Gurruṯu: Daŋataŋa Goŋdarra looks at his
great-granddaughter Seraphina Munyarryun. Healthy Elders
ensure djamarrkuļi grow up healthy and strong in culture.

Photo by Helen Kempton RN RM
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MIWATJ HEALTH – THE EARLY YEARS

On 4 November 1991, the Regional Manager of Aboriginal and Torres Strait Islander Commission (ATSIC) sent a memo to community representatives across the East Arnhem region:

The Executive of Miwatj Regional Council have recently endorsed a proposal to form a Regional Aboriginal Health Association possibly involving a representative from each Community/Association within the East Arnhem Region.

I understand that ATSIC field officers have discussed this issue with your organisation and invite a representative from both your elected governing body/council and your Health Service to attend the above meeting.

So Miwatj Health began life. The concept of a health organisation covering the whole region was the creation of Aboriginal people from all communities and associations across East Arnhem Land. Originally it was the brainchild of the elected Aboriginal members of the ATSIC Regional Council, which proposed the concept and advocated for its acceptance.

Miwatj Health’s first funds, to enable the acquisition of staff and equipment, were provided by ATSIC through the National Aboriginal Health Strategy. At the time a number of the Board members of Miwatj were also elected members of the ATSIC Board, reflecting the community-based origins of the organisation, and giving complete representation/coverage of the region.

The Prospectus of the organisation at the time stated:

Miwatj Health has been established under the auspices of the Miwatj Regional Council, to promote the extension of health and related services to the residents of homeland centres in the East Arnhem Region, in line with the recommendations of the National Aboriginal Health Strategy.

The need to extend health service provision to homeland centres (also known as outstations) is apparent in the fact that Miwatj Health was initially established under the Laynhapuy Homelands Association, prior to being established as a separate body in 1992.

Over the years this has become a longer-term pattern – overall, the motivation behind the formation of Miwatj Health, and the programs pursued by Miwatj over the years, has been the need to fill gaps in primary healthcare service provision left by the NT Government.

The early Constitution of Miwatj Health emphasised, as an aim, to assist Aboriginal people in gaining control of healthcare resources – “to provide resources and support to Yolŋu people to enable them to assume control over the delivery of health services to the people of the Miwatj region.” This is clearly a regional community control agenda, and it has existed since Miwatj was first established.

In 1992 Miwatj employed its first staff, including a Medical Officer; commenced an audit of homelands residents’ health needs; installed computer terminals at Laynhapuy, Galiwin’ku and Gapuwiya and immediately commenced loading patient data onto them (as early as 1992 patient 2,500 files had been established on the system). At the time Miwatj took the lead in computerised patient information systems with the early installation of Healthplanner in the region (adapted to carry ‘live’ data).

The orientation of Miwatj Health towards a primary health care perspective was made clear in the 1992 Prospectus:

The excessive costs inherent in the first step recourse to major institutional health care may be addressed in terms of primary health provision and preventative health education.

At that time there was almost no primary care provision by doctors in the bush in the region. If someone needed to see a doctor, they would be evacuated out to a hospital in a city, treated briefly, and then sent back to the environment which had often been the cause of their illness. There was little emphasis on prevention or education. In this situation the need for an organisation such as Miwatj to represent the needs of Aboriginal people from the bush – to advocate for the right of Aboriginal people to access highly-skilled medical care close to where they live – was clear. For many years Miwatj was the driving force in the provision of doctors at bush communities across the region.
Initially, Miwatj Health did not operate a clinic of its own, but sent doctors from its office in Nhulunbuy to those communities where the need was greatest. These included all the Laynhapuy homelands, Galiwin’ku, Gapuwiyak community and homelands, Gunyaŋara (Gunyaŋara did not have its own clinic until 1996), Yirrkala and Numbulwar. For a significant time Miwatj employed the full-time resident GPs at Numbulwar and Gapuwiyak.

Of course doctors could not be employed in remote communities without somewhere to live. The construction of the first houses for doctors throughout the region in the mid-1990s was a direct result of advocacy by Miwatj to the Commonwealth Government.

Around late 1997 Miwatj Health constructed its own small clinic in Nhulunbuy. The rationale at that time was that patients from the Laynhapuy homelands with complex problems needed a properly-equipped facility where they could be seen by doctors. At that time neither the NT Department of Health clinic in Yirrkala nor the Laynhapuy Association employed doctors, so Miwatj was the only option.

In 1999-2000 Miwatj established itself as a registered training organisation and set about training Aboriginal Health Workers, in response to the need expressed by community elders for a local training facility. The first graduates of that still hold prominent positions in their respective organisations.
MIWATJ HEALTH – TODAY

The pace of change in healthcare provision has quickened even more in recent times. Input from community members, developments in government policy and changes in the region’s health profile have all meant Miwatj Health has had to change and adapt.

The major change to which Miwatj has had to adapt in the past 6 or 7 years is rapid exponential growth. As the population serviced by Miwatj has increased, and as new Commonwealth programs are announced, so staff numbers and budgets have increased dramatically. Managing this rapid change has been a challenge for both Board and staff members, but Miwatj has risen to the task and currently enjoys the minimum risk rating possible for a Commonwealth-funded organisation.

Today Miwatj continues to answer the calls of communities in need. In recent years Miwatj has taken on full management of the health centres at Gunyaŋara and Galiwin’ku when the local councils were abolished and primary health care in those places was outside of the scope of the new shires. This was no small thing – for example, Galiwin’ku health centre looks after around 3,000 people, yet Miwatj successfully took it over with just 4 weeks’ notice and has since transformed the way that service operates. And in July 2012 Miwatj assumed management of the health centre at Yirrkala.

Developments in government policy in the past decade have also had a big impact on the current operations of Miwatj. The rights-based perspective on Indigenous social development, built up through the work of successive Social Justice Commissioners, was challenged by the Commonwealth as it unrolled the NT Emergency Response (the NTER, or Intervention). In Arnhem Land, the initial exclusion of the NTER measures from the Racial Discrimination Act brought about widespread anger among...
Aboriginal people, and the community planning undertaken by the Commonwealth as part of the NTER has been problematic in many places, particularly in regard to health. However, one important aspect of the NTER was increased funding by the Commonwealth for Aboriginal primary healthcare services. Funds from the Commonwealth’s Expanded Health Service Delivery Initiative (which later became known as ‘Strengthening Primary Healthcare Services’ funding) have been made available to all primary health care services in the NT, and Miwatj has been able to use that money well, particularly to extend its chronic disease focus.

The national attention which the NTER brought to the problems of remote NT Aboriginal communities extended to a subsequent commitment by all governments to ‘Close the Gap’ in Indigenous advantage. The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes was signed by the Commonwealth, State and Territory governments in 2009. Health outcome targets in this are:

(i) eliminate the gap between the life expectancies of Indigenous and non-Indigenous people by 2030; and

(ii) halve the rate of infant mortality within a decade.

Closing the Gap funds have been significant and a number of Miwatj’s most important programs would not exist without those policy developments. One important aspect of Close the Gap funds is that they encompass preventive programs such education about tobacco use and encouraging physical exercise, in addition to clinical programs.

Miwatj Health – The Future

Miwatj anticipates that the next decade will see great progress. Of course we will continue to provide acute care services at all our health centres. This will be balanced by an increased emphasis on educational/preventive programs tackling the most important risk factors for Aboriginal health in this region.

Since 2008 the Commonwealth Government has been progressing a policy of ‘regionalisation’ of Aboriginal health services in the NT. This policy created a number of regions in the NT for health planning purposes, and aimed to move towards a single service provider in each region. East Arnhem Land is a priority region for this policy, and Miwatj sees this as implementing the original vision of the founders of Miwatj: one health board to represent all Aboriginal people in the region. Despite slow progress, this vision is at last being realised, and a planning process is underway to detail how this will happen.
Miwatj Health Aboriginal Corporation was established in 1992. It is an independent, Aboriginal-controlled health service administered by a Board of Directors representing communities across East Arnhem Land.

Miwatj Health has its administrative base in the town of Nhulunbuy, in the Northern Territory of Australia. Our clinics are located in Nhulunbuy, Gunyangara (also known as Maŋarr), Galiwin’ku and Yirrkala, providing a walk-in service for all acute and preventive care needs. In addition to these fixed clinics, our outreach teams provide a regular visiting service to a number of nearby communities including Birritjimi, Galupa, Gunyaŋara, Garrathiya Plains, Yirrkala, and within the Galiwin’ku community.

**OUR MISSION**

*Miwatj Health’s mission is to improve the health and wellbeing of residents of the communities of East Arnhem Land through the delivery of appropriate and comprehensive primary health care and to promote the control by Aboriginal communities of primary health care resources.*

The Core Functions of Miwatj Health are:

- The provision of clinical services to Aboriginal communities in the East Arnhem Land region, including both acute care and longer-term preventive care.
- Implementation of a range of population/public health programs and strategies which address the underlying causes of illness.
- Advocacy in support of the right of Aboriginal people to control their own health services and for such health services to receive resources and funding adequate to address the health problems of the region.
- Ensuring efficient, accountable administrative and financial systems support for the delivery of our services.
- Supporting the increased employment of qualified Aboriginal and Torres Strait Islander people, with a focus on appointments to senior roles.

**OUR VALUES**

- Compassion, care and respect for our clients and staff.
- Pride in the results of our work.
- Cultural integrity and safety, while recognising cultural and individual differences.
- Accountability and transparency.
- Recognition of the importance of building the capacity of our organisation and community.
OUR APPROACH

The underlying philosophy of Miwatj Health is the fundamental right of Aboriginal people to control their own health services. This supports the Alma Ata Declaration of the World Health Organisation, which emphasised people’s right to participate in the planning and implementation of primary healthcare services, and supports the long-accepted principle of self-determination for Indigenous peoples. We implement this through our Board governance structure, and through our daily involvement in health issues at a grass-roots community level. Miwatj believes the way forward in Aboriginal health lies in the implementation of comprehensive primary health care. This includes primary medical care, but also goes beyond that to emphasise a wide-ranging and holistic approach. Effective health care for Aboriginal people in the Miwatj region should involve:

- Local ownership and involvement;
- A population health approach – that is, addressing the health of populations and groups, not only individuals;
- An emphasis on prevention;
- A wide range of services including allied health and mental health, linked together so that primary health care becomes a system;
- Recognition of the role of traditional culture;
- Strong cross-cultural communication to promote patient self-management;
- The flexibility to deliver services as close as possible to where people live; and
- Action to address the social determinants of health.

Miwatj Health sees primary health care as an interlinked system, not just a series of unconnected events. In the East Arnhem Land region culture and tradition are important considerations for delivering comprehensive primary health care. The role of cultural leadership, traditional kinship structures, and the connection between land and health which is embedded in the world view of the people of this region provide challenges which impart a unique identity to Miwatj Health.
STRATEGIC PLAN SUMMARY

Strategic Objective 1:
Healthy People

Miwatj Health will continue to extend its service delivery across the region, in response to community needs, taking an evidence-based and population health approach.

Our strategies for improving health outcomes will be:

1.1. Continue to pursue regionalisation
1.2. Good governance and accountability
1.3. Commitment to continuous quality improvement
1.4. Successful integration of new services
1.5. Ensure new areas of activity are in line with strategic objectives

3.3. Actively participate in the advancement of regionalisation
3.4. Advocate for Aboriginal community control
3.5. Advice and advocacy for broader social determinants of health

Strategic Objective 2:
Cultural Security / Community Control

Miwatj Health will respect and engage with traditional Aboriginal forms of authority and decision-making in all areas and empower communities to guide how healthcare is provided.

Our strategies for achieving cultural security and extending community control will be:

2.1. Culturally secure decision making frameworks
2.2. Board and Management working well together
2.3. Client feedback mechanisms informed by community
2.4. Continual evaluation of our strategic progress

4.1. Staff retention and on-going professional development
4.2. Accountability
4.3. Achieve accreditation with the Quality Improvement Council
4.4. Evidence-based approach for long-term outcomes
4.5. Reconciliation Action Plan
4.6. Set the example for two-way learning and delivering strong results

Strategic Objective 3:
Strong Partnerships

Miwatj Health recognises the importance of fostering strong partnerships with government agencies, service providers and the broader health industry to demonstrate and advocate for positive change.

Our strategies for achieving strong partnerships will be:

3.1. Good linkages with NT and Federal Government
3.2. Move towards ‘alliance’ funding relationships with government bodies

5.1. A human resources strategy guided by research, aligning with Miwatj mission statement
5.2. Build on what is already working
5.3. Workforce strategies that recognise unique Yolŋu competencies

Strategic Objective 4:
Effective Management

Miwatj Health will demonstrate a culture of efficient business performance and quality improvement while managing the challenges of rapid growth.

Our strategies for ensuring effective management will be:

4.1. Staff retention and on-going professional development
4.2. Accountability
4.3. Achieve accreditation with the Quality Improvement Council
4.4. Evidence-based approach for long-term outcomes
4.5. Reconciliation Action Plan
4.6. Set the example for two-way learning and delivering strong results

Strategic Objective 5:
A Local Aboriginal Workforce

Miwatj Health recognises the importance of growing and developing a local Aboriginal workforce as integral to achieving the organisation’s objectives.

Our strategies for growing our Yolŋu workforce will be:

5.1. A human resources strategy guided by research, aligning with Miwatj mission statement
5.2. Build on what is already working
5.3. Workforce strategies that recognise unique Yolŋu competencies
Please note: Organisational Charts current near the end of the 2013-2014 period.
These positions cannot be filled unless there is a GP on-site.
CHAIRPERSON’S REPORT

It is a pleasure to present the Chairperson’s report, with an overview of outstanding performance that Miwatj Health has achieved over the past year.

It has been a busy year with a strong mindset. Moving forward with our business, we have been focusing on implementing a solid foundation for the next few years.

A key area of development was revisiting the Miwatj vision statement, its purpose, and strengthening cultural values of Miwatj Health to assist the needs and objectives of our community members in the East Arnhem Region.

Revisiting the vision statement has assisted in the preparation for the completion of the strategic plan of Miwatj Health for the next five years. This has involved a number of meetings with comprehensive discussions and reflections on what the future actions of the organisation should involve.

I would like to thank the other directors who have contributed to this exciting new process. Their hard work has been evident to ensure that higher standards of operation and commitment are delivered, which will assure the successful delivery of the organisation’s services well into the future.

We have also continued to work to define our principles, which are documented in the constitution, and will be communicated through a new strategic plan. This work has been a collective effort of the board, with the support of Eddie Mulholland, Chief Executive Officer, and other senior employees of the executive team, along with the assistance of an internal consultant.

On behalf of the board of directors, I would like to thank everyone for their professionalism in this process, for sharing their ideas and importantly for following through on these ideas at a prolific level to turn these points into actions that support healthy outcomes.

John Morgan
Chairperson, Miwatj Health Aboriginal Corporation

John Morgan
Chairperson, Miwatj Health Aboriginal Corporation
# BOARD MEMBERS

## John Morgan Chairperson – Milinjimi

John is a Brinkin man from the Upper Daly Region who has lived in Milinjimi for the past 19 years and has worked in a variety of roles in the community, to do with legal aid, education, youth and men’s issues, sport and community services. He has undertaken studies and training in such areas as business governance, health promotion, community services and suicide intervention. John’s skills, leadership ability and dedication combine to make him a strong and effective Chairperson for Miwatj Health.

## Rhonda Simon Deputy Chairperson – Numbulwar

Rhonda Simon was recently appointed as the Deputy Chairperson, after being on the Miwatj Board for 10 years. Rhonda holds an extensive background as an Aboriginal Health Care Practitioner. She completed her studies at the Katherine Institute in 1984 and began working as an Aboriginal Health Care Practitioner for the East Arnhem Shire for 10 years. Since 2004, Rhonda has been a dedicated Child Health Worker for the Numbulwar Health Development Team (East Arnhem Shire) and is actively involved in the “Healthy under 5 Kid’s Check” Program.

## Timothy Burarrwaŋa Board Member – Yirrkala

Timothy is a prominent community member and holds many positions including Chairperson of Lirrwi Yolŋu Tourism Aboriginal Corporation, Director of Gumatj Aboriginal Corporation and Managing Director of Bawaka Cultural Experiences Pty Ltd.

## Djuwalpi Marika Board Member – Yirrkala

Djuwalpi is a senior member of the Rirratjiŋu clan. He has lengthy experience in local government, and is a dedicated community leader.

## Djapirri Munungirritj Board Member – Yirrkala

Djapirri is a committed community member, the Coordinator of the Women’s Resource Centre at Yirrkala, and sits on the Board of Reconciliation Australia. Djapirri is actively involved in addressing issues within her community such as alcohol and drug abuse. Djapirri is a founder of the Yirrkala Women’s Patrol which addresses community issues including domestic violence and alcohol and substance abuse. Djapirri is also on the board of Reconciliation Australia and continues to demonstrate deep commitment to the Yolŋu people.

## Barayuwa Munungurr Board Member – Yirrkala

Barayuwa is an active member of the community. He is also on the Laynhapuy Board and the Yirrkala School Council Board. Barayuwa has also been the Chairperson of the Miwatj Employment Participation Board the last 2 years.
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<td>Dhangal Gurruwiwi</td>
<td>Board Member – Birritjimi</td>
<td>Dhangal is a new member of the Miwatj Board. She is also a board member of the Yothu Yindi Foundation and is an active participant of community development. Dhangal is also a part of the Gurruwu’mirri Mala Community Group in Yirrkala, and participates in the Elder’s Visiting Program with the Department of Corrections.</td>
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<tr>
<td>Gurruwun Yunupiŋu</td>
<td>Proxy – Yirrkala</td>
<td>Gurruwun Yunupiŋu is a respected Elder in Yirrkala. She is a passionate advocate for renal services and bilingual education with decades of experience at the forefront of two-way learning in the Yirrkala School. She is the wife of the late Dr Yunupiŋu of Yothu Yindi fame and has received multiple awards for her work in education, health, and human rights.</td>
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<td>Ross Mandi Wunuŋmurra</td>
<td>Board Member – Galiwin’ku</td>
<td>Ross has been a member of the Miwatj Board for over 15 years. Prior to Miwatj, Ross was the Chairperson of the Miliŋimbi School Council followed by the chair of Shepherdson College in Galiwin’ku. Ross now works with the Shire as a member of the Night Patrol and is a Mala leader for the Marthakal Council.</td>
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<td>Djandjay Baker</td>
<td>Board Member – Miliŋimbi</td>
<td>Djandjay is an extremely dedicated member of the Miliŋimbi Community and East Arnhem Region. She works as part of the Administration team for the East Arnhem Shire in the housing department and is a Committee member for the Local East Arnhem Shire. Djandjay has a passion in helping youth who suffer from alcohol and substance abuse by encouraging participation in cultural events such as music and the arts. Djandjay volunteers by taking children and teenagers to events such as the Royal Darwin Show and has a passion in encouraging the relationship of Yolŋu and Balanda families.</td>
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<td>David Yaŋarriny Munyarryun</td>
<td>Board Member – Galiwin’ku</td>
<td>David is a prominent community member and is also a senior staff member of Marthakal Homelands Association.</td>
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<tr>
<td>Gordon Lanyipi Ranymalpuy</td>
<td>Board Member – Miliŋimbi</td>
<td>Gordon is a prominent community member and has been on the Miwatj board for approximately 2 years.</td>
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Tony Wurramarrba
Board member – Angurugu

Tony Wurramarrba is a traditional landowner from the Angurugu Community, Groote Eylandt. He is a representative of the Anindilyakwa Land Council, where he had been the Deputy Chairperson for 11 years and has been the Chair since being appointed in 2012. Tony is also a board member of the Machado Joseph Disease Foundation.

Mildred Numamurdirdi
Board member – Numbulwar

Mildred is a community leader with a special interest in youth health issues. Mildred has been on the Miwatj board for 10 years and has worked extensively with the Aboriginal and Torres Strait Islander Commission (ATSIC), particularly with Youth programs.

Thomas Amagula
Board member – Angurugu

Thomas Amagula is an advocate for the people of his community, Groote Eylandt and is responsible for Cultural Enterprises with the Anindilyakwa Land Council.

Don Winimba
Proxy – Galiwin’ku

Don is a director for the East Arnhem Shire and works as a Land Council Consultant. Don has a special interest in youth and sports and is a prominent community member. Don was a founding member of Miwatj Health, alongside Mr Djerkurra, Mr Wali Munungurr, Mr Baṉambi Wunuŋmurra, Mr Geoffrey Malowa and Mr Andrew Gurruwiwi. He has been on the Miwatj board for over a decade.

Mildred Numamurdirdi
Board member – Numbulwar

Mildred is a community leader with a special interest in youth health issues. Mildred has been on the Miwatj board for 10 years and has worked extensively with the Aboriginal and Torres Strait Islander Commission (ATSIC), particularly with Youth programs.

Thomas Amagula
Board member – Angurugu

Thomas Amagula is an advocate for the people of his community, Groote Eylandt and is responsible for Cultural Enterprises with the Anindilyakwa Land Council.

Tony Wurramarrba
Board member – Angurugu

Tony Wurramarrba is a traditional landowner from the Angurugu Community, Groote Eylandt. He is a representative of the Anindilyakwa Land Council, where he had been the Deputy Chairperson for 11 years and has been the Chair since being appointed in 2012. Tony is also a board member of the Machado Joseph Disease Foundation.

Peter McQuoid
Independent Board Member

Peter McQuoid is a new member of the Miwatj Board. Peter is the principal of a management consulting practice specialising in risk management, internal control and business performance for the public sector. He has been assisting Commonwealth Government entities and Indigenous corporations throughout Australia for the past 15 years in areas of governance and performance.

Bernie Yates
Independent Board Member

Bernie has a distinguished public service career and is a former Deputy Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs.
Welcome to all our members and Board executives to the 2013/14 Miwatj Health Annual Report. I am pleased to present the CEO report, which highlights many of our achievements over the past twelve months.

We were fortunate to have a visit from the Federal Minister for Health and Assistant Minister for Health in September this year. Their visit was very productive, particularly as a public platform to highlight the successes of Miwatj Health, the Aboriginal Medical Services (AMS) sector and the East Arnhem region.

After meeting with Miwatj Health, Assistant Minister for Health, Sen. Fiona Nash, during Senate question time on September 25, 2014 quoted: “Miwatj Health Aboriginal Corporation in the regional area of East Arnhem is the Aboriginal Community Controlled Health Service in the area. What was particularly of note was the high standard that they were setting in clinical and preventative health focus. I met with a number of those on the board and what became very clear was their ability to have turned around what were some very difficult circumstances seven years ago to a well-functioning and forward-thinking organisation that is delivering better health outcomes to those on the ground through transparency, accountability and taking into account the very importance of culture”.

One of the key achievements of Miwatj Health has been the review and renewal of our strategic plan, which will see us into the next three to five years. This plan highlights the future vision of the corporation and will help steer management in their endeavor to fulfill these objectives. The objectives include ensuring that the services delivered by Miwatj are evidence-based and encompass a comprehensive approach across the region in the most progressive manner. Miwatj has an ongoing commitment to respect and engage with Aboriginal forms of authority, which are continuously involved in decision-making processes for all of its activities, and are empowered to provide guidance on the best possible way to deliver our well-advanced services across the region, in order to respond effectively to the needs of the community. Miwatj continues to develop and maintain strong external relationships with key stakeholders, including Governments and the broader health industry to advocate for a positive change in the wider community. Furthermore, there is an ongoing plan to develop and maintain a local Aboriginal workforce at Miwatj Health, as an integral to implementing the organisation’s values, core functions and achievement of strong results.

Over the past twelve months we have considerably strengthened the Human Resource Management (HRM) support for the organisation to better manage the organisation’s continued rapid growth. This was achieved by engaging a HR Strategist in conjunction with a retainer agreement with Clayton Utz, a legal firm which has expertise in HR matters, for a fixed term of six months. Their combined services have resulted in the establishment of a strategic HRM framework that includes a range of employment, industrial relations and Work Health & Safety solutions; and a suite of HRM deliverables specific to our strategic and business objectives.

It is important to highlight the success of the transition of the Yirrkala Clinic, from the NT Department of Health to Miwatj Health in 2012. Since the transition, there has been significant increase in providing episodes of care. For example, in 2011, the last calendar year entirely under the NT Dept. Of Health, the Yirrkala Health Clinic provided 2,794 episodes of care, compared to 2013, the first complete calendar year as part of Miwatj Health, where this had increased by 408% to 11,206 episodes of care. This
demonstrated the increase in effective delivery of the Clinic’s services, proving to be a culturally safe and community owned environment, combined with increased engagement with the community through our outreach programs.

Across all our clinics, Miwatj Health has reached a number of achievements. These include an above NT average rate for immunisation in all age brackets (2011, 2012 and 2013), the lowest proportion of babies born with low birth weight in East Arnhem and the NT (2013), and an above national average for providing Indigenous client care (the percentage of Indigenous regular clients who received an Adult Health Check –MBS 715- is higher in Galiwin’ku, Nhulunbuy and Gunyaŋara than the national average). These records have all been achieved whilst maintaining increased cost efficiencies of health care provision in the region and a continuous effort to employ qualified Aboriginal and Torres Strait Islander people, strengthening Yolŋu employment opportunities in the primary health care sector.

During the past year, Miwatj has sustained its plans for regional health reform across East Arnhem. The re-engagement of both the NT government and the federal government in the idea of regionalisation in this region has been a significant shift and there has been some very positive support for Miwatj.

Minister Lambley put out a press release in September after visiting the Ŋalkanbuy Clinic at Galiwin’ku and the Miliŋimbi Clinic. Minister Lambley stated “Yesterday I sat down with the Miwatj Health Aboriginal Corporation and traditional owners to discuss the idea of transitioning the health clinic at Miliŋimbi to a community controlled service. They were productive discussions, and I look forward to working with Miwatj Health Aboriginal Corporation in the future on this issue”. The strong relationships we have developed with the ministerial offices are being translated into solid support for Miwatj’s transition of the Miliŋimbi Clinic and resourcing of that transition.

Miwatj has continued to expand on its role as a regional leader in Aboriginal health through the strengthening of the Clinical and Public Health Advisory Group (CPHAG) and extending our partnerships with the other service providers in the region. The success of the improved coordination and integration of services throughout the region is demonstrated through events such as the Regional Continuous Quality Improvement (CQI) Collaboratives in which all service providers share data, and work together on strategies to improve service outcomes.

The increasing regional partnership approach through CPHAG has lead to the development of structures such as the Clinical Governance Network, which includes all Primary Health Care service providers, as well as Gove District Hospital. The regional partnership approach thus provides a strong support mechanism by expanding existing relationships and developing structures that will benefit the clinic transition process as both Top End Health Service and Miwatj are already working closely and productively together.

I look forward to a prosperous financial year in 2014/15 for Miwatj Health Aboriginal Corporation.

Eddie Mulholland
CEO | Miwatj Health Aboriginal Corporation
I am pleased to present information on some of the key operational functions of Miwatj Health Aboriginal Corporation over the period 2013/2014.

Area Service Managers
The introduction of the Area Service Managers in the organisational structure has achieved coordination of local efforts within context in both our Barra and Bulunu wards; aligning closely as an integrated team and with uniformity across the organisation to drive organisational culture change, improved performance against KPIs, and greater collaboration between the clinical and regional public health programs.

Human Resource Management
The early part of this year involved the strengthening of the Human Resource Management (HRM) support for the organisation with the establishment of a HR Team and strategic HRM framework to ensure that Miwatj is equipped and well positioned to:

- Align HR functions and strategy to the strategic goals and priorities for Miwatj;
- Build a credible, cost effective and strategically focused HR function; and
- Develop a level of transparency and reporting on HR initiatives to ensure value-add to the organisation.

The HR Team have supported each strategic HRM initiative with policy documentation, frameworks, and manager HR tools and resources; and a structured and sequenced series of projects and services to implement the HRM plan.

Workforce Planning
Miwatj’s Workforce Planning for the period 2013/2014 included the development of a framework that aligns with Miwatj’s Strategic Planning and Operational Planning processes in an effort to forecast and plan for growth and change. This has included specific workforce initiatives to recruit, develop, manage and retain the capabilities needed for the future, with particular emphasis on growing and maintaining a local Yolŋu and Aboriginal workforce with a focus on appointments to senior roles.

Below are a few examples of the many accomplishments our local Yolŋu and Aboriginal workforce have achieved over the past twelve months:

- 4 Diploma of Management Graduates
- 9 Certificate IV - Aboriginal Health Practitioner Graduates
- 4 Certificate IV - Community Worker Graduates
- 4 Certificate III - Community Worker Graduates
- 3 Certificate III - Community Services Graduates
- Appointment of 8 Yolŋu Team Leaders, each responsible for the management of a program area
- Appointment of an Aboriginal Clinic Manager (Yirrkala Clinic)
- Leadership workshop designed and implemented by the 4 Diploma of Management Graduates and presented to the Team Leaders and Yirrkala Clinic Manager
- 7 trainee Aboriginal Health Practitioners undertaking Certificate IV - Aboriginal Health Practitioner
- Finally, I would like to acknowledge the support and dedication of the HR Team and Area Service Managers over this period and congratulate them on all their hard work.

Ariana Tutini
Deputy CEO | Miwatj Health Aboriginal Corporation
2013-2014 has been a big year for Miwatj Health. We have maintained our leading role in the provision of comprehensive Primary Health Care in the region, delivering more episodes of care, with better quality indicators, to more people than ever. We operate in a region with high burden of disease and complex needs arising from the problems associated with disadvantage and social inequity. Over one third of people older than thirty in our communities have some level of kidney disease, close to a fifth have diabetes, and one in three have hypertension. This exemplifies the importance of the role that Miwatj Health plays as an instrument wielded by the communities in order to address these issues.

The calendar year started with the appointment of Dr Graham Hughes as Director of Medical Services and myself as Director of Public Health, a new position with operational responsibility over the Public Health Unit and strategic oversight of population health. This organisational change sought to improve and integrate the operation of the community-based Public Health Programs with the Clinic and Clinical Outreach services. In primary health there is no clear separation between clinical service delivery and population health. Public health is to a community what medicine is to a person. As such, Dr Graham and I have worked closely, functioning as a “Health Unit” in Miwatj’s Senior Leadership Team. This has led to a higher degree of cooperation, both within the Public Health Unit and between Public Health and the clinics in the Bulunu Ward. Before the end of 2014 Dr Graham had to leave for his hometown and I ended up acting in the role. We are sure he will be back to practise in this region he now calls home.

Our communities are remote, and often have limited access to many services Australians take for granted in mainstream communities. There is a high burden of chronic conditions, and our data shows a high prevalence of risk factors for these conditions. It is of key importance for us to advocate improvement in access to services, including social determinants of disease (housing, education and employment) and to maintain Health Promotion programs.

In 2013-2014, overall, Miwatj Health provided:

- 55,575 episodes of care to over 5,500 resident and visiting people across North East Arnhem Land.
- Comprehensive regular clinical services to 4,671 people living in the four communities where we run a Health Centre.
- 14% more episodes of care than the previous financial year.
- Access to health promotion and public health programs to 10,000 people across the region.
Health Service Delivery

We currently manage 4 community health centres in East Arnhem: Nhulunbuy, Gunyaŋara, Galiwin’ku –the Njalkanbuy Health Centre-, and Yirrkala. From these centres we provide a broad range of services including outreach programs, and Regional Public Health Programs. Programs are diverse and include:

- Child and Maternal Health
- Healthy Babies, Healthy Communities
- Chronic Disease
- Men’s Health
- Mental Health
- Alcohol and Other Drugs
- Raypirri Rom Wellbeing Programs

- Yäka Njarali – Tackling smoking
- Healthy Lifestyles
- Regional Eye Health

This year has seen the consolidation of the transition of the Yirrkala Health Centre from NT Government control to community control. Yirrkala joined Miwatj in 2012 and has made spectacular progress at adapting its service delivery to the high standards and better results that Community-Controlled Organisations like Miwatj provide. As detailed in their section of the report, they leaped over a major hurdle by becoming an AGPAL Accredited practice in September. This is the highest standard of accreditation in General Practice, a requirement to Miwatj Clinics and a seal that all our health centres now maintain.

SOME NUMBERS – Yirrkala Transition

In the two years since the Yirrkala Health Centre transitioned from NT Government to Aboriginal Control within Miwatj Health the improvements are clear.

<table>
<thead>
<tr>
<th>Northern Territory Aboriginal Health Key Performance Indicator</th>
<th>2011-12 (NT DoH)</th>
<th>2013-14 (Miwatj Health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of episodes of Health Care provided to people</td>
<td>7,494</td>
<td>13,857</td>
</tr>
<tr>
<td>Proportion of babies born with normal Birth Weight</td>
<td>77%</td>
<td>92%</td>
</tr>
<tr>
<td>Proportion of pregnancies with NO antenatal check recorded</td>
<td>26%</td>
<td>0</td>
</tr>
<tr>
<td>Proportion of children measured for anaemia</td>
<td>47%</td>
<td>73%</td>
</tr>
<tr>
<td>Proportion of diabetic patients with GP Management Plans</td>
<td>10%</td>
<td>43%</td>
</tr>
<tr>
<td>Proportion of coronary patients with GP Management Plans</td>
<td>7%</td>
<td>38%</td>
</tr>
<tr>
<td>Proportion of clients with HbA1c measured (Measure for Diabetes)</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Proportion of people over 54yo with a complete Adult Health Check</td>
<td>5%</td>
<td>58%</td>
</tr>
</tbody>
</table>
Renal Services

During the 2013-14 year we have continued to provide high-quality comprehensive renal services. Our continuum of care goes from early stage Chronic Kidney Disease (CKD), managed by our Chronic Disease Team, to advanced CKD and end-stage renal disease requiring dialysis, managed in our Renal Unit in Yirrkala. The health promotion programs and the collaboration in the East Arnhem Scabies Control Program aim at primary prevention and long-term reduction of the burden of this disease.

Although haemodialysis is traditionally considered a tertiary-level service, the high levels of kidney disease, the obligations towards Wäŋa ga Rom, the Land and the Law, and the wishes of the community foster the conceptualisation of these services as part of our comprehensive renal strategy.

Demand vastly exceeds our capacity, but the utmost importance of this service requires us to be inventive and try to expand. Our Board of Directors, the leaders of the Renal Committee, and Paula Myott, the Regional Health Reform Manager, work tirelessly trying to extend our services in this climate of budgetary constraints.

SOME NUMBERS – More Doctors in Miwatj Health than ever!

Forward planning and prioritisation of resources allowed Miwatj Health to forecast a larger medical workforce than ever before for most of the next financial year.

<table>
<thead>
<tr>
<th>Clinic</th>
<th>GPs</th>
<th>Registrars (in training)</th>
<th>Clinic Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yirrkala</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gunyaŋara</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>All-round Bulunu</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Njalkanbuy</td>
<td>2.5*</td>
<td>1</td>
<td>3.5</td>
</tr>
<tr>
<td>Miwatj Health Total</td>
<td>5</td>
<td>4</td>
<td>10.5</td>
</tr>
</tbody>
</table>

*The Miwatj Health Clinic in Galiwin’ku, Njalkanbuy, shares a GP position with Marthakal Homelands Health Services. That explains the we will have 2 full time GPs and a GP that will be spending half of the time with Miwatj and half with Marthakal, hence “.5”
Public Health Programs
The Public Health Unit is functioning as a cohesive entity with high levels of collaboration between program areas. Internal discussion is taking place to streamline the unit in two main branches the work inter-dependently:

a) a health promotion branch (Tackling smoking, Healthy lifestyle)

b) a social and emotional wellbeing branch (Raypirri Rom, Mental Health, AOD)

Integration with clinical services continued, with enhanced collaboration with Men’s Health team, clinics, and Mental Health Services.

Mental Health
Djamaḻaka Dhamarraŋdji, Charlie Yebarrarr, Johnny Dhurrkay and John Maher continue to coordinate the highly effective mental health team in Galiwin’ku. They are recognised as a national model and are continuously invited to explain the concept at national and international forums.

A major goal for next year is the implementation of Partners in Recovery Funding within the Raypirri Rom program in an effort to start a mental health team in the Bulunu ward in the philosophy of the one in Galiwin’ku.

Regional Eye Health Program
Senior Aboriginal Health Practitioner Janet Richardson continues to run our successful Regional Eye Health Program. This program covers the entire region, delivering high quality eye care from Groote to Miliŋimbi.

In the past few months, the program visited 10 communities and saw 310 clients with the optometrist from the Brien Holden Vision Institute. They dispensed close to 200 script and ready-made readers glasses across the region. Janet organised Miwatj’s first ophthalmology clinics, hosted in our premises. The clinics were a success, with 42 clients attending the latest one. One of our clinics was run by Australia’s first Aboriginal Ophthalmologist, Dr Kris Rallah-Baker.

Janet Richardson was the inaugural recipient of the Director of Medical Services Award on Miwatj Health Day 2014.
For another consecutive year, Miwatj Health has played an important role in the Garma Festival. The clinical staff in the Bulunu Ward ran the Festival’s Clinic and showed another example of the importance of a regional community-controlled health service. Our clients were seeing familiar faces and receiving the appropriate care from their regular providers, that’s such a powerful continuity of care!

Besides the direct provision of clinical services, Miwatj participated heavily in the Youth Forum, with Raypirri Rom performing a Raypirri (discipline) ceremony as a very special start and the Child and Maternal Health Team, Healthy Lifestyle Program and Datjarraŋa Garawirrtja from the Tobacco Team in Galiwin’ku delivered ongoing activities throughout the long weekend. Captain Starlight joined the Child and Maternal Health Team providing activities and education by the clinic-hut door.

That and the presentation by the Deputy CEO Ariana Tutini and Board Members Djuwalpi Marika and Thomas Amagula at the Key Forum ensured a very holistic and large Miwatj presence in the Festival.

On May 23rd Miwatj celebrated our first Miwatj Health Day - Miwatj’nha Gadamanguma, dedicated to Miwatj’s founder Mr G Djerrkura ten years after his passing. The day was a large community event in the Miwatj Plaza, in the Nhulunbuy Main Office, with vast community and staff representation. The day celebrated the Miwatj Values and the achievements of staff and clients.

It started with the inaugural Miwatj Health Day Run, 8km from Birritjimi with participants from the region. There was a ceremony (bungul) to honour Mr Djerrkura, significant speeches, a trade show of Miwatj’s programs, a ceremony for the Miwatj Health Day Awards and a surprise concert by East Journey. The day was a success and surely a permanent feature in our yearly calendar.
Data, Communicare and Technology

Clinical Information Systems (CIS)

With Electronic Health Records firmly established across all Miwatj sites, the development of our Communicare proficiency keeps unleashing the potential of electronic health information. Our teams are able to monitor their progress, identify pockets of need, and track their benchmarking in real time.

Our major hurdle remains the fact that our systems spread across three different databases, something that severely impacts the Yirrkala Health Centre, which still functions in the NT Government system. An approved priority for the next financial year is the establishment of a single database for the Miwatj Health Service. Please refer to the Business Services Director’s report for more detail on this plan.

Continuous Quality Improvement

Continuous Quality Improvement, or CQI, is an important aspect of the organisation’s culture. It is a commitment of the entire Health Service towards continuously reviewing what we do and reflecting on how to do it better. CQI is firmly embedded in Miwatj’s values and organisational behaviour; it’s about establishing a learning environment, not a blaming one.

Miwatj actively participates in CQI activities, coordinates regional CQI forums and works with AMSANT in extending these approaches. Riding the wave of CQI mentality that led the Yirrkala Clinic from transition to AGPAL accreditation, Fiona Brooks, former Clinic Manager, is now our very enthusiastic Regional CQI Coordinator.

Dr Lucas de Toca – MD(Hons) MPH
Acting Medical Director
Director of Public Health

The awardees were:

Mr Djerrkura Award
John Morgan
CEO Award
Waṉamula Goṉḏarra and Yikaṉawuy Dhamarrandji
AHP Excellence Award
Patricia Nundhirribala and Richard Seden
Miwatj Young Achievers
Sarah Bukulatji and Kate White
Miwatj Trainee award
Lorenzo Bukulatji

Cultural Integrity award
Prue Verney
Leadership Award
Melanie Rärtjiiuy Herdman
Partnership Award
Australian Red Cross
Director of Medical Services Award
Janet Richardson
Director of Public Health Award
Djamajaka Dhamarrandji
Research

Human Health Research, when the agenda is in Aboriginal hands, can be a powerful tool to improve how we provide health. The Board of Miwatj Health recognises the importance of research-led health gains and, as such, supports a number of research projects that take place in the East Arnhem Region. All the projects that Miwatj Health is currently involved in adhere to these strict criteria:

- The results of the research are likely to be of direct benefit to Aboriginal people of the Miwatj region.
- The Aboriginal people who are to be the subjects of the research are in full possession of all relevant information regarding the research process - what will happen and who will be involved and what risks (if any) the research will involve.

<table>
<thead>
<tr>
<th>Research Project</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARBI, Australian Rural Birthing Index – University Centre for Rural Health</td>
<td>This project aims at adapting a health planning tool to the rural and remote Australian context. It could provide a powerful, evidence-based, advocacy tool for maternity services planning.</td>
</tr>
<tr>
<td>Risk factors associated with anaemia in Aboriginal children living in rural and remote communities of the Northern Territory – Menzies School of Health Research</td>
<td>Approved in early 2014, this project will analyse potential risk factors predisposing to childhood anaemia from our clinical information systems.</td>
</tr>
<tr>
<td>Benchmarking for Remote Primary Health Care Financing – Centre of Research Excellence in Rural and Remote Primary Health Care</td>
<td>This ambitious project aims at understanding how high-performing health services are financed, and will try to establish a benchmark for adequate funding.</td>
</tr>
<tr>
<td>Diabetes Prevention and Management – Australian Primary Care Collaborative Wave 9</td>
<td>Wave 9 finishes at the end of 2014. Our Yirrkala Clinic submits data on diabetes management as a collaborative CQI approach.</td>
</tr>
<tr>
<td>Improving secondary prophylaxis for rheumatic heart disease</td>
<td>Two studies from the Menzies School of Health Research that look at expanding our knowledge both on causes and treatment of Rheumatic Heart Disease.</td>
</tr>
<tr>
<td>RHD Genetic Study, Evaluating the genetic contribution to rheumatic heart disease pathogenesis in Australian Aboriginal and Torres Strait Islander communities</td>
<td></td>
</tr>
<tr>
<td>Towards a National Strongyloidiasis Control Program – James Cook University, Miwatj Health</td>
<td>Ongoing relevant research from our Gunyanara GP and Senior Clinical Advisor, Dr Wendy Page</td>
</tr>
<tr>
<td>STRIVE and STRIVE Plus - looking at the outcomes for a CQI approach to screening and management of Sexually Transmitted infections in young people.</td>
<td>STRIVE wraps up in 2014 and we continue to participate in STRIVE +.</td>
</tr>
<tr>
<td>Could it be the Gunja - Curtin University</td>
<td>Vulval Carcinoma occurs in East Arnhem at rates 50 times that in Australia as a whole.</td>
</tr>
<tr>
<td>Sister Study, and Sisters in Genes</td>
<td></td>
</tr>
<tr>
<td>Project</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>SARC - assessing possible sources for specimen contamination in a clinical environment</strong></td>
<td>A study looking at clinical quality in <em>Chlamydia</em> samples.</td>
</tr>
<tr>
<td><strong>Gumurr Miwatj Yolŋu Population Project – Frances Morphy, Australian National University</strong></td>
<td>Mapping an accurate population distribution in the Miwatj Region.</td>
</tr>
<tr>
<td><strong>eGFR study – Menzies School of Health Research</strong></td>
<td>This study aims assessing the underlying factors contributing to rapid progression of Chronic Kidney Disease to end-stage disease in Indigenous People. Now complete, awaiting results.</td>
</tr>
<tr>
<td><strong>Hep B Study – Menzies School of Health Research</strong></td>
<td>To design, implement and evaluate a culturally appropriate education tool (tablet App) for Indigenous patients living with chronic Hepatitis-B infection. Sarah Bukułatjpi heads this study in the Miwatj Clinic in Galiwin’ku, Ɲalknabuy Health Centre.</td>
</tr>
<tr>
<td><strong>NT Diabetes in Pregnancy Partnership Project – Northern Territory Government, Baker IDI, Menzies School of Health</strong></td>
<td>Research to explore models of care that support good outcomes for a woman with diabetes and her baby, across a variety of settings.</td>
</tr>
<tr>
<td><strong>Talking About the Smokes - NACCHO, Menzies School of Health Research, Cancer Council Victoria, CEITC, QAIHC, AH &amp; MRC.</strong></td>
<td>Aims to identify what is helping Indigenous people to quit smoking and maintain this.</td>
</tr>
<tr>
<td><strong>Childhood and Maternal Anaemia Study ABCD – Menzies School of Health Research</strong></td>
<td>To improve the delivery of guideline-specified services for the screening, treatment and follow up of anaemia in Indigenous children and perinatal women.</td>
</tr>
</tbody>
</table>

Please do not hesitate to contact Miwatj Health if you have any enquiry regarding the projects above or want to contact the researches involved.

Sarah Munyarryun receives an award from the Yirrkala Clinic for her fundamental role in supporting self management for her grandfather Daŋataŋa. LEFT TO RIGHT: Daŋataŋa Goṉḏarra, senior Golumala Elder; Dr Julian Charles, GP at Yirrkala; awardee Sarah Munyarryun; Patricia Nundhirribala, Yirrkala Clinic Manager; Helen Kempton, Complex Care Coordinator; Bandil Goṉḏarra, Gumatj Elder.
The past 12 months has seen broad changes at the federal level with the election in September 2013 bringing about a change of government. While initially there was little response from the new Liberal government as they established a review of how Indigenous affairs, including health, would be restructured, there was positive follow up.

Senator Scullion, who has a long standing connection to the Territory and to East Arnhem in particular, was made Minister for Indigenous Affairs and this portfolio was elevated to Prime Minister and Cabinet. The Regional Health Reform Unit put together an advocacy strategy designed to re-engage the government and get their attention with a focus on the outcomes following on from the transition of the Yirrkala Clinic. The data from the KPIs 12 months after the clinic take over by Miwatj was unequivocal – an increase of 408% in episodes of care.

The planned visit by Prime Minister Abbott, as well as Senator Scullion and Assistant Minister for Health, Fiona Nash, was the target for the advocacy campaign. In addition to the federal government, Miwatj re-engaged with NT Health Minister, Robyn Lambley after she publicly announced the transition to community control for the health services at Wadeye. Miwatj seized this opportunity to follow up with the Minister regarding her renewed enthusiasm for transition to community control and offered to show her the Miwatj Clinic at Galiwin’ku and to accompany her to Milingimbi to meet with the local elders and traditional owners to hear their views of transitioning the clinic to community control.

This year has seen a very positive level of support from both the federal and NT governments as they reassert their interest in transitioning clinics to community control across East Arnhem.
The other key component of the regionalised approach to health in East Arnhem has been the Clinical and Public Health Advisory Group (CPHAG). CPHAG has renewed and updated its governance Charter and has been in the process of re-prioritising its focus for this year. The main priorities have been the development of a regional Clinical Governance Network and a focus on Indigenous workforce development. Continuous Quality Improvement remains an overarching principle for all activities in the region. It is a standing agenda item and has been the basis for a very successful regional CQI Collaborative in February 2014.

The relationships and partnerships across all service providers within the region have continued to be strengthened through CPHAG, including the newly established Top End Health Service. This has been evident through the CQI collaborative where services have openly shared their KPI data across government and the ACCHO sector. CPHAG has continued to foster a strong focus on the enhancement of the patient journey as the driver of system level reform in the region. The level of partnerships continues to grow, as we work closer and closer together to improve coordination and integration at the system level.

A further regional CQI collaborative on childhood anaemia was being jointly planned through a CPHAG working group. Renal issues continued to be a major priority across the region. In addition to the dialysis services available at Yirrkala, the Regional Health Reform Manager, Paula Myott has been working with Business Services to create a proposal for the Rio Development Committee to consider funding a business case development for the establishment of a regional renal hub in Nhulunbuy. It is proposed that it would be an 8 chair hub and would provide nurse assisted dialysis to clients. This would help some of the burden of social dislocation felt by dialysis clients and their families who must now go to Darwin for treatment. The proposal is to explore potential partnerships with NT Health and Nightcliff Renal Services, and outline Miwatj’s role in ensuring cultural safety. Minister Lambley has expressed interest in this project as part of a re-development of industries within the region and it is being supported by the Chief Minister’s office representatives in Nhulunbuy.

The year has been one of consolidation and moving towards goals of transitioning further clinics in the region. Miwatj continues to develop very supportive and positive partnerships across the providers and funding agencies and looks forward to progressing these important issues in the ensuing 12 months.

Paula Myott (MPH)
Regional Health Reform Unit Manager
The year ended 30 June saw continued growth for Miwatj Health, but it was also a period of stabilisation following the transition of the Yirrkala clinic from the Northern Territory Government (NTG) to Miwatj. A new Senior Leadership Structure was implemented that resulted in the introduction of a Deputy Chief Executive Officer; this will improve the internal governance capacity of the organisation and allow the Chief Executive to focus more closely on external relationships.

The establishment of a dedicated Human Resources Team will improve the capacity of Miwatj to focus on strategic HR issues, recruit and retain staff as well as enhance the training and development of staff, in particular our Aboriginal Health Trainees and Practitioners. While this will initially result in increased costs it has been a key objective of the Board of Directors for several years and the benefits in terms of staff retention and increased Yolŋu employment will eventually reduce some expenses and make a significant contribution to the strategic goals of the organisation.

The most significant external factor affecting the operations of Miwatj has been the closure of the Rio Tinto Alcan (RTA) processing plant. This has had both positive and negative impacts; Miwatj has lost a number of staff due to the relocation of their partners and may lose more over coming months. There are expected to be further reductions in the potential pool of locally available recruits. On the positive side residential accommodation is now significantly cheaper and readily available through the Economic Development Corporation established by RTA and the NTG. This has allowed Miwatj to relocate Yolŋu staff from overcrowded housing in Yirrkala and Birritjimi to more suitable accommodation in Nhulunbuy.

Finance

Comparison of Revenue Sources 2013/14 to 2012/13

<table>
<thead>
<tr>
<th>Source</th>
<th>2013/14</th>
<th>2012/13</th>
<th>Variation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Income</td>
<td>169,970</td>
<td>220,919</td>
<td>-50,949</td>
<td>-23.1%</td>
</tr>
<tr>
<td>Interest</td>
<td>147,041</td>
<td>166,085</td>
<td>-19,044</td>
<td>-11.5%</td>
</tr>
<tr>
<td>Grants</td>
<td>15,450,450</td>
<td>15,110,899</td>
<td>339,551</td>
<td>2.2%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>2,208,803</td>
<td>1,657,568</td>
<td>551,235</td>
<td>33.3%</td>
</tr>
<tr>
<td>Total Revenue from Operating Activities</td>
<td>17,976,264</td>
<td>17,155,471</td>
<td>820,793</td>
<td>4.8%</td>
</tr>
</tbody>
</table>
Sources of Revenue in 2013/14

- Rental Income: 86%
- Interest: 12%
- Grants: 1%
- Other Revenue: 1%

Total revenue in 2014 increased by 4.8 per cent from the previous year, the increases in other income and grants were slightly offset by drops in interest and rental income.

Comparison of Grant Sources 2013/14 to 2012/13

<table>
<thead>
<tr>
<th>Grant Income</th>
<th>2013/14 $</th>
<th>2012/13 $</th>
<th>Variation $</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Government</td>
<td>11,460,654</td>
<td>11,507,476</td>
<td>-46,822</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Department of Health</td>
<td>11,134,578</td>
<td>11,192,191</td>
<td>-57,253</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Prime Minister and Cabinet</td>
<td>325,716</td>
<td>315,285</td>
<td>10,431</td>
<td>3.3%</td>
</tr>
<tr>
<td>Northern Territory Government</td>
<td>2,772,252</td>
<td>2,659,413</td>
<td>112,839</td>
<td>4.2%</td>
</tr>
<tr>
<td>Northern Territory Medicare Local</td>
<td>1,217,904</td>
<td>927,799</td>
<td>290,106</td>
<td>31.3%</td>
</tr>
<tr>
<td>Other</td>
<td>16,211</td>
<td>-16,211</td>
<td>-100.0%</td>
<td></td>
</tr>
<tr>
<td>Total Grant Income</td>
<td>15,450,450</td>
<td>15,110,899</td>
<td>339,912</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Employee related expenses are the largest area of expenditure for Miwatj Health and increased by approximately $1 million from $8,443,338 in 2013 to $9,448,631. An operating surplus of $121,970 was achieved for the year, which together with the capitalisation of assets valued at $150,988 increased the accumulated funds from $14,566,333 in 2013 to $14,839,289.
Comparison of Expenses (excluding employee related expenses) 2013/14 to 2012/13

<table>
<thead>
<tr>
<th>Expense</th>
<th>2013/14 $</th>
<th>2012/13 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Meetings and Governance</td>
<td>138,710</td>
<td>115,934</td>
</tr>
<tr>
<td>Depreciation</td>
<td>785,871</td>
<td>833,519</td>
</tr>
<tr>
<td>Consultants Fees</td>
<td>634,654</td>
<td>566,123</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>305,460</td>
<td>266,699</td>
</tr>
<tr>
<td>Locum Fees</td>
<td>1,243,902</td>
<td>1,171,407</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td>1,093,875</td>
<td>997,080</td>
</tr>
<tr>
<td>Travel</td>
<td>561,053</td>
<td>451,961</td>
</tr>
<tr>
<td>Rent</td>
<td>320,906</td>
<td>283,230</td>
</tr>
<tr>
<td>Insurance</td>
<td>179,832</td>
<td>180,136</td>
</tr>
<tr>
<td>Program Delivery Costs</td>
<td>640,318</td>
<td>462,953</td>
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<tr>
<td>IT and Communications</td>
<td>497,916</td>
<td>341,118</td>
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<tr>
<td>Other</td>
<td>215,927</td>
<td>209,189</td>
</tr>
<tr>
<td>Assets</td>
<td>150,988</td>
<td>1,066,626</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6,769,412</strong></td>
<td><strong>6,945,976</strong></td>
</tr>
</tbody>
</table>
Two key financial ratios reflect the continuing sound state of Miwatj Health finances, the quick assets ratio was 1.96 (over 1 is considered to be good) and the debt ratio was 0.19 (below 1 is considered good).

Miwatj continues to deliver and manage over twenty separate programs many of which are split over three or more locations. As noted in prior years, this continues to create a significant administrative burden.

In 2014/15 there will be an increased focus on maximising self generated income, particularly through the Medicare system but also by optimising the return on cash reserves.

Infrastructure and Assets

Issues with Power and Water infrastructure in Galiwin’ku that had been holding up the construction of housing and the new clinic were finally resolved. A tender process was conducted by NBC Consultants on behalf of Miwatj for the new staff housing and the contract was awarded to Ironbark Construction prior to 30 June. Building is expected to be finished around Christmas time and will add an additional four two bedroom units to the Galiwin’ku accommodation portfolio.

A transportable building fitted out with two consulting rooms has been purchased for the Yirrkala Health Centre and will be installed in the car park. These extra consulting rooms are expected to alleviate heavy congestion in the clinic.

The design of the new Health Centre that will be situated near the Police Station is being progressed by the Northern Territory Government. It was hoped that construction would commence in 2014 however as a request for tender has not been advertised this is now expected to begin next year.

A vehicle replacement strategy is being developed that will result in most vehicles being replaced before they reach the end of their useful life. It will also introduce a policy of leasing some vehicles rather than purchasing them.
Information Technology

The payroll system (Payglobal) went live for the first pay of July 2014 without any significant issues which was a great achievement for the staff involved in that project. There is still some work to be completed before the system moves to a standard support arrangement.

The finance system (NAV) also still has some minor work to be completed before implementation will be finalised.

Miwatj currently stores patient information in three separate Communicare databases. The Yirrkala data is stored in Darwin in a server owned by the NTG. Because clinic staff are not NTG employees there are frequent problems accessing Communicare and sometimes patient information is not available when it is needed. Nalkanbuy patient information is stored on site in servers owned by Miwatj and shared with Marthakal. Nhulunbuy and Gunyangara patient information is stored on servers in the Nhulunbuy clinic. The maintenance of three separate databases is not practical or cost effective in the long term and a proposal is being developed that will result in the migration of all patient data (including Marthakal’s clients) into one system. This will allow safer storage and faster retrieval of patient information. It will also allow other clinics that might transition to Miwatj to move their patient information into the single database.

Karl Dyason
Business Services Director

Proposed Communicare System Structure
NHULUNBUY CLINIC

Situated adjacent to the main office of Miwatj, the Nhulunbuy clinic provides a walk-in acute care service and operates a recall program for longer-term health problems. The client base is diverse, including both residents of Nhulunbuy as well as complex cases from nearby communities.

One of the objectives of the recent Nhulunbuy clinic redevelopment was to encourage visiting specialists and allied health professionals from Darwin and further afield to run their clinics from our facility instead of the hospital. We believe our client base feels more comfortable using our facilities and we were hopeful this would reduce the number of clients missing their appointments.

We recently had the renal team conduct their clinic here for the first time and we are currently in negotiations with the respiratory team to commence clinics from this facility in the New Year.

Specialists that now use the Nhulunbuy clinic are renal, dermatology, gynecology, oncology, ophthalmology, optometry, dietetics, podiatry and diabetic and cardiac educators.

We believe the new clinic has lived up to all expectations and are very pleased with the outcomes to date as are our clients. The number of clients being seen by specialist services has increased which has helped us to ensure these services will continue into the future.

Breast screening NT again provided their service to the females of Nhulunbuy and surrounding areas. This year we hosted the new ‘Pink Bus’ and had a very successful week.

The Miwatj outreach team consists of chronic disease, complex care, men’s health, eye health, mental health and alcohol and other drugs. These teams are based in the Nhulunbuy clinic but service the entire Peninsula. Child and maternal health are based at Gunyaŋara clinic but do also work from this clinic.

This is an AGPAL - accredited clinic and a teaching practice for medical students of the Northern Territory Clinical School.

Brett Parfitt
Nhulunbuy Clinic Manager
It has been a busy year for Yirrkala clinic, since transitioning from an NT Government clinic in June 2013; we have undergone renovations, improvements, and participation in research projects, increased service provision and became an accredited clinic in September 2014. The renovations improved the current space but provided no more consult rooms so recently a transportable has been set up at the clinic to provide a further 2 consult rooms, this should be open and in use for the New Year. This increased space will provide the staff with sufficient consult rooms to provide high quality Primary Health Care.

The accreditation process was long and challenging but with hard work, sweat and tears we gained full AGPAL accreditation on our first round. This was a big effort from the Yirrkala clinic staff. We improved our documented allergy rates from 10% to 70% and still improving on this. Through continual improvement we hope to improve the Key Performance Indicators across the board. The accreditation certificate on the wall lets people know that their carers and the organisation have met these standards. This means the organisation should meet their expectations.

The clinic continues to provide visiting specialist services such as hearing health, Respiratory, optometry, cardiology, paediatrics, dental, cardiology, Renal and other allied health services. We are also attempting to improve our show rates for clinics at Gove District Hospital, with collaboration and changes in the system. The clinic team has also increased communication and collaboration with Laynapuy Health, through increased case conferencing and sharing of reports, this networking between agencies can only improve health care service provision in the region, as many clients are shared. Outreach services such as Mental Health, Men’s Health, and Social and Emotional wellbeing ensure our clients are well supported and holistic care is provided. The child Health Nurse hours were increased to full-time and a School clinic has commenced which is improving relationships and identifying issues earlier in more children. Yirrkala has had a permanent GP since the end of 2013 and increased GP hours which has given Dr Julian Charles more time to concentrate on our chronic disease.

The clinic participated in the STRIVE research project, Menzies’ Rheumatic Heart Disease Secondary Prophylaxis study and the Australian Primary Care Collaborative Wave 9: Diabetes prevention and management project, and the TEAMSnet study. With participation in research we hope to find ways of improving our service provision.

The Complex Care Program has been fortunate enough to have a permanent staff member since April 2014, Helen Kempton has expanded the service provided and increased the client load to 44. This program is funded by NTML as part of the NT chronic conditions prevention management strategy, which commits to the development of a chronic conditions self management framework. This provides a consistent approach and shared vision to self management.
and adds value to existing strategies. Self management is about the client and their family/carers working in partnership with health care providers. This facilitates clients understanding of their condition and various treatment options, to negotiate a plan of care, to engage in activities that protect and promote health, to monitor and manage symptoms and signs of their conditions and to manage the impact of their condition on physical function, emotions and inter personal relationships.

Chronic conditions self management support is what health professionals, carers and the health system do to assist the client to manage their chronic conditions. Self management support means acknowledging the clients central role in their care, one that fosters a sense of responsibility for their own health and acknowledges the barriers individuals face in adopting health promoting behaviours. The program based at Yirrkala Clinic, so far this year, has had 2 clients with their own Coagu - Check’s monitoring their own INRs in a supported self management phase. This has allowed them greater independence and control over their chronic disease management. The self management program has empowered a number of diabetic clients, contributing to significant reduction in HbA1C results, which has drastically improved their health, sense of well-being and quality of life.

The Yirrkala Clinic is proud of its accreditation status and will continue to improve standards and provide quality care to the Yolŋu people of Yirrkala and surrounding homelands.

Galiwin’ku Community is situated on Elcho Island in North East Arnhem Land. It is one of the largest communities in the Northern Territory with an estimated population of 2500 people.

The clinic is responsible for the healthcare of all the residents living in Galiwin’ku. Marthakal Homelands Health Center is also situated on Elcho Island, and provide health care for 29 homelands in the region to a population of about 250-400 Yolŋu residents.

Galiwin’ku’s workforce is predominantly Yolŋu, and staffing is comprised of Registered Nurses, Aboriginal Health Practitioners (registered and training), Midwife, Doctors, Community Workers, Case Manager, Administration, Logistics and Maintenance staff.

Nguankanbuy has a strong commitment to workforce sustainability and has heavily invested in ongoing training for Yolŋu community members. The workforce development program at Galiwin’ku has strengthened over the last year, with nine staff members completing their Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care through Batchelor Institute of Indigenous Tertiary Education (BIITE). Five staff members are currently training through BIITE.
In addition, two members of staff completed Certificate IV in Community Services Work through Charles Darwin University.

The clinic services are delivered through several program areas, which deliver specialised acute and preventative health care.

The Emergency care team provide acute and emergency adult services during the day; follow up appointments for previous emergency presentations.

The chronic and preventative care team provide Men’s health screening, STI treatment and education alongside managing the ongoing needs of new and existing chronic condition clients. It also includes Outreach services with monthly Royal Darwin Hospital hepatitis B treatment. The team is also coordinating the visiting specialist clinics including; cardiology; endocrinology; hepatology; respiratory and dental.

The paediatric team provides care for acutely unwell children; ongoing care for children with chronic conditions; and an immunisation program. A school nurse is located at the school delivering a school based health screening; acute care and an immunisation program to a school population of around 500. The Healthy Baby Healthy Community (HBHC) program is delivered through a partnership between Australian Red Cross and Miwatj Health Aboriginal Corporation. They provide education; clinical care and practical sessions for families with children 0-5 years on anaemia and Failure to Thrive.

The Women’s Team provides female health checks, antenatal and postnatal care and deliver education and support for women of all ages.

Community workers/Case Management Team provide outreach services to families helping households to navigate services available within and outside the community. The Healthy Minds Team provides acute, 24hour on-call support and ongoing care to mental health clients and their families, including counselling, home visits and facilitates specialists’ consultations.

2014 saw some notable achievements, they include:

- Nalkanbuy co-ordinated, with other services on the Island, the annual Healthy Lifestyle festival. This year’s theme was healthy living and each day of the week-long festival focused on a different area of health; healthy minds; healthy homes; healthy living; smoking cessation.
- The Men’s health week was delivered in the community with a strong focus on health screening and promotion.
- A Hepatitis B education App in Yolŋu language (3 years in making) was developed by a collaborative project with Menzies School of Health Research. It was launched this year and the staff involved in the development travelled to the World’s Indigenous Peoples’ viral hepatitis conference to present their work.
- HBHC Team produced a bi-lingual booklet for new mothers on how to take care of your baby on return to community.
Gunyaŋara Clinic continues to increase service delivery, 6,075 episodes of care were delivered in the last financial year. This clinic has maintained very healthy KPIs and is evidence of outcomes that can be achieved with adequate resourcing and robust systems.

We are currently getting ready for renewal of AGPAL accreditation in March 2015.

We have Shani Martin employed as a trainee Aboriginal Health Practitioner, this is something we are very proud of. We have had some challenges with staffing during the year; Diane Malupo is our new receptionist and Sarah Vaggs in our new registered nurse. Dr Wendy Page is the GP; Clely Yumbulul is the clinic driver and Craig Pullen is clinic manager/registered nurse. We have also had junior doctors and GP registrars working at the clinic.

At Gunyaŋara we acknowledge the support and collaboration with other Miwatj programs - from Mental Health (John Maher), and the Child & Maternal Health team working from Gunyaŋara with community workers (Tina, Emma, Valerie and Cleo) and visits from Complex care coordinator (Charmaine) and eye health (Janet) and Men’s Health (Trevor and Sebastian). The Social Emotional Wellbeing team have been supporting clients.

We continue to hold cardiac, paediatric and dermatology specialist clinics and have improved access to specialist at Miwatj Nhulunbuy clinic.

Working closely with the One Disease program we had a successful healthy skin day in October. We have provided a limited health service to Dhaniya homeland.

At a community level the Local Gumatj store is providing healthy food options (opened approximately 6 months ago). And housing has improved with renovations and new houses.

Gunyaŋara is a supportive community, a great community to work with.
HEALTHY LIFESTYLE PROGRAM

The Healthy Lifestyle Program has undergone significant changes during the period that have resulted in new and exciting directions that further promote healthy activity, use structured and meaningful sport as a vehicle that includes high participation, exposure to health literacy and instilling a sense of pride in providing an avenue for achievement and empowerment.

Along with the Regional Njarli (Tobacco) Program, the Program operates region wide from the Peninsula communities and islands to the North and West including Nhulunbuy, Yirrkala, Gunyana, Galiwin’ku, Gapuwiyak, Raminginjin and Milimjini to Numbulwar in the South and Angurugu and Umbakumba on Groote Eylandt. The Program services Indigenous clients from mainly the Yolnu, Nunggubuyu and Anindilyakwa nations.

During the second half of 2013 the Program held various activities that included visits from sporting entities in the form of the Geelong Cats Football Club members through promoting Tennis and Football. There was a travel component with players visiting Sydney for Touch Football. The Program facilitated Miwatj Health entries in the 2013 East Arnhem Relay for Life Cancer Council event and the Gove Beach Volleyball Festival respectively.

The Program underwent personnel changes with the departure of the former Coordinator Mr Kevin Bird at the end of 2013. The position was filled in February of this year. The current Coordinator set about a self assessment of the Program, its direction, how it is perceived in the Community, and what success can be improved on and on what hasn’t worked, how to best take lessons from that experience.

Basketball – More than a Game

Community visits across the region consulted community members and stakeholders. Community facilities were assessed for suitability for Program use. These visits exposed that there are facilities in communities that are being underutilised. This was particularly noticed with the many basketball courts in the region that were often only receiving use of community members through scratch matches.

This underuse of facilities along with an indication that the communities were interested in Basketball being delivered lead to the Program making a decision to investigate how Basketball could be used as a meaningful activity that would promote physical activity, allow the program to educate participants on key health education as well as give the community the support to eventually deliver Basketball with minimal Program support.

The Program sought advice from Basketball NT about implementing a plan that aligns with the health objectives set out in our funding agreements. With this advice the Program has implemented the following achievements during the period:

- Signed agreement to deliver Aussie Hoops Basketball Introduction Program in Yirrkala, Gunyana and Gapuwiyak.
- Deliver Gapuwiyak Junior and Senior Basketball Competition in partnership with Gapuwiyak School – Community Healthy Lifestyle Worker Ziggy Fatnowna instrumental with this successful competition that attracted 180 participants. Close to 1 in 5 people in the community were participating directly with much higher numbers attending regularly as supporters.
- Facilitate visit by Sydney Kings Basketball Franchise to raise awareness of Aussie Hoops Basketball Program and to educate participants on importance of diet regarding physical activity.
- Accepted invitation to deliver One People One Voice Festival Women’s Basketball Tournament in August 2014. Program responsible for all facilitation and delivery of this component of the Festival.
These achievements have set a strong foundation that has the Program placed well to meet overall objectives. The focus of the Program regarding Basketball remains a vehicle for health literacy and giving the Community the tools needed to self-deliver meaningful basketball activities.

were 16 runners all up. This race also served as a pathway with the first and second place getters in both genders being selected to compete in the following weekends 2014 Powerade Darwin City to Surf 12km race. The participants also attended World No Tobacco Day in Darwin pre-race, in partnership with the Danila Dilba Tobacco Program.

The Program utilised AMFit Personal Fitness to deliver a school holiday program to Gunyanjara Community during Term 1 School Holiday Break. Two sessions were held and this model has been earmarked for future use.

Overall the Program can report that the period was successful in terms of assessing and improving the direction and delivery, adding structure to bring a sporting vehicle to promote health behaviour and putting steps in place that will promote and allow community to deliver their own activities with minimal support from the Program.

Running for Life

Running is an activity that has gained traction in the region through the Indigenous Marathon Project (IMP). The Program views IMP as a good initiative, however, it really only benefits a small portion of the community with only one participant per year selected from each region. The Program set about offering participants with the opportunity to run as an activity here in the Miwatj Region.

In Gapuwiyak, Community Healthy Lifestyle Worker Ziggy Fatnowna partnered with local Sport and Recreation staff to form the Gapuwiyak Running Club. Ziggy was instrumental in preparing and motivating the participants, and the competitiveness of the community in general has seen excellent results, evidenced by better time trails and improved self-assessed health status.

The Program invited runners from Gapuwiyak and Galiwin’ku Communities to race at the Miwatj Health Day celebrations in the Inaugural Birritjimi to Miwatj Health 8km Race. There

Future Directions

Challenges that the Program has encountered have been around recruitment and retention of staff. At the end of 2013 there was a Coordinator Position vacant, one full-time Community Healthy Lifestyle Worker based in Gapuwiyak and one part-time Community Healthy Lifestyle Worker based in Umbakumba.
When current Coordinator had assumed role and visited Groote Eylandt, the part-time CHLW had indicated they would be resigning.

With a change of Federal Government, indications from the department were that all Tackling Tobacco and Healthy Lifestyle Programs would be undergoing review. The funding body announced a recruitment freeze.

The Program at the end of financial year had the Coordinator and one Full-time Community Healthy Lifestyle Worker. Ziggy Fatnowna moved on from Gapuwiyak Community and his position was transferred centrally to Nhulunbuy and filled by Burrkitj Njuruwuthun.

Throughout the year the Program had opened discussions with stakeholders and various organisations in partnering in activities. The Program found that some relationships were tokenised through other stakeholders being unwilling to financially match the Program in investing in activities that would be delivered within the region. One of these instances highlights the Program solely delivering Basketball activities.

Sponsoring and Support

It is with note that during the period the Program has supported sporting organisations or Indigenous individuals that have values and aspirations that align with our organisation. These include but are not limited to:

- Gapuwiyak Football Club – support to compete in Gove AFL Competition
- Gove AFL Competition – Assist all teams with fees
- Gove Netball – local community clinics
- East Arnhem Rugby Union – Indigenous Rugby 7’s Team at Ella 7’s Tournament
- Individual Touch Football Players – NT Titles
- Individual Netball Players – NT Titles

Hayden Rickard
Coordinator, Healthy Lifestyle Program, Public Health Unit
In June 2014 I joined the Tackling Smoking (Yäka Ŋarali) team as Regional Tobacco Coordinator. I previously lived in the Galiwin’ku community for three and half years before moving with my family to Nhulunbuy to work with Miwatj Health. I have a background in working with youth and community development and insights into Yolŋu culture after my time spent living and working in Galiwin’ku.

After joining the team in June 2014, we invited the Tobacco Action Workers (TAWs) to inform and strategise the program for the remainder of 2014. The planning meeting concluded with the successful launch of the film Ŋarali: The Tobacco Story of Arnhem Land. The Ŋarali film was developed in collaboration with Round 3 Creative to produce a unique documentary about the role of tobacco use in Yolŋu culture and tradition and the role of health workforce in de-normalising and combating this deadly substance. The film was well received by the community launch in Nhulunbuy and is now available on the Miwatj website. DVDs of the film are currently being produced by the Mulka Project and will be available at the end of November 2014.

The well-known message Yäka Ŋarali (no cigarettes) has been adapted to the more grammatically-correct Yäka Buny’djurr Ŋarali (don’t smoke cigarettes) across the seven sites and has included continuing to encourage smoke-free homes, cars, public and recreational spaces, tobacco awareness and community education. Tobacco Action Workers have recently participated in the 100 Quit Club training delivered by NT health Tobacco Project to enable TAWs to deliver it in their respective communities with clients.

The program has worked closely with the Healthy Lifestyle Program to develop three shared program positions in the Bulunu area, including Gapuwiyak. These new staff members split half their time as a Tobacco Action Worker and the other half as a Community Healthy Lifestyle worker. The combined program approach encourages community members to make healthy choices through an active lifestyle.
The dry session in Arnhem Land signifies the time for the community festivals. This year the Tackling Smoking program was involved in several community festivals in the Miwatj Region. These festivals included Barunga, Bak’bidi in Ramingining, Gatjirrk in Milinjimi, Healthy Lifestyle in Galiwin’ku, and One People One Voice in Umbakumba. Tackling Smoking sponsored fun runs, trophies, medals, basketball and football competitions and TAWs delivered health awareness messages about tobacco and making healthy choices. Tackling Smoking also recently sponsored a Miwatj Men’s Cricket team to participate in the Nitmiluk Cup in Katherine.

The Tackling Smoking program continues to hold significant relationships with communities working together towards a reduction in smoking rates in the Miwatj Region, through awareness, support, education, role modelling and new initiatives.

Ben Ngwele
Regional Tobacco Coordinator, Public Health Unit
RAYPIRRI ROM - SOCIAL AND EMOTIONAL WELLBEING PROGRAM

Social and Emotional Wellbeing programs – also known as Raypirri Rom Wellbeing Programs has continued to grow from strength to strength.

Our programs’ key objectives aim to achieve the following:

• Reduce family violence and harm caused by substance abuse.

• Use Raypirri Rom (YolŋuYolŋu traditional law/practices) to support Yolŋu families and communities.

• Advocate for Yolŋu people through using a both–ways approach and reinforcing culturally appropriate practices.

• Promote safety and wellbeing to community and people at risk.

• Develop strategies and partnerships at the community level.

• Meet regularly and work collaboratively with key stakeholders, networks and community groups.

• Maintain a strong Yolŋu workforce through mentoring, regular group discussions, activities, guidance and support by community elders.

Funding

Raypirri Rom Program funding continues to come from 4 main sources for our activities, these are all now managed by the Department of Prime Minister & Cabinet:

• Raypirri Rom (Specific program funding);

• Social and Emotional Wellbeing;

• Substance Use;

• Strong Fathers, Strong Families.

Each funded area has a core responsibility and key area of work. The above grants allow us to employ 8 workers in total; however we all work together as a team. Bringing all these programs together is also important as kinship between staff and clients can impact on how and who will case manage a particular client/family. Determining which staff members are able to be involved in various referrals is a crucial part of our case management process and can sometimes involve staff members not being able to be involved in a particular referral at all.

All areas work together in a case management way to achieve positive client outcomes and to record work in a shared data collection system.

Service Delivery

Many of our referrals come directly from community, requesting assistance, advice and support with various issues faced by individuals, families and clans. The Raypirri Rom program also continues to offer support to agencies as opposed to taking on referrals. This ensures collaborative partnerships and also allows each organisation to familiarise themselves with each other’s practices.

Our main focus this past year has again been around Substance Misuse as this issue is still a large contributing factor to many of our referrals received by community. All Raypirri staff are encouraged to attend the Community liquor permit meetings each month, which allows communities to both monitor and make recommendations on how much alcohol is consumed in their communities.

The Food for Thought program continues on a weekly basis, which targets Yolŋu itinerants who have chosen to leave their communities to camp in town due to their substance misuse issues.

Fiona Djerrkura
Coordinator, Raypirri Rom Wellbeing Programs
Public Health Unit
Raypirri clients are collected from town and spend the day at one of our local beaches hunting, fishing, cooking damper and making conversation and even doing *bungul* (traditional dance) around the camp fire. This program continues to strengthen and achieve the following:

- Create a support network for itinerants camping in town with alcohol and other drugs (AOD) issues.
- Allow itinerants to reconnect with land.
- Provide a safe and informal environment to start conversations around why they left their communities, why they are drinking and is it an option to return to community.
- Build itinerants’ self-worth and confidence.
- Create conversations around what different options are available including rehabilitation.
- Allow Raypirri Wellbeing team to give itinerants options and resources to help with their issues and addictions.
- Keep itinerants away from the liquor outlets for most of the day and help others come to the realisation of how alcohol is controlling and damaging their lives and families.

The Raypirri team can also use this time to re-energise and release any tension from a week of dealing with various issues in community, which can be emotionally draining for our community workers who are sometimes called on throughout the night as well. This comes down to cultural obligations and unfortunately in this line of work it is not so easy to “leave our work at work,” when most of our work is in the communities we live in.

**Other activities have included:**

- Weekly visits to both the Nhulunbuy Primary School and High School to support the Yolŋu students and staff at the Cultural Centres.
- Conducting the Smoking Ceremony to commence the Youth Forum activities at Garma.
- Building culturally appropriate resources for the Team to use in their work with clients and community - tools and posters developed by the team, specifically in local Yolŋu dharuk.
- Attend each of the Community Liquor permit committees – Yirrkala, Gunyanaŋa and Town.
- Assist with organising the traditional ceremonies for the Miwatj Day celebrations and support the entire organisation on general cultural issues.
- Organise the cultural activities for Harmony Day at the Nhulunbuy High School.
• Support the Partners in Recovery Program
• Assist with organising and Delivering the Ḍirramu Rom (Men’s Business) Camps at Bawaka as part of the Strong Father’s, Strong Families Program.

Training

The Raypirri Rom Program continue to look for opportunities to up-skill our staff whether it be through short courses or workshops relevant to our work and delivered locally or accredited training through a Registered Training Organisation. We are currently in discussions with Batchelor College regarding the Numeracy and Literacy course they offer including basic computer skills.

Raypirri Rom staff have pushed for this training to enable them to be independent and confident to do their own reports, data entry, resources etc. All staff do their training together as a team so that everyone is familiar with and up skilled in each area.

Meetings and workshops with agencies such as, NAAJA and other locally based service providers allow the team to build up their resources to use with clients in community and offer support to agencies trying to get their messages out to communities.

Training for the future includes Cert IV in AOD, training to be able to facilitate/set up an alcohol support group in Gove, Art therapy and Mental Health First Aid.

Strong Fathers, Strong Families

Since the cessation of the original funding and the restructure during the second half of 2014, Strong Fathers, Strong Families have commenced monthly camps at Bawaka Homeland to bring together indigenous men of all ages to participate in:

Men’s health checks – this is a requirement of all men who participate in the camps to both encourage regular check-ups and to ensure any medication required is picked up prior to the 3 day and 2 night camps.

Educational sessions – Presenters from various locally based services are invited to present to the men on topics relevant to the camp theme; AOD, Family violence, DVOs, Hygiene, fitness etc. Presenters are also encouraged to present alongside one of the participants to build up knowledge, self-confidence and pride within the group. It also establishes relationships with the Yolŋu participants and service providers from this region.

Participants are also encouraged to do role play on how they would make positives changes to difficult situations including, problems at home or in community, AOD addictions, Gambling, depression etc.

Cultural Activities – These activities are run by the Raypirri Rom men along with respected figures and elders from community. This is a very important aspect of the camps,
particularly with the younger participants who have been engaging in anti-social behaviours. Some of these activities include, spear making, hunting & fishing, manikay (song), buŋgul (dance), arts & crafts and storytelling around the camp fire.

The participants may be identified through agency and community referrals, self-referrals, Raypirri Rom clients and/or individuals identified as being at risk (AOD, Volatile Substance Abuse, Self-harm etc).

Each Camp has a theme that Yolŋu men can relate to and we make every effort to provide as much support for the men through both the presenters and the cultural mentors of the program.

Fiona Djerrkura
Coordinator, Raypirri Rom Wellbeing Programs
Public Health Unit
In December 2013 Emma and Valerie took part in the NITV show Move it Mob style, showcasing their outreach work with children and families in Birritjimi; a couple of TV stars in the making!

2014 started with an early visit from public health nurse Sharron Murray to help with the HPV vaccinations and give education to Miwatj staff about the introduction of boys onto the HPV Vaccine program.

The team took part in the Youth Forum at Garma 2014, creating a private space for more than 60 Yolŋu and balanda (non-Indigenous) girls to have “Girl’s Business” education about healthy lifestyles, staying safe in community and other “Girl’s Business”.

In May 2014 Tina White was recognised for excellence in midwifery and was awarded overall 2014 NT Nurse/Midwife of the year. Tina represented Miwatj on the Diabetes in Pregnancy Clinical Advisory Group for the NT and has worked at strengthening the partnership relationship with the Maternity Unit at Gove District Hospital. Tina has updated the Antenatal/Postnatal protocol for all of the Miwatj clinics and has worked at transferring the antenatal records to hand-held pregnancy records for the women to take to their hospital appointments.

All of the members of the team, with the exception of Cleo, have completed their Adolescent Sexuality Education Program workshop.

The CMHT attended the Recognising Child Abuse and Neglect Workshop and Primary Health Care in Maternity Services course.

Tina organised a “Take Back the Night” march on the 31st October, where over 100 people marched against sexual violence with support from Gumatj, local MLA Lynne Walker and Gove FM.

Emma has completed her Graduate Diploma in Child and Family health, passing with High Distinctions and Distinctions and was able to complete a large component of clinical placement in-house because Tina was able to be her clinical preceptor/assessor. It is a huge achievement to undertake full-time post-graduate study, whilst working full-time and running a house with a busy family, congratulations Emma!
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2014
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

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<td>79-80</td>
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</table>

**General information**

The financial statements cover Miwatj Health Aboriginal Corporation as an individual entity. The financial statements are presented in Australian dollars, which is Miwatj Health Aboriginal Corporation’s functional and presentation currency.

Miwatj Health Aboriginal Corporation is a not-for-profit corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act (2006).

The financial statements were authorised for issue, in accordance with a resolution of the Board of Directors, on 25 November 2014. The Board has the power to amend and reissue the financial statements.
The Board of Directors submit their report, together with the financial statements of the Miwatj Health Aboriginal Corporation for the financial year ended 30 June 2014.

Board Members

The names of Directors throughout the year and at the date of this report are:

John Morgan*
Sharon Mununggurr
Rhonda Simon
Djapirri Mununggurritij
Margaret Yunupingu
Djuwalpi Marika*
Wali Wunungmurra
Barayuwa Mununggurr
Dhanggal Gurruwiwi
Gurruwun Yunupingu (Proxy for Bulunu Ward)
Ross Mandi*
Timmy Burarrwanga*
David Yangarriny
Djandjay Baker
Gordon Lanyipi
Don Wininba (Proxy for Barra Ward)
Mildred Numamurdirdi
Thomas Amagula
Tony Wurramarriba
Bernie Yates (Independent Director - non voting)
Peter McQuoid (Independent Director - non voting)

Meetings

A total of 8 meetings were held during the year as follows:

4 x Board Meetings
1 x Annual General Meeting
1 x Special General Meeting
2 x Executive Committee Meetings

* Executive Committee Members
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

BOARD OF DIRECTOR’S REPORT

The number of meetings attended by Board Members throughout the year ended 30 June 2014 was:
Meetings Attended (Including AGM)

John Morgan 7
Sharon Mununggurr 2
Rhonda Simon 6
Diapirri Mununggurrilj 2
Margaret Yunupingu 0
Djuluwali Marika 7
Wali Wunungmurra 3
Barayuwa Mununggurr 0
Dhanggaal Gurruwini 1
Gurrwun Yunupingu (Proxy for Bulunu Ward) 0
Ross Mandi 8
Timmy Burarrwangal 3
David Yangarriny 5
Djandjay Baker 4
Gordon Lanyipil 4
Don Wininba (Proxy for Barra Ward) 4
Mildred Numamurdirdi 1
Thomas Amagula 5
Tony Wurrarmarba 4

Bernie Yates (Independent Director - non voting) 1†
Peter McQuoid (Independent Director - non voting) 0†
* Proxy attendance not required
† Appointed May 2014

Principal Activities
The principal activity of the Corporation during the financial year was the delivery of primary health care services and public health programs to Aboriginal people in the East Arnhem Region of the Northern Territory.

Significant Changes
No significant change in the nature of these activities occurred during the year.

Operating Result
The surplus for the year amounted to $121,970

Signed in accordance with a resolution of the Board of Directors.

DIRECTOR:

John Morgan

John Morgan

Name Signature

DIRECTOR:

Don Wininba

Don Wininba

Name Signature

Dated this 25th day of November 2014
## Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>17,970,197</td>
<td>17,162,540</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17,970,197</td>
<td>17,162,540</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditor’s remuneration</td>
<td>4</td>
<td>(25,590)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td></td>
<td>(785,871)</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td></td>
<td>(10,775,250)</td>
</tr>
<tr>
<td>Finance costs</td>
<td></td>
<td>(19,484)</td>
</tr>
<tr>
<td>Other expenses</td>
<td></td>
<td>(6,242,032)</td>
</tr>
<tr>
<td><strong>Net Surplus/ (Deficit) for the year</strong></td>
<td></td>
<td>121,970</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Add Back: Capitalisation of Assets</strong></td>
<td></td>
<td>150,988</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td></td>
<td>272,958</td>
</tr>
</tbody>
</table>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.
### Statement of Financial Position

**For the year ended 30 June 2014**

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5</td>
<td>6,125,927</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>6</td>
<td>497,188</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>217,097</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td></td>
<td>6,840,212</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>8</td>
<td>11,598,200</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td></td>
<td>11,598,200</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>18,438,412</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>9</td>
<td>1,717,525</td>
</tr>
<tr>
<td>Borrowings</td>
<td>10</td>
<td>11,301</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>11</td>
<td>724,893</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>12</td>
<td>1,000,661</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td></td>
<td>3,454,380</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>11</td>
<td>144,743</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td>144,743</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>3,599,123</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>14,839,290</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained Surpluses</td>
<td></td>
<td>14,839,290</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERS FUNDS</strong></td>
<td></td>
<td>14,839,290</td>
</tr>
</tbody>
</table>

*The above statement of financial position should be read in conjunction with the accompanying notes.*
<table>
<thead>
<tr>
<th>Component</th>
<th>Accumulated Surplus/(deficit)</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2012</td>
<td>13,142,072</td>
<td>13,142,072</td>
</tr>
<tr>
<td>Operating Surplus for the year</td>
<td>357,633</td>
<td>357,633</td>
</tr>
<tr>
<td>Capitalisation of Assets</td>
<td>1,066,626</td>
<td>1,066,626</td>
</tr>
<tr>
<td>Other comprehensive income for the year, net of tax</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total comprehensive income for year</td>
<td>1,424,259</td>
<td>1,424,259</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>14,566,331</td>
<td>14,566,331</td>
</tr>
<tr>
<td>Balance at 1 July 2013</td>
<td>14,566,331</td>
<td>14,566,331</td>
</tr>
<tr>
<td>Operating Surplus for the year</td>
<td>121,970</td>
<td>121,970</td>
</tr>
<tr>
<td>Capitalisation of Assets</td>
<td>150,988</td>
<td>150,988</td>
</tr>
<tr>
<td>Other comprehensive income for the year, net of tax</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total comprehensive income for year</td>
<td>272,958</td>
<td>272,958</td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>14,839,289</td>
<td>14,839,289</td>
</tr>
</tbody>
</table>

The above statement of changes in equity should be read in conjunction with the accompanying notes.
MIWATJ HEALTH ABORIGINAL CORPORATION  
ABN: 96 843 428 729  

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants received</td>
<td>15,554,006</td>
<td>14,858,456</td>
</tr>
<tr>
<td>Receipts from customers</td>
<td>2,177,664</td>
<td>4,168,933</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(16,265,805)</td>
<td>(18,154,628)</td>
</tr>
<tr>
<td>Interest received</td>
<td>147,041</td>
<td>166,085</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(16,079)</td>
<td>(41,535)</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) operating activities</strong></td>
<td>1,596,827</td>
<td>997,312</td>
</tr>
</tbody>
</table>

| **CASH FLOWS FROM INVESTING ACTIVITIES** |            |            |
| Payments for property, plant and equipment | (500,833)  | (1,526,361) |
| **Net cash provided by (used in) investing activities** | (500,833)  | (1,489,758) |

| **CASH FLOWS FROM FINANCING ACTIVITIES** |            |            |
| Repayment of borrowings and increase in loan amount | (834,741)  | 447,393    |
| **Net cash provided by (used in) financing activities** | (834,741)  | 447,393    |
| Net increase (decrease) in cash and cash equivalent | 261,253    | (45,054)   |
| Cash and cash equivalents at the beginning of the financial year | 5,864,674  | 5,909,728  |
| **Cash and cash equivalents at the end of the financial year** | 6,125,927  | 5,864,674  |

The above statement of cash flows should be read in conjunction with the accompanying notes.
1 Significant Accounting Policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The Corporation has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Corporation.

The following Accounting Standards and Interpretations are most relevant to the Corporation:

AASB 1053 Application of Tiers of Australian Accounting Standards

The Corporation has applied AASB 1053 from 1 July 2013. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards - Reduced Disclosure Requirements. The Corporation being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2 and later amending Standards, as relevant.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

The Corporation has applied AASB 2010-2 from 1 July 2013. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the Corporation’s disclosure requirements.

AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project - Reduced Disclosure Requirements, AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and AASB 2012-11 Amendments to Australian Accounting Standards - Reduced Disclosure Requirements and Other Amendments

The Corporation has applied AASB 2011-2, AASB 2012-7 and 2012-11 amendments from 1 July 2013, to the extent that they related to other standards already adopted by the Corporation. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations to significantly reduce the Corporation’s disclosure requirements.

AASB 13 Fair Value Measurement and AASB 2011-8 Amendments to Australian Accounting Standards arising from AASB 13

The Corporation has applied AASB 13 and its consequential amendments from 1 July 2013. The standard provides a single robust measurement framework, with clear measurement objectives, for measuring fair value using the 'exit price' and provides guidance on measuring fair value when a market becomes less active. The 'highest and best use' approach is used to measure non-financial assets whereas liabilities are based on transfer value. The standard requires increased disclosures where fair value is used.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

AASB 119 Employee Benefits (September 2011) and AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)
The Corporation has applied AASB 119 and its consequential amendments from 1 July 2013. The standard eliminates the corridor approach for the deferral of gains and losses; streamlines the presentation of changes in assets and liabilities arising from defined benefit plans, including requiring remeasurements to be presented in other comprehensive income; and enhances the disclosure requirements for defined benefit plans. The standard also changed the definition of short-term employee benefits, from ‘due to’ to ‘expected to’ be settled within 12 months. Annual leave that is not expected to be wholly settled within 12 months is now discounted allowing for expected salary levels in the future period when the leave is expected to be taken.

AASB 2012-2 Amendments to Australian Accounting Standards - Disclosures - Offsetting Financial Assets and Financial Liabilities
The Corporation has applied AASB 2012-2 from 1 July 2013. The amendments enhance AASB 7 'Financial Instruments: Disclosures' and requires disclosure of information about rights of set-off and related arrangements, such as collateral agreements. The amendments apply to recognised financial instruments that are subject to an enforceable master netting arrangement or similar agreement.

AASB 2012-5 Amendments to Australian Accounting Standards arising from Annual Improvements 2009-2011 Cycle
The Corporation has applied AASB 2012-5 from 1 July 2013. The amendments affect five Australian Accounting Standards as follows: Confirmation that repeat application of AASB 1 'First-time Adoption of Australian Accounting Standards' is permitted; Clarification of borrowing cost exemption in AASB 1; Clarification of the comparative information requirements when an entity provides an optional third column or is required to present a third statement of financial position in accordance with AASB 101 'Presentation of Financial Statements'; Clarification that servicing of equipment is covered by AASB 116 'Property, Plant and Equipment', if such equipment is used for more than one period; clarification that the tax effect of distributions to holders of equity instruments and equity transaction costs in AASB 132 'Financial Instruments: Presentation' should be accounted for in accordance with AASB 112 'Income Taxes'; and clarification of the financial reporting requirements in AASB 134 'Interim Financial Reporting' and the disclosure requirements of segment assets and liabilities.

Basis of preparation
These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB) the requirements of Corporations (Aboriginal and Torres Strait Islander) Act 2006 and associated regulations, as appropriate for not-for-profit oriented entities. These financial statements also comply with International Financial Reporting Standards as issued by the International Accounting Standards Board (IASB).

Historical cost convention
The financial statements have been prepared under the historical cost convention.

Critical accounting estimates
The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Corporation’s accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

Revenue recognition
Revenue is recognised when it is probable that the economic benefit will flow to the Corporation and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Sales revenue
Events, fundraising and raffles are recognised when received or receivable.
Donations
Donations are recognised at the time the pledge is made.

Grants
Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Interest
Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue
Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax
As the Corporation is a not-for-profit entity in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Current and non-current classification
Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

Cash and cash equivalents
Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables
Other receivables are recognised at amortised cost, less any provision for impairment.

Property, plant and equipment
Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>40 years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>15 years</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>3-7 years</td>
</tr>
</tbody>
</table>
The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Corporation. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

**Impairment of non-financial assets**

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset’s carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset’s fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

**Trade and other payables**

These amounts represent liabilities for goods and services provided to the Corporation prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**Employee benefits**

*Short-term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees’ services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

*Other long-term employee benefits*

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

*Defined contribution superannuation expense*

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

**Fair value measurement**

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principle market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.
Goods and Services Tax (‘GST’) and other similar taxes
Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets
The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets
The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision
As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.
3 Revenue

Operating activities
Rental Income 169,970 220,919
Interest 147,041 166,085
Grants 15,450,450 15,110,899
Other revenue 2,208,803 1,657,568
Total revenue from operating activities 17,976,264 17,155,471

Non-operating activities
Profit (loss) on Sale of Non-current Assets 0 7,070
Profit (loss) on Transfer of Non-current Assets (6,067) 0
Total revenue from Non-operating activities (6,067) 7,070
Total revenue 17,970,197 17,162,541

4 Auditor’s Remuneration

Auditing of the accounts 25,590 22,000

5 Cash and Cash Equivalents

Current
Ongoing Account – Miwatj Health 217,919 181,253
Cash at Bank – Miwatj Health 0 34,525
Ongoing Account - Ngalkanbuy 409,975 153,973
Cash at Bank - Ngalkanbuy 343,723 64,897
Business Cash Reserve 5,154,310 5,430,025

6,125,927 5,864,674
## Trade and Other Receivables

### Current
- **Trade receivables:** $401,592\[2013:546,977\]
- **Less: Provision for Doubtful Debts:** $0\[2013:(25,780)\]
- **Other receivables:** $95,596\[2013:46,902\]

### Totals
**Total:** $497,188\[2013:568,099\]

## Other Assets

### Current
- **Prepayments:** $88,465\[2013:42,469\]
- **Security deposits:** $128,632\[2013:118,845\]

### Totals
**Total:** $217,097\[2013:161,314\]

## Property, Plant and Equipment

### Land & Buildings:
- **Land & Buildings At Cost (Nhulunbuy):** $10,608,301\[2013:10,409,454\]
- **Accumulated depreciation:** $1,832,278\[2013:1,567,070\]
- **Total Land & Buildings Nhulunbuy:** $8,776,023\[2013:8,842,383\]
- **Land & Buildings At Cost (Ngalkanbuy):** $1,967,347\[2013:1,861,903\]
- **Accumulated depreciation:** $203,397\[2013:153,586\]
- **Total Land & Buildings Ngalkanbuy:** $1,763,950\[2013:1,708,316\]

### Totals
**Total Land & Buildings:** $10,539,973\[2013:10,550,699\]

### Plant & Equipment:
- **At cost:** $1,182,145\[2013:1,107,790\]
- **Accumulated depreciation:** $908,937\[2013:769,482\]

### Totals
**Total Plant & Equipment:** $273,208\[2013:338,309\]

### Motor Vehicles:
- **At cost:** $2,068,925\[2013:2,036,006\]
- **Accumulated depreciation:** $1,283,906\[2013:1,035,710\]

### Totals
**Total Motor Vehicles:** $785,019\[2013:1,000,296\]
**Total Property, Plant and Equipment:** $11,598,200\[2013:11,889,305\]
8 Property, Plant and Equipment Continued

Reconciliation

Reconciliation of the written down values at the beginning and end of the current financial year are set out below

<table>
<thead>
<tr>
<th></th>
<th>Land &amp; Buildings $</th>
<th>Plant &amp; Equipment $</th>
<th>Motor Vehicles $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2012</td>
<td>9,592,309</td>
<td>456,303</td>
<td>1,121,175</td>
<td>11,169,787</td>
</tr>
<tr>
<td>2013 Additions</td>
<td>1,259,348</td>
<td>115,589</td>
<td>185,851</td>
<td>1,560,788</td>
</tr>
<tr>
<td>2013 Disposals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>-</td>
<td>300,957</td>
<td>-</td>
<td>841,271</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>10,550,700</td>
<td>338,309</td>
<td>1,000,296</td>
<td>11,889,305</td>
</tr>
<tr>
<td>2014 Additions</td>
<td>304,292</td>
<td>125,879</td>
<td>70,661</td>
<td>500,832</td>
</tr>
<tr>
<td>2014 Disposals</td>
<td></td>
<td></td>
<td>6,067</td>
<td></td>
</tr>
<tr>
<td>2014 Depreciation Expense</td>
<td>-</td>
<td>315,018</td>
<td>279,872</td>
<td>785,870</td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>10,539,974</td>
<td>273,208</td>
<td>785,019</td>
<td>11,598,200</td>
</tr>
</tbody>
</table>

Land & Buildings

The buildings at Nhulunbuy are situated on land leased from the Commonwealth Government by Rio Tinto Alcan. The Rio Tinto Alcan lease was renewed in May 2011 up to May 2053. Miwatj Health subleases land from Rio Tinto Alcan for its Nhulunbuy buildings.

Miwatj Health has entered into leases over Lots 103, 108 & 351 at Galiwin’ku, and Lot 90 Drimmie Head Road (upon which a staff duplex stands) and Lot 91 Yunupingu Drive, Gunyangara (on which the clinic building stands) under Section 19 of the Aboriginal Land Rights (NT) Act 1976 for the purposes of using the buildings thereon for staff accommodation and the clinic at Gunyangara. The leases are for an initial period of ten years, and commenced 18 August 2012. The Northern Territory Government (NTG) has been granted a long term lease over Lot 106 at Galiwin’ku upon which the current clinic building stands. Miwatj Health had also been granted a lease over Lot 105 adjacent to the clinic building, commencing 1 July 2013, for the purposes of providing health services. The NTG and General Practice Network NT and the NTG hold Section 19 leases over all other lots at Galiwin’ku upon which staff accommodation premises utilised by Miwatj Health stand.

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and Other Payables</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Trade and Other Payables

Current

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Payables</td>
<td>358,336</td>
<td>832,519</td>
</tr>
<tr>
<td>Accruals</td>
<td>940,518</td>
<td>325,529</td>
</tr>
<tr>
<td>Sundry Payables</td>
<td>3,683</td>
<td>3,683</td>
</tr>
<tr>
<td>GST Payable</td>
<td>414,988</td>
<td>9,941</td>
</tr>
<tr>
<td></td>
<td>1,717,525</td>
<td>1,171,673</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Borrowings Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate Credit Card Facility – Westpac</td>
<td>11,229</td>
<td>5,917</td>
</tr>
<tr>
<td>Investment Property Loan</td>
<td>72</td>
<td>108,600</td>
</tr>
<tr>
<td></td>
<td><strong>11,301</strong></td>
<td><strong>114,517</strong></td>
</tr>
<tr>
<td>Non-Current Investment Property Loan</td>
<td>0</td>
<td>731,852</td>
</tr>
<tr>
<td></td>
<td><strong>0</strong></td>
<td><strong>731,852</strong></td>
</tr>
</tbody>
</table>

| 11 Employee Benefits Current |           |           |
| Annual Leave | 633,818    | 569,383   |
| Other        | 91,075     | 28,973    |
|               | **724,893** | **598,357** |

| Non-Current Long Service Leave | 144,743 | 131,538 |
|                               | **144,743** | **131,538** |

| 12 Other Liabilities Current |           |           |
| Unexpended Grants | 1,000,661 | 1,010,566 |
| Unearned Income    | 0         | 158,557   |
|                    | **1,000,661** | **1,169,123** |
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Management Personnel Disclosures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregate compensation made to key management personnel (CEO, Director Medical Services, Director Public Health and Director Business Services)</td>
<td>763,558</td>
<td>839,169</td>
</tr>
<tr>
<td><strong>Cash Flow Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconciliation of Net Cash provided by Operating Activities to Profit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating profit (loss)</td>
<td>272,958</td>
<td>1,424,259</td>
</tr>
<tr>
<td>Non-cash flows in profit (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>785,871</td>
<td>833,519</td>
</tr>
<tr>
<td>Net profit on Sale of assets</td>
<td>0</td>
<td>-7,070</td>
</tr>
<tr>
<td>Net loss on transfer of assets</td>
<td>6,067</td>
<td>0</td>
</tr>
<tr>
<td>Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in trade and other receivables</td>
<td>70,910</td>
<td>2,170,474</td>
</tr>
<tr>
<td>(Increase)/decrease in other assets</td>
<td>-55,783</td>
<td>-120,831</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>545,524</td>
<td>-3,345,339</td>
</tr>
<tr>
<td>Increase/(decrease) in provisions</td>
<td>139,742</td>
<td>186,083</td>
</tr>
<tr>
<td>Increase/(decrease) in other liabilities</td>
<td>-168,462</td>
<td>-93,886</td>
</tr>
<tr>
<td><strong>Net cash from operating activities</strong></td>
<td><strong>1,596,827</strong></td>
<td><strong>1,047,209</strong></td>
</tr>
</tbody>
</table>
15 Corporation Details

The principal place of business of the Corporation is: 1424/1425 Arnhem Road, Nhulunbuy NT 0880

16 Contingent Liabilities

The Corporation had no contingent liabilities as at 30 June 2014 and 30 June 2013

17 Commitments

The Corporation had no commitments for expenditure as at 30 June 2014 and 30 June 2013

18 Related party transactions

Key management personnel
Disclosures relating to key management personnel are set out in Note 13.

Transactions with related parties
There were no transactions with related parties during the current or previous financial year.

Receivable from or payable to related parties
There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties
There were no loans to or from related parties at the current and previous reporting date.

19 Events after the reporting period

No matter or circumstance has arisen since 30 June 2014 that has significantly affected, or may significantly affect the Corporation’s operations, the results of those operations, or the Corporation’s state of affairs in future financial years.
BOARD OF DIRECTOR'S DECLARATION

In our opinion:

1. The attached financial statements and notes thereto comply with Corporations (Aboriginal and Torres Strait Islander) Act (2006) and the Australian Accounting Standards - Reduced Disclosure Requirements and other mandatory professional reporting requirements.

2. The attached financial statements and notes thereto give a true and fair view of Miwatj Health Aboriginal Corporation financial position as at 30 June 2014 and of its performance for the financial year ended on that date.

3. At the date of this statement, there are reasonable grounds to believe that Miwatj Health Aboriginal Corporation will be able to pay its debts as and when they fall due.

4. That detail of Assets purchased and sold are accurate and that the organisation is properly maintaining an Asset Register.

5. That purchasing procedures for assets and services have been followed.

6. That required insurances were valid and submitted to the qualified Auditor.

7. That financial controls in place are adequate.

8. That adequate provision has been made for legitimate future statutory and other liabilities.

9. That statutory obligation in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns and accounts have been met.

10. The Board of Directors and the Corporation have complied with the obligations imposed by the Corporations (Aboriginal and Torres Strait Islanders) Act 2006, the regulations and the rules of the Corporation.

This statement is made and is signed for and on behalf of the Board of Directors by:

Director:  
John Morgan  
Name ___________________________  Signature ___________________________

Director:  
Don Winiwa  
Name ___________________________  Signature ___________________________

Dated this 25th day of November 2014
Auditors Independence Declaration
Under Section 339/50 of the Corporation
(ABoriginal and Torres Strait Islander) Act 2006

To the Directors of Miwatj Health Aboriginal Corporation

I declare that, to the best of my knowledge and belief, in relation to the audit of Miwatj Health Aboriginal Corporation for the year ended 30 June 2014 there have been;

a) no contraventions of the auditor independence requirements as set out in the Corporations (ABoriginal and Torres Strait Islander) Act 2006 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

Name of Firm: GRUBERS BECKETT
Chartered Accountants

Name of Partner:
Alfred C. Gruber

Address: 13 Spence Street
CAIRNS QLD 4870

Dated this 20th day of November 2014
FINANCIAL STATEMENTS

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

INDEPENDENT AUDITORS REPORT
TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

Report on the financial report
We have audited the accompanying financial report of Miwatj Health Aboriginal Corporation which comprises the statements of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statements of cash flows for the year then ended, notes comprising a summary of significant accounting policies, other explanatory information and the Board’s declaration.

Board responsibility for the financial report
The Board of the Corporation is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards -Reduced Disclosure Requirements and the Corporations (Aboriginal and Torres Strait Islanders) Act (2006) and for such internal control as is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement whether due to fraud or error.

Auditors responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 Corporation’s preparation of the financial report that gives a true and fair view 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 Corporation’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
INDEPENDENT AUDITORS REPORT
TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

Report on the financial report continued

Independence
In conducting our audit, we have complied with the independence requirements of the Australian professional ethical pronouncements. We confirm the independence declaration which has been given to the committee of Miwatj Health Aboriginal Corporation would be in the same terms if given to the committee as at the time of this auditors report. We have given the committee of Miwatj Health Aboriginal Corporation a written Auditors Independence Declaration, a copy of which is included in the financial report.

Audit Opinion

In our opinion
• the financial report of the Miwatj Health Aboriginal Corporation presents a true and fair view in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements in Australia, the financial position of the Miwatj Health Aboriginal Corporation as at 30th June 2014 and of its performance for the year ended on that date.

• the Board of Miwatj Health Aboriginal Corporation have ensured that the rules and legislation governing the organisation have been complied with and that a register of members, and office holders has been properly maintained.

Name of Firm: GRUBERS BECKETT
Chartered Accountants

Name of Partner: Alfred Gruber
Address: 13 Spence Street, Cairns, QLD 4870

Dated this 25th day of November, 2014
MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

CERTIFICATE BY MEMBERS OF THE BOARD OF DIRECTORS

We certify that:

a) We are Directors of the Board of the Miwatj Health Aboriginal Corporation.
b) We attended the Annual General Meeting of the Corporation held on 27 November 2014.
c) We are authorised by the attached resolution of the Board to sign this certificate.
d) This annual statement was submitted to the members of the Corporation at its Annual General Meeting.

Chairman: ____________________________
John Morgan
Signature

Director: ____________________________
Don Wininba
Signature

Dated this 27th day of November 2014.
## INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants Received</td>
<td>15,554,006</td>
<td>14,858,456</td>
</tr>
<tr>
<td>Grants – Unexpended Carried Forward</td>
<td>-1,000,661</td>
<td>-1,010,566</td>
</tr>
<tr>
<td>Grants – Unexpended Brought Forward</td>
<td>1,010,566</td>
<td>1,263,009</td>
</tr>
<tr>
<td>Grants – Repay Unexpended Grants</td>
<td>-113,462</td>
<td>0</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>1,314,949</td>
<td>1,127,620</td>
</tr>
<tr>
<td>Donations</td>
<td>6,200</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>16,771,598</td>
<td>16,238,519</td>
</tr>
</tbody>
</table>

| **OTHER REVENUE**    |            |            |
| Interest Received    | 147,041    | 166,085    |
| Other Revenue        | 887,655    | 529,947    |
| Profit/(loss) on Sale/Disposal of Non-Current Assets | -6,067 | 7,070 |
| Rents received       | 169,970    | 220,919    |
| **Total Other Revenue** | 1,198,599  | 924,021    |
| **Total Revenue**    | 17,970,197 | 17,162,540 |

| **EXPENDITURE**      |            |            |
| Auditor’s Remuneration | 25,590     | 22,000     |
| Bank Charges         | 3,405      | 3,863      |
| Board Meetings and Governance | 138,710   | 115,934    |
| Capital Assets       | 150,988    | 1,066,626  |
| Consultancy Fees     | 634,654    | 566,123    |
| Computer Expenses    | 346,649    | 189,892    |
| Depreciation         | 785,871    | 833,519    |
| Donations            | 19,597     | 17,292     |
| Equipment – Repairs & Maintenance | 174,650   | 220,739    |
| Equipment – Leasing  | 10,244     | 8,607      |
# MIWATJ HEALTH ABORIGINAL CORPORATION

**INCOME AND EXPENDITURE STATEMENT**

**FOR THE YEAR ENDED 30 JUNE 2014**

<table>
<thead>
<tr>
<th>Item</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fringe Benefits Tax</td>
<td>100,286</td>
<td>37,299</td>
</tr>
<tr>
<td>Flights Out of Isolated Location (FOIL)</td>
<td>14,282</td>
<td>19,055</td>
</tr>
<tr>
<td>General Expenses</td>
<td>11,465</td>
<td>11,522</td>
</tr>
<tr>
<td>Insurance</td>
<td>179,832</td>
<td>180,136</td>
</tr>
<tr>
<td>Interest Paid</td>
<td>16,079</td>
<td>41,535</td>
</tr>
<tr>
<td>Legal Costs</td>
<td>68,338</td>
<td>47,796</td>
</tr>
<tr>
<td>Locum Fees</td>
<td>1,243,902</td>
<td>1,171,407</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td>305,460</td>
<td>266,699</td>
</tr>
<tr>
<td>Postage &amp; Freight</td>
<td>50,221</td>
<td>48,379</td>
</tr>
<tr>
<td>Printing, Copying &amp; Stationery</td>
<td>47,330</td>
<td>49,927</td>
</tr>
<tr>
<td>Program Delivery Costs (including medical supplies)</td>
<td>640,318</td>
<td>462,953</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance – Clinic &amp; Office</td>
<td>700,450</td>
<td>463,773</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance – Staff Accommodation</td>
<td>218,776</td>
<td>312,568</td>
</tr>
<tr>
<td>Provision for Employee Entitlements</td>
<td>134,075</td>
<td>191,750</td>
</tr>
<tr>
<td>Rent – Accommodation for Staff</td>
<td>263,538</td>
<td>229,402</td>
</tr>
<tr>
<td>Rent – Commercial</td>
<td>57,368</td>
<td>53,828</td>
</tr>
<tr>
<td>Staff Training</td>
<td>129,675</td>
<td>115,986</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>13,879</td>
<td>6,646</td>
</tr>
<tr>
<td>Superannuation Contributions – Employees</td>
<td>776,280</td>
<td>683,761</td>
</tr>
<tr>
<td>Telephone</td>
<td>101,047</td>
<td>102,847</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>561,053</td>
<td>451,961</td>
</tr>
<tr>
<td>Staff Recruitment</td>
<td>129,428</td>
<td>93,829</td>
</tr>
<tr>
<td>Staff Uniforms, Amenities &amp; Welfare</td>
<td>44,460</td>
<td>34,353</td>
</tr>
<tr>
<td>Wages &amp; Salaries</td>
<td>9,488,631</td>
<td>8,443,388</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>261,696</td>
<td>239,512</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,848,227</td>
<td>16,804,907</td>
</tr>
</tbody>
</table>

| Add Back: Capitalisation of Assets                                  | 121,970 | 357,633 |
| Add Back: Capitalisation of Assets                                  | 150,988 | 1,066,626 |

| Accumulated Funds at the beginning of the financial year           | 14,566,331 | 13,142,075 |
| **Accumulated Funds at the end of the financial year**            | 14,839,289 | 14,566,331 |
CONTACT DETAILS

Miwatj Health Aboriginal Corporation
1424 Arnhem Road
PO Box 519
Nhulunbuy NT 0881
Ph. (08) 8939 1900
Fax. (08) 8987 1670
Administration opening hours:
Mon to Fri 08:00 – 16:30

Nhulunbuy Clinic
Ph. (08) 8939 1999
Fax. (08) 8987 3271
Opening hours:
Mon 08:30 – 16:00
Tues 08:30 – 16:00
Wed 08:30 – 16:00
Thurs 08:30 – 16:00
Fri 08:30 – 12:00

Gunyaŋara Clinic
Ph. (08) 8987 3800
Fax. (08) 8987 0366
Opening hours:
Mon 08:30 – 16:00
Tues 08:30 – 16:00
Wed 08:30 – 16:00
Thurs 08:30 – 16:00
Fri 08:30 – 12:00

Yirrkala Clinic
Ph. (08) 8987 2650
Fax. (08) 8987 3470
Opening hours:
Mon 08:30 – 16:00
Tues 08:30 – 16:00
Wed 08:30 – 16:00
Thurs 08:30 – 16:00
Fri 08:30 – 12:00

Ŋalkanbuy Clinic (Galiwin’ku)
PMB 230
Galiwin’ku via Winnellie NT 0822
Ph. (08) 8970 5700
Fax. (08) 8987 9061
Opening hours (24/7 on-call):
Mon 09:00 – 12:00 & 13:00 – 16:30
Tues 09:00 – 12:00 & 13:00 – 16:30
Wed 09:00 – 12:00
Thurs 09:00 – 12:00 & 13:00 – 16:30
Fri 09:00 – 12:00 & 13:00 – 16:30