

leadership  
& advocacy



resources  
& library



mcwh

annual  
report

2010  
2011



training  
& events



programs  
& projects



**Our work is delivered through, and underpinned by a heartfelt desire by all concerned, to improve the health of immigrant and refugee women in Australia.**

**repa patel**  
chairperson

Australian Government statistics tell us that immigrant and refugee women are healthy when they first settle in Australia. However, after three to five years of settlement in Australia, the health of immigrant and refugee women deteriorates—as they are subjected to a number of negative factors, including poor and uncertain working conditions, and a lack of access to our health care and education systems.

Our work is delivered through, and underpinned by, a heartfelt desire by all concerned, to improve the health of immigrant and refugee women in Australia. This desire was strongly demonstrated by our Staff, Board, and Bilingual Health Educators (BHEs)—and everyone associated with delivering our programs and projects this past year. We managed to meet the increase in demand for our services, despite the uncertainty about our core recurrent funding for most of the financial year—a real testament to immigrant and refugee women, serving immigrant and refugee women. I am very grateful to, and proud of, our staff and all the women involved in delivering our services which includes our board members who donate their time so generously.

To increase the capacity of immigrant and refugee women, NGOs, and others to advocate for the improved health of immigrant and refugee women, in August 2010, we launched the *Points of Departure Advocacy Toolkit*, and the *PACE Best Practice Guide for Leadership Programs for Immigrant and Refugee Women*. The Hon. James Merlino MP, Minister for Sport, Recreation, Youth Affairs and Minister

Assisting the Premier on Multicultural Affairs, launched the *Guide* and officiated during the event's leadership program graduation ceremony. My hope is that these new women leaders from our immigrant and refugee communities are inspired to lead and to advocate for themselves and other women. In the words of Altun, one of our leadership graduates, 'life is very inspiring I have to do something with it ... the situation in the world pushes you to do something to help others ... to go out and make a difference'.

I am also delighted to report that, following a national review of family planning at the federal level, the value of our contribution to immigrant and refugee women's health has been clearly recognised by the increase in our core funding from the Federal Government. As Australia moves towards a new primary health care system, one in which prevention is the cornerstone, the demand for our current services will grow, as will the need for us to coordinate the health promotion activities for immigrant and refugee women on a national scale.

I look forward to the coming year, in which we will plan for the growth of our services and support to ensure the wellbeing of immigrant and refugee women. In the past year as Chair, I have been constantly amazed and deeply moved at the way women take inspiration from their stories, to live their lives and to help others. It is a privilege to serve them in my role as MCWH Board of Management Chair.

**repa patel**  
chairperson



**We end our year at MCWH with the promise of growth and new activities. In 2011, MCWH will launch a new national program, Multicultural Women's Health Australia (MWA).**

**dr adele murdolo**  
**executive director**

MCWH has completed an exciting year, implementing our usual programs with immigrant and refugee women in workplaces, community spaces and prison settings, as well as bringing to completion five of the nine projects currently underway, on a range of health and wellbeing topics from violence prevention to women's leadership.

A grand total of 6,032 contacts were made during the 450 education sessions conducted for health education programs and projects. Of the total, 5,722 contacts were made with participants of group education sessions, 132 were with women who participated in advocacy and leadership workshops and 85 were with participants of the professional development seminar and training programs. A further 83 contacts were made with organisations or individuals from around Australia who made requests for multilingual health information.

This year was memorable for so much of the wonderful work that was done, but two activities stand out in particular. There were two 'graduations' here at MCWH. The first was the graduation of the women who took part in the PACE Women's Leadership Training Program; on graduation day 14 women showed how leadership can take many forms, and that in the context of a great many hardships and hurdles in their lives, women's leadership can often be inspirational. We thank the PACE women for sticking with the program, contributing their hard work, and passing on their knowledge and skills to others by, among other activities, publishing their amazing stories online.

The second graduation was of a group of eight women who were selected to become MCWH Bilingual Health Educators. This group of women from Cambodian, Chinese, Indian, Karen, Sudanese and Vietnamese communities successfully completed the 12-day induction program and graduated to the role of MCWH Bilingual Health Educator. Congratulations to all 22 graduands, inspirational women who will now go on to make an active contribution to MCWH, to their communities, and to the Australian community in general.

We end our year at MCWH with the promise of growth and new activities. In 2011, MCWH will launch a new national program, Multicultural Women's Health Australia (MWA). Funded through the Commonwealth Department of Health and Ageing, MWA will provide multilingual information, professional development, networks development, policy advice, and advocacy on a national level in relation to immigrant and refugee women's sexual and reproductive health. We have started the groundwork to establish the program, starting with engaging key stakeholders, and of course in this technological age, working out the best way to provide an electronically-based component to the program. The first few months have been an exciting journey; we look forward to much more of the same over coming years.

Congratulations to all MCWH staff who have worked incredibly hard this year on their programs and projects, and many thanks to all MCWH supporters, program participants, partners, members and stakeholders who have contributed to making this year a huge success.

**dr adele murdolo**  
**executive director**

**mcwh**

annual  
snapshot



another year of multicultural centre for women's health activities adding up for immigrant and refugee women's health and wellbeing!

**450**

sessions



174 industry visits  
120 community workshops  
9 farrep sessions  
141 project education sessions  
6 women's prison system sessions

**6,032**

contacts



3,598 health education program  
89 farrep  
85 professional training  
83 multilingual health information  
2177 projects

**19**

languages



arabic, cantonese, croatian, english, greek, hindi, italian, karen, khmer, macedonian, mandarin, polish, somali, spanish, sudanese, sudanese-arabic, thai, turkish, vietnamese

434

new resources



37% sexual and reproductive health  
40% occupational health & safety  
23% mental health and wellbeing

5

professional  
development



4 seminars  
1 understanding sexuality program

4

bhe training



safer sex for over 50s;  
healthy bones and arthritis;  
violence against women;  
induction program for  
bilingual health educators.

9

projects



creating healthier pathways;  
setting the compass; creating  
better access; PACEsetters;  
alcohol information; risky drinking;  
extending our healthy living;  
sharing our stories; on her way.

# multilingual health education sessions



During 2010-11, the Health Education Program was very active, conducting a total of 300 sessions in 13 languages (including English) with women in workplaces, community settings and in a women's prison. A total of 3,598 contacts were made with immigrant and refugee women during sessions this year. In addition, seven articles on various women's health topics were published in *MELB Thai* magazine.

Of the total group sessions, 58% (174) were conducted in workplace settings, across five workplaces in the food manufacturing, and cleaning and support services industries. A small number (six sessions) were conducted at the Dame Phyllis Frost Women's Prison and the remaining 40% of sessions (120) were conducted in community settings.

## Demand and Session Topics

There were significantly more workplace sessions conducted, and workplaces visited, this year compared to last year. Happily, interest among workplaces, which hit a discouraging low in previous years, is currently high, with momentum building as employers gain a better understanding of the benefits of working women's health for their employees and for their workplaces.

One food manufacturing workplace was visited, continuing on a program from the previous financial year. At Colonial Farm's La Ionica Chickens, 105 sessions were conducted, with 402 contacts made in English, Hindi, Thai and Vietnamese. Cleaning and support staff from three Melbourne CBD hotels were visited—the Hotel Langham, the Rendezvous Hotel and the Hotel Marriot. A total of 47 sessions were conducted in these hotels, making 159 contacts with women in Cantonese, English, Hindi, Mandarin, and Vietnamese. Finally, Ensign Spotless laundry workers were visited, participating in 22 sessions, and with 85 contacts made.

Demand for community-based programs remains consistent, with the 120 sessions conducted with immigrant and refugee women's groups from 38 community organisations around Victoria, making 2,733 contacts.

The MCWH health education program responds primarily and directly to women's stated needs. In consultations with our Bilingual Health Educators, participants themselves determine the topics that will be covered during the sessions. This year women chose to participate in 165 sessions on sexual and reproductive health topics (55%), 97 on mental health and wellbeing (32%) and 32 on occupational health and safety (13%). A further 13 sessions were conducted with women for evaluation purposes.

Just over half of the women participated in the sexual and reproductive health sessions, with a total of 2,005 contacts made with women on these topics. A total of 1,541 women participated in the mental health and wellbeing sessions, and 270 participated in the occupational health and safety sessions.

## Contact Trends

The 300 sessions were conducted in 13 languages including English. Almost a third of sessions (32%) were conducted in English (with women who speak a variety of languages not covered by the Bilingual Health Education Team), a percentage that has been steadily increasing over the last two years, reflecting changes in the demographics of the Victorian population and indicating a clear need for MCWH to add to the languages offered in our Programs.

A total of 28% of sessions were conducted with women in Vietnamese, 8% in Greek and Thai respectively, 6% in Spanish, 5% in Arabic and 4% in Hindi. The remaining 8% of sessions were made in Cantonese, Italian, Macedonian, Mandarin, Somali and Turkish.

During the sessions 3,598 contacts were made. Consistent with the previous two years, the largest group of participants was Greek women, who made up 32% of all contacts, although they only made up 8% of sessions, reflecting a tendency toward working with larger groups in the Greek community. The proportion of contacts with Vietnamese-speaking women also increased, from 18% to 19%, matching the increasing numbers in sessions with these groups,

This info is very good, the doctor always tells me to take tablets and now I know I'm more aware and I can talk with the chemist to find more info about the medication I take.

#### Women in Their Own Words



We gained a lot of knowledge and information during these visits. This program impacted on our attitude towards life and health.

...the MCWH program was very useful...Bringing health information to the workplace is very good practice.

and reflecting their consistent presence in workplaces. Participants in English-language sessions made up 16% of the total, a decrease since last year of three per cent.

### Participants' Age Ranges

MCWH provides health education to women of all ages, and this year was no exception. Women were aged from 15 to over 65, with the majority again clustered among women aged over 40 years of age (76%, compared with 64% last year). There was significant variation among language groups, reflecting migration patterns to Australia.

In sessions delivered to women in Croatian, Greek, Italian and Spanish, women's ages tended to be clustered in older age groups. All of the Italian women were aged over 55 and all of the Greek-speaking women over 45, with the majority over 60 (Italian 95%; Greek 72%). There was more variation among Croatian, Turkish, Macedonian and Spanish-speaking women, who were aged from 20 years, but the majority in these groups were aged over 50 (Spanish 92%; Turkish 87%; Macedonian 78%; Croatian 70%). In Arabic, English, Thai and Vietnamese sessions, ages were evenly spread across the life span, with the majority in each case between 20 and 50 years (Thai 92%; Vietnamese 79%; Arabic 77%; English 66%). Sessions in Hindi, Somali and Sudanese-Arabic attracted a younger cohort, with the majority aged between 20 and 40 years (Sudanese-Arabic 100%; Hindi 96%; Somali 60%).

### Recruitment of New BHEs

This year we were able to expand the wonderful team of MCWH BHEs, recruiting a further eight capable women to undertake the induction training program from May to June. The new BHEs all successfully completed the induction training, so we are now able to offer more languages to women. The added languages are Dinka, Karen, Khmer and Nuer, enabling us to target women newly arriving from Sudan, Cambodia and Burma. Through this recruitment process, we have also built our capacity to further reach women in Arabic, Hindi, Mandarin and Vietnamese, responding to the larger numbers of women in the Arabic-speaking, Chinese, Indian and Vietnamese communities.

We warm-heartedly welcome our new BHEs and look forward to working with them over years to come to make a difference in women's lives and wellbeing.

### Partnership

MCWH collaborated with Reconnexion this year to address the issue of mental health and wellbeing of women in the Eastern Metropolitan Region. The BHEs participated in an update training session, covering topics such as anxiety, depression and benzodiazepine use. A total of six sessions were then conducted with women.

### Family and Reproductive Rights Education Program

A total of nine sexual and reproductive health education sessions were conducted this year, making 89 contacts with women from targeted communities. Topics included FGM, sexual health, menopause, incontinence, and contraception. Ten information requests were also filled.

Another highlight this year was participating in the *Courageous Conversations Forum*, a FARREP-wide event, held on February 6, to support the UN International Day Against FGM. This generated significant discussion between those impacted by FGM and the wider community.

Leaders from Muslim and Coptic Orthodox Somali and Egyptian communities, shed light on the position of their communities regarding the issues surrounding FGM. In particular, the religious leaders emphasised the *cultural* origins of FGM, which served to break down previous perceptions associating FGM with a particular faith. They emphasized that the practice of FGM was neither mandatory nor recommended by any of their faiths.

Dr Hiba Rajab, provided insight into the health impacts and social pressures surrounding FGM following her work in sexual and reproductive health care in Sudan. She recommended community education as a means to combatting this cultural practice. The Forum concluded that an educational campaign about FGM should be led by women affected by this practice.

# multilingual library and resource collections

New multilingual resources and library materials relevant to immigrant and refugee women's health and wellbeing are continually sourced internationally and brought into the MCWH collection. This year a total of 434 items were sourced and catalogued, bringing the total collection numbers to 14,818 items in 98 languages.

## Demand and Topics

There were regular requests for multilingual health information from individuals and from organisations on behalf of immigrant and refugee women. A total of 83 requests were made this year from all around Australia, with the large majority covering sexual and reproductive health topics (62%), followed by mental health and wellbeing (36%) and 2% on occupational health and safety.

Most requests (84%) came from within Victoria and the remaining 16% from interstate. Queensland, Tasmania and NSW made up 12% of requests and NT, South Australia and Western Australia made up 4%. Requests for information ranged in size from inquiries about a single issue in one language, such as the one received from a woman in Lyndhurst in Melbourne's south-east, for information about pregnancy in Vietnamese, to larger, multi-topic and multi-language requests such as that from a Queensland-based organisation for 13 sexual and reproductive health topics in 13 languages. Interstate requests tended to be larger, with 26% of items going interstate (even though they only made up 12% of requests), and the larger requests coming from Queensland, Tasmania and NT.

## Capacity Building

Multilingual resources are used most extensively by MCWH's Bilingual Health Educators for their health education sessions with women. Written resources are provided to women after the sessions to complement the material discussed. Visual materials, such as charts and models, are used during the sessions to encourage discussion, understanding, learning and story-sharing among women and between participants and our Educators. This innovative

use of resources during our sessions significantly contributes to the success of the program. Regular capacity-building activities are conducted with Educators to ensure that their knowledge and awareness of available resources, remains up-to-date and that they have excellent capacity to make use of the resources to deliver engaging, effective and enjoyable sessions with women participants. This year our Educators were provided with a manual to better guide them through the Multilingual Resource Collection and they also participated in a number of training sessions on library procedure and access, and the use of different information formats to enhance education sessions.

## Expanding the National Focus

Making the Multilingual Resource Collection even more accessible nationally has been a long-term goal of MCWH. This goal is coming closer to being realised, with preparatory work having taken place this year to place the multilingual resource catalogue on-line. The end result, to be achieved next year, will be an on-line searchable portal to all of the available multilingual material in the MCWH Collection—so that anyone may be able to search the database for the information they need and either follow a link to the original source, or send an electronic request directly to MCWH and have the material sent out.

# professional development

Four seminars and one training program were conducted as a part of the MCWH Professional Training Program for health professionals and community workers this year. Programs were generally well attended, with 96 participants based around Australia; 47% from Victoria, 42% from Northern Territory, and 11% from other states. The majority of participants (59%) were workers from the community-based sector, 24% were health professionals, 14% were academics or students, and 3% were representatives from other organisations, including government bodies. A high level of satisfaction was expressed by participants, with the majority stating that they would recommend MCWH seminars to others or that they would attend again themselves.

## Seminar Program

Four seminars were conducted as a part of MCWH's seminar program, attracting 85 participants. The topics covered were: violence prevention, women's leadership, and sexual and reproductive health.

Two seminars on the primary prevention of violence against immigrant and refugee women were offered, one in Melbourne and the other in Darwin in response to a request from a network of service providers based in the Northern Territory. The Melbourne seminar was very well-attended, with 23 participants from around Australia. The Darwin-based seminar was conducted in collaboration with the General Practice Network NT and involved presenters from the Melaleuca Refugee Centre, Menzies School of Health Research and Charles Darwin University. A total of 40 people attended from around the Northern Territory.

“ This seminar was a great introduction to the debate we can have on the definitions we use to describe terms such as ‘capacity building’ and ‘empowerment’ and what it actually means for everyone depending on the context.

Both seminars presented MCWH's ground-breaking research in the area of primary violence prevention, in anticipation of the *On Her Way: Primary Prevention of Violence Against Immigrant and Refugee Women in Australia* report, due for publication in August 2011. Participants stated that the speakers' focus on primary prevention was the most instructive component, as was the discussion about the main issues faced by immigrant and refugee women.

The Sexual and Reproductive Health seminar attracted 11 participants, who were keen to hear presentations focusing on specific groups of immigrant women, including young women, refugees and asylum seekers, and international students. Participants were most interested in learning about the resources and programs available in the sexual health field, and about issues specifically facing international students.

A total of 11 participants attended the *Getting it Right: Aiming for Best Practice in Leadership Programs* seminar. Presentations provided best practice examples of appropriate and inclusive leadership programs for immigrant and refugee women. Participants were very interested in both the theoretical questions about leadership, as well as the practical strategies.

New MCWH Educators in a Training Session



I learned that there are so many tools and programs that can improve my work practice.



I developed more networks, a clearer understanding of services and cultural restraints.

The presentation was excellent. Inclusion of many examples of HOW to deliver/develop services was particularly useful.

## Understanding Sexuality

### Training Program

The Understanding Sexuality Training Program was offered to bilingual and bicultural workers who work with women in their communities. The half-day program aimed to raise awareness about sexuality issues within immigrant and refugee communities. A total of 11 representatives from eight agencies participated, most of whom were engaged in work with GLBTI communities within their organisations. The training will be offered again in the future to bilingual and bicultural workers, with the aim of building capacity among this important group in our health and community workforce.

### Internal Bilingual Health Educator Training

Bilingual Health Educators undertook ongoing training during the year to ensure that their knowledge and skills stay up-to-date. Topics are selected based on BHE feedback about gaps in their knowledge in relation to the women's needs for information and education. Topics covered this year were: safer sex for over 50s; healthy bones and arthritis; and violence against women. Training programs were generally well received with an average of 75% of participants rating the programs as 'excellent'.

### BHE Induction Program

MCWH's eight newly-recruited BHEs participated in a 12-day induction program which is designed to ensure that BHEs have the knowledge and skills they require to conduct engaging and effective multilingual health education programs with women in their communities. The comprehensive program covers all the core health issues covered in the MCWH programs, as well as the core competencies required to deliver high quality education sessions on those core issues, following the MCWH woman-to-woman approach. All eight trainees successfully completed the in-house course and went on to participate in on-the-job training through observation and trial, before starting their first sessions with women.



**This seminar far exceeded my expectations. The knowledge, information and resources provided were so well rounded and comprehensive that I feel much more confident and prepared in my ability to develop and run my program.**

# capacity building & advocacy

## papers

MCWH made seven presentations on a range of topics relevant to immigrant and refugee women's health and wellbeing.

### **Kinect Australia Physical Activity & Healthy Eating Across the Life Stages Forum, Melbourne, 30 June 2011**

Diabetes Prevention for Immigrant and Refugee Women: Findings from the Diabetes Healthy Living Project, Carolyn Poljski

### **Greek Community of Melbourne and Victoria, Antipodes Festival, Cross-Cultural Women's Leadership Forum, Melbourne, 16 June 2011**

Leadership Through Immigrant and Refugee Women's Inspiring Life Stories, Adele Murdolo

### **Victoria University Biomedical Students, St Albans, 12 April 2011**

Wellness for Immigrant and Refugee Women, Amira Rahmanovic

### **Victorian NILS Forum, Melbourne, 9 November 2010**

Creating Better Access to Microfinance for Immigrant and Refugee Women, Carolyn Poljski

### **Australian Centre for the Study of Sexual Assault, Supporting CALD Women Who are Victims/Survivors of Sexual Violence: Challenges and Opportunities for Practitioners Forum, Melbourne, 26 and 27 October 2010**

Panel Members: Adele Murdolo and Amira Rahmanovic

### **Women's Friendship Group 4th Anniversary Luncheon, Melbourne, 24 September 2010**

Response to the *Women Connecting: Exploring Women's Friendship in a Multicultural Setting* Research Report, Adele Murdolo and Amira Rahmanovic

## submissions

MCWH made two submissions on immigrant and refugee women's health and wellbeing issues this year. One was made in April 2011 to the Australian Law Reform Commission in response to the Family Violence and Immigration Law Issues Paper, developed as part of the Family Violence and Immigration Law Inquiry. MCWH contributed to the submission as a member of a consortium of organisations—including Domestic Violence Victoria, inTouch Multicultural Centre Against Family Violence, Domestic Violence Resource Centre Victoria, Victorian Women Lawyers, and the Asylum Seeker Resource Centre.

MCWH also provided input to the Multicultural Mental Health Australia submission made in response to the Joint Standing Committee on Migration Inquiry on Multiculturalism in April 2011.

## committees & advisory committees

Centre for Women's Health, Gender and Society, University of Melbourne: Advisory Group

Ethnic Communities Council of Victoria: Health Policy Committee

Heart Foundation and Ambulance Victoria Minutes Matter Pilot Project Advisory Committee

La Trobe University: Victorian Quality Council Consumer & Health Professionals Training Program Advisory Committee

Medicine, Nursing and Health Sciences, Monash University: Immigration and Parenting among Cambodian and Iraqi Women in Australia Project Advisory Group

Victorian Department of Education and Early Childhood Development: Breastfeeding Project External Stakeholders Group

Victorian Department of Health Women's Health and Wellbeing Strategy Advisory Committee (to Nov 2010)

Victorian Department of Justice: Sex Worker Ministerial Advisory Committee

Victorian Multicultural Commission: Community Advisory Committee

Victorian Multicultural Commission: Cultural Awareness Training for Maternal and Child Health Professionals Project Reference Group

Victorian Refugee Network: Sexual and Reproductive Health Network

## media

MCWH participated in eleven radio interviews, two television interviews, and two newsprint articles on issues relevant to immigrant and refugee women.

**26 June 2011**, SBS Arabic Radio Program, MCWH Induction Training Course for Bilingual Health Educators

**14 June 2011**, 3CR Accent of Women, MCWH Health Promotion and the Role of Community Radio

**25 October 2010**, SBS Television World News Australia, SBS Radio World News Australia, Canberra FM, and Canberra 2CC, MCWH 5-Point Plan for Immigrant and Refugee Women's Health

**13 October 2010**, Nine MSN On-Line, Better Health Information for Migrants

**5 October 2010**, 3CR Accent of Women, Immigrant and Refugee Women's Credit and Debt-Related Experiences

**15 September 2010**, Southern Cross Tasmania News, Tasmania Broadcasters Radio News Bulletin, and ABC Radio Local Tasmanian News Bulletin, Setting the Compass Advocacy Program

**26 August 2010**, SBS Radio World News Australia, Violence Prevention in Immigrant and Refugee Communities

**25 August 2010**, ABC 774 Lindy Burns Drive Program, Immigrant and Refugee Women's Leadership

**25 August 2010**, *The Age*, 'Future smiles bright for 16 migrant women', (p. 3)

**18 August 2010**, 2SM Radio, Diabetes-Related Deaths among Immigrant and Refugee Women

## consultations

Australian Human Rights Commission, Technical Working Group consultation meeting for the Minimum Standards for International Student Welfare, Australian Human Rights Commission, Melbourne, 31 May 2011.

Parliamentary Group on Population and Development and the Australian Reproductive Health Alliance, Parliamentary Roundtable on Ending Gender Based Violence in the Asia Pacific, Canberra, 9 April, 2011.

# thank you

Adam Bandt MP,  
Dr Andrew Laming MP,  
Arcilesbica,  
Australian Centre for the Study  
of Sexual Assault (ACSSA),  
Australian Human Rights Commission (AHRC),  
Centre for Women's Health Gender & Society  
Melbourne School of Population Health  
The University of Melbourne,  
Christine Kajewski (OWP),  
Cinzia Ambrosio,  
Clare Kellie (DoHA),  
Corrs Chambers Westgarth (CCW),  
Deb Parkinson (ACCSA),  
Deborah Van Velzen (DHHS Tasmania),  
Des Shead (Vic Dept Health),  
Doncaster Women's Friendship Group,  
Donor Tec,  
Georgia Zogalis (MMHA),  
Hakan Akyol (VMC),  
Irina Tsyganova (DoHA),  
Jade Blakkarly (DHS),  
The Hon. James Merlino MP  
Minister for Sport Recreation Youth Affairs  
and Minister Assisting the Premier  
on Multicultural Affairs,  
Jan Williams (MRC SA),  
Jennie Gorringer (WHS),  
Jennifer O'Donnell-Pirisi,  
Joanna Birdseye (Vic Dept Health),  
Joumanah El Matrah (AMWCHR),  
Professor Judy Searle (DoHA),  
The Hon. Kate Ellis MP  
(Minister for the Status of Women),  
Senator the Hon. Kate Lundy  
(Parliamentary Secretary for Immigration  
and Multicultural Affairs),  
Kate Silburn,  
Katherine Herden (DoHA),  
Kieran Connolly,  
Lara Fergus (OWP),  
Lauren Ielasi (CCW),  
Lenore Manderson,  
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Rachel Green (DPCD),  
Robyn Stanton,  
Sharon Jackson  
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Workplace Relations),  
Stephanie David (Vic Dept Health),  
Suzie Fry (CAV),

Tim Fry (Vic Dept Health),  
Victorian Council of Social Services (VCOSS),  
Women's Health Association of Victoria (WHAV).

## mcwh health education program

AMES Werribee,  
Australian Vietnamese Women's Association,  
Chinese Community Social Services Inc.,  
Dame Phyllis Frost Centre,  
Dianella CHC,  
Ensign Spotless Cleaning Company Northcote,  
Federation of Spanish Associations Melbourne,  
Fitzroy Learning Network,  
Fitzroy MCHC,  
Gippsland Multicultural Services,  
Hotel Marriott Melbourne,  
Hotel Rendezvous Melbourne,  
Kensington Neighbourhood House,  
La Ionica Poultry Thomastown,  
Life Without Borders Services,  
MATWA Orana Family Services,  
MELB Thai Magazine,  
Melbourne Thai Buddhist Temple,  
Merry CHS,  
Neighbourhood Centre North Melbourne,  
Neighbourhood Justice Centre,  
Richmond CHC,  
South-Eastern MRC,  
Spanish Family Support Services (CELAS),  
Spectrum MRC,  
Thai Information and Welfare Association,  
Uniting Care Cutting Edge Goulburn Valley,  
Ventana Hispana Community Services,  
Victoria University St Albans Campus,  
Victorian Arabic Social Services,  
Wesley Footscray Outreach Services.

## family and reproductive rights education program

AMES,  
Centre for Multicultural Youth,  
Darebin City Council,  
Doutta Galla Community Health,  
Geelong Ethnic Communities Council,  
Gippsland Women Health Services,  
Greater Dandenong CHC,  
Homestead Community and Learning Centre  
Roxburgh Park,  
Islamic Women's Welfare Council Victoria,  
Monash Medical Centre,  
North Yarra Community Health,  
Northern Health,  
Preston MRC,  
The Royal Women's Hospital,  
Senior Horn of Africa Women's Group,  
Springvale CHC,  
St Albans MRC,  
Victorian Arabic Social Services,  
Warrnambool CHC,  
Women's Health In the North,  
Women's Health West.

# mcwh projects

## on her way

### Significant others:

Lara Fergus (Office of Women's Policy Victoria),  
Melanie Heenan (VicHealth),  
Renee Imbesi (VicHealth),  
Wei Leng Kwok (VicHealth).

### Contributing agencies and organisations:

African Think Tank,  
Australian Human Rights Commission,  
Australian Vietnamese Women's Association,  
Centre for Culture Ethnicity and Health,  
Centre for Multicultural Youth,  
City of Maribyrnong,  
Darebin City Council,  
Department of Human Services (Victoria),  
Department of Immigration and Citizenship  
(Commonwealth),  
Hobart City Council,  
Hobsons Bay City Council (Youth Services),  
Immigrant Women's Domestic Violence Service,  
Islamic Women's Welfare Council of Victoria,  
Jewish Taskforce Against Family Violence,  
Migrant Information Centre (Eastern Melbourne),  
Migrant Resource Centre of South Australia,  
Monash University Health (Wellbeing and  
Development Unit),  
Multicultural Communities Council of Illawarra,  
Murdoch Children's Research Institute,  
Muslim Women's Support Centre  
of Western Australia,  
North Yarra Community Health,  
Northern Melbourne Institute of TAFE,  
Office of Women's Policy (Victoria),  
Project Respect,  
Relationships Australia (Victoria),  
The Royal Women's Hospital,  
Russian Ethnic Representative Council  
of Victoria,  
South Eastern Region Migrant Resource Centre,  
Spectrum Migrant Resource Centre,  
Victorian Arabic Social Services,  
Victorian Health Promotion Foundation (VicHealth),  
Victorian Multicultural Commission,  
Victorian Women's Trust,  
Western Region Health Centre,  
Women's Health Victoria,  
Women's Health West.

## creating better access

### Significant others:

Adeeba Hanif  
(Good Shepherd Youth and Family Service),  
Kathleen Hosie  
(Good Shepherd Youth and Family Service),  
MELB (local Thai language magazine).

### Organisations that held education sessions for immigrant and refugee women

Asylum Seeker Resource Centre,  
Australian Croatian Community Services,  
Australian Vietnamese Women's Association,  
Chinese Community Social Service Centre,  
Migrant Resource Centre (North West Region),  
Orana Family Services,  
Spectrum Migrant Resource Centre.

## creating healthier pathways

### Significant others:

Dianne Wilde  
(Swinburne University of Technology),  
Erin Johnson  
(International Student Care Service),  
Gary Lee  
(City of Melbourne),  
Joanna Coussins  
(Monash University Health and Wellbeing Hub),  
Lauren Yee  
(International Student Care Service),  
Pari Ponniah  
(Melbourne Institute of Business and Technology),  
Peter Hichaaba  
(The Couch International Student Centre),  
Siew-Kim Lim  
(Carrick Institute of Education).

### Agencies, educational institutions and services that held activities for female international students

Carrick Institute of Education,  
City of Darebin,  
City of Melbourne,  
International Student Care Service,  
Melbourne Institute of Business and Technology,  
Monash University,  
Swinburne University of Technology,  
The Couch International Student Centre.

**Thank You List**  
continues on back page

# projects

## Overview

During 2011-12, five projects were brought to completion, and four further projects that will continue into the next year, were partially implemented. Topics covered ranged from sexual and reproductive health to violence prevention, advocacy, leadership, and human rights. A total of 141 education sessions were conducted, making 2,045 participant contacts and a total of nine advocacy workshops were conducted, reaching 132 women across Australia.

## Creating Healthier Pathways

Funded by the Lord Mayor's Charitable Foundation, the Creating Healthier Pathways Project built knowledge and awareness among female international students about sexual and reproductive health issues. Overall, the project reached 400 students from 40 countries across the world, through 24 multilingual education sessions and five information stalls at key student events. In addition, 350 health resource kits containing condoms, lubricants, tampons and multilingual health information were distributed. Networks were developed with six educational institutions, three student services and two local governments.

## Setting the Compass

Setting the Compass was a national advocacy project that built the capacity of national women's NGOs, and of immigrant and refugee women, to conduct targeted and informed advocacy using the Points of Departure (POD) Advocacy Toolkit. A total of eight skills development workshops were conducted across Australia; bilingual women were engaged through key organisations in each state and territory, and a total of 122 women participated in the workshops. Funded through the Federal Office for Women, Setting the Compass has built the knowledge and capacity of immigrant and refugee women to conduct national advocacy activities on their own behalf and on behalf of their communities.

For more information visit <http://www.mcwh.com.au/healthprom/settingthecompass.php>

# projects

## Creating Better Access

The Creating Better Access Project, funded through the Victorian Department of Justice, aimed to improve credit and debt outcomes for immigrant and refugee women. A total of 47 credit education sessions were conducted with 502 women, and collaboration work was conducted with the community financial and legal sector, building their capacity to work more appropriately and effectively with their immigrant and refugee clients. Credit education modules were adapted to fit with the MCWH core education program so that the credit education program can now be offered on a longer term basis. Creating Better Access achievements ensure that MCWH has a strong foundation to continue providing credit education to immigrant and refugee women into the longer term as a core part of its programs.

## PACEsetters

PACEsetters, funded by the Victorian Office for Women's Policy, built the capacity of a group of immigrant and refugee women to effectively conduct media advocacy, and to tell their incredible and inspiring life stories. Ten graduands of the MCWH Participation, Advocacy, Communication and Engagement (PACE) Leadership Program took part in an informative workshop on media advocacy, conducted by Hutch Hussein. Lindy Burns from the ABC Radio *Drive* Program was generous enough to commit several hours to share her expertise about media advocacy to the group.

From this group, eight women went on to document their stories of leadership, now available on the MCWH website at [http://www.mcwh.com.au/healthprom/pacesetters\\_stories.php](http://www.mcwh.com.au/healthprom/pacesetters_stories.php)



The Hon. James Merlino MP  
Minister for Sport, Recreation,  
Youth Affairs, and Minister  
Assisting the Premier on  
Multicultural Affairs presents  
a PACE Leadership Program  
Graduate with her certificate



PACE Leadership Program  
Graduation Ceremony  
garners applause

# projects

## Alcohol Information Project

The Alcohol Information for At-Risk Groups Project, funded by the Victorian Department of Health, spread culturally-appropriate health promotion messages among members of Arabic, Polish, Spanish, Sudanese and Vietnamese-speaking communities. Working together with Turning Point Alcohol and Drug Agency, MCWH promoted and delivered small group alcohol education sessions across the five language communities and assisted in the development and translation of the community language brochures, *Cheers? Alcohol and Your Family*, on the basis of extensive consultation with the communities.

Using the brochures as an educational tool, 31 education sessions were conducted with 520 participants. Following feedback from the community, alcohol information was incorporated into existing health education modules about 'healthy living', an approach which enabled open discussion about alcohol within the cultural contexts and avoiding the stigma usually associated with alcohol use.

For more information and the *Cheers?* brochures visit:  
<http://www.mcwh.com.au/healthprom/alcoholproject.php>



MCWH Bilingual Health Educators, Project Workers,  
and Alcohol Information Project Advisory Group

## Risky Drinking Project

Funded by the Victorian Department of Health, and conducted in partnership with Turning Point Alcohol and Drug Centre, and the Northern Division of GPs, the Risky Drinking Project conducts research and community engagement and education on the topic of alcohol use among selected immigrant and refugee communities over three years. MCWH is implementing the community engagement and education component of the project, encouraging people from the selected communities to see their local GPs about alcohol-related issues.

# projects

## **Extending Our Healthy Living**

The Extending Our Healthy Living Project, funded by the Ian Potter Foundation, continued to build capacity among immigrant and refugee women to take diabetes prevention action, through the delivery of multilingual education sessions. A total of 575 contacts were made during 30 sessions. The project also takes the next step of building capacity among the bilingual health and support workforce to provide effective and engaging health education with women in their communities, by developing an education manual, with step-by-step strategies and illustrations on how to best engage women through a story-telling approach to health education. The manual will be available for distribution in September 2011.

## **Sharing Our Stories**

The Sharing Our Stories Human Rights Education Project, funded by the Federal Attorney General's Department, harnesses the power of immigrant and refugee women's stories to develop and conduct multilingual human rights education for women. The Project continues until November 2011 after 30 sessions have been conducted with women; achievements so far include the establishment of an advisory committee, and the development of training modules and resources for the BHE Training Program to be conducted in August.

## **On Her Way: Primary Prevention of Violence Against Immigrant and Refugee Women**

*On Her Way* is a research report which makes recommendations about best practice in the area of primary prevention of violence against immigrant and refugee women in Australia. Funded by VicHealth, *On Her Way* is a ground-breaking report, covering largely unexplored territory, doing so from the perspective of immigrant and refugee women themselves.

The report will be available in August 2011 from MCWH and will available on our website [www.mcwh.com.au](http://www.mcwh.com.au).

# immigrant and refugee women's health



This year MCWH conducted a campaign to increase knowledge about the deteriorating health status of immigrant and refugee women. On arrival, immigrant and refugee women are a relatively healthy group due to the stringent health checks that are required to be accepted into Australia as a migrant. However, after 3-5 years of living in Australia, their health status deteriorates. Poor working conditions, high unemployment, precarious employment, vulnerability to violence, inappropriate housing, lack of access to services and education, discrimination, racism: all of these Australian-based conditions contribute to immigrant and refugee women's deteriorating health status. Immigrant and refugee women have been neglected in our mainstream early intervention and prevention health system. The preventative

health and healthy living messages that the rest of the Australian population is learning from are simply not getting through to this vulnerable and high needs group.

The impact of this neglect is now showing with immigrant and refugee women over-represented in the health statistics of several serious illnesses and conditions including maternal deaths, perinatal mortality, gestational and type 2 diabetes, and ovarian cancer.

MCWH developed a five-point plan to improve immigrant and refugee women's health which if implemented over the next five years will work toward improved outcomes turning these disturbing statistics of ill health around for immigrant and refugee women. The plan outlined the main points of focus:

**1. Prevention is the key:** a preventative health program, costing just \$2.90 over the next five years for every immigrant woman living in Australia today would save thousands spent at the acute end of the health system.

**2. Education must be culturally relevant** and provided in a language that women are most familiar with.

**3. Access to mainstream health services,** and especially early intervention and prevention, is central to better health outcomes.

**4. Research is needed:** we need a comprehensive, longitudinal study on immigrant and refugee women's health to be conducted over the next 20 years.

**5. Funding must be allocated** to specifically address the health of immigrant and refugee women.

MCWH representatives visited our key federal politicians in October to communicate our message. Meetings were held with the Hon. Kate Lundy, Parliamentary Secretary for Immigration and Citizenship, The Hon. Kate Ellis, Minister for the Office of the Status of Women, representatives from the office of the Hon. Nicola Roxon, Minister for Health, Adam Bandt, Member for Melbourne, and Dr Andrew Laming, Shadow Parliamentary Secretary of Regional Health and Indigenous Health. All were open and receptive to hearing our concerns, and asked for follow-up information and wished to remain updated about the issue.

# mcwh staff, educators & board

## board

**Repa Patel**  
Chairperson  
(from May 2010  
Deputy Chairperson prior)

**Tina Skliros**  
Deputy Chairperson  
(from May 2010  
Chairperson prior)

**Nanette Desaubin**  
Treasurer

**Anna Moo**

**Millsom Henry-Waring**

**Sandra Lordanic**

**Sylwia Greda-Bogusz**

## staff

**Dr Adele Murdolo**  
Executive Director

**Amira Rahmanovic**  
Education and Training  
Programs Manager

**Anna Volpe**  
Publications and  
Promotions Coordinator

**Carmela Pitt**  
Multilingual Library  
Coordinator

**Carolyn Poljski**  
Health Promotion and  
Research Project Officer

**Dora Horvath**  
Senior Administrative  
and Finance Officer  
(to September 2010)

**Judy Schrever**  
Accountant

**Maud Moses**  
Health Promotion and  
Research Project Officer  
(to October 2010)

**Medina Idriess**  
FARREP Community Worker

**Nigisti Mulholland**  
Health Promotion and  
Research Project Officer

**Ozana Bozic**  
Office Manager

**Dr Pauline Gwatirisa**  
Health Promotion and  
Research Project Officer  
(to May 2011)

**Dr Regina Quiazon**  
Health Promotion and  
Research Project Officer

**Dr Salma Al-Khudairi**  
Education and  
Training Officer

**Vijaya Arun**  
Finance Coordinator

## educators

**Ayor Gumwell Malual**  
(Dinka)

**Cally Ituarte** (Greek)

**Chau Bao Tran**  
(Vietnamese)

**Dongmel Zhang**  
(Mandarin)

**Elizabeth Mazeyko**  
(Spanish)

**Hanh Thi Pam**  
(Vietnamese)

**Hay Lah Htoo**  
(Karen, Burmese, Thai)

**Hien Tran** (Vietnamese)

**Irina Zdravevska**  
(Macedonian)

**Khadija Hashi**  
(Somali)

**Mahdokht Mahboobi**  
(Dari, Farsi)

**Manasi Wagh-Nikam**  
(Hindi, Marathi)

**Marianna Jerbic** (Croatian)

**Medina Idriess**  
(Arabic, Tigre, Tigrigna)

**Nyangune Thurbil Yat**  
(Nuer, Arabic, Dinka)

**Rachanee Naksuk** (Thai)

**Rebecca He Li** (Cantonese)

**Sevgi Bulut** (Turkish)

**Soledad Diaz** (Spanish)

**Somma Barker** (Khmer)

**Sonali Deshpande** (Hindi)

**Victoria Lolika**  
(Arabic, Lotuka, Madi)

**Violetta Marcianó** (Italian)

**Wafa Ibrahim** (Arabic)

**Yuki Murdolo** (Mandarin)

# financials 1



**J L COLLYER & PARTNERS**  
ACCOUNTANTS & AUDITORS

Suite 1  
107-109 Colman Parade  
Glen Waverley VIC 3103  
PO Box 348  
Glen Waverley VIC 3103  
Phone (0)95800211  
Fax (0)9581 9487  
Email [pa@jcollyer.com.au](mailto:pa@jcollyer.com.au)

## INDEPENDENT AUDITOR'S REPORT

To the members of **MULTICULTURAL CENTRE FOR WOMENS HEALTH**

### Report on the Financial Report

We have audited the accompanying financial report, being a general purpose financial report, of **MULTICULTURAL CENTRE FOR WOMENS HEALTH** comprising the balance sheet as at 30<sup>th</sup> June 2011, and the income statement, statement of changes in equity and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

#### Management's Responsibility for the Financial Report

The management of **MULTICULTURAL CENTRE FOR WOMENS HEALTH** are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report are appropriate to meet the needs of the members. The management's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. 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 judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report on 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 directors, as well as evaluating the overall presentation of the financial report.

DIRECTOR  
JANET L. COLLYER FCPA  
LIONEL R. ARNOLD CA, B.BUS  
RAELINE LAI CPA & COM



LIABILITY LIMITED BY A SCHEME APPROVED  
UNDER PROFESSIONAL STANDARDS LEGISLATION

-2-

The financial report has been prepared for distribution to members for the purpose of fulfilling the Management's financial reporting requirement. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

#### Independence

In conducting our audit, we have complied with the relevant independence requirements.

#### Auditor's Opinion

In our opinion the financial report of **MULTICULTURAL CENTRE FOR WOMENS HEALTH**

- gives a true and fair view of **MULTICULTURAL CENTRE FOR WOMENS HEALTH's** financial position as at 30<sup>th</sup> June 2011 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
- complying with Australian Accounting Standards to the extent described in Note 1.

Janet Collyer  
**J L COLLYER & PARTNERS**

25TH AUGUST 2011

# financials 2

**MULTICULTURAL CENTRE FOR WOMEN'S HEALTH**  
**REG. NO: A0023550R**

**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30TH JUNE 2011**

<u>INCOME</u>	<u>2011</u>	<u>2010</u>
Grant - Dept. of Human Services	527,238	528,778
Project Grants	180,293	260,438
CW Hlth & Aged Care Recurrent	84,141	125,533
Auspice Grants - The Victorian Multicultural Commission	2,150	950
Auspice Grants - Dept of Planning & Community	1,000	-
Auspice Grants - City of Yarra	500	-
Interest	28,725	14,158
Transfer from Provision for Projects	-	5,263
Sale of Publications	25	43
Training Income	2,364	7,709
Net Bilingual Register	6,300	544
MCWH Conference & Events	118	2,523
Miscellaneous Income	1,251	1,222
Other Project Income	177,945	30,734
Rent	59,487	56,236
Expenses Reimbursed	430	1,246
Profit / (Loss) on disposal of fixed assets	4,034	-
	<u>1,076,002</u>	<u>1,035,377</u>
<b><u>LESS EXPENDITURE</u></b>		
As per Statement	<u>1,080,762</u>	<u>1,001,362</u>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	<u>(4,761)</u>	<u>34,015</u>

**MULTICULTURAL CENTRE FOR WOMEN'S HEALTH**  
**REG. NO: A0023550R**

**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30TH JUNE 2011**

<u>EXPENDITURE:</u>	<u>2011</u>	<u>2010</u>
Salaries - Regular	565,999	562,528
Salaries - Casual	129,789	92,282
Superannuation	59,657	58,445
Workcover	5,694	5,228
Office Expenses	6,143	5,248
Postage & Telephone	10,638	10,145
Light & Power	10,876	10,440
Premises - Rent etc.	103,322	98,837
Insurance & Legal Costs	1,783	2,026
Accounting, Audit & Bank Charges	1,248	3,599
Resources & Subscriptions	2,248	1,551
Staff Development, Training & Recruitment	1,063	3,989
Management Costs	3,534	11,772
Travel	23,016	6,259
Equipment Purchase, Rental & Service	22,390	8,091
Depreciation	20,019	19,605
Motor Vehicle Costs	3,769	5,603
Library Resources	2,390	2,238
Publications	18,630	14,672
Conferences & Seminars	2,865	13,147
MCWH. Events	2,906	2,650
Organisational Promotion	2,934	4,663
I.T. Related Costs	5,653	5,906
Consultancy	32,293	-
CHE Training Program	1,260	784
Occupational Health & Safety	586	938
Staff Amenities	4,457	2,029
Other Program Expenses	6,998	9,184
Internet & Web Page	6,424	7,908
Organisational Planning & Stationery	2,737	3,614
Office Maintenance	4,632	5,088
Provision for Staff Entitlements	11,107	9,444
Provision for Asset Replacements	-	12,500
Auspice Grants	3,700	950
	<u>1,080,762</u>	<u>1,001,362</u>

# financials 3

<b>MULTICULTURAL CENTRE FOR WOMEN'S HEALTH</b>			
<b>REG. NO: A0023550R</b>			
<b>BALANCE SHEET</b>			
<b>AS AT 30TH JUNE 2011</b>			
	<u>2011</u>		<u>2010</u>
<b>EQUITY</b>			
Accumulated Funds	300,959		305,719
<b>TOTAL EQUITY</b>	<u>300,959</u>		<u>305,719</u>
<b>CURRENT ASSETS</b>			
Cash on Hand	500		500
Cash at Bank	100,931		192,390
Investment Account	392,128		368,398
Security Bond	21,056		19,865
Debtors & Deposits	<u>114,072</u>		<u>119,722</u>
	628,688		700,874
<b>NON-CURRENT ASSETS</b>			
Motor Vehicles	73,424	69,788	
Less Prov. For Depreciation	<u>18,356</u>	<u>24,822</u>	44,966
Furniture & Equipment	117,983	135,472	
Less Prov. For Depreciation	<u>71,883</u>	<u>87,708</u>	47,763
	101,169		92,730
<b>TOTAL ASSETS</b>	729,856		793,603
<b>LESS CURRENT LIABILITIES</b>			
Security Deposit	7,800		7,800
Sundry Creditors	55,852		65,153
Income in Advance	97,765		77,776
Provision for Long Service Leave & Redundancy	73,784		66,634
Provision for Annual Leave	71,533		67,576
Provision for Project Balances	97,163		150,945
Provision for Asset Replacements	25,000		25,000
Provision for Media Advocacy	-		27,000
	<u>428,897</u>		<u>487,884</u>
<b>NET ASSETS</b>	<u>300,959</u>		<u>305,719</u>

<b>MULTICULTURAL CENTRE FOR WOMEN'S HEALTH</b>			
<b>REG. NO: A0023550R</b>			
<b>STATEMENT OF CHANGE OF EQUITY</b>			
<b>FOR THE YEAR ENDED 30TH JUNE 2011</b>			
	<u>2011</u>		<u>2010</u>
Balance as at 1st July 2010	305,719		299,183
Less: Provision for Media Advocacy	-		(27,000)
Prior year Adjustment	-		(478)
Add Surplus (deficit) attributable to members	<u>(4,761)</u>		<u>34,015</u>
<b>BALANCE AS AT 30TH JUNE 2011</b>	<u>300,959</u>		<u>305,719</u>

# financials 4

**MULTICULTURAL CENTRE FOR WOMEN'S HEALTH**  
**REG. NO: A0023550R**

**STATEMENT OF CASH FLOWS**  
**For the year ended 30th June 2011**

	<u>2011</u>	<u>2010</u>
<b><u>CASH FLOW FROM OPERATING ACTIVITIES</u></b>		
Receipts from Other Sources	545,678	274,149
Payments to suppliers and employees	(1,137,929)	(843,567)
Interest received	28,725	14,158
Receipts from Government Grants	527,238	654,311
	<hr/>	<hr/>
Net cash provided by (used in) operating activities (Note 2)	(36,288)	99,051
 <b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
Proceeds from (payment for) property, plant and equipment	(31,441)	(1,434)
Proceeds from (payment for) investments	-	-
	<hr/>	<hr/>
Net cash provided by (used in) investing activities	(31,441)	(1,434)
Net increase (decrease) in cash held	(67,729)	97,617
Cash at beginning of year	561,288	463,671
	<hr/>	<hr/>
Cash at end of reporting period (Note 1)	493,559	561,288

**NOTES TO THE STATEMENT OF CASH FLOWS**

**NOTE 1. RECONCILIATION OF CASH**

For the purposes of the statement of the cash flows, cash included cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months, net of bank overdrafts

(a) Reconciliation of Cash

Cash at the end of the reporting period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash on Hand	500	500
Cash at Bank	100,931	192,390
Investment Account	392,128	368,398
	<hr/>	<hr/>
	493,559	561,288
	<hr/>	<hr/>

**NOTE 2. RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES TO OPERATING PROFIT**

Operating Profit (Loss) after income tax	(4,761)	34,015
Depreciation of Non-current Assets	20,019	19,605
Changes in Net Assets and Liabilities:		
(Increase)/decrease in current receivables	5,650	(51,628)
Increase/(decrease) in current trade creditors	(9,301)	1,775
Increase/(decrease) in grants in advance	19,989	(40,330)
Increase/(decrease) in provisions	(69,675)	136,892
(Increase)/decrease in bonds	(1,191)	(801)
(Increase)/decrease in other assets	2,982	-
Prior Year Adjustment	-	(478)
	<hr/>	<hr/>
	(36,288)	99,051
	<hr/>	<hr/>

If you would like a copy of the Multicultural Centre for Women's Health Notes to and forming part of the Financial Statements for the year ended 30th June 2011 please contact MCWH and we will send you a copy.

# thank you

## understanding sexuality project

### agencies, organisations and services that were represented in the project training program:

Australian GLBTIQ Multicultural Council,  
Centre for Multicultural Youth,  
Department of Human Services GLBTI  
Ministerial Advisory Committee,  
Gay and Lesbian Switchboard,  
Hanover Welfare Services,  
Victoria Police,  
Victorian Arabic Social Services,  
Women's Health in the South East.

## evaluation of the points of departure and setting the compass projects

Thank you to the participants of the Points of Departure and Setting the Compass Projects who contributed to the evaluation of these projects.

## PACEsetters

Hutch Hussein (Spectrum Migrant Resource Centre),  
Lindy Burns (ABC Drive Radio),  
Altun Yesil (PACE Graduate),  
Justina Korpoi Nelson (PACE Graduate),  
Luciana Rodino (PACE Graduate),  
Mehtap Kilic (PACE Graduate),  
Nella Zammit (PACE Graduate),  
Sido Ndayi (PACE Graduate),  
Wejdan Khadom (PACE Graduate),  
Zareena Howe (PACE Graduate).

## alcohol information project

### In partnership with Turning Point Alcohol and Drug Centre

Caro Clark (Turning Point),  
Dr Kieran Connelly (Turning Point),  
Sandra Roeg (Turning Point).

## extending our healthy living

Catharine McNamara  
(Mercy Hospital for Women),  
Deborah Boyce  
(Mercy Hospital for Women),  
Julie Lew  
(Merri Community Health Service),  
Roger Lindenmayer  
(North Richmond CHC).

## sharing our stories project

Alison Aggarwal  
(Australian Human Rights Commission),  
Dr Caroline Lambert (YWCA),  
Dr Elizabeth Branigan (Australian Centre  
for Human Rights Education),  
Penny Wolf (Victorian Equal Opportunity  
and Human Rights Commission),  
Suehayla Abouied (Victorian Arab Social Services),  
Zareena Howe PACE Leadership Network.

## risky drinking project

Turning Point Alcohol and Drug Centre,  
Northern Division General Practice.

## project partners

Ahmed Ahmed (Department of Justice),  
Brunswick Italian Pensioners' Group,  
Chaldean Women Association of Victoria,  
Dalal Sleiman  
(Whittlesea Community Connections Inc.),  
Reconnexion,  
Shemiran Gevergizyan  
(Spectrum MRC Preston Office),  
Whittlesea Arabic Speaking Women's Association.

## funding bodies

Victorian Department of Health,  
Commonwealth Department of Health and Ageing,  
Commonwealth Department for Families Housing  
Community Services and Indigenous Affairs,  
Victorian Department of Justice,  
Ian Potter Foundation,  
Lord Mayor's Charitable Foundation,  
Victorian Office for Women's Policy,  
Commonwealth Attorney General's Department,  
VicHealth.



mcwh:  
suite 207 level 2  
carringbush building  
134 cambridge street  
collingwood victoria 3066  
telephone: 03 9418 0999  
email: reception@mcwh.com.au  
web: www.mcwh.com.au  
fax: 03 9417 7877