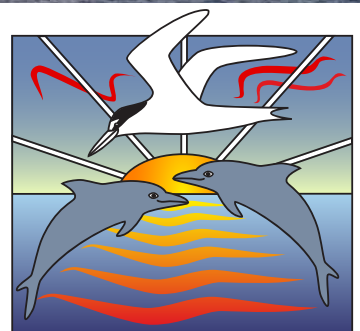


MIWATJ HEALTH ANNUAL REPORT 2012-2013



Miwatj Health
Aboriginal Corporation

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MIWATJ HEALTH – THE EARLY YEARS

On 4 November 1991, the Regional Manager of 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 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.

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 emphasized, as an aim, to assist Aboriginal people in gaining control of healthcare resources – “to provide resources and support to Yolngu 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 Gapuwiyak 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 computerized 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.

OUR STORY

1992
Establishment

THE EARLY YEARS

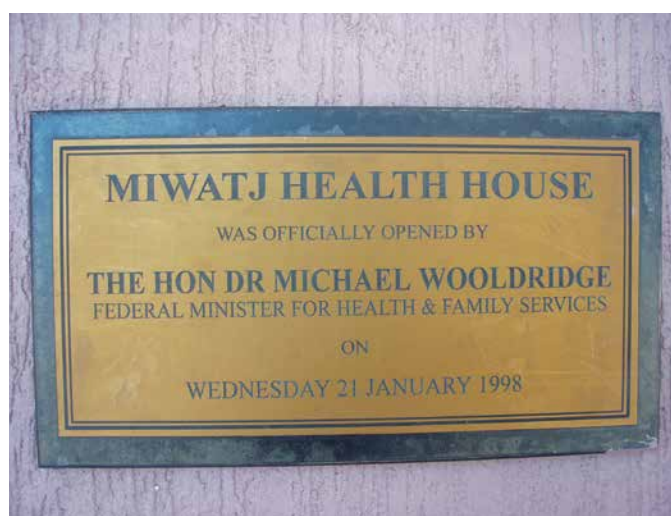
At that time there was almost no primary care provision by doctors in the bush in the region. If someone needed to see a doctor, they would be evacuated out to a hospital in a city, treated briefly, and then sent back to the environment which had often been the cause of their illness. There was little 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, Gunyangara (Gunyangara did not have its own clinic until 1996), Yirrkala and Numbulwar. For a significant time Miwatj employed the fulltime resident GPs at Numbulwar and Gapuwiyak.

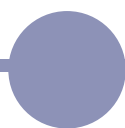
Of course doctors could not be employed in remote communities without somewhere to live. The construction of the first houses for doctors throughout the region in the mid-1990s was a direct result of advocacy by Miwatj to the Commonwealth Government.

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.



TODAY



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 Gunyangara and Galiwin'ku when the local councils were abolished and the NT Government did not want to take responsibility for primary healthcare provision at those places. 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 disadvantage. 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:

- Eliminate the gap between the life expectancies of Indigenous and non-Indigenous people by 2030.
- 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 realized, 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 Marngarr), 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, Gunyangara, 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 MISSION

OUR VALUES

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

OUR APPROACH

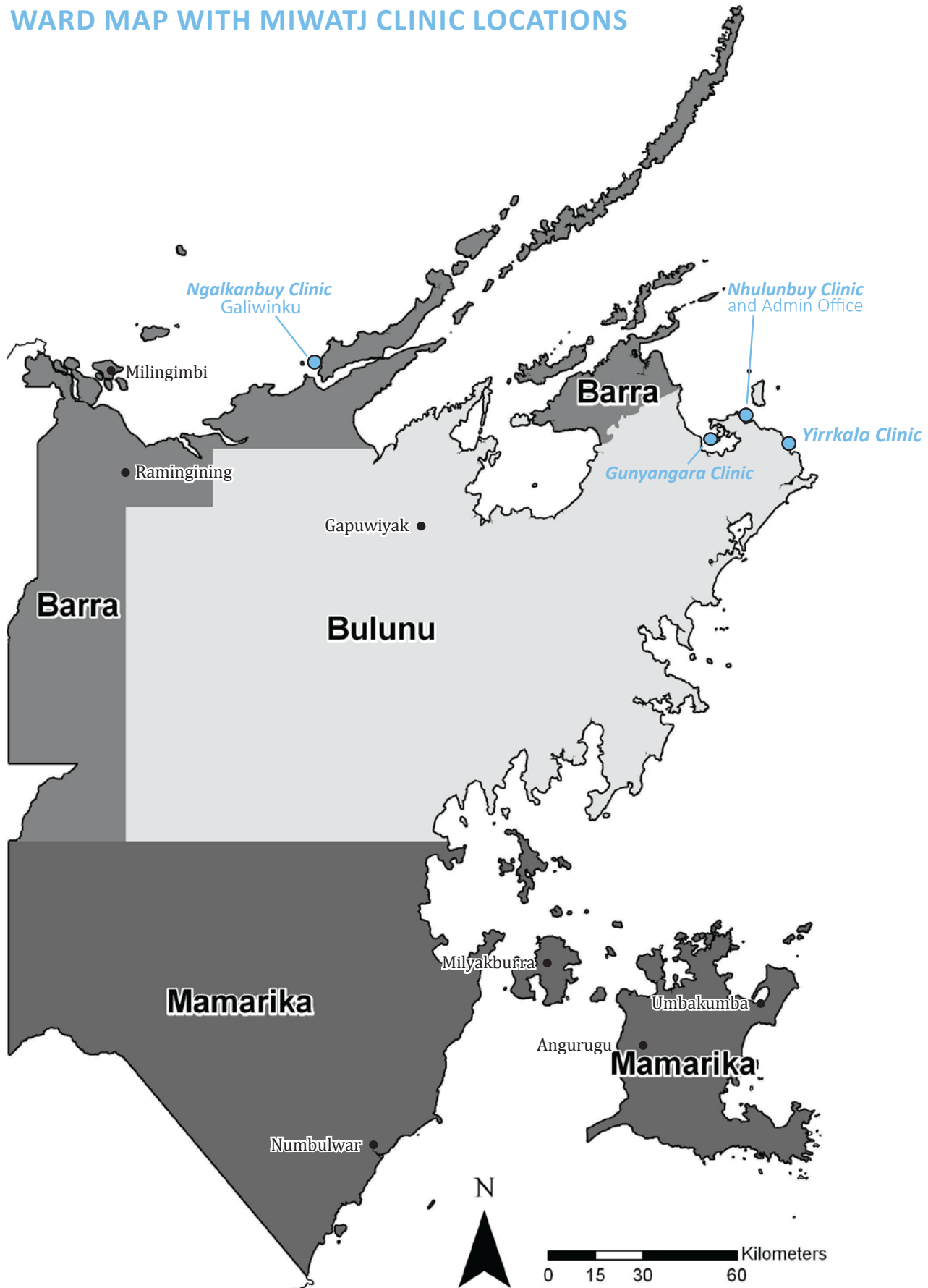
The underlying philosophy of Miwatj Health is the fundamental right of Aboriginal people to control their own health services. This supports the Alma Ata Declaration of the World Health Organisation, which emphasized people's right to participate in the planning and implementation of primary healthcare 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.
- 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.



WARD MAP WITH MIWATJ CLINIC LOCATIONS



STRATEGIC PLAN SUMMARY

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

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

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
- 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 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

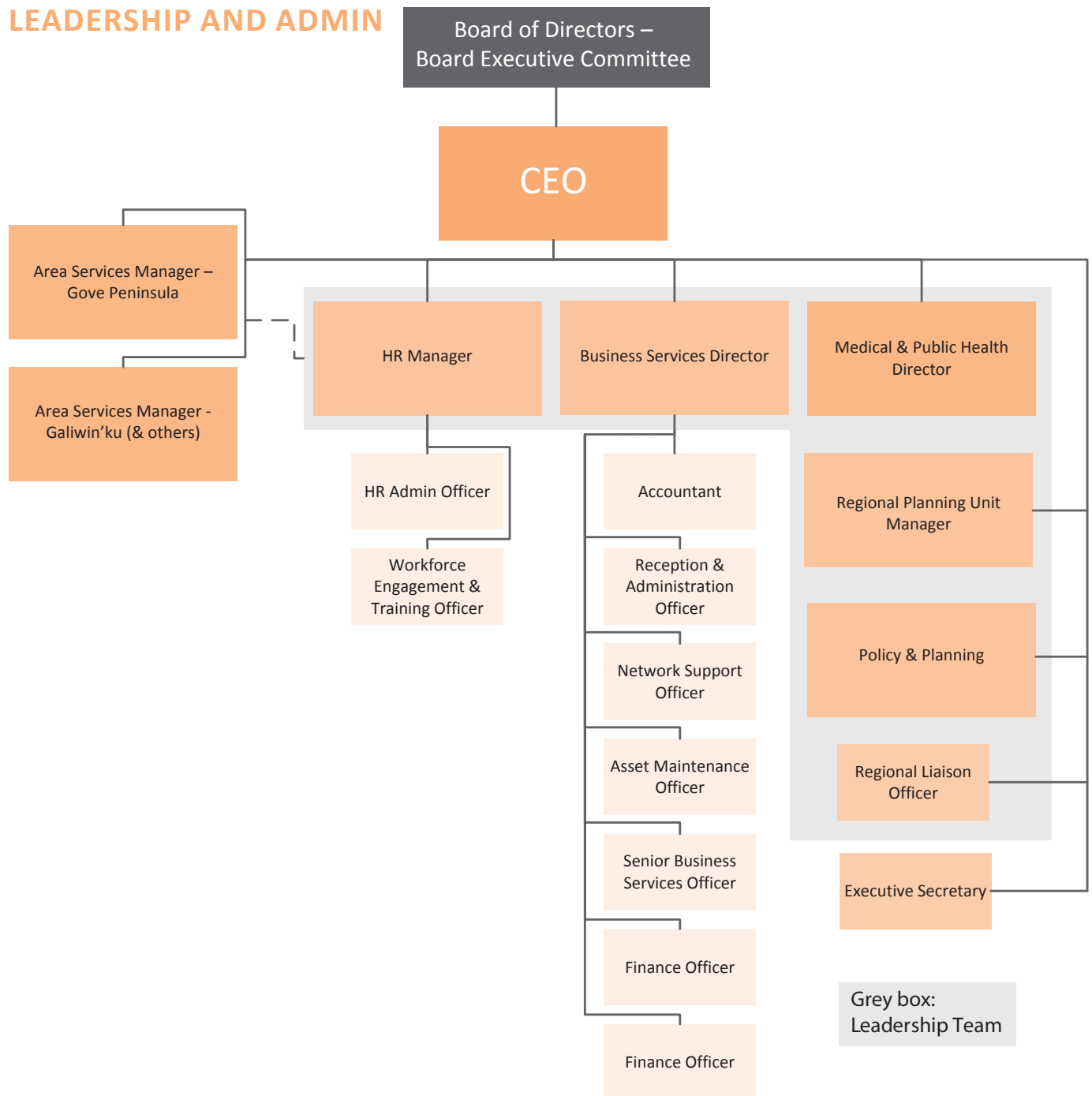
Strategic Objective 5: A Local Aboriginal Workforce

Miwatj Health recognises the importance of growing and developing a local Aboriginal workforce as integral to achieving the organisations objectives

Our strategies for growing our Yolngu workforce will be:

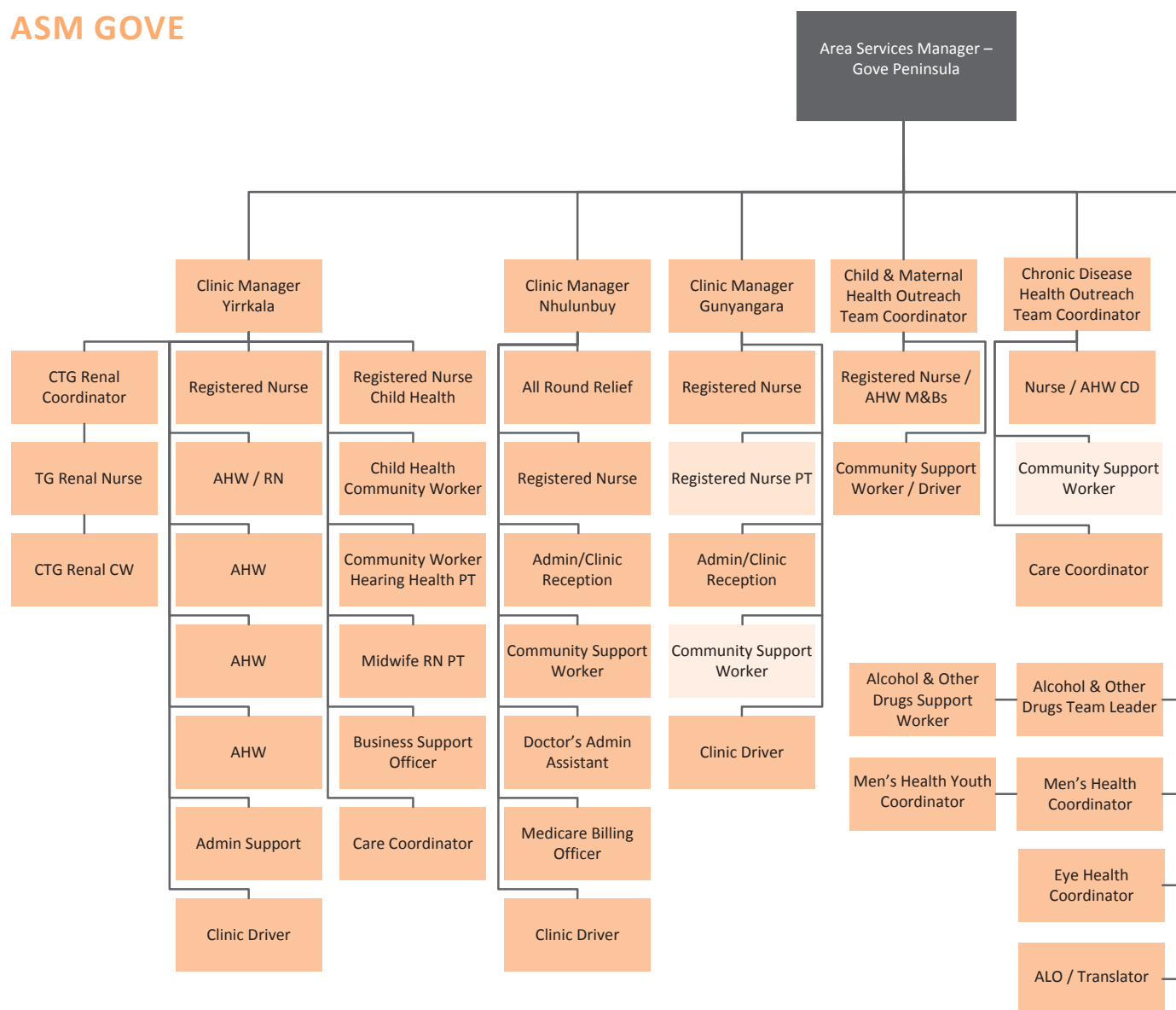
- 5.1. A human resources strategy guided by research, aligning with Miwatj mission statement
- 5.2. Build on what is already working
- 5.3. Workforce strategies that recognise unique Yolngu competencies

LEADERSHIP AND ADMIN

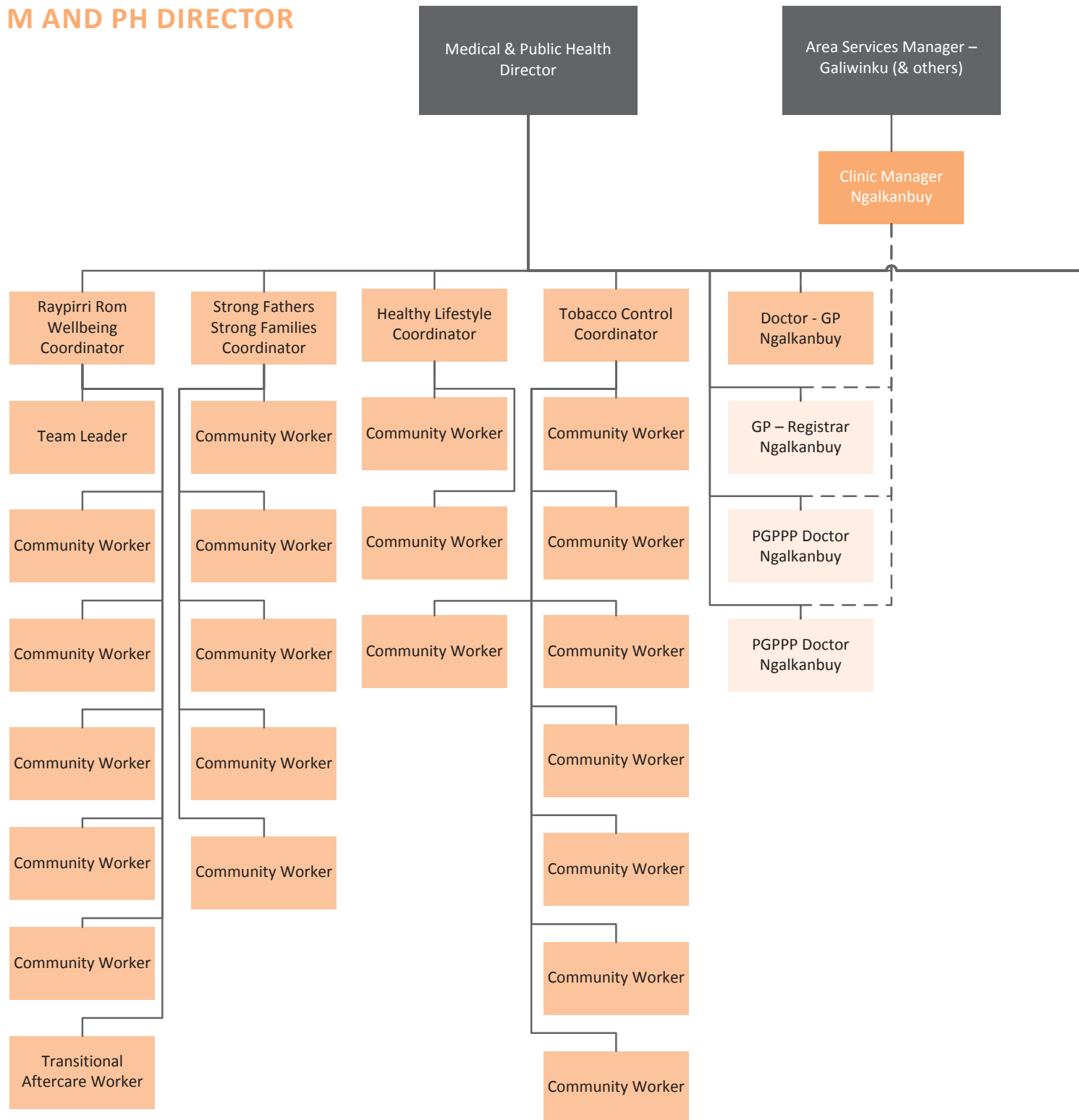


ORGANISATIONAL CHARTS

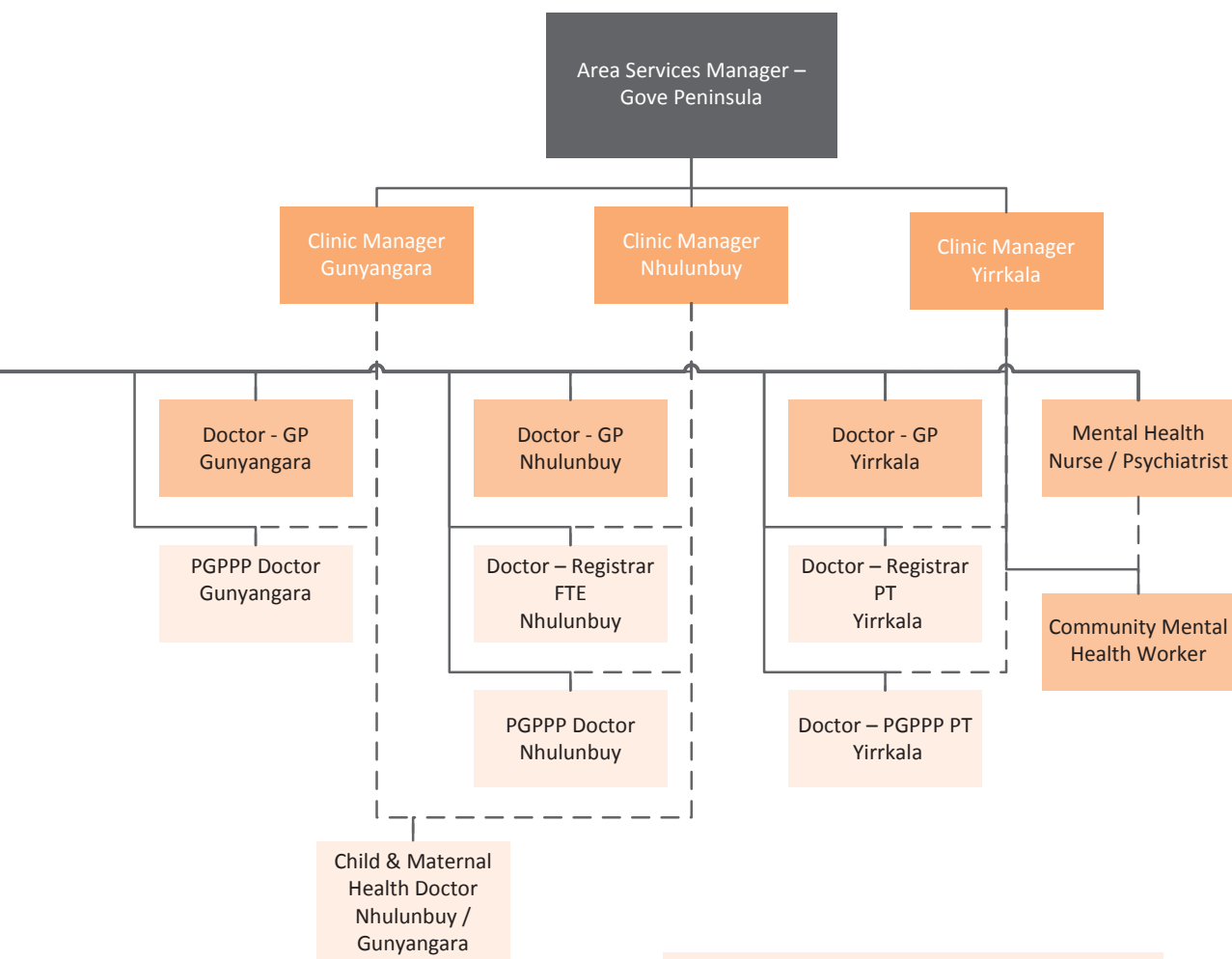
ASM GOVE



M AND PH DIRECTOR

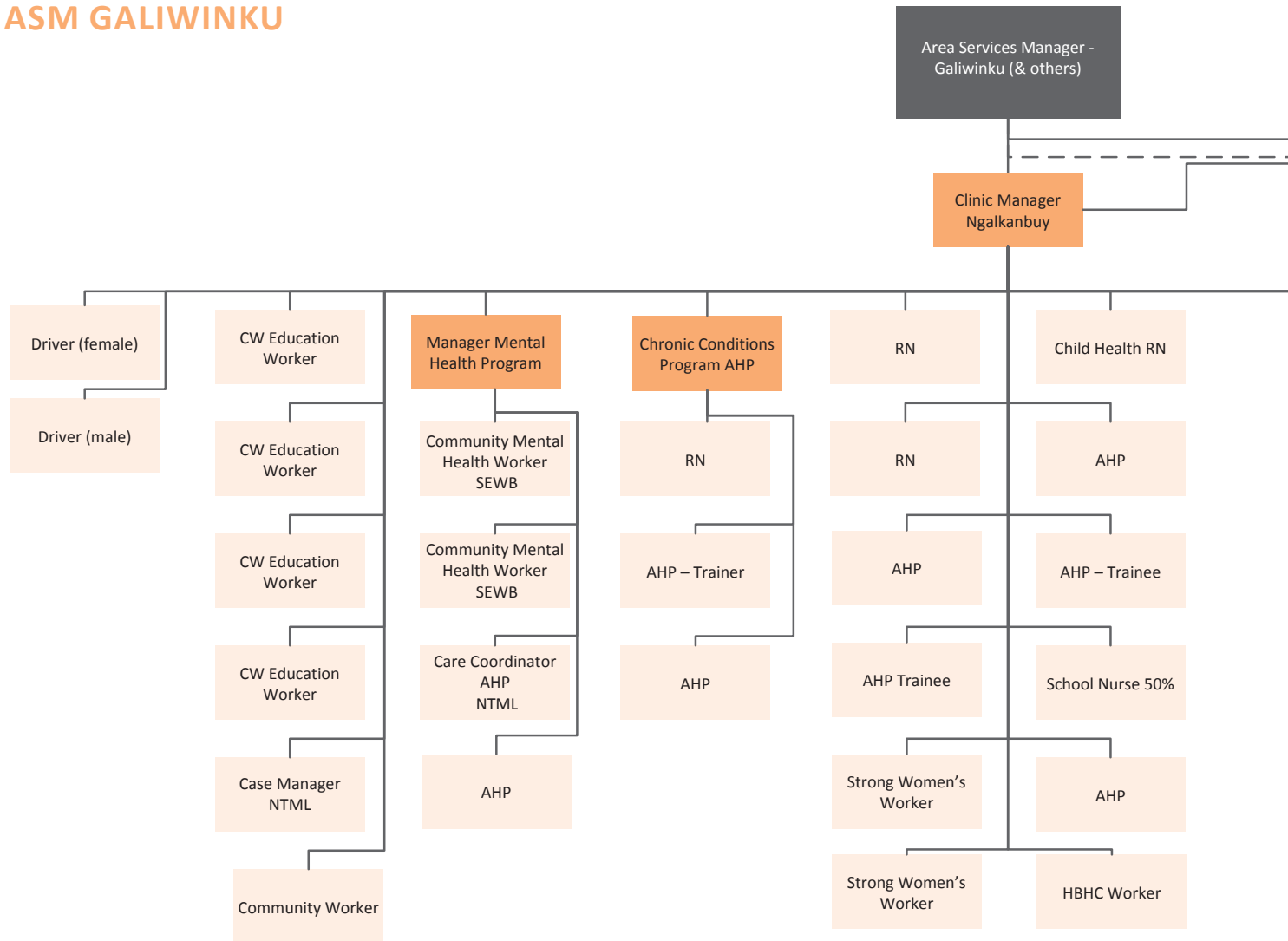


ORGANISATIONAL CHARTS

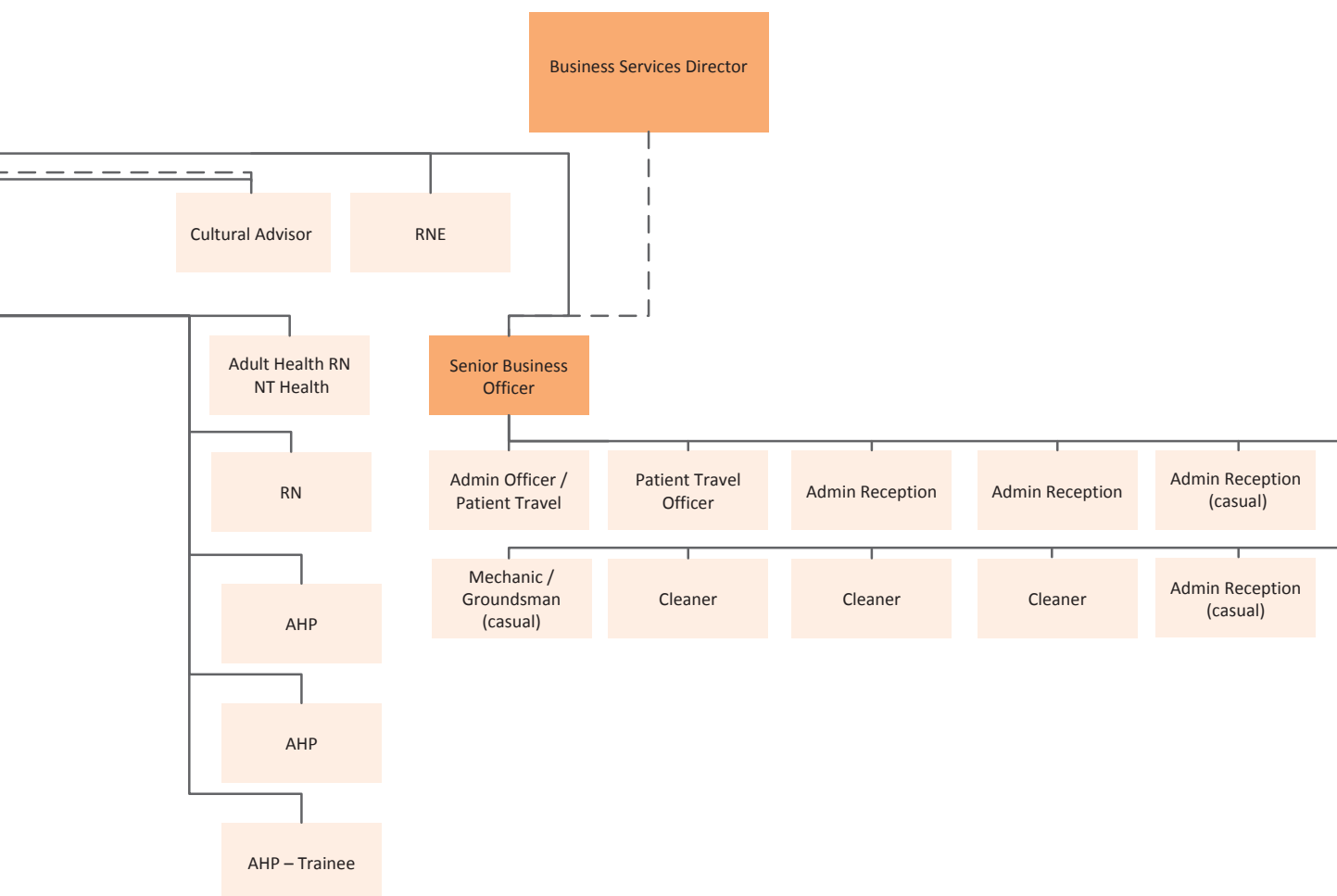


Light boxes: These positions can not be filled unless there is a GP on site

ASM GALIWINKU



ORGANISATIONAL CHARTS



CHAIRPERSONS REPORT

Welcome members. I am pleased to present to you the 2013 Miwatj Health Annual Report. The report will cover all areas of our business and I can assure you that 2013 was another very productive and positive year for Miwatj Health. My individual report will focus on our engagement and collaboration initiatives during the financial year.

Miwatj Health has continued to take a regionalised approach to our engagement with communities throughout 2012-13. Miwatj has also had a focus on engaging with the two Homeland Associations - Laynhapuy Health and Marthakal Health Associations to build on our existing collaboration. Miwatj Health has continued to build on the increasing coordination developed through the regional Clinical and Public Health Advisory Group (CPHAG) with other service providers. As Miwatj has continued to build on the services at Yirrkala Clinic, we have met with the Laynhapuy board to talk about further developing our partnerships. At the operational level, Miwatj and Laynha have been working together to further develop and enhance coordination of services. This has included review of case conferencing protocols and patient follow up.

Increased collaboration with Marthakal has included shared employment of a GP and development of a proposal for a shared training program and resources for Aboriginal Health Practitioners based on Elcho Island. These plans have been reinforced through a revision of the MoU between the two organisations and a renewed level of collaboration between staff. The community have commented on how positive it is to see the two organisations working so well together.

Miwatj has continued to respond to community invitations from throughout the region to come and discuss how a regional Aboriginal primary health care service could be structured within their community, what would be the advantages, and how it would differ to the current structure and practices. Miwatj has met with the Anindilyakwa Land Council on Groote, along with the NT Health clinic staff and also with TOs in Milingimbi and the NT Health clinic staff there also.



During these discussions, Miwatj talks about how an Aboriginal community controlled governance structure differs and the positive changes that have occurred when other clinics have transitioned such as Ngalkanbuy and Gunyangara clinics – additional funding, more access to services through outreach, and more jobs for Yolngu staff. Miwatj also talks about the regionalisation policy and how that process is unfolding in East Arnhem and the partnership that needs to be in place with both NT Health and OATSIH. There have been some strong calls, including petitions and letters, from communities to the government partners to ask that the regionalisation process proceeds.

Miwatj, as a community controlled organisation, continuously reflects back on community need through a range of ways. Following on from community lobbying around the need for locally based renal dialysis services, Miwatj was able to negotiate a partnership with NT Health through Nightcliff Renal and OATSIH to provide two dialysis chairs at Yirrkala.

John Morgan
Chairperson

OUR MEMBERS

BOARD MEMBERS



John Morgan Chairperson – Milingimbi

John is a Brinkin man from the Upper Daly Region who has lived in Milingimbi 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.



Sharon Mununggurr Deputy Chairperson – Yirrkala

Sharon is a long-term resident of Yirrkala, has a background in health studies, and is team leader for housing support in the NT Department of Housing.

Wali Wunungmurra Board member – Yirrkala

Wali is a community elder, a former Chairperson of Miwatj Health, a signatory to the Bark Petition, and Chairman of the Northern Land Council.



Tony Wurramarrba Board member – Angurugu

Tony is a respected community member, a traditional landowner, and Chairperson of the Anindilyakwa Land Council.

Margaret Yunupingu Board member – Gunyangara

Margaret is a prominent community leader with a special interest in women's and children's issues



Djapirri Munungirritj Board member – Yirrkala

Djapirri is a senior community member, the Coordinator of the Women's Resource Centre at Yirrkala, and sits on the Board of Reconciliation Australia.

Rhonda Simon Board member – Numbulwar

Rhonda is a dedicated health worker and a prominent community member.



Timothy Burrawanga Board member – Yirrkala

Timothy is a prominent community member and holds many positions including Chairperson of Lirwi Yolngu Tourism Aboriginal Corporation, Director of Bunuwal Industrial Pty Ltd, and Managing Director of Bawaka Cultural Experiences Pty Ltd.

Thomas Amagula Board member – Angurugu

Thomas has responsibility for Cultural Enterprises with the Anindilyakwa Land Council.



BOARD MEMBERS (CONTINUED)



Ross Mandi

Board member – Galiwin’ku

Ross is a prominent community member and a worker in the Night Patrol.



David Yangarriny

Board member – Galiwin’ku

David is a prominent community member, and a Board member of Marthakal Homelands Association.



Mildred Numamurdirdi

Board member – Numbulwar

Mildred is a community leader with a special interest in health and young people’s issues.

PROXIES



Don Winimba

Proxy – Galiwin’ku

Don is a prominent community member, a Shire worker, a Land Council consultant, and has a special interest in young people and sport.



Djuwalpi Marika

Proxy – Yirrkala

Djuwalpi is a senior member of the Rirrtajingu clan, has lengthy experience in local government, and is a prominent community leader.

SPECIAL ADVISORS

In addition to the elected members, the Board of Miwatj Health has three advisory positions.

Jean Rurrkunbuy

Cultural Advisor

Jean is a prominent member of Galiwin’ku community, and a Senior Aboriginal Health Practitioner at Ngalkanbuy Health Service.



Bernie Yates

Special Advisor

Bernie has a distinguished public service career and is a former Deputy Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs.



Matthew Bonson

Special Advisor

Matthew is a former member of the Northern Territory Parliament, with a background in law and sport. He is currently CEO of the Council for Aboriginal Alcohol Program Services.



CEO REPORT

The past twelve months has been another successful and productive period for Miwatj Health. We continue to expand our operations and the quality of health services we deliver.

Miwatj Health has reviewed and updated its Strategic Plan and developed robust strategies for 2013-2017. Miwatj Health's strategies are by no means static. We will need to pay close attention to the current political environment, given the formation of a new federal government this year. We will endeavor to align our strategies so that they are flexible enough to adapt to the changing policy landscape. Our ability to respond and make sound strategic decisions will require careful evaluation of emerging political issues in terms of opportunities and threats to the organisation.

Good governance is the foundation that Miwatj Health is built upon. Board members undertake professional development activities on a regular basis. Recently all Board Members were successful in obtaining a nationally accredited Certificate IV in Business Governance, and I would like to congratulate them all on this achievement.

Structural changes are now required by Miwatj Health as a result of the geographical and services expansion throughout the region. This has been taken into account whilst developing the new strategic plan. As a result we have reformed the management structure to ensure greater autonomy and flexibility, in regards to decision making, within individual wards. The introduction of Area Service Managers in the Barra and Bulunu wards will enable greater scope for local decision making.

Another Miwatj Health key objective is to increase employment and retention of our Aboriginal & Torres Strait Islander workforce. Subsequently we have created a Leadership Team and this team will include the HR Manager and a newly created Yolngu Workforce Training Officer. In addition, we have built into our workforce strategy a focus on appointments of Yolngu staff to senior roles. We have already recognized two potential organisational leaders with plans to identify more as part of our succession planning process.

Miwatj Health has also continued to consolidate its financial position, increasing its asset base with the purchase of new staff housing out in the regions and clinic renovations in Nhulunbuy in 2012 - 2013. We have made some significant improvements in the financial services area, hence receiving positive feedback from the Auditors on the changes.



Miwatj Health continues to lead a cooperative approach to regional health service delivery by taking a regionalized approach to our engagement with other service providers and communities. Our collaboration and partnership with the two Homeland Associations – Laynhapuy Health and Marthakal Health - has continued to develop. In addition to the two Homeland Associations the NTG DoH participates in the regional Clinical and Public Health Advisory Group (CPHAG). As a result the East Arnhem communities will benefit from further enhanced coordination of primary health care services.

We have also continued to respond to community need, and Miwatj Health was able to negotiate a partnership with NT Health, Nightcliff Renal and OATSIH, to provide two dialysis chairs at Yirrkala following on from community lobbying for locally based renal dialysis services.

Finally, NAIDOC Week in July of this year was a very exciting time for Miwatj Health's members, Board, staff and the communities on the Gove Peninsula. This year celebrate the 50 Year Anniversary of the Bark Petitions at Yirrkala. In August 1963, the Yolngu people of Yirrkala in northeast Arnhem Land sent two bark petitions to the House of Representatives. The petitions protested the Commonwealth Government's grant of mining rights on land excised from the Arnhem Land reserve and sought Parliamentary recognition of the Yolngu people's traditional rights and ownership of their land. A number of achievements for Yolngu people have occurred since then, and Miwatj Health will continue to advocate and provide evidence to support Aboriginal Community Control Health principles as the best possible way to achieving improvements in Aboriginal & Torres Strait Islander health.

Eddie Mulholland
Chief Executive Officer

DIRECTOR OF MEDICAL SERVICES REPORT

2012-13 has been another busy year for Miwatj Health. Our services span East Arnhem and provide Primary Health Care from Galiwin'ku on Elcho Island in the North, to Gove Peninsula in the East. Over this period we provided 48,735 clinical Episodes of Care to 5472 people. There were 57,580 Client Contacts provided by our Nurses, GPs, Aboriginal Health Workers/Practitioners, clinical community workers and support staff.

We currently manage 4 community health centres in East Arnhem: Nhulunbuy, Gunyangara, Ngalkanbuy and Yirrkala. From these centres we provide a broad range of services including outreach programs, and Regional health promotion programs. Programs are diverse and include:

- Child and Maternal Health.
- Chronic Conditions.
- Mental Health, Alcohol and Other Drugs.
- Mens Health.
- Yaka Ngarali – Tackling smoking.
- Healthy Active Lifestyles.
- Regional Eye Health.

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.



Dr Angela Woltmann – MBBS (Hons) FRACGP DipRACOG

CLINICS AND PROGRAMS

Yirrkala Health Centre

In July 2012 Yirrkala Health Centre (YHC) was transitioned from NT Department of Health to Miwatj. This has been an exciting time for us and now means that Miwatj manages all 3 Aboriginal Primary Care services on the Gove Peninsula (excluding Homelands which are serviced by Laynhapuy Health). Yirrkala is a large community. Since the transition we have been able to increase staffing levels at the clinic, and commenced an outreach service for chronic conditions management. We are now preparing for RACGP Accreditation. We are happy to welcome Fiona Brooks as the new clinic manager.



NAIDOC Celebrations Yirrkala:

2013 marked the 50th anniversary of the Bark Petitions and the birth of the Land Rights movement in Australia. This was celebrated by a major community event in Yirrkala where the story began all those years ago. Miwatj staff participated in the organisation, joined the festivities and provided health promotional activities and support on the day.

DIRECTOR OF MEDICAL SERVICES REPORT

Renal Program

This is a new service for us and has been operating for 12 months now. In partnership with Nightcliff Renal Unit we have been able to provide support for dialysis patients to return to country for dialysis in their community. At present we provide Dialysis support services in Yirrkala, and through this have come to better understand the need in community for this opportunity. There are a number of people from East Arnhem, isolated from their communities and families because they receive dialysis in Darwin. Only a small number of these people reach independence in their own self-dialysis, and this up til now has been the only way for them to return to their communities.

The “Looking after people on Country” East Arnhem region – Renal Care planning meeting

This meeting was held on May 6-7, 2013. The meeting was initiated by Dr Yunupingu, a Yolngu Educator, Musician and Ambassador (Australian of the Year 1992) who has been a tireless advocate for improved services for Yolngu with End Stage Renal Disease. Sadly, since then, Dr Yunupingu passed away from this condition.

The meeting was attended by community members, Miwatj Board members, Miwatj staff, NT Department of Health representatives (clinicians and policy makers), Menzies School of Health Research staff and Australian Government representatives.

The purpose of the workshop was to explore the range of options for improving the availability of end stage renal care in East Arnhem and to provide direction on the best way forward. To help understand the reasons for the growth in renal disease presentation were given about the causes of renal disease and what the services are doing to address the underlying causes of renal disease. To explore the options available for renal dialysis on country presentations were given about a range of models that were operating in the Northern Territory, Western Australia and Queensland.

Options for East Arnhem were discussed and initial ideas to inform the development of a model were presented to Minister Warren Snowden who attended the meeting on day 2. Minister Snowden provided some advice about what

it would be possible for the Australian Government to assist with. He urged the participants to develop a comprehensive plan that addressed prevention and early intervention as well as dialysis and that the plan be a collaborative plan involving all state and commonwealth stakeholders.

Miwatj is now working with Menzies to develop a Feasibility Study into the Regionalisation of Renal Services in the East Arnhem. This will look at ESRD (End Stage Renal Disease) in the region, defining and exploring both burden of disease, current and projected, and demand modeling for renal services for East Arnhem region.

Nhulunbuy Clinic

2013 saw the completion of renovations to our Nhulunbuy clinic, made possible by the Department of Health and Aging Primary Care Infrastructure Grants. The increase in space has provided us with the opportunity to expand our services. We have already held successful specialist clinics in the new area, and have increased population screening with the increase in space, which allows staff a more efficient workflow. Outreach and clinic based teams are now working well together in coordinating care for patients in the Nhulunbuy area, providing services to Town Beach, town residents and Birritjimi. Thanks to the many staff who continued to provide (and actually increase!) services in a construction zone during this period. Outreach programs include Mums and Bubs, Mens health, chronic conditions, and weekly visits to the Residential AOD Rehabilitation centre.

DIRECTOR OF MEDICAL SERVICES REPORT

Mens Health

Our clinical data shows us that Men between 15-35 do not often access health services. We continue to work hard at engaging this demographic, and are providing an outreach service to young men in the Gove region. Happily this year we have been able to expand our team, and look forward to improving access to care for the men of our community.



Gunyangara Clinic

Gunyangara Clinic continues to increase service delivery, and has doubled activity since 2009. 5884 episodes of care were delivered in the last financial year. This clinic has maintained outstanding KPIs and is evidence of outcomes that can be achieved with adequate resourcing and robust systems.

Garma Festival

Staff from Gove services have been involved annually in providing a bush Clinic at the Annual Yothu Yindi Foundation GARMA festival held in Gulkula each year. As this report goes to press we are actively manning our clinic at the festival grounds.



East Arnhem Scabies Control Program

One disease at a Time (in partnership with Miwatj, NT Department of Health, and Menzies) has focussed on the eradication of scabies as a Public Health issue in East Arnhem. Scabies is an important contributor to morbidity from Rheumatic Heart disease and Post-Streptococcal Glomerulonephritis. A number of Healthy skin days and treatment programs have been delivered across the Region with this partnership. Through this program we have developed a case-management model for patients with crusted scabies, which has resulted in a 60-70% decrease in hospitalisation. The Spin project has focussed on developing sustainable health hardware (washing machines) access in communities as part of this project.

East Arnhem Eye Health

In partnership with the Brien Holden Vision Foundation Miwatj delivered Optometrist and Eye Health Services to all East Arnhem Communities.

DIRECTOR OF MEDICAL SERVICES REPORT

Ngalkanbuy Clinic Elcho Island

Ngalkanbuy provides care for the third largest remote Indigenous community in the NT. Services include Acute care, Chronic conditions, Child and Maternal, Mens, Womens and Mental Health services. In addition to established programs we provide all after hours support for the community of Galiwin'ku. Last year we provided over 3500 episodes of care after-hours.

Excitingly Ngalkanbuy continues to maintain a high number of Aboriginal health Practitioners as core staff for all clinical programs. Many Aboriginal Health Workers have participated in Cert 4 training this year, and we are happy to have 3 trainees this year. We are also pleased to welcome back Dr Cameron Edgell and Dr Peter Power. We now have 1.5 GPs in the community and will be able to focus on more preventive strategies as well as acute care.

The Healthy Minds team were nominated for the NT Administrators Medal in Primary Health Care and attended an awards ceremony in July. SWSBSC won the team medal



on the day and congratulations go to both teams for outstanding efforts and recognition of the contribution of Yolngu health workers to Primary Health Care in the NT.

Ngalkanbuy Health Centre is now in their second cycle of AGPAL Accreditation and are looking forward to meeting the assessors again in September.

NHS School Nurse and Red Cross Healthy Baby Hub Programs

Two exciting partnerships at Elcho island include the School Nurse program with Shepherdson College, and the Healthy baby Hub with the Red Cross. Both these programs have focussed on screening, nutrition, development and immunisation of the children of Galiwin'ku. The Healthy Baby Hub provides valuable support for young mums and their families, and the work continues for school aged children with the school nurse. The improved KPIs for children in Galiwin'ku has been in part due to the development of these programs, and the support of our partners.

Healthy Lifestyle Festival Galiwin'ku

The Ngalkanbuy clinic hosted another Health lifestyle Festival in 2012, with a focus on prevention of diabetes and obesity. A number of health promotion activities were run in concurrence with community entertainment. Planning is underway for the next festival in October 2013.

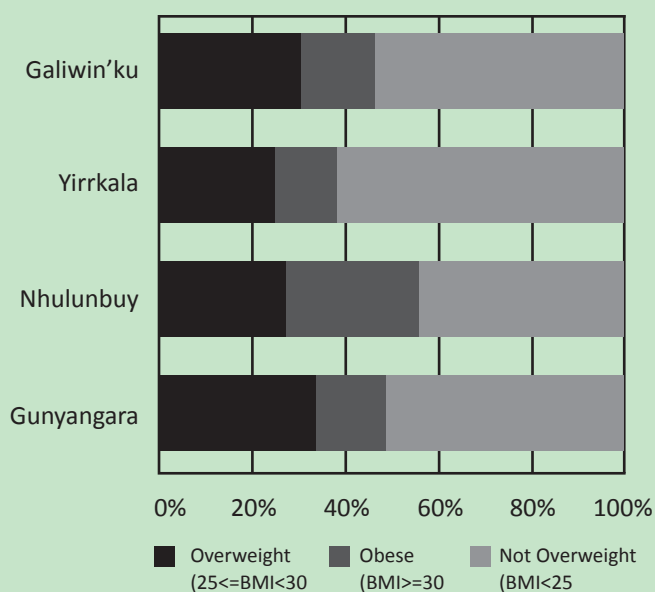


DATA, COMMUNICARE AND TECHNOLOGY

Key Performance Indicators (KPIs)

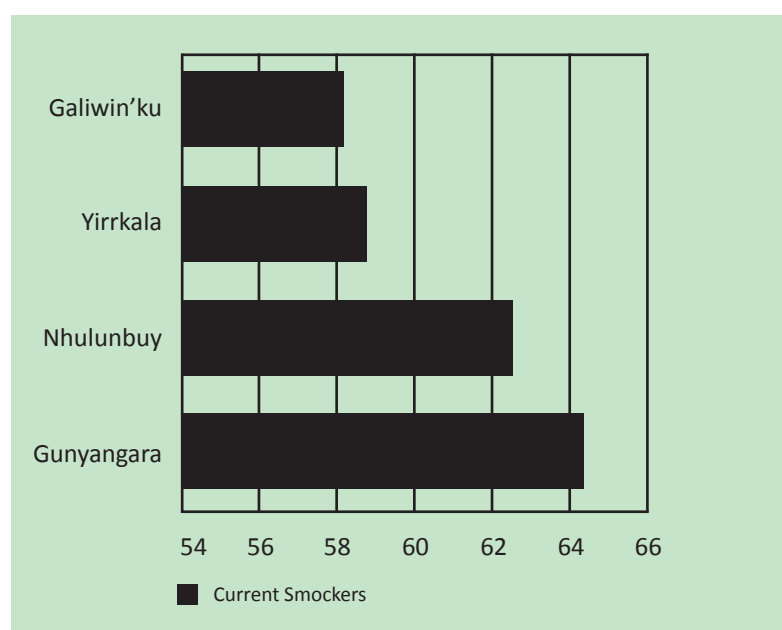
The last 12 months have been a step forward for Aboriginal Community Controlled Health Organisations, with the release of the National KPIs (nKPIs). Services in the NT have for many years been collecting the NT Aboriginal Health KPIs, and systematically used these to assess service delivery and gauge community health measures. The NT AHKPIs have expanded to include measures of HbA1c, timeliness of infant immunisations, and coverage of prophylactic Penicillin in the Secondary Prevention of Rheumatic Heart Disease. Additional nKPIs include measures of smoking, and overweight/obesity in community populations attending the services. Easy access to this knowledge will help our services identify action areas for health promotion and develop strategies to improve service delivery.

Proportion of Adults Overweight or Obese %



KPIs have improved across the board, including Yirrkala and Ngalkanbuy where there has been significant transition in GP staff. Additionally Nhulunbuy KPIs have been improved in spite of the disruption caused during the renovations. The teams continue to assess their data and use a CQI approach to focus on strategies for improvement. Child health KPIs show improvement in community outcomes particularly in anaemia and underweight children. The nKPIs are only in the second round of data collection and over time will provide a clearer picture of effectiveness in management of chronic conditions and also better data on rates of smoking and alcohol risk in community.

Current Smokers by Community %



DIRECTOR OF MEDICAL SERVICES REPORT

Clinical Information Systems (CIS)

All Miwatj clinics use Communicare. Miwatj continues to coordinate the East Arnhem Communicare Users Group, and develop clinical items that incorporate decision support. This has been the result of an agreement made in East Arnhem in 2009, to move toward a Regional Communicare database, between Miwatj, NT Department of Health, Laynhapuy and Marthakal Homelands association. All services continue to meet regularly to share and develop protocols and processes in relation to Clinical database management using standard references and a CQI approach.

Miwatj and NT department of Health have developed a unique partnership over the last 12 months, since the transition of Yirrkala Health Centre to community control. Miwatj continues to share the Communicare Database with NT department of Health. Through this we have been able to share a number of clinical systems and decision support within the clinical record, to embed evidenced based practice into our computerised clinical information system.

Miwatj staff are now embracing the use of telehealth and videoconferencing, both internally between clinics and programs, and externally with specialist services. We look forward to expanded access for specialist services in this area.

Pencat

We now have access to a powerful clinical audit tool, which will enable us to develop good datasets to inform planning and service delivery.

PCEHR (Personally Controlled e-Health Record)

The Miwatj Medical Director is on the working group for the development of the PCEHR and the transition from our current shared record, MEHR.

CQI

Staff continue to work together to improve the service delivery of programs using a CQI approach. Miwatj staff continue to participate in One21Seventy clinical auditing and workshop KPIs to develop strategies for improving health outcomes in our communities.

HEALTH TRAINEES

2012-13 has been an active year for trainee medical staff. We have supported a number of medical students, Nursing students, Graduate Nurses, Aboriginal Health Practitioners, PGPPP (Pre Vocational General Practice Placement) doctors and GP Registrars

across all our sites. These placements provide an opportunity for emerging health professionals to experience the richness and diversity of Aboriginal culture in a remote setting, enhance clinical skills and develop and inspire our future workforce.



COMMUNITY INVOLVEMENT AND ADVOCACY

In remote health service provision there are often many competing demands, and priorities. The benefits of a multidisciplinary team and community participation in health care cannot be underestimated. Among our priorities are (in no particular order):

- Access to Comprehensive Primary Health Care to all Indigenous clients in the service areas.
- Advocacy for adequate Domiciliary Care for Aged and Disability clients. There is no residential facility in East Arnhem. Machado Joseph Disease (MJD) is a rare inherited condition of high prevalence in East Arnhem. In fact it is the highest prevalence in the world. MJD was originally identified on Groote Eylandt, where it was first thought to be Manganese poisoning. It causes progressive neurological disability and is terminal. At present there is no domiciliary care in the region, placing undue burden on families and Primary Health Care services.
- Early antenatal care and comprehensive child health care including addressing prevalence of anaemia and growth faltering.
- Tackling the high smoking levels in the East Arnhem Region (Up to 70% of women smoke).
- Advocate for increased Dialysis services in communities. End Stage Renal Disease (ESRD) has high prevalence in East Arnhem, and most ESRD patients must move to Darwin for dialysis.
- Streamlined Mental Health care.
- Promote self-management in chronic disease.
- Increase screening and health care for young men – a demographic which does not actively use the health services available.
- Promote Community control of health services.
- Advocate for equitable service provision and improvements in services for remote Indigenous communities.
- Collaborate with local and NT stakeholders to improve remote service provision, and minimise duplication of services.
- Provide Best Practice Evidence based care.
- Maintain or achieve AGPAL accreditation all clinics.
- Gain QIC accreditation for Miwatj.
- Build capacity for Indigenous workforce and community programs for health.
- Continue to facilitate training of Clinical workforce with placements and onsite supervision of AHW, Junior Doctors, Grad Nurses, GP Registrars, Medical Students and community workers.
- Continue with training agenda for Yolngu community workers and Aboriginal Health Practitioners (AHPs).
- Continue working with Yolngu children, families, individuals and communities to find strong solutions to problems, using a “both-ways” approach, including prevention, early intervention and crisis intervention.
- Continue collaborative partnerships, internal and external to the Organisation, to support optimum outcomes for vulnerable Yolngu people.
- Advocate for increased Dental services which is a gap in remote communities.
- Advocate for Breastscreen to be available to all women in East Arnhem. Women in remote communities must pay for flights to attend screening. Given these are some of the poorest women in Australia, this contributes to late diagnosis of Breast Cancer.

DIRECTOR OF MEDICAL SERVICES REPORT

East Arnhem Clinical & Public Health Advisory Group (CPHAG)

CPHAG continues to meet under the coordination of Miwatj Medical Director. This group meets every 6 weeks and combines the experience and input of clinicians and staff from the East Arnhem Region, including Clinical, Health Development, Cultural and CQI staff, from stakeholder organisations including NT Government, Community Controlled Homelands and Health Organisations, and NGOs. These meetings have enhanced networking in East Arnhem, and provided a team approach to problem solving, using an enhanced skills mix and range of expertise. Over the last 12 months a number of issues have been workshopped including Renal Services, After Hours Care, Machado Joseph Disease, Telehealth, Specialist outreach and Patient Travel. Formal HREC Ethics approval is pending before publication of this work.

Research

Miwatj has continued to participate with a number of Universities and Research agencies across a number of valuable projects which will contribute to evidenced based knowledge for Indigenous health care.



DIRECTOR OF MEDICAL SERVICES REPORT

COMMUNITY INVOLVEMENT AND ADVOCACY

Current participative research includes:

- Diabetes Prevention and Management – Australian Primary Care Collaborative Wave 9.
- Improving secondary prophylaxis for rheumatic heart disease Menzies School of Health Research.
- Telehealth Eye and Associated Medical Services Network [TEAMSnet] Study in the NT – Aboriginal Medical Services Alliance Northern Territory (AMSANT), Melbourne University, Centre for Eye Research Australia, and the Clinical Trials Centre of University of Sydney.
- Towards a National Strongyloidiasis Control Program Dr Wendy Page, Miwatj Health.
- STRIVE (Menzies) looking at the outcomes for a CQI approach to screening and management of Sexually Transmitted infections in young people.
- Could it be the Gunja-Curtin University.
- Sister Study, and Sisters in Genes – Vulval Carcinoma occurs in East Arnhem at rates 50 times that in Australia as a whole.
- Chlamydia Study (SARC- assessing possible sources for specimen contamination in a clinical environment).
- Gumurr Miwatj Yolngu Population Project – Population Mapping – Frances Morphy (ANU).
- RHD Genetic Study (Menzies School of Health Research) Evaluating the genetic contribution to rheumatic heart disease pathogenesis in Australian Aboriginal and Torres Strait Islander communities.
- Hep B (Menzies) – to design, implement and evaluate a culturally appropriate education tool for Indigenous patients living with chronic Hep B infection.
- eGFR study (Menzies) – to assess the underlying factors contributing to rapid progression of CKD to end-stage disease in indigenous people.
- TATs – Talking About the Smokes (NACCHO, Menzies School of Health Research, Cancer Council Victoria, CEITC, QAIHC, AH & MRC)) to identify what is helping ATSI people to quit smoking and maintain this.
- Childhood and Maternal Anaemia Study ABCD (Menzies)- to improve the delivery of guideline-specified services for the screening, treatment and follow up of anaemia in Indigenous children and Perinatal women.
- NT Diabetes in Pregnancy Partnership Project (NTG, Baker IDI, Menzies) to explore models of care that support good outcomes for a woman with diabetes and her baby, across a variety of settings.

Partnerships

It is always a wonderful opportunity during the annual reporting time to reflect on the partnerships that have enabled so many programs and activities to be delivered in East Arnhem

We have had productive funding partnerships with OATSIH, NT Medicare Local and NT Department of Health. We have also had some very innovative partnerships with NGOs including One Disease at A Time, Menzies School of Health Research, AMSANT and Red Cross.

NEWSFLASH: MIWATJ CLINICS PROVIDE CARE ABOVE THE NATIONAL AVERAGE

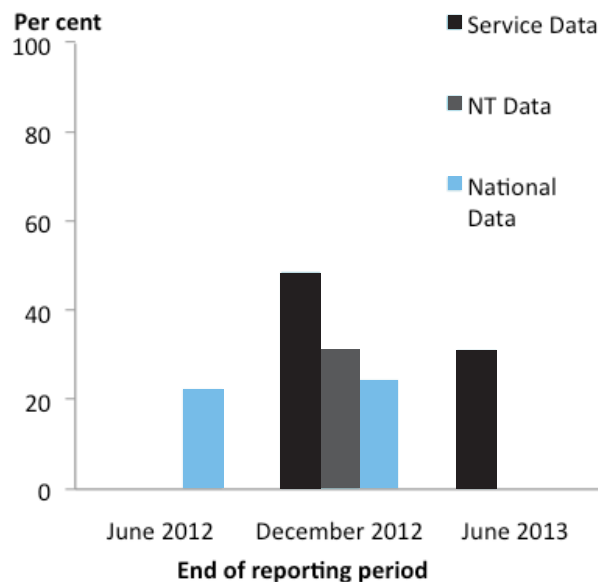
Below are some extracts from our National KPI reports (nKPIs) submitted to Ochre streams. These statistics are compared to NT and National statistics submitted to all OATSIH funded services. All established Miwatj Clinics perform above the NT and National Average in Chronic disease care. (Please note there will be no comparative data for Yirrkala until the next reporting cycle).



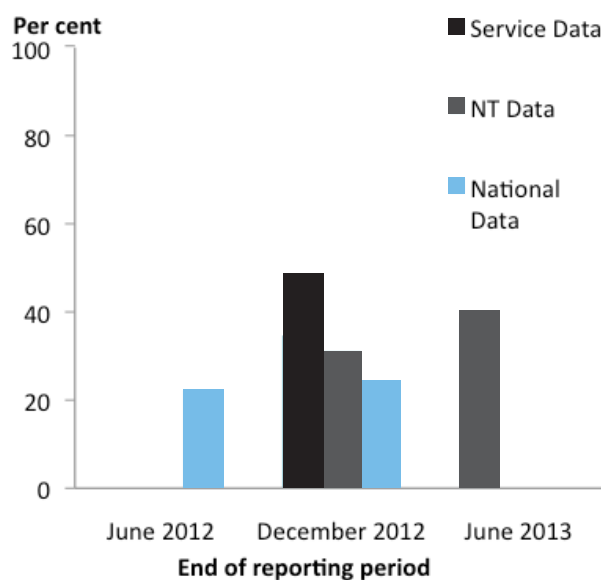
HEALTH ASSESSMENTS

Percentage of Indigenous regular clients who received an MBS health assessment (MBS item 715), reporting periods ending 30 June 2012, within previous 12 months (aged 0-4) 31 December 2012 and 30 June 2013.

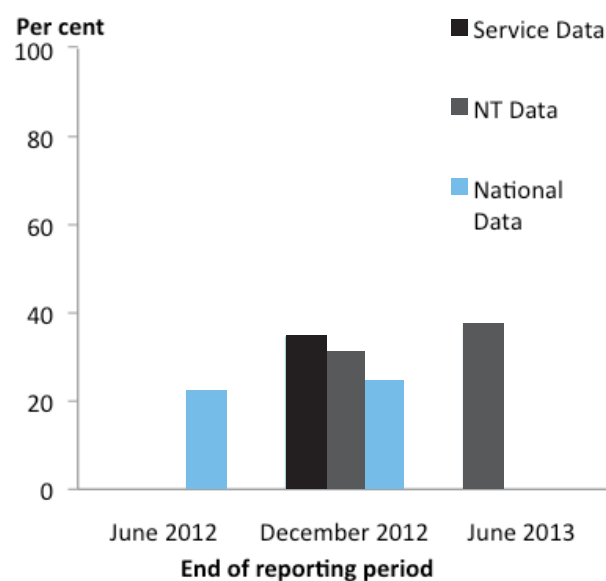
Ngalkanbuy



Gunyangara

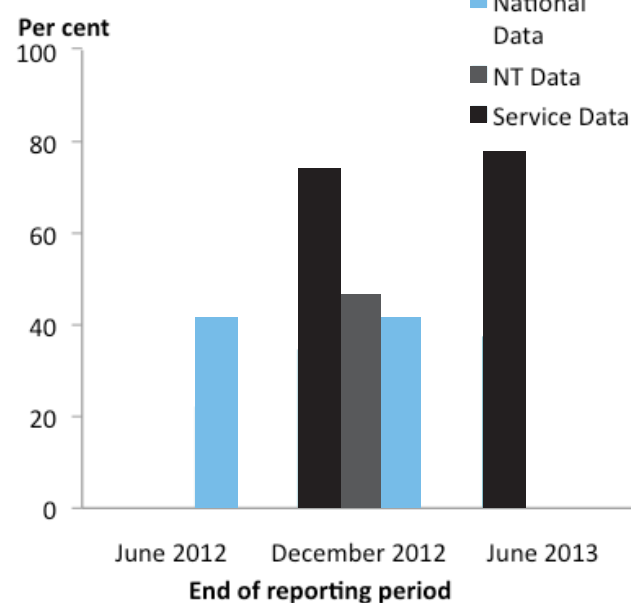


Nhulunbuy

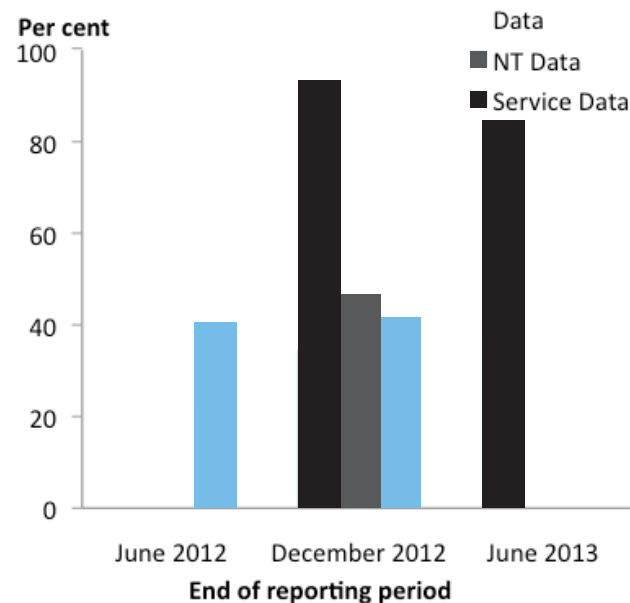


Percentage of Indigenous regular clients with Type 2 diabetes who received a GPMP (MBS item 721) within the previous 24 months, reporting periods ending 30 June 2012, 31 December 2012 and 30 June 2013.

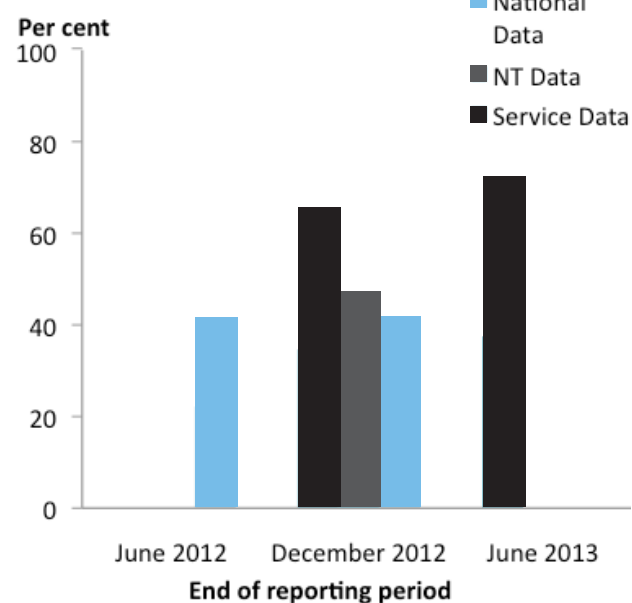
Ngalkanbuy



Gunyangara

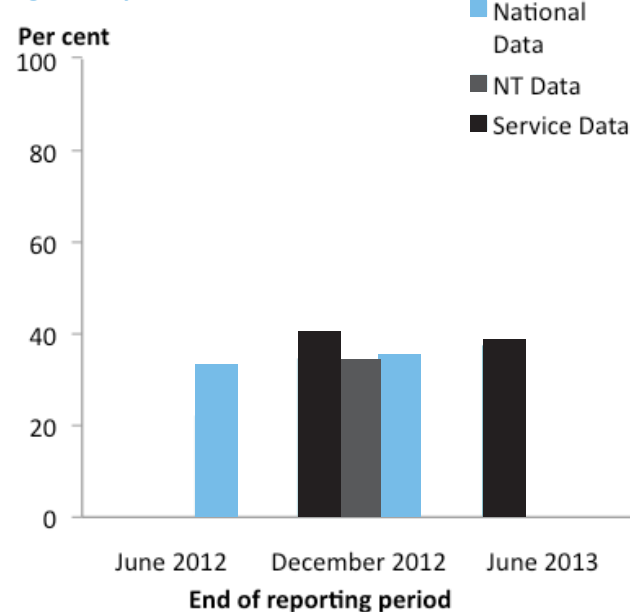


Nhulunbuy

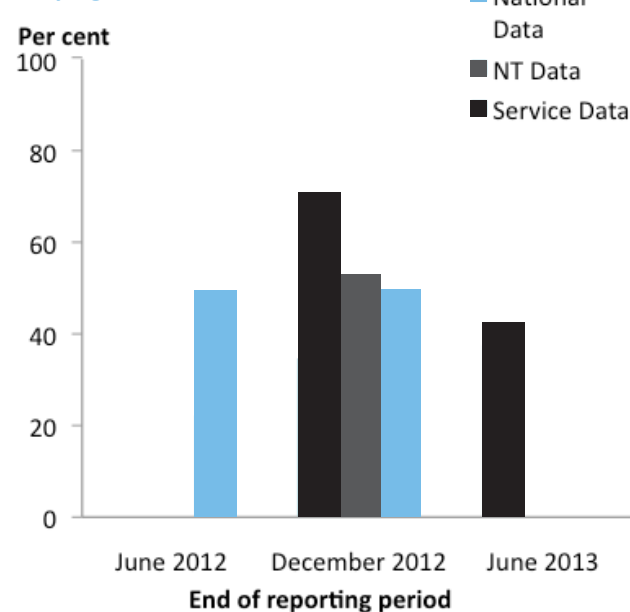


Percentage of Indigenous regular clients with Type 2 diabetes, with an HbA1c recorded result of less than or equal to 7%, reporting periods ending 30 June 2012, 31 December 2012 and 30 June 2013.

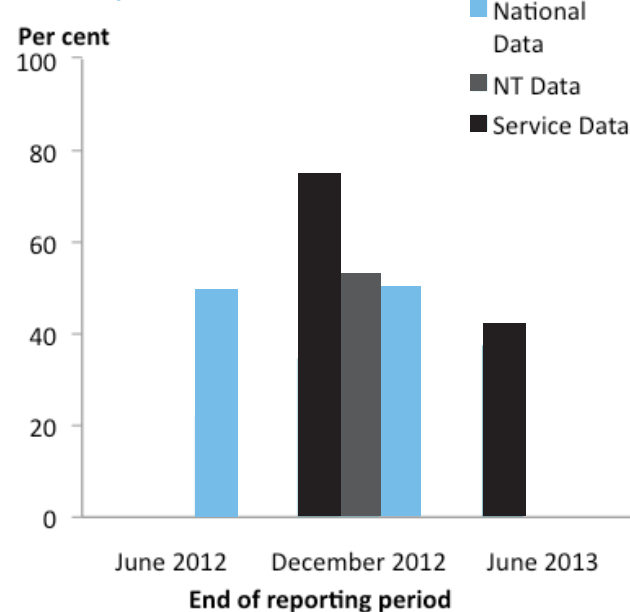
Ngalkanbuy



Gunyangara



Nhulunbuy



REGIONAL HEALTH REFORM UNIT REPORT

Over the past 12 months, Miwatj Health has continued to work with both the government funding agencies – NT Health and OATSIH – to further develop the process for regionalisation in East Arnhem. Miwatj has also continued to have discussions with a number of representatives from various communities about progressing regionalisation in their area. These include Milingimbi, Milyakburra and the Anindilyakwa Land Council on Groote Eylandt.

These communities have been very keen to learn more about the regionalisation process and how transition to Aboriginal community control can happen within their local health services. Miwatj has met with them and discussed the bureaucratic processes that we must work through and what exactly a transition to Aboriginal community controlled governance means.

Miwatj has also been meeting with community representatives to talk about how the changes occurring under the implementation of the Northern Territory Government's Health and Hospital Networks are a different and unrelated process to regionalisation.

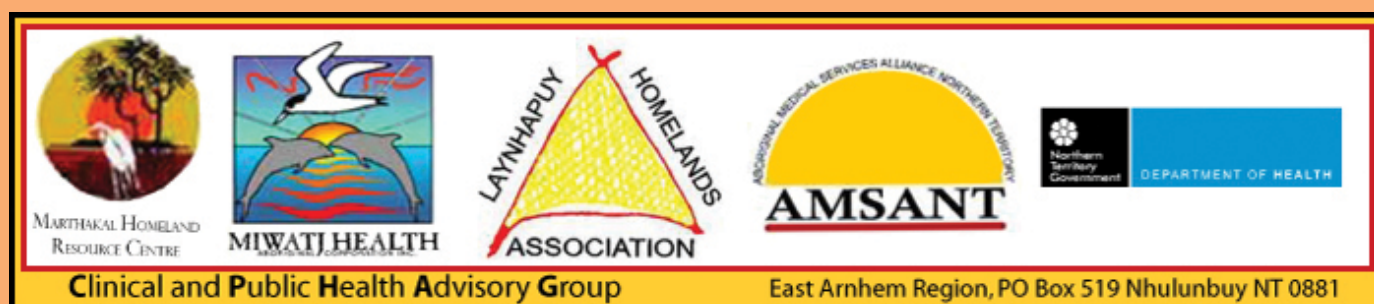
The East Arnhem Clinical and Public Health Advisory Group (CPHAG) has continued to build strong, cooperative and collaborative relationships with all service providers in the region and this group will provide a key reference point for the East Arnhem region manager for the Health and Hospital Network.

Miwatj Health worked closely with both Homelands Associations – Laynhapuy health and Marthakal Health. Miwatj has been working at both clinical level and at an organisational level to further solidify our existing strong

partnerships with these two organisations. Our shared commitment across the three organisations to providing high quality comprehensive primary health care to the Aboriginal people of the region is always the key driver in our collaborations.

Miwatj has also been working closely with the community members at Yirrkala in developing on ongoing renal dialysis service there and working more broadly with a range of stakeholders including NT Health and the Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (WDNWPT) or the "Purple House" in Alice Springs to explore options for an East Arnhem regional renal strategy. A very successful renal workshop, which was instigated by the community through Dr Yunupingu and his wife, Gurruwun, took place in May 2013. This workshop brought together all the key players in renal services and the outcomes of the workshop outlined a way forward to achieve more Yolngu being able to return home from Darwin and receive dialysis services on country.

The Miwatj board have taken the recommendations and are currently looking at developing a more detailed and costed strategy for the development of the renal services.



POLICIES AND PROCEDURES - ADMINISTRATION

Within the past twelve months, Miwatj Health has undertaken a complete review of administrative policies (and where appropriate, administrative procedures) to align with and remain current to changes in the organisations external and internal environment. This process ensures the organisation remains compliant with legislative and regulatory requirements and continue to meet the organisations operational, quality, and risk management objectives.

The policies developed or revised over the period are:

- Drugs, Alcohol and the Workplace - new.
- Employee Housing Eligibility and Allocation – new.
- Cultural Security - new.
- Delegations schedule - revised.
- Use of Vehicles and Travel - revised.
- Staff Salary and Uniform Requirements - revised.
- EEO, Discrimination and Bullying - revised.
- Staff Grievance and Dispute Management - revised.
- Information Technology - revised.
- Workplace Health and Safety - revised.



HUMAN RESOURCES REPORT

Overview

Human Resources (HR) has primary responsibility for managing, assisting and dealing with all employee related matters including such functions as HR policy administration (in collaboration with the Manager, Policy & Planning), recruitment processes, benefits administration, employment and employee relations, new employee induction/orientation, personnel records and compliance, retention, employee assistance program, OH&S compliance, workers' compensation, etc. HR works closely with internal stakeholders to support and respond to their needs.

In December 2011, the Miwatj Board of Management recognised the need to develop the Human Resources function which initially was combined with Business Services. HR is now recognised as a separate section with the HR Manager reporting directly to the CEO. The employment of a Workforce Development Officer will support the Miwatj Workforce Development Strategic Plan.



HR continues to ensure that employee evaluations are completed and processed on each employee every year. The process does not end until the completed evaluation is returned and administratively processed. As part of the performance evaluation process, the job descriptions are reviewed by supervisors and revised as needed.

The HR section is working on completing a review of the HR Manual - changes will require endorsement by MHAC Board. The new manual in its entirety will be distributed to all employees and will be accessible on our Intranet.

HR assisted the CEO, managers and supervisors in a number of employment related issues, including: hiring, terminating, disciplining, and other personnel related matters throughout the year.

HR posted 24 jobs during the financial year and on average received 4 applications per position. We hired 60 Employees in 2012-13, with 129 full-time and 54 who were classified as other than full-time status.

MHAC is very supportive of professional development for its staff. One area to be improved in the future is the managing of this training which will primarily be administered through HR.

A new Miwatj Enterprise Agreement 2013 was negotiated and later approved by Fair Work Australia, with effect from July 2013.

HUMAN RESOURCES REPORT

General HR Administration

Many activities are listed here in an effort to reflect the multitude of actions initiated by the Human Resources staff to ensure that the maximum possible support is provided to Miwatj employees.

- HR frequently assists employees with questions on policies, procedures, processes, insurance and benefits. HR complies with many employee requests for forms and assistance in completion.
- A representative from HR attends the Human Services Training Advisory Executive / Committee meetings.
- HR plans and coordinates training in Fire Awareness, First Aid, OH&S Representative.
- HR contributes to the MHAC Newsletter. Newsletters are forwarded to employees from Executive Secretary and accessible on the MHAC Intranet.

OH&S MANAGEMENT

The OH&S is a responsibility of the HR Section with support from the OH&S Representatives. HR staff administers several programs designed to promote safety and protect Miwatj employees and property. Specific programs include a self-insured workers' compensation program, drug and alcohol testing program, fully insured property and liability program, and risk management program through a policy of continuous quality improvement.

Drug and Alcohol Testing

The HR Manager serves as Miwatj Health Alcohol Testing Coordinator. The program consists of pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up testing. The program also involves coordination with the Miwatj contracted Employee Assistance Program and internal provider for substance abuse counselling when necessary. During 2013, specialised training was provided to staff from clinical services on testing that met Australian Standards and the recognition of signs and symptoms of alcohol misuse and controlled substance abuse.

Finally, the HR Staff know that without the support and assistance of the Miwatj Board, Management and Staff, we would not be able to successfully carry out our duties. Their support and assistance are highly appreciated.

STATISTICAL SUMMARY

Number of years	Number of employees	Percentage of employees
0 – 1	83	45.35 %
1 – 2	37	20.21 %
2 – 3	23	12.56 %
3 – 5	29	15.84 %
5 - 10	11	6.01 %
Total number of employees	183	

Sandra Alley

Human Resource Manager

SOCIAL AND EMOTIONAL WELLBEING PROGRAM

Social and Emotional Wellbeing programs – also known as Raypirri Wellbeing Programs – has continued to grow from strength to strength. Our program key objectives aim to achieve the following:

- Reduce family violence and harm caused by substance abuse.
- Use Raypirri Rom (Yolngu traditional law/practices) to support Yolngu families and communities.
- Advocate for Yolngu people through using a both-ways approach and reinforcing culturally appropriate practices.
- Promote safety & 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 Yolngu workforce through mentoring, regular group discussions/activities and guidance/support by community elders.

Funding

SEWB Program FUNDING continues to come from 4 main sources for our activities:

- Raypirri Rom funding.
- Bringing Them Home funding.
- Suicide Mitigation funding.
- Alcohol and Substance Abuse funding.

Each funded area has a core responsibility/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 staff do their training together as a team so that everyone is familiar with and up-skilled in each area.

There is a close relationship between the types of work of Raypirri Rom, Suicide Mitigation, AOD and the BTH workers: violence and abuse, self-harm, substance abuse, relationship problems. All areas work together in a case management way to achieve positive client outcomes and to record work in a shared data collection system.

We also have a Transition After Care Worker (TACW) who works in collaboration with the Nhulunbuy AOD Rehab Centre. This worker supports the client during their stay at the centre and more importantly, assists them when transitioning back into community. The Raypirri Wellbeing team also play an important role in this process, ensuring the family members form a strong support network for the client when back in community.

The TACW also helps to keep the working relationship strong between the Raypirri Wellbeing team and the AOD rehab centre, including informing the team of up and coming graduation ceremonies, where Raypirri Wellbeing organise family members to escort the graduates through song and dance to receive their certificates. This has also been a good opportunity for family members to offer words of support towards the graduates.

Service Delivery

Many of our referrals come directly from community, requesting assistance and advice with various issues faced by individuals, families and clans.

Raypirri Wellbeing offer support to agencies as opposed to taking on referrals. This not only ensures collaborative partnerships, but also allows each organisation to familiarise themselves with each other's practices.

Our main focus this past year has been around Substance Misuse as the team identified this issue to be a large contributing factor to many of our referrals received by community.

SOCIAL AND EMOTIONAL WELL-BEING PROGRAM

A new initiative was developed by the team called the Food for Thought program. This initiative targeted Yolngu itinerants choosing to leave their communities to camp in town due to their substance misuse issues.

Every Thursday the team pick up clients 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 has to date achieved the following:

- Created a support network for itinerants camping in town with AOD issues.
- Allowed itinerants to reconnect with land.
- Provided a safe and informal environment to start conversations around why they left their communities, why they are drinking etc.
- Built itinerants self-worth and confidence.
- Created conversations around what different options are available including rehabilitation.
- Allowed Raypirri Wellbeing team to give itinerants options/resources to help with their issues/addictions.
- It's keeps itinerants away from the liquor outlets for most of the day and has helped some realise that there's more to life than drinking alcohol.

It has become a fun activity for all and also plays a large part in re-energising the Raypirri Wellbeing team after a week of dealing with various issues in community.

Other activities have included:

- Weekly visits to the Nhulunbuy High School to support the Yolngu students and staff at the Cultural Centre.
- 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 for local Yolngu in language.
- Regular attendance to each of the Liquor Permit Committees – Yirrkala, Gunyangara and Town.
- Assist with the development of a Cultural Security Policy for Miwatj Health.

Training

Most of the Raypirri Wellbeing team have successfully completed Cert IV in Community Services Work and continue to attend short courses and workshops relevant to all programs within the SEWB team such as:

- Suicide Prevention – ASSIST, Safe Talk.
- First Aid – refresher.
- Mental Health - IRIS.
- Women's/Men's Sexual Health course, targeting youth and adolescents.

Meetings and workshops with agencies such as, NAAJA and AMITY have allowed 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 and Art therapy.

Fiona Djerrkura

Raypirri Rom Wellbeing Programs Coordinator

STRONG FATHERS STRONG FAMILIES PROGRAM

STRONG FATHERS STRONG FAMILIES PROGRAM REPORT

This three-year project aims to strengthen the role of Yolngu fathers in their families. Trained and supported Community Workers build capacity and provide support for young Yolngu men to be healthy role models and active participants in the lives of their children and families.

Key Program Objectives achieved during the reporting period:

- Maintained engagement of Fathers, Young Fathers and Community Men in the weekly Nutrition/Cooking classes on Wednesday nights.
- Continued collaboration with FaFT on the weekly SFSF/FaFT “Family Bush Trips” which include a nutrition program, early learning and child development activities, and information sessions as needed. These sessions specifically target children aged 0-4 years old.
- Gardening Project at the Yirrkala School & FaFT Bu`pu` Building which supplements and reinforces the nutrition messages from the Cooking Classes and Family Bush Trips. The longer-term aim of this project is a Yirrkala “Gardens in Homes” project.
- SFSF Men’s Camps, the focuses of the camps are health, wellbeing and cultural maintenance. The camps are also used as a platform for Adolescent Sexual Education Program (ASEP) and ‘Galtha’ workshops with a focus on fatherhood knowledge and practices.
- Increased inter-agency collaboration including a MOU with FaFT and upcoming MOUs with:
 1. Lirriwi (Yolngu Tourism Aboriginal Corporation).
 2. The Department of Education (Yirrkala School).
 3. The Walngawu Djakamirri Surf Life Saving Club (Yirrkala).
- Research partnership with Murdoch University. This partnership will help to qualify and quantify the work of SFSF and tangible outcomes for the program.
- Positive Press:
 1. Head First Documentary on ABC2, which featured some of the community work, carried out by SFSF staff in Yirrkala.
 2. Radio Interviews with SFSF staff regarding the gardening and nutrition program on ABC radio national.
 3. Promotional video showcasing the SFSF program produced by CAAMA for the Australian Government, Closing the Gap.
 4. National television and Radio coverage of Walngawu Djakamirri Surf Life Saving Club Yirrkala, that Miwatj Health sponsors and the SFSF program team/participants run the nippers and nutrition program for. The SFSF manager also coordinated sponsorship, training and travel for the first group of Indigenous community youths from the first Indigenous community based SLS club to attend the 2012 National Interstate SLS Championships in Manly Sydney NSW.
 5. Catering for and meeting with the Coordinator General.
 6. Catering for and meeting with Lirriwi Tourisms Corporate partners (CAB etc.) and East Arnhem Land Tourism master plan Consultant/Author John Moorse.
 7. Catering for and supplying staff for the NAIDOC week/ Yirrkala Bark Petition 50th Anniversary Celebrations in Yirrkala.
 8. Service delivery/catering for the Mulwat (Tourism) Conference in Nhulunbuy.

STRONG FATHERS STRONG FAMILIES PROGRAM



- SFSF community-based Office Space at the Yirrkala Yambirrp Schools (Top School) has been set-up and is being used as a base for community-based programs. This allows SFSF staff to have a daily community presence and also allows better facilitation of ASEP training, Galtha workshops, Artifact workshops and to maintain close working relationships with the School, Yirrkala FaFT, Clontarf and other Agencies/Organisations in the community.
- Supporting the engagement of men in community events such as the Yirrkala School Open Day, Yirrkala Baby Show, Yirrkala School transition to Preschool Bunggul celebration, School open day for GARMA, NAIDOC week etc.



- Professional development workshops and Forums for SFSF Staff achieved and planned:
 1. Child Restraint Laws Information session (NT Police).
 2. Adolescent Sexual Health Education Facilitator training (Congress, NT Dept. of Health).
 3. Cannabis Yarns Workshop (National Cannabis Prevention and information Centre/National Drug & Alcohol Research Centre).
 4. Suicide Prevention Workshop (Wesley LifeForce).
 5. 6th Indigenous Economic Development Forum (NT Gov. & Aus. Gov. Closing the Gap).
 6. Remote Catering Certification (NT Dept. of Health).
 7. Cert 1 & 2 in kitchen skills (planned to commence next month).
 8. Cert 1 & 2 Hospitality (planned to commence early next year).

REPORT FROM REGIONAL TOBACCO COORDINATOR

The Tackling Indigenous Smoking Team has grown from strength to strength during the past year. In September 2012, Katharina Kariippanon commenced as Regional Tobacco Coordinator. Katharina brings skills and experience in management, research and community based public health program planning, implementation and evaluation. The program has since expanded its focus from raising awareness about the health and economic consequences of smoking, to incorporate a broad range of strategies. These aim to address uptake amongst youth, smoking during pregnancy, no smoking areas in public spaces, workplaces and homes, as well as providing community based quit support and referrals to health care providers. Further our message has moved beyond the well recognized 'Yaka |arali' (no tobacco) slogan, to specifically address smoking in homes, cars, around children and non-smokers.



The Tobacco Program has maintained a team of 7 Yol\u Tobacco Action Workers throughout the year. They are from around the East Arnhem region, based in Galiwin'ku, Ramingining, Milingimbi and Gapuwiyak. Emphasis has been placed on building the capacity of this team, to ensure they are equipped with the knowledge and skills to work independently in their communities. Several have completed Certificate III in Community Services, through CDU. Staff also participated in various training courses to deepen their understanding of tobacco control, to share the chronic conditions story, enhance their ability to conduct motivational interviewing, provide effective quit support, and generate their own multi-media resources. Training sessions were delivered by the NT Department of Health, No Smokes, Cancer Council of SA and the Mulka Project.

Much effort has also gone into linking our program with other service providers and stakeholders in the community. This ensures that there is a collaborative approach to addressing smoking, and links our work in with other initiatives, maximising use of resources and skills. Consequently the Tobacco Action Workers are now more connected to other service providers and programs and can turn to them for support and to develop joint initiatives.

In a creative effort to address the high smoking rates amongst youth, the Tobacco Program in collaboration with Darwin Community Arts, held weekly workshops spanning 2 terms; with senior students from Yirrkala Community School. The workshops explored the topic of smoking and the problems it causes. From this work, a play "Troy's Story" was created. The play, its characters and events were devised and acted

TOBACCO CONTROL PROGRAM

by the students, spoken in a mixture of English and Yol\u Matha. The play depicts a series of scenes in which the main character makes some bad decisions around smoking. During the interactive workshop that follows, the student audience explores positive alternatives and are invited to act these out. Through this their thinking and options for decision making around smoking is expanded. The play was filmed and shown at the Youth Forum at Garma Festival, followed by an interactive workshop. A resources pack has also been developed to enable teachers around the region to use this film, and facilitate workshops with youth in their schools.

The Tobacco Program hosted a highly successful 3 day Tobacco Forum, with support from the NT Department of Health and various community based stakeholders. The Forum was an opportunity to exchange lessons learned, discuss what works and what doesn't, share resources and brainstorm creative approaches for the future. The forum also provided an opportunity to link in with the NT Smoke Free Prisons initiative, developing a strategy to provide a continuum of care for inmates to remain quit upon return home to their communities; encouraging them to accept the support of the Tobacco Action Workers. Forum participants left with renewed enthusiasm and motivation for their work.

A highlight for the team was the World No Tobacco Day celebration at Galiwin'ku. The day included something for everyone, spreading the no smoking message in different ways for maximum reach. Activities included a mums and bubs play group, where passive smoking amongst children was discussed, an educational interview on Yol\u Radio with the team leader, an information stall outside the ALPA store, T-shirt give aways, breath sticks and tobacco balls to engage children, and a T-shirt design competition. Local role model Evelynna Dhamarrandji, selected for the Indigenous Marathon Project, shared her story about marathon running, and how to be successful in sport you must say no to smokes and eat healthy foods. She was then joined by children and youth in a mini marathon race around the oval, with prizes for the winners.

In the evening there was a concert where local bands performed. The stage was beautifully decorated with all the banners made by the school, the babies hub, strong women workers, health, community and Tobacco staff.

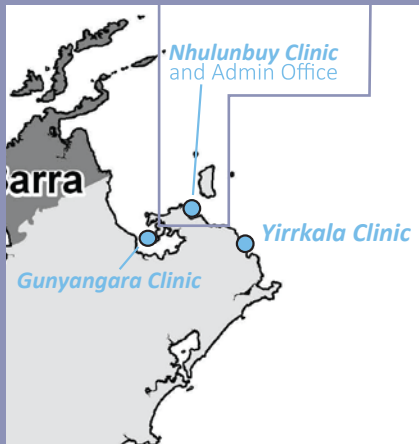


Local musician Manuel Dhurrkay played his 'No Tobacco' song which he wrote for the occasion. The song is now a regular hit on Yol\u Radio. To finish the day the Tobacco Action Workers were presented with an Award of Appreciation for the hard work they do to spread the message about smoking to their communities. Their passion, commitment and dedication is outstanding.

In parallel to the special projects and events highlighted above, that occur throughout the year, the Tobacco Action Workers continue to walk the beat in their communities on a day to day basis, taking every opportunity to spread their message and support people on their journey towards sustainable behaviour change.

Katharina Kariippanon
Regional Tobacco Coordinator

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.

The past 12 months have seen some major changes at the town clinic. In September 2012 a renovation of the clinic commenced with the works being completed in April 2013. The clinic continued to operate during the construction stage. While this was not always pleasant for both the staff and our clients the final product was worth the short term discomfort.

The clinic is now state of the art and certainly something Miwatj and Nhulunbuy should be very proud of. We have increased the number of consulting rooms from five to nine, have a dedicated counseling room, a large two bay procedure/emergency room and a very modern large pharmacy.

Security of staff and clients has also not been overlooked. There are duress alarms in all rooms, swipe card entry to the pharmacy and to the staff entry.

The increased number of consulting rooms has now allowed us the ability to have visiting specialists and allied health specialists see patients at this clinic. This has in the past been very difficult due to the lack of rooms.

Since the completion we have had a number of specialists such as cardiology, dermatology, Palliative care, podiatry, breast screening NT and diabetic educators using our new facilities. The number of specialists visiting in the future will increase. Due to lack of space at Yirrkala clinic, Yirrkala clients have been accessing specialist care at the town clinic.

The new consulting rooms can also be accessed by our outreach teams who may need to bring in clients for more complex care.

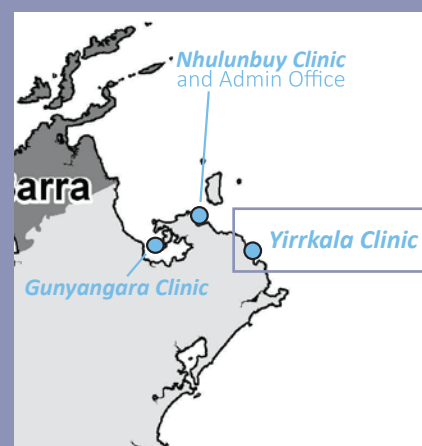
The Miwatj outreach team consists of chronic disease, complex care, men's health, eye health and alcohol and other drugs. These teams reside in the old Flinders area at the back of the new clinic which has also just been fully renovated.

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

Brett Parfitt

Nhulunbuy Clinic Manager

YIRRKALA CLINIC



Yirrkala Clinic is situated in Yirrkala, 18km south of Nhulunbuy. It services a community of around 1000 Yolngu, fluctuating in numbers with people coming in from the Homelands.

The clinic was government run but has been through a 12 month transition period handing over to Miwatj in June this year. Many positive changes have been occurring, the refurbishment of the pharmacy has commenced. Plans are being drawn up to section off the waiting room. Plans for a shed out the back have started which will provide us with much needed storage. The clinic is an old building, badly designed with no separate male/female areas, no storage, lack of consult rooms and safety issues for staff. There is an ongoing discussion on placing two demountables in the clinic grounds.

Our staffing consists of:

Nurse Manager, x2 RAN's, x1 part-time midwife, x1 AHP, x1 care coordinator x1 receptionist, x2 drivers, x2 renal nurses and a Doctor.

We are currently recruiting for BSO, RAN/chronic disease and Care-Co-ordinator positions. We have also had some interest from the community in our ACW positions.

The RAN's and AHP see the acute walk in patients and look after a program area such as Child Health, Chronic Disease, Men's/Women's Health and Midwifery care. A Mental Health Nurse visits every second week.

The clinic also offers specialist visiting services such as Paediatrics, Cardiology, Physicians, dermatology and allied Health services.

Recently we have held some of our specialist clinics in the Nhulunbuy clinic as our ability to carry out our usual business of PHC is severely compromised with lack of a consult rooms.

Another issue for the clinic is there no permanent Doctor and using locums continually, this also has a negative impact on the community, this position has been advertised and hopefully we can recruit a good Doctor to provide high quality care at Yirrkala.

We have recently had a GAP analysis performed and have applied for accreditation. The Yirrkala team are also participating in APCC Wave 9 Diabetes and carry out monthly PDSA cycles to improve our diabetic care.

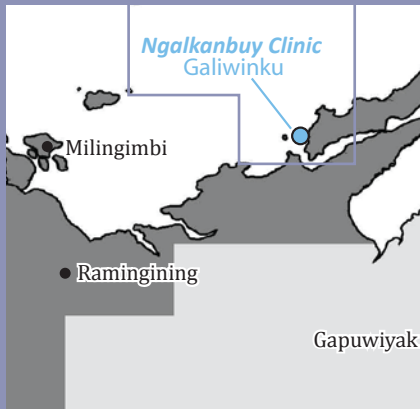
Staff are looking forward to changing our computer system which will increase the speed and thus increase productivity and efficiently in the provision of PHC.

This is an exciting time at Yirrkala Clinic with many positive changes and growth and improved health for the people of Yirrkala.

Fiona Brooks

Yirrkala Clinic Manager

NGALKANBUY CLINIC



Galiwin'ku is a Yolngu community situated on Elcho Island in North east Arnhem Land. The base population of Galiwin'ku is estimated at around 2500 people although this number fluctuates with the seasons, with homeland residents often moving into town for the wet season.

Ngalkanbuy Health Centre is managed by Miwatj and provides health care to all the residents of Galiwin'ku. There are approximately 20 homelands in the region that are serviced by Marthakal Homelands Health Service; Ngalkanbuy provides acute care and support to Marthakal when required.

The team at Ngalkanbuy Clinic is made up of Registered Nurses, a Midwife, a full time GP, doctors on 3-monthly rotations, Aboriginal Health Practitioners (registered and training), Community Workers, Strong Women, Case Managers and several support staff. The majority of the staff are highly trained Yolngu community members.

The health centre is divided into several program areas which all focus on acute and preventative service delivery. The Healthy Minds team is a very busy program providing acute care and 24hour on-call support. They also provide on-going care to mental health clients and their families, including counselling, home visits, and facilitating specialist consultations.

Our women's program provides women's health checks, education, and antenatal and postnatal care. The Strong Women work alongside the women's health nurses, midwives and community workers to deliver education and support for women of all ages.

The paediatric team is divided into three areas. The children's clinic is located at Ngalkanbuy: they see acutely ill children; run an immunization program; follow up all recalls and reviews; provide on-going care for children with chronic

conditions; perform home visits and provide family health education. A school nurse is located at the school fulltime and provides health checks, immunizations and acute care. The Healthy Baby Hub is located in the town centre; it is a partnership between Australian Red Cross and Miwatj Health Aboriginal Corporation. A nurse, two community workers and a community development officer work alongside families with infants and children up to 5 years old. They provide education, clinical care and practical sessions on nutrition, anaemia and failure-to-thrive. These three areas work together to ensure children are appropriately seen by the quarterly paediatric outreach clinic and any other visiting specialists.

Community workers are based at the clinic and provide outreach services to families. They facilitate households navigating services available within and outside the community. Top Clinic runs an acute care service for adults during the day and manages any medical emergencies that arise during work hours. They also provide men's health checks, STI treatment and education and follow up appointments from emergency presentations the night before.

The chronic conditions team divides their time between clinical appointments and outreach community visits. They provide monthly treatment for RHD and hepatitis B and coordinate all the visiting specialist clinics which include cardiology, respiratory, endocrinology, liver and physician. The team works with a GP to develop and facilitate comprehensive individual care plans for clients.

Ngalkanbuy is open Monday to Friday from 9am to 5pm (closed for a one hour lunch at 12pm). A 24-hour emergency service is facilitated 7 days a week; an Aboriginal Health Practitioner is first on-call with an RN as second on-call.

Cathy Woods
Ngalkanbuy Clinic Manager

GUNYANGARA CLINIC



Gunyangara (also known as Marngarr or Ski Beach) is a Yolngu community of about 200 people situated on Drimmie Peninsula, adjacent to Melville Bay, 13km west of Nhulunbuy. The clinic provides primary health care services focusing on preventative healthcare and acute care.

The clinic provides an outreach service to people's houses in Gunyangara, Galupa and Birritjimi and to the Gumatj homeland centre of Dhaniya, depending on population movements. Outreach teams such as Child & Maternal health, Men's health, Mental health, Renal, Alcohol & Other Drugs, Social Emotional & Wellbeing team provide regular and ongoing support to clients in our area.

Gunyangara also has regular visits from visiting specialists such as Cardiology, Paediatrics, Dermatology, Podiatry, Diabetes educator and Exercise physiologist.

The health centre prides itself on being responsive to the needs of the community, and in turn the community is demonstrably proud of the health centre and its work. This is an AGPAL-accredited clinic (RACGP 4th Standards).

Craig Pullen
Gunyangara Clinic Manager



REPORT FROM THE BUSINESS SERVICES DIRECTOR

The previous financial year was an exciting and challenging year for Miwatj as we took over the management and operations of the Yirrkala Health Centre from the NT Department of Health. Miwatj continued to focus on delivering relevant health services in an atmosphere of accountability and transparency through continuous quality improvement processes. The accreditation process will continue through 2013-2014.

With accreditation comes the need to establish solid financial and administrative frameworks that underpin all other activities of the organisation. Regionalisation of services across the Miwatj region presents significant challenges and further emphasises and supports the importance of developing and strengthening these frameworks to ensure consistency in the application of Miwatj policies and procedures across the organisation. In effect, a form of social franchising where the 'back end' works uniformly to support the 'front end' health services is a concept that could be applied to Miwatj as it continues to grow.

Lack of supporting infrastructure remains a recurring theme affecting quality health service delivery to Aboriginal and Torres Strait Islander people in the East Arnhem area. Lack of housing availability means it continues to be difficult to recruit for example, and that can have a direct impact on both existing projects and proposed new projects. Despite approval by OATSIH of a \$2.9m grant to construct vital staff housing at Galiwin'ku, the project remains in limbo due to a lack of power and water infrastructure in the town. The new clinic promised for Galiwin'ku by the Commonwealth is yet to materialise and is constrained by the same lack of power and water infrastructure.

Having said this, Miwatj had received very welcome funding in 2012 from the Commonwealth for the purchase of two duplex properties in Nhulunbuy. The purchase was finalised at the end of July 2012. Miwatj also purchased a staff house in Nhulunbuy, using its own funds. In addition, \$500,000 in funding was received through the Commonwealth's Primary Care Infrastructure Grants program for 2011 for the refurbishment of the Nhulunbuy

clinic. Miwatj contributed an additional \$266,000 of its own funds into the project. Positive feedback on the project, completed in early 2013, has been received. The lease to Kanga Boppers retail store ended 30 June 2013 and the space will now be used for a much needed new Boardroom as well as a training/meeting place.

Total revenue remained reasonably static at \$17,262,540 in 2013 compared with 2012's \$17,246,669. An increase in the level of assets has resulted in an increase in depreciation and amortisation costs from \$617,703 in 2012 to \$833,519 for 2013. Other expenses decreased minimally from \$5,277,046 in 2012 to \$5,267,999 in 2013.

The most important asset of the organisation is its staff and with numbers of about 116, the cost of employee benefits is the largest single expenditure for the year increasing from \$7,652,464 in 2012 to \$9,614,764 for the 2013 year. Within the employee benefits category, wages increased from \$6,814,424 in 2012 to \$8,443,388 at 30 June 2013. Staff are employed at the four locations situated at Nhulunbuy (60), Yirrkala (9), Gunyangara (6) and Galiwin'ku (41).

An operating surplus of \$357,633 was achieved during the year, which together with the capitalisation of assets valued at \$1,066,626 increased the accumulated funds from \$13,142,075 in 2012 to \$14,566,333 at 30 June 2013. The current ratio has improved from 1.36 to 2.16, a very good position.

At 30 June 2013 there were 49 funded programs for Nhulunbuy, Gunyangara, Yirrkala and Galiwin'ku. The large number of programs has reporting and acquittal requirements that tend to be specific for each program. As noted in prior years, this continues to create a burden

BUSINESS SERVICES DIRECTOR REPORT

on the administration to administer and acquit in accordance with the different funding agreements. It would benefit everybody involved if funding was provided under fewer categories to reduce the reporting burden. The reduction in reporting burden promised by OATSIH with the introduction of its new multi-year funding agreement for 2011 – 2014 has not been realised.

The need for significant changes to be made in the accounting function, including the need to consolidate the general ledger into one and introduce new accounting, asset and HR management software to cope with the growth of the organisation and its associated reporting requirements, was identified in prior years. New accounting software was introduced, commencing 1 July 2012, and the new Payglobal HR and Payroll software will go live in 2013-14.

A new single Enterprise Agreement to replace the former two EAs, was negotiated with the unions and employees and approved by the Fair Work Commission.



The year ended 30 June 2013 was a year of continued improvement and growth in the delivery of quality health services to our region. Consistency in the application of policies and procedures, coupled with accountability and transparency have been focus points for management during the last twelve months and along with quality improvement, particularly in systems, will continue to be so in the next financial year.

Bev Wenitong

Business Services Director



FINANCIAL STATEMENTS

FOR THE YEAR ENDED
30 JUNE 2013



MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

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The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

COMMITTEE'S REPORT

Your committee members submit the financial report of the Miwatj Health Aboriginal Corporation for the financial year ended 30 June 2013.

Committee Members

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

John Morgan
Sharon Mununggurr
Djapirri Mununggurritij
Margaret Yunupingu
Timmy Burarrwanga
David Yangarriny
Ross Mandi
Don Wininba (proxy member for Barra Ward)
Rhonda Simon
Mildred Numamurdirdi
Jean Rurrukunbuy (Cultural Advisor)
Djuwalpi Marika (proxy member for Bulunu Ward)
Wali Wunungmurra
Tony Wurramarrba
Thomas Amagula
Bernie Yate (Expert member)
Matthew Bonson (Expert member)

Meetings

A total of 7 meetings were held during the year as follows:

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

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

COMMITTEE'S REPORT

The number of meetings attended by Committee members throughout the year ended 30 June 2013 was:

	Meetings Attended (including AGM)
John Morgan	7
Sharon Mununggurr	3
Djapirri Mununggurritij	5
Margaret Yunupingu	0
David Yangarriny	7
Ross Mandi	7
Don Wininba (Proxy Member for Barra Ward)	4
Rhonda Simon	4
Mildred Numamurdirdi	0
Jean Rurrukunbuy (Cultural Advisor)	5
Djuwalpi Marika (Proxy member for Bulunu Ward)	4
Wali Wunungmurra	3
Tony Wurramarrba	6
Thomas Amagula	4
Timmy Burarrwanga	6
Bernie Yate (Expert member)	4
Matthew Bonson (Expert member)	3

Principal Activities

The principal activities of the association during the financial year were Aboriginal Health Service.

Significant Changes

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

Operating Result

The surplus for the year amounted to \$ 357,633

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

COMMITTEE'S REPORT

Signed in accordance with a resolution of the Members of the Committee.

Chairman

John Morgan
John Morgan

Committee Member:

LGM - 9941
Djapirri Mununggirritj

Dated this 25th day of September 2013

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013	2012
		\$	\$
Revenue	2	17,162,540	17,246,669
Other income	2		
		17,162,540	17,246,669
Accountancy expenses		0	(1,000)
Auditor's remuneration	3	(22,000)	(21,548)
Depreciation and amortisation expenses	4	(833,519)	(617,703)
Employee benefits expenses		(9,614,764)	(7,652,464)
Other expenses		(5,267,999)	(5,277,046)
Net Surplus/ (Deficit) for the year		1,424,258	3,676,908
Add Back: Capitalisation of Assets	4	(1,066,626)	(3,336,842)
Operating Surplus/ (Deficit) for the year		357,633	340,066
Accumulated Funds at the beginning of the financial year		13,142,075	9,465,167
Accumulated Funds at the end of the financial year		14,566,333	13,142,075

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

BALANCE SHEET FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
CURRENT ASSETS			
Cash and cash equivalents	5	5,864,674	5,909,728
Trade and other receivables	6	568,099	2,738,573
Other assets	7	161,314	40,485
TOTAL CURRENT ASSETS		<u>6,594,087</u>	<u>8,688,786</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	11,889,305	11,225,996
TOTAL NON-CURRENT ASSETS		<u>11,889,305</u>	<u>11,225,996</u>
TOTAL ASSETS		<u>18,483,392</u>	<u>19,914,782</u>
CURRENT LIABILITIES			
Trade and other payables	9	1,171,673	4,528,327
Borrowings	10	114,517	64,618
Provisions	11	598,356	474,119
Other current liabilities	12	1,169,123	1,301,593
TOTAL CURRENT LIABILITIES		<u>3,053,668</u>	<u>6,368,657</u>
NON-CURRENT LIABILITIES			
Borrowings	10	731,852	334,358
Provisions	11	131,538	69,692
TOTAL NON-CURRENT LIABILITIES		<u>863,390</u>	<u>404,050</u>
TOTAL LIABILITIES		<u>3,917,059</u>	<u>6,772,708</u>
NET ASSETS		<u>14,566,333</u>	<u>13,142,074</u>
MEMBERS FUNDS			
Accumulated funds	13	14,566,333	13,142,075
TOTAL MEMBERS FUNDS		<u>14,566,333</u>	<u>13,142,075</u>

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

STATEMENT OF RECOGNISED INCOME AND EXPENSES FOR THE YEAR ENDED 30 JUNE 2013

	Accumulated Surplus/(deficit)	Total
	\$	\$
Balance at 30 June 2011	9,465,167	9,465,167
Operating Surplus for the year (including Capitalisation of Assets)	3,676,908	3,676,908
Balance at 30 June 2012	13,142,075	13,142,075
Operating Surplus for the year	357,633	357,633
Capitalisation of Assets	1,066,626	1,066,626
Balance at 30 June 2013	14,566,333	14,566,333

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from customers	19,027,389	14,965,619
Payments to suppliers and employees	(18,154,628)	(9,237,136)
Interest received	166,085	161,460
Interest paid	(41,535)	(15,895)
Net cash provided by (used in) operating activities	997,312	5,874,048
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for property, plant and equipment	(1,526,361)	(3,608,428)
Proceeds from Insurance Recovery on M/Vehicle & Shed	36,603	18,182
Net cash provided by (used in) investing activities	(1,489,758)	(3,590,246)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of borrowings and increase in loan amount	447,393	(216,754)
Net cash provided by (used in) financing activities	447,393	(216,754)
Net increase (decrease) in cash held	(45,054)	2,067,048
Cash at beginning of year	5,909,728	3,842,680
Cash at end of year	5,864,674	5,909,728

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2013

1 Statement of Significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with applicable Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Corporations Aboriginal and Torres Strait Islander Act 2006.

The financial report covers Miwatj Health Aboriginal Corporation as an individual entity. Miwatj Health Aboriginal Corporation is an association incorporated under the Corporations Aboriginal and Torres Strait Islander Act 2006.

The financial report has been prepared on an accrual basis and is based on historical costs and does take into account changing money values, or except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

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

Property, Plant and Equipment

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

Plant and Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

The cost of fixed assets constructed within the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Capital expenditure on grant-funded assets

Capital expenditure of \$ 1,066,626 has been recognised for grant-funded assets in the 2012/13 financial year.

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

Depreciation

The depreciation amount of all fixed assets including building and capitalised lease assets is depreciated on a straight-line basis over their useful lives to the Corporation commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

Financial Instruments

Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit and loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short-term or if so designated by management. Derivatives are also categorised as held for trading unless they are designated as hedges. Realised and unrealised gains and losses arising from changes in the fair value of these assets are included in the income statement in the period in which they arise.

Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories.

Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

Financial liabilities

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

Derivative instruments

Derivative instruments are measured at fair value. Gains and losses arising from changes in fair value are taken to the income statement unless they are designated as hedges.

Impairment

At each reporting date, the Corporation assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has been arisen. Impairment losses are recognised in the income statement.

Employee Benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Defined contribution superannuation schemes

A defined contributions plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as a personnel expense in profit or loss when they are due.

Provisions

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

Income Tax

The association has been granted exemption from income tax under Division 50 of the Income Tax Assessment Act 1997.

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

Revenue

Interest Revenue: Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Grants received: Grants in respect of operating expenses (operating or revenue grants) and grants for the purchase of property, plant and equipment (capital grants) are accounted for, based on the nature of any attached conditions to the grants, as either reciprocal or non-reciprocal grants.

Grants where the association is obliged to repay unutilised funds or has a return obligation that implies the existence of a reciprocal transfer are initially brought to account as revenue in the years in which they are received. A liability is recognised to the extent that the funds are likely to be returned and considering the percentage of completion achieved.

Grants where the association is not obliged to repay unutilised funds or does not have a return obligation that implies the existence of a reciprocal transfer are brought to account as revenue in the years in which they are received.

Service Revenue: Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payable in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

	2013	2012
	\$	\$
2 Revenue		
Operating activities		
Interest Received	166,085	161,460
Grants Received	15,110,899	15,588,811
Other revenue	1,878,487	1,501,776
Total revenue from operating activities	17,155,471	17,252,047
Non-operating activities		
Profit (loss) on Sale of Non-current Assets	7,070	(5,378)
Profit (loss) on Transfer of Non-current Assets	0	0
Total revenue from Non-operating activities	7,070	(5,378)
	17,162,540	17,246,669
3 Auditor's Remuneration		
Auditing of the accounts	22,000	21,548
4 Expenses		
Depreciation of property, plant, equipment	833,519	617,703
Capitalisation of Assets – grant funded assets acquired by the Corporation	1,066,626	3,336,842
5 Cash and Cash Equivalents		
Current		
Ongoing Account – Miwatj Health	181,253	1,311,901
Cash at Bank – Miwatj Health	34,525	385,510
Ongoing Account - Ngalkanbuy	153,973	230,822
Cash at Bank - Ngalkanbuy	64,897	415,652
Business Cash Reserve	5,430,025	3,265,763
Trust Account - Crindlandsmb Lawyers	0	300,080
	5,864,673	5,909,728

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

	2013	2012
	\$	\$
6 Trade and Other Receivables		
Current		
Trade debtors	546,977	312,342
Less : Provision for Doubtful Debts	(25,780)	(25,780)
	521,197	286,562
Other debtors	46,902	2,452,011
	568,099	2,738,573
7 Other Assets		
Current		
Prepayments	42,469	24,508
Deposits	-	-
Security deposits	118,845	15,977
	161,314	40,485
8 Property, Plant and Equipment		
Land & Buildings:		
Land & Buildings At Cost (Nhulunbuy)	10,409,454	9,188,289
Accumulated depreciation	(1,567,070)	(1,315,937)
Total Land & Buildings Nhulunbuy	8,842,383	7,872,352
Land & Buildings At Cost (Ngalkanbuy)	1,861,903	1,823,720
Accumulated depreciation	(153,586)	(103,763)
Total Land & Buildings Ngalkanbuy	1,708,316	1,719,957
Total Land & Buildings:	10,550,699	9,592,309
Plant & Equipment:		
At cost	1,107,790	1,193,220
Accumulated depreciation	(769,482)	(715,820)
Total Plant & Equipment:	338,309	477,400
Motor Vehicles:		
At cost	2,036,006	1,911,287
Accumulated depreciation	(1,035,710)	(755,000)
Total Motor Vehicles:	1,000,296	1,156,287
Total Property, Plant and Equipment	11,889,305	11,225,996

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

8 Property, Plant and Equipment Continued

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 has also been offered a lease over Lot 105 adjacent to the clinic building, to commence 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 utilized by Miwatj Health stand.

9 Trade and Other Payables

Current

	2013 \$	2012 \$
Trade Creditors	832,519	353,432
Accruals	325,529	3,422,019
Sundry Creditors	3,683	4,815
GST Payable	9,941	617,509
Amounts Withheld	0	130,552
	<u>1,171,673</u>	<u>4,528,327</u>

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2013

		2013	2012
		\$	\$
10	Borrowings		
	Current		
	Corporate Credit Card Facility – Westpac	5,917	7,954
	Investment Property Loan	108,600	56,664
		<u>114,517</u>	<u>64,618</u>
	Non-Current		
	Investment Property Loan	731,852	334,358
		<u>731,852</u>	<u>334,358</u>
11	Provisions		
	Current		
	Provision for Annual Leave	569,382	448,953
	Provision for Long Service Leave	28,973	25,166
		<u>598,356</u>	<u>474,119</u>
	Non-Current		
	Provision for Long Service Leave	131,538	69,692
		<u>131,538</u>	<u>69,692</u>
	Other Liabilities		
12	Current		
	Unexpended Grants	1,010,566	1,263,009
	Unearned Income	158,557	38,584
		<u>1,169,123</u>	<u>1,301,593</u>
13	Accumulated Funds		
	Accumulated Funds at the beginning of the financial	13,142,075	9,465,167
	Net Surplus (Deficit) attributable to the corporation	1,424,258	3,676,908
	Accumulated Funds at the end of the financial year	<u>14,566,333</u>	<u>13,142,075</u>

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2013

	2013	2012
	\$	\$
14 Key Management Personnel		
MHAC approved an Area Services Manager for the Miwatj region be appointed as part of the MHAC Executive Management Team.		
15 Cash Flow Information		
Reconciliation of Net Cash provided by Operating Activities to Profit		
Operating profit (loss)	1,424,258	3,676,908
Non-cash flows in profit (loss)		
Depreciation	833,519	617,703
Net profit on Insurance Proceeds for M/V & Shed	(7,070)	1,958
Net loss on transfer of assets		3,420
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries		
(Increase)/decrease in trade and other receivables	2,170,476	-2,594,091
(Increase)/decrease in other assets	-120,829	286,899
Increase/(decrease) in trade and other payables	-3,356,654	3,259,087
Increase/(decrease) in provisions	186,082	87,176
Increase/(decrease) in other liabilities	-132,470	534,989
	<u>997,312</u>	<u>5,874,049</u>

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

16 Financial Instruments

Financial Risk Management

The Corporation's financial instruments consists primarily of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, loans to and from subsidiaries, bills and leases.

The Corporation does not have any derivative instruments at 30 June 2013.

17 Corporation Details

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

18 Segment Reporting

Business Segment: The Corporation operates as a Health Service in the Miwatj Region of the Northern Territory of Australia. Operations include the provision of Health Care to indigenous people in the Miwatj Region.

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

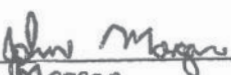
STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report as set out on pages 2 to 19:

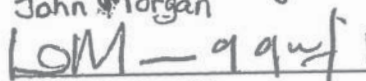
1. Presents fairly the financial position of Miwatj Health Aboriginal Corporation as at 30 June 2013 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Miwatj Health Aboriginal Corporation will be able to pay its debts as and when they fall due.
3. That detail of Assets purchased and sold are accurate and that the organisation is properly maintaining an Asset Register.
4. That purchasing procedures for Assets and services have been followed.
5. That required insurances were valid and submitted to the qualified Auditor.
6. That financial controls in place are adequate.
7. That adequate provision has been made for legitimate future statutory and other liabilities.
8. That statutory obligation in relation to taxation, insurance, employee entitlements and the lodgement of statutory returns and accounts have been met.
9. The governing committee 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 in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Chairman


John Morgan

Committee Member:


Djapirri Mununggirritj

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

Scope

The Financial Report and Committee's Responsibility

The financial report comprises the income statement, balance sheet, statement of recognised income and expense, cash flow statement, accompanying notes to the financial statements, and the statement by members of the committee for Miwatj Health Aboriginal Corporation for the year ended 30 June 2013.

The committee of the association is responsible for the preparation and true and fair presentation of the financial report in accordance with the Corporations Aboriginal and Torres Strait Islander Act 2006. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit Approach

We conducted an independent audit in order to express an opinion to the members of the association. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement.

The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Aboriginal and Torres Strait Islander Act 2006 including compliance with Australian Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the association's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report; and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the committee.

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF MIWATJ HEALTH ABORIGINAL CORPORATION

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In our opinion:

- the financial report of 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 Miwatj Health Aboriginal Corporation as at 30th June 2013 and the results of its operations and its cash flows for the year then ended
- the management of Miwatj Health Aboriginal Corporation have ensured that the rules and legislation governing the organization 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

30 day of Sept 2013

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION

ABN: 96 843 428 729

CERTIFICATE BY MEMBERS OF THE COMMITTEE

I, John Morgan of Milingimbi and I, Djapirri Mununggirritj of Yirrkala certify that:

- a) We are members of the committee of Miwatj Health Aboriginal Corporation.
- b) We attended the Annual General Meeting of the Corporation held on the 20th November 2013.
- c) We are authorized by the attached resolution of the committee to sign this certificate.
- d) This annual statement was submitted to the members of the Corporation at its Annual General Meeting.

Chairman: _____
John Morgan

Committee Member: _____
Djapirri Mununggirritj

Dated this 20th day of November 2013

The accompanying notes form part of these financial statements.

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

**INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2013**

	2013 \$	2012 \$
REVENUE		
Grants Received	14,858,456	16,100,216
Grants – Unexpended Carried Forward	-1,010,566	-1,263,009
Grants – Unexpended Brought Forward	1,263,009	751,604
Grants – Repay Unexpended Grants	0	0
Patient Fees	1,127,620	1,091,582
Donations	0	24,100
	16,238,519	16,704,494
OTHER REVENUE		
Interest Received	166,085	161,460
Other Revenue	529,947	212,499
Profit/(loss) on Sale of Non-Current Assets	7,070	(5,378)
Rents received	220,919	173,594
	924,021	542,175
	17,162,540	17,246,669
EXPENDITURE		
Auditor's Remuneration	22,000	21,548
Bank Charges	3,863	3,809
Doubtful Debts	0	25,780
Board Meetings and Governance	115,934	170,198
Consultancy Fees	566,123	588,495
Computer Expenses	189,892	286,084
Depreciation	833,519	617,703
Donations	17,292	27,245
Drugs, Clinic & Surgical Supplies	164,603	396,872
Equipment – Repairs & Maintenance	220,739	256,177
Equipment – Leasing	8,607	18,283

The accompanying notes form part of these financial statements.

FINANCIAL STATEMENTS

MIWATJ HEALTH ABORIGINAL CORPORATION
ABN: 96 843 428 729

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
Fringe Benefits Tax	37,299	24,140
Flights Out of Isolated Location (FOIL)	19,055	11,004
General Expenses	11,522	29,731
Insurance	180,136	107,427
Interest Paid	41,535	15,895
Legal Costs	47,796	29,265
Locum Fees	1,171,407	855,811
Motor Vehicle Expenses	266,699	242,329
Postage & Freight	48,379	72,935
Printing, Copying & Stationery	49,927	52,660
Program Delivery Costs	298,350	228,144
Repairs & Maintenance – Clinic & Office	463,773	374,656
Repairs & Maintenance – Staff Accommodation	312,568	435,349
Provision for Employee Entitlements	191,750	87,139
Rent – Accommodation for Staff	229,402	298,242
Rent – Commercial	53,828	0
Staff Training	115,986	171,387
Subscriptions	6,646	23,280
Superannuation Contributions – Employees	683,761	515,282
Telephone	102,847	100,803
Travel Expenses	451,961	337,772
Staff Recruitment	93,829	97,242
Staff Uniforms, Amenities & Welfare	34,353	32,176
Wages & Salaries	8,443,388	6,814,424
Workers Compensation	239,512	200,475
	15,738,282	13,569,761
Surplus/(Deficit)	1,424,258	3,676,908
Accumulated Funds at the beginning of the financial year	13,142,075	9,465,167
Accumulated Funds at the end of the financial year	14,566,333	13,142,075

The accompanying notes form part of these financial statements.

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CONTACT DETAILS

CONTACT DETAILS FOR 2013-2014

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

Gunyangara Clinic

Ph. (08) 8987 2650
Fax. (08) 8987 0366

Opening hours:
Mon 08:30 – 12:00 & 13:00 – 16:00
Tues 08:30 – 12:00 & 13:00 – 16:00
Wed 08:30 – 12:00 & 13:00 – 16:00
Thurs 08:30 – 12:00 & 13:00 – 16:00
Fri 08:30 – 12:00

Yirrkala Clinic

Ph. (08) 8987 2650
Fax. (08) 8987 3470

Opening hours:
Mon 08:30 – 12:00 & 13:00 – 16:00
Tues 08:30 – 12:00 & 13:00 – 16:00
Wed 08:30 – 12:00 & 13:00 – 16:00
Thurs 08:30 – 12:00
Fri 08:30 – 12:00 & 13:00 – 16:00

Ngalkanbuy Clinic

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