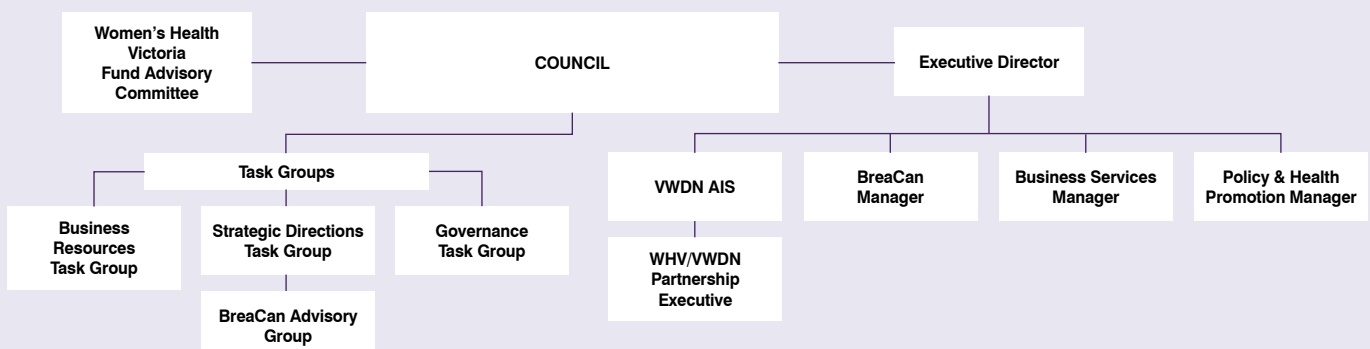
service delivery models, professional styles and practice culture, and target groups and clients.

The organisational redesign process began in January 2007, with the final Organisation Redesign Project Report by Kathy Wilson Consulting circulated and final meeting held in September 2007. The changes and new positions were all finalised and at the end of June 2008, WHV was fully staffed. 'The capacity of staff in this organisation, with a wide range of different skills, comes together as an amazing whole,' says Marilyn.

WHV achieved re-accreditation in 2008 with all 17 standards rated as 'Met' in the initial phase. The external reviewers from Quality Improvement and Community Service Accreditation were impressed by WHV staff's commitment to the accreditation process and honesty during their interviews.

The reviewers remarked that WHV is a strong organisation with highly developed and robust systems that are, in some areas, remarkable. They also stated that systems were accepted, supported, understood and used by staff, and that systems had been built up over time, based on experience and consistent management. In meeting the standards, many strengths were identified including the Clearinghouse processes and its evolution over time, the development of The Index, and the empowerment in developing external and internal relationships and partnerships.

Women's Health Victoria Reporting Relationships



The year in review

Here is a summary of the range of activities that occurred across the organisation during the reporting period.

Women's Health Program

Health promotion priority activities.

Sexual and Reproductive Health

Goal 1: To influence the statewide development of systems and policies that improves women's sexual and reproductive health.

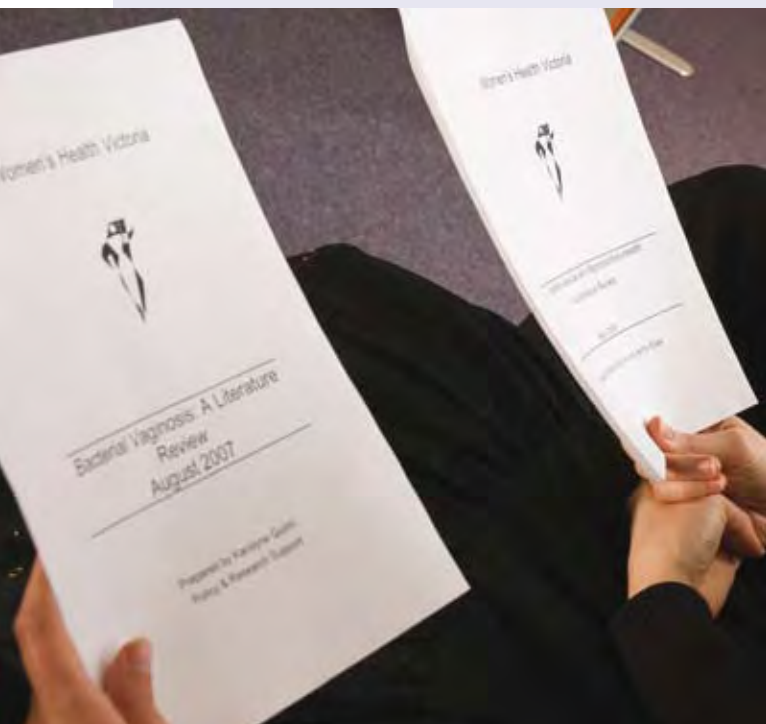
- Completed literature reviews on Sexual and Reproductive Health, Bacteria Vaginosis and Hepatitis C.
- Produced a Clearinghouse Connector on Sexual and Reproductive Health Education.
- As part of developing The Index of Women's Health and Wellbeing Data, a broad range of sources of gendered data were researched and much of the relevant sexual and reproductive health data in Victoria has been identified.
- Provided resources to individuals and organisations to inform abortion law reform advocacy, making submissions and meeting with key stakeholders including Members of Parliament.
- Analysed the proposed National Sexual and Reproductive Health Strategy for compatibility with Victorian needs and opportunities.

Goal 2: To increase awareness of the social determinants of women's sexual and reproductive health.

- Completed a comprehensive sexual and reproductive health literature review incorporating information about the social determinants of women's sexual and reproductive health in June 2008.
- Published an article, 'Why Women's Health' in the September edition of the *Australian Nursing Journal*.
- Increased knowledge of the social determinants of women's sexual and reproductive health issues through representations and submissions. This included the Macfarlane Burnet Microbicide Community Advisory Committee and the Organising Committee of the conference 'Abortion in Victoria (2007): Where are we now? Where do we want to go?'

Goal 3: To improve equity in access to sexual and reproductive health.

- Environmental scanning through the Clearinghouse identified a 'Review of Sexual Health Clinical Services in Victoria' undertaken by Family Planning Victoria in 2004.
- No other published report which considered statewide sexual and reproductive health access inequities could be identified.
- WHV developed a proposal to undertake a statewide audit of services as a necessary step to improving access to sexual and reproductive health care. The audit aims to identify areas and populations who experience difficulty accessing necessary services, and provide a platform for future action in Victoria.



A number of literature reviews have been completed.

The year in review

Women's Health Program

Health promotion priority activities.

Women's Health Inequities

Goal 1: To reduce women's health inequities in Victoria.

- Developed, reviewed and updated literature reviews and Gender Impact Assessment papers (GIAs).
- Worked in collaboration with the Health Issues Centre to scope a women's health specific edition of the *Health Issues Journal*, providing a forum for dialogue between consumers, policy makers and service providers. Identified current key areas of interest and potential authors, and wrote an article and editorial for the issue.
- Developed a comprehensive annual capacity building calendar.
- Managed the 10 women's health banners, which were displayed at workshops, the National Women's Health Summit, Annual General Meetings and International Women's Day events.
- WHV Executive Director is the Australian Women's Health Network Victorian representative, and has been involved in developing a National Women's Health Agenda position paper and action plan.
- Took a variety of opportunities for the implementation of a gender in health framework.
- WHV was one of the two organisations representing the Women's Health Association of Victoria (WHAV) on the Department of Human Services (DHS) Gender and Diversity Lens Committee.
- Participated in the DHS and Victorian Health Inequities Network consultation.
- Participated in the roundtable convened by Amnesty International Australia on a National Action Plan to Prevent Violence Against Women.
- Collaborated with the British Columbia Centre of Excellence for Women's Health on development of its project 'Sex, Gender and Health Promotion: Building Evidence for the Effective Health Promotion for Women'.
- Held Gender in Health Promotion workshops to increase understanding and use of a gender and health framework, and adapted the format to run five free workshops to support the roll-out of the Gender and Diversity Lens tool.
- Developed The Index, a gateway to Women's Health and Wellbeing Data.

Goal 2: To increase gender responsiveness of policy and planning.

- Analysed policies in the development of submissions such as to the National Health and Hospitals Reform Commission and the Victorian Government's development of a new mental health strategy.
- Participated in the DHS North and Western Region consultation on the development of physical activity and healthy eating frameworks and resources, where WHV highlighted the need to consider gender as part of the discussion on physical activity.
- Promoted women's health and gender responsive prison services through representation on the Department of Justice and the Women's Corrections Advisory Committee.
- Made 13 evidence-based submissions, representing the organisation's interests in 14 committees and presented at three professional conferences. These include submissions on the Victorian Government's Family Violence Bill, on the proposed evaluation of the Department of Justice Better Pathways for Women in and post Prison Project; to the Victorian Law Reform Commission on the law governing termination of pregnancy; to DHS on WHV's implementation of the Gender in Health Framework as a case study of good practice in reducing health inequalities; feedback on preamble, vision, strategies and actions in 'A Platform for Prevention in Australia: Advancing the Health and Wellbeing of all Australians'; to National Health and Hospitals Reform Commission; feedback on Public Health Association of Australia's draft Gender and Health Policy; and, input to the Australia 2020 Summit.
- Conferences included presentation on 'Systemic advocacy within a gender and health framework' at Victorian Council of Social Service (VCOSS) congress, workshop facilitation at the National Prevention Summit and presentation at the Tasmanian Women's Health Summit.

The year in review

Women's Health Program

Health promotion priority activities.

Mental Health and Wellbeing

Goal 1: To increase action on the social determinants of women's mental health and wellbeing.

- Developed a number of resources to increase knowledge of the social determinants of women's mental health and wellbeing. These include Clearinghouse Connectors on Depression and Anxiety, updating of the Mental Health and Depression Gender Impact Assessment Papers, and drafting a literature review on the issues and social determinants of women's mental health and wellbeing.
- Developed a fact sheet on women and depression in collaboration with Beyond Blue and endorsed by WHV.

Goal 2: To build an environment that prevents violence against women.

- Produced a Clearinghouse Connector on Violence against Women.
- Continued to take the opportunity to increase knowledge of the importance of gender relations in the prevention of violence against women through our VicHealth funded project 'Working Together Against Violence'. WHV has been successful in securing further funding for three years to continue the project in partnership with the Victorian Human Rights and Equal Opportunity Commission, Linfox and the Male Family Violence Prevention Association.

Whole of Organisation Capacity Building

Goal 1: Support WHV's health promotion work.

- Managed and maintained the WHV web site.
- Created and uploaded 11 topic-based Clearinghouse Connectors and created a new specific health issues page on sexual and reproductive health.
- Commenced a review of the web site which will continue into 2008–09.
- Formed a project reference group to review the Clearinghouse's scope, products and audience. The final report outlined the current context for the Clearinghouse potential changes and recommendations for the way forward have been adopted. Work is underway to realise the Clearinghouse's full potential.



Eleven topic-based Clearinghouse Connectors were created and uploaded.

The year in review

BreaCan

Highlights of Service Deliverables

- A total of 2125 contacts (individuals, groups and service providers), through the BreaCan Resource Centre which is an increase of 5.46 per cent on 2006–07.
- 22 peer support volunteers, three non-peer support volunteers.
- Of the 953 individual contacts, 40 per cent were first-time users.
- Conducted 28 'What's On' information sessions and five Making Connections information sessions.
- Held a four-week dance therapy workshop.
- Completed two 8-week 'Here and Now' programs for women with advanced cancer.
- Winner of the 2007 'Innovation in Models of Care' Victorian Public Healthcare Award.
- Conducted two regional forums in the Gippsland region targeting health professionals and consumers, in collaboration with the Latrobe Regional Hospital and Gippsland Regional Integrated Cancer Service.
- Finalist in the category 'Best Educational Multi-Modal Production' in the 2007 Enhance TV ATOM (Australian Teachers of Media) Awards, for the DVD production, *Young Women Talking*.
- Secured funding from Cancer Australia for a two-year initiative, 'Reaching out to women with gynaecological cancers: Innovations in supportive care' in collaboration with the North Eastern Metropolitan Integrated Cancer Service.
- The BreaCan Advisory Group was established in early 2008.
- Published in the autumn issue of *Health Issues Journal* an article on meeting the needs of women with gynaecological cancers.
- Completed the recruitment process for the fourth in-take of BreaCan peer support volunteers. Thirteen women were offered a place in the Volunteer Training Program, including two women affected by a gynaecological cancer.

The Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS) in partnership with Women's Health Victoria

Highlights of Service Deliverables

- Launched the 'A Framework for Influencing Change - Responding to Violence Against Women with Disabilities, 2007–2009', which guides the work of the VWDN AIS in responding to violence against women with disabilities.
- Received Reichstein Trust funds and established partnerships with the University of Melbourne and the Domestic Violence Resource Centre Victoria to undertake research to analyse the status of policy and practice in responding to violence against women with disabilities in Victoria, and due to be released later in 2008.
- Established an Online Resource Collection, a collection of papers, articles and government reports of relevance to the VWDN AIS priority areas of violence against women with disabilities, access to health services and parenting for women with disabilities.
- Saw VWDN Board members appointed to or continue representation on a number of high level committees including the Family Violence Statewide Advisory Committee, the Victorian Disability Advisory Council, the Disability Services Board, the Victorian Disability Advocacy Network Committee of Management and the Equal Opportunity Commission Committee on Disability.



The Victorian Women with Disabilities Network Executive Officer, Keran Howe, Commonwealth Parliamentary Secretary for Disabilities and Children's Services, Bill Shorten, and VWDN Chair, Tricia Malowney.

How Women's Health Victoria works

WHV has a strong team-based governance and staff structure. Much of the work of Council is done by three Task Groups...



WHV's Executive Director, Marilyn Beaumont, BreaCan Manager, Di Missen (standing), Business Manager, Rosemary Sexton (standing) and Policy & Health Promotion Manager, Petra Begnell.



The Victorian Women with Disabilities Network Executive Officer, Keran Howe, signing the Service Level Agreement with WHV's Executive Director, Marilyn Beaumont.

The work of our Council

Women's Health Victoria's governing body is our voluntary Council. At any one time throughout the year it is made up of between eight to 12 women, all WHV members who have been nominated for annual election or co-opted to fill vacancies.

Council's responsibilities fall into four main areas: formulating strategies, setting policies, providing accountability and reviewing the Executive Director's performance.

Council members play a critical role in keeping WHV in touch with emerging issues in the business world, policy directions at all levels of government, the thinking relevant to women's health within and outside academia, and the vast network of organisations in the health and community sectors that makes up the environment in which we operate.

Our Council works within a set of policies and procedures that make up our governance framework, including those related to Council's role, conflict of interest, meeting structure, delegation and implementation of Council functions, orientation, evaluation, succession planning and professional development of Council members.

A team-based approach

WHV has a strong team-based governance and staff structure. Much of the work of Council is done by three Task Groups, comprised of both Council and staff members. Staff meet regularly in staff teams implementing a team-based workplan.

The Executive Director is responsible for providing organisational leadership in strategic directions, and funding agreement development and implementation along with management of internal and external relationships.

The Executive Director and Team Managers monitor team performance and support the work of the Task Groups which usually meet monthly.

Task Groups

Governance Task Group: Responsibilities include decision-making processes, organisational structure, evaluation of Council, professional development of Council members and succession planning. This year the group continued to focus on succession planning to build Council membership and ensure it remains skilled, diverse and active.

Strategic Directions Task Group: Responsibilities include developing policies, strategies and messages around key and emerging issues, which are informed by our strategic directions. Other tasks include overseeing strategy and policy related to the Policy & Health Promotion Team, BreaCan and the WDN AIS Partnership.

Business Resources Task Group: Responsibilities include business continuity, financial management, income generation, legal compliance, human resources management, and organisational information and support systems. The group oversees work coming through the Business Services Team.

Staff Teams

Managers Forum: This is a new team arising from the 2007–08 Organisational Redesign Project. It provides a regular forum for discussion on WHV's cross-organisation strategies and management leadership within the staff teams to develop and review policies and procedures, and organisational capacity building.

Policy & Health Promotion: Responsible for managing development, implementation and review of the DHS Health Promotion Plan. Work includes scanning the health information and policy environment, responding to emerging issues, making decisions about representation, submissions and other health promotion advocacy and capacity building, managing the Clearinghouse and web site, producing resources including Clearinghouse Connectors and Health News Daily, and developing resources for health professionals and organisations.

BreaCan: Responsible for developing and delivering the BreaCan information and support service in partnership with volunteers. Work includes the management of the volunteer workforce, operation of the Resource Centre based at the Queen Victoria Women's Centre, promotion of the service and improving access for women statewide, through innovative project development.

Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS) Executive Partnership Group: Oversees implementation of the partnership between the VWDN and WHV, the Advocacy Information Service, and the work of the VWDN Executive Officer.

Business Services: Responsible for maintaining and improving business continuity, finance, human resource management, legal and governance systems, organisation-wide processes and accreditation requirements.

Meet a Council Member

A passion for health promotion

Louise Johnson,
Chief Executive Officer,
Infertility Treatment Authority.



Why and when did you become involved with Women's Health Victoria?

I was approached by WHV to become involved, but I had been thinking about it for some time. I have always had an interest in women's health through management of health promotion programs and campaigns in various professional roles. I have a passion for health promotion, the impact can be enormous for the benefit of individuals and the community.

What do you get out of your involvement?

I enjoy working with such a committed group of women in an area that is complementary to my current role as CEO of the Infertility Treatment Authority. I also reflect on governance issues as a manager and as a Council member which is positive. I enjoy the learning and sharing of ideas through involvement.

How do your skills, education and professional role contribute to your role on the council?

Previous experience as a board member in the not-for-profit sector and as a manager reporting to a board brings an understanding of the challenges for people on both sides of 'the fence'.

What was your highlight of the work undertaken by WHV this past year and why?

There has been resolution of a number of issues that were pressing for the organisation such as the role of the Clearinghouse and organisational restructure. I have only been involved with WHV for about nine months at a time of huge change for the organisation. I think it is satisfying to see positive change and to be part of it.

The work of our Council

Council's work in 2007 – 2008

Following is a brief summary of some of the decisions and actions taken by Council during the reporting period.

Finances, risk management, human resources and compliance

- Noted correspondence arising from successful application to Public Interest Law Clearing House for advice on potential Council liability issues under the OH&S Act 2004.
- Supported an application by WHV, with donations going to BreaCan, to be a designated organisation by BHP under its Matched Giving Program.
- Recommended that the Risk Management Action Plan Progress report as at November 2007 be adopted.
- Congratulated Keran Howe on her appointment to the first paid position of Victorian Women with Disabilities Network as Executive Officer.
- Expressed thanks to Jane Patrick and Anne Cronin for their contribution over 10 years on Council.
- Noted that no formal complaints or incidents had been recorded.
- Adopted WHV's Organisation Redesign Project Recommendations.
- Adopted the Occupational Health & Safety Annual Report 2007-08.

Supporting WHV's work

- Congratulated BreaCan on winning the award for 'Innovation in Models of Care' category at the Department of Human Services Public Healthcare Awards - a significant achievement.

- Noted BreaCan's successful grant application to Cancer Australia for \$40,000 over two years to develop a support program for women with the gynaecological cancers.
- Endorsed the Annual Communications Strategy Action Plan 2007–08.
- Adopted the Strategic Health Promotion Plan 2007–09
- Endorsed the establishment of the BreaCan Advisory Group and membership.
- Adopted the reviewed 2005–10 Partnership Agreement between WHV and VWDN.
- Adopted WHV's position on the Victorian Law Reform Commission Report.

Council adopted:

- The new Going Green Policy.
- The new Internet and Email Use Policy and noted the Professional Email Writing Guidelines.
- The reviewed WHV Communication and Decision Making Process.
- The WHV Reporting Relationships.
- The WHV/BreaCan Internal Partnership Agreement incorporating a Purchasing Agreement and Evaluation Framework.
- The VWDN and WHV Service Level Agreement for 2008–09
- The new Prevention of Intimate Partner Violence Policy
- The WHV Strategy Review – Process and Timetable 2008–2009.



Women's Health Victoria's Executive Director, Marilyn Beaumont, Tass Mousaferiadis and WHV Council member, Suzanne Young, at WHV's 2007 Annual General Meeting.



The former Victorian Senator and Democrat leader, Janet Powell, who has been facilitating the Advocacy in Health Promotion workshops and VicHealth's Jennifer Alden at WHV's 2007 Annual General Meeting.

Council Business

The following members of Council were elected unopposed to their positions:

- Liz Chatham as Chairperson
- Louise Johnson as Deputy Chairperson
- Suzanne Young as Treasurer.

Meeting participation by Council members are as follows:

Suzanne Young	11/11
Liz Chatham	10/11
Anne Cronin (resigned from Council Oct 07)	3/3
Jane Patrick (resigned from Council Oct 07)	0/3
Julie Mulvany	7/11
Sally Fawkes	6/11
Vivienne Amery (resigned from Council Aug 07)	0/2
Verity Newnham (including a leave of absence)	3/7
Louise Johnson (co-opted Aug 07 and elected AGM Oct 07)	9/9
Cathy Mead (elected AGM Oct 07)	6/6
Annabel Pollard (elected AGM Oct 07)	6/6
Helena Maher (co-opted Nov 07)	5/6
Bente Jansen (co-opted May 08)	1/1
Naomi Arentz (co-opted June 08)	0/0
Kym Daly (co-opted June 08)	0/0



Sue Lockwood receiving her 'Celebrating a Great Woman' award at WHV's 2007 Annual General Meeting.

Meet a Council Member

Committed to women's health needs

Professor Julie Mulvany,
Deputy Dean,
Faculty of Life & Social Sciences,
Swinburne University of
Technology.



Why and when did you become involved with Women's Health Victoria?

I joined the Council in late 2005 because of my strong commitment to addressing women's health needs through targeted policy development based on the social model of health and sound empirical research.

What do you get out of your involvement?

In recent years social and health policy has lost a focus on gender issues. Through my involvement I contribute in a small way to the organisation's work in addressing the importance of gender in policy development. A recent example is the WHV submission made regarding the lack of focus on women's mental health in the Victorian Government's consultation paper on the direction of mental health reform.

How do your skills, education and professional role contribute to your role on the council?

My skills as a sociologist and a social researcher, who has taught in the area of women's studies, equal opportunity and health policy enable me to contribute as a member of the Strategic Directions Task Group. As a longstanding member of the Victorian Mental Health Review Board I have a keen interest in women's mental health needs. My role at Swinburne University has equipped me with organisational management skills, which have been useful during the recent organisational redesign.

What was your highlight of the work undertaken by WHV this past year and why?

The implementation of the 'Working Together Against Violence Project' with Linfox. This highly successful and innovative program is an example of how WHV is able to form collaborative partnerships with key industry groups in its work to engage the wider community in broad women's health issues.

Membership

Membership development

Recruiting for an active membership

Women's Health Victoria has an active membership of individual women and organisations supportive of the work we do.

At 30 June 2008 we had a membership of 203, made up of 52 organisational members; three which are new, and, 151 individual members; 30 of which are new.

Membership is free, but must be renewed every year. Members have the right to participate in the organisation, nominate for Council, and vote at Annual General Meetings, General Meetings and in elections.

Our policy is to encourage a committed membership, not to recruit for large numbers. Every year we actively recruit new members from among the individuals and organisations we have contact with, particularly those who promote or are active in women's health.

Communicating with our members

In the past financial year we sent out three Members' Bulletins, updating members on our activities, informing them of coming events and inviting their involvement in actions.

These were supported by 16 email alerts sent as required, encouraging members to participate in the debate on key issues including abortion law reform, advocacy in health promotion workshops and advocacy for a new national women's health agenda.



Retiring Council members Jane Patrick, Maree Davidson and Anne Cronin at WHV's 2007 Annual General Meeting and who received 'Celebrating a Great Woman' awards.

Meet a Member

Sharing knowledge and information

Tricia Mahon,
Chief Executive Officer,
Women's Health in the South
East (WHISE).



When did you first become involved in Women's Health Victoria and why?

WHISE first became involved in WHV in 2000, primarily to liaise with other women's health services and to work co-operatively with WHV to advocate on key women's health issues. WHV provides a terrific opportunity for women's health managers to consider statewide issues.

What motivates you to be a member?

WHISE works directly with women of the Southern metropolitan region in providing information and advice, referral to other providers, and assistance in accessing the service system. At a system level, we advocate and lobby governments at all levels on issues related to women's health. Being able to work in partnership with the other Victorian women's health services, including WHV, is essential. Strength in numbers is important when advocating for a more effective resource allocation for our clients.

How does your membership connect with your current work?

In a number of ways including through the provision of information by WHV on current topics, service developments and professional development opportunities; through the monthly general meetings where women's health services staff meet together to discuss specific operational issues; and through connection to the wider service system and political system, particularly at Department level, as part of our advocacy work.

What do you gain from being a member?

The engagement with a group of committed, talented and very professional women, the sharing of knowledge and information, informal comparison of how WHISE works in relation to other women's health services, and the encouragement to tackle the wider systemic issues. It is a very positive and supportive engagement with WHV and the other services.

Meet a Member

Keeping up with key developments

Heather Clarke,

Convenor, Victorian Women and Mental Health Network (WMMHN).



When did you/your organisation first become involved in Women's Health Victoria and why?

The WMMHN and WHV go back a long way. In 1994 we collaborated to produce a training and resource kit identifying Good Practices in Women's Mental Health, which still contains relevant information about increasing gender sensitive service delivery. In more recent times, our network has liaised with the Victorian Women with Disabilities Network. In different ways, our organisations are both focusing on raising awareness of how commonly women who experience disability issues – whether that is physical, cognitive or mental health related – are victims of violence.

What motivates you to be a member?

Being a member of WHV, as a state-wide women's health organisation, means regularly receiving information in a variety of ways about key developments in women's health. As a small women's health organisation with no paid staff, WHV help us to keep up with what's happening.

How does your membership connect with your current work?

The WMMHN is open to both women consumers and service providers and aims to promote mental health services that are more responsive to the needs of women. For the past three years, the Network's focus has been highlighting the lack of privacy and safety experienced by women in mixed sex psychiatric wards.

What do you gain from being a member?

Hope and satisfaction from the ripples of change that are apparent as people in different sections of the mental health system increasingly recognise the need to act to increase women's safety and gender-sensitivity in general. The new psychiatric ward at Maroondah has the first women's only area.

Thank you to our donors

We sincerely thank those who generously continue to support our work and specific program activities.

General donations received by Women's Health Victoria are deposited in the Women's Health Victoria Fund. A total of \$4100 was transferred to the fund during the year.

This Fund is administered through the Melbourne Community Foundation and managed by a WHV nominated Advisory Committee. Investment of donations in the Fund enables growth towards providing sufficient earnings from capital for future distribution decisions based on identified priority issues in women's health. It is a cost-effective way of managing donations and bequests, and investment and distribution of the monies. It is also an attractive option for donors and those making a bequest as it ensures the donation is directed to women's health in perpetuity.

We acknowledge and thank our 2007–2008 donors:

Maria Annunziata
Marilyn Beaumont
Susan Clarke
Marion Collis
Eileen Day
Susan Feldman
Razmi Finn
Carolyn Graham
Kerry Hampton
Jenny Hillier
Louise Johnson

Melinda McCormack
Vivien McDonald
Noela McLeod
Verity Newnham
Jane Patrick
Positive Women Victoria
Janet Powell
Jennifer Rabach
Kay Setches
Fleur Spitzer
Lyn Swinburne
Angela Taft
Cheryl Teng
Pamela Williams



Financial Statements

For the Year Ended 30 June 2008

Summary of Financial Results

The organisation recorded a profit of \$95,585 for the year. The result is regarded as offset against the previous year's loss result. This year's profit is a result of increased earnings from funds on deposit and salary savings through the year during implementation of organisation structure redesign work.

Summary of Financial Results	Page
Income Statement	22
Balance Sheet	23
Cash Flow Statement	24
Statement of Changes in Equity	24
Notes to and forming part of the accounts:	25
Note 1 - Statement of Significant Accounting Policies	25
Note 2 - Profit/(Loss) From Ordinary Activities	27
Note 3 - Receivables	27
Note 4 - Property, Plant and Equipment	27
Note 5 - Investments	28
Note 6 - Intangibles	28
Note 7 - Payables	28
Note 8 - Provisions	29
Note 9 - Reserves	29
Note 10 - Retained Profits	29
Note 11 - Commitments	29
Note 12 - Contingent Assets/Liabilities	30
Note 13 - Cash Flow Information	30
Note 14 - Related Parties	31
Note 15 - Economic Dependency	31
Note 16 - Principal Activities and Operations	31
Note 17 - Association Details	31
Statement by Members of the Council	32
Independent Audit Report to the Members	33

Contents

Summary of Financial Results

Income Statement

Balance Sheet

Cash Flow Statement

Statement of Changes in Equity

Notes to and forming part of the accounts:

- Note 1 - Statement of Significant Accounting Policies
- Note 2 - Profit/(Loss) From Ordinary Activities
- Note 3 - Receivables
- Note 4 - Property, Plant and Equipment
- Note 5 - Investments
- Note 6 - Intangibles
- Note 7 - Payables
- Note 8 - Provisions
- Note 9 - Reserves
- Note 10 - Retained Profits
- Note 11 - Commitments
- Note 12 - Contingent Assets/Liabilities
- Note 13 - Cash Flow Information
- Note 14 - Related Parties
- Note 15 - Economic Dependency
- Note 16 - Principal Activities and Operations
- Note 17 - Association Details

Statement by Members of the Council

Independent Audit Report to the Members

Page

22

23

23

24

24

25

25

27

27

27

28

28

28

29

29

29

29

30

30

31

31

31

31

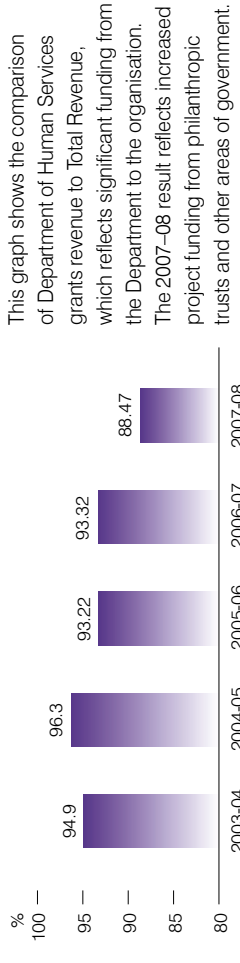
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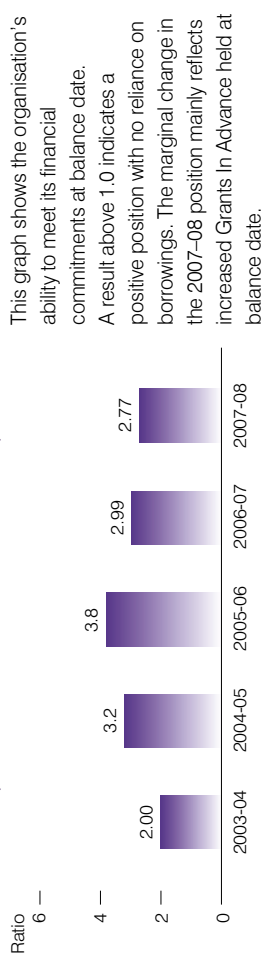
The Financial Statements disclose Victorian Department of Human Services recurrent funding for the Women's Health Program, BreaCan and the Victorian Women with Disabilities Network Advocacy Information Service.

Operating expenditure correspondingly relates to employee expenses, business services and program and project costs.

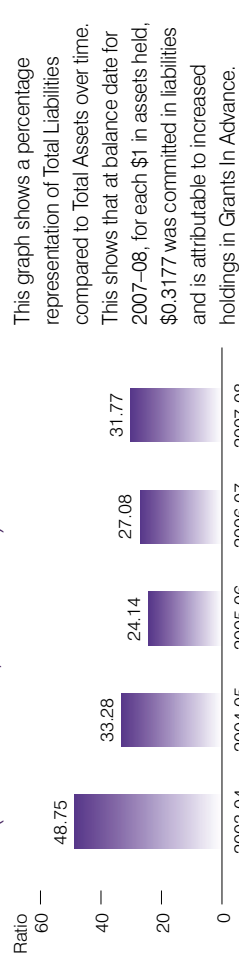
DHS Grants to Total Revenue



Current Ratio (Current Assets/Current Liabilities)



Debt Ratio (Total Liabilities/Total Assets)



Income Statement

For the Year Ended 30 June 2008

	2008 \$	2007 \$
Revenue		
Operating Activities		
Operating grants	1,721,528	1,629,816
Donations	22,207	17,572
Clearinghouse products incl. publications sales	0	5,473
Reimbursements	2,434	1,500
Other	20,339	3,155
	1,766,508	1,657,516
Non-operating Activities		
Interest received	62,320	46,105
	62,320	46,105
	1,828,828	1,703,621
Revenues from ordinary activities		
	1,164,407	1,145,937
	85,108	75,341
	313,762	337,068
	39,889	34,103
	104,170	113,887
	25,907	30,791
	1,733,243	1,737,127
Total expenses by function		
Profit/(Loss) from ordinary activities before income tax	95,585	(33,506)
Income tax relating to ordinary activities	0	0
Net Profit/(Loss) from ordinary activities	95,585	(33,506)

Note

2

1(a)

The accompanying notes form part of this financial report.

Balance Sheet

As at 30 June 2008

	2008 \$	2007 \$
Current Assets		
Cash assets	907,013	742,184
Receivables	113,984	393
Investments	50,302	46,202
	1,071,299	788,779
Non-Current Assets		
Property, Plant & Equipment	201,883	265,417
Intangible Assets	6,419	12,011
	208,302	277,428
	1,279,601	1,066,207
Current Liabilities		
Payables	275,099	138,497
Provisions	111,324	125,250
	386,423	263,747
Non-Current Liabilities		
Provisions	20,093	24,960
	20,093	24,960
	406,516	288,707
Net Assets	873,085	777,500
Equity		
Reserves	50,893	46,298
Retained Profits	822,192	731,202
	873,085	777,500

Note

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The accompanying notes form part of this financial report.

Cash Flow Statement

For the Year Ended 30 June 2008

	Note	2008 \$ Inflows/ (Outflows)	2007 \$ Inflows/ (Outflows)
Cash Flows from Operating Activities			
Operating grant receipts		1,901,790	1,815,466
Donations received		22,207	17,572
Receipts from other revenue		22,774	10,835
Payments to suppliers and employees		(1,827,910)	(1,834,891)
Interest Received		62,320	46,105
Net Cash provided by/(used in) Operating Activities	13(b)	181,181	55,087
Cash Flows from Investing Activities			
Purchases of Property, Plant & Equipment		(16,352)	(137,149)
Purchase of Intangibles		0	0
Net Cash used by Investing Activities		(16,352)	(137,149)
Net Increase/(Decrease) in Cash Held		164,829	(82,062)
Cash at beginning of financial year		742,184	824,246
Cash at end of financial year	13(a)	907,013	742,184

The accompanying notes form part of this financial report.

Statement of Changes in Equity

As at 30 June 2008

	Note	2008 \$	2007 \$
Available for Sale investments			
Valuation gains/(loss) taken to equity	9	0	7,119
Net Income recognised directly in equity		0	7,119
Profit/(loss) for the period	10	95,585	(33,506)
Total recognised income and expense for the period		95,585	(26,387)

The accompanying notes form part of this financial report.

Notes to the Financial Statements

For the year ended 30 June 2008

Note 1. Statement of Significant Accounting Policies

The financial report of Women's Health Victoria for the year ended 30 June 2008 was authorised for issue by a resolution of the Members of the Council on 25 August 2008.

This financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act (VIC).

The financial report covers Women's Health Victoria Inc. as an individual entity. Women's Health Victoria Inc. is an association incorporated in Victoria under the Associations Incorporation Act 1981.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Income Tax

The Association is an Income Tax Exempt Charity in terms of Subdivision 50-5 of the Income Tax Assessment Act 1997.

(b) Clearinghouse Resource Collection

The collection consists of books, journals and audiovisuals that have been capitalised. The collection has significant and ongoing value to the organisation with the effective useful life estimated at 8 years. The collection is measured at cost or fair value less, where applicable, any accumulated depreciation.

(c) Property, Plant and Equipment

Each class of property, plant and equipment is measured at cost or fair value less, where applicable, any accumulated depreciation and any impairment in value.

Plant and Equipment

Plant and equipment are measured on the cost basis with Clearinghouse resource collection measured at deemed cost.

Impairment

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable, and at least annually by the Association.

If such an indication of impairment exists and where the carrying values exceed the recoverable amount, the asset is written down to the recoverable amount.

Depreciation

The depreciable amount of all fixed assets are depreciated on a straight line basis over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable asset are:

Class of Fixed Asset	Depreciation Rate
Office and computer equipment	6.6% - 40%
Furniture & Fittings	10.0% - 20%
Clearinghouse Resource Collection	12.5%
Leasehold Improvements	12.5% - 40%

(d) Leases

The Association has no current finance leases.

(e) Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, have been measured at their nominal amount. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. No provision for sick leave benefits has been recognised as amounts expected to be claimed are not anticipated to exceed benefits accruing in future periods. Sick leave is non-vesting.

Contributions are made by the Association to employee accumulated superannuation funds and are charged as expenses when incurred. The particular funds have no unfunded liabilities.

Notes to the Financial Statements

For the year ended 30 June 2008

(f) Cash

For the purposes of the Cash Flow Statement, cash includes cash on hand, at bank and on deposit.

(g) Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the entity and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

Grants

Revenue of an unconditional nature is recognised when control of the contribution or right to receive the contribution is obtained. Grants received and provided for special purposes are recognised under current liabilities to the extent of unspent funds where there is an obligation to repay the unexpended portion of the grant.

Sale of goods

Revenue from the sale of goods is recognised upon delivery of goods to customers.

Interest

Interest revenue is recognised on an accrual basis taking into account the interest rates applicable to the financial assets.

Donations

Revenue is recognised when the monies are received by Women's Health Victoria. In kind donations or donations of assets are recorded at fair value. All revenue is stated net of the amount of goods and services tax (GST).

(h) Financial Instruments

(a) Terms, Conditions and Accounting Policies

The accounting policies and terms and conditions of each class of financial asset, financial liability and equity instrument at the balance date are consistent with those regularly adopted by businesses in Australia.

(b) Financial Risk Management

The financial instruments consist mainly of deposits with banks, and accounts receivable and payable. The Association does not trade or speculate in derivatives. The main purpose of the financial instruments is to raise funds for normal activities and invest excess funds in an appropriate manner.

(i) Financial risks and risk management

The main risks the entity is exposed to through its financial instruments are liquidity risk, credit risk and interest rate risk.

Liquidity Risk

The liquidity risk is managed by monitoring forecast cash flows and ensuring that adequate short term funds are maintained. All financial liabilities are expected to be settled within 30 days.

Credit risk

Credit risk refers to the risk that counterparty will default on its contractual obligations resulting in the entity suffering a financial loss. The maximum exposure to credit risk, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. This risk is monitored and managed by management reviewing financial assets and ensuring collections are made on a timely basis and that unacceptable concentrations of credit risk are avoided. The entity has no significant credit risk at year end.

Interest rate risk

The entity's exposure to interest is managed by the entity reviewing the interest rate profile. Current interest rates and the market outlook, and taking action as necessary to ensure that risk levels are maintained at a satisfactory level. The Association has no material exposure to interest rate risk on its financial instruments.

(c) Women's Health Victoria Fund

The Women's Health Victoria Fund is classified as available for sale and measured at fair value. Gains or losses on this investment are recognised directly to equity in the net unrealised gain reserve until the investment is sold or until the investment is determined to be impaired, at which time the cumulative gain or loss previously reported in equity for the asset is included in the Income Statement.

(d) Net Fair values

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the Balance Sheet and in the notes to the financial statements.

(i) Intangibles

Computer Software

Computer software is classified as intangible assets, except where the software is an operating system component. Software classified as intangible is amortised over the period of estimated useful life.

Notes to the Financial Statements

For the year ended 30 June 2008

Note 2: Profit/(Loss) from ordinary activities

Profit/(Loss) from ordinary activities before income tax includes the following revenues and expenses whose disclosure is relevant in explaining the financial performance of the entity.

(a) Expenses

- Remuneration of auditor		
Audit services	4,550	4,300
- Rental expense		
Lease	169,470	166,997
- Organisational	39,889	34,103
- Workforce Development	25,287	57,792
- Clearinghouse Expenses	16,950	2,721
- Direct Project/Program costs mainly related to BreaCan and Women with Disabilities Network Advocacy Information Service	104,170	113,887
	113,984	393

In relation to remuneration of the auditor there are no other benefits provided.

Note 3: Receivables

Sundry debtors

Note 4: Property, Plant and Equipment

Office & computer equipment- at cost	139,025	147,462
Less accumulated depreciation	119,089	104,531
	19,936	42,931
Furniture & Fittings - at cost	20,241	20,241
Less accumulated depreciation	18,647	18,188
	1,594	2,053
Clearinghouse Resources - at cost/deemed cost	71,900	71,658
Less accumulated depreciation	35,427	34,188
	36,473	37,470
Leasehold Improvements- at cost	231,313	224,752
Less accumulated depreciation	87,433	41,789
	143,880	182,963
Total	201,883	265,417

Notes to the Financial Statements

For the year ended 30 June 2008

(a) Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Office and Computer Equipment \$	Furniture and Fittings \$	Clearinghouse Resource Collection \$	Leasehold Improvements \$	Total \$
Balance at beginning of year	42,931	2,053	37,470	182,963	265,417
Additions	1,220		8,571	6,561	16,352
Written Off	(370)				(370)
Depreciation Expense	(23,845)	(459)	(9,568)	(45,644)	(79,516)
Carrying amount at end of year	19,936	1,594	36,473	143,880	201,883

(b) Movement in carrying amounts – previous year comparison

Movement in the carrying amount for each class of property, plant and equipment between the beginning and the end of the 2006-2007 financial year.

	Office and Computer Equipment \$	Furniture and Fittings \$	Clearinghouse Resource Collection \$	Leasehold Improvements \$	Total \$
Balance at beginning of year	67,557	1,067	39,791	80,001	188,416
Additions	6,466	1,275	6,947	138,725	153,414
Written Off	(319)			(4,636)	(4,955)
Depreciation Expense	(30,773)	(289)	(9,268)	(31,127)	(71,458)
Carrying amount at end of year	42,931	2,053	37,470	182,963	265,417

Note 5: Investments

(a) Available for sale financial assets

Funds under management - Women's Health Victoria Fund	50,302	46,202
	50,302	46,202
Computer Software/Licences- at cost	18,650	18,650
Less accumulated depreciation	12,231	6,639
	6,419	12,011

Note 6: Intangibles

Computer Software/Licences- at cost	18,650	18,650
Less accumulated depreciation	12,231	6,639
	6,419	12,011

(a) Movements in carrying amount

Movement in the carrying amount between the beginning and the end of the current financial year:

Computer Software/Licences		
Opening Balance	12,011	8,894
Computer software/licences- additions	0	7,000
Less amortisation	(5,592)	(3,883)
Closing Balance	6,419	12,011
	6,419	12,011

Note 7: Payables

Current

Trade creditors and accruals	120,579	108,219
Grants received in advance	154,520	30,278
	275,099	138,497

Notes to the Financial Statements

For the year ended 30 June 2008

	2008 \$	2007 \$
Current	111,324	125,250
Provision for employee benefits		
Non-Current	20,093	24,960
Provision for employee benefits		
Specific purpose reserve		
Opening Balance	46,298	37,174
Transfer to/from Retained Profits	495	5
Donations- Women's Health Victoria Fund	4,100	2,000
Changes in fair value during the year	0	7,119
Closing Balance	50,893	46,298
	50,893	46,298

The specific purpose reserve records donations received for future purposes.

The movement reflects funds received in preceding year's activities and fair value changes. The funds are allocated to the Women's Health Victoria Fund, which was valued at \$50,302 at balance date and is held as an asset available for sale. The fund is administered by the Melbourne Community Foundation on behalf of Women's Health Victoria.

Note 10: Retained Profits

Retained profits at the beginning of the financial year	731,202	766,713
Net profit/(loss) attributable to the Association	95,585	(33,506)
Transfer to/from Specific Purpose Reserve	(4,595)	(2,005)
Retained profits at the end of the financial year	822,192	731,202

Note 8: Provisions

Current	
Provision for employee benefits	
Non-Current	
Provision for employee benefits	

Note 9: Reserves

Specific purpose reserve

Opening Balance	37,174
Transfer to/from Retained Profits	5
Donations- Women's Health Victoria Fund	2,000
Changes in fair value during the year	7,119
Closing Balance	46,298

Note 11: Commitments

(a) Operating Lease Commitments

	2008 \$	2007 \$
Being for rent of offices		
Payable:		
- not later than 1 year	154,646	171,599
- later than 1 year but not later than 5 years	117,656	268,618
	272,302	440,217

The current property lease for Level One, 123 Lonsdale Street, Melbourne commenced in May 2005 for a five-year term, with an option for a further five years. Rent is payable monthly in advance. The lease contains a reinstatement clause upon termination of the lease.

The property lease for part of the Ground Floor, 210 Lonsdale Street commenced in January 2006 for a three-year term, with an option for a further three years. Rent is payable monthly in advance. Security was not required under the terms of the lease.

Being for rent of photocopiers

Payable:		
- not later than 1 year	9,128	9,128
- later than 1 year but not later than 5 years	17,408	26,536
	26,536	35,664

A rental agreement for two photocopiers based at Level One, 123 Lonsdale Street, Melbourne commenced in July 2006 for a period of five years. A rental agreement for a photocopier based at the Ground Floor, 210 Lonsdale Street commenced in February 2006 for a period of five years.

Being for rent of postage meter equipment

Payable:		
- not later than 1 year	1,596	1,596
- later than 1 year but not later than 5 years	2,693	4,289
	4,289	5,885

The rental agreement for two desktop mailing postage meters commenced in March 2006 for a period of five years.

Notes to the Financial Statements

For the year ended 30 June 2008

(b) Grants Received in Advance

Summary of Grants Received in Advance at balance date:

Grant Source	Received	Expended	Balance
\$	\$	\$	\$
Cancer Council Victoria - Financial Assistance Program - BreaCan	7,000	3,630	3,370
Cancer Australia - Gynaecological Cancers - Innovations in Supportive Care	30,000	5,027	24,973
VicHealth - 1 year Prevention of Violence Against Women Project	30,000	28,583	1,417
VicHealth - First instalment 3 year Prevention of Violence Against Women Project	90,000	0	90,000
Helen McPherson Smith Trust - Women's Health and Wellbeing Data Index Project	30,000	26,406	3,594
Reichstein Foundation - VWDN AIS Framework for Influencing Change Project	25,000	18,834	6,166
State Department of Human Services - VWDN AIS strategic planning and evaluation	20,000	0	20,000
State Office of Women's Policy - Advocacy Skills Building Workshops	5,000	0	5,000
Totals	237,000	82,480	154,520

Note 12: Contingent Assets/Liabilities

Women's Health Victoria has provided a Bank Guarantee for \$42,150 in the event of default in terms of the property lease for Level One, 123 Lonsdale Street, Melbourne. The Council are not aware of any other contingencies requiring disclosure in the financial statements.

Note 13: Cash flow Information

	2008	2007
	\$	\$
(a) Reconciliation of Cash		
Cash on hand	800	600
Cash at Bank	8,499	4,189
Cash on Call Deposit	147,714	137,395
Cash on Term Deposit	750,000	600,000
Total	907,013	742,184
(b) Reconciliation of net cash provided by operating activities to profit from ordinary activities.		
Profit/(Loss) from ordinary activities	95,585	(33,506)
Non cash flows in profit from ordinary activities		
Depreciation	85,108	75,341
Net Profit/(Loss) on sale/write off of disposal of plant and equipment	370	4,955
Changes in assets and liabilities		
(Increase)/decrease in Receivables	(113,591)	707
(Increase)/decrease in Other financial assets	(4,100)	(2,000)
Increase/(Decrease) in Trade creditors & accruals	12,360	(34,815)
Increase/(Decrease) in Payables- Income in Advance	124,242	20,035
Increase/(Decrease) in Provisions	(18,793)	24,370
Net Cash provided by/(used in) operating activities	181,181	55,087

(c) The Association has no credit stand-by or financing facilities in place.

(d) There were no non-cash financing or investing activities during the period.

Notes to the Financial Statements

For the year ended 30 June 2008

Note 14: Related Parties

(a) Council members 2007-2008

Liz Chatham	Suzanne Young	Julie Mulvany
Sally Fawkes	Verity Newnham	Louise Johnson
Annabel Pollard	Cathy Mead	
Helena Maher	(co-opted November 2007)	
Bente Jansen	(co-opted May 2008)	
Naomi Arentz	(co-opted June 2008)	
Kym Daly	(co-opted June 2008)	
Anne Cronin	(Council term expired October 2007)	
Jane Patrick	(Council term expired October 2007)	
Vivienne Amery	(resigned August 2007)	

No financial advantage for members was reported during the period.

(b) Minimum Disclosure- Key Management Personnel Remuneration

	2008	2007
	\$	\$
(i) Short Term Benefits		
Salary, Superannuation and non-cash benefits	102,555	93,921
(ii) Long Term Benefits		
Long Service Leave	7,311	3,173

Note 15: Economic Dependency

The Association receives the majority of its revenue from the Victorian State Department of Human Services. In 2007-2008 total recurrent grants were \$1,617,965 (Women's Health Program \$943,070, Victorian Women with Disabilities Network Advocacy Information Service \$138,820 and BreaCan \$536,075).

Note 16: Principal Activities & Operations

Women's Health Victoria (WHV) is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Human Services. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society in which there is an accepted approach to health that is empowering and respectful of women and girls; one that recognises the importance of gender in determining health outcomes and utilises a sound gender analysis in policy making and in health and community service design.

We work toward achieving this vision by incorporating the principles of integrated health promotion. This is implemented by:

- Having a strong focus on working in partnership with other organisations and opinion leaders. We use credible tools to determine and strategically plan for the creation of new partnerships and the development of existing ones.
- Using a mix of health promotion interventions that are focused at the population level to achieve our vision – a significant amount of our activity is spread across evidence-based health information provision, policy support, advocacy, social marketing and sector based capacity building.
- Clearly defining our community of interest as individuals and organisations that work in areas which influence health outcomes. Our community of interest includes but is not limited to health promotion practitioners, service and information providers, policy and opinion leaders, and researchers and educators.

WHV recognises the importance of building and maintaining high order organisational competency in all aspects of governance and operations. WHV's organisational capability is designed specifically to support our focus. We design and maintain effective learning and supporting systems and processes, invest time and resources in our learning, and actively foster and maintain a skilled workforce.

Note 17: Association details

The principal place of business of the association is:

Women's Health Victoria Inc.
Level One, 123 Lonsdale Street
Melbourne VIC 3000

Statement by Members of the Council

In the opinion of the Council:-

1. The financial statements present fairly the financial position of Women's Health Victoria Inc. as at 30 June 2008 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

2. At the date of this statement there are reasonable grounds to believe that Women's Health Victoria 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 Council and is signed for and on behalf of the Council by:

Council Member E. A. Chatham
E. Chatham

Council Member S. Young
S. Young

Dated this 25th day of August 2008

**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF WOMEN'S HEALTH VICTORIA INC.**

Report on the Financial Report

We have audited the accompanying financial report of Women's Health Victoria Inc. (the association) which comprises the Balance Sheet as at 30 June 2008 and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement by Members of the Council.

Council's Responsibility for the Financial Report

The Council of the association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (Vic) 1981. This responsibility includes establishing 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 our audit. We conducted our 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 judgment, 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 on 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 Council, 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 our audit opinion.

Liability limited by a scheme approved under Professional Standards Legislation.

Level 8, 607 Bourke Street
Melbourne, VIC 3000
GPO Box 1735
Melbourne, VIC, 3001

Chartered Accountants:
Harold Laurie
Richard J. Linder
Rodney H. Hutton

AM 48 293 375 375
Adam G. Roberts
Joella F. Gould

An association of independent firms throughout Australia and a member of UHY, an international association of independent accounting and consulting firms

**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF WOMEN'S HEALTH VICTORIA INC.**

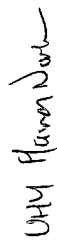
Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion:
The financial report of Women's Health Victoria Inc. is in accordance with Section 30(3A) of the Associations Incorporation Act (Vic) 1981, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2008 and of their performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (Vic) 1981.


UHY Haines Norton

A G Roberts
Partner

Melbourne

Dated this 28th day of August 2008



Women's Health Victoria
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