

PRESIDENT'S REPORT

2003 was yet another busy year for AfA. AIDS awareness and fund raising activities had a sporting and health conscious theme viz. Riding for Life and the Singapore Standard Chartered Marathon. Patient peer groups continued their valuable work in psychological counselling support and welfare assistance to many PWAs. The Medications Assistance Programme paid out over \$60,000 to deserving PWAs who were unable to afford life-saving medications. The Pregnant Mothers Fund continued to assist HIV-infected mothers purchase anti-HIV drugs that have been shown to prevent transmission to babies.

Educational and intervention activities were redoubled - especially for MSM and young people. This was possible through collaboration with several organisations (e.g. HPB, DSC) and private businesses (e.g. Levis).

The AfA Endowment Fund was officially inaugurated in 2003, with a capital sum of \$800,000. The Fund is administered by a 5 member Board of Trustees and is managed by HSBC investment specialists, who are providing pro bono services. The board of Trustees was also able to secure pro bono auditing support from KPMG.

In order to establish a transparent and professional governance structure, AfA is now signed on to the NCSS Code of Governance & Management for VWOs in Singapore. AfA is also a founding organisation member of the Global Chinese AIDS Network (GCAN) that is based currently in Hong Kong, and has been functioning for several years as the National Focal Point for Singapore in APCASO (Asia Pacific Consortium of AIDS Service Organisations).

However we cannot afford to let up in our efforts to prevent the spread and impact of HIV. There were more infections diagnosed in 2003 than ever before - here were 242 infections detected among Singaporeans and residents. The vast majority were sexually-transmitted, and males outnumbered females 7 to 1. Infections were most common among heterosexuals, accounting for 73% of newly diagnosed males; however the proportion of infections in MSM increased to 26% of newly diagnoses males in 2003, from 20% in 2002.

Some of the challenges and goals for 2004 are -

1 Implement an effective administrative structure

The plans of the Society require a robust and stable secretariat that can support them. Currently ED is responsible for several duties, these include, among other things, administrative functions, assistance with programme planning and implementation, fund raising, volunteer management, and day-to-day office work. This is clearly too much for one person to shoulder.

2 Scaling up and strengthening AfA programmes and activities

AfA must focus on focus on developing its educational and welfare programmes. This should result from the appointment of a Programmes Director.

This will free up time for ED to focus on administrative matters, communications and volunteer management, and at the same time allow for better planning and evaluation of programmes.

3 Realise the potential of the Singapore AIDS Conference

The 4th SAC is scheduled for November 27th and 28th 2004. The SAC must aim to bring people together not only for discussion and dialogue but also for action. We must work towards closer collaboration with our partners and look for new collaborative organisations. A comprehensive communications plan should be pursued to this end.

4 Implement a membership and volunteer management strategy

We need to actively engage our members and volunteers by having staff working on membership and volunteer management. This will increase members/volunteer motivation, boost the number of paying members and increase AFA's presence. Member/volunteer benefits may include - monthly on-line newsletters, reduced admission to SAC and special events, special invitations to members/volunteers-only receptions/events.

5 Focus on and scale up AfA visibility on HIV/AIDS issues, take steps to expand advocacy role on key issues

AfA has never fully deliberated and formulated a strategic communications plan to position itself in the HIV/AIDS community. A communications strategy should be produced to fill this gap and to give AfA a coordinated and effective voice. We need to explore the possibility of developing a "think tank" structure of experts that can tackle key issues and issue reports, expand relationships with key opinion leaders and journalists.

6 Financial Situation

AfA needs to craft a unified fund-raising strategy & policy on fund-raising. We need to secure and develop new sources of income and long-term funding to endow the Society and its work. The appointment of a Fund raising Director will be a good start for this.

The setting up of the AfA Endowment Fund and appointment of the Board of Trustees will also spearhead new avenues of fund raising for the Society.

"Action for AIDS (AfA) is a caring NGO committed to AIDS prevention, advocacy and support. Our mission is to prevent transmission of HIV/AIDS through continuous education targeted at vulnerable groups; to advocate for access to affordable care and against HIV/AIDS discrimination; and to provide support for PWAs, caregivers and volunteers."

AfA must use this mission statement as a guide to entrench our objectives at the core of all our activities.

BUDDIES' REPORT

The aim of The BUDDIES Programme is to create a better environment for understanding and coping with HIV/AIDS. This is achieved by maintaining a support network of volunteers with whom PWHA and their loved ones can share their experiences and feelings and from whom they can draw emotional and practical support. The underlying principle of the programme is respect for the dignity and rights of all participants in the programme regardless of HIV status, background or religion.

Requirements:

Buddies are required to be:

Discreet

Caring and committed

Non-judgmental

Sensitive enough not to make enquiries about how clients acquired the infection

Sensitive about discussing religion

Careful about being identified publicly as a BUDDIES volunteer

Comfortable about working with HIV/AIDS

Preferably 21 years of age or older

The types of duties include:

Doing Ward Visits

Being a Personal Buddy

Being a Transport Buddy

Training:

In 2003, 5 Buddies attended the compulsory Volunteer Training Programme organised by the Patient Care Centre of the Communicable Disease Centre, Tan Tock Seng Hospital. The training, however, was halted in March due to the SARS outbreak. The course did resume in October and the volunteers were able to complete the training.

Expenses Incurred

The BUDDIES Programme is allocated an annual Budget so, if any costs are incurred, Buddies should fill out and submit claims forms for reimbursement at the Monthly meetings. Receipts should also be submitted whenever possible.

In 2003, \$429.00 was spent solely on client welfare.

Ward Visits

The Buddies visited PWAs in the wards in CDC every Tuesday to provide emotional support and other practical supports such as bringing them food and drinks and giving aromatherapy massage.

The ward visits were halted after the first week of March due to SARS outbreak and only resumed in October 7, but with many restrictions. Buddies continued to be active during the SARS period by helping PCC distribute monthly food ration to PWAs and doing home visits.

Updates:

As of 31 Dec 2003, there were 14 Buddies.

4 new volunteers joined Buddies in 2002. 1 former Buddies returned from overseas posing and rejoined the program.

7 volunteers left the Programme in 2003, 1 because he had to leave Singapore to pursue higher education, 4 because of increasing job commitments, 1 for a change in the type of volunteer commitment and the last because of other commitments.

Future Plans:

Closer monitoring of volunteer contributions will be used to ensure that there are fewer 'phantom' volunteers.

To send volunteers for training in aromatherapy massage programme and nutrition programme organized by PCC as there is an increase in demand in these areas.

To foster closer bond among volunteers through more gatherings and activities.

Alan Tan Chye Soon
Project Coordinator

CLUB GENESIS...A NEW BEGINNING

The year 2003 began with lots of turmoil in the world arena, followed by the SARS outbreak in April. Moral was an all time low for everyone in Singapore. The PWA community was especially worried, as they were all afraid that they would be the first casualties of the SARS outbreak being weaker with lower immunity.

And of course during this period, AIDS was no longer the taboo 4 letter word but SARS. A double blow was that both the government and the public raised \$9 millions dollars for the courage fund in just a few months and AIDS being over 20 years old never saw even a million dollars raised in Singapore.

A worried mood was cast over of the PWA community as CDC was closed for a few months as some of the beds were assigned to the SARS patients and regular doctor's appointments were postponed. AIDS patients during this period had to seek other alternatives by themselves when they fell ill.

A very apt message to describe this period by the vice-president of AFA:

In Singapore, there are over 200 SARS cases reported, with a death toll of about 18, as of the time of writing. Until October 2002, over 1,600 Singaporeans have been infected with HIV and by now, probably more than 2,000and we count more than 600 people dead because of it. Is SARS a threat? Yes. Is AIDS a threat? Yes. – But we don't seem to be responding to it appropriately.

Meetings

The group meetings were held on every last Friday of the month at the AfA office.

And the main agendas on most of the meetings were of health issues and of taking alternative health food supplements. A meal together after every meeting never fails to create/renew bonding and friendship.

The average attendance is about 15 members out of a total of 40. For the year 2003, the club welcomed 5 new members and 3 dropped out.

This year CG has been working very closely with the LGO men and from this union a few good projects was carried out effectively to reach out to the PWA community.

In early 2003, the club initiated the 'Osteopathic Treatment' jointly with LGO which helps ailing PWAs on their various common symptoms or at least make their symptoms a bit more bearable. A report will be published in the ACT.

The 'Reiki session started in early 2002, a joint project with LGO is still on going.

In mid 2003, club member initiated a training session for PWAs to be counsellors at the Anonymous Testing Site.

And in December, a team of 12 positive runners both from CG and LGO participated in the Singapore Marathon to help raise some funds for AfA and also to do something useful instead of just seating in the side lines and let others do all the work.

New project in the pipe line: The Club felt it was necessary to let organisations know about its existence and what benefits it can provide to assist the newly diagnosed individuals. So she has completed designing a card to 'advertised' her services. This card will be given out to the Health consultant and Doctors at CDC and to the person in-charge of the HIV anonymous testing centre at DSC.

The club on the whole is moving ahead and looking at 'greater involvement' as the key word. She has been eyeing at some individual members who shows leadership qualities for her long-term goals and projects.

Sean
Project Coordinator

WOMEN AND HIV

In 2003 the Women and HIV Program continued its work of providing counselling and support to women and their families living with HIV/AIDS. This included providing phone counselling services, information on improving health and well-being, as well as information on how to access services provided by groups and organisations both within and outside of AFA.

In particular, the program provides counselling to pregnant women, talks on HIV treatment and risk reduction counselling. Other services include the provision monthly rations of basic commodities to families living with HIV/AIDS. These are sponsored by Code 4 Medical Services.

In 2003 several social gatherings were organized for the women and children. This included a children's party organised with the help of Ngee Ann Polytechnic Rotaract Club 8th February 2003, and a Mid-Autumn Festival celebration on 7th September, attended by close to 70 PWAs.

There was also a talk on treatment by Dr Lee Cheng Chuan in June 2003. The highly interactive talk was attended by 50 PWAs and their family members. During the SARS period, goody bags comprising face masks, Brands Essence of Chicken and vitamins sponsored by GlaxoSmithKline were distributed.

Later in the year the plight of women living with HIV/AIDS was also highlighted in the media when an article was published in HER WORLD to commemorate World Aids Day.

The Women and HIV Program hopes to continue its work empowering and enabling women living with HIV/AIDS.

In the following year there are also plans to provide more opportunities for women living with HIV/AIDS to gather in a social setting. The program also hopes to provide free tuition services for children whose parents live with HIV/AIDS.

Children of parents living with HIV/AIDS are linked with potential tutors who can act as good role-models and help them improve in their studies.

Kamalini Ramdass
Project Coordinator

RIDING FOR LIFE 2003

Riding for Life 2003 was the third Riding for Life event held since its inception in 1999. This year for the first time the ride was held in collaboration with the Malaysian AIDS Foundation with a total of 35 riders from Singapore and Malaysia participating.

Planning for the event began in July 2002 with the formation of the Riding for Life Committee composed of Bruce Garretson, Roger Winder, MK Li, Eileen Lee, Kenneth Lau, Timothy Tan, Jane Bishop, Sukri Kadola and myself.

This team worked tirelessly in planning and publicizing the event as well as seeing it through from start to finish. In these efforts we were joined by the Malaysian team led by Robert Yeoh and consisting of Indra, Susie Koo, Sumathi, Shalina, Edison, Sharifah, Sarizeah, Azrul, Lorna Tee and WY Chin.

This year's event faced some daunting challenges including the SARS epidemic but went ahead anyway and managed to raise over \$42,000 for the AIDS Medication Fund and other AfA activities.

The event itself kicked off on Sunday, 1 June 2003 with a grand send-off in Kuala Lumpur with then Deputy Prime Minister Abdullah Badawi as the Guest of Honour. The 35 RfL riders began their journey accompanied by close to 200 support riders for the first few kilometres.

This year's route took us more than 960 km through Temerloh, Kuantan, Muadzam Shah, Seremban, Malacca, Batu Pahat, and Johore Bahru before ending in Singapore. A gala dinner was held for all riders in Johore Bahru on Saturday night, 7 June, with a Welcome Rally for the Singapore riders in Singapore on Sunday 8 June. All in all, Riding for Life 2003 was successful despite the setbacks caused by SARS epidemic and generated both funds and publicity for the AIDS cause in both Singapore and Malaysia.

George Bishop
Chair, Riding for Life Committee

HIV/STI PREVENTION PROGRAMME FOR MEN WHO HAVE SEX WITH MEN (MSM)

The Programme, based on a two-year proposal, was launched in August 2002 with the following **objectives**:

- To raise HIV/AIDS and STI awareness and encourage the adoption of risk reduction measures among MSMs in Singapore
- To determine patterns of MSM sexual behaviour and levels of adoption of risk reduction measures in Singapore
- To determine levels of HIV/AIDS knowledge and prevalence among MSMs in Singapore
- To fight stigmatisation of HIV-positive people and to encourage empathy and understanding

To accomplish these objectives, a number of **sub-projects** were initiated:

Research Projects

A research project on sexual health-related knowledge, attitudes and behaviour of MSM in Singapore was conducted from October 2002 to February 2003. This included a survey which drew 1,291 valid responses, mainly through the electronic version of the questionnaire hosted at a website. The results from this project are being used to guide other intervention measures. Among the key findings of the survey were:

- Most respondents started having oral/anal sex with other males from 15 to 18 years of age (29.1%) or from 19 to 21 years of age (24.4%). 10.3% had their first sexual encounters below

the age of 15, and were also more likely to have had unprotected anal sex when they first started having sex;

- the Internet was the most common way of acquiring sexual partners (60.6%);
- most respondents had had 2-5 partners (41.4%) within the previous 3 months, 25.5% had had one partner, 20.9% more than 5 partners, and 12.2% no sexual partners;
- 39.3% had had unprotected anal sex with boyfriends, 22.9% had had unprotected anal sex with casual partners;
- the most common reasons for unprotected sex were that the sexual partner was a boyfriend (43.3%), that condoms were unavailable (15.4%), that the partner seemed healthy and clean (14.3%), and that they had had sex a few times before (14.2%);
- more than half the respondents (51.1%) were not sure about the venue for anonymous HIV testing in Singapore, while another 8.4% were unaware that such testing was available here;
- 40.4% of the respondents had never been for an HIV test, while 1.6% had tested positive; and
- 79.1% of the respondents had never had sex with women, while 12.0% had had unprotected sex with women.

The most vulnerable groups appeared to be younger MSM and those with lower educational qualifications.

Another research project will be conducted in April/May 2004 to determine if there has been any change, though it may be premature to attribute positive changes to the efficacy of intervention measures.

IEC Material

Findings from the 2002/2003 survey were used to identify six pertinent issues that needed to be urgently addressed:

- using condoms for anal sex,
- using water-based lubricants with condoms,
- taking precautions for oral sex,
- looking out for STI symptoms and seeking treatment,
- encouraging HIV testing, and
- not discriminating against HIV-positive people.

These were used in developing new information, education and communication (IEC) material, the first set of which was launched on 8 August 2003, the others being distributed within the community in a staggered fashion, month by month. Another set of IEC/safer sex material with more sophisticated messages and highlighting the rise in the number of MSM testing HIV-positive is scheduled for release this year.

Internet Outreach

A training programme was conducted in January/February 2004 to equip volunteers with knowledge and skills to offer information, referrals, support and basic counselling in internet chatrooms, electronic bulletin boards, and through e-mail.

The volunteers will conduct outreach by entering MSM-frequented chatrooms (including IRC), monitoring postings on electronic bulletin boards of MSM-based portals, and dealing with e-mails asking for help or information.

Other Outreach

The new sets of IEC material have been distributed regularly at various gay saunas and bars/clubs in Singapore. In addition, they have been distributed together with condoms at 7 organised gay events since August 2002. Two safer sex workshops for MSM have also been organised.

Resource Centre

A resource centre for matters pertaining to LGBT and HIV/AIDS was launched in December 2003. This includes a collection of books and safer sex material, a website with useful information, and a space for meetings. To date, there has been a small but steady flow of people visiting and borrowing books from the Centre, and some of the groups have been having regular meetings in the space provided.

Other Matters

A pilot project offering anonymous HIV testing in gay saunas will be launched in March 2004 to encourage MSM to test for HIV and to remind them of the need to adopt safer sex practices.

At present, there are about 60 volunteers within the Programme, with new volunteers continuing to offer their contributions all the time. An internal review of intervention efforts was conducted on 14 January 2004, and ideas for new efforts were put forth at this meeting.

The two-year project officially ends at the end of July 2004

Expenditure for the Programme has been as follows:

| | |
|--------------------------------|--------------------|
| Research Project | \$657.99 |
| IEC Material | \$7,457.81 |
| Volunteer Welfare | \$2,361.07 |
| Programme Coordinator's Salary | \$22,500.00 |
| Miscellaneous | \$3,076.44 |
| Total | \$36,053.31 |

Roger Winder
Project Coordinator
Programme Director

AFA ANONYMOUS HIV COUNSELLING AND TESTING SERVICE

Introduction

AfA has been conducting anonymous HIV testing and counselling at the DSC Clinic since 1991, starting off with offering conventional EIA testing once a week on Saturday afternoons.

In April 1997, the Centre began using a rapid HIV test kit in tandem with EIA testing, before converting to using only rapid testing kits in July 1999 (and using EIA and WB tests only for confirmation of positive rapid test results).

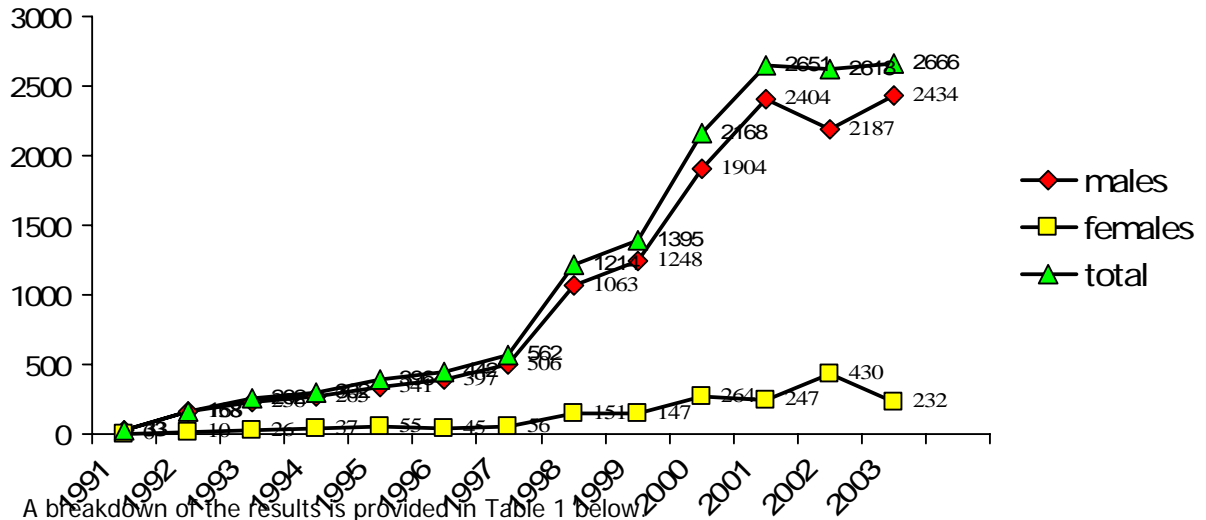
From June 1998, testing was also conducted at a clinic in Tanglin Shopping Centre on Wednesday evenings before the venue for Wednesday testing was shifted to the DSC Clinic in August 2000.

At present, anonymous HIV testing and counselling is available at the DSC Clinic on Wednesday evenings (6.30 - 8.00 p.m.) and Saturday afternoons (1 - 4 p.m.). Summary sheets with data about clients and test results in 2003 are attached as Appendices.

No. of Tests Done

As can be seen in Chart 1 below, there was a slight increase (about 2%) in the number of clients in 2003, though there was a 46% decrease in the number of female clients.

Chart 1



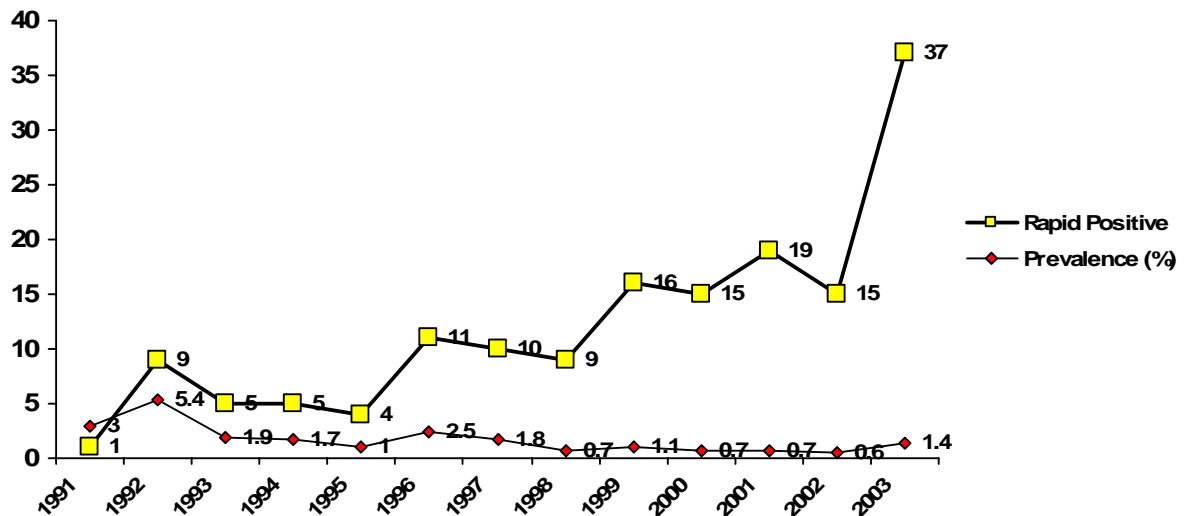
A breakdown of the results is provided in Table 1 below

Table 1

| | Wed | Sat | Total |
|-----------------------|-------|-------|-------|
| Total No. of Cases | 1,262 | 1,404 | 2,666 |
| Counselling Only | 19 | 18 | 37 |
| Positive Results | 19 | 19 | 38 |
| Negative Results | 1,243 | 1,385 | 2,628 |
| Indeterminate Results | 1 | 1 | 2 |
| Prevalence (%) | 1.5 | 1.4 | 1.4 |

The next chart shows the significant increase in the number of positive results for the rapid test (more than double the number in 2002) and for HIV prevalence (from 0.6% in 2002 to 1.4% in 2003).

Chart 2.



Client Profiles

Gender

As has been mentioned earlier, men far outnumbered women among the clients. For every woman who tested, there were about 10 men.

Table 2

| Gender | No. | % |
|--------|-------|------|
| Male | 2,434 | 91.3 |
| Female | 232 | 8.7 |

Ethnicity

Chinese were predictably the largest group among clients but there continues to be a significant proportion of Eurasians and 'Other' ethnic groups, a low proportion of Indian clients and an even lower proportion of Malay clients.

Table 3

| Ethnicity | No. | % |
|-----------|-------|------|
| Chinese | 1,936 | 72.6 |
| Malay | 86 | 3.2 |
| Indian | 225 | 8.4 |
| Eurasian | 74 | 2.8 |
| Others | 345 | 12.9 |

Nationality

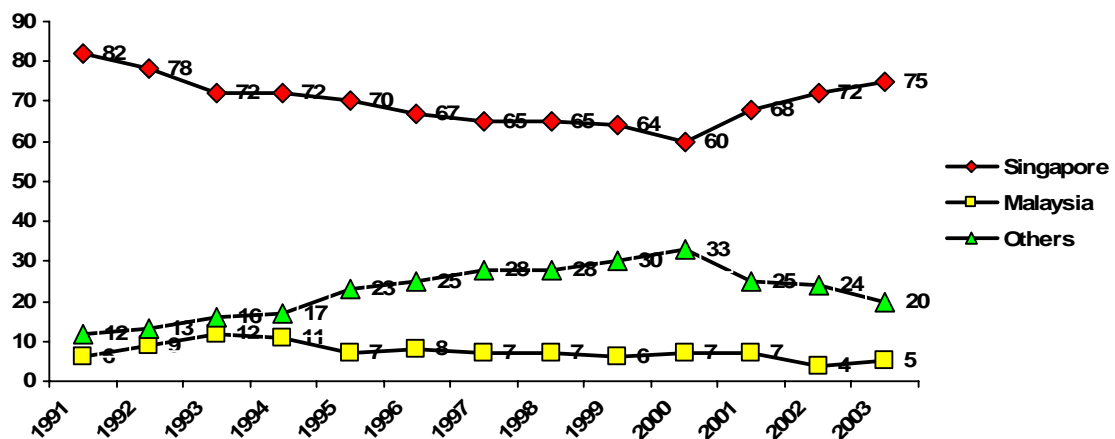
Non-Singaporeans made up almost a quarter of the clients seen at the clinic, indicating the popularity of the service in this group.

Table 4

| Nationality | No. | % |
|-------------|-------|------|
| Singaporean | 2,008 | 75.3 |
| Malaysian | 120 | 4.5 |
| Others | 538 | 20.2 |

However, comparing the numbers with those for previous years reveals that the proportion of Singaporeans has been gradually increasing in recent years and that there is a corresponding decrease in the proportion of 'Other' nationalities, as reflected in the chart below.

Chart 3



Marital Status

Most of the clients were single, a quarter were married.

Table 5

| Marital Status | No. | % |
|--------------------|-------|------|
| Single | 1,913 | 71.8 |
| Married | 667 | 25.0 |
| Divorced/Separated | 80 | 3.0 |
| Widowed | 6 | 0.23 |

Sexual Orientation

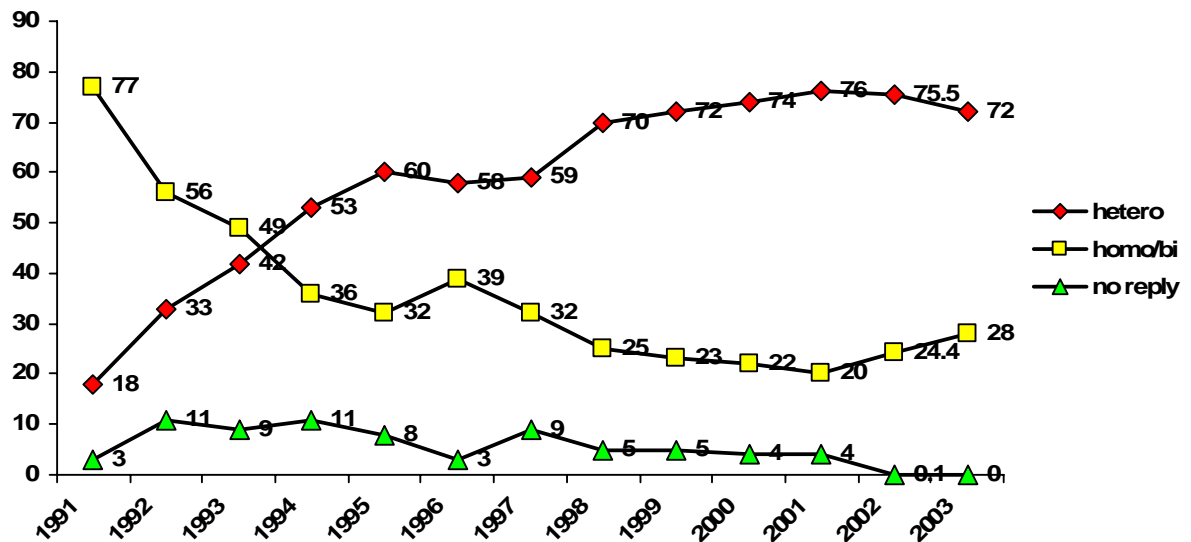
While heterosexuals constituted the largest group of clients, a significant proportion of the clients were either homosexual or bisexual.

Table 6

| Sexual Orientation | No. | % |
|--------------------|-------|------|
| Heterosexual | 1,918 | 71.9 |
| Homosexual | 636 | 23.9 |
| Bisexual | 112 | 4.2 |

In fact, the proportion of homosexual/bisexual clients has been rising in recent years, as can be seen in the chart below.

Chart 4



History of HIV Testing

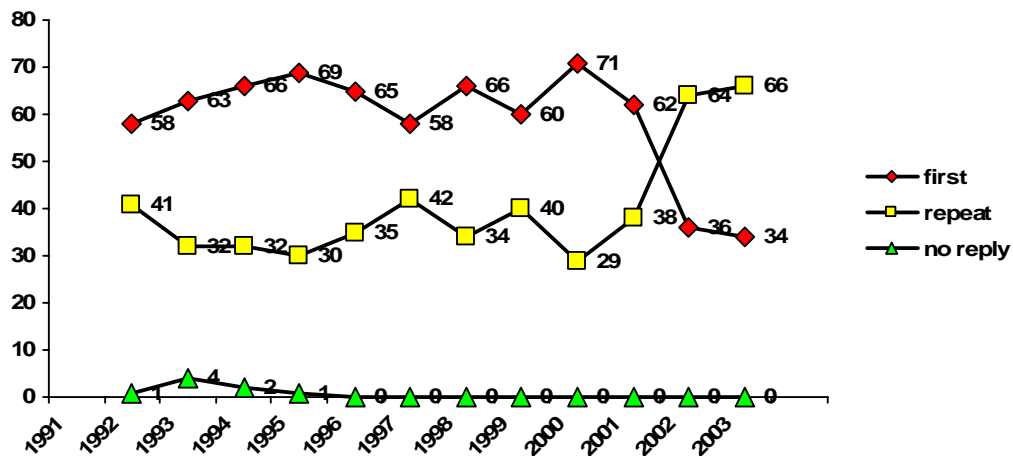
Another trend which continues is that of an increasing number of clients having repeat tests done as compared to those coming for testing for the first time. The statistics for 2003 are provided in the table below.

Table 7

| Testing History | No. | % |
|-----------------|-------|------|
| First test | 905 | 33.9 |
| Repeat test | 1,761 | 66.1 |

The trends over the years can be seen in the chart below.

Chart 5



Finding Out about the Testing Venue

Word of mouth from friends and colleagues and the Internet were the most common ways in which clients found out about the anonymous HIV testing venue.

Table 8

| Information Channel | No. | % |
|---------------------|-------|------|
| Friends/Colleagues | 1,082 | 40.6 |
| Leaflets/Cards | 214 | 8.0 |
| Medical Personnel | 223 | 8.4 |
| Newspapers | 393 | 14.7 |
| Internet | 485 | 18.2 |
| Others | 269 | 10.1 |

Self Risk Assessment

Most of the clients felt they were at a low risk of testing HIV-positive, though more than 30% felt they were medium or high risk.

Table 9

| Risk Assessment | No. | % |
|-----------------|-------|------|
| High | 109 | 4.1 |
| Medium | 700 | 26.3 |
| Low | 1,761 | 66.1 |
| Not Sure | 96 | 3.6 |

Importance of Anonymity

Anonymity was a crucial factor for almost half the clients, with only 17.3% of the clients indicating they would have tested even if no anonymity was offered. This underscores the necessity to continue offering the service.

Table 10

| Testing without Anonymity? | No. | % |
|----------------------------|-------|------|
| No | 1,310 | 49.1 |
| Yes | 462 | 17.3 |
| Not Sure | 895 | 33.6 |
| Total | 2,666 | 100 |

Comments

While the number of tests done continues to rise gradually with each year, some of this may be due to the fact that the Centre sees many clients who come back for repeat testing. There are increasingly more men, Singaporeans, and homosexuals/bisexuals testing at the clinic. It also seems that Wednesday nights are more popular for testing than Saturday afternoons – the difference in numbers not reflecting the fact that the Saturday clinic runs for twice the length of time of the Wednesday clinic.

In contrast to the gradual increase in the number of tests done is the dramatic jump in the number of positive results, making it more crucial that volunteers are adequately trained and prepared to handle post-test counselling for positive results. This will be addressed in forthcoming training programmes.

Roger Winder
Project Coordinator
Programme Director

MALAY/MUSLIM GROUP: ANAK MELAYU/ISLAM MELAWAN PENYAKIT UNIK HIV/AIDS (AMPUH)

AMPUH continued to engage the local Muslim community by encouraging greater public awareness about HIV/AIDS, and community support for Malay/Muslim PWAs through a number of advocacy efforts, primarily via the mass media.

The Malay-language media has been playing a vital role in forming and influencing public opinion. As a result of our efforts through the years, Malay/Muslim public opinion has generally become more receptive to discussing issues surrounding STDs and HIV/AIDS and more accepting of PWAs.

We also continued to correct public misperceptions and queries about the disease and the needs of HIV/AIDS patients reflected in the Malay-language print and broadcast Media.

In the near future, the group hopes to embark on a research study to find out more about the community's current knowledge, attitudes and perceptions about the disease. We also hope to do more outreach activities, e.g. through a roadshow centred on HIV/AIDS education. In addition, we are exploring the possibility of having a co-funding scheme for patients who need financial assistance to pay for funeral expenses.

MUSLIM+ PATIENT SUPPORT GROUP

Muslim Positive, the support group for Muslims who are HIV-positive, continued to hold meetings on the first Friday evening of every month.

The group fosters mutual support and provide spiritual guidance from the Islamic view. Its meetings focus on the positive aspects of living and issues centring on HIV treatment, healthy life choices and family relationships are discussed.

Feisal Abdul Rahman
Project Co-ordinator

HIV EDUCATION IN THE WORKPLACE AND SCHOOLS

SCHOOL TALKS

By Brenton Wong, Justin Ng, Benedict Jacob-Thambiah

| | | |
|---|--|-----|
| 170203 | Anglo Chinese JC | 350 |
| 190203 | Yuhua | 300 |
| 260203 | Yuhua | 300 |
| 260203 | Northland | 400 |
| 030303 | Victoria | 500 |
| 040303 | Temasek | 400 |
| 070303 | Bedok Town | 400 |
| 120303 | Chestnut Drive | 350 |
| 130303 | Assumption Vocational Institute (two talks in one day) | 700 |
| 240303 | Monfort | 300 |
| 280303 | Shuqun | 300 |
| (No talks in April and May due to SARS) | | |
| 030603 | Teck Whye | 300 |
| 040603 | Anderson | 300 |
| 050603 | Damai | 300 |
| 090703 | Delta | 300 |
| 090703 | St Gabriel's School | 300 |
| 150703 | Mei Chin Secondary | 350 |
| 180703 | Ang Mo Kio Secondary | 350 |
| 220703 | Raffles Girls' Secondary | 400 |
| 250703 | Ngee Ann Secondary | 350 |
| 280703 | Ghim Moh Secondary | 300 |
| 310703 | Tanjong Katong Girls School | 300 |
| 040803 | Outram Secondary | 350 |
| 230903 | St Patrick's Secondary | 350 |
| 300903 | Temasek Secondary | 350 |
| 061003 | Pasir Ris Secondary | 250 |
| 071003 | Pasir Ris Secondary | 240 |
| 091003 | Geylang Serai Vocational TC | 130 |
| 131003 | Geylang Serai Vocational TC | 350 |
| 141003 | Naval Base Secondary | 160 |
| 171003 | Christ Church Secondary | 250 |
| 211003 | Ngee Ann Polytechnic | 300 |
| 281003 | Chung Chen High | 120 |

WORKPLACE TALKS –

By Brenton Wong, Roger Winder, Susie Solomon, Benedict Jacob-Thambiah

| | | |
|--------|--|-----|
| 100203 | Senpaga Vinayagar Temple (Public talk) | 50 |
| 180203 | RELC English Department | 50 |
| 210203 | Levis' APD | 80 |
| 100703 | Singapore Civil Defence Force - Jalan Bahar Camp | 200 |
| 180703 | Kampong Glam CC (Public talk) | 50 |
| 010803 | Singapore Technologies – Ayer Rajah | 50 |
| 220803 | Singapore Civil Defence Force - Jalan Bahar Camp | 200 |
| 060903 | Presentation for Kopitiam discussion | 50 |
| 090903 | Singapore Civil Defence Force - Jalan Bahar Camp | 200 |
| 260903 | MTV Asia HQ | 100 |
| 300903 | Standard Chartered Bank | 20 |
| 021003 | Singapore Civil Defence Force - Jalan Bahar Camp | 200 |
| 021003 | Bengali Association (Khalsa Club) | 20 |
| 031003 | COMFORT HQ | 20 |
| 031003 | Bengali Association (Khalsa Club) | 20 |
| 071003 | SIF team to Batam | 25 |
| 111003 | SINDA - Team to Bangalore | 30 |
| 161003 | National Youth Council (Visitors from Indonesia) | 25 |
| 041103 | Sree Narayana Home talk | 100 |
| 111103 | Rotaract Club | 100 |
| 111103 | MTV Asia HQ | 50 |
| 271103 | SingHealth Polyclinic Nurses talk | 100 |
| 011203 | RSAF - ADSD Complex Sembawang Air Base | 150 |
| 021203 | RSAF - Sembawang Airbase Medical Centre | 100 |
| 031203 | RSAF - Paya Lebar Medical Centre | 80 |
| 031203 | Singapore General Hospital | 100 |
| 041203 | RSAF - Tengah Airbase Medical Centre | 50 |
| 051203 | RSAF - Changi Airbase Medical Centre | 70 |
| 191203 | RSN – Tuas Naval Base | 200 |

PRISON TALKS

by Susie Solomon

16 talks were given at Changi Women's Prison and Changi Prison (Male) in 2003. On average 20 soon-to-be released inmates in each session.

FOREIGN WORKERS

by Benedict Jacob-Thambiah, Saravanan Pillay, Lalitha Nair and volunteers from Singapore Police Force and Children of Mother Earth (a NGO based in Gujarat, India)

All talks were conducted at the open field at the corner of Weld Road and Jalan Besar on Sunday evenings. (dates and the estimated size of the audience)

260103 - 500

090203 - 500

020303 - 600

(No talks in April and May due to SARS.)

220603 - 500

270703 - 500

170803 - 700

The format for the outreach is as follows –

- a video by HPB on HIV/AIDS and how it affects the individual and his family;
- a short presentation in Tamil on the basics of HIV and STDS and how to avoid the disease;
- questions and answers
- condom distribution on site.

Benedict Jacob-Thambiah
Project Coordinator

AFA PHONE COUNSELLING HOTLINE

Background

The hotline service was set up to information on HIV/AIDS and other STDs to members of public who call in.

We currently have about 10 volunteers who help to man the lines.

Client Profile

In 2003, we received 540 calls. The tables below states the breakdown of the callers based on their sex, race and sexual orientation:

| SEX | Number | % |
|------------|---------------|----------|
| Male | 425 | 78.7 |
| Female | 115 | 21.3 |

| RACE | Number | % |
|-------------|---------------|----------|
| Chinese | 498 | 92.20 |
| Malay | 22 | 4.07 |
| Indian | 15 | 2.70 |
| Eurasian | -- | |
| Others | 7 | 1.03 |

| SEXUAL ORIENTATION | Number | % |
|---------------------------|---------------|----------|
| Heterosexual | 503 | 93.14 |
| Homosexual | 34 | 6.30 |
| Bisexual | -- | -- |
| Unknown | 3 | 0.56 |

There was a slight decrease in the number of calls in comparison to 2002 when we had 622 callers.

English remains the main mode of disseminating information and advise.

The number of callers requesting Mandarin counselling has also increased and we continue to have a problem recruiting Mandarin speaking counsellors.

Benedict Jacob-Thambiah
Project Coordinator

EXECUTIVE DIRECTOR'S REPORT

VOLUNTEER DATABASE

The volunteer base continued to grow as we had over 50 new and renewed volunteers sign up to help. Many of the new volunteers were recruited through the MSM programme.

CANDLELIGHT MEMORIAL 2003

The Candlelight Memorial was held at the National Youth Centre's Youth Park in Somerset Road on Sunday 18 May.

In a break from the past, the majority of the committee members were new and they employed all the skills and know how they had to make this candlelight one of the most memorable.

Once again as in the 6 years, we had the full and unreserved participation of the members and leaders of the Inter Religious Organization.

Also special thanks to all the volunteers who helped that day.

WORLD AIDS DAY 2003

Due to a lack of sponsorship and funding, the WAD03 Public Event was scrapped and in its place Action for AIDS did a series of radio interviews that was aired repeatedly on World AIDS Day, 1 December 2003.

The focus of the radio blitzkrieg was **Live and let live**, the slogan of the World AIDS Campaign 2002-2003, which focuses on eliminating stigma and discrimination.

Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to HIV/AIDS may extend into the next generation, placing an

emotional burden on children who may also be trying to cope with the death of their parents from AIDS.

With its focus on stigma and discrimination, the Campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

What was achieved?

- a. Education – The campaign made a clear and yet profound statement that the HIV/AIDS is present in Singapore and that there are people affected and infected with it.
- b. Awareness – It increased the visibility of the fight against the disease. It was a reminder that our fight against the disease is ever ongoing and our guard must never be let down.
- c. Support – It lend support to the families and friends of people who have passed away due to AIDS related complications. It tells them that they are not alone and that the community is being mobilised to support them.

MEDICATION SUBSIDY PROGRAMME

As in 2002, the number of applicants for medication subsidies has continued to climb. For the period January – December 2003, we had over 60 individual applicants for subsidies.

AFA has paid out close to \$370 000.00 to our needy patients.

Due to the limited available funds, only patients involved in AFA and any of its PWA support activities are allowed to apply for the subsidy. Besides the staff, Exco members and those involved in media and educational talks, all other subsidy applicants are subject to ballot.

A contribution of \$20000.00 from the M.A.C AIDS Fund was received in August 2003 to support the medication subsidy programme.

M·A·C AIDS FUND SUPPORT FOR AFA AND HIV AWARENESS CREATION

M.A.C AIDS Fund Public Service Announcement (PSA)

MAC produced and secured partnership for the screening & broadcast for video spots featuring M.A.C Viva Glam IV Spokespersons Elton John, Mary J Blige & Shirley Manson on AIDS issues. Objectives: to raise public awareness/social issues of AIDS through renowned world class artistes. MAC secured the following media in Singapore:

The Heeren Outdoor Megatron: 4 spots, ROS for 6 months from Jun – Dec'03

MTV Asia: 3 spots, ROS for the months Jun & Dec'03. Broadcasted to over 150 million households Asia-wide.

Fridae.com: secured sponsorship of Banner ads on this alternative male lifestyle website homepage (minimum 200,000 impressions) and a web page setup featuring all 8 video spots from the PSAs. The site has over 80,000 registered members with page views totaling 9 million with over 150,000 visitors monthly.

Zouk Club: Secured broadcast of the PSAs on their TV Monitors at all their club outlets for June' 03.

August – \$20,000 Cheque Donation to AFA at M.A.C Outlet opening event at Raffles City.

COLLABORATION WITH OTHER AGENCIES

In 2003, Action for strengthened and deepened its working relationship with various organisations.

Inter Religious Organisation of Singapore

- To conduct HIV/AIDS talk with its various member religions
- To inform and invite them to all our activities

American Chamber of Commerce and Industry (Singapore)

- To conduct HIV/AIDS talks with its member companies
- To assist on their AMCham AIDS Task force

Children of Mother Earth (COME)

- To assist with their social outreach programme for South Asian foreign workers

Singapore Indian Development Association (SINDA)

- To conduct HIV/AIDS talk to its project coordinators, especially those dealing with delinquent youth and kids from broken families.

Singapore Red Cross

- To conduct joint education programmes
- Collaborate in areas that they have been mandated by their International Federation such as the Candlelight Memorial, World AIDS Campaign.

Benedict Jacob-Thambiah
Executive Director

AFA Anonymous Counselling & Testing Service
Wednesday (6.30 - 8.00 p.m.)
Monthly Statistics (Jan 2003 - Dec 2003)

| MONTH | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| NUMBER | 118 | 81 | 99 | 108 | 65 | 95 | 122 | 87 | 72 | 137 | 152 | 126 | 1262 |
| MALE | 102 | 73 | 89 | 100 | 63 | 90 | 112 | 80 | 66 | 122 | 141 | 111 | 1149 |
| FEMALE | 16 | 8 | 10 | 8 | 2 | 5 | 10 | 7 | 6 | 15 | 11 | 15 | 113 |
| SINGLE | 83 | 56 | 65 | 84 | 50 | 71 | 84 | 74 | 47 | 88 | 100 | 82 | 884 |
| MARRIED | 34 | 25 | 30 | 22 | 12 | 19 | 36 | 11 | 25 | 45 | 45 | 39 | 343 |
| DIV/SEP | 0 | 0 | 4 | 2 | 3 | 5 | 1 | 2 | 0 | 4 | 7 | 5 | 33 |
| WIDOWED | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| CHINESE | 80 | 59 | 66 | 83 | 48 | 59 | 90 | 71 | 58 | 95 | 112 | 93 | 914 |
| MALAY | 4 | 3 | 2 | 1 | 1 | 6 | 6 | 5 | 0 | 3 | 3 | 4 | 38 |
| INDIAN | 14 | 8 | 10 | 7 | 5 | 12 | 12 | 4 | 4 | 12 | 12 | 14 | 114 |
| EURASIAN | 3 | 1 | 18 | 2 | 4 | 4 | 1 | 2 | 3 | 1 | 8 | 3 | 50 |
| OTHERS | 17 | 10 | 3 | 15 | 7 | 14 | 13 | 5 | 7 | 26 | 17 | 12 | 146 |
| SINGAPORE | 89 | 59 | 68 | 82 | 51 | 68 | 83 | 65 | 50 | 105 | 112 | 106 | 938 |
| MALAYSIA | 6 | 5 | 6 | 5 | 2 | 3 | 9 | 9 | 2 | 5 | 9 | 2 | 63 |
| OTHERS | 23 | 17 | 25 | 21 | 12 | 24 | 30 | 13 | 20 | 27 | 31 | 18 | 261 |
| REC' BLD PRE | 5 | 2 | 1 | 0 | 2 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 14 |
| I/V DRUG | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 6 |
| HOMOSEXUAL | 27 | 14 | 19 | 20 | 21 | 20 | 25 | 23 | 17 | 35 | 33 | 32 | 286 |
| HETEROSEXUAL | 88 | 65 | 77 | 85 | 39 | 70 | 94 | 62 | 52 | 96 | 111 | 88 | 927 |
| BISEXUAL | 3 | 2 | 3 | 3 | 5 | 5 | 3 | 2 | 3 | 6 | 8 | 6 | 49 |
| FRIENDS/COLL | 45 | 47 | 41 | 44 | 29 | 35 | 53 | 44 | 30 | 74 | 51 | 34 | 527 |
| LEAFLETS/CARD | 12 | 2 | 7 | 9 | 7 | 9 | 3 | 9 | 8 | 6 | 12 | 7 | 91 |
| MEDICAL PERS | 9 | 2 | 8 | 10 | 4 | 7 | 14 | 8 | 8 | 13 | 11 | 7 | 101 |
| MEDIA | 15 | 12 | 15 | 8 | 4 | 6 | 15 | 3 | 6 | 10 | 56 | 36 | 186 |
| INTERNET | 16 | 7 | 18 | 25 | 15 | 29 | 17 | 12 | 16 | 21 | 17 | 38 | 231 |
| IOTHERS | 21 | 11 | 10 | 12 | 6 | 9 | 20 | 11 | 4 | 13 | 5 | 4 | 126 |
| NOT COME | 52 | 50 | 49 | 56 | 22 | 52 | 66 | 39 | 34 | 63 | 76 | 67 | 626 |
| STILL COME | 21 | 11 | 17 | 23 | 34 | 16 | 13 | 16 | 14 | 23 | 26 | 18 | 232 |
| NOT SURE/NO | 45 | 20 | 33 | 29 | 9 | 27 | 43 | 32 | 24 | 51 | 50 | 41 | 404 |
| HIGH RISK | 9 | 9 | 3 | 6 | 3 | 3 | 0 | 5 | 4 | 4 | 6 | 2 | 54 |
| MEDIUM RISK | 31 | 19 | 32 | 38 | 17 | 27 | 36 | 33 | 13 | 49 | 44 | 17 | 356 |
| LOW RISK | 78 | 53 | 64 | 64 | 45 | 65 | 86 | 49 | 55 | 80 | 100 | 74 | 813 |
| NO RISK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NOT SURE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 33 | 39 |
| FIRST TEST | 42 | 36 | 33 | 33 | 17 | 23 | 38 | 18 | 20 | 34 | 66 | 53 | 413 |
| REPEAT TEST | 76 | 45 | 66 | 75 | 48 | 72 | 84 | 69 | 52 | 103 | 86 | 73 | 849 |
| HEMA STRIP (NEG) | 114 | 81 | 99 | 107 | 62 | 95 | 121 | 83 | 72 | 135 | 149 | 125 | 1243 |
| hema Strip (POS) | 4 | 0 | 0 | 1 | 3 | 0 | 1 | 4 | 0 | 2 | 3 | 1 | 19 |
| INDETERMINATE | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| WB NEGATIVE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WB POSITIVE | 1 | 0 | 0 | 1 | 2 | 0 | 1 | 4 | 0 | 1 | 2 | 0 | 12 |
| COUNSELLING ONLY | 3 | 1 | 0 | 1 | 2 | 1 | 1 | 0 | 1 | 2 | 6 | 1 | 19 |

**AF Anonymous Counselling & Testing Service
DSC Clinic (Saturday 1.00 - 4.00 p.m.)
Monthly Statistics (Jan 2003 - Dec 2003)**

| MONTH | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| NUMBER | 151 | 109 | 131 | 87 | 108 | 100 | 84 | 82 | 105 | 72 | 168 | 207 | 1404 |
| MALE | 130 | 95 | 120 | 83 | 100 | 90 | 77 | 77 | 96 | 68 | 155 | 194 | 1285 |
| FEMALE | 21 | 14 | 11 | 4 | 8 | 10 | 7 | 5 | 9 | 4 | 13 | 13 | 119 |
| SINGLE | 111 | 84 | 98 | 68 | 83 | 72 | 69 | 63 | 82 | 47 | 108 | 144 | 1029 |
| MARRIED | 34 | 22 | 29 | 17 | 21 | 27 | 12 | 14 | 19 | 20 | 56 | 53 | 324 |
| DIV/SEP | 5 | 2 | 4 | 2 | 4 | 1 | 2 | 4 | 4 | 5 | 4 | 10 | 47 |
| WIDOWED | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 4 |
| CHINESE | 108 | 83 | 100 | 61 | 77 | 73 | 63 | 67 | 78 | 46 | 121 | 145 | 1022 |
| MALAY | 7 | 3 | 4 | 4 | 1 | 4 | 4 | 4 | 3 | 3 | 7 | 4 | 48 |
| INDIAN | 10 | 10 | 9 | 7 | 9 | 7 | 6 | 5 | 5 | 5 | 15 | 23 | 111 |
| EURASIAN | 2 | 4 | 3 | 1 | 3 | 2 | 1 | 0 | 4 | 0 | 3 | 1 | 24 |
| OTHERS | 24 | 9 | 15 | 14 | 18 | 14 | 10 | 6 | 15 | 18 | 22 | 34 | 199 |
| SINGAPORE | 121 | 96 | 102 | 64 | 78 | 69 | 67 | 68 | 75 | 50 | 125 | 155 | 1070 |
| MALAYSIA | 8 | 3 | 8 | 6 | 4 | 3 | 3 | 2 | 5 | 1 | 8 | 6 | 57 |
| OTHERS | 22 | 10 | 21 | 17 | 26 | 28 | 14 | 12 | 25 | 21 | 35 | 46 | 277 |
| REC' BLD PRE | 5 | 2 | 0 | 4 | 2 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 19 |
| I/V DRUG | 1 | 1 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 8 |
| HOMOSEXUAL | 31 | 22 | 26 | 27 | 31 | 34 | 20 | 24 | 33 | 23 | 36 | 43 | 350 |
| HETEROSEXUAL | 114 | 83 | 97 | 54 | 70 | 63 | 61 | 55 | 66 | 47 | 126 | 155 | 991 |
| BISEXUAL | 6 | 4 | 8 | 6 | 7 | 3 | 3 | 3 | 6 | 2 | 6 | 9 | 63 |
| FRIENDS/COLL | 62 | 45 | 46 | 47 | 45 | 44 | 42 | 33 | 53 | 23 | 51 | 64 | 555 |
| LEAFLETS/CARD | 14 | 13 | 18 | 8 | 9 | 9 | 6 | 6 | 4 | 11 | 13 | 12 | 123 |
| MEDICAL PERS | 10 | 11 | 13 | 7 | 4 | 9 | 5 | 7 | 12 | 11 | 18 | 15 | 122 |
| MEDIA | 24 | 10 | 21 | 9 | 15 | 9 | 6 | 10 | 11 | 7 | 41 | 44 | 207 |
| INTERNET | 13 | 9 | 15 | 12 | 21 | 16 | 17 | 18 | 17 | 17 | 38 | 61 | 254 |
| IOTHERS | 28 | 21 | 18 | 4 | 14 | 13 | 8 | 8 | 8 | 3 | 7 | 11 | 143 |
| NOT COME | 82 | 42 | 64 | 40 | 60 | 29 | 41 | 41 | 57 | 46 | 80 | 102 | 684 |
| STILL COME | 24 | 30 | 26 | 11 | 7 | 16 | 9 | 11 | 19 | 5 | 38 | 34 | 230 |
| NOT SURE/NO | 46 | 37 | 41 | 36 | 41 | 55 | 34 | 30 | 29 | 21 | 50 | 71 | 491 |
| HIGH RISK | 4 | 4 | 8 | 3 | 3 | 0 | 4 | 6 | 4 | 4 | 6 | 9 | 55 |
| MEDIUM RISK | 45 | 32 | 35 | 23 | 23 | 27 | 18 | 14 | 22 | 23 | 51 | 31 | 344 |
| LOW RISK | 102 | 73 | 88 | 61 | 82 | 73 | 62 | 62 | 79 | 42 | 104 | 120 | 948 |
| NO RISK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NOT SURE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 7 | 47 | 57 |
| FIRST TEST | 61 | 44 | 41 | 25 | 36 | 31 | 32 | 20 | 39 | 20 | 57 | 86 | 492 |
| REPEAT TEST | 90 | 65 | 90 | 62 | 72 | 69 | 52 | 62 | 66 | 52 | 111 | 121 | 912 |
| HEMA STRIP (NEG) | 150 | 107 | 129 | 87 | 108 | 98 | 81 | 80 | 104 | 71 | 167 | 203 | 1385 |
| Hema Strip (POS) | 1 | 2 | 2 | 0 | 0 | 2 | 3 | 2 | 1 | 1 | 1 | 4 | 19 |
| INDETERMINATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| WB NEGATIVE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WB POSITIVE | 1 | 2 | 2 | 0 | 0 | 2 | 3 | 2 | 1 | 1 | 0 | 3 | 17 |
| COUNSELLING ONLY | 2 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 3 | 5 | 4 | 18 |

NCSS COURSES FOR VOLUNTEERS AND STAFF

| | | | |
|---|----------|--------------------|-------------------------|
| Power of Corporate Communications – Enhancing Reputation and Public Support | \$49.50 | October 17 '03 | Eileena Lee Wann Yuen |
| SMPSS - Leadership & Teambuilding | \$193.80 | Sept 24 - 25 '03 | Benedict Jacob-Thambiah |
| Strategic Governance – Monitoring and Evaluation Workshop | \$131.40 | July 12 '03 | Feisal Abdul Rahman |
| SMPSS- Strategic Management | \$138.00 | August 27 '03 | Benedict Jacob-Thambiah |
| SMPSS - Financial Accounting and Management | \$138.00 | Nov 5 & 12 '03 | Benedict Jacob-Thambiah |
| Strategic Governance – Monitoring and Evaluation Workshop | \$131.40 | July 12 '03 | Brenton Wong Kok Leong |
| SMPSS - Human Resource Management & Development | \$138.00 | October 8 & 15 '03 | Benedict Jacob-Thambiah |
| “Train-the-Trainer” Workshop for Volunteer Co-ordinators in the Social Service Sector | \$129.00 | Aug 6 & 7 '03 | Lim Poh Heng, Sean |
| Screening and Selection Process of Staff and Volunteers | \$88.00 | Jul 28 & 29 '03 | Iris Verghese |

DONORS AND SUPPORTERS IN FY2003

| | | |
|-------------------------------|--|--------------------------------------|
| Abdel Halim Sykes | Gray Entertainment | Paul Andersen |
| Akbar Jhon | Herstory.ws | Paul Lee |
| Alan Jonathan Berrick | Ho Chee Leng Jacky | Peng Siak Yong |
| Ang Beng Choo | Ho Chee Lick | Richard Gray |
| Arthur J Landro | Ho Lee Choo | Robin Ann Rheume |
| Basant K Kapur | Hok Lok Siu Pte Ltd | Rotary Club of Raffles City |
| Caroline Koh Lai Ying | J Koh & Co | Soon Chong Tek |
| Cecilia Kee | John Chua | Sunita Anne Abraham |
| Centro Concepts Pte Ltd | John Micheal Elliot | Sushilan Vasoo |
| Chan Sin Hui | Joy Paul Therakan | Tan Cheong Kheng Alvin |
| Charmaine Tan | K C Gan | Tan Hui Yee |
| Cher Cheng Hua (BP Night) | Kelvin Kwok | Tan Hwa Jin Derrick |
| Chew Chia Min | Khoo Chee Sin Colin | Tan Yew Hui |
| Chew Chin Tiong Ernest | Koh Chong Ying | Tan Yong Huan |
| Chng Huang Hoon | Koh Sue Khon | The British Association of Singapore |
| Choo Choong Huat | Kong Jong Zhi | The Free Community Pte Ltd |
| Christine Moon | Koo Ngar Shan | Thomas Hartberger |
| Chua Soh Hoon | L K Kwek | Thong Sze Ying |
| Darren Koh Ngiap Thiam | Lakshmanan s/o Seenivasakan | Ting Tuan Ee |
| David Quark | Lau Chee Tiun | Traditional Body Charm |
| Dirk Schwannecke | Lee Guat Moi | United World College |
| Doo May Ling, Shirley | Lee Sok Khian John | Vanessa Taylor |
| Edmund N S Tie | Lee Wilkie | Vera Handojo |
| Elsie Ng | Li Man Kay | Verandah Enterprises Pte Ltd |
| Engineering 2000 | Lim Li Su Lisa | Vijay Krishnan |
| Epigram Pte Ltd | Lions Club of Singapore - Metropolitan Project | Warren Whitley |
| E-ventions International | Loo Yew Tong | Wee Ching Ying Yvonne |
| Fan Yong Kwai | Majlis Ugama Islam Singapura | Whalen Bridge John |
| Fanny Kee | Mark Goh | Wong San's Pte Ltd |
| Fong Chee Meng | Mok Li Ching | Yap Ann Chor |
| Foo Chee Jen | Ng Yark Theng | Yap Tsui Yin |
| George B Thomas | Ngian Tee Liang | Yeo Ser Leng Karen |
| Goh Eck Meng | Ngo Lip Wee | Yes21 Pte Ltd |
| Goh Seng Lai Company | Nora Amy Samosir | Yong Mei Ling |
| Goh Su Mei | Outdoor Specialist (Far East) Pte Ltd | Zacom Gifts and Ideas |
| Goh Suat Khim | Pang Heng Kwee | Wee Ching Ching Angela |
| Goh Wei Nam | P'art 1 Design Pte Ltd | |
| MAC AIDS Fund | Lo Kim Seng | |
| Safehaven | Hsu Chin-Ying Stephen | |
| Ser Yong & Associates Pte Ltd | I Web technologies Pte Ltd | |