

# ANNUAL REPORT

2019–2020



**Building women's strength  
across communities**



MULTICULTURAL  
CENTRE FOR  
WOMEN'S HEALTH

## Always was, always will be

Multicultural Centre for Women's Health (MCWH) is proud to acknowledge that the land to which we migrated, and on which we work and live, was and always will be Aboriginal land. We pay our respects to the Traditional Owners of Country, and to all Aboriginal and Torres Strait Islander peoples, their culture, their connection to Country and to elders past, present and emerging.

## Multicultural Centre for Women's Health

MCWH is a national, community-based organisation, led by and for women from migrant and refugee backgrounds. Our vision is to be the national voice for the wellbeing of migrant and refugee women in Australia, and we are committed to advancing their health and wellbeing through:

- multilingual education
- advocacy
- social action
- research
- capacity building.

Design, layout and editing by Andrew Pegler Media Pty Ltd  
Icons sourced from vecteezy.com; freepick.com

© Multicultural Centre for Women's Health 2020



# Who we are

## Promoting migrant women's knowledge and experience

Migrant and refugee women are at the centre of our work, and MCWH is shaped by their lived experiences and perspectives. Our approach to health is feminist, intersectional, evidence-based and collaborative. This approach acknowledges the complexity of women's lives and identities in the context of social and systemic oppression and discrimination based on gender, racial, ethnic or religious identity, ability, socio-economic position, sexuality, age or immigration status.

Our work with migrant and refugee women follows a peer education and participatory model that respects and values women's knowledge and experience. We are committed to the wellbeing of our communities: we reach out to other migrant and refugee women, wherever they are, to share health information in language they understand, and to promote active participation in health education, research and leadership.



# Migrant women's health in migrant women's hands since 1978

## A message from the Board Chair

This has been a year of adaptation and change for MCWH, incorporating our landmark Advancing the Evidence conference in February 2020, followed by the transformation of service delivery to online platforms in response to the COVID-19 pandemic.

On both counts, MCWH held migrant women at the centre of our work, advocating for their optimum health and wellbeing, and finding alternative ways of providing much-needed health information and education to women in their own languages.

I was delighted to be at the conference, which took place just weeks before gatherings of this size became impossible. It brought together over 160 key stakeholders from across Australia to discuss, debate, problem-solve, and develop concrete strategies to make the health system more responsive to migrant women's needs. The conference enabled us to develop a robust overview of migrant women's reproductive and sexual health across Australia, and put the pieces together for strong, collaborative advocacy in the years ahead.

In response to COVID-19, MCWH adapted by using alternative platforms: teleconferencing, social media, radio segments and old-fashioned phone calls to provide important in-language education on preventing COVID-19 transmission, and associated women's health issues.

Our participation in Victoria's response to COVID-19 was vital during the second wave. In collaboration with the Department of Health and Human Services, MCWH health educators phoned public housing residents to support and encourage them to take a COVID-19 test. Across six sites, educators made nearly 2000 calls in 21 languages. As a result, COVID-positive migrant families from across Melbourne who were in home isolation also contacted us directly for support. MCWH identified and provided appropriate support for many of these families.

MCWH's Strategic Plan was due to end in 2020, however, the Board decided to continue the current Plan for another year. Much is unknown. But we do know that whatever the future brings, MCWH will continue to be here for migrant women, their families and communities. Finally, in this extraordinarily difficult year, the achievements of our staff have been remarkable and the Board extends its profound appreciation for the ingenuity and dedication they have demonstrated.

**Tamara Kwarteng**

## A message from our Executive Director

This year we have all become acutely aware how important information is to health. Despite the disruption to our work due to COVID-19, we continued to reach a significant number of migrant women with information in their languages. We made over 4,000 contacts with women in 205 face-to-face sessions, conducted 43 radio segments in eight languages and 28 education sessions via teleconference, making 314 contacts with migrant women.

For migrant women, having the information they need to make life-changing decisions is paramount. As one woman who took part in our health education program told us, knowing about her contraceptive choices made her ask more questions of her doctor. Whereas in the past she had accepted without question the methods suggested to her, she now plays an active role in making that decision, choosing contraception that works for her health and lifestyle.

We can't measure the benefit to migrant women, to their families and the community, of women having the information they need to make informed choices. It keeps them healthier for longer and makes clinical healthcare more effective. An ounce of prevention, as the saying goes, is worth a pound of cure.

MCWH plays an important role in supporting other organisations and health service providers to conduct their work with migrant women more appropriately and effectively, adopting intersectional frameworks. We provided 50 training and capacity building activities across the country, making sure that over 900 people had the knowledge and tools they need to make their practice more responsive and accessible. Through our capacity-building work we have also been able to support multicultural communities to prevent violence against women and promote gender equity, and to assist workplaces to build equal opportunities for the advancement of migrant women.

It goes without saying that our work is all dependant on our partners and collaborators, not least of these, the migrant women we work with. We extend heartfelt appreciation for all of our partners' active engagement with our work, and contribution to reaching our shared goals.

**Adele Murdolo**

# Our reach

## Reaching communities: 2019–20 snapshot



**6363** women's health resources available in 90 languages



**4700** contacts made with women



**233** health education sessions (face-to-face and online)



**59** participant countries of birth or cultural backgrounds



**33** expert consultations



**12** steering and advisory committees



**13** Victorian Local Government Areas (LGAs)

*PACE Leadership Program graduates.*

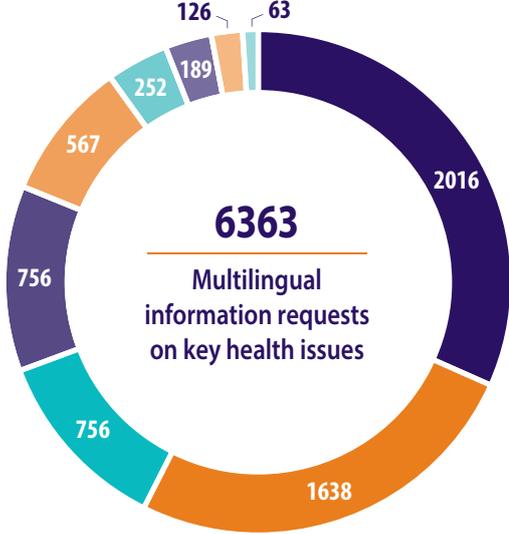


Cultural backgrounds of women we reached



- South East Asian
- South Asian
- European
- Middle Eastern
- East Asian
- African
- Central Asian
- Unknown
- South American
- Australia, PNG and parts of Indonesia

Multilingual information requests responded to across key health issues



- What is women's health?
- Reproductive health
- Making healthy choices
- Women's safety and wellbeing
- Mental health and using medicines safely
- Working well; Occupator Health & Safety
- Sexual health
- Healthy ageing
- International students

*PACE Leadership Program participants.*



# Key achievements

## Advancing the evidence

The evidence is clear: migrant and refugee women have poorer outcomes in sexual and reproductive health. The conference provided an opportunity to promote a national conversation about advancing the evidence, and how we embed strategies at structural and systemic levels to bring about equity in health and wellbeing for migrant and refugee women.

On 27–28 February MCWH hosted a two-day conference, Advancing the Evidence: Migrant Women’s Sexual and Reproductive Health Conference at the Novotel Hotel in Melbourne.

Over 160 delegates came together to discuss the state of migrant and refugee women’s sexual

and reproductive health in Australia. Panel discussions and presentations were delivered by over 50 experts in the community, health and academic sectors, on topics including perinatal care, reproductive autonomy, domestic violence, female genital mutilation/cutting (FGM/C), and migrant women’s access to health services.





## FEEDBACK FROM PARTICIPANTS

“

It was a very **inclusive, powerful and important** conference with information about **all aspects of healthcare** regarding multicultural patients.

“

Extremely well organised, **thoughtful and thought provoking**. I've **never been to a conference** like this before.



## Multilingual health education: making a difference

Every year, our Health Education Program, including the Family and Reproductive Rights Education Program (FARREP), reaches thousands of women across Victoria in the workplace, education settings, prisons and community organisations. With the onset of COVID-19 we moved from face-to-face education to online and radio communications, reaching a new audience of women in the process.

Our team of health educators continue to be a driving force in migrant and refugee women's health and wellbeing, providing up-to-date education in over 20 languages on 250+ health topics including:

- sexual and reproductive health
- mental health
- occupational health and safety
- gender equality
- prevention of violence against women (PVAW).

## COVID-19

During the COVID-19 lockdown we conducted ...

**43** radio segments in  
**8** languages and delivered  
**28** education sessions reaching  
**314** women via online platforms.



**233** health education sessions



**14** languages

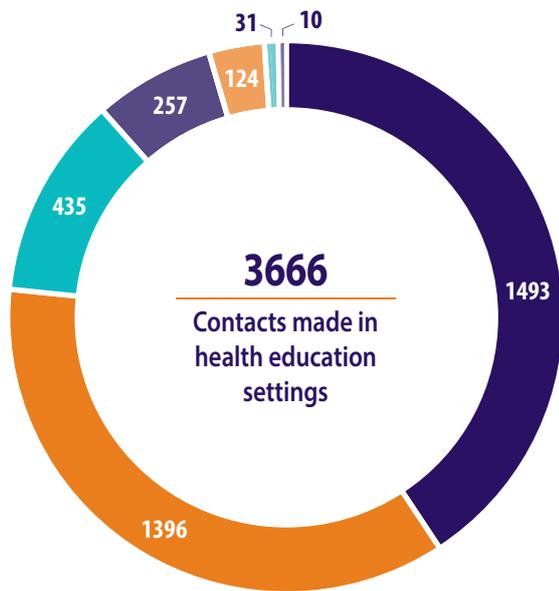


**13** LGAs

*Our health educators at Heart Foundation training.*



## Health education settings



- Women's groups
- English classes
- Seniors groups
- Carer's groups
- Prison
- Play group
- Planned activity group

## FEEDBACK FROM PARTICIPANTS

“

Speaking about health [in my language] makes us understand easily ... The way you talk makes it more understandable and memorable than reading materials.

“

After today's session (which covered the choice of contraception methods and pros and cons of each), whenever I go to see a doctor, I will prepare the questions and make sure I understand the choice is good for my lifestyle and my health.

“

Your information is invaluable to me .... I will keep what you explained in mind and I will share it with my sisters ... and encourage them to do a pap test regularly to prevent cervical cancer. Thank you very much.

“

This session has changed my attitude ... the fear from the mammogram result or feeling uncomfortable during the procedure should not be a reason to delay the screening, which could save my life.

## Gender equality

Despite the significant contribution migrant women make to Australia's economic, social and civic life, substantial areas of inequality prevent migrant women actively participating in all aspects of society. Gender and race-based discrimination remain significant barriers to migrant women's full participation, and to achieving optimum health and wellbeing. During 2019–20 MCWH continued to champion the leadership of migrant women as a key strategy to achieve equality. This year we:

**engaged** migrant women through bilingual education sessions and MCWH's Participate, Advocate, Communicate, Engage (PACE) Leadership Program to build their capacity to be leaders in their communities.

The **Getting Equal Project** is increasing the social and economic participation of migrant and refugee women living in 18 metropolitan and regional areas in Victoria. Now in its final year, the project will develop and strengthen online networks between migrant and refugee women, multicultural women's organisations, regional women's health services and other relevant service providers, as well as increasing access to information and services.

**provided** opportunities for migrant women working in aged care to take a leadership role in championing gender equality and violence prevention.

Through our partnership with Mercy Health the **Equality@Work Project** is building aged care workers' capacity, as well as a robust evidence base about workplace violence prevention programming in multicultural workforces. To access the Equality@Work Report that was launched this year visit [www.mcwh.com.au](http://www.mcwh.com.au).

**supported** the needs of carers from migrant backgrounds.

Building on the success of the Unique Carers' Project, the **Hand-in-Hand Project** provides tailored and in-language support to migrant and refugee carers who care for family members with a life-limiting illness. Over the next two years MCWH will provide carers and care recipients with tailored support, in the form of a support companion, and facilitate access to relevant services and resources. The project will also provide tailored assistance to carers when their caring journey ends by providing pathways to re-enter the workforce and connect with people who have shared experiences.

**empowered** migrant and refugee women with the knowledge to reduce gambling-related harm in their families and communities.

The **Gambling Awareness Project (GAP)** provided education on how to access culturally-appropriate services for gambling-related harm and family violence that are specific and best-suited to their needs.

**increased** migrant women's confidence to pursue leadership opportunities.

Whittlesea Council partnered with MCWH to deliver the MCWH **PACE Leadership Program** to women living in the local government area.

*PACE Leadership Program participants.*



## FEEDBACK FROM PARTICIPANTS

“

Thank you for allowing me to be part of **this wonderful leadership program!** I have learnt so much and **experienced many things** I wouldn't have if I wasn't **part of such a lovely, empowering group of women.**

*PACE participant*

“

The training was very informative. **It makes me feel stronger,** in an organisational sense, **to act.**

*Equality@Work Gender Advocate Training participant*

“

I am **very happy to attend** this session today. I have learned a lot about how to talk to my teenagers. **Before this session, I did not know how to raise these issues with my sons and inform them about the negative consequences of spending too much time online. It was such a heavy burden before.**

*GAP participant*

## Preventing and responding earlier to violence against migrant women

The prevalence of violence against women is unacceptably high: one in three Australian women have experienced physical or sexual violence and/or emotional abuse in her lifetime. For migrant and refugee women, there is evidence that prevalence rates are even higher, and that violence is more severe and prolonged. This year MCWH continued to play a leading role in turning these statistics around. This year we:

**forged** links between family violence and sexual assault services, other relevant support services not traditionally associated with family violence or sexual assault issues, and local multicultural services, to support migrant and refugee women living in regional areas.

Our **Making the Links: Building Safer Pathways Project** continues to work with migrant women, in five Victorian LGAs – Geelong, Bendigo, Ballarat, Mildura and Swan Hill. The project provides in-language education training, and access to specifically-tailored resources.

**piloted** a two-year prevention of violence against women (PVAW) project.

The **Building Safer and Stronger Communities Project**, conducted in partnership with Our Watch, delivered tailored primary prevention activities in several migrant and refugee communities across Victoria, and supported organisational prevention work at five settlement service worksites. MCWH provided expert advice on the design and delivery of prevention activities, and built the prevention capacity of the project leaders, community advisory members and local professionals involved in the pilot.



*Migrant Women's Organisations Community of Practice.*

**launched** the *Key Contacts in Migrant Women's Prevention of Violence* resource to enable mainstream services to collaborate with migrant women experts who are working in prevention.

It was developed as part of the **Women's Health Services Workforce Capacity Building Program**, which has identified the access inequities for migrant and refugee women and highlighted their voices.

**investigated** the ways in which multicultural and settlement services can support women who are experiencing violence.

The **MuSeS Research Project (MuSeS)** report provides strategies for improving support for women and children experiencing violence. It also identifies how service providers can improve their services to migrant and refugee women.

**facilitated** deeper collaboration and coordination across multicultural and ethno-specific communities in Victoria.

Through the **One for All, All for One Project**, we supported and continued to build the capacity of 15 multicultural organisations undertaking PVAW activities. MCWH created a platform to support best practice in the PVAW community, and contributed to the evidence base on prevention strategies and planning.

**gathered** evidence about best-practice guidelines for building the capacity of faith leaders to effectively respond to, and prevent, violence against women and family violence.

The **Faith Communities Supporting Healthy Family Relationships Project** is a participatory action research project conducted with a multifaith advisory group.

**cultivated** a welcoming and supportive environment to enable PVAW practitioners to freely share their successes, challenges and learnings with others, engage in difficult conversations, and strategise.

Our **Communities of Practice** network has been critical, especially during the COVID-19 lockdown.

## FEEDBACK FROM PARTICIPANTS

“

Having a platform to share resources and information has been pivotal to building our own knowledge base and work.

*Community of Practice member*



*MuSeS workshop participants.*



*The NETFA Campaign launch.*

## Improving women's sexual and reproductive health

Current research shows that migrant women experience significant inequities in access to sexual and reproductive health services, and in health outcomes. Since 1978 MCWH has worked towards improving sexual and reproductive health outcomes for migrant and refugee women. This year we:

**coordinated** efforts to build the evidence-base on preventing female circumcision.

Our **National Education Toolkit for Female Genital Mutilation/Cutting Awareness (NETFA)** remains Australia's leading resource for improving support for women and girls who have experienced the practice, and raising awareness of its harmful consequences. With a network of over 50 service providers and advocates across Australia, NETFA continues to provide support through a multimedia, multilingual campaign.

Visit [www.netfa.com.au](http://www.netfa.com.au) for resources and information.

**provided** up-to-date health and evidence-based information to migrant women, health professionals and other key stakeholders to support informed decisions about family planning and contraception.

Our **Multicultural Women's Health Australia (MWA) National Program** also provided free women's health information and resources in over 80 languages via our online women's health catalogue or our toll-free number on 1800 656 421.

**connected** women's health organisations across Australia to work towards equitable outcomes.

Our **MWA Network** partners in each state and territory enable sharing of information and resources that support and promote migrant and refugee women's sexual and reproductive health.

**documented** the stories of migrant and refugee women living in rural and regional areas to improve their access to reproductive health services.

The **Contraception, Abortion, Stillbirth, Perinatal mental health and Antenatal care (CASPA) Reproductive Health Research and Education Project** examined the challenges for migrant and refugee women living in the Loddon Mallee region in Victoria, and provided recommendations to improve health service provision.

# Sharing our expertise

Drawing on over 40 years of work with migrant and refugee women, and on the best available evidence, MCWH knows what works best to address the unique and complex needs of migrant women. This year MCWH continued to place migrant women's experiences at the heart of policy and programs: providing advice, support and recommendations to achieve positive change.



## Committees

Australia's National Research Organisation for Women's Safety Practitioner Engagement Group

City of Whittlesea: Whittlesea Community Futures Partnership Group

City of Yarra: Settlement Services Network

Department of Health and Human Services Victoria, Family Safety Victoria: Diverse Communities and Intersectionality Working Group

Family Safety Victoria and Multicultural Affairs and Social Cohesion Division: Family Violence Working Group

Eastern Community Legal Centre: Matter of Respect Advisory Group

Department of Premier and Cabinet, Multicultural Affairs and Social Cohesion: Multifaith Advisory Group and Working Group on Family Violence

Diabetes Victoria: Go Life Project Steering Group

ECCV: Policy Advisory Group on Health and Wellbeing; Aged-care Policy

Latrobe University: Gender Equal Birth Advisory Group

Our Watch and Women with Disabilities Victoria: Prevention of violence against women with disabilities project Advisory Group

Respect Victoria: Prevention of Family Violence Agencies Network (COVID-19)

Stillbirth Centre for Research Excellence (CRE): Safe Baby Bundle Equity and Diversity Committee

Sustainability of the provision of abortion and contraception in the public healthcare system in Victoria throughout COVID-19 pandemic Working Group

Victorian Women's Mental Health Alliance

Women's Health East: Eastern Metro Region Sexual and Reproductive Health Strategic Reference Group



## Submissions

Inquiry into Early Childhood Engagement of CALD Communities

Royal Commission into Victoria's Mental Health Services



## Publications

Vaughan, C., Chen, J., Sullivan, C., Suha, M., Sandhu, M., Hourani, J., Murdolo, A. (2020). Multicultural and settlement services supporting women experiencing violence: *The MuSeS Project* (Research report, 11/2020). ANROWS, Sydney.

MCWH (2020). *A directory of key contacts working in preventing violence against migrant and refugee women*. MCWH, Melbourne.

MCWH (2019). *Workplace Equality: A model of preventing violence against migrant and refugee women*. MCWH, Melbourne.





## Key Media

'Don't miss those symptoms: Australians urged to attend cancer appointments amid coronavirus drop off' (includes an interview with Adele Murdolo). Amelia Dunn, *SBS World News*, 1 May 2020.

'There are fears coronavirus is stopping Australia's migrant women from accessing abortions' (includes an interview with Adele Murdolo). Megan Clement, *SBS World News*, 26 April 2020.

'Why community clinics are so important for Australia's pregnant migrant women (includes an interview with Adele Murdolo). Amelia Dunn, *SBS World News*, 12 February 2020.

'In under a fortnight, seven women have died at the hands of people known to them' (includes an interview with Adele Murdolo). Jack Jen Atherton. *The Feed*, 4 October 2019.

'The women paying the ultimate price for divorce: Fariha Elahi's life tragically ended by the man who promised to love and protect her' (includes an interview with Adele Murdolo). Nicola Berkovic, *The Australian*, 13 July 2019.

'Inadequate support for women after miscarriage' (includes an interview with Adele Murdolo). Peggy Giakoumelos, *SBS World News Radio*, 9 July 2019.

## Gender Equity Victoria

MCWH is a proud member of Gender Equity Victoria (GEN VIC), the peak body for gender equity, women's health, and prevention of violence against women (PVAW).

Previously called Women's Health Association of Victoria, GEN VIC connects regional and statewide women's health and gender equity services to collaborate and advocate for equality for all women.

MCWH auspices the growing GEN VIC team at our offices and provides advice and support to Victoria's nine regional women's health services, particularly in developing and implementing regional action plans for PVAW.



# Financial summary

## Risk appetite statement

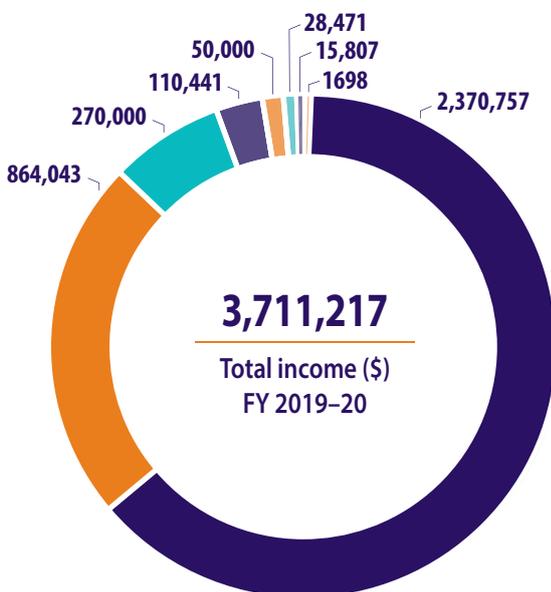
MCWH operates within an overall low risk range with the lowest risk appetite relating to safety and compliance objectives. This means tolerance for activities and programs that impact in a negative way on employee and client health and wellbeing is set at zero.



MCWH also has a zero-tolerance risk appetite with regard to compliance and legal issues because it would impact our good reputation and standing within the community. Programs that potentially put clients and staff at risk will not be pursued. Programs that have potential reputational risk will not be pursued.

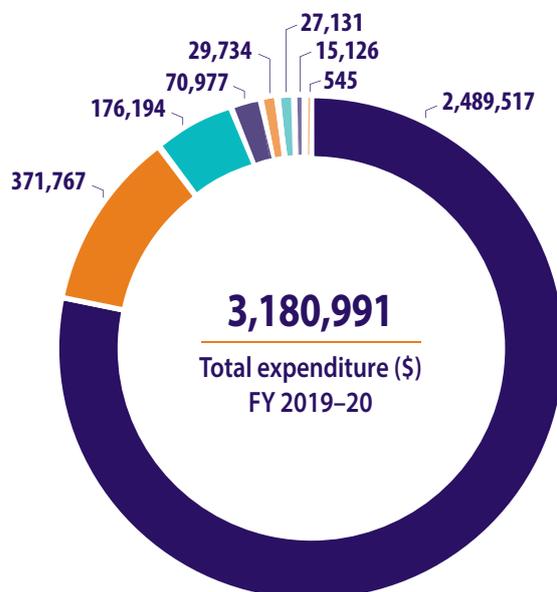
MCWH operates with a marginally-higher risk appetite towards its strategic and operational objectives, where activities and programs with some risk attached will be pursued. Programs with a financial risk attached will only be pursued where the potential loss attributable is less than 1 per cent of total revenue in any one financial year.

## Income



- Project grants
- COVID-19 assistance payments (Cashflow Boost)
- DHHS (Vic) grant
- Interest
- COVID-19 assistance payments (JobKeeper)
- Training
- Miscellaneous
- Rental

## Expenditure



- Employment
- Administration
- Programs
- Motor vehicle
- Right of use asset
- Property
- Office equipment
- Governance

## Statement of financial performance for the year ended 30 June 2020

		2020	2019
	Note	\$	\$
<b>REVENUE</b>			
Grant funding income		3,234,800	2,900,547
Other income	11	447,946	28,548
Interest received		28,471	37,137
<b>TOTAL REVENUE</b>		<b>3,711,217</b>	<b>2,966,232</b>
<b>EXPENDITURE</b>			
Administration expenses		29,734	47,982
Employment expenses	11	2,489,517	2,216,232
Governance expenses		545	2,631
Motor vehicle expenses		27,131	26,047
Office equipment expenses		70,977	72,351
Program expenses		371,767	246,722
Property expenses		15,126	161,164
Right of use asset expenses		176,194	–
<b>TOTAL EXPENDITURE</b>		<b>3,180,991</b>	<b>2,773,129</b>
<b>Net surplus/(deficit) before income tax</b>		<b>530,226</b>	<b>193,103</b>
Income tax expense		–	–
<b>Net surplus/(deficit) attributable to the Association</b>		<b>530,226</b>	<b>193,103</b>

## Statement of financial position for the year ended 30 June 2020

		2020	2019
	Note	\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	2	2,534,311	2,759,339
Trade and other receivables	3	206,184	62,107
<b>TOTAL CURRENT ASSETS</b>		<b>2,740,495</b>	<b>2,821,446</b>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	4	35,728	63,734
Intangible assets	5	776,051	–
<b>TOTAL NON-CURRENT ASSETS</b>		<b>811,779</b>	<b>63,734</b>
<b>TOTAL ASSETS</b>		<b>3,552,274</b>	<b>2,885,180</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	6	289,429	267,305
Income received in advance	7	1,031,716	1,803,766
Provisions	8	352,890	292,088
Lease liability – leased premises	9	111,462	–
<b>TOTAL CURRENT LIABILITIES</b>		<b>1,785,497</b>	<b>2,363,159</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	8	42,209	23,501
Lease liability - leased premises	9	695,822	–
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>738,031</b>	<b>23,501</b>
<b>TOTAL LIABILITIES</b>		<b>2,523,528</b>	<b>2,386,660</b>
<b>NET ASSETS</b>		<b>1,028,746</b>	<b>498,520</b>
<b>EQUITY</b>			
Accumulated funds		1,028,746	498,520
<b>TOTAL EQUITY</b>		<b>1,028,746</b>	<b>498,520</b>

# Independent Auditor's Report

TOWARDS A VISION SHARED



**Collins & Co**  
**Audit Pty Ltd**

127 Paisley Street  
Footscray VIC 3011  
Australia

Phone (03) 9680 1000  
Fax (03) 9689 6605

[www.collinsco.com.au](http://www.collinsco.com.au)

## **Opinion**

I have audited the accompanying financial report of Multicultural Centre for Women's Health Inc (the Association), which comprises the balance sheet as at 30 June 2020, 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 the members of the Board.

In my opinion, the financial report of the Association is in accordance with *the Australian Charities and Not for Profits Commission Act 2012* and *the Associations Incorporation Reform Act 2012*, including:

- i. giving a true and fair view of the Association's financial position as at 30 June 2020 and of its performance for the year ended; and
- ii. complying with Australian Accounting Standards as per Note 1, *the Australian Charities and Not for Profits Commission Act 2012* and *the Associations Incorporation Reform Act 2012*.

## **Basis for Opinion**

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. I am independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled our other ethical responsibilities in accordance with the Code.

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

## **Responsibilities of Management and Those Charged with Governance for the Financial Report**

Management is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the applicable legislation and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

## **Auditor's Responsibilities for the Audit of the Financial Report**

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the responsible entities.
- Conclude on the appropriateness of the responsible entities use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that I identify during my audit.

**Auditor:** Frederik Ryk Ludolf Eksteen

**ASIC Registration Number:** 421448

**Address:** Collins & Co Audit Pty Ltd, 127 Paisley Street, FOOTSCRAY VIC 3011



**Signature:**

**Date:**

**5 November 2020**

## Statement by members of the Committee

Multicultural Centre for Women's Health  
Reg. No. A0023550R

In the opinion of the Committee the financial report as set out on pages 16 to 19:

- Presents a true and fair view of the financial position of Multicultural Centre for Women's Health Inc as at 30 June 2020 and its performance for the year ended on that date in accordance with Australian Accounting Standards.
- At the date of this statement, there are reasonable grounds to believe that Multicultural Centre for Women's Health 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 Committee and is signed for and on behalf of the Committee by:

**Chairperson**



Dr Tamara Kwarteng

**Treasurer**



Mercedes Colla

**Dated this 5th day of November 2020**

# Acknowledgements

## Thank you to our funders, partners and supporters

### Key funders

Department of Health and Human Services Victoria  
Australian Government Department of Health

### Project funders

Australian Government Department of Social Services  
Australian Government Department of Prime Minister and Cabinet  
Department of Premier and Cabinet, Victoria  
Eastern Metropolitan Primary Health Network  
North Western Metropolitan Primary Health Network  
Victorian Responsible Gambling Foundation

### Partners

BreastScreen Victoria  
Diabetes Victoria  
DiverseWerks  
Heart Foundation  
Mercy Health  
Our Watch  
Women's Health Loddon Mallee

### Research funders

ANROWS  
University of Melbourne

### Training and presentation clients

Ballarat Community Health  
Diversitat  
Domestic Violence Resource Centre Victoria  
Mercy Health  
Save the Children  
Women's Health and Wellbeing Barwon South West  
Women's Health in the North  
Women's Legal Service Victoria

# MCWH Board and staff

## Board members

Tamara Kwarteng (Chair)

Agata Bober (appointed 4 June 2020)

Mercedes Colla (Treasurer)

Lucia Li

Sandra Lordanic

Repa Patel

Penny Underwood

## Staff

Kathryn Aedy (PVAW Team Leader)

Boipelo Besele (National Projects Officer)

Ozana Bozic (Administration and Finance Officer)

Jasmin Chen (Communications Officer; Research Advocacy and Policy Manager to April 2020)

Tracy Chen (Program Administration Officer)

Shabnam Daliri (Project Officer)

Vahideh Eisaei (Project Officer)

Yue Gao (Senior Project Officer)

Maria Hach (Senior Project Officer)

Medina Idriess (FARREP Worker)

Joyce Jiang (Health Promotion Manager)

Sangwon Lee (Project Officer)

Adele Murdolo (Executive Director)

Hala Nasr (Project Officer)

Kathy Nguyen (Operations Manager to Feb 2020)

Kim Nguyen (Research and Executive Assistant)

Mi Nguyen (Communications Officer; Project Officer to Jan 2020)

Alejandra Pineda (Project Officer)

Carmela Pitt (Multilingual Library and Resource Coordinator)

Amira Rahmanovic (Health Education Manager)

Caroline Ridler (Training and Capacity Building Officer)

Lisa Salamis (Operations Manager)

Monisha Sandhu (Project Officer)

Regina Torres-Quiazon (Research Advocacy and Policy Manager)

Arati Vidyasagar (Senior Training Officer)

Louella Villadiego-Logge (Project Officer)

## Health Education Team

Huda Al Saba (Arabic)

Gagandeep Cheema (Punjabi/Hindi)

Sonali Deshpande (Hindi)

Maryaan Essa (Arabic, Assyrian)

Wafa Ibrahim (Arabic)

Medina Idriess (Arabic, Tigrinya, Tigre)

Kalleni Ituarte (Greek)

Uma Rani Jagan-Mohan (Tamil)

Marianna Jerbic (Croatian)

He Li (Cantonese)

Victoria Lolika (Arabic, Lotuka, Madi)

Mumtaz Masoud (Dari, Farsi, Urdu)

Fadumo Mohamud (Somali)

Dai Nguyen (Vietnamese)

Suong Nguyen-Robertson (Vietnamese)

Josephine Pallett (Italian)

Hanh Thi Pham (Vietnamese)

Naw Hlar Phaw (Karen, Burmese)

Qia Sun (Mandarin)

Manasi Wagh-Nikam (Hindi, Marathi)

Yanping Xu (Cantonese, Mandarin)



MULTICULTURAL  
CENTRE FOR  
WOMEN'S HEALTH

**Multicultural Centre for Women's Health**

Suite 207, Level 2, Carringbush Building,  
134 Cambridge Street, Collingwood, VIC 3066

**P** +61 3 9418 0999 or toll-free 1800 656 421

**E** [reception@mcwh.com.au](mailto:reception@mcwh.com.au)

**W** [www.mcwh.com.au](http://www.mcwh.com.au)

**F** [MulticulturalCentreforWomensHealth](https://www.facebook.com/MulticulturalCentreforWomensHealth)

**T** [@mcwh1978](https://www.instagram.com/mcwh1978)

ABN: 48 188 616 970